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A Path Towards Self-Awareness: A Longitudinal IPA Study Exploring Hindering Self-Focused Attention in Counsellors-in-Training

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ABSTRACT

Background: Hindering self-focused attention (HSA) refers to momentary experiences of internal self-focus involving cognitive, emotional and bodily disruptions that may heighten vulnerability to stress among counsellors-in-training. Previous research has primarily been cross-sectional and conducted in Western training contexts, limiting understanding of its temporal and cultural dimensions.

Aim: This study explored experiences associated with HSA and how these experiences evolved over time within the Singapore training context.

Method: A longitudinal designed was adopted, with semi-structured interviews conducted at two time points over an 18-month period with 10 participants. The transcribed interviews were analysed using interpretative phenomenological analysis (IPA), resulting in seven subthemes organised into two Group Experiential Themes (GETs).

Findings: GET 1. HSA as a Vulnerability Shaped by the Developing Self: (a) Manifestations of HSA through thoughts, emotions, bodily sensations and behaviours; (b) Cultural and familial foundations of HSA; (c) Childhood experiences shaping HSA; and (d) HSA as a learned coping strategy; and GET 2. HSA as a Meaningful Signal Within the Developing Professional Self: (a) HSA in negotiating developing professional competence; (b) HSA in embracing professional vulnerability; and (c) HSA as a catalyst for professional growth. HSA is used as an interpretative lens to organise recurrent experiential patterns of self-focused attentional disruption across cognitive, emotional, somatic and relational domains. Findings suggest that such experiences, shaped by cultural and developmental contexts, may initially challenge trainees' emerging professional identity, particularly amid concerns about hierarchy, face, achievement and emotional expression. Over time, participants described increasingly reflective and integrated ways of engaging with these experiences, alongside greater professional consolidation in advanced training stages.

Conclusions: The findings highlight the importance of culturally responsive approaches to counsellor training and supervision that attend to the developmental transformation of self-focused attentional experiences.

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Implications for Practice

1. Counsellor educators and supervisors can facilitate reflective discussion of hindering self-focused attention (HSA) throughout training. Rather than treating HSA moments solely as a problem to be reduced, supervisors can help trainees identify moments of internal distraction, self-doubt, emotional or bodily reactions, and explore what these experiences may signal about personal vulnerabilities, relational dynamics and clinical processes. Such discussions may support trainees in developing more differentiated and constructive ways of responding to HSA.
2. Training should attend to the cultural and developmental contexts in which HSA is experienced. Given that participants' experiences were shaped by cultural, familial and social expectations, culturally responsive supervision can help trainees examine how values concerning achievement, hierarchy, emotional restraint, interpersonal harmony and vulnerability influence their self-focused attention. Guided reflection and narrative approaches may provide opportunities for trainees to explore these influences without assuming that particular cultural values are inherently problematic.
3. Experiential and reflective activities can support trainees in working with HSA as part of professional development. Role-plays, simulated counselling sessions, reflective journaling and structured self-of-the-therapist activities can provide opportunities for trainees to encounter and examine self-focused attention in practice. Rather than aiming simply to eliminate these experiences, educators can help trainees develop the capacity to recognise and interpret them as potentially meaningful signals while maintaining attention to the client and therapeutic task. This may support the development of professional competence, tolerance of vulnerability and an emerging professional identity.

Implication for Policy and Training Programmes

1. Accreditation bodies and training institutions could encourage structured opportunities for reflective and supervisory work on self-focused attention throughout counsellor education. Rather than prescribing HSA-specific interventions, programme guidelines could support the integration of reflective practice, self-of-the-therapist work, experiential learning and supervision that enable trainees to examine how self-focused attention changes across professional development. Such provision may help ensure that trainees receive consistent opportunities to understand and work with internal experiences that can initially be hindering but may acquire different meanings as professional competence develops.

1 | Introduction

Self-awareness is widely regarded as a foundational resource for effective counselling practice (Skovholt and Rønnestad 2003). It involves counsellors' awareness of their emotions, cognitions and behaviours and how these shape therapeutic interactions. High levels of self-awareness are associated with empathic attunement, ethical sensitivity, professional judgement, openness to feedback, effective management of countertransference and strong therapeutic alliances (Gait and Halewood 2019; Geller and Greenberg 2012; Peace and Smith-Adcock 2018; Skovholt and Rønnestad 1992). Importantly, self-awareness is conceptualised not as a static trait but as a developmental process that evolves across training and professional life (Stoltenberg and McNeill 2011), rendering it central to counsellor education and professional identity formation (Skovholt and Rønnestad 2003).

Empirical research with novice counsellors in Western training contexts suggests that the development of self-awareness can involve heightened internal complexity, self-criticism and emotional vulnerability. Nutt-Williams and Hill (1996) found that beginning counsellors frequently engaged in self-critical and evaluative self-talk during sessions, while Williams et al. (1997) reported self-consciousness, fear of inadequacy and intrusive internal distractions among pre-practicum trainees as a dynamic and sometimes destabilising process integral to professional identity development. More recent research similarly highlights the complexity of self-awareness during therapist development. Presley and Jones (2024), for example, found that trainees' self-reflection involved recognising self-critical beliefs, self-doubt and perceived inadequacy while integrating personal insights with professional development. Al-khodair and Alrawaf (2023) likewise showed that experienced therapists viewed self-awareness as integral to managing their thoughts, feelings and behaviours within therapeutic relationships. Collectively, these studies suggest that self-awareness is a dynamic and sometimes challenging process that develops alongside professional identity and clinical competence.

1.1 | Nuances of Self-Awareness

Self-awareness generally refers to awareness of one's thoughts, emotions and behaviours that facilitates personal and professional development (Pieterse et al. 2013; Williams 2008). Conceptualisations vary from moment-to-moment attentional awareness (Williams 2008) to developmental models spanning the professional lifespan (Stoltenberg and McNeill 2011). Given its central role, counsellor-training programmes increasingly incorporate self-of-the-therapist work, experiential learning and structured self-reflection to foster self-awareness and integrate personal and professional development (Goldberg et al. 2023; Pennant and Shamoon 2022; Presley and Jones 2024; Sude and Baima 2021). These pedagogical approaches support counsellors-in-training (CITs) in managing personal biases, sustaining professional boundaries and cultivating empathic engagement, while also promoting ethical sensitivity and resilience (Geller and Greenberg 2012; Rønnestad and Skovholt 2013). Yet, this emphasis sits in tension with earlier research showing that self-focused attention can become distracting or interfere with therapeutic engagement (Fauth and Williams 2005; Wei et al. 2017). This apparent paradox, that training deliberately cultivates the very self-attention that can also undermine practice, points to a distinction between facilitative self-awareness and unhelpful self-focused attention (HSA), in which awareness becomes dominated by anxiety and critical self-evaluation. Understanding

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how CITs experience and navigate this latter form of self-focus is therefore critical to supporting both professional development and emotional well-being during training.

1.2 | Hindering Self-Focus Attention

HSA refers specifically to moments when attention becomes excessively focused on internal reactions, self-evaluation or perceived inadequacies, thereby disrupting engagement with clients, learning processes or therapeutic tasks (Wei et al. 2015, 2017). Related concepts, including mindfulness, somatic awareness and felt sense, emphasise embodied and intuitive dimensions of therapeutic engagement (Athanasiadou and Halewood 2011; Geller and Greenberg 2012; Peace and Smith-Adcock 2018). These perspectives suggest that awareness of bodily and internal experiences can inform empathic understanding and clinical decision-making (Hayes et al. 2018; Witteman et al. 2012).

Although HSA overlaps with constructs such as anxiety, self-consciousness, self-awareness and reflexivity, it remains conceptually distinct. Anxiety primarily refers to an affective state characterised by apprehension, uncertainty and perceived threat (Skovholt and Rønnestad 2003), whereas self-consciousness involves heightened attention to the self, including awareness of one's internal experiences and concerns about how one is perceived or evaluated by others (Williams et al. 1997; Williams 2008). HSA, in contrast, concerns the direction and allocation of attention towards one's internal experiences during professional functioning (Wei et al. 2017). Consequently, anxiety or self-consciousness may precipitate HSA, but neither is synonymous with it. Self-awareness generally refers to awareness of one's thoughts, emotions and behaviours that can facilitate personal and professional development (Pieterse et al. 2013; Williams 2008), whereas reflexivity extends this process through critical examination of how personal experiences, assumptions and social positions shape professional practice (Pieterse et al. 2013). Therefore, HSA may coexist with anxiety, self-awareness and reflexivity while remaining conceptually distinct because it captures moments in which self-focused attention becomes disruptive to professional functioning.

Excessive self-focus has been associated with increased self-consciousness, diminished confidence, reduced therapeutic engagement and weaker alliance formation (Fauth and Williams 2005; Wei et al. 2017). Negative self-evaluative thinking may further undermine perceived competence, even when objective performance remains adequate (Fauth and Williams 2005). Lower HSA has also been linked to greater counselling self-efficacy, psychological flexibility and ethical practice (Wei et al. 2017). De Stefano et al. (2012) found that heightened self-focus undermined CITs' self-concept and confidence, while Thériault and Gazzola (2010) reported that performance anxiety frequently disrupted trainees' capacity to remain present with clients. These effects are often intensified in evaluative contexts, such as recorded or observed sessions, where CITs may experience heightened fear of judgement. Consequently, some CITs may become guarded in supervision, hesitating to disclose perceived clinical errors or challenges due to concerns about negative evaluation (Singh-Pillay and Cartwright 2019).

Although research specifically examining HSA remains limited, contemporary scholarship continues to emphasise the importance of therapist self-awareness, reflective practice and professional identity development. Recent studies have highlighted the role of self-awareness within culturally situated therapeutic practice (Al-khodair and Alrawaf 2023), demonstrated how reflective processes facilitate the integration of personal and professional development during therapist training (Presley and Jones 2024), and identified self-of-the-therapist work as a core component of counsellor preparation (Goldberg et al. 2023; Sude and Baima 2021). Collectively, these studies demonstrate continued interest in therapist self-awareness while highlighting the lack of longitudinal research examining how hindering forms of self-focused attention evolve across counsellor training. Furthermore, existing literature has been limited in non-Western contexts. HSA may also prompt reflection on personal reactions and habitual patterns, with cultural factors shaping how such experiences are interpreted (Ng 2020). In Singapore, collectivist values, high power distance and norms emphasising achievement and emotional restraint may intensify self-criticism and suppression of vulnerability (Lim et al. 2019), underscoring the need for cultural understandings of the development of self-awareness.

Examining HSA longitudinally can therefore provide insight into how initially disruptive forms of self-focus are transformed into more reflective and professionally integrated forms of self-awareness throughout counsellor development.

1.3 | The Present Study

Prior research indicates that CITs experience substantial shifts in self-awareness, professional identity and therapeutic functioning across training (Pieterse et al. 2013; Rønnestad and Skovholt 2013), yet studies on HSA and related constructs have largely relied on cross-sectional designs (Wei et al. 2015; Williams 2008), limiting understanding of how these experiences evolve over time. To address this gap, this study explored CITs' lived experiences of HSA and how these experiences evolved across counsellor training in Singapore. HSA was conceptualised as momentary self-focused attention characterised by distressing or excessive inward focus that disrupts engagement with clients, learning processes or therapeutic tasks. Given the limited longitudinal and non-Western research on HSA, the following research questions guided this study:

1. How do CITs experience HSA across beginning and advanced stages of training?
2. How do CITs make sense of changes in their experiences of HSA over time?
3. How do cultural, relational and developmental contexts shape CITs' experiences and interpretations of HSA in Singapore?

We employed qualitative methodology using Interpretative Phenomenological Analysis (IPA; Smith and Nizza 2022) to

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examine how CITs make sense of their lived experiences. IPA's idiographic and interpretative orientation enables detailed exploration of meaning while acknowledging the researcher's interpretative role (Smith 2003). Widely used in counselling and clinical psychology research, including longitudinal studies (e.g., Nizza et al. 2022; Roebuck and Reid 2020), IPA is well suited to examining evolving experiences of self-focus and professional identity development. By situating CITs' HSA experiences within a Singaporean context, this study extends predominantly Western scholarship (e.g., Fauth and Williams 2005; Hill et al. 2007; Williams et al. 1997) and offers cross-cultural insights into counsellor development.

2 | Methodology

2.1 | Design

A longitudinal qualitative design was adopted as HSA was conceptualised as a developmental phenomenon rather than a static trait. Participants were interviewed at two time points corresponding to the beginning and advanced stages of training before and after substantial exposure to coursework, supervision and clinical practicum. A 12-month interval was selected to allow sufficient developmental progression in clinical experience, supervision and professional identity formation while maintaining continuity of participants' training experiences.

2.2 | Setting

The study was conducted within a Singapore-based Master of Counselling programme accredited by the Singapore Association for Counselling (SAC) and delivered through a higher education institution. The two-year programme is conducted in English (the typical educational language in Singapore) and integrates academic coursework, skills training, practicum placements and clinical supervision to prepare counsellors-in-training (CITs) for professional practice. Admission requires either a recognised Bachelor's degree or relevant professional qualifications deemed equivalent by the institution, together with successful completion of the selection process. The curriculum includes training in three major therapeutic orientations commonly practiced in Singapore and Asia: cognitive-behavioural, psychodynamic and systemic approaches. CITs complete coursework, experiential learning activities, skills practice, supervised clinical work and practicum placements. Personal therapy is recommended but not mandatory. In Singapore, counsellor training requires a minimum of 100 practicum hours, including at least 10 h of clinical supervision. Graduates of SAC-accredited programmes who complete 600 postgraduate clinical hours and 60 h of supervision may apply for SAC-registered counsellor status (SAC 2020).

2.3 | Participants and Researchers

Ten CITs from three first-year cohorts participated in the study (see Table 1). Participants were recruited from a single training programme to ensure consistency in curriculum, supervision and practicum structure while enabling exploration of individual developmental trajectories. Eligible students were informed via email distributed by the programme administrator. Interested participants contacted the first author and received a participant information sheet and consent form. Written informed consent was obtained prior to participation. Inclusion criteria were enrolment in the programme, willingness to participate in both interview waves and prior self-reported experiences of HSA on a screening measure (see Screening Survey). No restrictions were placed on gender, age or ethnicity.

The research team comprised the first author, a Singaporean Chinese female counsellor and two supervisors: a White British female lecturer in clinical psychology and an Indian female lecturer in psychology. The study formed part of the first author's doctoral research. Her prior experience as a counsellor-in-training informed her interest in HSA and familiarity with the training context. The first author did not hold any teaching, supervisory or evaluative role with participants and her

TABLE 1 | Demographic information for participants.

Participant	Gender identity	Age	Ethnicity	Marital status	Previous occupation
Lynn	Female	42	Chinese	Single	Sports teacher
Beatrice	Female	26	Chinese	Single	IT manager
Mary	Female	31	Chinese	Single	HR manager
Susie	Female	29	Chinese	Single	Case manager
Steven	Male	47	European Australian	Married	Homemaker
Rose[a]	Female	36	Chinese	Single	Private tutor
Margaret	Female	45	Indian	Married	Homemaker
Linda	Female	36	Malay	Single	Content creator
Amanda	Female	49	Chinese	Divorced	Student
Peter	Male	39	Chinese	Single	Freelancer

[a]Rose deferred her advanced stage of counsellor training.

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TABLE 2 | Longitudinal research schedule.

Data collection point	Timing	Purpose
Initial Interview	Semester 2	Explore initial experiences and meanings of HSA
Follow-up Interview 2	Approximately 12 months later (Semester 4)	Explore changes in HSA and professional development over time
Participant Review of Findings	Following data analysis	Invite participant to provide feedback on the group experiential themes and subthemes

assumptions were continuously examined through reflexive journaling, analytic memoing and supervisory discussions.

2.4 | Screening Survey

Participants were screened using the Self-Awareness Management Scale (SAMS; Williams, Hurley, et al. 2003), a self-report measure assessing moment-to-moment in-session awareness. The SAMS comprises 10 items across two subscales: Anxious Awareness and Distracting Awareness. Sample items include 'How often do you become aware of feeling anxious during the session?' and 'How often do you become aware of thinking about issues unrelated to the client or session?' Williams, Hurley, et al. (2003) reported a Cronbach's alpha of 0.76. At the time of the study, the SAMS was the only available instrument specifically designed to assess in-session HSA among CITs.

Participants scoring above the previously reported mean of 2.3 were considered eligible, indicating comparatively higher levels of anxious or distracting self-awareness. As no normative or clinical cut-off scores exist for the SAMS, this threshold served as a research-based screening criterion rather than a diagnostic benchmark. Consistent with IPA's emphasis on selecting participants with direct experience of the phenomenon, this approach identified individuals likely to provide rich experiential accounts of HSA. Fourteen students completed screening; two were unable to commit to the longitudinal design and two did not meet inclusion criteria, resulting in a final sample of ten participants.

2.5 | Ethical Considerations

Ethical approval was obtained from the University's Human Research Ethics Committee (H8579). Eligible Master of Counselling students from the 2020/2021 cohort were invited via email by programme administrators. All participants provided informed consent and were assured of confidentiality, voluntary participation and the right to withdraw without penalty.

2.6 | Procedure

Following completion of the programme's introductory phase, eligible participants attended a brief online meeting to clarify study procedures and address questions. Semi-structured interviews were conducted by the first author at both time points. At the first interview, participants were invited to describe a significant counselling-related experience involving momentary internal awareness, broadly defined to include thoughts, emotions and bodily sensations, without explicit reference to HSA. The second interview, 12 months later, built on these accounts, exploring perceived changes over time, with prompts used to support depth and reflexive elaboration (Smith and Nizza 2022; see Table 2). Interviews lasted 60–90 min and were conducted either in person or via Zoom; all but one were conducted online due to COVID-19 considerations. Interviews were transcribed using Otter.ai and checked for accuracy. Pseudonyms were used throughout. The semi-structured interview schedules were informed by literature on counsellor development, self-awareness and HSA (e.g., Hill et al. 2007; Pieterse et al. 2013; Wei et al. 2015; Williams 2008) and were designed to facilitate rich exploration of participants' lived HSA experiences and perceived changes across training. The full interview schedule is provided in the Supporting Information.

2.7 | Data Analysis

Transcripts were anonymised, and participants were offered the opportunity to review and redact potentially identifying information due to the small cohort; all accepted this option. Data were analysed using Interpretative Phenomenological Analysis (IPA) following Smith and Nizza's (2022) guidelines. Analysis involved iterative within- and across-case procedures. Each transcript was read multiple times, followed by descriptive, linguistic and conceptual noting (Smith 2019). Experiential statements were clustered into personal experiential themes, and cross-case analysis identified shared meanings and group experiential themes across training stages to capture developmental change (McCoy 2017). Within-case analysis was conducted separately for each participant at each time point (Beginning and Advanced Stages), followed by longitudinal comparison across stages to examine continuity and change over time. Analytic transparency was supported through sustained engagement with the data and verbatim quotations. Data are stored in the university's Research Data and Information Management repository.

2.8 | Trustworthiness and Reflexivity

Trustworthiness was enhanced through credibility, transferability, dependability and confirmability (Creswell and Plano Clark 2011). Reflexivity was also informed by the researchers' positionality and relationship with the training organisation, as described in the Researchers subsection. Credibility was supported through regular reflexive discussions between the three authors,

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focusing on interpretative depth rather than inter-rater reliability. Developing themes were continually checked against the dataset for plausibility and coherence. Eight of ten participants replied and reviewed the final thematic interpretation and indicated that the findings resonated with their experiences. The other two participants did not reply; no participants expressed disagreement. In line with IPA's interpretative epistemology, participant feedback was considered alongside ongoing researcher reflexivity rather than treated as validation. Dependability and confirmability were supported through an audit trail documenting analytic decisions and reflexive journaling throughout data collection and analysis. Transferability was enhanced through detailed contextual description of the training setting and participant characteristics. To address potential researcher bias, three bracketing interviews were conducted with the first author by an independent clinical supervisor (before data collection, during analysis and after completion) (Rolls and Relf 2006).

3 | Results

The analysis generated seven interrelated subthemes capturing shared manifestations and evolving meanings of hindering self-focused attention (HSA) across participants (see Table 3). HSA is used here as a sensitising interpretative construct that emerged through analysis of participants' accounts, describing recurrent patterns of momentary self-focused attentional disruption across cognitive, emotional, somatic and relational domains. Participants' experiences were first analysed idiographically at the Beginning and Advanced stages of training and then interpreted longitudinally to examine how understandings of HSA developed over time. Across accounts, participants frequently made sense of these developmental shifts in relation to particular experiences, relationships and learning contexts. The findings were organised into two Group Experiential Themes (GETs). GET 1, *HSA as a Vulnerability Shaped by the Developing Self*, describes early experiences characterised by uncertainty, self-doubt and heightened affective and somatic arousal. GET 2, *HSA as a Meaningful Signal Within the Developing Professional Self*, captures participants' evolving interpretations of HSA as they developed greater reflective capacity and integrated these experiences into their emerging professional identities.

TABLE 3 | Group experiential themes and subthemes.

Group experiential theme	Subtheme
HSA as a Vulnerability Shaped by the Developing Self	Manifestations of HSA through thoughts, emotions, bodily sensations and behaviours
	Cultural and familial foundations of HSA
	Childhood experiences shaping HSA
	HSA as a learned coping strategy
HSA as a Meaningful Signal Within the Developing Professional Self	HSA in negotiating developing professional competence
	HSA in embracing professional vulnerability
	HSA as a catalyst for professional growth

With the idiographic emphasis of IPA and longitudinal qualitative inquiry, the Results section consistently presents the narrative of one participant ('Susie'), to illustrate continuity and change in HSA from the beginning stage (BS) to the advanced stage (AS) of training. Susie was selected due to the depth of her accounts and their conceptual alignment with patterns observed across the dataset. This is followed, within each subtheme, by a cross-case analysis examining convergent and divergent experiential patterns across participants (e.g., Nizza et al. 2022; Osborn and Smith 2005; Smith and Osborn 2008). An idiographic overview of subthemes endorsed by each participant across both stages is presented, illustrating developmental shifts in lived HSA experiences (see Table 4).

3.1 | GET 1: HSA as a Vulnerability Shaped by the Developing Self

This GET captures participants' immediate and often distressing experiences of HSA, predominantly during the beginning stage of counsellor training. HSA was experienced as a multifaceted phenomenon involving intertwined emotional, cognitive and physiological responses that frequently disrupted participants' capacity to remain present in training contexts. The following subthemes reflect participants' early struggles in navigating HSA, alongside the personal, cultural and developmental influences shaping these experiences.

3.1.1 | Subtheme 1: Manifestations of HSA Through Thoughts, Emotions, Bodily Sensations and Behaviours

Participants described HSA as a convergence of internalised critical thoughts, distressing emotions and pronounced bodily sensations. Cognitive experiences commonly involved self-critical appraisals and intrusive distractions, which were closely linked to emotional states such as fear, self-doubt and anxiety. These experiences were often accompanied by somatic responses, including paralysis, tension or a sense of being frozen, intensifying participants' discomfort and impairing their engagement in the 'here-and-now'. Susie, for instance, recounted a moment of psychological detachment and immobilisation during her practicum at a youth drop-in centre, which she experienced as overwhelming and unsafe:

> I was in freeze mode... I was afraid and awkward... I was afraid of getting judged by the youths.
>
> (Susie, BS)

Several participants also became acutely aware of involuntary gestures during HSA moments, such as fidgeting, freezing or avoiding eye contact, which heightened their self-consciousness. Linda vividly described how her conflicted internal state was expressed through subtle physical movements during a group supervision session:

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TABLE 4 | Overview of participants' subthemes across the beginning and advanced stage of training.

Participant	Lynn		Beatrice		Mary		Susie		Steven		Rose		Margaret		Linda		Amanda		Peter	
Stage	**BS**	**AS**	**BS**	**AS**	**BS**	**AS**	**BS**	**AS**	**BS**	**AS**	**BS**	**AS**	**BS**	**AS**	**BS**	**AS**	**BS**	**AS**	**BS**	**AS**
GET 1: HSA as a vulnerability shaped by the developing self																				
Manifestations of HSA through thoughts, emotions, bodily sensations and behaviours	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
Cultural and familial foundations of HSA			✓	✓	✓		✓	✓	✓				✓		✓				✓	
Childhood experiences shaping HSA	✓						✓		✓		✓		✓				✓		✓	
HSA as a learned coping strategy	✓		✓	✓			✓	✓	✓	✓	✓		✓		✓	✓				
GET 2: HSA as a meaningful signal within the developing professional self																				
HSA in negotiating developing professional competence		✓			✓	✓		✓		✓				✓		✓		✓		✓
HSA in embracing professional vulnerability		✓		✓		✓		✓		✓	✓		✓	✓		✓		✓		✓
HSA as a catalyst for professional growth	✓	✓		✓	✓	✓	✓	✓		✓			✓	✓		✓	✓	✓	✓	✓

Note: 'BS' denotes the Beginning Stage and 'AS' the Advanced Stage. Rose deferred her advanced-stage training but provided informed consent for the inclusion of her data in the study.

> I kept moving in my seat. I think I had my legs crossed and I was like this [gesture of hand covering mouth, looking left and right], and like that [hand covering eyes, wishing not to see what was going on], which is a position I don't usually get into...
>
> (Linda, BS)

Physiological reactions were also salient, with some participants linking their bodily responses to unresolved childhood trauma. Amanda, for example, described becoming aware of shallow breathing, jaw tension and bodily shaking during a lecture, which she experienced as a reactivation of earlier traumatic memories:

> My breathing is shallow; my jaw is tense... I can feel my body vibrating... It's like reliving a trauma... as I was a kid... which suddenly became so real to me that my body started shaking as the lecturer was saying.
>
> (Amanda, BS)

Across accounts, the interaction between cognitive, emotional and bodily responses often resulted in a sense of helplessness, limiting participants' ability to engage fully in training activities. These HSA moments were experienced not merely as situational anxiety, but as deeply embodied reactions reflecting unresolved internal conflicts and vulnerabilities.

3.1.2 | Subtheme 2: Cultural and Familial Foundations of HSA

Participants' experiences of HSA were embedded within their cultural, familial and socioeconomic contexts, which shaped how they perceived themselves and responded to evaluative situations. Cultural norms and early relational roles appeared to inform participants' internal standards, emotional regulation strategies and sensitivity to judgement, particularly within hierarchical training environments. Across accounts, HSA was often intensified by collectivist concerns, including fear of relational disapproval, loss of face and appearing incompetent in front of peers or authority figures. Susie linked her irritation and emotional withdrawal during a grief roleplay to a cultural upbringing that constrained emotional expression around death:

> A part of me knows that losing people is a part and parcel of life... I think is also because my family itself, we don't talk about emotion... like grief. It's not easy especially if you're coming from a traditional Chinese family where death is like a taboo...
>
> (Susie, BS)

Here, HSA manifested as heightened self-consciousness and withdrawal, shaped by internalised cultural norms regarding emotional expression and perceived professional appropriateness. Steven's account further illustrates how culturally shaped relational scripts activated HSA in peer interactions. Raised in a sociocultural context that valued assertiveness and intellectual dominance, Steven became acutely aware of his need to defend his competence during class discussions:

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> In my dad's world, the notion of being someone who helped people was weak, like, his world was destroy and dominate...
>
> (Steven, BS)

Steven's account suggests that these concerns were rooted in earlier relational experiences that shaped his assumptions about power, vulnerability and interpersonal interactions. Encountering counselling values that emphasised empathy, openness and helping others appeared to challenge these assumptions, generating uncertainty about how he should relate to others. This tension contributed to HSA, illustrating how past relational scripts continued to influence his emerging professional identity. Socioeconomic background also shaped participants' HSA, particularly in evaluative contexts such as supervision. Several participants described heightened self-monitoring and overpreparation driven by fears of being perceived as inadequate. Beatrice linked her anxiety in supervision to growing up in a low-income family, where academic success was associated with security and respectability:

> It is not that easy for someone who's born into low income... there were many things that we couldn't get... I guess that's where my need for excellence comes from... I wouldn't want to sacrifice or compromise my grades, like learning (and asking questions) in supervision.
>
> (Beatrice, BS)

For Beatrice, HSA manifested as hypervigilance and internal pressure to perform, reflecting deeply internalised benchmarks of success. Across participants, these accounts highlight how cultural and class-based expectations were internalised as self-imposed standards, reinforcing cycles of evaluative self-scrutiny. Reflecting on HSA through cultural and upbringing lenses enabled participants to contextualise their vulnerabilities within broader sociocultural and relational frameworks.

3.1.3 | Subtheme 3: Childhood Experiences Shaping HSA

During the beginning stage of training, several participants reported that HSA moments evoked memories of unpleasant childhood experiences. These recollections appeared to shape how participants understood their emotional and bodily reactions, offering explanatory frameworks for their present difficulties. Susie described how the noise and chaos of her practicum site triggered memories of her parents' quarrels, during which she coped by withdrawing into a fetal position:

> I remember just going into the fetus position, trembling... that happened when I was in primary school. I guess it contributed to how I hate noise and how I wish for peace.
>
> (Susie, BS)

Similarly, Amanda described how lecture content activated intense bodily reactions that she connected to childhood fear:

> As the lecturer was going through the slides, I really felt my whole body shaking... I shared a little bit of my traumatic childhood... It suddenly became so real... .
>
> (Amanda, BS)

Other participants linked HSA moments to early experiences of rejection. Lynn, for example, became aware of an intense need to please her client during an initial counselling session, which she later connected to childhood experiences of peer exclusion:

> Three of us were best friends... the two of them ganged up against me. It happened not once but twice, and I think that was quite devastating for me... and I think it translates to the other parts of my life.
>
> (Lynn, BS)

Across these narratives, HSA was experienced as a reactivation of earlier emotional hurts. While these moments appeared to initially disrupt participants' functioning as counsellors-in-training, these moments later provided meaningful insights into the origins of their responses in the advanced stage.

3.1.4 | Subtheme 4: HSA as a Learned Coping Strategy

Beyond recalling childhood memories, participants also interpreted HSA as reflecting coping mechanisms developed early in life to manage emotionally challenging environments. These strategies, while once adaptive, were recognised as less helpful within professional training contexts. Susie described adopting a 'joker' façade to conceal sadness and loneliness, alongside a tendency towards withdrawal. As her self-awareness increased, she began to recognise these behaviours as barriers to her professional development:

> I am a joker... always making people laugh... like building a façade... I don't mean to laugh at her (role-play classmate) experience of losing her mom... I was just laughing at how ridiculous the exercise (role-play) was.
>
> (Susie, BS)

Perfectionism was another prominent pattern, often rooted in childhood environments where mistakes were punished. Rose linked her intense self-criticism and need for control to such experiences, which heightened her HSA and contributed to her decision to defer advanced training:

> You must get 100 marks in exams... 91 is very lousy, very bad... (Now) I need to be very clear of the theory first, right, so I read the book... I couldn't find anywhere to take me in for practicum... I feel that maybe I really need to defer.
>
> (Rose, BS)

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Others described developing passive-aggressive behaviours to be heard or acknowledged. Linda recognised this pattern as a continuation of childhood strategies during a HSA moment in supervision:

> This is what I've learned (as a child) so I became angry [laugh], the only way people listened to me... was when I showed a tantrum.
>
> (Linda, BS)

Overall, participants' HSA experiences during early training were deeply intertwined with learned childhood coping strategies. While these behaviours had once served protective functions, they were increasingly experienced as maladaptive within professional contexts. Through reflecting on HSA, participants began to gain insight into how early experiences shaped their emotional and behavioural tendencies, laying the groundwork for subsequent development described in GET 2.

3.2 | GET 2: HSA as a Meaningful Signal Within the Developing Professional Self

This GET captures participants' evolving professional identity formation during the advanced stage of training. Participants continued to experience HSA through thoughts, emotions, bodily sensations and behaviours, but these manifestations were not retained as a separate subtheme within this GET because their interpretations and meanings appeared to have shifted. With increased clinical exposure, supervision and reflective capacity, participants became more attuned to how personal vulnerabilities, such as self-doubt, emotional sensitivity, perfectionism and culturally shaped expectations, intersected with professional responsibilities, including ethical accountability, competence and relational presence. Rather than experiencing HSA moments solely as disruptive or personally threatening, participants increasingly understood their internal reactions in relation to professional demands, such as responsibility for client outcomes, performance evaluation and self-management. Thus, while the phenomenological manifestations of HSA persisted, participants' meaning-making around these experiences appeared to shift, enabling HSA to become increasingly understood within, rather than apart from, their developing professional identities.

3.2.1 | Subtheme 1: HSA in Negotiating Developing Professional Competence

As training progressed, participants increasingly interpreted HSA not only as a personal struggle but also in relation to their developing professional competence. Drawing on counselling theories, including cognitive-behavioural, psychodynamic, family systems and transactional frameworks, participants developed more structured ways of understanding their internal experiences. Rather than experiencing HSA as diffuse or overwhelming, they increasingly linked their thoughts, emotions and bodily reactions to identifiable triggers, relational patterns and theoretical constructs. This shift enabled participants to make greater professional meaning of experiences such as self-doubt, fear and frustration, as they became more able to understand these reactions in relation to their clinical work and developing competence. For instance, Susie came to associate her annoyance and avoidance with unresolved trauma and family dynamics. Drawing on family therapy concepts, she developed a framework for understanding her HSA, enabling her to view these momentary self-focused reactions as signals for reflection rather than personal failings:

> So family therapy... is really understanding what is happening... I realized how I still feel traumatized from my childhood, like it's not been talked about in a deeper way.
>
> (Susie, AS)

Similarly, Lynn used Transactional Analysis (Berne 1973) to make sense of her HSA experiences, conceptualising the self-critical and withdrawing aspects of these moments as shifts between ego states. She described oscillating between a 'Critical Parent' and a 'Rebellious Child', recognising how these patterns contributed to withdrawal during practicum when she perceived rejection:

> I am often either a "Critical Parent"... or a "Rebellious Child"... If I am in my adult ego state... I shouldn't walk away... Unless I learn to integrate my own growth as an individual, it's difficult to be authentic...
>
> (Lynn, AS)

Across accounts, participants reported recognising HSA more quickly and developing a capacity to pause, observe and reflect in the moment. This enhanced awareness supported a more balanced stance, allowing participants to position themselves as observers of their internal processes rather than being overwhelmed by them. Margaret described becoming aware of an internal urge to perform during class discussions and reframing this experience as an internally driven process:

> I feel that urge to perform is artificial... the approval-seeking urge is what is working against me.
>
> (Margaret, AS)

Some participants also developed greater capacity to recognise how HSA emerged within relational processes, including experiences they conceptualised as countertransference. Mary reflected on an advanced-stage group role-play in which frustration led her to withdraw, later recognising this response as countertransference shaped by her history as an only child:

> I suppose... the frustration... comes from the importance that I place in learning... because of countertransference in that group role-play I walked out.
>
> (Mary, AS)

Participants' language for describing HSA became increasingly nuanced. Peter, who initially experienced HSA as self-consciousness about using Singlish—a localised colloquial variety of English commonly spoken in Singapore that

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incorporates elements from Malay, Chinese dialects and Tamil—later reflected on this experience with greater self-acceptance and cultural integration. Peter's account suggests that professional development involved not only increased self-awareness but also negotiation between professional norms and local linguistic identities. HSA appeared to emerge when participants perceived tension between culturally familiar ways of relating and their developing identities as counsellors:

> Now, I have more bodily awareness... the attention to sensation is amplified. In the earliest stage, I would just pay attention to the way I talked but now much more conscious of the overall... I'm able to know when to use the language (Singlish).
>
> (Peter, AS)

Overall, participants demonstrated greater clarity in recognising and articulating HSA. Rather than eliminating self-focused reactions, they increasingly drew upon counselling theories and professional language to understand and manage these experiences. Across accounts, participants attributed these shifts to several developmental experiences, including supervision, theoretical learning, practicum exposure, personal therapy and reflective dialogue. These experiences appeared to help participants reinterpret self-focused reactions as information about personal vulnerabilities, relational dynamics and professional development. Participants described becoming progressively able to recognise and regulate attentional shifts away from the client and towards self-evaluative concerns. Across accounts, HSA came to be understood not as a mere disruption but as a meaningful signal of professional demands, and in this reframing, it was integrated into emerging professional identities.

3.2.2 | Subtheme 2: HSA in Embracing Professional Vulnerability

Participants increasingly interpreted HSA moments as revealing deeper, often unacknowledged aspects of themselves rooted in personal histories and unmet needs. Rather than avoiding or suppressing these experiences, they demonstrated a growing capacity to tolerate vulnerability and engage reflectively with what their reactions might signify. This growing openness allowed HSA moments to become avenues for self-exploration rather than solely sources of distress, as participants increasingly recognised that encountering their own vulnerability was part of developing as counsellors. Susie, for instance, recognised that her irritation during a grief role-play reflected a longing for harmony and emotional closeness. She described how humour functioned as a protective strategy while also obscuring her desire for deeper connection:

> The joker has protected me... I guess to compensate for what I lost... compensate the young me... not being able to see what's harmony... .
>
> (Susie, AS)

Participants also described HSA as masking a yearning for acceptance. In such moments, heightened self-consciousness led to approval-seeking or withdrawal. Lynn reflected on how perceived rejection from a practicum staff member activated childhood dynamics and prompted withdrawal:

> I was triggered by the social worker... her voice and interactions with her often felt like the "Critical Parent"... it triggered a dysfunctional response from my "Child"... people express their needs in certain ways... it's not that they are bad.
>
> (Lynn, AS)

Fear of incompetence similarly concealed aspirations for success. Beatrice described how concerns about grades and evaluation constrained her openness in supervision, though she began to cautiously re-evaluate this stance during the advanced stage:

> Sharing or being vulnerable... would translate to lower grades... but now... I will say gradually opening up... I'll filter the questions.
>
> (Beatrice, AS)

Across narratives, participants' HSA experiences reflected complex emotional dynamics shaped by personal histories and professional aspirations. By engaging with vulnerability rather than resisting it, participants appeared to develop greater insight into how these dynamics influenced their professional development.

3.2.3 | Subtheme 3: HSA as a Catalyst for Professional Growth

This subtheme reflects participants' evolving understanding of professional growth as a gradual and non-linear process. Although HSA moments were initially experienced as distressing, participants increasingly described how engaging with and reinterpreting these experiences over time contributed to their professional development. Rather than viewing moments of self-doubt, discomfort or vulnerability as evidence of inadequacy, participants came to recognise them as experiences from which they could learn and develop. Susie, for instance, described how becoming more open about her childhood experiences became central to her development as a counsellor, contrasting this with her earlier tendency to hide these aspects of herself:

> If I don't talk (about my past), I think it is going to be very tough for me to be a counselor... in beginning stage, I hide a lot.
>
> (Susie, AS)

Most participants acknowledged that growth required patience, tolerance for discomfort and willingness to revisit unresolved patterns. Supervision emerged as a critical context for processing HSA, shifting from a purely evaluative space to a collaborative environment for meaning-making. Supportive supervisors were described as facilitating reflection, containment and professional confidence. Margaret reflected on how supervisory

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support transformed a destabilising client experience into a learning opportunity:

> She is very supportive... Her acceptance of me... gives me a big boost... She helped me think through how to talk to my client... .
>
> (Margaret, AS)

At the same time, participants noted the inherent tension within supervision, where support coexisted with evaluation. For some, this duality continued to evoke HSA, particularly where grades and hierarchical structures were salient. Within these contexts, supervisors were perceived as occupying both developmental and evaluative roles. Participants described becoming increasingly sensitive to how they might be perceived by authority figures, which at times inhibited disclosure and reinforced self-monitoring tendencies. Beatrice articulated this ambivalence clearly. Her concerns about grades and evaluation also reflect broader sociocultural emphases on academic achievement commonly reported in Asian educational contexts:

> I am not 100% opening up yet... It's almost like a lecturer-student kind of relationship... I'm still quite uptight with my supervisor.
>
> (Beatrice, AS)

Despite these challenges, participants described increasing access to both internal and external resources for managing HSA. Externally, they relied on peer support and personal therapy; internally, they developed greater emotional resilience, tolerance for discomfort and self-compassion. Linda's reflection illustrates this shift:

> I feel that my lack of compassion was the problem... I finally am aware that I am so self-judgmental...
>
> (Linda, AS)

Across participants, change did not occur through the elimination of HSA. Rather, developmental shifts appeared to be facilitated by clinical experience, theoretical learning, supervision, personal therapy and increased reflective capacity. These experiences enabled participants to reinterpret HSA, transforming it from a source of threat and self-doubt into a meaningful signal about personal vulnerabilities, relational dynamics and professional development. The process was often non-linear, with participants continuing to encounter HSA while developing greater capacity to recognise, tolerate and work with these experiences.

4 | Discussion

4.1 | Developmental Trajectories of HSA

The longitudinal design enabled an in-depth examination of the developmental trajectory of HSA across an 18-month counsellor training programme in Singapore. Tracking participants from beginning to advanced stages captured how HSA emerged, intensified and gradually transformed. Participants commonly attributed these changes to cumulative experiences of supervision, clinical practice, theoretical learning, personal therapy and reflective self-exploration. This temporal perspective elucidates how HSA changes over time through the interaction of individual dispositions, training experiences and professional development. Although participants' accounts align with concepts found in cognitive-behavioural and psychodynamic frameworks, the analytic focus was on how these experiences co-occurred and were subjectively integrated as a unified attentional phenomenon during professional training. The use of longitudinal IPA (LIPA) provided an autobiographical lens, linking participants' current HSA experiences to earlier life events, relational scripts and embodied responses. This idiographic perspective highlighted continuity in professional identity development and supported the conceptualisation of HSA as a dynamic developmental process.

4.2 | Valence of Self-Awareness

Consistent with calls for greater conceptual precision in the self-awareness literature (Williams 2008), the present study's findings extend this position by suggesting that self-awareness should be understood in terms of valence rather than assumed utility. In the current study, self-awareness emerged as a developmental phenomenon encompassing facilitative and hindering dimensions. For beginning CITs, HSA was predominantly unpleasant and destabilising, amplifying novice stress (Skovholt and Rønnestad 2003) and undermining perceived capacity to remain present in sessions, classrooms and group activities. HSA moments were often intrusive, self-critical and emotionally overwhelming.

In contrast, advanced-stage CITs demonstrated a more regulated and differentiated relationship with internal experiences. HSA moments were described as less intense and, at times, clinically informative, particularly when explored within supportive supervisory relationships. Theoretical grounding enabled advanced CITs to interpret internal reactions through clinical frameworks such as transference-countertransference dynamics, attachment patterns or process-oriented cues. Through conceptual integration and relational containment, previously disruptive self-focus became meaningful clinical information. This shift illustrates how the valence of self-awareness changes developmentally, with HSA gradually becoming a reflective resource rather than a source of self-diminishment.

Although participants continued to report moments of self-focused attention during the advanced stage of training, they increasingly came to interpret these experiences as meaningful signals about personal vulnerabilities, relational dynamics and clinical processes. Rather than disappearing, HSA became increasingly regulated, contextualised and integrated into reflective professional practice. This finding may help explain earlier psychotherapy process research showing that more experienced therapists and therapists with greater in-session self-awareness were better able to manage distracting and anxious self-focused attention (Williams, Polster, et al. 2003; Williams and Fauth 2005). Whereas these previous studies

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demonstrated differences in therapists' capacity to manage self-awareness, the present longitudinal findings illuminate a possible developmental process underlying this capacity. Through supervision, theoretical learning, reflective dialogue, personal therapy and clinical experience, participants progressively developed the ability to recognise, interpret and respond constructively to moments of self-focused attention. Participants drew upon diverse theoretical frameworks, including psychodynamic, systemic, transactional and cognitive perspectives, to make sense of these experiences. The findings therefore suggest that professional development may not reduce self-focused attention itself but may enhance therapists' capacity to regulate, contextualise and utilise it as a source of clinically meaningful information.

4.3 | Cultural and Relational Influences on HSA

Western research has documented heightened self-consciousness, evaluative self-talk and emotional vulnerability among beginning CITs (Hill et al. 2007; Nutt-Williams and Hill 1996; Williams et al. 1997). The present study extends this literature by situating HSA within Singapore's sociocultural context, where collectivist orientations, concerns about face and hierarchical relationships may shape how self-awareness is experienced and interpreted (Ng 2020; Lim et al. 2019). Participants' HSA was intertwined with fears of relational disapproval, loss of face and perceived incompetence before peers and authority figures, reflecting culturally embedded emotional regulation patterns and achievement orientations. Cultural taboos surrounding death and emotional expression intensified self-consciousness in grief-related contexts, while expectations regarding intellectual competence and assertiveness heightened self-monitoring in peer and supervisory interactions. These pressures were both socially reinforced and internalised, sustaining cycles of evaluative self-scrutiny.

A notable finding was the persistent tension participants experienced within supervision. Although supervision was frequently described as supportive and developmental, it also remained an evaluative context that could activate self-monitoring, concerns about competence and fears of negative judgement. These dynamics appeared particularly salient within hierarchical educational relationships, where respect for authority heightened sensitivity to supervisors' evaluative roles and sometimes inhibited disclosure. Consequently, supervisory anxiety was experienced not only as a concern about performance but also as a relational concern involving approval, face and professional legitimacy. These findings extend existing literature on counsellor development by demonstrating that HSA cannot be understood solely as an intrapsychic phenomenon. Rather, participants' self-focused attention was embedded within broader sociocultural expectations surrounding hierarchy, achievement, emotional restraint and interpersonal harmony. These expectations have been documented in Singaporean and broader Asian educational and interpersonal contexts, where respect for authority, achievement orientation, emotional restraint and relational harmony may shape how individuals understand themselves and navigate interpersonal relationships (Lim et al. 2019; Ng 2020). Within this context, cultural factors appeared to shape the content, meaning and interpersonal consequences of HSA by influencing what participants attended to, how they interpreted their reactions, and the strategies they used to manage them. The findings therefore suggest that the expression and developmental trajectory of HSA are culturally situated rather than universally experienced in identical ways.

Self-awareness in counsellor training reflects duality, including both facilitative and challenging elements. While facilitative self-awareness supports insight, emotional regulation and professional growth, HSA reflects moments of internal distraction, self-criticism or anxiety that can impede performance and well-being. HSA should not be viewed solely as negative; it represents a developmental process through which CITs engage with and learn from internal challenges. Longitudinal observation shows HSA evolves as CITs integrate personal insights, navigate emotional responses and align dispositions with professional expectations. Despite its prevalence, HSA is often unaddressed in training programmes, which frame self-awareness more broadly (Pieterse et al. 2013). Explicit inclusion of HSA in counsellor education through psychoeducation, structured reflection, mindfulness-based practices and support services may promote self-compassion, reflective practice and professional growth. Incorporating cultural considerations regarding emotional expression, hierarchy and professional expectations further supports CITs in navigating HSA.

Supervision often emphasises clinical skills over internal experiences (Pieterse et al. 2013). Supervisors' dual roles as mentors and assessors may increase anxiety, particularly for CITs experiencing competence-related HSA (Ladany 2014). Supervisors can mitigate this by fostering trust, modelling self-disclosure and promoting HSA literacy. Clear guidelines about roles can reduce confusion and encourage open dialogue about HSA moments. Drawing on the Integrated Developmental Model (IDM; Stoltenberg and McNeill 2011), supervisory strategies can be tailored to the developmental stage of the CITs. At Level 1 (early stage), supervisors can provide structured support, guiding exploration of HSA experiences, offering feedback and encouraging reflection within a culturally safe environment: for example, helping CITs recognise moments of self-doubt during role-play exercises and grounding them in reflective observation. At Level 2 (intermediate stage), supervisors can facilitate discussions on the interaction between HSA, personal vulnerabilities and culturally informed expectations in professional practice: for instance, exploring how a CIT's anxiety about making mistakes in front of a senior mentor may be shaped by cultural norms around hierarchy, while identifying strategies to manage critical self-focused attention. At Level 3 (advanced stage), supervisors can adopt a collaborative approach, encourage independent management of complex situations while supporting integration of HSA awareness with personal, cultural and professional growth: for example, guiding trainees to navigate countertransference with culturally diverse clients while reflecting on how their own somatic responses or internal self-criticism influence therapeutic decisions.

Systematic reflection on HSA is essential for personal and professional development. Findings indicate HSA occurs across multiple training contexts, underscoring its pervasive nature. Reflective engagement enables CITs to identify triggers, examine internal responses and understand how personal histories,

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relational patterns and embodied sensations influence practice. Supervisors can scaffold reflection by linking current HSA to earlier relational scripts and culturally embedded expectations. Practices such as journaling, structured reflection and personal therapy further support emotional resilience and professional integration. Through sustained reflection, CITs may transform potentially hindering self-focused experiences into meaningful developmental opportunities.

5 | Limitations

Several methodological considerations should be noted. First, recruitment may have introduced self-selection bias, as participants who volunteered and remained in a longitudinal study were likely to possess relatively high levels of reflexivity and openness to self-exploration. Consequently, the findings may underrepresent counsellors-in-training with lower propensity for reflective inquiry. Future research could purposively sample trainees with varying levels of self-awareness or adopt mixed-methods designs. Second, all interviews and primary analyses were conducted by the first author to ensure interpretative continuity across time points. Although reflexive journaling, supervisory discussions and independent reflexive interviews were used to enhance trustworthiness, interpretations may still reflect the first author's perspectives. Future studies could include additional analysts to broaden interpretative perspectives. Third, the findings are situated within a Singaporean counsellor-training context and may not be directly transferable to other cultural or educational settings. Cross-cultural research is needed to examine whether similar manifestations and developmental trajectories of HSA emerge in other contexts.

6 | Conclusion

This longitudinal IPA study advances understanding of HSA as a culturally situated and developmentally dynamic process in counsellor training. Findings indicate that HSA shifts across training stages, with initially distressing self-focus becoming increasingly regulated and integrated into reflective professional practice over time. By situating HSA within sociocultural influences such as hierarchy, face concerns, achievement expectations and emotional norms, the study extends predominantly Western accounts of counsellor development. Rather than a purely hindering phenomenon, HSA reflects an evolving process through which trainees make sense of vulnerability, relational experience and professional identity formation. These findings highlight the need for culturally and developmentally responsive approaches in counsellor training and supervision that support reflective engagement with self-focused experiences.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are openly available in IPA Data for Hindering Self-Focused Attention at https://researchdata.jcu.edu.au/published/ad4c0570638711ef90e837a7f7e9e989.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Data S1:** Supporting Information.

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