Will it be everything you hoped for?
The reality of Clinical Psychology at doctorate level

A place on a clinical psychology doctorate programme is a much coveted one; it appeals to the brightest and most conscientious and requires utmost tenacity to attain, and sustain.

If you haven’t experienced the rollercoaster ride of the Clearing House applications and waiting to exhale as post falls to the floor, it is difficult to explain: for most who gain a place on the doctorate there are often years of anticipatory box-ticking behaviours behind them. Due to the competition, and the calibre of those competing for a place the stakes are high, as are hopes and expectations.

On my third application, I held very high hopes, adopting a relentlessly positive attitude. My colleagues were driven to distraction by my constant nail-biting and conversation hijacking that led us back to potential interview questions.

I struck lucky (or worked hard enough, depending on your attributional style) and was offered three interviews. After an offer and a rejection respectively I threw caution to the wind and declined my final interview. In my defence, I was in clearing house mania and was compelled to see the world before the hard graft really began.

Half way through my first year of the course I feel as if I have been catapulted from one universe to another. I have been catapulted from one city to another at the very least! Before I commenced the course my previous clinical supervisor warned me of disappointment: we work for so long, our hopes are so high, can reality ever really match our expectations?

I expected the best clinical supervisors, the most influential academics and a schedule of teaching and guided discovery that would wow me.
Robert Louis Stevenson famously wrote: ‘To travel hopefully is a better thing than to arrive’, is this true in the case of the rocky road to clinical psychology?

In a class of natural leaders who are exceptionally bright, articulate and insightful there is a tacitly held mutual respect; direct competition is treated with caution. Honestly, I anticipated peers to be scoring points at every opportunity, striving to impress. It is after all our competitive nature that got us this far. I thought the façade of polite niceties would fade as the work began but this was not the case: I find myself surrounded by a warm, kind-hearted and extremely engaging group. My cynicism was ill founded, and my pre-judgement: illuminating.
The clinical work? Draining, challenging and emotionally taxing, and this is especially the case when you are allocated to an inspiring clinical supervisor. Our expectations were to be working with some of the best clinical psychologists in the country who are flawless and irreprouchable, who can guide our learning, directing us with sensitivity and warmth when we need it. We expect praise when we work hard and gentle support when we struggle to grasp application of theoretical concepts. Strangely enough these mysterious hallowed creatures turned out to be human beings, aspiring to be ‘perfect supervisors’ as we hope to be ‘perfect trainees’.

I have realised that when we model therapy in supervision it isn’t just about fixed supervision times and appropriate agendas, it is also about process and content within those boundaries. As imperfect beings we work towards actualisation, attempting to enhance self-awareness and reserve a sense of humility for challenges and moments of weakness. That is real modelling. That is what goes on in the room between therapist and service-user, trainee and supervisor.

Acclimatising to clinical work at trainee level is demanding, and as we complete our first placement we fear therapeutic failure – is it them, is it me, is it us? It becomes clearer that therapy is more complex: It is multidimensional and what we convey as therapists is only one aspect of the dynamics and potential change that may take place in them, me, or us. The non-specifics of therapy come into focus when therapeutic models don’t quite fit although something else you can’t quite put your finger on is still making a difference.

The academic aspect of the course challenges and stretches potential in a way that allows growth into a personal style while firmly grounding you in the basics and beyond. Lectures at X are less didactic and range from workshops to more traditional pedagogy. I expected a plethora of notes, big rooms and silences. Instead we question and challenge, and as a group articulate our needs as and when necessary. And we get hand outs!

Those who are truly passionate about clinical psychology will appreciate what an opportunity it is to be paid to learn and work in a field that is fascinating although at times extraordinarily tiring! In that way, realisation has far outweighed the anticipation.

Assignments and exams are also a daunting prospect: For some of us it has been what feels like a century since we have put pen to paper with the aim of communicating and clearly articulating theoretical underpinnings and some such. Although it was too overwhelming to contemplate before commencement, I see it is harder to fail than succeed.
You arrive with experience and a knowledge base that is refined and shaped by teaching and placements. All you have to do is take that, enthusiasm, and engage. Fear of failure is the real enemy.

Studying at doctorate level is challenging and demands every resource you possess. At times lectures may touch upon issues that are salient and difficult to process. Personal therapy can be an investment during emotionally difficult times, and of course you are surrounded by a dozen or so of enthusiastic psychologists who are, odds on, experiencing similar feelings. These are the people that will be around in times of crisis, euphoria and everything in between. This is the field where you are allowed to struggle, albeit you have to know when to ask for help.

Is it better to travel hopefully? Well, better with hope than without, and I guess ultimately it depends on your expectations upon arrival. Take my word; it’s all worth it, whenever, however you arrive.