Uluslararası Eğitimde Yenilikçi Yaklaşımlar Dergisi
International Journal of Innovative Approaches in Education 2025, Vol. 9 (3), 66-82
https://doi.org/10.29329/ijiape.2025.1354.2

Original article

Exploring Counselor Trainees' Professional Irrational Beliefs and Emotional Struggles: A Document Analysis

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Abstract

The counselors themselves have more influence on the success of the counseling process than the techniques or skills they use. Counselors' expectations of themselves and their clients may facilitate or jeopardize this process. The purpose of this study is to explore the irrational beliefs held by counselor trainees and to examine the emotional struggles associated with these beliefs. This study employs a qualitative approach, specifically a document analysis. In this context, the study examined 56 self-evaluation reports written by 9 counselor trainees. All trainees are enrolled in a Guidance and Counseling undergraduate program at a university in Türkiye as part of the Individual Counseling Practicum course. The data in this study were analyzed inductively. As a result, three main themes were identified: "Unreasonable Expectation of Achievement from Oneself," "Unreasonable Expectation of Motivation, Commitment, and Achievement from Clients," and "Expectation of an Irrational Level of Respect, Acceptance, and Love from Clients." In conclusion, the findings revealed that counselor trainees hold irrational beliefs about themselves and their clients, which are accompanied by emotional struggles. Based on these findings, several recommendations are provided for counselor trainees, counselor educators, and researchers.

Keywords: Counselor Irrational Beliefs, Counselor Education, Counselor Trainees, Clinical Supervision

Received: 07 July 2025 * **Accepted:** 30 September 2025 * **DOI:** https://doi.org/10.29329/ijiape.2025.1354.2

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INTRODUCTION

"Why did I (really) become a psychotherapist? In a word, because I primarily wanted to myself become a much less anxious and much happier individual. Oh, yes, I wanted to help other people, too, and I wanted to help the world be a better place, with healthier and happier people who fought like hell to create better conditions. But I really and primarily wanted to help me, me, me!

Albert Ellis, founder of Rational Therapy (2005, p. 945)

The counseling process is grounded in the therapeutic relationship between counselor and client, which serves to promote the client's well-being. Counselors adopt various approaches and employ different techniques to ensure that this relationship is as effective as possible from the client's perspective (Egan, 2011). However, no technique or theory is as influential in the effectiveness of the counseling process as the counselor's personal characteristics, which play a key role in shaping the therapeutic relationship (Corey, 2017). Indeed, numerous studies conducted with clients have also demonstrated the impact of counselors' personal characteristics on the counseling process (de Stefano et al., 2010; Kurtyilmaz et al., 2019; Levitt et al., 2006; Sackett et al., 2018; Sackett & Lawson, 2016). Therefore, in order to effectively promote their clients' well-being, counselors must first maintain their own well-being (Lawson et al., 2007; Witmer & Young, 1996).

The importance of counselors' well-being is now widely recognized as an essential requirement rather than a matter of debate. In fact, even professional organizations do not leave counselors' well-being to individual initiative but frame it as an ethical responsibility. For example, the American Counseling Association (2014) emphasizes that counselors must actively engage in self-care practices to maintain and enhance their emotional, physical, mental, and spiritual well-being, thereby enabling them to fulfill their professional responsibilities effectively.

Although it is considered ideal for counselors to maintain a robust sense of well-being, achieving this consistently may not always be feasible due to various personal and professional challenges. Counseling is a demanding profession characterized by numerous challenges and high levels of stress. Counselors who do not engage in regular and effective self-care—encompassing practices like staying fully present and regulating their emotions and thoughts—risk jeopardizing their own well-being (Malinowski, 2014; Norcross & Guy, 2007; Skovholt, 2012). Without such practices, they are more likely to experience profession-specific emotional difficulties, including burnout, secondary traumatic stress, and compassion fatigue. Therefore, the counselor's most valuable asset—themselves—can become impaired, diminishing their ability to provide effective care (Lawson & Myers, 2011; Lawson & Venart, 2005; Saakvitne & Pearlman, 1996; Skovholt et al., 2001). Consequently, examining the factors that contribute to counselors' impairment is equally critical as investigating those that promote their well-being.

Albert Ellis (1984), the founder of Rational Emotive Behavior Therapy (REBT), attributes therapists' impairment to unattainable and unrealistic professional expectations and beliefs. REBT was founded on the hypothesis that although human emotions, thoughts, physical reactions, and behaviors are complex structures that interact with each other, emotions in particular are controlled by some basic thought structures (Ellis, 1957). REBT suggests that the root of psychological distress lies in people's tendency to make absolute evaluations about events in their lives. These evaluations are expressed in the form of dogmatic "must-s," "should-s," or "ought-s" statements (Dryden & Ellis, 1987).

According to REBT, rational negative emotions such as worry, sadness, disappointment, and regret arise from rational beliefs and do not lead to psychological disorders. However, irrational emotions such as anxiety, depression, guilt, and shame stem from irrational beliefs (Dryden, 1987; Dryden & Ellis, 1987). When people make irrational (self-destructive) demands on themselves, others, and the circumstances in which they live, they become prone to forming unrealistic misperceptions, inferences, and attributions as a derivative of these imperatives. These elements contribute significantly to their psychological disturbance. People have an innate tendency to repeat uncomfortable thoughts, feelings, and actions, even when they know they have negative consequences (Ellis, 1993).

Irrational beliefs are not something that only the general population or clients suffer from. Ellis (2001) argues that therapists' innocent and functional motivation to help people can easily turn into irrational and dysfunctional belief structures, such as "I MUST help my clients, otherwise I will be weak and incompetent". In other words, the general irrational beliefs that all human beings may hold can evolve in ways that are specific to the profession of therapists. These restrictive irrational beliefs held by therapists, like other general irrational beliefs, lead to negative and unhealthy feelings such as anxiety, low self-efficacy, low job satisfaction, burnout, and anger toward oneself and the client (Ellis, 1984, 2001). A counselor who has these experiences may struggle to provide effective help to clients.

It can be argued that counselors' irrational beliefs, despite being an important issue that requires attention, continue to be a largely overlooked topic. In the literature, there are a limited number of studies directly examining the irrational beliefs of counselors and even mental health professionals. One of these few studies showed that high irrational beliefs are associated with poor life satisfaction (Turner et al., 2022). Similarly, some studies with nurses revealed that irrational beliefs predicted burnout (Huk et al., 2019; Ogai & Okayasu, 2010). Limited studies examining the cognitive characteristics associated with irrational beliefs in counselors have yielded similar results. For instance, higher levels of perfectionism are positively associated with increased burnout and secondary traumatic stress in counselors (Holden & Jeanfreau, 2023). A significant positive relationship has been found between counselors' cognitive flexibility levels and effective counseling qualities (Buyruk Genç & Yuksel Sahin, 2020). Cognitive flexibility is also related to job satisfaction in school counselors (Aydin & Odaci, 2020).

Studies on irrational beliefs among professional practitioners highlight their relationship with both professional effectiveness and well-being. The situation may be even more critical for counselor trainees who have not yet entered the profession. Novice counselors, compared to professionals, may experience anxiety more intensely, hesitate to be themselves and communicate transparently with their clients, struggle to cope with uncertainty, have difficulty adjusting their measures of success and satisfaction, fail to recognize their countertransference, and neglect self-care, which may negatively impact their wellness (Corey, 2017; Skovholt, 2012; Skovholt & Trotter-Mathison, 2011). As a result, the level of irrational beliefs may cause counselor trainees to be unable to maintain their well-being, experience burnout quickly, become unable to use their skills, and lose their professional interest and motivation.

Therefore, this study aims to explore the irrational beliefs held by counselor trainees and examine their associated emotional struggles. As previously mentioned, the irrational beliefs may become more apparent when counselors begin working directly with clients. It is believed that determining whether a counselor possesses these irrational beliefs before engaging in an actual helping relationship with a real client would be challenging. Hence, this study includes counselor trainees who have taken the Individual Counseling Practicum course, where they conducted their first actual counseling sessions.

METHOD

This study is a qualitative research study in the form of document analysis, which is based on the systematic analysis of written or visual materials. In addition to existing data such as lesson plans, official reports, newspaper reports, social media posts, etc., document analysis can also include the researcher's own documents, such as diaries, letters, etc., or previously generated data by others, such as students' case records or files. Documents can be used as auxiliary data sources in qualitative research, or they can be very rich primary data sources depending on their type (Bogdan & Biklen, 2007; Özkan, 2023).

The documents of this study are the self-evaluation forms written by counselor trainees within the scope of the supervision process in the Individual Counseling Practicum Course. Counselor trainees prepared a self-evaluation form after each counseling session and also a general process evaluation report at the end of the course. For this purpose, a total of 51 session-based self-evaluation forms and 5 process evaluation reports of 9 counselor trainees constituted the data of the study (see Table 1).

Participants

The participants of this study are the counselor trainees who are studying in the last year of the counseling and guidance undergraduate program at a university in Türkiye and taking the Individual Counseling Practicum course. In this context, nine counselor trainees participated in the study. All the

participants were women, and their average age was 22. In order to protect the confidentiality of the participants, code names were used in the study instead of their real names, as shown in Table 1.

Table 1. Participants and Documents

Participants	Session Reports	Process Evaluation Reports
D1	8	Available
D2	7	Available
D3	8	Available
D4	10	Available
D5	7	Available
D6	3	None
D7	3	None
D8	3	None
D9	2	None
Total:	51	5

Data Collection and Preparation

As previously mentioned, two different types of documents have been included in this study. These consist of the self-assessment reports that counselor trainees fill out after each counseling session based on the transcriptions of their sessions, and the process evaluation reports for the Individual Counseling Practicum course, which they complete at the end of the semester.

There was a specific format that counselor trainees should follow when filling in the self-evaluation reports for self-reflection after the sessions. Counselor trainees were asked to fill out a self-reflection report with open-ended questions after they had transcribed all of their sessions. The questions in the form are as follows: (1) *How did you find yourself in terms of seeing the issues related to the client holistically?* (2) *How did you find yourself in terms of the therapeutic skills and techniques used?* (3) *How did you feel during and after the counseling about the client and what he/she shared?* (4) *What went through your mind during and after the counseling about the client and what he/she shared?* (5) *What would you like to do differently in this session?* and (6) *What are your supervision needs regarding this session?*

Counselor trainees were also asked to fill out a self-evaluation report at the end of the semester called the Process Evaluation Report of Individual Counseling Practicum Course, which was also in a semi-structured format. In this report, there are four main items, including (1) *the client's application to counseling and expectations,* (2) *the client's problem area,* (3) *process evaluation of counseling sessions, and* (4) *self-evaluation of the counselor*. The last item is particularly relevant to the scope of this study. In this item, the students were asked to evaluate their own feelings and thoughts throughout the process, their awareness of their professional and personal selves from the beginning to the end of the sessions, and the change in their professional skills from the beginning to the end of the process.

In the study, students who had completed the Individual Counseling Practicum course were informed about the purpose of the study through an informed consent form and asked if they could share their self-assessment reports with the researcher. All students agreed to share their documents and signed the consent form. Those students who were willing to participate in the study were asked to submit these reports via the flash disk provided by the researcher. Four of the students shared a limited number of self-assessment reports with the researcher. The same students did not share their process evaluation reports. In total, 56 documents were imported into NVivo with participants' code names and prepared for analysis.

Data Analysis

An inductive approach was adopted to analyze the data in this study. Inductive data analysis involves organizing and preparing the data, followed by an initial reading to gain an overall understanding. The researcher then codes meaningful segments of the text and groups these codes into broader themes. Finally, the themes are interpreted in relation to the research questions and relevant literature (Creswell, 2014).

Research Ethics, Credibility, and Trustworthiness

Several measures were implemented to uphold research ethics and enhance the credibility and trustworthiness of the study. All processes related to this study have been conducted in accordance with the principles of the Pen Academic Publishing Research Ethics Policy. Approval was obtained from the Ethics Committee of Anadolu University before the data collection (*Protocol No: 55615*). To facilitate the students' voluntary decision to participate in the study without worrying about grading, data collection took place at the end of the semester and the grading period. It was explained to the participants, both through the consent form and verbally, that participation in the study was voluntary and would not positively or negatively affect their course grades or rights. They were also informed that their personal information would not be revealed at any stage of the study, and that code names determined by the researcher would be used instead of their real names.

In qualitative research, credibility and trustworthiness are criteria that indicate the extent to which the research findings accurately reflect the participants' experiences. One of the most basic ways of achieving this is triangulation of methods, sources, analysts, and theories/perspectives (Patton, 2001). Therefore, 56 different documents, including 51 case-based self-evaluations and 5 general process evaluation reports, totaling approximately 150 pages, were included in the study. The researcher repeated the analysis of the data several times and examined the consistency between the codes. After the final analysis, the consistency between the themes and codes, as well as the relevance of scope and content, was examined by an expert in the field, other than the researcher. At the same time, although Ellis's (1984) theory is adopted as the main theory, many different approaches focusing on the cognitive

structure and characteristics of counselors and other mental health professionals related to the profession have been utilized.

Researcher Positioning

The researcher was also the instructor of the Individual Counseling Practicum course. However, as noted above, to avoid influencing the participants' voluntary involvement in the study, the research was explained to the students only after the completion of the course and grading process, and documents were collected from those students who agreed to participate voluntarily.

The researcher holds a bachelor's, master's, and doctoral degree in the Counseling and Guidance field. In addition to over ten years of experience as a faculty member, the researcher has also worked as a school counselor. Currently, he serves as a faculty member in a school counseling program at a public university in the United States. During his doctoral education, he completed graduate-level courses in qualitative research methods and qualitative data analysis. His doctoral dissertation was conducted as an action research study aimed at improving the self-care practices of counselor trainees. He has published several research articles in reputable academic journals. His primary research areas include counselors' well-being, self-care, and burnout. Throughout this study, the researcher has leveraged both their professional background and academic expertise to deeply understand participants' experiences, adhering to ethical principles to ensure the production of reliable and meaningful data.

RESULTS

Through inductive analysis, three main themes have emerged. These are: the "Unreasonable Expectation of Achievement from Oneself," the "Unreasonable Expectation of Motivation, Commitment, and Achievement from Clients," and the "Expectation of an Irrational Level of Respect, Acceptance, and Love from Clients" (see Figure 1).

Counselor trainees were also found to experience a range of emotional struggles associated with their professional irrational beliefs. These emotional responses serve as indicators of the presence of such beliefs. Although not presented as a separate theme, they are discussed under each of the three main themes and illustrated in Figure 1 as components related to irrational belief structures.

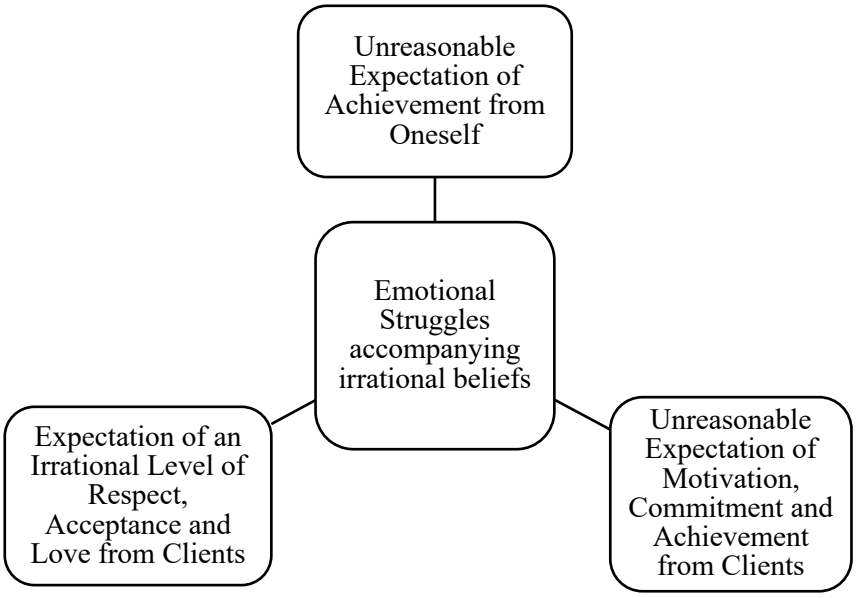

Figure 1. Themes Emerging in the Study

Theme 1: **Unreasonable Expectation of Achievement from Oneself**

A prominent theme that emerged from the data is the presence of perfectionistic and self-critical irrational beliefs among counselor trainees, particularly regarding success and professional competence. Several participants, such as D5 and D7, expressed unrealistic expectations of being flawless and free from personal problems to be effective counselors. These beliefs often led to emotional strain, increased stress, and difficulty tolerating ambiguity during sessions. Another common irrational belief was the perceived obligation to help clients under all circumstances. Additionally, some trainees, like D1, D2, and D3, reported that their self-imposed expectations intensified as sessions progressed, eventually becoming unmanageable and emotionally burdensome. These reflections indicate that such perfectionistic thinking contributes not only to performance anxiety but also to emotional exhaustion and self-doubt, highlighting the psychological cost of holding rigid professional standards.

In conclusion, all of these reflections can be grouped under four core irrational beliefs held by counselor trainees: (1) *I must consistently demonstrate flawless counseling skills*, (2) *I should have no personal problems and must never make mistakes*, (3) *Failing to help my client is a personal catastrophe*, and (4) *As the counseling process progresses, my skills and the level of help I provide must also improve*. Illustrative examples of these beliefs, drawn from participant statements, are presented below (see Table 2).

Table 2. Participants' Statements on "Unreasonable Expectation of Achievement from Oneself"

Sub-Themes	Examples From Data
I must consistently demonstrate flawless counseling skills.	*"When the second session ended, it was a session where I felt the worst, where I felt the unpleasant emotions intensely, and during that week, I was angry with myself, I felt the inadequacy that I would not do it intensely. It was a week of repeating thoughts like I am not good at techniques and skills, I should be good, my sentences should be smooth, and at the end of the week I thought that if I have such thoughts in every session, if I always feel stressed, anxious or angry with myself, I will not be able to do this profession*." (D5 - Process Evaluation Report)
I should have no personal problems and must never make mistakes.	*"Thinking that I am not adequately equipped and that I still haven't found a solution to a problem similar to my client's caused me immense stress and made me completely lose confidence in my ability to help them. Since I have long struggled with numerous cognitive distortions about myself, their impact during the session was inevitable."* (D7 - Session 1).
Failing to help my client is a personal catastrophe.	*"Another self-critical observation I have made is my tendency to act like a "mother." I feel a strong desire to offer unconditional help to the person in front of me, whenever and under whatever circumstances they need support. I am already very angry with myself in this regard. This characteristic of mine was reflected in the counseling in the following way…I instinctively felt that my client was begging me to help me get rid of these thoughts, and suddenly, I started using a technique I did not know. I knew that silence is more effective than doing something you don't know, but at that moment I could not stop my need to help."* (D3 - Session 3).
As the counseling process progresses, my skills and the level of help I provide must also improve.	*"I kept telling myself that I had to start giving higher-level responses, and I became more anxious. I think my stomach was a bit upset because of stress, and that affected me a lot at the beginning of the session. As a result, I felt that I was not fully in control of the process, and at times, it seemed like I wasn't really present—like I should have intervened but couldn't."* (D1 - Session 4). ---------- *"After I left the counseling session this week, I felt very sad and thought that I wasn't capable of doing this. Since it was already the third week, I wanted to take the client a little further. This was the week I felt most inadequate after the session, and I believed I wasn't able to use my skills effectively. I carried this sense of inadequacy throughout the week, which left me feeling disappointed. This situation made me quite sad."* (D2 - Session 3).

Theme 2: Unreasonable Expectation of Motivation, Commitment, and Achievement from Clients

Another important finding of the study relates to the irrational expectations counselor trainees hold toward their clients. These expectations primarily clustered around two core beliefs: (1) *My clients should not be overly challenging or resistant*, and (2) *As sessions progress, my clients must put in more effort toward growth and demonstrate noticeable change*. When these expectations were not met, many counselor trainees experienced emotional distress, including frustration, disappointment, and hopelessness. These reactions often reflected challenges in emotional regulation and professional boundaries. For example, D3's reflections revealed a parental or hierarchical stance toward the client, while D9 expressed internalized feelings such as inadequacy and envy. Additionally, as seen in the example statements below, some of D3 and D9's reflections display characteristics of countertransference. Overall, the findings show that irrational beliefs and cognitive rigidity can

negatively impact counselor trainees' emotional well-being and effectiveness. Illustrative examples from participants' reflections are presented in Table 3.

Table 3. Participants' Statements on "Unreasonable Expectation of Motivation, Commitment, and Achievement from Clients"

Sub-Themes	Examples From Data
My clients should not be overly challenging or resistant	*"But in this session, I realized that even though my client gained awareness during the session, she seemed to resist by finding excuses to deny it and justify her own actions."* (D2 - Session 5). ---------- *"In my daily life, I tend to be overly judgmental toward those around me, and I realized that I was listening to my client with some irritation because of certain aspects of her experiences. Her insistence on defending her opinion, the way she pressured her peers in task-sharing, and her interference in their work annoyed me. Because of these feelings, I found it difficult to focus while listening to her at times."* (D9 - Session 2). ---------- *"I think this is partly due to my personality. I get frustrated when someone complains about something but does nothing to change it. This happens in my daily life too—I tend to react strongly in such situations."* (D3 - Session 5).
As sessions progress, my clients must put in more effort toward growth and demonstrate noticeable change.	*"In this session, I think the reason I didn't ask my client what steps she would take next was because I subconsciously believed that she wouldn't take any action, just as in the previous session. I had this underlying thought that she would only express her complaints and not make any changes, so I felt there was no need to ask—she would just find an excuse."* (D3 - Process Evaluation Report). ---------- *"In the 8th session, I was a little upset that my client was still asking for suggestions, and after the session ended, I became angry because of my frustration. I felt as if the entire process we had gone through together had been wasted. In this sense, I had difficulty regulating my emotions after the session. … During the session, I wasn't that upset with my client, but after it was over, I felt even angrier when I got home—I don't know why."* (D1 - Process Evaluation Report).

Theme 3: Expectation of an Irrational Level of Respect, Acceptance, and Love from Clients

Another key finding concerns counselor trainees' irrational beliefs about pleasing clients and gaining their respect and approval. The findings are summarized under three main irrational beliefs: (1) *The counseling process should always be a smooth and pleasant experience for the client,* (2) *Clients should feel that they are genuinely cared for, and* (3) *I must not appear inadequate in the eyes of my clients.*

Some counselor trainees, like D4 and D3, expressed strong desires for a positive client experience and to be seen as caring. Others, such as D7, interpreted clients' reactions as personal inadequacy, leading to negative emotions. Lastly, trainees emphasized the importance of receiving validation from

clients about the effectiveness of their approach. Examples illustrating these themes are provided in Table 4.

Table 4. Participants' Statements on Expectation of an Irrational Level of Respect, Acceptance, and Love from Clients

Sub-Themes	Examples From Data
The counseling process should always be a smooth and pleasant experience for the client.	*"In previous counseling sessions, I always left with a feeling that something was missing, and I thought the process was really upsetting for the client, which made me feel sad as well. For a few sessions now, I've been dreading going to counseling."* (D4 - Session 5).
Clients should feel that they are genuinely cared for.	*"Honestly, I felt a bit anxious at that moment, and I hesitated to respond in a way that might be interpreted by the client as indifference."* (D3 - Session 3). ---------- *"The client felt the session was too short and mentioned it, which made me extremely anxious. ... Even though the client was engaged and willing, I worried that my lack of emotional expressiveness would make them think I wasn't listening or understanding them."* (D4 - Session 1).
I must not appear inadequate in the eyes of my clients.	*"When my client initially said, 'I guess this is progress for me,' I immediately thought they perceived me as a teacher and were trying to prove their improvement to me. Within the first five minutes of the session, I internally confirmed that they saw me as a teacher. As my anxiety was validated, my stress increased. The same perception arose when the client apologized during a silence, which made me feel awful and again reinforced the idea that they saw me as an authority figure."* (D7 - Session 3). ---------- *"While explaining the case formulation, I found myself looking at my notes, struggling to organize my thoughts and articulate my sentences. As the client shared their experiences, I feared they would think negatively of me. I even thought they might stop attending counseling altogether." (D8 - Session 3).*

DISCUSSION, CONCLUSION and SUGGESTIONS

This study aimed to explore common professional irrational beliefs and related emotional experiences of counselor trainees taking the Individual Counseling Practicum course. As a result of the study, three main themes emerged: (1) *Unreasonable Expectation of Achievement from Oneself,* (2) *Unreasonable Expectation of Motivation, Commitment, and Achievement from Clients,* and (3) *Expectation of an Irrational Level of Respect, Acceptance, and Love from Clients.*

The first main finding of the study was that almost all participants had an irrational expectation of success. This theme aligns with the irrational beliefs of Ellis's (1984) model of "being successful with all clients under all circumstances" and "being a better and more outstanding therapist than anyone else". Ellis (2001) argues that these beliefs are easily developed and experienced by many therapists. This is because being successful and idealistic is strongly rewarded by society. To do otherwise is equally punished. Therefore, from an early age, this belief is reinforced and added to the core beliefs. For this reason, most counselors today, especially novices, tend to exhibit perfectionist attitudes and

excessive expectations, often accompanied by feelings of shame and guilt (Norcross & Guy, 2007; Corey, 2017). Such perfectionism may be highly detrimental to the therapeutic relationship with clients (Holden, 2020; Låver et al., 2024). Moreover, in a study with counselors, perfectionism was found to be positively associated with both burnout and secondary traumatic stress (Holden & Jeanfreau, 2023). Another study conducted with university students has shown that excessive perfectionism is associated with heightened anxiety and burnout (Goswami & Baksi, 2025). In conclusion, the irrational achievement expectations and perfectionism held by counselors warrant careful attention in training programs, as they may adversely affect both professional functioning and personal well-being.

Another finding of the study is that some counselor trainees expect the same level of motivation, commitment, and achievement from their clients as they are putting into counseling sessions themselves. Ellis (1984; 2001) states that psychotherapists may have the irrational belief that "Because I do my best to help my clients and because I worry so much, they should certainly listen to me carefully, be equally responsible and hardworking, and push themselves to change and cooperate with me!" Due to this belief, psychotherapists may experience low frustration tolerance or anger, particularly when working with difficult or resistant clients. Similarly, this study found that some counselor trainees experienced frustration and anger toward clients who did not meet their expectations, struggled to engage, or displayed resistance.

Ellis (2011) also states that psychotherapists' own disturbing feelings and behaviors, unfinished business, or unresolved problems can sometimes overlap with their clients' problems, and this can prevent them from establishing a therapeutic relationship with their clients and helping them. This situation, which is defined as countertransference, can be the basis of negative emotions such as anger and frustration towards clients. Skovholt (2012) states that novice counselors are more sensitive to countertransference. Indeed, in this study, there were strong indications that some counselor trainees experienced countertransference.

Another irrational expectation identified in the study is the expectation of receiving respect, approval, and affection from clients. Expecting to be appreciated for one's work is, in fact, to some extent, a normal, rational, and human experience. However, some counselors may have a very strong and irrational desire to be respected, loved, and approved of. They may be so afraid of losing the love and acceptance of their clients that they avoid topics that might challenge or upset them, or they may avoid techniques that force their clients to change (Ellis, 2001). Sometimes they may even take actions to gain their clients' love and approval, which may lose the balance of empathy, take more responsibility in the counseling process, and even take on the roles of their counselors (Norcross & Guy, 2007). As with other irrational beliefs, this one is also reported to be more common in novice counselors (Skovholt, 2012; Skovholt & Trotter-Mathison, 2011). Therefore, the irrational belief that counselors must receive approval and acceptance from their clients may pose a significant barrier to establishing a professional

therapeutic relationship. Consequently, it is regarded as an issue that requires careful attention during the clinical supervision process.

Finally, the study revealed that counselor trainees experienced emotional struggles associated with their irrational beliefs. A review of the literature indicates that the emotional struggles experienced by the participants in this study are neither surprising nor unexpected. REBT decides whether a belief is rational or not based on whether the associated emotion is healthy or not (Dryden & Ellis, 1987; Ellis, 1957, 1984, 2001, 2005). Therefore, these negative emotions that emerged in the study are strong indicators that counselor trainees have irrational beliefs. Some empirical studies investigating the phenomenon have shown that maladaptive thought patterns, such as irrational beliefs, are closely associated with emotional difficulties, including stress, depressive symptoms, anxiety, low life satisfaction, and burnout (Goswami & Baksi, 2025; Gunaydin, 2020; Holden & Jeanfreau, 2023; Huk et al., 2019; Ogai & Okayasu, 2010; Rosas-Fuentes et al., 2023; Turner et al., 2022). Previous studies' findings are consistent with those of the current study, indicating that the unrealistic and unattainable expectations held by counselor trainees for themselves and their clients are linked to feelings such as anxiety, anger, hopelessness, inadequacy, disappointment, and self-blame. Overall, the findings underscore the importance of addressing irrational beliefs systematically in counselor training programs to enhance both trainee well-being and professional competence.

Limitations

In this study, the technique of document analysis was employed to explore the participants' experiences. Compared to qualitative methods such as interviews and observations, the depth of information obtained through document analysis is somewhat limited, and this limitation should also be acknowledged when interpreting the results. It is also important to note that this study is qualitative in nature and was conducted with a small number of participants; therefore, the findings should be interpreted within this context, with due consideration of their limited generalizability.

Implications and Recommendations

The study's findings highlight several important issues that require consideration in the context of counselor education. Considering these findings, the following recommendations can be offered to counselor trainees, counselor education programs, field experts, and researchers:

Recommendations for Counselor Trainees: One of the seven principles of REBT is that "beliefs can be changed". Although irrational beliefs tend to resist change, active and persistent efforts can help individuals modify their irrational beliefs, thereby reducing emotional distress and increasing positive experiences and success (DiGiuseppe et al., 2014). Therefore, counselor trainees should first strive to assess the degree to which they are at risk in terms of irrational beliefs. Ellis's (1984) five-item therapist irrational belief model can be a very useful approach. In addition, self-care practices such as self-

reflective journaling and mindfulness exercises can be useful in increasing their awareness of their thoughts and feelings. These practices will also help them to increase control over irrational beliefs. Another important step is to seek professional psychological help. In this regard, it is important for counselor trainees to make an active effort while they are still students and even before they start their practicum courses.

Recommendations for Counselor Education Programs: The regulation of counselor trainees' irrational beliefs about themselves and their clients should not only be addressed through individual efforts but also at the level of the counselor education program. To prepare students more effectively for professional life, counselor education programs can incorporate planned curricular or extracurricular activities that help students recognize their irrational beliefs and take steps to change them. Identifying irrational beliefs could be the first step, and those students identified as being at risk—often detectable through direct observations—should be encouraged to seek professional psychological support. Additionally, programs should offer more opportunities for practices that enhance self-awareness and self-regulation.

As with the focus of this study, practicum/internship courses, where students directly interact with clients, are settings where irrational beliefs can easily surface. It is important for counselor educators and supervisors guiding these courses to integrate the supervision process with self-awareness and self-care activities.

Recommendations for Researchers: This study aims to understand the irrational beliefs held by counselor trainees through the examination of their documents. If more in-depth data are desired, future studies could also employ interviews as a data collection method. As is common in qualitative research, this study included a small number of participants, which allows for in-depth exploration but limits generalizability. To obtain more generalizable results, future research could utilize data gathered from a larger sample through a reliable and valid measurement scale. Since there is currently no established scale specifically developed for this topic, initial efforts could focus on developing such a measure. Ellis's (1984) five-dimensional model of therapists' irrational beliefs may serve as a valuable theoretical foundation for this scale development. Such a scale could also serve as a functional tool for counselor education programs to quickly assess students and identify those at risk.

Disclosure statement

The author declares that there are no conflicts of interest related to the publication of this study.

REFERENCES

American Counseling Association. (2014). *2014 ACA Code of Ethics: As approved by the ACA Governing Council Mission*.

Aydin, F., & Odaci, H. (2020). School Counsellors' job satisfaction: What is the role of counselling self-efficacy, trait anxiety and cognitive flexibility? *Journal of Psychologists and Counsellors in Schools, 30*(2), 202–215. https://doi.org/10.1017/jgc.2019.32

Bogdan, R. C., & Biklen, S. K. (2007). *Qualitative research for education: An introduction to theory and methods* (5th ed.). PEARSON. www.ablongman.com

Buyruk Genç, A., & Yuksel Sahin, F. (2020). Examining cognitive flexibility of counselors according to the effective counselor characteristics, counselor self efficacy and some variables. *Cukurova University Faculty of Education Journal, 49*(2), 794–825. https://doi.org/10.14812/cufej.742070

Corey, G. (2017). *Theory and Practice of Counseling and Psychotherapy* (10th ed.). Cengage Learning.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). USA: SAGE Publications.

de Stefano, J., Mann-Feder, V., & Gazzola, N. (2010). A qualitative study of client experiences of working with novice counselors. *Counselling and Psychotherapy Research, 10*(2), 139–146. https://doi.org/10.1080/14733141003770713

DiGiuseppe, R., Doyle, K. A., Dryden, W., & Backx, W. (2014). *A Basic Introduction to REBT. In A practitioner's guide to rational-emotive behavior therapy* (3rd ed., pp. 1–54). Oxford University Press.

Dryden, W. (1987). *Language and Meaning in Rational-Emotive Therapy. In Current Issues in Rational-Emotive Therapy* (Psychology Revivals) (pp. 46–58). Routledge.

Dryden, W., & Ellis, A. (1987). *Rational-Emotive therapy: An Update. In Current Issues in Rational-Emotive Therapy* (Psychology Revivals) (pp. 1–45). Routledge.

Egan, G. (2011). *Psikolojik danışma becerileri.* (Çev: Ö. Yüksel). Kaknüs Yayınları.

Ellis, A. (1957). *Rational psychotherapy and individual psychology.* 13(1), 38–44.

Ellis, A. (1984). How to deal with your most difficult client-you. *Psychotherapy in Private Practice, 2*(1), 25–35.

Ellis, A. (1993). Reflections on Rational-Emotive Therapy. *Journal of Consulting and Clinical Psychology, 61*(2), 199–201.

Ellis, A. (2001). Rational and irrational aspects of countertransference. *Journal of Clinical Psychology, 57*(8), 999–1004. https://doi.org/10.1002/jclp.1067

Ellis, A. (2005). Why I (really) became a therapist. *Journal of Clinical Psychology, 61*(8), 945–948. https://doi.org/10.1002/jclp.20166

Goswami, A. & Baksi, R. (2025). Perfectionism as a catalyst to anxiety and burnout: A study among students. *International Journal of Psychology Sciences, 7*(1), 273–287. https://doi.org/10.33545/26648377.2025.v7.i1d.103

Gunaydin, H. D. (2020). An investigation of the effects of early maladaptive schemas on pre-counselling and trait anxiety levels of psychological counselors. *The Journal of Academic Social Science Studies, 13*(79), 469–482. https://doi.org/10.29228/JASSS.29097

Holden, C. L. (2020). The 'perfect' counsellor: personality factors and multidimensional perfectionism. *British Journal of Guidance and Counselling, 48*(2), 183–194. https://doi.org/10.1080/03069885.2019.1682122

Holden, C. L., & Jeanfreau, M. M. (2023). Are perfectionistic standards associated with burnout? Multidimensional perfectionism and compassion experiences among professional MFTs. *Contemporary Family Therapy, 45*(2), 207–217.

Huk, O., Terjesen, M. D., & Cherkasova, L. (2019). Predicting teacher burnout as a function of school characteristics and irrational beliefs. *Psychology in the Schools, 56*(5), 792–808. https://doi.org/10.1002/pits.22233

Kurtyılmaz, Y., Ergün Başak, B., Güler, D., Ülker Tümlü, G. (2019). "Being a counselee of counselors in training": Counselees' experiences of counseling process. *Turkish Psychological Counseling and Guidance Journal, 9*(55), 1137-1177.

Låver, J., McAleavey, A. A., Valaker, I., Frammarsvik, K., & Moltu, C. (2024). Psychotherapists' outcome expectations: How are they established? *Journal of Counseling Psychology, 71*(6). https://doi.org/10.1037/cou0000748.supp

Lawson, G., & Myers, J. (2011). Wellness, professional quality of life, and career-sustaining behaviors: What keeps Us well? *Journal of Counseling and Development, 89*(2). https://doi.org/10.1002/j.1556-6678.2011.tb00074.x

Lawson, G., & Venart, B. (2005). *Preventing Counselor Impairment: Vulnerability, Wellness, and Resilience*. VISTAS: Compelling Perspectives on Counseling, 53.

Lawson, G., Venart, E., Hazler, R. J., & Kottler, J. A. (2007). Toward a Culture of Counselor Wellness. The *Journal of Humanistic Counseling, Education and Development, 46*(1), 5–19. https://doi.org/10.1002/j.2161-1939.2007.tb00022.x

Levitt, H., Butler, M., & Hill, T. (2006). What clients find helpful in psychotherapy: Developing principles for facilitating moment-to-moment change. *Journal of Counseling Psychology, 53*(3), 314–324. https://doi.org/10.1037/0022-0167.53.3.314

Malinowski, A. J. (2014). Self-care for the mental health practitioner: The theory, research, and practice of preventing and addressing the occupational hazards of the profession. UK: Jessica Kingsley Publishers.

Norcross, J. C., & Guy, J. D. (2007). *Leaving it at the office: A guide to psychotherapist self-care*. The Guilford Press.

Ogai, H., & Okayasu, T. (2010). Effects of job stressors and irrational beliefs on burnout in nurses. *The Japanese Journal of Health Psychology, 23*(1), 13–20.

Özkan, U. B. (2023). *Eğitim bilimleri araştırmaları için doküman inceleme yöntemi* (6th ed.). PEGEM AKADEMI.

Patton, M. Q. (2001). *Qualitative research & evaluation methods* (3rd ed.). Sage Publications.

Rosas-Fuentes, P. D., Valdés-García, K. P., Monroy-Velasco, I. R., Pérez-Pedraza, B. de los Á., & Sánchez-Loyo, L. M. (2023). Depression, suicide ideation, and irrational beliefs: Explanatory models in psychology students. *Salud Mental, 46*(2), 61–67. https://doi.org/10.17711/SM.0185-3325.2023.009

Saakvitne, K. W. & Pearlman, L. A. (1996). *Transforming the pain: A workbook on vicarious traumatization*. New York: W.W. Norton & Company, Inc.

Sackett, C. R., Farmer, L. B., & Moran, K. B. (2018). A Phenomenological Inquiry of High School Students' Meaningful Experiences with School Counselors. *Journal of School Counseling, 16*(19), n.19.

Sackett, C. R., & Lawson, G. (2016). A Phenomenological Inquiry of Clients' Meaningful Experiences in Counseling with Counselors-in-Training. *Journal of Counseling and Development, 94*(1), 62–71. https://doi.org/10.1002/jcad.12062

Skovholt, T. M. (2012). The counselor's resilient self. *Turkish Psychological Counseling and Guidance Journal, 4*(38), 137–146.

Skovholt, T. M., Grier, T. L., & Hanson, M. R. (2001). Career counseling for longevity: Self-care and burnout prevention strategies for counselor resilience. *Journal of Career Development, 27*(3), 167-176.

Skovholt, T. M., & Trotter-Mathison, M. (2011). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals* (2nd ed.). Routledge/Taylor & Francis Group.

Trippany, R. L., Kress, V. E. W., & Wilcoxon, S. A. (2004). Preventing vicarious trauma: What counselors should know when working with trauma survivors. *Journal of Counseling & Development, 82*, 31–37.

Turner, M., Miller, A., & Youngs, H. (2022). *The role of irrational beliefs and motivation regulation in worker mental health and work engagement: A latent profile analysis.* PLoS ONE, 17(8 August). https://doi.org/10.1371/journal.pone.0272987

Witmer, J. M., & Young, M. E. (1996). Preventing Counselor Impairment: A Wellness Approach. The *Journal of Humanistic Education and Development, 34*(3). https://doi.org/10.1002/j.2164-4683.1996.tb00338.x