

# **MARRIAGE AND FAMILY THERAPIST INTERNS' EXPERIENCES OF GROWTH**

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## **MASTER OF SCIENCE**

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## **ABSTRACT**

In this study, I explored marriage and family therapist interns' growth experiences, both personal and professional, and the interplay between them. Participants discussed, using Internet discussion board and chat room formats, different kinds of personal experiences that influenced their clinical growth (as well as the reverse) and *how* these growth processes came about. Family systems theory provided the theoretical framework and Constructivism theory guided the manner in which the study was conducted. Thirteen marriage and family therapist interns from ten accredited MFT programs participated in the discussion board portion of the study. During the chat room interview, which took place at the end of the study, four participants elaborated upon their growth experiences and the reciprocal influence between their personal and professional lives.

This study highlighted numerous personal, clinical, and professional growth experiences that played significant roles in the participants' lives. Participants identified experiences that were categorized as either "sources of growth" (what led to growth?) or "kinds of growth" (how did they grow?). For example, personal therapy and work experiences were noted as influential sources of growth for their clinical work. Family Systems Theory, whether discussed in a classroom setting or implemented in the clinic room, was considered influential on their personal lives. Participants' mentioned various kinds of personal and clinical growth experiences such as self-awareness, perspective-taking, and open-mindedness. To conceptualize and illustrate therapist interns' recursive growth processes, a theoretical model was developed.

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# **CHAPTER I**

## **INTRODUCTION**

“Helping is about human growth, personal responsibility, learning, and skills. All these things do make a difference to the helpee and to the helper; they make a difference to all people!”  
(Carkhuff & Berenson, 1977, p. 237).

In recent marriage and family therapy literature, the self of the therapist is increasingly becoming a topic of interest. The self of the therapist in the context of countertransference, burnout, stress, and other self-awareness issues that may negatively impact therapists’ personal and professional lives, has often been the focus of study. Some scholars share the belief that mental health work may be detrimental due to therapists’ professional roles, social expectations, and some of the difficult client issues presented (Deutsch, 1984, p. 833). In addition, the literature tends to be focused on the development of clinical skills (Polson & Nida, 1998, p.95) and its importance for positive therapeutic outcome. Another area of study that may add to the understanding of the therapist’s “self,” is therapists’ experiences of growth, both professional and personal. As Aponte (1994) puts it: “Therapy challenges clinicians to use their personal selves effectively within the professional relationship” (p.3), which requires an understanding of personal and professional influences on the therapeutic system.

### **Statement of the Problem**

The understanding of growth-producing experiences important to the personal transformation of therapists is, to date, a neglected area (Polson & Nida, 1998). Guy (1987, as cited in Mahoney, 1991) stated, “The practice of psychotherapy has been found to promote significant personal growth in the practicing psychotherapist” (p. 371). Although lacking in much of the literature, some research highlights the more positive side of therapists’ experiences.

For example, Mahoney (1991) says, “There are burdens, to be sure, but also unmistakable blessings.” Guy and Liaboe (1986) have found that family therapists tend to report favorable experiences more often than stressful ones. The literature addressing therapists' growth issues generally includes topics such as the satisfactions of therapeutic work and helping clients change, an increase in understanding human behavior, and the sense of intimate involvement. Other studies have addressed how specific variables have been affected by clinical experiences. For example, one study examined the variables that enhance family therapists' marital/family life (Wetchler & Piercy, 1986). The authors of this study report that being a family therapist may uniquely enhance one's marital and family life.

It appears that each side of the therapy spectrum (i.e. clinical variables that enhance personal experiences and vice versa) has been minimally addressed, however, how do they contribute to therapists' growth? In Aponte (1992), Yalom paraphrases Martin Buber's discussion of this complex interplay between the therapist's personal and clinical/professional life, which he defines as the “I-Thou” relationship. He states:

The I-Thou relationship is a wholly mutual relationship involving a full experiencing of the other . . . Thus, the “I” is profoundly influenced by the relationship with the “Thou.” With “Thou,” and with each moment of the relationship, the “I” is created anew. (Yalom, 1980, p.365).

How do experiences defined as “growth-producing” in the therapy room impact therapists personally? Conversely, how do experiences defined as “growth-producing” in therapists' personal life impact their professional and clinical work? More specifically, how do therapist interns experience this recursive growth process during their development as marriage and family therapists? This project studied marriage and family therapist interns in an attempt to understand this interplay between their personal and professional lives.

## Rationale

Guy and Liaboe (1986) addressed the interpersonal functioning of psychotherapists and possible factors affecting the positive consequences of conducting therapy. Many therapists believe that their work affects their lives in important, positive ways. Farber's study (as cited in Liaboe & Guy, 1986) identified the ways in which this positive impact takes place. Therapists' reported the impacts of self-assurance, self-reliance, assertiveness, introspection, expanded sensitivity, and self-reflection. Many of these positive consequences derive from both personal and professional experiences encountered during therapists' careers. Although their goal was to discover how therapists were helpful to clients, Coady and Wolgien (1996) also addressed the topic of growth and development. Coady and Wolgien discovered five themes in what therapists considered helpful to their clinical work, including the importance of emphasizing therapists' growth and development. Throughout their paper, the authors highlighted the relationship between therapists' life experiences and clinical growth.

In this research study, I proposed to discover and describe the growth processes of marriage and family therapy interns. I wanted to understand the kinds of experiences that impacted personal and clinical growth, as well as *how* participants experienced their growth. I chose this line of study because although there may be stressful, recursive influences within the therapy system, I was interested in discovering more positive influences and understanding how various experiences impact personal and professional growth. Moreover, this seemed to be an aspect of learning that has not been studied in the marriage and family therapy literature. According to Polson and Nida (1998), positive and growth-producing experiences, particularly amongst marriage and family therapist interns, need to be further examined. Although noted in earlier years, Ford (1963) found that since therapists spend their professional

lives studying clients' development in an attempt to understand them better, it seems fitting for therapists to pay attention to their own development. Banikiotes (1975) claimed that personal growth has become one of the goals of graduate training and graduate programs could benefit from an increase in self-focus training.

I chose to study therapist interns in lieu of more experienced therapists because it is during these formative years that therapists are being shaped both positively and negatively (Polson and Nida, 1998). Since most studies addressing counselor and therapist development come from supervisors' perspectives, and not from interns themselves (Sawatsky, et.al, 1994), I decided to collect data from therapist interns directly. Skovholt and Ronnestad (1992) believed the early years of training to be professionally intense, when the rapid changes in therapist development take place. Therapist interns are, therefore, in an ideal phase of professional development to attempt to understand growth experiences and their influences, since it is at this phase of their development that they are often encouraged to examine closely what they are experiencing in and out of the therapy room. Although experienced therapists often attend to and nurture their own growth, it is during the beginning years that therapist interns are encouraged to learn about themselves through class room discussions, assignments, clinical experiences, supervision meetings, and personal experiences (i.e. private or class-related journals and consulting with peer therapist interns).

Deacon's (1996) paper supported my rationale for studying the therapist intern in order to discover personal and professional experiences during the training process. She addressed the need to train the person of the therapist in order to promote personal and professional growth. Deacon proposed experiential activities to integrate the professional training of therapists with their personal development. By stressing the importance of personal and professional

development, training programs can facilitate, and remain sensitive to, therapist interns' growth. Banikiotes (1975) stated that "With the increasing emphasis on preventative mental health measures, there is not only a need to look at how the therapist behaves in the therapeutic system, but how graduate programs can contribute positively to the mental health of the trainees themselves" (in Deacon, 1996, p. 172). Deacon discussed clinical and academic influences on self-growth, and suggested that this could be a helpful route in assisting the growth and development of the trainee.

In this study, it was my intention to gain an understanding of how therapists' personal experiences influence clinical and professional growth, as well as how clinical and professional experiences influence personal growth. In order for therapists to best serve their clients, they must understand and serve themselves. Aponte and Winter (1987) noted that self-examination into the therapeutic system might impact and enhance therapists' personal and clinical lives. The authors promoted therapists' growth and development in the process of helping clients. They discussed several components of the therapeutic process that foster growth in therapists such as role structure, motivation, courage, and awareness. Aponte and Winter wrote about a growth related metaphor used by one of their trainees. In describing one of his clinical experiences, this trainee used a "watering process" metaphor to describe the reciprocal therapeutic process: "The flowers grow because they are watered, and they produce moisture that goes into the air and form clouds that water flowers, etc." (p. 107). This metaphorical illustration reinforces the need for understanding and integrating personal growth into training programs.

I chose to use a qualitative method of study because qualitative research intends to discover and understand an issue or phenomenon. Qualitative research methods for this study addressed the systemic nature of therapy and the thoughts, meanings, and accounts about various

growth experiences. To summarize the usefulness of qualitative methods, Rosenblatt & Fischer (1993) stated:

“Qualitative family research will always be at the leading edge because people’s verbal accounts of their own life couched in their own terms always takes us beyond our theories and because it is people’s own accounts that speak best to many research questions and to most consumers of social science research.” (p. 175).

Personal accounts about personal, professional, and clinical growth provided for rich, qualitative data.

Qualitative research methods facilitated constructive, generative, and inductive means of collecting data. Since my research was exploratory in nature, employing qualitative methods seemed most reasonable and effective. Additionally, I wanted to use the data to develop a theoretical understanding of the phenomenon, rather than to generalize to a population, and the qualitative approach was better suited to facilitate that. For example, I developed a diagram illustrating the relationship between the personal and clinical aspects of therapists’ lives. Finally, I used qualitative research methods to work hand in hand with the systems theoretical framework of my study. Hoshman (1989, In Moon, Dillon, Sprenkle, 1990) noted:

“Qualitative research may provide a partial answer to the search for research methods that are congruent with systems theory because the qualitative research paradigm is isomorphic with the cybernetic underpinnings of the field of family therapy” (p.363).

I used the Internet to conduct my research to allow for more in-depth and on-going discussions, and to make it more convenient for all involved in the study. Since the Internet can be accessed throughout the United States, I thought it might reach and attract more participants. Although the email/drop box and discussion thread forums gave participants the opportunity to

add thoughts continuously and/or pose questions, participants chose to answer questions without further discussion. It was not until the chat room interview that participants elaborated upon and contributed to the thoughts of others.

## Theoretical Framework

### Family Systems Theory

This study examined the growth of therapists through the theoretical frameworks of Systems Theory and Constructivism. Systems theory guided primarily the thought processes behind the study. From a systems perspective, meaning is both defined and influenced by the interaction between individuals in the system, and any causality becomes a reciprocal concept in the interface between individuals and systems (Becvar & Becvar, 1993). In addition, systems theory involves the concept of cybernetics of cybernetics, which includes the therapist's system in therapeutic interactions. First-order cybernetics involves the system of the clients. Second-order cybernetics, also known as cybernetics of cybernetics, involves therapists' systems and the overall therapeutic process involving both therapists and clients. The therapist takes a more collaborative stance and remains aware of the therapeutic relationship (Dallos & Urry, 1999). Therapists must be cognizant of the system level that includes them and defines them as part of the context (Becvar & Becvar, 1993).

Systems theory implies that all parts of the system are interrelated, therefore, this recursive influence makes it essential for therapists to understand the growth-producing experiences and processes in their personal and professional lives. Just as converging streams of personal and interpersonal influences affect the elements of a family system, elements of the entire therapeutic system are affected likewise. Anderson and Goolishman (1992) noted that therapists and clients "move back and forth within this circle of meaning," and that "they move

from part to whole to part again,” making new meanings in the process (p. 30). The systems philosophy guided my study of this reciprocal process of the therapist interns’ growth, both in and out of the therapy room.

### Constructivism Theory

Constructivism guided the focus and manner in which I conducted my research. The Constructivism model of therapy involves the therapist seeking to understand the clients’ meanings and their constructions of reality. “The constructivist therapist is apt to seek an explanation in the rearrangement of meanings that occurs” (Efran, Lukens, & Lukens, 1988, p. 29). These meanings are explained through dialogue addressing the interlocking wants, desires, and expectations of all the participants, including the therapist. Real (1990) stated that “With this mindset, the process of systemic therapy works with clients’ and therapists’ constructions (their world views) within a circular framework”(p. 256).

Using the Constructivist theoretical and philosophical assumptions as a guide, I sought to understand the therapist interns’ definitions of and philosophies on growth and the reciprocal relationships within the therapy system. In this study, I hoped to discover, systemically and constructively, therapist interns’ recursive growth experiences and the meanings they attach to these experiences through social discourse, that is, through the use of language (Real, 1990). Rosenblatt and Fischer (1993) noted that a researcher’s collaborative role helps with additional data collection and clarification. As a Constructivist researcher, I collected data at this collaborative level and received research participants’ experiences of growth as marriage and family therapist interns.



## Purpose

The purpose of this study was to describe therapist interns' construction of their current reality, specifically focusing on growth-producing experiences and processes. The study aimed to understand more clearly therapist interns' meanings of their growth, with a special emphasis on the reciprocal growth-producing experiences in their personal, academic, and clinical lives. This research seemed to help clarify therapists' understandings of their growth-producing experiences. Furthermore, this study has important implications for training, as well.

Aponte (1994) interviewed a trainee about how her professional experience impacted her personal life. Aponte concluded that the person of the therapist training “gave a trainee the opportunity to further personal growth through a clinical experience while helping her professional performance” (p. 15). Themes of self-understanding and exploration were highlighted and encouraged, especially within the realm of training programs. The author suggested that understanding “self”, using the person of the therapist in the training process, and recognizing personal and professional growth experiences all begin at the training level. My study provides a broader understanding of therapist interns' experiences of growth, highlights positive experiences during their developing years as marriage and family therapists, and illustrates how these experiences impacted their professional and personal lives.

## Person of the Researcher

Although I researched the area of therapists' growth experiences and obtained ideas from past literature, I chose this topic of study primarily because of my own personal and professional growth experiences and how they have influenced one another. For example, I noticed that when my husband or other family members and I grew closer on some level, I felt even more

confident in my clinical work. I would take my joy and peace from my marriage and family to work and allow it to penetrate my mindset as I met with clients. Also, my faith in God plays a very large role in my life. I noticed that as my faith strengthened, the way I dealt with clients' issues was positively impacted. I found myself calmer and more empathic, even in the midst of the most disturbing situations. Within the past few years, I have embraced my Greek culture, which has given me a greater respect and appreciation for clients' values and beliefs, stemming from their ethnic backgrounds. As a former preschool teacher, I noticed feeling very comfortable working with young children and implementing play techniques, learned from our Play Therapy course and countless times of communicating with preschool children via play. Outside hobbies and interests such as reading novels, listening to a variety of music, indoor and outdoor decorating, and other artistic activities enhanced my creativity in the therapy room. All of these experiences, outside the formal training arena, influenced and continue to influence my clinical growth.

The training environment provided me with experiences such as classroom exercises, projects, supervision, and clinical practicum, which strengthened my clinical knowledge, skills, and techniques. Classroom exercises, such as family genograms, and discussions about common family issues, stimulated thoughts and ideas, which directly impacted my personal and clinical growth. I had the privilege of working with several supervisors, who employed different styles and techniques. Each supervisor taught me valuable lessons in working with clients. Many of those lessons affected my personal life in profound ways. During clinical Practicum, the interaction with peers and colleagues seemed to be more indirect, yet no less important. I recall many case planning meetings and after session discussions that influenced how I worked with

clients and how I communicated in my personal life. Each of these significant events greatly contributed to clinical growth and influenced my personal life.

Working with clients has influenced my personal growth in numerous, unique ways. In order to deal effectively with a variety of clients, addressing such issues as domestic violence, child abuse, and marital problems, I have had to become honest, straightforward, and at times, firm (yet respectful) in communicating my points. This more direct approach to working with people has leaked into my relationships with family and friends, which has helped me in being more straightforward with the people I love most. I used to be more careful to hold back my thoughts and feelings. Now I realize that I can have a balance of love and respect with honesty and clear boundaries. I have worked with many inspiring couples from whom I have learned a great deal. I am not in the room for myself . . .that has never been my reason for being a therapist. However, I cannot ignore the countless lessons that my clients have taught me. Also, I noticed myself feeling more comfortable speaking in front of groups or working more constructively with others. For example, I am the Junior Choir Director at our church and I know that my creative and constructive ways of working with choir members are a direct result of some clinical experiences.

Throughout the past two years of being a marriage and family therapist intern, I have noticed a beautiful interplay between my personal and professional worlds. They reciprocally and respectfully influence one another. As a result of some personal experiences, my clinical growth loops back into my personal life and provides for more growth. My personal growth, as a result of some clinical experiences, feeds back into my clinical and professional life, allowing for further growth. These growth experiences seem just as important to me, as those that are considered stressful and demanding.

## Research Questions

Based upon my personal experiences, past literature, and feedback from faculty and colleagues, the research questions for this study included:

1) What significant incidences in therapist interns' personal lives are considered growth-producing?

This question addressed the personal experiences during interns' clinical training that may have helped them grow as people. I asked this question to get an idea about what kinds of events and experiences were considered a part of their growth in their personal lives.

2) What significant personal experiences (outside of the clinic and academic setting) have contributed to therapist interns' professional growth?

This question addressed the personal experiences during interns' clinical training that may have helped them grow as clinicians. I asked this question to get an idea about what kinds of personal events and experiences were considered an influential part of their growth in their clinical lives.

3) What significant clinical experiences (i.e., clinical practicum) have contributed to therapist interns' growth in their personal lives?

This question addressed the clinical experiences during interns' clinical training that may have helped them grow as people. I asked this question to get an idea about what kinds of clinical events and experiences were considered an influential part of their growth in their personal lives.

4) What significant professional experiences have contributed to therapist interns' clinical growth?

This question addressed the professional experiences during interns' clinical training that may have helped them grow as clinicians. I asked this question to get an idea about what kinds of professional events and experiences were considered an influential part of their growth in their clinical lives.

## **CHAPTER II**

### **LITERATURE REVIEW**

“When some of his own growth needs are met, the therapy prospers; when they are not, the therapy languishes” (Burton, 1972, in Dryden & Spurling, Eds., 1989, p. 232).

#### **Overview**

The purpose of the current study is to enhance our understanding of development of the person of the therapist, by asking family therapist interns to reflect on their growth experiences. The “person of the therapist” phenomenon is often studied in the field of psychotherapy, especially relating to the stressors therapists cope with, as well as countertransference issues. At the beginning of the family therapy movement, when psychoanalysis was the predominant theoretical model, transference and countertransference concepts addressed therapists’ personal lives and “self” influences on therapeutic relationships (Guerin & Hubbard, 1987). Recent literature continues to address transference and countertransference experiences as a part of understanding the person of the therapist.

Studies focusing on therapists’ personal growth are limited. The current study adds another dimension to the literature on therapists’ development and their personal and professional growth experiences. In this review of the literature, I examined and discussed two topics pertaining to therapists’ growth experiences: a) The experiences in therapists’ personal lives that have influenced their growth as clinicians, and b) The experiences in therapists’ professional lives that have influenced their growth as people (within and outside of clinical settings). Since the word “growth” is used interchangeably with “development” in the literature, I will follow the same procedure here.

## Personal Life Influences on Clinical Growth

The personal lives of therapists often have a direct and indirect impact on their clinical work. It is important to understand this phenomenon, especially considering the significant personal experiences that may lead to therapists' clinical growth. Authors such as Knutsen (1977), began exploring this topic and discussed it in terms of longitudinal and cross-sectional dimensions. When taking a look at therapists' clinical growth longitudinally, the author acknowledged the process of growth and development. Knutsen (1977) encouraged a further clarification of how therapists' personal lives influence clinical work in positive, growth-producing ways. Skovholt and Ronnestad (1992) also maintained that the influential relationship between therapists' personal and professional lives is important to explore and understand.

Catherall and Pinsoff (1987) provided insight on therapists' family life and its significant impact on therapeutic alliances with clients. They claimed that therapists' personal experiences, within and outside the workplace, have indirect influences on the overall therapeutic system. The authors indicated that studying the person of the therapist is becoming a major trend, however, therapists' family lives have been largely ignored within psychotherapy literature. Catherall and Pinsoff (1987) identified relevant experiences in therapists' personal lives and broke them down into two levels: direct and indirect. The direct levels included the inter-relational influences of professional peers and co-workers, clinic policies, and staff members. They are considered direct because of their proximity to therapists' everyday work schedules. Therapists are in direct and constant interaction with supervisors and colleagues, who provide opportunities for growth. The indirect levels, considered as more invisible than the direct ones, included therapists' significant personal relationships, which the authors posited as attitude contributors. They are

considered indirect because they are more removed from the clinical setting, as opposed to supervisors and clinic policies that surround them during work hours.

Throughout their paper, Catherall and Pinsoff emphasized that “the issues encountered in the therapist’s personal life influence therapist sensitivity and perspective vis-à-vis the problems presented by patients” (p. 140). For example, they suggested that family of origin and family roles influence therapy system’s emotional atmosphere, including the possibilities of triangulation and differentiation. Therapists’ family systems and their indirect levels of influence play a large role in therapeutic relationships and interventions. Since therapists’ personal lives are such crucial influential agents, Catherall and Pinsoff encouraged training programs to attend to and encourage personal and family-life evaluations, which could enhance therapists’ exploration and understanding of professional growth influences.

Guerin and Hubbard (1987) addressed therapists’ personal life influences on clinical work, specifically focusing on family-of-origin issues. These authors highlighted the importance of personal family work and expressed, “the relationship experiences in one’s own family are the basic training ground for the development of an effective family and/or individual psychotherapist” (p. 47). They hypothesized that the better the levels of differentiation and adaptive level functioning within therapists’ family system, the better is the emotional freedom for therapists in clinical work. Guerin and Hubbard mentioned the importance of family upbringing and its impacts on therapists’ professional enrichment. They addressed the need for therapists to pay attention to and incorporate strengths from their family-of-origin into their clinical work. They informed readers, “As clinicians, we have a tendency to focus on pathology rather than searching for assets and building upon them” (p. 58). This emphasis on family-of-



origin understanding and personal strengths could be a crucial element for therapists' clinical growth.

Piercy and Wetchler (1987) discussed family-work interfaces and focused on family-of-origin issues, as well. They suggested possible workshop activities for therapists in dealing with family issues to allow more room for clinical growth. The authors' addressed general questions about family influences, such as "How do their families of origin affect their choice of a profession and their day-to-day work?" (p. 17). They addressed family-of-origin blocking agents, such as one's role in his or her family, which may interfere with productive clinical work. Piercy and Wetchler (1987) began their paper with familial interferences in the therapy process and then moved into the positive sides of family influences. They indicated that nuclear families can positively and directly impact clinical work. The authors used the term "on-the-job training" and experiences that may make clients feel like they have "walked in their shoes" (p. 26) to describe how therapists' families have positively influenced their clinical work. One of the questions suggested for silent reflection and small group discussion in their workshop included, "How have your marital and family experiences made you a better psychotherapist?" (p. 26). The authors believed the relationship between the personal and the clinical self of the therapist is significant and helpful in understanding positive clinical growth.

Wise, Lowery, and Silvergrade (1989) added to the literature addressing how therapists' personal lives influence clinical and professional growth. The authors provided guidelines for supervisors to use when recommending personal counseling, which they consider one of many personal growth options. They stressed the importance of supervisors' focus on therapists' personal growth throughout their clinical development and outlined their paper according to supervisees' five stages of development: presupervision, self-focus, client focus, interpersonal

focus, and professional focus. These scholars suggested that students should receive personal therapy before they begin seeing clients and receive continued support from supervisors and colleagues throughout their developmental stages.

Mackey and Mackey (1993) conducted interviews with 15 advanced students in a clinical social work program, exploring the significance of personal psychotherapy to students' clinical work. The main question of the study was, "Do social work students and practitioner see a connection between their personal psychotherapy and their practice and if so, how do they understand the nature of that connection?" (p. 98). Three themes emerged as a result of Mackey and Mackey's (1993) data. The first theme addressed participants' therapists as models for their clinical work. Participants mentioned qualities such as genuineness, acceptance, and empathy as positively influential on their clinical skills. The second theme, understanding the therapeutic process, described how they understood the process of empathy, skills and techniques, transference, and confrontational situations. Integrations, the third theme, involved the reciprocal relationship between participants' personal and professional experiences.

As a result of their study, Mackey and Mackey advised clinicians to experience personal therapy to foster growth, both personally and professionally. They believed personal psychotherapy could help therapists develop insights into the self and therefore, enhance therapeutic skills and clinical growth. The participants reinforced the authors' beliefs that personal therapy promoted greater self-awareness and that it was central to their professional identity. They reported therapy experiences to be helpful in preserving central parts of themselves throughout their ever-changing roles as therapists.

Coward (1996) conducted a qualitative study about marriage and family therapists' significant influences and events that shaped their personal and professional development.

Coward interviewed eight therapists practicing in North Carolina, with either a master's degree or Ph. D. Participants were interviewed twice about the themes in and influences on their personal and professional development. The main development theme was "Synthesis of Personal and Professional Selves." Coward defined the term "synthesis" as, "the merging and integration of the personal and professional selves of the participants into a reciprocal and complimentary working relationship" (p. 50).

The two supporting themes included "Characteristics of the participants which facilitated development" and "Development motivation and pushing self to grow." Characteristics such as developmental motivation, awareness, self care, resilience, and attention to balance were noted as important contributors to personal and professional development. Developmental motivation was described as a desire to learn and grow from particular life experiences. Self-awareness and self care were deemed important, strong facilitators to personal and professional development. Coward discussed and examined the subcategories of friendship, connectedness, and community mentors and how they impacted personal and professional growth. Spiritual growth and utilizing family-of-origin work were regarded as important, positive influences on clinical work. Participants explained their significant life events, which were considered beneficial to both their personal and professional growth, each having equal amounts of influence on the other. Overall, Coward's study provided an understanding of the reciprocal, interactive processes between therapists' personal and professional worlds.

Wolgien and Coady (1997) expanded upon Wolgien's original study and further explored good therapists' beliefs about the development of their helping ability. In order for researchers to select a sample of therapists defined as "good," brief descriptions of effective therapist characteristics were given to experienced therapists who were familiar with the network of

helping professionals. Eight participants, consisting of five social workers, two psychologists, and one therapist with a doctorate in the social sciences, were identified as good therapists and later interviewed. The first interview involved an explanation of the purpose of the study and allowed for rapport establishment between the researcher and interviewee. The second interview took place seven to ten days later and its discussion revolved around the question, “What types of personal and professional experiences have contributed to your ability to be helpful to clients?” (p. 24).

The results contained two subheadings: “personal experiences” and “professional experiences,” each including three themes. Participants’ personal experiences and contributions are discussed in this section, and professional experiences are explored in the following section of this literature review. Personal experiences included difficult experiences in childhood, difficult experiences in adulthood, and positive and protective experiences in adult life. “Difficult experiences in childhood” were described as family of origin stressors that enabled them to understand and empathize with clients’ difficult situations. In addition, participants noted that experiences involving oppression sensitized them to clients’ issues of diversity and oppression, which brought about more support and understanding.

“Difficult Experiences in Adulthood” were defined in three different ways: (a) Confronting and dealing with childhood issues – therapists described this process as helpful in relating to clients with similar issues, (b) Coping with personal and familial crises in adult lives – therapists described this process to be helpful in fostering client empathy and understanding, and (c) Experience and/or awareness of oppression – participants noted that their experiences or growing awareness of oppression in adulthood allowed them to be more sensitive to numerous types of client oppressive situations. “Positive/Protective Experiences in Adult Life” were

discussed in terms of support and learning in intimate relationships and outside sources of support. Therapists said that personal relationships contributed to increased intimate involvement with and understanding of various families. Other sources included art, literature, novels, movies, and music, which participants noted as helpful in their own personal development and sensitivity to various human issues.

### Professional Life Influences on Personal Growth

#### (Within and Outside of Clinical Settings)

As discussed in the previous section, personal life experiences influence therapists' professional lives. The inverse, professional experiences impacting therapists' personal lives, is true, as well. Professional experiences consist of classroom activities, conferences, supervision, and client-contact sessions. Each piece of therapists' professional training may have a direct or indirect influence on therapists' personal relationships. Piercy and Wetchler (1987) began to investigate the direct and indirect influential nature of the therapeutic environment. The authors asked questions such as, "What about the family lives of psychotherapists? How does their work affect their own lives and those of their families?" (p. 17). The authors indicated that therapists' work and family lives are constantly influencing one another in mutually interactive and reciprocal ways.

In an earlier study, conducted in 1975, Taintor et al. (1983) recruited 531 third-year psychiatric residents who were finishing their training. Participants completed questionnaires about their training program's various stressors and contributions to personal and professional growth. Questions addressed the interaction between training and personal growth, changes in attitudes, and impacts on interpersonal relationships. Results were analyzed by Multiple Analysis Program System for Behavioral Science Research (MAPS). The interaction of training and

interpersonal relationships section of the results indicated a significant amount of impact on their personal lives, whether negative or positive. Sixty-two percent of the sample reported an increase in sensitivity and awareness towards others.

Since therapists' work is emotionally charged and intense issues are addressed daily, McCarley (1975) stressed a need for psychotherapists' self-renewal. The author primarily focused on the challenging aspects of psychotherapists' work such as daily confrontations with depression and clients' needs for support and nurturance. McCarley integrated experiential activities for psychotherapists that would address both personal and professional issues, which he believed would have a positive impact on them. He ran two groups, which lasted one year each. He suggested that therapists meet in groups and discuss client issues as well as personal feelings. In each of the two groups, participants indicated that it was helpful to process overburdened feelings and stresses with colleagues. McCarley recommended that psychotherapists implement more group experiences within their professional lives, which could influence their personal growth.

Farber and Heifetz (1981) examined therapists' work influences, yet in contrast to McCarley, highlighted the satisfying aspects. Participants included 60 psychiatrists, psychologists, and social workers. Participants had been in their fields for over 10 years and were considered either "classical analytic" or "psychodynamic" (p. 623). They were given three Likert-type rating scales to investigate therapists' perceptions of satisfactions and stresses. Results showed three factors to be major satisfactions: promoting growth, intimate involvement, and revered efficacy. The most highly rated item was "helping troubled individuals." Farber and Heifetz concluded that "therapeutic work appears to be most satisfying when therapists themselves can learn and grow and develop skills while being helpful and involved with others"

(p. 628). The authors noted the importance of recognizing positive, clinical influences on therapists' personal lives.

In a study specifically focusing on psychotherapeutic practice's effects upon psychotherapists, Farber (1983) hypothesized that therapeutic work affects therapists' attitudes and behaviors. Subjects included 21 psychiatrists, 24 psychologists, and 15 social workers. Participants were privately interviewed about their work experiences and their perceptions about the relationship between their personal and professional lives. Participants were also asked to complete rating scales measuring their perceptions about personality changes during their therapy work.

Farber's results showed that 88% of therapists surveyed had given some consideration to how psychotherapy influenced them and 52% stated that they had thought a lot about this subject. According to participant therapists, therapeutic work influenced them in the following three ways: the therapeutic role brings about greater psychological-mindedness, therapeutic work makes them more introspective, and therapeutic work enhances their self-esteem and self-confidence. Further, 45.3% of participants agreed that psychological-mindedness was an asset because it provided insight into family members, friends and themselves. Many therapists felt that their work impacted how they viewed others and provided them with a greater appreciation for people's different experiences. Some said that their faith in people increased. One therapist stated: "to be a therapist has a maturing effect. It lets you in a vicarious way to a wide range of phenomena . . . . You get to appreciate the diversity, the differences, the inevitable nature of the morbidities of life." The last question asked participants about positive and negative effects of their careers. Therapists noted that as a result of their work, they became more open, thoughtful,

sensitive, confident, and self-aware. Farber's study confirmed his hypothesis about therapeutic work impacting therapists' personal lives.

Krantz and Huston (1984) explored psychodrama in the classroom as a means to facilitate trainee development. This study's participants consisted of Master's level counseling students. The authors emphasized the importance of paying close attention to interventions designed to facilitate student growth on an internal level, focusing on self-evaluation and awareness. They suggested this self-emphasis works best with intermediate and advanced trainee levels. This paper is based on a classroom study where students were instructed to participate in psychodrama with an emphasis on principles and techniques. After several weeks of practicing, identifying, and clarifying problem areas for students, the instructor observed and students reported that they were relaxed and confident in their clinical demeanor. The authors pointed out that the students "began to experience therapeutic and personal breakthroughs in which old dilemmas became creative challenges for newfound energies" (p. 131). The student participants found this exercise useful in maximizing self-growth and understanding.

Wetchler and Piercy (1986) conducted a study that investigated a number of stressors and growth-enhancers for therapists in Indiana. Their study included 110 members of the Indiana Association for Marriage and Family Therapy with a 43% response rate. Two research questions were asked of participants: 1) "How has being a family therapist uniquely strengthened your own marriage/family?, and 2) "How has being a family therapist been uniquely stressful to your own marriage/family?" The researchers found that therapists were more likely to report incidences that strengthened their family life. Systemic understanding of life, therapists development of empathy and appreciation, development of better parenting skills, and a clearer understanding of sex roles were found to be the most influential growth factors. The authors'



concluded that “We should attempt to better understand how to harness the growth-enhancing features of the profession of family therapy and prevent or diminish the concomitant risks” (p. 107).

Kaslow and Schulman (1987) wrote a paper about the reciprocal impact of family therapy teaching and practice and therapists’ personal lives and mental health. They also questioned how to be sane and happy as a family therapist. The authors noted that the families with whom therapists work, the supervisory relationship, and therapists’ personal relationships are constantly interacting and influencing each other. According to Kaslow and Shulman (1987), concepts and skills learned through professionalism, such as communication skills, problem solving, and a sense of positive regard can be incorporated into therapists’ home and social situations. They mentioned the notion of “heal thyself” for therapists and recommended personal therapy as a way to influence their professional development, which in turn, will enhance their personal lives. In an attempt to strengthen this reciprocal nature of professional influencing the personal, the authors suggested that teachers and supervisors implement activities about self-growth. They wrote that, “If we profess a concern with the health and well-being of others, our responsibility to ourselves is equally salient” (p. 95).

The satisfactions portion of therapists’ work can also be labeled as “positive consequences.” Guy and Liaboe (1986) discussed the positive consequences experienced by psychotherapists as a result of clinical interactions. They introduced a few studies and stated, “It appears that the practice of psychotherapy can be both intellectually and emotionally stimulating, resulting in the subjective experience of personal growth and development over the years of clinical practice” (p. 111). Guy and Liaboe (1986) addressed how therapists’ personal relationships are positively affected by their daily professional interactions. Several reports

have indicated that psychotherapy practice can result in therapists' gained sense of openness, vulnerability, and sensitivity. The authors believed psychotherapy to either enhance interpersonal strength or serve to correct interpersonal challenges. The authors suggested students and practitioners pay attention to and enhance positive consequences in their daily clinical work.

In their paper on the interface between family and work, Piercy and Wetchler (1987) identified how professional experiences influence therapists' personal lives, asking, "How does their work affect their own lives and those of their families?" (p. 17). The authors first considered the personal stressors experienced by clinicians. When they introduced how therapists' work may positively affect their marital and family life they wrote, "We really appreciate our wives after conducting therapy sessions with certain couples in 'cat-and-dog' marriage" (p. 27, 28). Although this is the only positive influence they noted, the authors stressed the importance of recognizing professional influences on personal growth.

Fischer (1989) conducted a study on the differences between supervision of beginning and advanced therapists, and used Hogan's hypothesis, that supervision should match a trainee's developmental level, as the backbone of their study. Their participants included five marriage and family therapy supervisors and their sixteen supervisees. The researchers individually interviewed participants and asked them a series of structured questions pertaining to supervisory experiences. One of the questions specifically addressed therapist interns' personal growth: "Which supervisor communication styles (supportive, directive, didactic, self-disclosure, answers questions) were most helpful for trainee growth?" (p. 62). Beginning supervisees found clear feedback and empathic, relaxed supervisors to be helpful to them personally. Advanced supervisees stated that clear feedback and empathic supervisors were

helpful, too, however, they added the importance of supervisors' responsiveness to trainees' needs. Although differences existed between some beginning and advanced trainee's answers, both levels of trainees agreed upon what they considered effective supervision, the focus of supervision, and the relationship to their supervisors.

Duncan and Duerden (1990) examined stressors and enhancers in family professionals' marital and family lives. The authors decided to expand upon previous studies that interviewed marriage and family therapists, such as Wetchler and Piercy (1986), and interviewed family professionals (i.e. family life educators and researchers). The spouses of these family professionals were also included. The 44 participants were members of the Indian Council on Family Relations (ICFR) and their spouses. They were given questionnaires containing two questions, the first one of which stated: "How has your work (or your spouse's work) as a family professional uniquely strengthened your own marriage/family?" (p. 212). Participants were asked to check items and rank them in order. Results indicated the most frequently checked items that enhanced their marriage or families were, "Greater potential to prevent marital/family problems," "Greater ability to solve marital/family problems," and "Greater appreciation of our own marital/family strengths." The highest ranked items that enhanced their marriage or family included, "Greater ability to communicate effectively," "Greater acceptance of our own part in marital/family problems," and "Greater sensitivity to each other's needs" (p. 213). According to Duncan's and Duerden's study, family professionals' work produces more family life enhancers than stressors. For less stress and more positive impacts on families, the authors suggested that training programs put more emphasis on the enhancers of family professionals' work.

Guy and Brown (1992) examined the emotional benefits that therapists in private practice experience. The researchers listed benefits of being a therapist, which included increased psychological mindedness, personal emotional growth, improved interpersonal relationships, intellectual stimulation, recognition, financial security, and independence. Psychological mindedness, originated by Farber (1985), was described as a way to deepen “the appreciation for the intricacies of human feelings, decisions, and actions” (p. 29). This process enhances sensitivity and empathy, affecting therapists’ sense of professional competence. Personal emotional growth pertained to heightened assertiveness, self-assurance, openness, and tolerance. Guy and Brown viewed the intimate work of psychotherapists as motivators and guides to their own personal growth. This emotional growth can directly influence therapists’ interpersonal relationships by increasing intimacy, fulfillment, and satisfaction. In addition, the difficult issues encountered in therapy practice often encourage therapists to address and resolve issues in their marriages and friendships. Overall, therapists’ professional work improves their social skills and openness in dealing with others.

Guy and Brown noted that intellectual stimulation is one of the most important benefits of clinical work. They labeled therapists’ work as “challenging and broadening” (p. 31). Conversing and working with clients of various backgrounds, belief systems, perspectives, and experiences on such intimate levels, is a unique benefit of psychotherapy practice. In addition to intellectual stimulation, successful treatment of clients has the potential to create fulfillment and respected recognition. Fulfillment can be seen as both a personal and professional recognition. Guy and Brown indicated that the mere idea of therapists’ work and philosophy provides for heightened recognition amongst the public and other therapist professionals. They pointed out that financial security and independence are bonus benefits to private practice. Guy and Brown

asserted that, “Seeking to maintain a balance among work, love, and play ensures that personal growth will continue during a long career in psychotherapy” (p. 35).

In examining therapists’ development, Skovholt and Ronnestad (1992) conducted a qualitative study with 100 therapists and counselors ranging from their first year of graduate school to 40 years beyond their graduate school education. They asked, “What contributes to optimal growth?” (p. 70). The participants were divided into five groups according to their levels of education (i.e. first year graduates vs. practitioners with doctorate and approximately 5 years of postdoctoral experience), with 20 members in each group. A 23-item questionnaire and individual interviews were the means of data collection.

Using the constant comparative method, 20 themes emerged from the data. One of the themes related to professional influences and growth-producing experiences addressed the need for continual professional reflection, such as interactions with co-workers and supervisors. For example, the constant interaction with and connection to clients, supervisors, professors, therapists, and peers were noted as essential components to therapists’ personal growth and development. Beginning practitioners indicated the importance of supervisors’ positive feedback and guidance. Participants also reported that professional elders, peers and colleagues, clients, and theories and research are strong contributors to growth and development.

Sawatsky, Jevne, and Clark (1994) conducted a study with nine psychology doctoral students in a counseling program. The authors were interested in understanding the process of how counselors came to perceive themselves as effective and in single interviews asked participants, “What experiences in the doctoral practicum and internship have been significant in contributing to your effectiveness as a counselor?” (p. 178). These researchers uncovered a basic process of effectiveness development, which they called “Becoming Empowered.” The authors

described the process as follows: “As counselors develop effectiveness, they come increasingly to own the process for themselves, relying with greater frequency on their own judgement and feeling greater control over their responses both within and outside of the clinical setting” (p. 180).

The cyclical process of “Becoming Empowered” included experiencing dissonance, responding to dissonance, relating to supervision, and feeling empowered. “Experiencing Dissonance” was described as a period when counselors were challenged and had to find their strengths through experimentation and self-discovery. One category within this theme was “recognizing gaps in skills, knowledge and experience,” which participants said was a motivation to want to learn more in their field. The second theme, “Responding to Dissonance” consisted of acquiring new skills, changing attitudes, defining capabilities and limits, and withdrawing from further risk. The theme of “Relating to Supervision” included categories such as assessing the safety of the supervisory climate, feeling affirmed in supervision, and becoming one’s own supervisor. Participants addressed their thought processes as they worked through various supervision challenges and discussed how they grew from them. The final theme and state in the “Becoming Empowered” stage was “Feeling Empowered.” At this point, participants experienced changed perceptions such as more trust in themselves, clarification and integration of personal experiences with professional ones, openness to receiving help on cases, and further self-reflection. They also experienced an increase in competencies such as feeling satisfied with new skills, feeling a sense of autonomy, a sense of validation regarding psychology career, and reciprocity in collegial relationships.

Sori et al. (1996) conducted a study specifically focusing on the impact of marriage and family therapy training on students’ marital and family lives. The researchers stated that,

“although many aspects of graduate training are inherently stressful, graduate training in the field of psychotherapy can also be an exciting time and a period of personal challenge and growth” (p. 260). The researchers’ sample was comprised of 145 couples with one spouse in an AAMFT-accredited MFT graduate training program. A survey, used in a previous study by Wetchler and Piercy (1986), was mailed out to participants. The most impressive finding of this study was that students reported more growth producing experiences than stressful ones. Participants attributed their personal growth to experiences such as the “awareness of normal life cycle problems” and their appreciation for systemic work and processes (p. 266).

Coward’s (1996) study about marriage and family therapists’ significant life influences on their development examined both personal and professional influences. Participants mentioned professional training and theory-related education as supportive and helpful in building friendships. Supervisors and mentors helped guide some participants in personal situations, whether they intended to do so or not. They were also seen as teachers and role models on how to conduct their lives personally, as well as professionally. All participants from this study generally referred to “learning from clients” as another influence on personal development, specifically on the areas of self-awareness and empathy.

From a study of clinicians in their first three months of clinical internship, Bischoff (1997) identified themes in therapists’ development. Thirteen student therapists enrolled in an accredited MFT training program were asked to complete monthly logs. Participants were asked to identify up to five events or experiences that they had and believed to have the most impact (positive or negative) on their development as therapists. The four areas most frequently reported included, “Experiences in Supervision,” “Experiences with Clients,” “Experiences with Family/Friends,” and “Experiences with Peers” (p. 567). The researcher used the constant

comparative method to analyze data and noted three themes: (a) development of confidence in clinical abilities, (b) development of internal gauge (i.e. self-supervision) on which to evaluate clinical experiences, and (c) development of boundaries.

Participants reported that supervisors, fellow clinicians, and successes in clinical interventions were their best “confidence boosters.” Additionally, they mentioned various client contact experiences that contributed to their confidence. For example, challenging encounters and positive feedback from clients were helpful in the confidence-building process. Clarifying boundaries affected therapists both personally and professionally.

Specific to supervision, therapists mentioned supportive supervision as helpful to boundary clarification. Identifying and pointing out strengths was seen as necessary to both confidence-building and boundary role identification. Discussion with peers at the same level of development allowed for sharing of common frustrations and client-contact experiences were strong contributors to boundary development and growth . During their third month of client-contact experiences, therapists revealed that they were better able to integrate their professional role and skills into their personal relationships, without stepping into a counselor position. Although therapists would not be conducting themselves as clinicians with friends and family, the skills they acquired in the process of therapy training, such as communication, could be helpful in personal relationships.

Wolgien and Coady (1997) studied professional experiences that impacted “good” therapists’ helping ability, which included three themes: (a) Learning from Clients, (b) Ongoing Professional Development, and (c) Positive and Negative Experiences in Professional Education. Some participants spoke about client-contact experiences as an awareness that clients were “human,” which enabled them to be more understanding of clients. Other participants



mentioned that clients educated them about various problems. Two therapists noted the importance of learning from their own trial and errors and receiving client feedback regarding the overall therapy process. One therapist said that through client-contact interactions, he learned about his own personal issues, which in turn impacted and strengthened his ability to be helpful.

Additionally, participants described ongoing professional training and development as positive contributors. Experiences such as therapy model trainings, personal readings, and workshops were mentioned as both personally and professionally enriching. One therapist said that experiential workshops stimulated his personal development, which also impacted his professional development. Some therapists added that formal and informal interactions with supervisors and colleagues were helpful and influential.

Wolgien and Coady's (1997) final "professional" theme, "Positive and Negative Experiences in Professional Education" explored the positive and negative impacts of their formal education. Two therapists mentioned the importance of understanding general therapy processes and techniques as having positive impacts upon professional development. Participants also noted how certain instructors influenced political and philosophical positions. One therapist described how an instructor helped him with family of origin issues. Even negative experiences, such as irrelevant school activities and intimidating instructors, were viewed as helpful lessons and positive influences on how they later conducted therapy.

### Summary

This review has illustrated the complexity of studying marriage and family therapist interns' influential growth experiences. Pieces of therapists' growth experiences seem to be integrated throughout papers and research studies, however, literature specifically addressing this

topic is limited. Different terms are used in conjunction with “growth,” such as “development,” “emotional benefits,” and “positive consequences.” Although these studies discuss similar concepts, the subject in its entirety is difficult to research. Additionally, there seems to be more research on the development of “counselors,” as opposed to marriage and family therapists.

Past research explored topics pertaining to the self of psychotherapists and their countertransference issues. Recent research continues to address the self of therapist and counselor interns, yet examines them more in terms of developmental stages of supervision. Some recent research studies used similar research questions and applied them to therapists who are more advanced in clinical experience. Overall, personal influences on professional growth and professional/clinical influences on personal growth are regarded as important foci of study, especially within training environments.

The current literature review included studies from several human services fields and clinical approaches. It expands upon similar topics and adds to the research studying marriage and family therapist interns’ experiences, especially about their influential growth and development.

## **CHAPTER III**

### **METHODS**

“To fathom the therapy relationship, one must understand its components, both personal and professional” (Aponte, 1994, p.3).

#### **Design of the Study**

A qualitative design was used to describe the experiences of therapists who were asked to discuss, via internet discussion thread and chat room formats, their personal, academic, and clinical growth experiences. Qualitative methods involve an open, discovery-oriented approach of collecting data (Sprenkle & Moon, 1996), which seemed to be appropriate to my study. Rosenblatt and Fischer (1993) discussed one form of qualitative research involving written exchanges between the researcher and participants, which also helped me in choosing qualitative methods. The authors further stated that the importance of meaning details and idiosyncrasies of what people communicate support the main assumptions of qualitative methodology. Furthermore, the use of personal “conversations” provided for rich, descriptive data.

#### **Procedures**

This was a qualitative study that collected data from participants, primarily via the internet. Before I posted questions on the discussion board, I wanted to get feedback from classmates using a similar format. Therefore, I posted a “discussion thread” topic on the web page for my Constructivism class (Appendix A). I asked for feedback from fellow students about the pros and cons of collecting data via the Internet discussion thread forum of communication. This feedback provided good ideas and helpful precautionary notes. Many of my classmates from Constructivism participated in my study.

I recruited off-site participants through letters (Appendix B) sent to directors of marriage and family therapy accredited Master's programs. The letters included: the nature and purpose of the study, the researcher's goals, and a flyer with the web site address for participants to visit (Appendix C). Participants received flyers and had the opportunity to participate in three forms of communication: (a) a discussion thread, (b) private sending and receiving, and (c) a chat room discussion. When participants first logged onto the web site address, they immediately saw the same flyer they received, with a "next" arrow at the bottom, which led them to the informed consent form (Appendix D). Participants were asked to read the informed consent and "sign" it before proceeding to the next screen. After they read the informed consent and if they chose to participate in the study, participants were then asked to "sign" by clicking on the "Click here if you have read the consent and agree" arrow. It was clear that once they clicked that particular arrow, they were stating their informed consent. Participants were given a choice. They could click on "Click here if you do not wish to participate" arrow if they chose not to participate, which would lead to a screen with the words, "Thank you for your time."

If they consented, the next screen was the demographics page (Appendix E). I asked participants to give the following information: amount of client-contact hours, age, school and state, gender, marital status, if they had children and how many, and racial/ethnic background. Once they completed this page, they were asked to click "submit" and the information was sent directly to me. Since I was able to see participants' email address when their demographic information was submitted to me, I deleted it immediately to protect the identity of participants. The next screen, which was highlighted and underlined at the bottom of the demographics page was the "directions" screen, which provided participants with detailed directions for using the web site (Appendix F). The "directions" screen gave them the necessary information to proceed

further and explained their two choices of communication for the first part of the study -- the discussion thread and private messages. To view the research questions, participants clicked on a highlighted and underlined link, “URL form.” Since participants were required to have a username and password (Appendix G), the next step entailed clicking on “login” for them to register or simply login to the study. Once they registered their usernames (pseudonyms), passwords were sent directly to their email addresses. They were instructed to either write down their password, bookmark the web page with the research questions, or write down the URL address. In short, if they decided to participate more than once, participants were given the opportunity to choose the most convenient and suitable method for them.

At the beginning of the study, participants had two choices of communication (Appendix H): A discussion thread or private message sending and receiving. The discussion thread forum involved multiple participants discussing specific topics posted by the researcher (Appendix H). Through this forum, participants could anonymously contribute thoughts and ideas pertaining to the topic and had the opportunity to respond to other participants. Each participant had their own pseudonym, which they chose when establishing their username and password. They used this username (pseudonym) each time they visited and conversed via the discussion thread. As opposed to the open discussion thread, the private messages option provided the participants with a more private form of communication. If they chose the private route, they were able to respond to topics and questions by sending their thoughts/responses directly to me, without other participants seeing what they wrote. I would have been the only person reading what they wrote and once again, their information would have been anonymous. Nevertheless (and of interest), no participants chose the private route of answering the research questions.

Participants were also invited to participate in an on-line chat room discussion, which took place at the end of the study. They were given the date at the beginning of the study, so that they could make arrangements to attend the chat room meeting. Toward the end of the study, I posted the chat room directions as a separate posted topic on the discussion board. This way of communicating allowed participants to simultaneously discuss themes and topics that emerged as a result of their thoughts and responses to the posted research questions. Participants used pseudonyms (also called “handles”) and passwords to join the discussion (Appendix I). Once they posted a statement, it would immediately appear on the screen for me and other participants to read (Appendix J).

We had a discussion, similar to that of a focus group interview. The first three participants joined the interview within minutes of each other. The third participant experienced computer problems and signed off early. I asked a few questions to the other two participants and approximately twenty minutes later, they had to sign off. Instead of asking new visitors the same questions I asked the first three visitors, and due to time constraints, I asked the next question in order. A few minutes later, the last participant joined the discussion and answered the rest of my questions, which lasted one hour.

This computer form of communication was similar to the GSS (Group Support Systems) that was established for student-to-student and student-to-teacher contact at the University of Arizona (Gale, et.al., 1995). Some of the goals, which were similar to those proposed for my study, were to improve brain-storming, enhance collaboration, and increase self-reflection. The search for meaning was critical to understanding the complex phenomenon of therapists’ growth-producing variables and their influences on therapeutic experiences. Most especially, the GSS brought the discussions to a more personal level of communication (Gale, et.al, 1995). This

technology allowed each person to understand how others were making sense of their growth experiences, examine critically his or her own thinking in a safe context, and to experience a greater openness and freedom in the expression of ideas.

### Data Collection

The discussion threads and on-line chat room discussion were used to collect the data. The questions covered by each method developed a rich description of the participants' thoughts and experiences concerning the growth-producing experiences in and out of the therapy process. The questions pinpointed the how, what, and when of these personal and professional processes.

*Discussion Threads:* Discussion Threads provide an asynchronous format of discussion where participants can discuss some views, thoughts, and experiences they wish to share with others via the internet. Once a question or comment is posted on the discussion board, others have the opportunity to read and post a response. They are sometimes used in on-line academic course work. Professors have used this in a variety of ways including students posting their papers for feedback, small groups working collaboratively, and students posting actual topics for others' responses (<http://athena.english.vt.edu/~FDI/98/threaded.htm>). Whereas some participants answered all discussion thread questions, in my study, others answered two or three of them. They could view each other's answers and had the opportunity to directly respond to one another, however, the participants answered questions without referring to each other's responses. It was not until the chat room interview that participants "conversed" with one another about thoughts and perspectives regarding the related questions and topics of discussion.

*On-line chat room discussion:* On-line chat rooms are synchronous formats of discussion and allow people to have ongoing conversations. Questions and comments can be immediately exchanged. I announced and reminded participants about the chat room interview on the

discussion board. Four participants visited a different web site and brief directions were included to assist them. The interview began with the first three, then they had to sign off. Afterwards, I followed up, resumed, and concluded the interview with one intern. I asked participants questions according to discussion thread themes. Although people visited at different times and due to time constraints, I went in order of the research questions posed. Therefore, the last participants answered different questions from the first three. The entire interview lasted approximately two hours.

### Participants

Nineteen marriage and family therapist interns from 10 accredited marriage and family therapy programs across the nation visited my web site and submitted demographic information. Thirteen visitors participated in the discussion thread portion.

Of the 19 participants who completed demographic information, 16 were female and 3 were male. Their ages ranged from 23 to 51-years-old. Client contact hours ranged from 16 to over 600 hours. Under the marital status option, nine said they were married (two of whom have children), while ten marked “single” (two of whom have children). Participants from 10 MFT programs included Louisiana (1), North Carolina (1), Connecticut (1) , Colorado (1) , Maryland (1) , Virginia (6), Kansas (2) , Kentucky (2), Texas (2), Indiana (1) , and Utah (1). The six Virginia participants came from my MFT program at Virginia Tech. Seventeen participants were Caucasian, two specified Irish/English, and one participant was African-American.

### Interpretation and Analysis

As participants visited my web site and responded to the questions, I printed out their demographic emails and discussion threads. Demographics were also copied and pasted onto a Word document. I organized the discussion thread material according to each question/topic. I



used open coding analysis to break down, compare, conceptualize, and categorize the data (Strauss & Corbin, 1990). Open coding produced categories that seemed to fit the data (Sprenkle & Moon, 1997). During this process, I compared and contrasted the different themes that emerged in the data. Throughout the collection of data, I continued coding, reviewing literature, and finding themes. With the guidance of my thesis advisor, I implemented the process of cross-coding, which entailed her coding the data and providing more feedback about data themes and categories. Lastly, the on-line chat room discussion was printed, coded, and analyzed.

## **CHAPTER IV**

### **RESULTS**

“Constant qualification, modification, and movement into the unknown serve as the fabric for his growth. Helping is as effective as the helper is living effectively”  
(Cakhuff & Bereneson, 1977, p. 239).

In this study, I explored marriage and family therapist interns’ growth experiences, both personal and professional, and the interplay between them. I collected my data via an Internet web site, which was constructed specifically for this study. Thirteen participants visited the discussion thread portion and answered the four posed questions: 1) What significant experiences in your personal life (outside the clinic and academic setting) helped you grow as a person? 2) What significant personal experiences (outside the clinic and academic setting) have influenced your growth as a clinician? 3) What significant clinical experiences (i.e. clinical practicum) have influenced your growth as a person? and 4) What significant experiences in your professional life (i.e. classroom, workshops, clinical practicum) helped you grow as a clinician? The last portion of the study involved an online chat room discussion, similar to that of a focus group interview. Four participants joined the interview and shared their thoughts about how their personal and professional growth developed and progressed.

I will discuss the results of each question by addressing discussion thread themes first, and then proceed to the chat room results. When discussing interns’ answers, I will use different pseudonyms to further assure anonymity. Since gender cannot be matched to participants’ answers and most participants were female according to demographic results, I will use “she” in reference to them. Two major categories emerged from participants’ accounts of their personal and professional growth: Sources of growth (what led to growth?) and kinds of growth (how did they grow?). I will use the subcategories of “sources of growth” to structure the results of each

question reporting on the discussion thread data first, then adding the chat room data at the end. Sources of growth subcategories will be illustrated using participants' words, while the "kinds of growth" derived from these sources will be defined, italicized, and interwoven.

### Research Question One

What significant experiences in your personal life (outside the clinic and academic setting) helped you grow as a person?

Since the person of the therapist is intertwined with his or her professional world, I asked a question about important growth experiences that occurred in their personal lives. Ten participants' responded to question one. Two major categories emerged from participants' accounts of growth in their personal lives: sources of growth (what led to growth?) and kinds of growth (how did they grow). In answering this question, subcategories in the "sources of growth" category included: life transitions, facing challenges, personal relationships, spiritual beliefs, and generic learning.

The subcategories in the "kinds of growth" category are listed below with definitions that reflect my interpretations of participants' meanings:

1. *Self-awareness* – conscious of ones own motivations, beliefs, thoughts, and actions.
2. *Perspective-taking* – being able to see another person's point of view; "walking in their shoes."
3. *Open-mindedness* - having an unbiased, flexible, and tolerant attitude.
4. *Empathy* – being understanding and compassionate.
5. *Letting go* –recognizing one's own limits to control others and/or events.
6. *Self-focus* – focusing on oneself and one's own needs, feelings, opinions; valuing self; taking care of self.

7. *Motivation* – having a strong desire to accomplish or succeed.
8. *Reaching out* – asking for help; open to receiving help from others.

#### Life Transitions:

Four participants cited life-stage related events such as going away to college, getting married, or having children as being important to their personal development. Carol said that going away to college allowed her to learn, grow, and become motivated: “It was the first time I was living on my own and learning about myself as a person (*self-awareness*).” She shared that it was during her college years that she realized that she derived the greatest satisfaction from providing assistance to others:

“In the past, I had not had a chance to really search inside myself to figure out who I was and where I wanted to go in life. While at college, I realized how self-sufficient I am and how independent I can really be (*self-awareness*). I also realized how much I wanted to help people and decided that it was what I wanted to do for a living (*self-awareness*).”

Heidi referred to the life transition of marriage as very helpful to her growth and stated,

“Having a long term commitment to another person, including future planning and goals, has helped me grow tremendously. Specifically, being in a long-term committed relationship has forced me to look at life decisions from another perspective, including another’s beliefs, not just my own (*perspective-taking*).”

Jeanette also referred to being married as a significant growth experience and added, “He has brought a whole new world and way of looking at things into my life (*perspective-taking*) and I learn something new from him every day.” Beth referred to her child as “my motivator for what I’m trying to accomplish (*motivation*).” She stated, “This new baby is one of the two most important people in my life and when I look at her and she smiles at me, I know that I have to succeed in order to bring her everything she needs.” Thus, for some participants, life transitions seemed to primarily stimulate or enhance self-awareness and the ability to take different perspectives.

### Facing Challenges:

Three participants mentioned facing and overcoming challenges as significant growth-producing events. Diane discussed her first year of marriage:

“We had a rough first year and also lost the marriage due to me getting involved with someone else. When my husband found out about it, it was a real wake-up call for me and I made myself grow up really fast. This made me pay much more attention to the needs of others (*empathy*) and the impact of my actions on others (*self-awareness*). I also learned that I must communicate my needs if I expect to have them met (*self-focus*).”

Even though divorce is a life transition, Diane seemed to focus on the challenge aspect of her affair and resulting divorce. The challenge of the affair and the divorce seemed to lead to her personal growth, and in particular, to empathy and self-awareness/focus. Heidi said that most of her growth stemmed from how she handled difficulty throughout life and explained, “I have relied on an inner sense of personal direction to overcome the tendency to care too much about outside influences (*letting go*)”, as if to say she had learned to let go of trying to control things that are out of her control. For these participants, facing challenges seemed to produce growth in empathy, perspective-taking, and letting go.

### Personal Relationships:

Participants’ noted that relationships with family and friends were significant personal growth contributors. They referred to those relationships either within the life transition category, or in a very general sense. Six participants mentioned personal relationships, although most did not explain the kinds of growth derived from those relationships. For example, Katherine stated,

“The significant experiences that helped me were the relationships that provide support and guidance in my life. My family who believed in me, my friends who encouraged me and those I met in the program all added to my personal growth.”

Beth discussed her new baby as a major source of growth, which is both a life transition and a personal relationship. Heidi talked about being married and specifically pointed to the relationship to her spouse as promoting significant growth. Elaine did not mention any specific personal events, but noted that family and friends greatly contributed to her personal growth. Jeanette also addressed her relationship to her husband, other family members, and how they helped her look at things in a different way (*perspective-taking*). She stated, “My family who believed in me, my friends who encouraged me, and those I met in the program all added to my personal growth.” Although Nancy was not specific about the kind of growth she experienced, she mentioned, “I am a survivor of an alcoholic FOO.”

#### Spiritual Beliefs:

One participant, Nancy, mentioned her spiritual beliefs as key to her personal growth: “I decided to accept Christ at age 29 and that decision has helped me grow like no other!” Although she was the only participant specifically referring to her spiritual beliefs, I categorized it into a separate theme in case others addressed this area of their lives.

#### Generic learning:

Andrea, Elaine, and Grace were three participants who referred to learning in a generic sense. Andrea noted that prior to graduate school, she was not a confrontational person. She added, “But I’ve come to realize that always being the peacemaker comes with a price (*self-awareness*).” Elaine stated, “I don’t know that I can really say that any one experience influenced my growth as a person more than any other. I suppose that all of my 26 years on this earth have been my growth experience. Growing up in the family I grew up in, my genes, my marriage, my friends . . . They are all influences. I feel that I have grown from all lifelong learning – good or bad.” Grace mentioned the understanding that no one else was responsible

for her life, and once she realized this, she was “better able to contribute to the world, to people both professionally and personally.”

#### Chat Room – Part I

During the chat room interview portion of the study, I first asked participants to discuss their personal growth experiences and how their experiences impacted them. Connie logged on and asked a few clarification questions. She gave the example of entering graduate school and supporting herself financially. She said that due to this transition, she had to take a look at herself and create discipline (*self-awareness*). She said, “I would say I have become more self-focused and value myself (*self-focus*) more than I used to (*self-awareness*).” In response, I asked, “Do you think this self-focus and valuing yourself can apply to life transitions, in general?” Connie added that change can cause a focus on self, which she thinks makes her a better clinician. At this point, Anna and Tina joined the interview. I reminded them, “We’re talking about life transitions and HOW they impact personal growth.” Tina agreed with Connie about transitions being a time to take care of one’s self. Connie added an example: “It’s like the oxygen mask metaphor on airplanes, put it on yourself (*self-focus*) first before you can help anyone else.”

I expanded upon my first question regarding personal growth and stated, “Another theme was self-discovery and new understanding, which you’ve already mentioned.” Tina said that transitions may mirror what clients experience and Connie agreed: “That’s a great point, (Tina), I think much of what I’ve been through might be parallel to what clients go through in terms of discovery (*self-awareness*).” Anna had to log off due to computer difficulties. I wanted to make sure I asked most of my theme-related questions and felt it necessary to move forward.

I asked, “Ok, whenever you’re done with the first question . . what about facing challenges? Say some about this process of personal growth.” Connie answered that every challenge faced in life somehow impacted her personal growth. Tina answered with the following three statements:

“Well, when we face challenges, we have to look inward and find our strengths and use them (*self-awareness*). We also have to look outward and expand our circle of resources (*reaching out*). Both of these ultimately contribute to personal growth. Just seems to me if we are constantly expanding our strengths and resources (*reaching out*), then we are constantly growing.”

Connie agreed by saying, “Ditto.”

I decided to move on and ask about the spiritual beliefs theme: “Ok, someone mentioned their spiritual beliefs as having an impact. Any thoughts on that?” Connie immediately responded about how spirituality is helpful in keeping her centered and is better able to let go of things. She said, “Knowing that I can’t handle EVERYTHING (*letting go*).”

#### Research Question Two

What significant personal experiences (outside of the clinic and academic setting) have influenced your growth as a clinician?

The constant interaction of the person and professional aspects of a therapist’s life gave me the idea to ask how personal experiences influence clinical growth. Nine participants responded to question two. Two major categories emerged from participants’ accounts of growth in their clinical lives: sources of growth (what led to growth?) and kinds of growth (how did they grow?). The subcategories under the “sources of growth” category included: Personal therapy, related work experiences, personal relationships, spiritual beliefs, and generic learning.

The subcategories under the “kinds of growth” category are listed below with definitions that reflect my interpretations of participants’ meanings:



1. *Perspective-taking* – being able to see another person’s point of view; “walk in their shoes.”
2. *Self-awareness* – being conscious of one’s own motivations, beliefs, thoughts, and actions.
3. *Confidence* – feeling of self-assurance and certainty in one’s skills/abilities.
4. *Letting go* – recognizing one’s own limits to control others and/or events.
5. *Skill-building* – building clinical skills and abilities such as empathy, trust, and honesty.
6. *Knowledge-building* – learning information helpful to clinical work.
7. *Hopefulness* – feeling of anticipation; optimism.

#### Personal Therapy:

Three participants noted that personal therapy significantly impacted their clinical growth. Andrea said, “being a client for two years and then becoming a therapist two years later helped me evolve into a more well-rounded therapist.” She added,

“It’s all very logical. A man who has had a heart attack makes a more effective and understanding cardiologist because he’s ‘been there’ (*skill-building*). There is a difference between textbook learning and life learning. I feel as though my experience as a client helped me be a better therapist because I experienced ‘the other side’ of therapist first (*perspective-taking*).”

Carol described her therapy experience as one that has always stuck by her:

“In undergraduate school, I had gone to see a psychologist to help me through the trials and tribulations of differentiation and acknowledging the past. I will never forget how it felt to be the client and how much I respected my psychologist. She listened with an open heart and mind and never once judged me for what I had experienced in the past. I realize now that I have become the therapist who is very similar to her and how I focus on creating a trusting, open, and empathetic environment in therapy (*skill-building*).”

Heidi talked about her past three personal therapy experiences and the importance of finding her “own voice” (*self-awareness*) in all three therapeutic relationships. She expressed, “This is something that I think about as a therapist. Am I allowing my client’s voice in the room? Is the work meeting my agenda, or that of the client (*skill-building*)?” These three therapist interns

highlighted the importance of their experiences with personal therapy and how their clinical work has been positively affected as a result.

#### Related work experiences:

Three participants mentioned past and current related work experiences to be influential on their clinical growth. Beth discussed her current work as a shelter manager with abused women. She explained that this work experience resulted in her attaining a “heightened sensitivity” to the dynamics of abusive relationships (*knowledge-building*) and giving clients more space to “make their own decisions regarding what they think is best for themselves (*letting go*).” She added that working in the shelter exposed her to a variety of personalities and mental illnesses. Another participant, Carol, described a similar work experience in a shelter, although the population consisted of children and adolescents. Carol reported that she learned how much she enjoyed working with this population and recognized her comfort level in helping them with their issues (*self-awareness*). She added that the experience of facilitating an anger management group was helpful. It allowed her to understand “the two sides of the story: the victims and the perpetrators (*perspective-taking*),” which gave her insight into the dynamics of abusive families (*knowledge-building*). Diane used to be a pre-school teacher and she shared the following thoughts:

“I worked there for about 6 months. Through this experience I gained much confidence in my abilities to work with children, especially very young ones (*confidence*). I also have greatly increased my confidence in talking to parents about children and parenting skills (*confidence*). Since I do not have any children of my own, this serves as my ‘route’ to gaining trust and credibility of parents (*skill-building*).”

#### Personal Relationship:

Four participants recognized personal relationships as important contributors to clinical growth. Diane, who earlier referred to the affair and divorce issues, reported that working

through those personal relationships greatly influenced her work as clinician. She stated, “Specifically, I am able to empathize with couples during marital problems (*skill-building*) and I don’t think that most people my age can do that.” Grace mentioned that being able to better negotiate personal relationships provided for more confidence in dealing with and managing difficult situations that arise in the therapy room (*confidence*). Irene noted the importance of her relationship with her spouse and other personal relationship and how they were beneficial to her growth as a clinician

“The relationship I have had with my wife and other personal/intimate relationships have helped my growth due to the opportunity for risk taking, honesty, openness, and sharing of feelings – all of which are characteristics of a good clinician (in my opinion) (*skill-building*). A therapist must be willing to use these attributes with his/her clients so outside relationships which foster their development are helpful in promoting growth (*knowledge-building*).”

Nancy mentioned that being a survivor of a family with alcohol abuse gave her more empathy and insight into the needs and resiliencies of children (*knowledge-building*).

#### Spiritual Beliefs:

Nancy referred to her spiritual beliefs as influential on her clinical work. She said that her Christian faith allowed for the process of separating people from behaviors and she learned about the process of forgiveness (*knowledge-building*).

#### Generic learning:

Elaine again mentioned her lifelong learning:

“Just as I said in question #1, I think that my entire life and all the experience inherent within it affected my growth as a clinician. I don’t believe that education makes you a good therapist. I believe that one has to be a good therapist first in order to gain the greatest amount of growth from a clinical program.”

Another participant, Katherine listed a few general remarks, as well:

“Learning how to juggle work, school and personal life. Spending time thinking about what underlying assumptions I have about people, therapy and life. Dealing with the challenges that life presented in the past 4 years.”

## Chat Room – Part II

During the chat room interview, after I addressed participants’ stance on the influence of spirituality in their personal lives, I asked how their spiritual experiences impacted their clinical work. I probed more by asking, “And how does this help you grow as a clinician?” Connie answered, “That I can’t fix everyone, that there is only so much I can do (*letting go*).” I was curious and asked, “So, this goes for you personally and as a therapist?” and she answered, “yes.” Before Connie and Tina logged off, Tina added:

“My personal belief is that when I make room for God in my work, then I am more calm, more centered, more available for clients (*self-awareness*). I also think my belief in a Higher Power gives me hopefulness about others’ ability to change (*hopefulness*).”

Both Intern participants had to sign off, and I thanked them for their participation and contributions to my study.

At this time, I posed the next question for any potential new visitors: “For any new visitors to this chat room, I’m wondering about previous work experiences and HOW they may impact growth as a clinician?” A few minutes later, Nicole signed on and said, “My previous work experiences with kids and teens helped me to be comfortable working with these populations immediately when I walked in the room (*confidence*).” I pushed for more details and asked, “HOW has this process of working with kids helped with your comfort level in the room?” Nicole explained, “Since I had a lot of experiences interacting with kids, it allowed me to be more myself in the room and have more freedom to be creative (*confidence*).”

My next question addressed the theme of work in personal relationships: “So the theme of work in personal relationships impacting growth as a clinician came up . . . any thoughts on

that?” Nicole said that she believes all people are products of their experiences and her personal relationships have definitely had an impact on her work. I asked for further elaboration: “Can you give me a specific example and discuss HOW this process of growth came about in your clinical work?” Nicole referred to her work as a part of her identity and that she has strongly valued friendships and getting close to people. She said that friends tended to lean on her and look to her during rough periods in their lives. She added that she became more differentiated within her family of origin and she was constantly learning about herself and about growth processes (*self-awareness*). I asked, “Ok, so the process of being there and helping people helped you grow with your identity as a therapist?” Nicole agreed.

Nicole expanded upon her thoughts and added, “Although, the ways in which I help people are much different from what I used to think was helpful. My focus has changed from what I can and cannot do in order to be most helpful.” I wanted more clarification about what Nicole meant by “what I can and cannot do.” She referred to the control the clients have over their lives and what she has control over as a therapist: “What I have control over and what the client only has control over. I have learned that trying to take care of clients is not the most helpful intervention in many cases (*letting go*).” Nicole added that she hopes that clients will learn to take care of themselves and make good choices on their own.

### Research Question Three

What significant clinical experiences (i.e. clinical practicum) have influenced your growth as a person?

Just as personal life experiences influenced therapist interns’ clinical growth, participants stated the reverse takes place as well. All thirteen participants answered question three. Two major categories emerged from participants’ accounts of personal growth from clinical

experiences: sources of growth and kinds of growth. The subcategories within the “sources of growth” category are generic clinical experiences (i.e. client-contact interactions), supervision and teaming, personal reactions, and family system/family-of-origin theories.

The “kinds of growth” subcategories associated with those experiences included:

1. *Self-awareness* – being conscious of one’s own motivations, beliefs, thoughts, etc.
2. *Confidence* – feeling of assurance and certainty in self and others.
3. *Perspective-taking*– being able to see another person’s point of view.
4. *Open-mindedness* – having an unbiased, flexible, and tolerant attitude.
5. *Self-focus* – placing more focus on one’s self, own needs, feelings, opinions, beliefs; valuing self; taking care of self.
6. *Communication skill-building* – building effective skills in communicating with others.
7. *Boundary clarification* – Learning about and implementing limits within relationship dynamics.
8. *Validation* – Supporting, justifying or confirming one’s beliefs, values, opinions, or actions.

#### Generic Clinical Experiences

Seven participants referred to clinical experiences, such as client-contact interactions, as significantly impacting their personal growth. Carol encountered different clinical experiences that helped her understand more about herself (*self-awareness*) and that she cannot change everyone (*letting go*):

The biggest life lesson came when I realized that I cannot change everyone and I cannot be responsible for my clients’ lives (*letting go*). Being an overfunctioner, I had to learn to sit back and let my clients make changes for themselves, especially since their own change is much more significant than my changing them (*letting go*).

Diane has realized that everyone has unique life experiences and that it is not helpful to be subjective when trying to understand people (*perspective-taking*). Laura said that she gained a greater sense of her belief system (*self-awareness*), which has helped in clarifying how she feels about various issues. Maria concluded her answer by noting the realization of how much she enjoys her clinical work, which she said “builds confidence in a unique way (*confidence*).” Grace reported, “I have seemingly endless tolerance for clients, but not always as much for peers. I think the active/automatic practice of tolerance in the therapy room has helped me move closer to a balance of tolerance in and out of therapy (*open-mindedness*).”

Participants’ noted that “realizing” or “understanding” something new or different about them or others within clinical training resulted in much personal growth. Andrea used the saying “practice what you preach” to illustrate her point. She continued,

“There I was an aspiring therapist ready to take on all of the woes of the world. I had so much information to share with my clients, yet my own life wasn’t a far cry from their own! I began to realize that I should ‘practice what I preach.’ If I encourage a couple to compromise from time to time, then I should do the same in my own relationships right (*self-awareness*)? Easier said than done . . . but now I deem myself well on the road AWAY from hypocrisy!”

Andrea realized that whatever she suggests to her clients should also be considered in her personal relationships. Beth noticed that she tends to see issues in clients’ lives that may need work in her personal life: “I have realized that even though I am the therapist and am helping people improve their lives, I still need to evaluate my own and improve myself continually (*self-focus*).”

Having contact with people of various backgrounds seemed to have special meaning for three participants. Andrea described this specific phenomenon as providing a growth in her understanding of people from “all walks of life”(*perspective-taking*):

“I feel as though I’ve grown in my understanding of both the differences and similarities of all people of all backgrounds (*self-awareness*). I no longer work from the perspective of who I am or what my status is but from where the client is (*perspective-taking*). In doing this I have come to appreciate the position, hardships, and problems of more people from more backgrounds than I ever thought imaginable (*open-mindedness*). We all feel at times there are certain types of people that ‘don’t have problems’ (i.e. the wealthy, the educated or very successful business people), but through my clinical experiences I have come to realize that everybody has problems, even therapists themselves.”

Laura also stated that working with clients of different backgrounds was influential to her personal growth: “Working with people from different backgrounds has influenced my growth, since I have been exposed to varying belief systems that often differ from my own, white, middle-class upbringing (*perspective-taking*).” Laura added:

“When challenged with new belief systems, I usually take time to reevaluate my own belief system regarding cultural and gender issues (*self-focus*). This examination and reflection of my own belief system (*self-focus*) has been helpful in terms of defining what I think about certain issues and giving me new perspectives from people with different worldviews other than my own (*perspective-taking*).”

Maria attributed much of her personal growth from client-contact interactions. She expressed how much she has learned from clients and she finds people to be “fascinating.”

### Supervision and Teaming:

Supervision and teaming was a theme that appeared in five participants’ answers.

Participants credited the experiences they had with supervisors and colleagues as significant and central to growth in their personal lives. Diane briefly mentioned the team experience as helpful in receiving feedback and feeling validated about personal reactions toward clients (*validation*).

Fae defined her team approach experiences as very significant:

“ . . .being able to totally make yourself vulnerable to people and say, ‘hey, I need help,’ or ‘I am not so good at this, I need a new way of doing things,’ and yet still having so much support and people building on your strengths (*validation*).”



Fae attributed her overall increase in confidence to the team support (*confidence*). Heidi addressed both clinical practicum class and live supervision. She shared a time where she had to compile a tape of her best work: “Playing the tape for my therapist intern peers and supervisor was an excruciating experience. Looking at why this was so painful and what made it so difficult for me to accept praise has been a real learning and growth experience (*self-awareness*).” Heidi said that live supervision on a regular basis provided for significant personal growth in confronting people and making room for her voice (*self-focus*). Irene also explored how live and videotape supervision contributed to personal growth and referred to it as “the single most important aspect of personal growth I have received during my training.”

Katherine’s answer included the following three statements:

“Working through difficult situations with people I admired as well as with people I didn’t like. Discussions and feedback from people that have different viewpoints and clinical theories from mine (*perspective-taking*). Personal role models of professors and co-therapists.”

Nancy believed that the team helped her work better with people because she was used to working alone. She shared the following statements:

“In Practicum I learned to work with a co-therapist and embrace the team experience. This helped me grow as a person because I was more familiar with working alone. I had trust issues that occasionally interfered with other team projects in the school setting, and this program dispelled them. The teamwork experience taught me to trust, and to give and receive criticism as a part of edification (*communication skill-building*). We have been like a healthy family together!”

#### Personal Reactions:

Participants’ personal reactions were also referred to as events that “pushed my buttons” or “hit close to home”, were described by four participants. Carol acknowledged that the “hit close to home” feeling made her learn about and face personal issues. She reported:

“I have had a few clients where the issues have ‘hit home.’ Since then, I have tried to uncover the countertransference and learn to acknowledge my own issues

(*self-awareness*) and how to separate them from my client' (*boundary clarification*). This has been the hardest for me especially since I truly believe that first hand experience can become the most powerful tool in therapy. If a therapist can understand where the client is coming from, maybe he/she can help them more effectively. However, I have tried desperately to learn that I cannot solve my own issues through my clients and have began to learn how to separate the two (*boundary clarification*)."

Diane wrote that her issues hit close to home and that she experienced a similar learning process as Carol: "Through helping these clients, I was forced to deal with these issues for myself, so my own 'stuff' would not interfere with their therapy (*self-awareness*)."

Laura said: "Working with clients who push my buttons (i.e. abuse, violence, etc.) has been another learning experience for me." She believes that being aware of her personal reactions helped her refrain from labeling people and allowed her to separate the person from the behavior (*communication skill-building*). Maria referred to her personal "stuff" and considers them to be the most rewarding: "It's interesting to reflect on yourself after a session (*self-awareness*) with a client who is battling or has battled similar 'dragons'." She added that it can be more of a problem when therapists are in the midst of experiencing similar issues as clients, as opposed to having worked through issues, which may provide for a deeper connection between therapists and clients.

#### Family Systems and Family-of-Origins Theories:

The family systems and family-of-origin references were addressed by two participants as either classroom exercises or general issues worked through during clinical training. Although I did not ask a specific question about classroom experiences and their influences on personal growth, participants offered a few thoughts on the subject matter. For example, Diane stated:

"Partly because of the family systems theory I have been learning in school, I have been able to consciously change my position in my family from the

‘mediator/rescuer’ to be more distant) which forces others in my family to take more responsibility for themselves (*boundary clarification*).”

Diane seemed to experience growth in her family as a result of studying family systems theory. Jeanette attributed Gestalt and family-of-origin classes as contributors to her personal growth. She remarked, “I have been able to express resentments toward my family, friends, and coworkers more easily (*communication skill-building*).” Jeanette said that in the past, she tried to cut herself off from family members. After taking these classes, she is now at a point where she is more comfortable with them and more loving towards them. She feels that she is clearer with boundaries (*boundary clarification*), which has resulted in being less judgemental toward herself (*self-focus*).

### Chat Room – Part III

At this point in the chat room interview, I decided to ask about clinical experiences and their impact on therapists as people: “Some people have mentioned that clinical experiences impacted their growth as people. The theme of ‘practice what you preach’ came up. Any thoughts?” Nicole said she believes that there have been times when she helped clients with certain issues and then thought that she needed to take her own advice (*self-awareness*). She added, “It is almost like helping clients through similar issues that I may have dealt with almost validates my experience and theirs at the same time (*validation*).” I asked, “So in turn, helping them validate their experience has helped you grow in your understanding of a similar experience?” Nicole agreed and although she believes therapists should not be in the therapy room for themselves, she often learns from clients as they learn from her.

I continued and asked, “What about working with so many different types of clients? Some people mentioned working with different kinds of clients helped them in personal relationships.” Nicole referred to the popular saying “Different strokes for different folks,”

because she has become more open-minded in the process of being a therapist, which has helped in her level of tolerance in personal relationships (*open-mindedness*). I asked, “Any countertransference (pushed buttons or hit close to home) experiences that helped you grow as a person? How?” Nicole mentioned the example of working with teens and their parents and the difficulties that come about when similar childhood experiences arose. She added: “In my experience, countertransference is a great thing . . . if you are aware of what is going on with you and use it to help therapy instead of hinder it (*self-awareness*).” I probed and asked, “HOW has working with teens and parents helped you grow as a person?” She discussed how much more tolerant she was as a result of working with teens and their parents: “Understanding that people all have different lenses they are looking through . . . different realities (*perspective-taking*).” This process has also helped Nicole have more patience with the people in her life and various encountered problems (*open-mindedness*). She concluded this particular theme by stating, “And watching clients grow and change for the better has allowed me to develop even more faith in people and myself and the people in my life (*confidence*).”

My question regarding the supervision theme immediately followed: “Ok, what about supervision and teaming? Any impacts on your personal life and how so?” Nicole talked about how several people on her team watched each other grow and went to each other for feedback about cases; from this she realized the importance of having trustworthy colleagues. Nicole said that she worked with several different supervisors, which helped her see “the endless possibilities in which one can work with clients” (*perspective-taking*). She addressed how supervision impacted her personally:

“In addition, the supervisors I have worked with have all really worked with me in a collaborative manner which has made supervision an experience in which I have not only grown as a therapist, but also developed a greater confidence in myself (*confidence*).”

## Research Question Four

What significant experiences in your professional life (i.e. classroom, workshops, clinical practicum) helped you grow as a clinician?

Question four addressed the specific events within therapist interns' professional experiences that contributed towards clinical growth. Eleven participants answered this question and their responses resulted in the same two categories as previous questions: sources of growth and kinds of growth. The "sources of growth" subcategory included classroom exercises, client-contact interactions, professional workshops and outside interests, and supervision and practicum.

The "kinds of growth" subcategories included:

1. *Perspective-taking* – being able to see another person's point of view; "walk in their shoes."
2. *Self-awareness* – being conscious of one's own motivations, beliefs, thoughts, and actions.
3. *Boundary clarification* – learning about and implementing limits within relationship dynamics.
4. *Open-mindedness* – having an unbiased, flexible, and tolerant attitude.
5. *Skill-building* – building clinical skills and abilities such as empathy, trust, and honesty.
6. *Knowledge-building* - learning about information helpful to clinical work.
7. *Validation* - supporting, justifying or confirming one's beliefs, values, opinions, or actions.

### Classroom exercises:

Five participants discussed classroom activities and exercises and their impacts on clinical growth. Beth's first sentence included, "The experiences from the classroom have probably helped me the most as a clinician." She used to be a "modernist," and after learning about the different theories and viewpoints, she is more of a "postmodernist," which she claims

has helped her be more open-minded and accepting (*open-mindedness*). Heidi discussed classroom exercises and their impact on her self-understanding. She related it to clinical growth by stating,

“Assignments I have to complete looked more into my own feelings, thoughts, and biases. By writing down what I truly see and feel, I am more cognizant of what I am and how it will affect my clients (*self-awareness*). What they say is true: If you can truly become insightful into yourself (*self-awareness*), the better off you are in life. And the better off your clients are!”

Diane listed a variety of classroom activities that helped her grow as a clinician such as thinking about motivations to becoming an MFT, exploring therapists’ faiths, family histories, and biases. She added that presenting their own genograms was helpful because she learned a great deal about family systems (*knowledge-building*). Jeanette talked about a required Gestalt class where they did group work and individual therapy sessions with one another: “This experience has made me more aware of my family of origin issues (*self-awareness*) and has helped me to relate to people in a fresh way without bringing in those perceptions and reactions (*boundary clarification*).” Grace said that classes regarding treatment of specific issues, such as play therapy and drug/alcohol use, were particularly helpful and useful in applying various clinical techniques (*skill-building*).

#### Client-contact interactions:

Four participants addressed client-contact experiences were addressed and noted them as important to clinical growth. Carol tried both directive and collaborative approaches when dealing with clients and said, “Testing the waters in this respect has helped me understand what feels most comfortable to me as a clinician (*self-awareness*).” Diane stated that her large variety of clients, including some that loved her and others that were openly challenging, have taught her a great deal (*knowledge-building*). Diane believes that she has grown the most from those clients

who are openly challenging: “These clients push me beyond my comfort zone (*knowledge-building*).” Katherine briefly mentioned how the process of being a therapist and the “feedback loop” in working with a client was helpful towards clinical growth. Maria believes that being in the room with clients is the most significant growth experiences:

“I have found that I learn so much about myself as a clinician (*self-awareness*) when I reflect on my experiences with clients. The more time I spend with clients the more I learn (*knowledge-building*). I believe that all the book knowledge in the world could not have prepared me (*knowledge-building*).”

Maria followed her previous statements by stressing the importance of reading in preparation for clinical work, however, she relies most upon successes, countertransference reactions, and lessons learned in the therapy room (*knowledge-building*).

#### Professional Workshops and Outside Interests:

Professional workshops and outside interests were noted as significant influences by three participants. This theme could include outside hobbies, conferences and workshops within or outside of MFT field, and professional jobs outside their clinical program. Grace regarded family systems theory training as necessary and helpful, however, she attributed much of her clinical growth to the involvement in non-program activities and studies. She provides the following example:

“Strictly speaking, English and philosophy courses are not viewed as important and necessary for effective therapy, but they continue to help me improve the sorts of techniques I implement as well as the way I verbalize reflections of a client’s experiences (*skill-building*). Or maybe a better way to say that is that I see learning opportunities outside clinical training as at least as valuable as the clinical training – a way to keep things interesting for me and a way to increase my creativity in sessions (*skill-building*).”

Grace added that learning opportunities outside clinical training can be as valuable as clinical experiences and can create more interesting and creative results (*knowledge-building*). Irene’s job, which has pushed her out of her comfort zone and provided for personal competence, has

helped her confidence level (*confidence*) and therapeutic skills (*skills building*). Moreover, Irene's presentations at professional conferences have been helpful and useful. Jeanette attended a workshop presented by a Gestalt therapist, entitled, "Deepening Couplehood." She learned a great deal about her own couple relationship (*self-awareness*), which helped her look at couples "in a more beautiful and positive light" (*open-mindedness*). She later stated, "I see them for their strengths and that they are really unaware of the patterns of behavior that they have fallen prey to (*open-mindedness*). I think that will really help me in working with them (*skill-building*)."

#### Supervision and Practicum:

Six participants noted the experiences of supervision and practicum as significant clinical growth influences. Diane earlier discussed the importance of being challenged by clients. She added the similar, challenging aspects of supervision and specifically referred to a supervisor who pushed her in grasping therapy theories and applications. Diane said, "The way he asks questions of students really forces them to come up with answers for themselves (*knowledge-building*). I really like to work with someone who will make me think." Heidi addressed the significance of live and dead supervision. Live supervision seems to have helped her during "stuck" times in the therapy room. Case planning and dead supervision helped her in preparing for cases, which helped in organizing her thoughts and provided frameworks for different cases (*skill-building*). Katherine briefly stated that supervision and consultation with peers helped her clinical growth. Laura expanded upon her mention of practicum and its significance in her growth as a clinician:

"I have really enjoyed having a place to bring questions about my growth as a therapist and to listen to other people struggling with similar issues (*validation*). It has been helpful because we share with each other about how we are growing as therapists and get supportive feedback from our peers and the practicum teacher (*validation*)."



Laura added that during practicum, she was able to observe various techniques and theories, which she could pull from when dealing with certain client issues (*skill-building*). Nancy deemed practicum as beneficial and said, “Practicum illustrated how the client determines what is working or not regardless of any treatment plan we created (*knowledge-building*).”

#### Chat Room – Part IV

As the chat room interview progressed, I noticed time was running out and remembered how quickly other participants had to log off, so I decided to ask one final question in relation to professional experiences impacting clinical work, specifically focusing on the classroom. I asked, “Could you please say something about classroom experiences and if and how they have contributed to clinical growth?” Nicole responded, “Classes are almost always able to stimulate all sorts of new thoughts and ways of thinking about myself (*self-awareness*), personal relationships, and cases (*open-mindedness*).”

#### Question about Research Study

Nicole had to sign off and I asked if I could quickly ask a couple more questions. The first one was, “Finally, could you say something about this experience of this research study? Any impact?” She said that it was neat to think about the topic of therapists’ self: “Very interesting study. I don’t think things are talked about enough or studied enough. It seems like such a huge piece of the pie! Self of the therapist, that is!” I followed with, “What about taking it via the Internet?” Nicole answered, “Um . . I kind of like it. Once I figured out how to log on! It is kind of nice being anonymous.” I concluded the interview by thanking Nicole and left the following statement in case anyone else visited at a later time, “For anybody visiting this site after 2:00 . . the interview is finished. Thank you for visiting and participating in my study! This was fun and a great learning experience.”

## CHAPTER V

### DISCUSSION

“In the psychotherapist’s lifelong struggle for continuing personal growth and increasing professional competence, a variety of learning experiences are available” (Lewis 1982, p. 261).

#### Introduction

This study explored marriage and family therapist intern’s personal and professional experiences and how these experiences have influenced their personal and clinical growth. To do this, I sent letters to MFT accredited program directors, which included flyers advertising web site information for participants. Most participants, who submitted demographic information, visited the discussion thread portion of my study and contributed thoughts about their growth experiences. Four participants visited my chat room interview at the end of the study to contribute more thoughts about *how* their growth experiences influenced them as people and clinicians. I noticed that participants did not discuss their thoughts with one another on the discussion thread; however, they answered all four research questions. In addition, during the chat room interview, when I was a participant observer, I found participants to be responsive to one another’s answers. Although participants differed in terms of training programs, they tended to share similar growth producing experiences. My research questions were guided by family systems theory as well as Constructivism. I analyzed my data from the discussion thread and chat room portions of the study using qualitative coding. I then categorized and subcategorized their answers. I described the results in Chapter IV and used participants’ quotes from both forms of data collection. In this discussion, I will summarize my findings and discuss how they coincide with research from previous studies. I will then address the limitations of this study, its clinical relevance, and possibilities for future research.

## Summary of Findings

The results of the discussion board and chat room discussions pointed out some of the ways that personal and professional growth experiences influence each other. Participants were able to describe how personal and professional events have been growth producing and they discussed how each impacted the other. The responses to each question's responses were divided into two main categories: Sources of growth and kinds of growth. Within each category, several subcategories emerged. Since the chat room interview consisted of the same posed questions as the discussion board, its results were woven into the discussion thread results.

Most of what participants discussed as personal growth experiences, such as turning points in their lives or life transitions, seemed to have direct and indirect impacts upon professional experiences. Participants discussed experiences such as going away to college as a time period for responsibility and self-discovery, which prepared them well for clinical work. Others discussed challenging events, such as marital problems or family-of-origin issues, and found them helpful in the clinical setting, especially when dealing with similar client struggles and being able to understand people from their perspectives. A few participants generally mentioned how their relationships with their spouses, family members, and friends impacted their growth as clinicians. One participant addressed her spiritual beliefs and how they positively influenced her personally and professionally, especially regarding the processes of empathy and forgiveness.

When participants were asked specifically to discuss personal life influences on professional growth, they included the same events mentioned from general personal growth experiences, and added personal therapy and work-related experiences. A few participants highlighted the importance of their experiences as clients and what they learned from their therapists. One participant stated that she remembered what was important to her as a client and tried to apply

herself in a similar fashion when she became a therapist. Work-related experiences seemed to prepare therapist interns' professionally for age-specific clients and enhanced their communication skills. Participants also stated that acquired work skills from previous jobs helped build their confidence in the therapy room. Additionally, working with specific populations, such as children, helped some participants grow in the areas of youth and family work.

Clinical experiences seemed to influence participants' personal growth, as well. Some participants mentioned how various client-contact encounters led to greater self-awareness and better differentiation with family-of-origin members. Participants specifically discussed the "practice what you preach" motto and implemented client-contact lessons into relationships with family and friends. Supervision and teaming were considered large markers in their personal growth. Participants discussed what and how much they learned from their supervisors and colleagues during the clinical training process. Clinical work, although an aspect of their professional life, significantly impacted their personal life and provided for important growth experiences.

Professional life experiences, such as client-contact interactions and supervision were helpful in both their personal and clinical lives. Classroom and other outside professional workshops were considered strongly influential on clinical growth due to theory and therapy process discussions. A couple of participants mentioned experiences such as literary readings and exposure to different forms of art as important and helpful when working with clients. They considered it helpful in expanding their knowledge on different subjects and improving their communication skills.

In addition to the subcategories within each question, some patterns and themes emerged and seemed to cut across some, or all four, questions. Personal relationships, spiritual beliefs, and generic learning experiences were noted as influential on their personal lives and clinical work. Life transitions and facing challenges were unique to personal events influential on personal growth; personal therapy and related-work experiences were unique to personal life events impacting clinical growth. Sources of growth that were noted as significantly influential on their clinical lives included client-contact interactions and supervision/teaming experiences. Countertransference and family systems/family-of-origin theories were unique professional life experiences impacting personal growth; classroom exercises and outside professional workshops/interests were unique professional life experiences impacting clinical growth.

Participants' identified self-awareness, perspective-taking, and open-mindedness as common kinds of growth experiences in their personal and professional lives. Additionally, learning to "let go" was mentioned as a "kind of growth" experience that impacted the participants personally and professionally. Furthermore, the subcategories of skill-building, knowledge-building, and boundary clarification were noted as significant kinds of growth in their clinical work, which were impacted by both personal and professional experiences. Various personal and clinical experiences seemed to be recursive and influential on participants' levels of confidence and feelings of validation.

Certain personal "kinds of growth" experiences were unique and appeared to be set apart from certain professional and clinical experiences. For example, participants discussed the concepts of motivation and reaching out as results of personal life events, which were not mentioned again in other areas of growth. Question two asked about how personal life experiences impacted clinical growth and the subcategory hopefulness was unique to it, as well.

Participants referred to communication skill-building when they discussed influential clinical experiences on their personal growth. Although these observations are not conclusive, they were interesting and salient to me during the summary process.

### Links to Previous Research

This qualitative study contributed to the literature on therapists' influential growth experiences. Studies exploring this subject used terms such as emotional benefits, enhancers, and positive consequences to describe therapists' experiences of growth. Since most of the reviewed research examined either the personal or professional growth influences, this study was designed to expand upon them by including the reciprocal process of growth during clinical training: the personal life experiences impacting professional growth and the professional/clinical experiences impacting personal growth. Since my study emphasized the interactive nature of personal and professional growth during training, the target population was marriage and family therapist interns. This study collected data via the Internet, which is also a growing phenomenon and data gathering technique in the family therapy research realm. Studies and papers used to review relevant literature were mostly qualitative in nature, although none collected data via the Internet. Similar to that of a focus group interview, I conducted a chat room interview to further clarify participants' experiences and processes of growth during their clinical training.

Participants described personal experiences that both directly and indirectly impacted their growth as clinicians. Although not specifically focusing on growth experiences, Catherall and Pinsoff (1987) composed a paper describing similar direct and indirect levels of influence on clinicians. My study supported the authors' proposal to study personal life influences, expanded upon the notions of inter-relational impacts within and outside of the workplace, and added to the

results by including the same direct and indirect clinical influences on therapists' personal growth.

Catherall and Pinsoff mentioned family-of-origin and family systemic influences as large influencers, which some of my study participants also noted as significant experiences and were referred to as "personal relationships" in the results section. Another study that primarily focused on family-of-origin issues and how they impact therapists was Piercy and Wetchler's (1987) paper. The authors used the terms "on-the job training" and "walked in their shoes" to describe how therapists' families may influence clinical work (p. 26). Participants in my study similarly reflected upon their family life influences and discussed how valuable their family life is to their professional life, and how helpful certain life events are in relation to client issues. All participants from this study generally referred to "learning from clients" as another influence on personal development, specifically on the areas of self-awareness and empathy.

One study, by Wolgien and Coady (1997) focused on the question: "What types of personal and professional experiences have contributed to your ability to be helpful to clients?" (p. 24). The results were then categorized into "personal" and "professional" experiences. Under the "personal experiences" category, the themes of difficulties in childhood and adulthood emerged. Participants from my study included similar experiences, however, they referred to them mostly as "facing challenges" in their lives, describing the personal growth they experienced by overcoming challenges. Participants from the previous study, along with my current one, indicated that their "difficulties" and "challenges" helped them become more self-aware, empathetic, and sensitive to people's different life experiences and perspectives. Wolgien and Coady's study is the only one I came across that addressed other influential sources such as art, literature, and music, which one participant from my study mentioned as crucial to her

development and growth as a clinician. She said that it helped to expand her knowledge and improve her communication skills.

A few of my study participants discussed their personal therapy experiences and how they contributed to clinical growth. Participants considered them key influences on their clinical growth because of learning from a client's position. They also mentioned noticing what they liked about their therapists and how they wanted to emulate their skills. Kaslow and Schulman's (1987) paper about the reciprocal impact of family therapy teaching on therapists' personal lives, suggested self-growth activities, such as personal therapy. The authors noted that personal therapy was regarded as one way of promoting personal, professional and clinical growth.

Studies about professional and clinical influences on therapists' personal growth were greater in number. Earlier studies, such as Taintor et al. (1983) examined professional contributions to therapists' personal growth, and found that indeed there was a significant impact, specifically with sensitivity and awareness towards others, which my participants discussed as well. Participants from my study also noted an increase in appreciation for people's diversity and unique life experiences, which Farber (1983) also found in his study. Farber's results indicated therapists' increase in openness, thoughtfulness, sensitivity, confidence, and self-awareness. Participants from studies used similar adjectives to describe personal growth from clinical experiences.

Another study, conducted by Duncan and Duerden (1990), asked a similar question to my third research question, "What significant clinical experiences (i.e. clinical practicum) have influenced your growth as a person?" The authors asked, "How has your work (or your spouse's work) as a family professional uniquely strengthened your own marriage/family?" (p. 212). Although their target population included family professionals (i.e. family life educators and



researchers), the study's results covered similar aspects of growth that my study covered. Participants from Duncan and Duerdan's study said that as a result of their professional work, they experienced greater abilities in effective communication, greater acceptance in their families, and greater sensitivity to other's needs. Coward (1996) found that participants referred to "learning from clients" as a major influence on personal development, specifically on the areas of self-awareness and empathy. Participants from my studies experienced similar positive influences on their marital and family lives.

Guy and Brown (1992) found that therapists in private practice experienced emotional benefits such as enhanced sensitivity and empathy, openness, heightened awareness, and tolerance, all of which my participants mentioned and explained in detail. As a result of working with people of different backgrounds, participants from my study reported that they related to a wider variety of issues and experiences. Guy and Brown found this to be an emotional benefit to practicing psychotherapy. Aponte (1994) referred to the impact on personal growth as "self-understanding," which my participants also labeled as "self-awareness." Sawatsky, Jevne, and Clark (1994) originated the concept of "Becoming Empowered" as a process of effectiveness development. Participants from their study discussed the final stage of "Feeling Empowered" as gained trust in themselves, openness, and self-reflection. Again, my participants experienced similar growth changes as a result of their development as therapists.

Therapist interns from my study described specific experiences with clients, supervisors, professors, and colleagues, as influential on their personal and professional growth. Various experiences with clients helped them become more aware and sensitive to family and friends; encounters with supervisors and professors provided them with extra confidence both in and out of the therapy room; and experiences with peers and colleagues gave them extra support and

validation in working with clients. Bischoff's (1997) study resulted in four areas of influential experiences including supervision, clients, family/friends, and peers. Participants in Bichoff's study noted supervision and colleagues interactions as "confidence boosters," and helped in clarifying boundaries, which my participants also referred to as the subcategory, "boundary clarification."

Classroom activities and professional workshops were described as influential in their clinical work because they provided for skills and knowledge building. They were influential in their personal lives because they learned how to apply family systems' concepts and processes to family and friend situations. Wolgien and Coady (1997) also found "professional experiences" that impacted good therapists' helping ability. The participants in their study discussed experiential workshops as influential on personal development, which in turn, impacted professional growth. Formal education was regarded as positive because they better understood general therapy techniques and implemented lessons into personal family situations.

#### Limitations/Lessons Learned

This study's main limitation concerns the participants' diversity, in terms of race, gender, and training programs. Most participants were White females and came from my MFT program at Virginia Tech. Although the other half of participants was in programs across the nation, half of them were Virginia Tech marriage and family therapist interns. Since I tried to protect participants' identities and provided means for their anonymity (i.e. demographics page separate from discussion board portion), I cannot link the participants' responses to their demographic information. My sample included marriage and family therapist interns, therefore, these finding cannot be generalized to other human services fields and to those practicing marriage and family therapy for a longer period of time.

Since I gathered my data differently than most studies, via the Internet, I learned many lessons that are valuable for those hoping to collect data in a similar fashion. I did not realize the disadvantages to assuring participants' anonymity. It seems that the username/ password made it difficult to link participants' demographic information to their discussion board responses. However, I would not have been able to assure anonymity without the username/password steps. At first I thought that providing more detailed information on the "directions" would be helpful. However, it seemed that implementing such detailed directions might have been more confusing. Also, using the Internet requires a certain base knowledge about computers, and we cannot assume that everyone is computer literate and can understand how to follow the directions I provided. Therefore, it would have been better if my directions were clearer and if my web site directions were easier to follow. This also may have allowed for more participant involvement.

As a participant observer during my chat room interview, participants seemed more open to clarifying their answers and responding to each other's thoughts, as opposed to the discussion thread portion. I learned that a participant observer in this kind of study is likely to have initiated more conversations and richer data. Moreover, due to how the answers appeared on the chat room screen, I noticed that it was difficult to follow participants' responses and ask all questions. If I were to do it differently, I would practice chat room discussions with peers, get their feedback, and become more familiar with the process before the real interview. Finally, I was not able to interview participants in depth. Therefore, I would add personal interviews to obtain richer data.

### Clinical Relevance

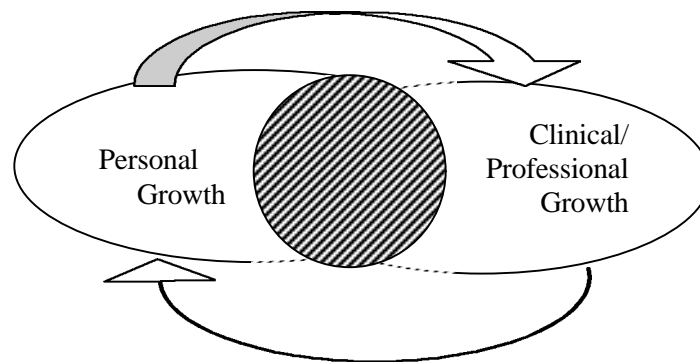
The importance of exploring the entire therapeutic system is evident from past and recent research results. Issues such as burnout and countertransference remain crucial topics of study in

the marriage and family therapy field. When Ford (1963) examined and discussed psychotherapists' search for identity, he said that since psychotherapists spend their lives studying clients' development to understand them better, "it seems fitting that attention be paid to their own development" (p. 472). Therefore, topics pertaining to therapists' development and identity formation, including stressful influences, need to be explored further. This study, and others that highlight personal and professional growth experiences, may have relevance in helping to understand more clearly the person of the therapist and recognizing those experiences deemed as positively influential and growth producing.

This seems especially important in program training environments, which promote student interns' self-exploration and understanding. Polson and Nida (1998) found marriage and family therapist interns' to be at an ideal stage of study to understand influential stressful events and experiences. The authors said that growth-producing events are a neglected area of research and need to be further examined, especially with marriage and family therapist interns. This study may be especially relevant for those in training positions, such as program supervisors and professors. Activities and discussions implementing a focus on growth experiences may enhance student therapists' learning, provide for continual self-awareness exercises during clinical training, and assist with supervision meetings and self-supervision evaluations. In addition to recognizing personal experiences that might be considered as liabilities to doing clinical work, it may be helpful to include discussions about the kinds of experiences that contribute positively to therapist interns' clinical work.

Just as marriage and family therapists' find strengths in their clients, this study reminds the MFT field of the importance of focusing on competencies and noticing therapist interns' influential growth processes. It fits with systemic thinking and the cybernetics of cybernetics

concept. Therapists are a part of the therapy system, which consists of a constant interaction between their personal and professional lives. In order to integrate best therapists personal and professional worlds, further examination and exploration may need to take place during therapist interns' training experiences. Specifically, discerning the boundaries within one's personal and professional life and determining when and where the two overlap. For example, the questions of "Who am I personally?" and "Who am I professionally?" may clarify the limits within each area and when it is comfortable to combine the two. Training programs can implement discussions and/or activities looking at this interaction. This focus may positively impact therapists' outlook on their careers and possibly influence the quality of their work. Below is a diagram that best illustrates the reciprocal, influential, and interactive flow between therapists' personal and professional growth. The middle, shaded portion represents the overlap between the two kinds of growth.



Suggested Future Research

The proposed diagram that demonstrates the recursive interaction between therapists' personal and professional life experiences and their impacts on each other's growth suggests many directions for future research. Examination about therapist interns' personal life experiences, and how they impact professional and clinical growth, can be studied in greater depth. For example, researchers can break down and study the concepts into this study's themes

such as life transitions, facing challenges, and family and friend influences. The same exploration may be helpful in studying the professional themes of influence on personal growth such as teaming experiences and family systems learning. Classroom experiences and how they impact personal life situations appears to be another area lacking in research, and was mentioned by a few of the participants. Many pieces and subcategories of the results can be expanded upon by further research.

In terms of studying other populations, this study can be replicated for therapist participants including more men, different racial and ethnic backgrounds, and therapists who graduated from their training programs. Psychology and counseling fields have more research in this area, therefore I suggest future research on this subject continue in the field of marriage and family therapy. Since the research is being conducted more often on the Internet, I suggest more research take place via computers for convenience, as well as the capacity for a broader range of participants.

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## **APPENDIX A**

### **Discussion Thread Thoughts/Ideas about Methods of Collecting Data**

The following ideas came from my Constructivism class. Students contributed their thoughts and ideas about my methods of data collection via a discussion thread forum on our class' web site. They stated the following:

- 1) Great method for those who can express themselves well through writing.
- 2) Give people a choice between live and electronic format.
- 3) Can you look at people's comments without seeing email addresses?
- 4) How do you give informed consent on the Internet?
- 5) "I personally would feel comfortable answering an online survey or questionnaire, but I would be sure that you were the only one with access to the answers."
- 6) Advertise website through the AAMFT website.
- 7) Incentive for participating: send them a copy of final thesis.
- 8) Use a screening process where confidentiality can be protected.
- 9) Can use Instant Messenger, which is a live discussion over the Internet.

## APPENDIX B

### Letter to Directors

Dear “Director of Program”:

I am conducting a research project entitled, “Marriage and Family Therapist Interns’ Experiences of Growth” to fulfill requirements for my master’s degree in marriage and family program at Virginia Tech. I would appreciate your assistance with this research study, which will entail distributing the enclosed flyers to Master’s student interns in your program who have begun their clinical practicum. Participants will be asked to visit an internet web site and contribute their thoughts about growth-producing experiences, both professional and personal. When they visit the web site, they will read an informed consent and decide whether they wish to participate in the study. Their responses will be anonymous.

The study will aim to enhance our understanding of how personal, academic, and clinical experiences influence the development of MFT interns. It will provide important information pertaining to the “self” of the therapist intern, which may enrich therapists’ clinical experiences and further their understanding of personal and professional growth during clinical training. This study will be useful to trainers in MFT training programs, as well.

This study has been approved by my thesis committee and by Virginia Tech’s Institutional Review Board. If you have any questions, please contact Eleni Paris (researcher) at (703) 538-8467 or [emathios@vt.edu](mailto:emathios@vt.edu), or Dr. Karen Rosen (thesis advisor) at (703) 538-8461 or [krosen@vt.edu](mailto:krosen@vt.edu).

Thank you for your time and assistance.

Sincerely,

Eleni Paris  
Marriage and Family Therapy Master’s Candidate  
Virginia Polytechnic Institute and State University  
Falls Church, Virginia

## APPENDIX C

### Research Study Flyer



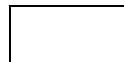
#### **Marriage and Family Therapists**

#### **Interns' Growth Experiences**

Research Thesis Conducted by Eleni Paris  
Master's Candidate at Virginia Polytechnic  
Institute and State University  
Falls Church, Virginia

<http://www.nvgc.vt.edu/mftgrowth>

If you are interested in participating in this research project and you are in your clinical practicum, please visit this web site and share some thoughts. (Research project goals and informed consent forms included).



Next

## APPENDIX D

### Informed Consent

#### Informed Consent

#### Marriage and Family Therapists

#### Interns' Growth Experiences

Research Thesis Conducted by Eleni Paris  
Master's Candidate at Virginia Polytechnic  
Institute and State University  
Falls Church, Virginia

---

AFTER YOU HAVE READ INFORMED CONSENT,  
PLEASE PRINT FOR YOUR RECORDS

**Title of Project:** Marriage and Family Therapist Interns' Experiences of Growth During Clinical Training

**Investigator:** This study is being conducted by Eleni Paris, Master's Candidate, at the Virginia Polytechnic Institute and State University, Falls Church, Virginia. Her advisor is Dr. Karen Rosen. Eleni can be reached at 703-805-2741 or [emathios@vt.edu](mailto:emathios@vt.edu).

**Study Purpose** The purpose of this study is to provide pertinent information about therapist interns' construction of reality, specifically focusing on growth-producing experiences and processes. The study will aim to enhance our understanding of therapist interns' growth, focusing on the influential growth-producing experiences in their personal, professional, and clinical lives.

**Procedures** Participants in this study are marriage and family therapist interns' from a number of marriage and family therapy programs. The director of each program has received a letter stating the study's purpose, procedures, and a flyer with the web site address. This will be a qualitative study, which will collect data from you and other marriage and family therapy interns, primarily via the internet. The Demographics page, which you will fill out in the next screen, will be submitted directly to me. This is the only time during the study that I will see some personal information, (i.e. your email address) and I will immediately delete any identifying information. There will be no way to connect the identifying information with the proceeding forms of communication. In other words, after the demographics page, everything else will be anonymous.

You will have two choices of communication: 1) A discussion thread forum, 2) Direct-line communication. A discussion thread forum involves multiple participants discussing specific topics posted by the researcher. Through this forum, you can contribute thoughts and ideas pertaining to the topic, while having the opportunity to respond to other participants' thoughts and ideas. You will have your own pseudonym, which you will set up when establishing your username and password. You will use this username (pseudonym) each time you visit and converse via the discussion thread. The direct line of communication provides you with a more private form of communication, as opposed to the open discussion thread. You will be able to respond to topics and questions by sending your responses directly to me without other participants seeing what you wrote. I will be the only person reading what you write and once again, your responses will be anonymous. You may choose to participate in the study by choosing one or both forms of communication. More detailed instructions are included in the "Directions" screen, which immediately follows the "Demographics" screen.

You will also be invited to participate in an on-line chat room discussion, which will take place on April 28, 2000, 11:30 a.m. EST. This way of communicating will allow you and other participants to simultaneously discuss the themes and topics that have emerged as a result of all participants' responses throughout the study. You will be having a discussion, similar to that of a focus group interview.

**Potential Risks and Benefits** A potential benefit of participating in this study may be the opportunity to process your personal, professional, and growth experiences. A better understanding of how each growth experience influences the other may benefit your overall experience as a marriage and family therapist. A potential, but unlikely, risk of participating may be challenges posed by other participants (although they will not know your identity) when involved in a discussion thread. Since all participants will have the opportunity to discuss topics with one another, via the discussion thread and chat room meeting, I cannot control for other participants' responses to your thoughts and experiences.

**Confidentiality** Any oral or written presentations associated with this study will not include your real name. In the demographics section of the study, I will be the only one who will see identifying information related to your email address, however, I will immediately destroy any personal identification. Again, there is no way to connect this information with the proceeding forms of communication. In the discussion thread format, you will be asked to use a pseudonym of your choice, which you will use throughout the study. Neither other participants nor I will know your real identity in this portion of the study. Every effort will be made to disguise any identifying information you provide. All conversations will be considered confidential.

**Compensation** Other than our sincere appreciation, there will be no compensation made to encourage you to participate in this study.

**Freedom to Withdraw:** If at any time you change your mind about participating in this study, you may withdraw and cancel your participation or refuse to answer any questions.



**Approval of Research:** This research project has been approved, as required, by the Institutional Review Board for projects involving human subjects at the Virginia Polytechnic Institute and State University and by the Department of Human Development.

**Participant's Responsibilities** I voluntarily agree to participate in this study. I understand that I will be asked to complete demographics information and send it directly to the researcher. I understand that clicking the "I consent" button on this form indicates that I have read and understand the informed consent and I agree to participate.

**Permission:** I have read and understand the informed consent and conditions of this project. I hereby acknowledge the above and give my voluntary consent for participation in this project. If I participate, I may withdraw at any time without penalty.

☐

**Click here if you have read the consent and agree**

☐

**Click here if you do not wish to participate**

Should I have any questions about this research, I will contact:

Eleni Paris  
Researcher  
703-805-2741  
Karen Rosen, Ed.D.  
Faculty Advisor  
703-538-8461

---

## APPENDIX E

### Demographics



### Demographics

#### Marriage and Family Therapists

#### Interns' Growth Experiences

Research Thesis Conducted by

Eleni Paris

Master's Candidate at Virginia

Polytechnic Institute and State

University

Falls Church, Virginia

Note: Make sure your browser is configured for forms.

How many client hours have you  
acquired thus far?

Age:

In which MFT program (school  
name) are you a  
student?

State?

Gender?


Marital Status?

Do you have any  
children?

If so, how  
many?

Racial/Ethnic

background?

Latino/Latina or Hispanic	
---------------------------	---

Please  
specify:

--

<u>S</u> ubmit	<u>R</u> eset
----------------	---------------

Only click "Submit" once. If you have trouble, call (703)  
805-2741

Now go to the [directions](#)

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## APPENDIX F

### Directions

#### Marriage and Family Therapists

##### Interns' Growth Experiences

Research Thesis Conducted by Eleni Paris

Master's Candidate at Virginia Polytechnic

Institute and State University

Falls Church, Virginia

*Directions for using the MFT-Growth Discussion Forum*

**Please print for your convenience**

1. Use your browser to navigate to the [forum URL](#). Please bookmark this page for future reference.
2. To create an account, select "New User" from the main menu. Enter a username (do NOT use your real name or any part of it). Enter your e-mail address. In a few moments you will receive an email containing your password. Use this password to log into the forum. User accounts only need to be set up once.
3. Once you have set up an account, log in to the forum by selecting "Login" from the main menu on the left side of the screen.
4. Once you have logged in, you may check your private messages. To access the forum, navigate to the URL listed above, or select "Forum Index" from the main menu, then click "MFT Growth Experiences".
5. At the MFT Growth Experiences forum index, you may click to select and read an existing post. To respond to this post, click the green and yellow button that says "Reply to this message". Type your message and click "Submit post". PLEASE MAKE SURE YOU ANSWER ALL FOUR QUESTIONS ON THE INDEX!

This is a standard threaded discussion forum, which allows you to post topics, responses to topics, and responses to responses. These posts are threaded in the context in which they were posted. That is, responses are indented and placed under the topics to which they apply, and are listed in the order in which they were posted. To



read an item, simply click its link. To respond to an item, simply click "Reply to this post", and fill in the necessary information. For further information, you may wish to read the FAQ.

6. If you wish to check your private messages, click "Check Private" from the main menu. To send a private message, click "Send Private".
7. When you are finished using the forum, choose "logout" from the main menu. **It is very important that you log out when you are finished.**
8. Don't forget the on-line chat discussion on April 28, 2000, 11:30 a.m. EST.

| [Home](#) | [Informed Consent](#) | [Demographics](#) | [On-Line Discussion Forum](#) |

## APPENDIX G

### Username and Password Screen

[Forum Index](#)  
[FAQ](#)  
[New User](#)  
[Login](#)  
[Search](#)

**Please login**

Enter your Username and Password to login. If you do not have a Username you can [register one](#).

Username

Password

Login

I forgot my password

[Computing at VT-NVC](#)

[Contact Webmaster](#)
















Virginia Tech Northern Virginia Center Discussion Forum

## APPENDIX H

### Choices of Communication Discussion Thread Forum & Private Messages

[Forum Index](#)  
[FAQ](#)  
[Edit Profile](#)  
[Send Private](#)  
[Check Private](#)  
[Search](#)  
[Logout](#)

MFT Growth Experiences			
Sorted by Descending Date			
Moderated by <a href="#">srader</a>			
Anonymous Postings Off HTML is On / Markup is On			
			
Subject	Poster	Replies	Last Post
 <a href="#">Question #4</a>	<a href="#">researcher</a>	12 	4/26/00 01:47 AM
 <a href="#">Question #3</a>	<a href="#">researcher</a>	13 	4/26/00 01:42 AM
 <a href="#">Question #2</a>	<a href="#">researcher</a>	11 	4/26/00 01:35 AM
 <a href="#">Question #1</a>	<a href="#">researcher</a>	11 	4/26/00 01:29 AM
 <a href="#">Chat Room Instructions</a>	<a href="#">srader</a>	0	4/21/00 09:32 AM
 <a href="#">Reminder</a>	<a href="#">researcher</a>	1 	4/20/00 10:38 PM
 <a href="#">Thank You</a>	<a href="#">researcher</a>	0	4/17/00 11:18 AM

Jump to  

[Forum Index](#)  
[FAQ](#)  
[Edit Profile](#)  
[Send Private](#)  
[Check Private](#)  
[Search](#)  
[Logout](#)

### Send a private message

If you know the Username of a registered user you can send a private message by filling out the information below.

Username

Subject

[illegible]

## Computing at VT-NVC

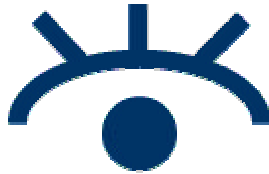
Contact Webmaster

Virginia Tech Northern Virginia Center Discussion Forum



## APPENDIX I

### Chat Room Log In Screen



**MFT Growth Login**

Please enter your handle and password:

handle :   
password:

Log In

Clear

If you do not have a registered handle, you may [sign up here](#) (it's totally free).

---

## APPENDIX J

### Chat Room Discussion Screen

#### MFT Growth Chat Room

---

<input type="text"/>	<input type="button" value="_Say It!"/>	Welcome <b>researcher2!</b> (scroll down for instructions)
----------------------	---	--

**ELENI PARIS**  
*1902 Wilson Lane, #101, McLean, VA 22102*  
*(703) 790-2757*  
*Eleniparis@aol.com*

---

## **EDUCATION**

**Virginia Polytechnic Institute and State University**, Falls Church, Virginia

M.S. in Marriage and Family Therapy, May 2000; 3.9 GPA; Fulfilled requirement of 500 hours client-contact hours. Graduate student assistantship; Student Member of American Association for Marriage and Family Therapy.

**Virginia Polytechnic Institute and State University**, Blacksburg, Virginia

B.S. in Psychology, Minor in Sociology, May 1994; 3.4 GPA; Dean's List; Member of Psi Chi (The National Honor Society in Psychology), Member of National Key Honor Society.

## **EXPERIENCE**

### **Family Therapy Intern**

**May 1999-June 2000**

*Chaplain Family Life Center*, Dept. of the Army, Ft. Belvoir, VA

Provided systemic, Solution-Focused therapy to military individuals, couples, and families. Offered premarital counseling to couples, using the Prepare/Enrich Premarital Inventory. Participated in intense Solution-Focused training meetings and seminars. Clientele issues included infidelity, separation/divorce, domestic violence, child abuse, grief, depression, and military separation and transfers.

### **Group Facilitator**

**February-May 1999**

*Haycock Elementary School*, Falls Church, VA

Boys Sand Tray Group

Co-facilitated a group of third grade boys; observed and participated in the sand tray group process; documented observations of couple and individual sand tray pictures; processed each picture with clients.

Girls Problem-Solving Group

Co-facilitated a group of fifth grade girls; provided support and guidance; implemented metaphorical ideas; processed goals, problem-solving strategies, and fears.

“Active Parenting” Group

Co-facilitated a video-based instructional parenting group of elementary school children; directed each week's activities and discussions; provided support and family systems education; made referrals for community resources; assisted with group process dynamics.

**Family Therapy Intern****August 1997 – May 2000*****Center for Family Services***, Virginia Tech, Falls Church, VA

Provided systemic therapy to individuals, couples, families, and groups; observed/teamed with other individual, couple, and family cases; planned and developed case treatment formulations; documented all forms of case management. Clientele included individuals with grief issues, individuals with mild mental retardation, families with separation/divorce issues, violent couples, and children with behavior problems.

**Graduate Assistant****August 1997 – present*****Family and Child Development Department***, Virginia Tech, Falls Church, VA

Provide administrative support to faculty; collect, enter, code, and track qualitative data for program's NIMH grant (Solution-Focused Therapy with Domestic Violent Couples); conduct intake and post-session interviews with potential clients for NIMH grants.

**Summer Camp Counselor for Greek-American Teens****Summer 1997*****Ionian Village***, Greece

Prepared camp's departmental activities; assisted in community building; participated and led various workshops/discussions on issues such as adolescence, family, Greek culture, Greek-Orthodox religion, and communication; planned and directed cabin's meetings and recreational activities.

**Peer Mentor Trainer*****Virginia Tech***, Falls Church, VA**December 1997-April 1998**

Prepared and presented mentoring techniques to local high school peer mentors, including joining skills, communication skills, high risk issues, solution-focused thinking skills, and closure/rituals; facilitated group discussions on mentoring issues; provided support and guidance to individuals with concerns.

**Pre-School Teacher*****Country Day School***, McLean, VA**June 1995 – June 1997**

Assisted and guided both children and parents through first time school experience. Aided in organizing and directing parent/teacher conferences. Completed thorough evaluations for progress reports of children. Consulted and discussed with parents the daily performance of each child. Aside from daily routines, implemented social and emotional activities through means of music, books, art, and dance. Participated in staff meetings/seminars involving topics of positive child discipline, developmentally-appropriate environments, and child evaluations. Led and engaged in recreational summer activities in summer camp program.

**Volunteer Counselor*****Alternative House***, Dunn Loring, VA**Summer 1993**

Acted as supportive listener to troubled adolescents; provided supervision during various group activities; offered assistance with homework assignments; helped with the preparations of meals; participated in group discussions.

**Volunteer Assistant****Fall 1993*****St. Alban's Psychiatric Hospital***, Radford, VA

Interacted with adult and adolescent patients; supported and assisted psychiatric nurses with daily routines and duties.

**Assistant Researcher/Lab Assistant****Fall 1993*****Virginia Tech Department of Psychology***, Blacksburg, VA

Observed language experiments with infants and assisted in clerical tasks.

Conducted a series of interviews and computer activities to determine first graders' preferences in cooperative or competitive styles of work commitment.

**PERSONAL****Language:** Greek.**Music:** Church Junior Choir Director; Advanced Piano**Dance:** Greek Folk Dance; Advanced Jazz**Computer:** Microsoft Word; Microsoft PowerPoint; Microsoft Excel; Word Perfect; Eudora; Internet.