Female Seasoned Marriage and Family Therapists: Maintaining Passion for Their Work

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(ABSTRACT)

Little has been published regarding the experiences of seasoned MFTs who not only manage to survive the demands and pressures in the mental health field, but also thrive and find enjoyment in their work. This qualitative study, guided by a phenomenological perspective, provides a rich understanding of the experiences of seasoned MFTs who continue to remain joyous and passionate in their work. Six female peer-nominated therapists, with at least 15 years of clinical experience, from the Washington D.C. Metropolitan area participated in semi-structured interviews. Results from the interviews are organized around six themes: Portrait of passionate seasoned therapist; getting renewed by clinical work; managing spillover; sustaining balance; changing commitment to the profession; and advice to novice therapists. The findings are both consistent with, and add to the literature indicating that accumulated experience is a major resource for therapists and sustaining balance through the use of various self-care strategies is vital. Limitations, suggestions for future research, and implications of this study also discussed.

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CHAPTER I: INTRODUCTION

The Problem and Setting

As most of us already know, we work in a field which can be
exceedingly gratifying, excruciatingly demanding, certainly
frustrating, and, at moments, truly frightening…Based on the
nature of our discipline, we also deal with particular pressures
and risks. (Baker, 1984, p.1).

Working as a Marriage and Family Therapist (MFT) can bring many rewards,
from intellectual to emotional opportunities for increased self-awareness and personal
growth, to an intense appreciation for human relationships. There are many factors, most
of them intrinsic, that help therapists enjoy their work such as: feelings of effectiveness,
ongoing self-development, professional autonomy-independence, opportunities for
emotional intimacy, professional-financial recognition, and flexible as well as diverse
work (Weiss, 2004).

Although there are many intrinsic rewards of being a therapist, most literature
focuses on the aspects of our work that can also be intensely demanding, exasperating,
sometimes frightening, and ultimately stress provoking. The challenges faced by a
therapist are considerable and some of these challenges are reported in studies examining
the stress patterns and health concerns of therapists. In one survey, it was found that
anxiety, depression, substance abuse, and relationship problems are commonly reported
problems for mental health professionals (Mahoney, 1997). Many therapists can relate to
the experience of an emotionally intense and/or draining session, which is then quickly
followed by another client, without time to process and fully recover from the impact of

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the previous client hour. In addition, listening to emotionally demanding and sometimes disturbing stories day in and day out, brings added stress, often resulting in "secondary traumatic stress" or "compassion fatigue", where therapists re-experience the losses, traumas, and anxieties faced by their clients (Figley, 2002). Furthermore, clients may act in frightening ways and be aggressive toward the therapist. According to one study, 1 out of 5 psychologists has been physically attacked by a client, 4 our of 5 have feared an attack, and 97% have feared that a client would commit suicide (O'Conner, 2001).

Time pressures, excessive workloads, and enormous responsibility for clients are part of the stressful picture. Managed care has also exacerbated the problem, resulting for many therapists in more paperwork and less income and control (Weiss, 2004). A full 67% of therapists have listed managed care as a major stressor that they have experienced in their profession (Weiss, 2004). The increasing demands in managed health care have resulted in time pressures and obligations with insurance companies, which affect therapists and makes their professional lives more complicated and stressful. Therapists working in agencies do not have the same amount of control over their work that those in private practice do, and it is known that uncontrollable stressors are more damaging than those under control (Weiss, 2004).

Although some therapists do not work in agencies and deal with the conflicting demands and myriad of stressors outside of their control, private practice has its own stressors, such as a sense of isolation and a lack of diversity in activities (Guy & Brown, 1992). Agencies often provide social support through other colleagues and have a variety of tasks. Therapists in private practice do not usually have a full range of activities such as those employed in agencies. Whether working in an agency or in private practice,

therapists often experience burnout, feelings of inadequacy, and being overwhelmed. Distress among mental health professionals is reported to be quite high, with as many as 60% of survey respondents admitting to levels of distress which has caused them to work beyond their levels of effectiveness (Carroll, Gilroy, & Murra, 1999).

One national survey found that work related stress affected large percentages of therapists: 80% of the respondents reported feelings of fear, anger, and sexual arousal at various times in their work, 97% of the participants feared that a client would commit suicide, nearly 90% had felt anger at a client at some point in time, and over 50% admitted having been so concerned about a client that their eating, sleeping, and/or concentration was affected (Baker, 2003).

One may ask is there a difference between distress and burnout? Distress is used to describe conscious discomfort or suffering in the therapist's life, although it does not necessarily imply impairment (Baker, 2003). It may not prevent the therapist from working, but it usually affects the quality of the therapy, particularly if the distress is ongoing. Burnout can be described as the "terminal" phase of the therapist's distress (Baker, 2003). Still, the definition of burnout remains murky. These key words are commonly used interchangeably with the term burnout: fatigue, frustration, disengagement, stress, depletion, helplessness, hopelessness, emotional drain, emotional exhaustion, and cynicism (Skovholt, 2001). When burnout takes place, therapists do not know what is going on with their clients, nor do they really care. Burned out therapists are shortchanging clients when they have reached this point, as they do not operate at their very best. Distress among therapists is especially pronounced for newcomers in the field. Beginning therapists go through a time of major transitions and overwhelming

feelings as they enter the mental health field. Many novice therapists walk around feeling discouraged, inadequate, frustrated and unable to master a task (Skovholt, 2001). Additionally, learning to think psychologically often results in continuous self-scrutiny, and high levels of anxiety and fear (Weiss, 2004). In one study, nearly 82% of first year therapists reported periods of severe anxiety, intense sleep problems, and at least half experienced depression (Weiss, 2004).

As discussed thus far, therapists at different points in their career, ranging from novice to senior therapists, experience professional stressors. It is only human to expect that therapists, themselves, have personal problems as well. Research shows that personal life crises and related problems that therapists experience present challenging situations in their professional role with their clients (Skovholt, 2001). Stressful events may include, but are not limited to, physical and/or emotional illnesses, an accident or disability, the loss of a loved one, other losses, including close, interpersonal relationships, a failed intimate relationship or divorce, being single if an intimate relationship is desired, and balancing multiple roles (Baker, 2003). However, stress can also be a response to positive life events such as a pregnancy or being a parent. Whatever the source of stress and the type of stress, personal life events influence therapists' energy and professional role.

A pattern of symptoms emerges from each type of distress, whether it is personal or professional. These symptoms include psychological, behavioral, and physical, which are all the same as those experienced by our clients (Baker, 2003). However, therapists must use extra energy and concentration to preserve their mental and physical health in the face of stressors. It has been only recently that there has been a growing interest in

professional and personal distress for mental health practitioners (Carroll, et al., 1999). This shift has heightened therapists' need to focus beyond the recognition of distress and burnout into the areas of self-care and professional well-functioning. Self-care is defined as "the integration of physical, mental, emotional, and spiritual well-being" (Porter, 1995). Baker (2003) further defines self-care as:

> Comprising the processes of self-awareness and self-regulation and the balancing of connections among self (involving the psychological, physical, and spiritual, as well as the professional), others (including personal and professional involvement), and the larger community (encompassing civic and professional involvement). (p.14)

Self-awareness and self-regulation are considered to be key characteristics of well-functioning therapists (Baker, 2003). Self-awareness is a core element in the responsible, mature management of therapists' self as a person and as a professional. It involves gentle self-observation of therapists' own physical and psychological experience without avoidance and distortion. If not adequately self-aware, there is greater risk for acting out suppressed emotions and needs in way that are indirect, irresponsible, and harmful to therapists' self, personally and professionally, as well as to their clients, their family, and others (Coster & Schwebel, 1997). Self-regulation refers to the conscious and less conscious management of therapists' physical and emotional impulses, drives, and anxieties (Baker, 2003). Additionally, being able to manage affect, stimulation, and energy throughout their professional lives increases therapists' level of self-regulation.

As already discussed, it is obvious that the job of being mental health professionals demands emotional energy and the ability to manage pressure as they

balance meeting clients' needs and expectations with their own. There is much research examining the hazards and ultimate consequences of the mental health profession, including burnout, as well as managing stressors and coping mechanisms. However, there is currently little research looking at how MFTs that have been in this field for an extensive amount of time continue to experience joy, love, and passion in their work, despite experiencing the pressures and demands in this occupation. Taken as a whole, this study seeks to create an understanding of how seasoned MFTs achieve a continual sense of fulfillment and personal meaning in their work.

<div align="center">Significance</div>

Research demonstrates that mental health professionals are more likely to experience distress and burnout than any other profession (O'Connor, 2001). There is a large body of literature concentrated almost exclusively on the nature of this work and its potentially harmful effects on mental health practitioners. Although stressors have been clearly identified, much less is known about the resiliency that enables therapists to maintain enthusiasm for their work and a positive level of emotional wellness. Moreover, no research has been done to understand the experiences of how MFTs maintain love and joy for their work after many years of practice. Therefore, this study has implications for the larger body of research on therapists' well-being and well-functioning. It will add to the small body of information available about a specific group of individuals.

This study has clinical implications for MFT graduate students as well. Numerous studies highlight the heightened level of stress for novice therapists (Skovholt & Jennings, 2004). Novice therapists, in their early years of practice, frequently report feeling overwhelmed and emotionally exhausted. (Skovholt & Ronnestad, 2003). More

recently, training programs have begun to address this concern by preparing graduate students for the occupational hazards of their future work (Skovholt & Jennings, 2004). Although preparation for the hazards and normalization of these events is helpful, the importance of emphasizing the rewards of this practice and how to achieve a satisfying career development can be equally beneficial for students. Additionally, learning from seasoned MFTs how to achieve this optimal level of career development and emotional wellness will provide novice therapists with a better understanding and positive outlook for the mental health profession.

Rationale

During the past two decades researchers have examined the prevalence and types of distress among mental health professionals (Case & McMinn, 2001). The majority of the research has examined coping behaviors of various types of mental health professionals (Case & McMinn, 2001). Although it is important to understand the types of distress experienced by mental health professionals and coping behaviors used by them, little research has been done looking specifically at what keeps seasoned MFTs passionate about their work (despite the stressors). Like other mental health professionals, MFTs treat individuals, but as the name implies, spouses, partners or other family members also can be brought together for couples or group sessions. When working with a multi-person system, MFTs must be able to compete with an enmeshed, potentially volatile, unpredictable, and explosive group of people. Therefore, the MFT must learn to deal with a myriad of feelings and reactions to each person in the therapy room as well as to individuals' interactive patterns, while simultaneously being in a therapeutic role. The role a MFT has in the therapy room is intense and demands much

attention and regulation of conduct, which can be extremely stressful and demanding. There is research examining the prevalence and types of professional stressors experienced by mental health professionals at different stages in their career, as well as some coping mechanisms (Baker, 2003). However, more in-depth, qualitative research understanding how seasoned marriage and family therapists continue to experience joy and enthusiasm for their work, despite personal and professional stressors, is needed and could be of benefit to both novice and more experienced therapists.

Experienced therapists are regarded as established and mature by others (Baker, 2003). The veteran therapist has typically practiced therapy for a number of years and may be approaching retirement (Ronnestad & Skovholt, 2003). Research has shown that older therapists with more experience report having less work-related distress and impairment (Sherman & Thelen, 1998). With greater age and experience, therapists learn how to avoid work stressors and to cope effectively with work stressors, resulting in less distress and impairment (Sherman & Thelen, 1998). A quantitative study by Kahn and Hansen (1998), found that older and more experienced therapists reported fewer perceived occupational hazards.

In addition to being better able to regulate their emotions and handle professional challenges, experienced therapists also claim to learn primarily through reflecting upon interpersonal experiences in their personal and professional life domains (Ronnestad & Skovholt, 2003). Furthermore, Ronnestad and Skovholt (2003) found that seasoned therapists' extensive and varied experiences generated from many client contact hours and life experiences, have contributed to a "contextual sensitivity in the process of

abstracting or generalizing knowledge", which is a process toward the attainment of wisdom (p.23).

There is a considerable body of research looking at the counselor/therapist development and the work stressors encountered in the mental health field. There is also substantial quantitative research looking at the coping mechanisms of mental health professionals. At the same time, there is evidence showing that novice therapists want to learn from and model competent seasoned professionals (Ronnestad & Skovholt, 2003). There is a lack of qualitative research looking at the experiences of MFTs, specifically seasoned MFTs who have managed not only to survive the stressors in the field, but also to thrive and experience joy and passion in their work. Using a qualitative method for this study permits for an in-depth inquiry into the experiences of seasoned MFTs who are passionate for their work. This methodology guided by a phenomenological perspective, provides a means for developing a wealth of descriptive data of the experiences of successful and passionate MFTs and can begin to fill in the gap in current literature.

<center>Theoretical Framework</center>

In an effort to fully explore seasoned MFT's experiences of maintaining joy and enthusiasm for their work, I have chosen phenomenology as the theoretical framework to guide this study. One of the main principles of this theoretical approach is to understand the meaning, structure, and essence of the lived experience of the participants (Patton, 2002). From this perspective, the researcher explores how the participants make sense of their experiences and how they are transformed "…into consciousness, both individually and as shared meaning" (Patton, 2002, p.104).

Phenomenology is shaped by many assumptions. One is that "objectivity is illusive and truth is relative, we ourselves become part of the research set; we cannot remain objectively outside" (Patton, 2002, p.84). As a MFT student in-training, I need to be aware of my feelings, beliefs, and values about the importance of self-care in this profession. I need to be mindful and note my feelings and judgments as I engage in this study. I must examine my own process. As Patton (2002) states, "a continuing and explicit process of self-reflexivity and self-questioning (preferably not in isolation) is required of phenomenological researchers" (p.87).

Another assumption that shapes phenomenology is that participants of the study are experts of their own experiences. It is the participants who define and give meaning to the phenomena being studied, without being judged by the researcher. In this study, my role is to listen, observe, note my feelings as well as those of the participants, ask questions, and allow the *experts* interviewed to provide answers and make meaning of their experiences in maintaining passion in their work.

Furthermore, when using this framework, it is very important to collect data within the participant's natural setting. In this study, it is important to observe and interview the seasoned therapists either in their office or in their own homes. These natural settings provide a context that facilitates the inquiry into their professional worlds.In summary, phenomenology is the theoretical framework used for this proposed study, which entails gaining a deeper understanding of seasoned MFTs' continual fulfillment in their career.

Purpose

Although there is abundant research on distressed mental health professionals and the causes of burnout, there is very little reported about the experience of seasoned MFTs who manage to maintain a sense of fulfillment and passion about their work, despite the obstacles in the profession.

Moreover, as current literature informs us, the struggles and stressors of professional work often combine to contribute to a sense of confusion and frustration, especially for the novice therapists (Skovholt & Ronnestad, 2003). Furthermore, many novice therapists actively seek support and guidance from seasoned professional therapists and role models who "know the ropes" through knowledge and experience (Coster & Schwebel, 1997, p.10).

Therefore, the goal of this study is to use a qualitative method in order to gain a deeper understanding of how experienced MFTs remain passionate and joyous in their work. In addition, this study will add to the existing literature about the importance of positive role models in the therapy field. By using a qualitative method guided by a phenomenological perspective, I seek to understand the seasoned therapists' experiences through their own stories and words, which provides rich and descriptive data. The key research questions that are addressed by this study are:

- What motivates therapists to continue doing their work with relentless enthusiasm and love?

- How do therapists continue to find satisfaction in their career despite the hardships of therapeutic practice?

- What advice do seasoned MFTs give to novice therapists about maintaining passion in their work?

CHAPTER II: LITERATURE REVIEW

The reality of working as a therapist in the current economic and social environment, often brings about stress and professional challenges. Much of the literature examines the hazards of our profession, however it is possible that professionals in the mental health field can experience joy, enthusiasm, commitment and passion in their work. This chapter will examine the inherent stressors for mental health professionals, but also what contributes to therapists well-functioning in spite of these stressors. I will review research related to: therapist development, professional stressors, personal stressors, burnout prevention, and passionately committed therapists. In the first section, the professional development and characteristics of novice and seasoned therapists will be examined. In the second section, I will discuss in detail the intrinsic professional stressors many therapists experience. The third section will look at the stressors experienced in therapists' personal lives and how this stress may impact their professional work. A brief discussion of the consequences of professional and personal stressors will be included in the third section. The fourth section will examine some of the burnout prevention strategies that have deemed beneficial for therapists. Within this section, the benefits of personal therapy for therapists will be discussed. In the fifth and final section, characteristics and strategies used by passionately committed therapists will be examined in detail. Moreover, this section will provide a genuine understanding of previous research examining how it is possible to be a happy and fulfilled therapist in today's economic and social climate.

Professional Development

Ronnestad and Skovholt are noted for their contributions as researchers in studying therapist development. After an intense six-year research project which included interviewing 100 therapists worldwide, Ronnestad and Skovholt developed a model of therapist development which has helped us understand the changes therapists go through in the lifespan of their careers (2003). As therapists move across the developmental lifespan, their stressors and coping strategies change over time as well (Baker, 2003). In this section, I will explore the changes and differences between a novice therapist and that of a seasoned therapist.

Novice Therapist

The novice stage includes the first years after graduation. For most therapists, these years are experienced as intense and challenging. The major catalyst for the intense stress faced by the novice therapist is the ambiguity of the professional work. There are seven elements that are defined as major stressors for novice therapists (Skovholt & Ronnestad, 2003). The first element is *Acute Performance Anxiety and Fear*. Because most novice therapists lack professional confidence, they tend to experience more anxiety when difficulties are encountered with clients. As a result, the increase in anxiety leads to more focusing on oneself, instead of focusing on the client. The second element is *Illuminated Scrutiny of Professional Gatekeepers*. As a novice we must try to meet ambiguous standards while living under the illuminated scrutiny of supervisors who try to protect clients from unfit therapists. The evaluation process in the mental health profession produces a high amount of stress because there is a lack of clarity in defining competence in this field. To further add, "How can the field evaluate novices when the

road to expertise is unclear? Yet, evaluation must occur because the public and the profession demand quality control of professional behavior" (Skovholt & Ronnestad, 2003, p.48). The third element is *Porous or Rigid Emotional Boundaries*. Novice therapists are flooded with feelings, ideas, worries, hopes, fears, impressions, and can be so preoccupied with the emotional pain of a client that it penetrates into their own emotional boundary after the therapeutic hour. Although findings are inconsistent, some studies show that less experienced therapists report major burnout because of emotional over-involvement (Skovholt & Ronnestad, 2003). The fourth element is *The Fragile and Incomplete Practitionerself*. Beginning therapists usually have problems differentiating and separating their professional role from their personal role. As the authors metaphorically define it, "like an adolescent, the fragile and incomplete practitionerself shifts through a series of moods…the novice self is fragile and, therefore, highly reactive to negative feedback" (p.49). Metaphorically expressed, "…there is not much muscle, and the immunology system is stress" (p.50). The fifth element is *Inadequate Conceptual Maps*. This element refers to the stress of a beginning therapist of not knowing what they are doing because their conceptual maps that they formed in graduate training seems irrelevant for practice. Furthermore, beginning therapists realize that the acquired skills in their training program are insufficient and that the practice world is different from that portrayed in therapy models taught in class. As a result, the beginning therapist experiences elevated stress due to inexperience. The sixth element is *Glamorized Expectations*. These are the unreasonable expectations novice therapists endure as they try and expect to make their work impactful and meaningful for every client. For the beginning therapist, the problem with glamorized expectations is that they

add more pressure and stress. However, in time, therapists develop more realistic and much clearer and less glamorized expectations about the impact of their work. The seventh and final element is *The Acute Need for Positive Mentors*-and implies just that. The struggles and stressors in our field are especially elevated for beginning therapists. Findings show that novices usually want and need mentors who are experienced, supportive, and positive and will be available to guide them through the uncertainty faced during the beginning years of the profession (Orlinsky & Ronnestad, 2001; Ronnestad & Skovholt, 2001; Skovholt, 2001; Skovholt & Ronnestad, 2003).

Although there are a myriad of struggles the novice therapist faces in the early years of their profession, with experience and age their skills increase in value. This reality, known as the reality of an experienced and seasoned therapist, will be discussed in the next section.

Seasoned Therapist

The experienced therapist, as the name implies, has been practicing for a number of years and has typically had experience with a wide variety of clients. Unlike the rigid, conforming, and mechanical fashion in which techniques are used in earlier functioning as a therapist, the experienced therapist feels an increase in flexibility and comfort in their working style as well as techniques used (Ronnestad & Skovholt, 2003).

In a qualitative study of 12 senior therapists, (Ronnestad & Skovholt, 2001), the respondents reported that one of the positive aspects on professional life was that they felt a decline in anxiety as they gained more experience, felt more secure, and differentiated than when they first started out in the profession.   With more experience came decreased stress for many respondents, and an increase in confidence which enabled them to handle

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a variety of difficult therapeutic issues. The cumulative professional experience impacted therapeutic attitude for many of these respondents. Many therapists shared that with experience came more tolerance and patience, as well as more empathy toward their clients.

In a later study carried out by Ronnestad and Skovholt (2003), most experienced therapists trusted their professional judgments, felt more comfortable with their work, and were able to establish good working alliances with their clients. Also, there was a realization for these expert therapists that there are often no clear answers to the client challenges. Unlike the feeling of ambiguity that many neophyte therapists face, seasoned therapists experience looking less for an immediate answer to clients' problems, and are able to tolerate the ambiguity that is present in a therapist's role.

Participants also noted that as they accumulated experience, they moved away from relying on specific techniques and methods to being more open and genuine with their clients. In order for this shift to occur, the seasoned respondents shared that it required a risk of openness as they became aware of the therapeutic process and how beneficial the use of self may be.

Naturally, with aging and personal experiences with pain during the developmental years, respondents developed a profound sense of understanding of human suffering. Seasoned therapists' own experiences of suffering made it easier for them to relate to the anguish and distress their clients were experiencing. Respondents' personal life crises immediately seen as a negative influence on their professional function, often had positive long term consequences. Examples of negative crises shared from the respondents were: death of spouse and children, physical disability, or severe

psychological impairment of family members. Examples of positive consequences were: increased ability to understand and relate to clients, increased tolerance and patience, increased credibility as a model and a greater awareness of what effective helping is.

Finding the balance of creating healthy emotional boundaries, as discussed in the previous section, is often a challenge for novice therapists. However, for many seasoned therapists, they felt they had a better sense of healthy regulation of boundaries and emotions when they were absorbed in the therapeutic hour, but were also better at refocusing attention and subsequently engaging in work with the next client (Ronnestad & Skovholt, 2003). Seasoned therapists who have successfully mastered this, report having ended the working day feeling more refreshed and stimulated rather than exhausted and depleted. The establishment of these boundaries and limits, enabled these therapists to maintain a better sense of wellness and flexibility, and to cope more effectively with difficult client behaviors and issues (Skovholt & Jennings, 2004).

The studies discussed so far have been of therapists, in general, but little has been published regarding the development of MFTs during their professional career. In an attempt to explore this, Protinsky and Coward (2001) carried out a qualitative study that sought to understand the development of seasoned MFTs. Twelve MFTs with an average of 18 years of professional experience participated in this study. One of the main themes, which is consistent with studies already discussed, is that MFTs reported that a major part of their developmental process was learning how to reassess and negotiate their boundaries between their personal and professional lives and between themselves and their clients (Protinsky & Coward, 2001). The respondents reflected back to when in graduate school and recalled that the training provided the seasoned therapists with the

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ability to set clear limits between personal and professional selves. However, upon the completion of graduate school and several years beyond formal training, these respondents began to develop a flow between personal and professional selves and discovered the process of synthesis. An example of how one respondent experienced synthesis is, "Life experience and therapeutic experience are often hard to discriminate or compartmentalize. It is an amalgamation, a merging…it's more than just experience, it's learning of self, of therapeutic process, of what works" (Protinsky & Coward, 2001, p. 377). Additionally, respondents felt that part of this process involved being mindful of themselves and developing an awareness of when to use selves in the therapeutic process. This finding is consistent with Skovholt and Ronnestad's (2003) study in which they found that the process of synthesis characterizes a healthy therapist development.

It is interesting to note that several seasoned therapists commented that this synthesis is important and necessary to avoid burnout. For example, one seasoned therapist felt that his work had a "relationship quality to it…before it had been so formal. I would just die of meaninglessness, being in a room with people over and over all day, and me being formal and correct" (p.378). An appreciation for and discovery of the "gray areas" not necessarily defined in the code of ethics, seemed to be marked as a turning point for many of these respondents as they embraced the process of synthesizing their personal and professional selves. For these MFTs, the synthesis did not lead to boundary violations or blurred relationships, but rather developed maturity that allowed them to regulate professional involvement within and across their personal and professional lives. This "boundary flexing", as the authors describe it, is also an indicator

of maturity with self and also fits well with the research of Skovholt and Ronnestad (2001 & 2003).

Another important theme that these seasoned respondents developed with more experience, is the importance of self-nurturing and developing a sense of balance between professional demands and personal needs, such as the use of self-care. Many of the respondents recall feeling the need to push themselves to develop therapeutic skills when in the beginning of their career, which often leading to self-neglect. However, with more client hours and professional experience, the creation of balance became an essential part of these therapists' lives.

Many of the themes of development for the MFTs in this study are similar to those reported for other therapists in the studies that will be discussed in this chapter. As maturing MFTs and other therapists alike progress along the therapist developmental cycle and the synthesis of boundaries between personal and professional selves becomes more flexible, they feel more comfortable and confident in their professional role, more genuine with their clients, and embrace the rewards of therapy.

In the following section, the professional concerns and contemporary pressures associated with working as a mental health professional will be discussed.

Professional Stressors

Research has been conducted on the topic of stress and impairment for mental health practitioners, for more than 20 years (e.g. Farber, 1983; Guy, Poelstra, & Stark, 1989; Sherman & Thelen, 1998; Thoreson, Miller, & Krauskopf, 1989). Therapists' professional stressors tend to fall into five different categories: business-related problems, client-related issues, personal challenges of being psychotherapists

(e.g. constant giving), setting-related problems (e.g. excessive workload), and evaluation-related problems (e.g. difficulty assessing client progress) (Weiss, 2004). All of these strains take their toll of both therapists and their clients (Farber, 1990; Figley, 2002; Guy, Poelstra, & Stark, 1989; Kottler, 2003; Sherman, & Thelen, 1998; Thoreson, Miller, & Krauskopf, 1989). This phenomenon is not uncommon: in a survey of practicing psychologists, 60% acknowledged they have worked with clients when they were too distressed to be effective, even though 85% of these therapists believed it was unethical to do so (Pope, Tabachnick, & Keith-Spiegel, 1987).

In Kramen-Kahn and Hansen's (1998) survey of 208 psychotherapists, there were seven occupational hazards that topped the 21 item list: business aspects, economic uncertainty, professional conflicts, time pressures, sense of enormous responsibility, excessive workload, and caseload uncertainties. Interestingly, it was found that the total hazards score was negatively related to the age of the therapist and to the years of professional experience. Thus, the older and more experienced therapists reported fewer perceived occupational hazards. One explanation may be that experienced therapists habituate over time to the inherent stressors in their profession. Also, since age and professional experience are empirically related, greater maturity may reduce the negative impact of mental health professional hazards.

Another survey that was administered randomly to 1,000, full-time practicing psychologists affiliated with the American Psychological Association, found that there were positive correlations between work factor variables and impairment in therapists (Sherman, & Thelen, 1998). Furthermore, malpractice claims, changed work situations, and inadequate time for obligations led to much distress and impairment in respondents.

Similar to Kramen-Kahn and Hansen's (1998) study, this survey found that both older therapists and those with more professional experience reported less work-related distress. As Sherman and Thelen (1998) suggest, age and experience usually comes with greater opportunities for practice, refinement of skills, an increase in self-confidence, and financial stability. All these factors may help to buffer therapists from some of the stressors surrounding work.

In a more recent study, Radeke and Mahoney (2000), studied the challenges of being a therapist, but took it a step further and surveyed research psychologists and psychotherapists regarding their personal and professional lives. Two hundred seventy six professional psychologists volunteered to complete anonymous questionnaires. Although both types of psychologists reported different types of professional stress, psychotherapists' stressors tended to be more intense because they grouped around difficulties in the process of therapy, including suicide attempts, client resistance, and client anger. As a result of these work stressors, therapists were significantly more likely than researchers to report feeling emotionally exhausted, anxious, and depressed.

Although the business-related aspects for mental health professionals seem to be frequently endorsed hazards, they are not necessarily the ones that take the highest emotional toll on therapists (Weiss, 2004). Client-related issues such as a homicidal or suicidal client, have more of an impact on therapists than business-related stressors. Between 20 to 30 percent of all mental health professionals experience the suicide of at least one client (Epstein, 1997). According to one national study of therapists, 97% feared that a client would commit suicide, 83% that a client would physically attack them, and about 89% that a client would attack a third party (Pope & Tabachnick, 1994).

In the mental health profession, a special, intimate relationship exists between therapist and client. Thus, experiencing a suicide or an aggressive physical attack from a client can have a great emotional toll on the therapist.

Next to the suicidal or homicidal or aggressive clients, the legal aspects of the mental health profession are frequently mentioned as significant stressors for therapists (Farber, 1990). The fear of having a false complaint filed against the therapist, which is frequently used because of misuse of power to meet the client's own needs, is a significant stress for therapists (Farber, 1990). Twenty or thirty years ago, these fears were practically unreal; However, today they are in the minds of many therapists and cause much worry about ethical and legal threats (Weiss, 2004).

In conclusion, these studies suggest that there are a number of inherent professional concerns, responsibilities, and contemporary pressures associated with working as a therapist. The following section will explore how the personal lives of therapists impair their well-functioning in their jobs.

Personal Lives

Research has also documented the interference of therapists' personal problems on work functioning (Carroll et al., 1999; Deacon, Kirckpatrick, Wetchler, and Niedner (1999; Gilroy, Carroll, & Murra, 2002; Guy, Poelstra, & Stark, 1989; Mahoney, 1997; Sherman, & Thelen, 1998). For example, in a survey of 264 psychotherapists, Deutsch (1985) found that relationship difficulties and depression were commonly reported problems. Depression is one common form of distress found among mental health professionals (Carroll et al., 1999). In one survey of female mental health practitioners, 76% reported personal experiences with some form of depression (Carroll et al., 1999).

In an effort to understand psychotherapists' personal problems, Mahoney (1997), distributed a self-report questionnaire to 325 mental health professionals attending a conference. Among other information, the questionnaire requested information about personal problems experienced by therapists during the past year. The most commonly reported personal problems in this sample clustered around emotional exhaustion and fatigue. Furthermore, problems with interpersonal relationships and feelings of isolation, disillusionment about the mental health profession, anxiety and depression were also reported.

Results of a rather recent study provide further evidence for the suggestion that therapists are a population at risk for depression (Gilroy, Carroll, & Murra, 2002). Of the 1,000 surveys mailed to counseling psychologists, 425 were returned. Respondents were asked to indicate whether they had or had not experienced depressive symptoms while working as clinicians and whether they had sought treatment for those symptoms. Of the 425 respondents, 62% self-identified as depressed. Although 58% of the respondents specified that they did not experience suicidal ideation, 42% reported experiencing some form of suicidal ideation or behavior. In contrast to other findings, when the respondents of this study were asked: "Please describe in as much detail as possible ways in which your depression has affected your work with clients and/or your relationships with colleagues", a large percentage of the respondents cited positive benefits as opposed to negative consequences in terms of their experiences with depression. The majority of the respondents felt they had developed an increased ability to empathize with clients' symptoms and experiences with depression, while the most frequently cited negative impact was a sense of withdrawal and isolation from colleagues while being depressed.

Deacon, Kirckpatrick, Wetchler, and Niedner (1999) examined the personal problems of MFTs. Surveys were mailed to a randomly selected listing of Clinical Members from the American Association for Marriage and Family Therapy (AAMFT). From the 175 respondents, the researchers found that in addition to dealing with the problem of depression, the majority of the respondents had problems related to their marriage and/or families. Like other therapists, MFTs' personal problems also affect personal work and themselves (Deacon et al., 1999). Almost 67% of the therapists reported that they had had or were having marital problems. The authors illustrated that this is a much higher percentage than what is found among psychologists. Moreover, 44% indicated family-of-origin problems, 40% indicated relationship problems, 35% reported problems with their children, 31% reported parenting difficulties, and 25% indicated divorce issues.

The authors of this study posed several explanations of why MFTs seemed to have more marital problems than other mental health professionals, but more research is needed in this area to explain for the discrepancy. One suggested explanation may be that people attracted to the MFT profession already have personality traits, perceptions, and experiences that predispose them to or contribute to marital and familial conflicts. Another reason may be that because MFTs have studied the dynamics and problems of family relationships, they are more likely to be perceptive and hypersensitive to their own marital and family problems. However, it may not be that MFTs have more marital and family problems than psychologists, but rather that they are able to recognize these types of problems and label them more often as marital and familial problems. Psychologists on the other hand, are trained to focus on how the problem affects the individual and are

therefore less likely to view problems in a familial context. Another reason that the majority of the respondents indicated marital and family problems may be related to vulnerability to certain stressors that MFTs face in their career. Past research on MFTs (Guy, 1987; Wetchler & Piercy, 1986), found that MFTs constantly push for growth and the emotional exhaustion involved with this may cause therapists to not be active family members, causing discontent among their children and spouses.

In summary, therapists' personal problems can interfere with work functioning. Some of the most commonly reported personal problems are: relationship difficulties, depression and emotional exhaustion. Moreover, MFTs report personal problems related to their marriages and families as sources of additional stress. Several explanations have been discussed that help understand why MFTs report more marital problems than other mental health professionals.

Consequences of professional and personal stressors

The data from previous studies suggest that therapists' work and personal relationships may be hindered when experiencing professional and personal stressors. Furthermore, as already discussed, therapists' emotional well-being takes a toll when there is ineffective management of the stressors.

Gilroy et al. (2002) found that some of the detrimental consequences of distressed therapists include: the inability to maintain focus with clients, memory problems, fatigue, and lack of energy and motivation for therapeutic work which can lead to more harmful consequences, including boundary and other ethical violations.

When distressed therapists do not take care of themselves, burnout may result. Burnout is not something that happens suddenly, rather it is an ongoing process. Burnout is described as (Kottler & Hazler, 1997):

A state of physical, emotional, and mental exhaustion that results from constant or repeated emotional pressure associated with an intense, long-term involvement with people. It is characterized by feelings of helplessness and hopelessness and by a negative view of self and negative attitudes toward work, life, and other people (p.159).

When therapists reach the point of burnout, they often "detach" themselves from their clients and tend to feel cynical and negative about them (Weiss, 2004). Often the detachment can carry over into the therapists' personal lives, resulting in family estrangement.

All too often the stresses of work and personal life can lead down the path of burnout. The slippery slope of therapist impairment can lead to suicidal behaviors, substance abuse, sexual misconduct, boundary violations, and lack of interpersonal functioning (Brady et al., 1995). Deutsch (1985) addressed the rate of therapist suicide, and found that 2% had attempted suicide. Substance abuse is also cited to be one of the most common destructive ways therapists tend to deal with depression and anxiety (Deutsch, 1985; Epstein, 1997; Farber, 1990; O'Conner, 2001; Skovholt, 2001; Weiss, 2004). In research conducted thus far, it has been difficult to determine the exact rate of therapists' behaviors mentioned above because denial is a likely significant defense mechanism - many therapists tend to overlook and minimize signs of distress (Brady et al., 1995).

As discussed, the effects of therapist distress in the work and personal setting may bring its own negative consequences which can be devastating for therapists and clients. Burnout, boundary and ethical violations, substance abuse, and other destructive behaviors are unfortunate consequences of professional and personal stressors that therapists have not effectively tended to. In the next section, I will discuss research that examines how therapists cope with professional and personal stress so that it does not result in impairment.

<div align="center">Burnout Prevention</div>

As discussed thus far, there has been a burgeoning interest in distress and how it affects mental health professions. This research has heightened awareness of the need to shift the focus beyond the recognition of distress and impairment to the promotion of self-care and well-functioning (Carroll et al., 1999). Recently, several studies have gathered information about strategies that mental health professionals find helpful in maintaining their well-being and well-functioning, thus reducing the perils of impairment. In this section, I will discuss relevant research about positive coping strategies that have been identified as useful for therapists.

In a 1997 study, Mahoney asked psychotherapists about their methods of coping with their life stresses and personal problems. A brief questionnaire was distributed to 325 mental health professionals attending a conference on "briefer therapies" and "treatment strategies for the 1990s". Among the 155 respondents who completed the questionnaires, pleasure reading, physical exercise, hobbies, and vacations were the most commonly reported types of self-care. In this study, 80% of the respondents engaged in these activities. Although not as commonly used for self-care, respondents also reported

that peer supervision, prayer or meditation, and volunteer work were used for self-care. The least common self-care practices included: personal therapy, attending church services, receiving massage or chiropractic care, and keeping a personal journal.

While Mahoney's study focused on the general well-being of therapists, other researchers have focused more specifically on well-functioning related to the work environment. For example, Coster and Schwebel (1997) carried out two studies looking at the well-functioning of professional psychologists. Well-functioning was defined as the "enduring quality in one's professional functioning over time and in the face of professional and personal stressors" (p. 5). In the first study, the researchers interviewed 6 psychologists who were nominated as well-functioning licensed professional psychologists. Through analysis of the interviews, 10 themes emerged that were considered important contributors to the psychologists' well-functioning: peer support, stable personal relationships, supervision, a balanced life, affiliation with a graduate department or school, personal psychotherapy, continuing education, family of origin, costs of being impaired, and different coping mechanisms. Establishing a close, cooperative, and trusting relationship with colleagues was the highest priority for 5 out of the 6 well-functioning psychologists. Also of top priority for the interviewees was the importance of having stable relationships with spouse, family, and friends because they felt it gave them security and companionship out of the work environment and provided stability in times of crises. Similar to Mahoney's study, coping mechanisms such as vacations, relaxation, exercise, and spirituality were mentioned as important to renewal and maintaining well-functioning.

In the second study, Coster and Shwebel (1997) used a questionnaire to gather information from a total of 339 respondents regarding their well-functioning. When the respondents were asked, "What do psychologists consider to be the most important to well-functioning", the top seven responses were in this order: self-awareness/self-monitoring, personal values, preserving balance between personal and professional lives, relationship with spouse/partner/family, personal therapy, vacations, and relationships with friends.

In general, the two studies yielded similar results. One of the main similarities is that psychologists were in considerable agreement in what they regarded as important to being well-functioning. However, in the second study, there were differences in gender in what they regarded as well-functioning. Female respondents gave higher ratings than men on 14 items, many of which were educational-relational items (i.e. supervision during training, ongoing individual/group supervision, mentor, consultation, preserving a balanced life, or peer support). The results also suggest that the problem of impairment does not necessarily imply a deficiency in professional skills but rather inadequate coping resources available to deal with stressors that overwhelm psychologists.

In a related study, Kramen-Kahn and Hansen (1998) examined rewards, hazards, and "career sustaining behaviors" in questionnaires that were completed by 208 respondents. For the purpose of the study, the authors defined "career sustaining behaviors" as activities that are used to "enhance, prolong and make more comfortable one's work experience" (Kramen-Kahn and Hansen, 1998, p.130). Similar to the well-functioning strategies discussed in previous studies, (Coster & Schwebel, 1997; Mahoney, 1997) this study included more specific career sustaining behaviors/strategies

for promoting resiliency in the face of work-related stressors. Some of the most frequently used career-sustaining behaviors used by the respondents were: maintaining a sense of humor, using case consultation freely, participating in leisure activities to balance work stresses, attending continuing education seminars, perceiving client problems as interesting, and using interpersonal supports. The results of this study showed that the use of career sustaining behaviors were positively related to occupational rewards and negatively related to occupational hazards. Similar to Coster and Schwebel's (1997) study, gender differences were also revealed in this study in the experience of occupational rewards and the overall use of career sustaining behaviors. The main gender differences were found in 5 career sustaining categories: maintain objectivity about clients, use continuing education, use personal therapy, use positive self-talk after challenging day, and use self-talk to put aside thoughts of clients. For all items, with the exception of maintain objectivity about clients, female therapists reported higher occurrences than male therapists.

In an attempt to further explore satisfaction and stresses of professional practice and the strategies that therapists find helpful to maintain well-functioning, Stevanovic and Rupert (2004) recently surveyed 286 respondents. Analogous to Kramer-Kahn and Hansen's (1998) study, the exploration of the use of career sustaining behaviors for therapists was of particular interest. From the 34 career sustaining behavior items, respondents rated the following as the most important: spend time with partner/family, maintain balance between professional and personal lives, maintain sense of humor, maintain self-awareness, and maintain professional identity. Respondents seemed to identify with the importance of spending time with family as a critical strategy that

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helped build a balance between personal and professional life. Other techniques, such as maintaining a sense of humor and self-awareness were more internally focused, and were also consistent with the findings from Kramen-Kahn and Hansen's (1998) study. However, in contrast to previous studies (Coster & Schwebel, 1997; Kramen-Kahn & Hansen, 1998), this study rated peer support and supervision low in importance. This finding may be due to the fact that half of the respondents in the sample were in private practice and therefore, may not have had colleagues who could consistently provide support and supervision.

In this study, there were gender differences that were also consistent with those found in Kramen-Kahn and Hansen's (1998) study. Female therapists scored higher on total sources of job satisfaction and reported greater used of career sustaining behaviors. Many of the strategies that women determined as important to their well-functioning were relational or educational in nature: spend time with friends, discuss work frustration with colleagues, seek consultation, participate in continuing education, and maintain regular contact with referral networks. The female respondents were also more likely to participate in personal therapy than were male respondents.

In summary, several studies have examined the benefits of self-care strategies and what contributes to therapist' well-functioning. Furthermore, gender differences were apparent in some of these studies. Female respondents reported more use of self-care and career sustaining strategies as a way to maintain well-functioning more so than male respondents. In the next section the value of personal therapy as a preventative approach to burnout will be discussed.

Personal Therapy

While research indicates that therapists value personal therapy (Coster, & Schwebel, 1997; Mahoney, 1997; Porter, 1995), it is also evident that therapists are reluctant to make use of it for personal purposes (Weiss, 2004). Distressed therapists are more reluctant to do so, most often because embarrassment of admitting serious problems and fear of the consequences gets in the way (O'Connor, 2001). In one study, one third of the therapists surveyed stated they would not go to receive therapy because it displayed a sign of weakness (Deutsch, 1985). Many respondents described the fear of feeling judged and stigmatized for their problems.

Conversely, in a more recent study, most therapists that sought personal therapy stated that it had a positive impact on their work with the clients that came to them for help (Gilroy et al., 2002). In a sample of 425 respondents (62% of which self-identified as depressed and 38% as non-depressed) results showed that seeking therapy treatment was beneficial. In a previous study done by Gilroy, Carroll, and Murra (2001) which researched female psychologists who were experiencing some form of depression, respondents also felt that the use of personal therapy was beneficial. The respondents felt that as a result of receiving personal therapy, their empathy with depressed clients was enhanced, they developed more patience and tolerance when the process in therapy was slow, a heightened appreciation for how difficult therapy can be, and had greater faith in the therapeutic process.

Gilroy et al. (2002) continued to study counseling psychologists' personal experiences with depression and use of therapy. A total of 425 counseling psychology members of the American Psychological Association returned self-report questionnaires

that were asked to (a) describe the impact of depression on their clinical work and collegial relationships, (b) rate possible factors that might have influenced their decisions about seeking personal therapy, and (c) describe the type of therapy received and their treatment experiences.

Consistent with prior research (Gilroy et al., 2001; Norcross, Strausser-Kirtland, & Missar, 1998; Peebles, 1980), results illustrated that the use of personal therapy was extremely positive for those respondents that had sought treatment. The majority of the respondents felt that they had developed an increased capacity to empathize with their clients' symptoms and experiences with depression. Comparable to previous studies, women were more likely to indicate a definite willingness to seek therapy than male therapists. Also consistent with prior research, a frequently cited negative issue for receiving therapy by the respondents was the sense of withdrawal and isolation from colleagues. This may not be surprising given that people experiencing depression, often encounter negative attitudes, rejection, and devaluation from others, including psychotherapists (Gilroy et al., 2001).

Most of the literature written on therapists' problems and use of therapy describes psychotherapists or psychologists in general. However, Deacon and colleagues (1999) conducted a study that examined MFTs' use of personal therapy, specifically as a means of dealing with their own depression as well as work-related and personal problems. Deacon et al. (1999) mailed surveys to 400 subjects that were randomly selected from a computer listing of the AAMFT, in which a total of 175 replied. Of the 175 respondents, only 19 reported never seeking therapy within their professional careers. Thus, almost 89% of respondents had received some type of personal therapy since entering their

profession. The majority of the respondents rated their therapy experiences as very successful (68.9%), while an overwhelming 99.4% reported they would seek therapy again in the future if the need arose. In an earlier study, Pope and Tabachnick (1994) found that only 63% of the therapists whom were surveyed would consider seeking therapy in the future. Thus, as Deacon et al. (1999) suggest, it seems that the MFTs in this study were more positive about the benefits and usefulness of therapy than other mental health professionals. Of the benefits received from their therapy experiences, respondents shared the following: clarification of presenting problem and issues and insight, problem resolution, enhancement of own therapy skills, improved understanding of client role, improved self-esteem, self-growth, ability to make personal life changes and behavioral changes, objective, supportive feedback and validation, and improved relationships. The results of this study, for the most part, further illustrated that MFTs had similar therapy experiences to those of other mental health professionals. The experiences of personal therapy were mostly positive and successful in helping deal with their problems.

In summary, research indicates that mental health professionals' use of personal therapy can be very beneficial for their well-being. Additionally, personal therapy has shown to have a positive impact on therapists' work with clients. The following section will discuss in detail the essence of what it means to be a passionately committed therapist.

<div align="center">Passionately Committed Therapists</div>

As discussed thus far, therapists often experience a waning of passion and excitement for their work when faced with different stressors in their personal and

professional lives. A lack of self-care can result in burnout, boundary violations, and other detrimental consequences can take place. Some therapists however, seem resilient to such stressors and are able to continue to love their profession.

In attempt to capture the essence of how therapists structure their lives to achieve a continual sense of fulfillment and personal meaning, Dlugos and Friedlander (2001) interviewed a sample of 12 seasoned therapists who were nominated by their peers as "passionately committed" therapists. Passionate commitment was defined as: (a) a sense of being energized and invigorated by work rather than drained and exhausted by it;

(b) the ability to continue to thrive and love one's work in spite of the personal and environmental obstacles one might face in it; (c) a demonstrable sense of balance and harmony with other aspects of ones life; and (d) a sense of energizing and invigorating those with whom one work.

Four general themes emerged from this study: balance, adaptiveness/openness, transcendence/humility, and intentional learning. One of the major themes was maintaining balance which involved taking direct actions to maintain boundaries between work and personal life. In helping create this boundary, the respondents placed great value on taking vacations, and providing time, attention and care to maintaining a healthy family life, even when it meant making professional sacrifices. In regard to the second theme, respondents felt that it is not the presence or absence of obstacles that set them apart from other peers, but rather how they chose to respond to difficult and challenging stressors. Transforming the obstacles into challenges they encountered and seeking feedback and supervision from colleagues were some of the most important strategies that the respondents used to remain passionate about their career. Acknowledging the

spiritual dimension of being a therapist was also a strategy that the respondents deemed important in being able to look at their profession with humility. Lastly, the passionately committed therapists that took part in this study embraced the rewards of their work in spite of the obstacles. Being open and discovering their own human inadequacies through their work, was found to be extremely enriching for these respondents.

The findings of this study suggest that passionately committed psychotherapists create work situations in which they experience personal autonomy while still maintaining meaningful relationships at work, balancing roles, and embracing experiences with openness and flexibility. Furthermore, it is important to note that being passionately committed does not mean overcommittment to work, but rather making deliberate efforts to prevent work from intruding into their personal lives.

In conclusion, the study discussed in this section, has provided an understanding about the personal experiences of therapists who remain passionate and committed to their work over a long period of time. Additionally, Dlugos and Friedlander's research has afforded the opportunity and foundation for this study to further examine passion and commitment in therapeutic work as applied to MFTs.

Summary

The research examined in this literature review is mostly on non-MFT mental health professionals. However, this research provides some insight into the stressors experienced by novice and seasoned therapists alike, as well as strategies that are used to maintain well-being. The limited, but rich research examining passionately committed and well-functioning mental health professionals also presents some understanding of how successful therapists structure their lives to continually achieve a sense of fulfillment

in their professional and personal lives. However, further research is needed to understand how the current research that has studied mental health professionals, in general, compares specifically to the experiences of MFTs. Thus, the goal of this study is to further examine how seasoned MFTs continue to experience passion, joy, and love in their work regardless of the inherent stressors implicated in this field. Furthermore, the present study examines how seasoned therapists structure their lives to achieve an optimal career development while also tending to their own well-being and well-functioning.

CHAPTER III: METHODS

Introduction and Study Design

While there is considerable research on stressors encountered in the mental health field and ways to deal with them, there is still little known about the experiences of passionate MFTs. This study was designed to fill the gap in understanding the factors that help maintain enthusiastic MFTs. Qualitative methods are compatible to studies in which the researcher is interested in gaining the perspective of the participants (Patton, 2002). The use of a qualitative design for this study allowed for the development of a descriptive picture of passionate, seasoned MFTs and the factors that contribute to their enthusiasm. Guided by phenomenological perspective (Patton, 2002), the qualitative method provides the opportunity to make sense of the personal meanings and experiences of seasoned MFTs. By studying this phenomenon through face-to-face interviews, rich and meaningful data emerged which subsequently developed certain topics and themes. The themes developed during this study may be investigated in more depth in future research.

Participants

To recruit participants, I sent out the following email via the MFT student list-serve from the Virginia Tech Marriage and Family Therapy Program:

> *My name is Elena Kyrgos and I am conducting a master's thesis study looking at how seasoned marriage and family therapists continue to maintain joy and passion for their work.*
>
> *I am looking for highly respected MFTs in the community who meet the criteria below and whom you would nominate as possible candidates. Self-nominations are accepted if you meet the criteria and are interested in participating.*

The criteria are:
1) *To be a licensed MFT*
2) *To have a significant amount of experience as a MFT (a minimum of 15 years)*
3) *To have spent a significant number of years in clinical private practice*
4) *To still experience enthusiasm and joy in your clinical work*

If you or someone you know meets the above criteria, please email me at:

ekyrgos@vt.edu

Thank you for your interest.

Elena Kyrgos
M.S. Candidate

Nobody nominated themselves. All participants were nominated by seasoned LMFTs. I then contacted via phone the nominated therapists and asked them if they were interested and available to participate in the study. All nominated participants were eager to take part in the study. During the phone call I set up a time and date for the interview. Appointments were scheduled and locations were chosen according to the participant's preference. Five participants chose to be interviewed in their private practice office and one at the Virginia Tech campus in Falls Church, Virginia.

I interviewed 6 seasoned female therapists, 4 of which were LMFTs and 2 were LCSWs. Initially my goal was to interview at least 6 seasoned MFTs which were to include an equal number of men and women as a way to achieve some sample diversity. However, due to the fact only women were nominated, my sample consisted of only female participants. Moreover, the practice of marriage and family therapy has been regulated in Virginia only within the past decade, thus I had difficulty finding seasoned LMFTS with at least 15 years of experience. Therefore, I decided to include in my

sample LMFTS or other licensed mental health professionals that were nominated by LMFTs and identified themselves as MFTs.

Procedures

Participants who agreed to be interviewed were given an informed consent form prior to the interview and assured that all information, names and identifying characteristics would be kept confidential (see Appendix A). After they agreed to be a part of the study and signed the informed consent, they were given a brief questionnaire to collect general demographic information (see Appendix B). Participants were not compensated for their time.

All participants were interviewed between September of 2005 and November 2005. The interviews lasted 60 to 90 minutes and explored the seasoned therapists' experience regarding the passion and joy they embrace for their work. All the interviews were audio taped to make sure I had a record of exactly what was said. In an effort to gain a deeper understanding of the experiences of seasoned marriage and family therapists, I generated a list of open-ended questions that I asked when I interviewed them. While the interview questions were determined in advance, as an interviewer, I tried to remain "free to build a conversation within a particular subject area, to work the questions, spontaneously, and to establish a conversational style" (Patton, 1996, p.283). The questions listed below were used as a guideline and any additional questions were follow-up questions built upon by the researcher, in an effort to help participants expand on what they were discussing.

Interview Questions

1) Unfortunately, it is not uncommon to find therapists who feel burned out and discouraged from the work they do. What factors enable you to continue to experience passion and joy in your clinical work?

2) Tell me about a time recently when you felt fully satisfied with your clinical work. What was it about this time that made it different from other times where you may have not felt as pleased with your work?

3) Like other areas of life, we often experience ups and downs. Tell me a time in your career as a MFT where you have experienced a down and felt discouraged with your work. What drew you out of that phase? What was it that re-inspired you and your work?

4) Tell me about a time where stressors you faced, either in your professional or non-professional life, may have spilled over into your work or personal life and how did it impact you?

5) Can you illustrate with an example how your commitment to being an MFT has changed over the course of your career?

6) Literature suggests that a reciprocal relationship exists between passion for life and passion for work. What is your take on this?

7) What advice would you give a colleague who tells you that he/she is feeling burned out?

8) What advice would you give novice therapists about maintaining joy and passion for this kind of work?

9) What am I not asking you that you feel is important to share with me?

Probing Questions (if necessary):

1) Think for a moment about the balance you feel you have between your clinical work and personal life at the present time. How do you feel about the balance you have between your work and personal life?

2) How have you achieved this balance?

3) Research has shown that the use of self-care strategies is important in helping mental health professionals cope with stressors and still remain fulfilled in their work.

3a) What kind of self-care techniques do you use?

3b) When reflecting back to when you were a beginner therapist, how was your attention to self-care at that stage different from the way it is now?

Data Analysis

I immediately transcribed each interview after the interview session. By transcribing the interviews myself, I became more acquainted with the data and became more familiar with the whole interview. After the transcription was complete I emailed the participants the transcribed interview to allow them to read through it and add or change to any of their responses. Most of the participants did not respond to this email and none of them changed anything in their transcribed interview.

The data collected for this research was taken from the transcribed tapes and the demographic questionnaires. The information from the demographic questionnaires was used to compile a list of participant's age ranges, highest level of education completed, type of license, primary work setting, weekly client load, and total number of years practicing.

I read through each interview many times. I pondered over the participant's words, looking for meanings that connected and meanings that may have differentiated, while still remaining connected to the participant's stories (Sprenkle & Moon, 1996). I started from the beginning of each interview and read through the text and began categorizing phrases and statements.

Open Coding was used to analyze this data. In the open coding analysis process the data was broken down, examined, compared, and conceptualized (Patton, 2002). I used Atlas.ti, a software package, to help with the coding process. During this coding process, a repetition of major themes was identified throughout all of the interviews. The major themes were then supported by smaller, distinct categories. The identification of themes throughout the data collection was used to develop insights into the experience of seasoned therapists in remaining passionate for their work. I also engaged in cross-coding with my thesis chair, the director of the Marriage and Family Therapy Master's program at Virginia Tech, to re-examine themes and categories. I provided my advisor with a copy of the themes and a hard copy of the interviews. Together we were able to break down into broader concepts the ideas that the seasoned therapists discussed by identifying themes and patterns found across all interviews. We met a couple more times to re-examine and discuss the data extracted from the interviews to come to a consensus about under which category a concept belongs to. The fine-tuning and re-examining of the themes and codes eventually became the basis for the next chapter which will discuss the findings using the participants' own words as illustrations.

CHAPTER IV: RESULTS

Introduction

The intent of this research study was to gain a deeper understanding of how a group of seasoned MFTs continue to experience passion and joy in their clinical work. I wanted to gain insight into how therapists continue to achieve satisfaction in their careers after many years of practice and how they manage the inevitable stressors in a therapeutic practice. Furthermore, I wanted to uncover the words of wisdom that seasoned therapists might give novice therapists entering the MFT field.

I interviewed six seasoned MFTs who were nominated by their peers as individuals who remain enthusiastic and passionate in their clinical work after more than 15 years of clinical work. The interview transcripts were coded to develop specific themes and are presented in this chapter. In an effort to help the reader understand the participants' experiences, direct quotes from their interviews are used throughout the chapter.

Participants

The sample consisted of six female therapists who were individually interviewed. All identified themselves as marriage and family therapists; however, four participants were LMFTs while the remaining two were LCSWs (Licensed Clinical Social Worker). Five of the participants work full-time in private practice and one sees clients in a private agency. All participants had at least 15 years of professional practice and experience with a wide variety of clients in different work settings. Five participants were Caucasian and one was Hispanic. Each participant completed a demographic survey after signing the informed consent. Four participants were between the ages of

50 – 57, one was 61, and another was 73. All participants were married and had children

or stepchildren.   The table below represents the demographic information collected by

the researcher. All participants' names have been changed to protect their identities.

Participant	Age	Highest Level of Education Completed	Type of License	Private Practice or Private Agency	Weekly Client Load (Hours)	Total No. Years of Practice
Linda	50	MSW	LCSW	PP	27	26
Ellen	57	PhD	LMFT	PA	25	25
Nicole	73	MS	LMFT	PP	35	15
Angela	54	PhD	LMFT	PP	28	15
Jill	61	MSW	LCSW	PP	18	20
Megan	57	PhD	LMFT	PP	25	22

These therapists came from different backgrounds and diverse life experiences,

yet each interview was vivid, suspenseful and heartfelt.   I was amazed by their

dedication, persistence, and love for this field despite various personal and professional

stressors experienced at different points in their careers. All of these women were wise,

intelligent, impressive, and articulate. During the course of the interviews, many of these

women shared with me that they felt honored and fortunate to have been given the

opportunity to reflect on themselves and their careers. As one participant said, "You

know nobody has ever interviewed me about the work in this setting. And it's really fun

and inspiring to really hear myself and feel myself in it. Because it really moves me to

tears because it is such a gift". The questions were thoughtfully answered and filled with

memories, humor, and fondness. It is my hope that as you read about the experiences of these seasoned and passionate therapists, you will be as enlightened and inspired as I was while having the priceless opportunity to interview them.

<center>Major Themes</center>

I have divided the findings into six major themes about which there was considerable consistency in participant responses. The six themes are: Portrait of the Passionate Seasoned Therapist, Getting Renewed by Clinical work, Spillover, Sustaining Balance, Changing Commitment to Profession, and Advice to Novice Therapists.

It is important to me that you hear from these seasoned therapists in their own words. The chapter is organized to allow the reader, through the participants' quotes, to "hear" as much of the discussion as possible. I will introduce the theme and provide a sample of supporting comments from the interviews.

<center>*Portrait of the Passionate Seasoned Therapist*</center>

In conducting this study, I sought to tap the wealth of knowledge, wisdom, and passion that this sample of seasoned therapists possesses. Based on the findings, I recognized that all the therapists shared similar personal characteristics that have allowed them to live a very fulfilling personal and professional life. In general, the sample of seasoned therapists seemed to share a genuine love and interest in their career. In addition, they appeared to live passionate and enriched work and personal lives. The seasoned therapists also seemed to gain more confidence and maturity in their work with experience. These seasoned therapists seem to possess emotional maturity and strength of character that comes from years of experience of living and learning. Within this theme,

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I will identify three categories: Passion for Work, Passion for Life, Experience Brings Confidence.   Each category will be supported with selected quotes from the interviews.

Passion for Work

In general, the therapists reported love, devotion, honor, and inspiration from their work. Angela was sincere as she described gratitude for a career as a therapist and also for living a rewarding private life:

> What I am is very, very interested in what I do. I love it…it brings tears to my eyes to think about that I get the opportunity to make my living this way. I mean what in the world could be better to get so much love and gratitude for people and to have a nice lifestyle provided for you. I couldn't paint a better picture for myself.

Linda also spoke of her pleasure by adding:

> I really love what I do. I feel lucky to be able to do it. I feel like rather than feeling burdened by the things people come and tell me, I feel sort of honored that they are choosing to share this part of their live with me. So, it doesn't tend to feel like a drag, like a burden.

Ellen, a seasoned MFT of 25 years, shared her experience of feeling inspired and amazed with the difficult, but meaningful work she does with children who have been abused:

> The work with the kids tends to be more inspirational to me because it's watching how they can negotiate a lot of different information and they can get to the point where they say, "My mom has a problem with that", or, "I just wish she wouldn't get so frustrated all the time". And they have appropriate insights, vis a vis, the parents. Or when the children can actually see what the limitations of the parents

are and actually try, to compensate for that. And that encourages me…It's also the other part that's amazingly rewarding, is watching how people can overcome tremendous odds. You just sit there and you go, "Holly guacamole, if that had happened to me, I don't know where I would be today". Or if I had that few resources and those horrible experiences happened and here, these folks are really struggling to do something better for their children. And that's amazing to me. I mean just that whole concept that people will keep fighting and keep fighting no matter what. So I am always really awestruck by people who are injured in childhood and manage to really regroup and sort of motivate themselves, and you wonder how that's possible to do.

Passion For Life

As depicted in the earlier category, many participants spoke of the passion they have in relation to their professional work. However, in an effort to understand if passion exists in their personal life, participants were asked, "Literature suggests that a reciprocal relationship exists between passion for life and passion for work. What's your take on that?"   All participants agreed with the reciprocal relationship and shared their own insights. Megan, a therapist with 22 years of experience said:

I cannot imagine having passion for work if you don't have passion for living. It's just too big of a component, and that's probably why the self-care is so important. Because if you don't keep the passion in your life, you're not going to keep the passion in your work.

Furthermore, for Angela whose personal philosophy is very yogic related by saying:

I always believe that my personal philosophy helps me, because in my personal philosophy, which is very yogic, it has been for 30 years, is that I'm not responsible for the other person's well-being. I'm an activator…It's the zest for life that we are talking about. And isn't it our job to capture that in some way, so that we can help people capture it themselves. For me, my faith, which is not religious, it's universal, and very much based in nature, has given me a lot of spirit. I think you have to be alive before you sit with people and try to give them hope to live.

And Linda described the reciprocal relationship as:

I think we bring that to the table at home and at work and with friends and everywhere. So, yeah I do think it is reciprocal. I think there is a real connection. Just kind of how you see life, how you experience life. It's hard to imagine if you've felt pretty miserable in your life how you've been being passionate and joyful about your work.

Experience Brings Confidence

I was also impressed by the sense of confidence and assurance with which the seasoned therapists expressed themselves. Several participants reported feeling more secure and differentiated than when they first started in their careers. Linda shared:

You develop a little more confidence, a little bit more clarity in your head about when you've done what you can do, and putting support systems in place for the client and things like that. I think it has to do about feeing more confident about

how you are handling it clinically and not having to second guess yourself quite

so much.

For Ellen, developing more self-assurance and balance in her professional work

allowed her the opportunity to be a role model for novice therapists:

You notice how over time things seem more balanced, you are a little bit more

confident, a little bit more grounded, and sometimes working with people who are

just starting kind of shows that contrast. And it's all good because you are able to

contribute back to them and encourage them to develop that balance as well.

The intertwining of the aging process and life and work experiences seems to have

impacted the therapeutic attitude for some of these participants. Linda said:

And as you get older you change, you get older, you mature, you get different

priorities, I mean different things happen, you get a little bit more confidence.

You don't feel as much like everybody calls, you've got to see. Because you

realize that it's not the last phone call you ever can get. But in the beginning you

feel like maybe it is.

With experience, Megan moved away from relying on specific techniques and

interventions and began to feel less anxious and more confident in her therapeutic work:

I think the other part is that, there's a difference of where I've felt at the 5 year

mark and the 10 years mark and 15 and 25 year mark because even I think at 5

years of being a therapist, it was like, "What do I need to do with these people?"

or "What's the strategy?" or you know, there was still some anxiety about making

interventions and hoping they were going to work. You know, then it was like,

towards the 10-year mark, it began to be clear.

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Likewise, Linda shared her experience:

> And I think as my practice has developed, I am more patient with the idea that it's
> a process and that people will change with different rates and sometimes in
> surprising ways. And I think earlier in my career I was less patient, I was more
> anxious, and was more focused on interventions as opposed to relationships, not
> that it's an either or, but I think it was more, feeling anxious about wanting to help
> people to change and reach goals and being a little more intervention focused.

Getting Renewed by Clinical Work

As discussed thus far, we have learned that the participants interviewed passionately enjoy their work and personal life. They also report how seasoning has increased their confidence in their therapeutic work. In this section, I will discuss the important dimensions that allow the therapists to feel renewed by their work.

The therapists spoke powerfully and passionately about important dimensions in the clinical work that fulfill, energize, and strengthen their love for this profession. Within this theme, the following dimensions will be presented: Importance of Relationship with Client, Relating to Client with Care and Humility, Embracing Humor, Maintaining Hope, and Spirituality as a Foundation.

Importance of Relationship with Client

Seasoned therapists' placed great value in the importance of the therapy relationship when describing what contributes to passion in their work, and ultimately what makes therapy a success. As Jill stated:

> My presence with that person is important. You know, the fact that I am here and
> they are sitting over there and that makes a difference because they wouldn't keep

coming back if it didn't. The relationship works at some level, you know, the interaction between me and the client. And if weren't working, that client wouldn't get clarity, they wouldn't express how they felt, they wouldn't have a sense of humor. And I don't know if I can put this into words, but, for me, watching the client move from point A to point B is a really, really cool thing.

In a detailed account, Linda describes that with professional experience came less anxiety about specific interventions. Instead, she placed more attention and importance on the therapeutic relationship:

I think that the most satisfying thing is really the relationship with the client. And it's always satisfying for people when people get "better", reach their goal, or feel less depressed or whatever you were working on clinically. And I guess I just feel like it happens in the context of the relationship…earlier in my career I was less patient…I think it was more feeling anxious about wanting to help people to change and reach goals and being a little more intervention focused. And now, I think I am more relationship focused and I am sort of humbled by the idea that sometimes you come up with something that you think is really going to be useful and it's not, and other times, somebody will come up and say, "You know, after that session last week, I really was thinking about what you said" and I'm thinking, "I don't even know what I said", it wasn't something that was particularly planned by me…So, it's the relationship, it's the process, the mystery that all people have and I think that's really enjoyable to me now.

Relating to Client with Care and Humility

Most participants displayed a genuine sense of care and humility and were not self-centered or grandiose in their presentation. A couple of participants spoke specifically about the power of humility and care in the therapeutic relationship. Linda spoke to that and expressed how this helps her remain passionate for her work instead of feeling burned out:

> The attitude, the way you see your clients, helps you to continue to feel good and enjoy what you are doing because you're not getting yourself all dragged out. You have to see them with love and humility. How can you not want to do that? How could you not love a job where you are asked to do that? That's kind of my thought. That's what would prevent burn out.

Angela also captured the importance of love in a therapy relationship:

> And the amount of love is so powerful in the kind of work I do, in the way that I work. I am not saying that everybody has this experience. I mean my clients love me and I love them. At whatever level, obviously I am not talking about a personal relationship. But in a very respectful, deep, sacred way, we honor that we connect and that I hold them as all of the things they can be. I do. I just see the possibilities… When you really love people, in general, you really attract them. When you live with an open heart, you will attract clients.

Linda noted the importance of looking deep into her client's life trying to connect with them despite their personal character:

> Just trying to dig a little deeper in finding a way to like them. I mean, our behavior is a reflection of who we are, but we are all more than that too.

Because if you like people that you see all day, how great is that?

I think there is sort of a humility to realizing that life is really hard sometimes and people don't always make good choices and you have to look beyond that and see the core, see the vulnerability, see something that helps you attach a little bit more to that person so that you can like them and be their advocate in a way. It's hard to be helpful to somebody you don't like. So, you know, it's our responsibility as therapists to find that and I think it also then prevents the burn out because you then care.

Embracing Humor

Several seasoned therapists talked about using humor and laughter in their therapy relationship. Regardless of the difficult and painful stories heard in therapy sessions, some participants felt that creating a safe place to laugh and joke is essential in their work. Ellen shared the importance of laughter when working with clients who share painful and tragic child abuse stories:

There's a lot of pain in that, but that's exactly where you want to bring creativity and energy and excitement and joy because they don't have that available to them that much…but part of restoring yourself from painful experiences has to be with being in touch with the part that's hopeful and the part that can laugh. You know there's nothing better, I don't think, than laughing to make people feel better. Luckily that comes to me naturally, I find humor in a lot of things.

Similarly, Jill stated:

You know and just one of the things for me is humor. I can find a space with clients where I can, you know, tease them, encourage them to kind of loosen up or

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say something funny, or off the wall, or goofy, just to reduce the tension sometimes. And I think that really makes a difference because people come in with serious issues and serious problems, and sometimes I think we forget that it doesn't always have to be deadly.

Maintaining Hope

A number of seasoned therapists discussed the power of hope and positive expectation for change in their clients. Megan spoke about her clients, "They like the fact that I am passionate, you know that I feel hope for them, that they are going to be able to change". In addition, Ellen spoke a few times about the positive influence hope has in her therapy relationships:

I enjoy what I do because it's real for me…I have that experience sometimes with this whole issue of hope and wanting the clients to feel hopeful and I've had people ask me, "How do you get them to feel that way" and I say, "I have no idea, all I know is that you have to feel it yourself". If you feel it yourself, you're probably putting it across in some way. And they'll probably be able to gather something from that. And so I feel that way about this too, you know, some of what I do is to have trust in all of what I do, because if I trust the process then I think I will convey to that to people. Then they might be more willing to go along with something they might hesitate about just because, they sense it as something that is going to be ok.

For Linda, trusting that her clients will improve has become a vital way of working in the therapeutic relationship and in maintaining joy and energy:

I think another part of it is that I'm essentially an optimist so I think people will

get better. And they generally do. I mean things change, you know, people get

better. So, I guess I think it's the attitude with which you receive. I mean the

work can be difficult, you do end up taking in a lot of, you know, negative

emotions, depression, anger, anxiety, you know whatever. But, I think it has to do

with how you look at your clients, how you look at the process of them sharing

with you.

Angela highlighted the importance of holding onto hope especially when a therapy

session may be mundane:

Another therapist friend of mind said, "Sometimes it takes a while for a mundane

to become sacred". So even your mundane sessions, I think you have to hold with

some sense of being sacred. You know sometimes it's just patience and plotting

the wall. And you got to hold the faith for your clients on those days. I tell clients

that it's like a tunnel and you're in the middle and you can't see the end and you

can't go back. And at that time you got to be a therapist with the flashlight and

say, "I've walked in this sewer, I know this tunnel. You just keep on walking".

And sometimes you are hanging on like that.

Spirituality as a Foundation

A few therapists spoke about the significant meaning spirituality has in their lives

and in their therapy relationships. But for one participant, Angela, keeping the spiritual

realm in the foreground has made the relationship with her clients extremely meaningful

and rewarding. As she spoke about a recent client's progress, her words were filled with

energy and radiance:

And the therapy is moving like crazy and it's like, "Oh my God, I love this work".

It's not even being pleased with *your* work, you're pleased with *the* work. I mean

how good is God that two people can sit in the same room and talk and change

occurs. I mean that to me, I believe is a spirit, you know, it's because it's a

miracle. It's a miracle.

Angela continues to explain how by encompassing spirituality in her practice she is able

to focus on connecting and sharing compassion with her clients:

I also think, and again this just my personal philosophy, I have a very spiritual

context, so I never feel alone in the room. I always feel that there is always

something bigger than me at work and then it's my job to keep my instrument

really clean and really well-tended, but that when I'm in the work, I feel that the

song comes through me and in that's what really touches the client. You could

call that love, you could call that God, you know and certainly it couples with

your insight and intelligence, but I definitely think that something bigger than me

is at work. So, therefore, I feel like I have something to lean on, let's say a

therapist who's an atheist, wouldn't have that behind them.

Furthermore, this seasoned therapist uses spirituality as an orienting force in each therapy

session:

I am always happy with the session. Because before every session, I literally get

on my knees whether I physically do it or think it, and I think, "Please let me be

an instrument for good here. Let me be focused. Let me serve this client". So, my

way of going into the session is, "I am going to be as good as I can be. I am ready

and here I am".

Spillover

As we have learned thus far, the therapeutic relationship and the dimensions that strengthen it are important for the participants in promoting energy and pleasure in their work. Nonetheless, there are inherent work and personal stressors that can impact the therapist. When stressors are not offset, they can impact the quality of the therapists' work and the way the therapist relates with others in her personal and professional life. Although the participants in this study did not talk in detail about the stressors faced in the work place, the most frequently endorsed occupational stressors were: business aspects in relation to private practice, economic insecurity, and excessive workload and time pressures in relation to agency setting. In this section, the term *spillover* is used to describe what happens when these stressors are not dealt with effectively. They instead impact and limit the personal and professional life of the therapist. This theme will explore the impact of spillover, coping with spillover, and the techniques used to avoid spillover while in the therapy room. The two main techniques that will be discussed within this theme are: Compartmentalization/Focus and Use of Life Crises as a Tool.

Impact of Spillover

In understanding spillover, I specifically asked the participants, "Tell me about a time where stressors you faced, either in your professional or non-professional life, may have spilled over into your work or personal life and how did it impact you?" Each participant responded to this question differently, but all related to the problem of spillover. Without talking about specific stresses, each participant shared about a time when spillover occurred and how, with accumulated years of experience, they have learned to cope with these obstacles.

Ellen, openly shared about times where she was dealing with personal crises and how it impacted her work:

I have had some personal crises where I have had the temptation to "dive into" work, just work non-stop and I don't want to think about anything else, because you feel a certain amount of control in that area that you may not have in the personal crisis area. Then there is no balance, there is no reciprocity. And likewise there was another crisis that I had that I just didn't want to work. You know, it's like, "I'm not doing that. I can't do that right now. I can't function". And that strategy was total avoidance of work.

Another participant, Nicole gave a detailed account of when her personal crisis spilled over into a session, which interestingly enough and without intending to do so, turned out to be a helpful therapeutic intervention:

Oh, the one time it really leaked over was I was seeing a gay male couple, they both had AIDS, they both were terminally ill, and they started to have an argument about who would take out the garbage. And I listened and I listened and I got more and more fed up, and I had worked with them for a while and I finally said to them, "Do you know that my husband is dying?" which was a way of reminding them that they were both dying and they looked at me in shock and said, "No". And I said, "Well you know, I'm sorry, but I don't want to talk about who is going to take out the garbage". And so, I said, "I'll tell you what, let's finish this session and you give me a call if you want to come back and talk about something else". And they both wrote me notes of apology and it was one of the most therapeutic things I had done. And it certainty doesn't appear in any

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textbook as what you ought to be doing in therapy. But that worked out very well.

So that is the one example I can give where I really went over the line.

Coping With Spillover

In sharing examples of spillover, all therapists agreed that spillover of crises into their personal and professional lives happens less often now than when they first started in their careers due to the use of different coping strategies. As Ellen puts it, "It definitely occurs less now because I have many more strategies for dealing with it. I also have, over the years, developed a lot of interest in processing counter transference". Jill further illustrates that with experience, spillover is less likely to happen: "It's really more with experience, finding out where my vulnerabilities are, like where my stress points are". Through experience, Angela learned which ways help her to cope with personal stresses:

> When I have something happening to me in the outside world that is disappointing, painful, I have to go back to where meditation or prayer or your family roots or whatever holds you together, so I'll have to do more meditation during that time and I'll have to lay low maybe in certain ways in my personal life to be have enough energy for my work.

In coping with professional stresses, Angela shared:

> I think that's the kind of spillover and occasionally you just hear something so sad that you just really take it home because it got in and it's just bigger than you. I think the other thing I learned was that I needed some time after a day, in particular a long day, where I walked or I went to the gym and then I didn't go

directly from work to home. Because if I did, I just couldn't interact with my own family or anything I was trying to do normally. I was edged out.

Compartmentalization/Focus

While in the therapy room, compartmentalization/focus was one of the key strategies employed by these therapists in attempting to avoid spillover from personal life to work life. Jill related:

> I can compartmentalize pretty well. I can get drained and learn how to do that and in some instances, if something is going on, and my personal life in some way, it can be, if it's difficult at home, it really requires a lot of attention, very intentional, you know thing, "I'm putting that aside". And also, Elena, and also being really aware when I am sitting with a client that my frame of mind is really not a good one. So, it's both of those things if that makes any sense. It's like not pretending that I not am feeling really crappy at this particular time, but also being intentional about putting it aside so I can really focus on the client.   But not making the bar so high that I don't do anything right.

Angela put it this way:

> But I think the big thing is you have to teach yourself, and I think it's a completely teachable thing, how to focus. Because when you shut that door, I've also found that it's a great relief when I was going through something difficult, because I didn't have to think about it. So, you better get control in your mind. I would say my advice to all young therapists is learn to meditate or do something that teaches your mind to control… When you go into that room, they own your

mind. They just bought it. That's how I look at it. That's the only thing you have to offer. What are we selling? Why do we get paid?

Use of Life Crises as a Tool

Several participants described using their own life crises, either personal or professional, as a tool and an opportunity to relate to and connect with their clients. For example, Linda described that with her own life experiences she has empathically connected with her clients while also continuing to develop as a human being:

> I just think that the more you experience in life, the more you sort of see how everything is connected and you know, there are always going to be ups and downs, and tragic things that happen and good things that happen and it seems like your ability to cope with that in your own life and to be able to feel good about your life outside of work has to really relate to how you are able to be present with your clients who are going through the same joys and tragedies.

Linda continued to explain:

> Every life experience that you have adds to what it is that you bring to the table, in terms of understanding other peoples' pain, understanding how things can all of the sudden feel out of control, you know all those kinds of things that our clients are dealing with. So, in a way you have to look at whatever things happen in your life as part of the process of your own development, your own actualization as a person and as a therapist.

A helpful piece of advice that a seasoned therapist once gave Angela has facilitated her during difficult times:

A very wise therapist said to me one time when I was having a hard time in my own life and I said, "God, I'm afraid to go back to work", I felt so bad all weekend in my own situation, and she said, "Gee, I find that when I'm at a sad place, actually the work is even richer with my clients because I can sit with them with more patience. I can let my own sadness, you know, lead me to a more independent space" and so I have held on to that in my own hard times.

Angela has also used her difficult times as a tool to process how she would help a client who might come in for a session presenting with a similar crisis:

When I go through a hard time, there's a part of my brain that's witnessing it and saying, "Ok Angela, you know this week somebody is going to walk into your office and be faced with this problem. What's the best thing to do?" And it's inspired my own life. I am a much better person because I'm a therapist. There's no question. I challenge myself, I look at my life through those eyes, and so my own clients have made me better. No question.

Sustaining Balance

One of the major themes I quickly became aware of as I interviewed each participant is the importance of sustaining balance in their lives in order to preserve passion in their work. In talking with the participants, I learned how they practice and implement balance in their lives. But the most commonly reported ones that will be discussed here are: Maintaining Boundaries Between Work and Personal life, Seeking Diversity in Work, Seeking Continual Learning Opportunities, Seeking Support from Peers, Seeking Support from Friends and Family, and Engaging in Self-care Activities.

Maintaining Boundaries Between Work and Personal Life

Every therapist interviewed expressed that attending to her non-professional life is essential in maintaining joy and passion and avoiding burnout. Several therapists felt that they constantly work hard at maintaining boundaries between work and personal life. Ellen expressed, "That is something that over time, I've managed more or less effectively, and I am still learning about that all the time…it is something that gets better as you attend to it and practice it". In creating this balance, several therapists spoke directly to creating physical and psychological boundaries between the two spheres. All therapists placed great value on taking vacations, and more specifically, scheduling vacations so that they are optimally effective. Ellen shared, "Throughout the year I maintained a real good balance…my husband and I made plans for vacation, for example, we are going for a month to South America but planning that ahead of time, so that's always something to look forward to and we took a series of smaller vacations through the year".

Another way of creating boundaries is making intentional choices to put limits to the demands of work. For Linda, arranging specific work hours has helped her maintain a balance between work and family:

> The most support factor in that I think is boundaries. I mean usually we talk about boundaries is more clinical boundaries with clients, but I think the business has to have boundaries too. For me, it's been very important to have office hours that are just clear and established and to be pretty rigid about that. I have been very deliberate about them… I have children, school age children at home, so it's really important to me to be home as much during after school times as possible

so I pretty much contain my practice mostly to school hours…I just feel like keeping that boundary as much as I care about my work, it's also my work. It's not everything, it's not my entire identity.

In contrasts to her current balance, Linda also recalls of her days as a novice therapist:

When I first started I was an emergency worker, so I was use to being on call on stuff. So I would be like, "Anything happens, call me. You know". I don't do that anymore. I'm more like now, "Anything happens, what are you going to do? You can call so and so, you can do this", to help people problem solve.

Similarly, for Megan, early on in her career the notion of boundaries was insignificant:

I was so enthusiastic about what I doing, I was so like, excited about being a therapist that the idea of boundaries was like, "Nah". If somebody called and I said, "The only day I can come in is Saturday", I'd be like, "I'll be there". It was like, put limits, put structure??? It just didn't happen. And I'd hear people say you are going to burn out. And I was like, "How could I burn out?"

For Jill, creating psychological boundaries at the end of each day's work has been helpful in maintaining her well-being and well-functioning in both parts of her life:

I think when leaving the office at night is to say to yourself, "I have done what I have needed to do for the day" and in a sense, put your work, sometimes doing it physically, in the drawer, and close the drawer. If you know that you have done what you can and there is nothing critical in these 24 hours that you have to attend to, then you close the door. Your clients will survive… it's really saying, when you walk in the door at home, how much of the time when you get home are you

going to think about your clients, read a psychology book? And that is really helpful because you can't do this 24-7. You'll absolutely burn out.

Seeking Diversity in Work

All six seasoned participants viewed diversification in their work as imperative as a way to avoid staleness and strain in their work and instead, to keep them invigorated. Most participants talked about changing the types of clients they see. Specifically, several therapists, like Angela, talked about seeing fewer high-risk client populations at this point in their career:

> But the more troubled people that I really worked with as an intern, in hospitals, I no longer except as clients. People who could die, I just can't do that anymore. I'm just too old to be on call during the night, things like that. I mean aging, I think I am lucky in how I have aged, but you don't want to embrace certain things at different times. So, I don't take high-risk clients anymore.

Jill related by sharing:

> I worked in an agency for a number of years, I was doing adolescents all the time, adolescents and family work all day long and I found that pace got to be too much from time to time. So, I knew that to continue to work with families and adolescents and to do a lot of parent work that I had to add some more work with individuals who may not have such serious issues…and so that work can be a little bit more paced and much slower.

Two participants mentioned explicitly teaching, consulting, and writing as a way to renew themselves and stay excited about their work. Ellen said,

I think that the other way I have done that (and I noticed it was helpful to me many years ago) was in doing many different kinds of work and not limiting myself to one. So for example, I have a private practice in addition to teaching, in addition to writing, in addition to consulting. All of those things, because they are different enough from each other and yet they are all within the context of what I do, keep me energized and interested. I think, for example, under the consulting and teaching, to be in the presence of students, in the presence of people just beginning clinical work is very exciting because one can recognize and remember having that kind of enthusiasm or wanting to read everything about that one thing, or just getting excited about doing the best job you can do.

Seeking Continual Learning Opportunities

In addition to creating diversity in the work setting, all of the participants described the importance of continually seeking learning opportunities. Attending and learning from trainings, conferences, and seminars, were described as essential to keeping attuned to new ways of thinking about their work and remaining energized.

Megan explained:

I think continuing education is important, because when I go away and I learn something, it's a different way of looking at things. And so, I go to a training and hear somebody talk and I go, "Oh, I want to go back to the office and try that".

Several times throughout the interview, Linda talked about the importance of continuing education and trainings in helping her remain inspired, fresh, and jazzed about her clinical work:

The other thing is always trying to get more training. I did some coaching

training, which I found really fun and interesting…and other things along the way

is going to conferences, going to trainings, and learning new skills really keeps

you fresh. You are challenging yourself to incorporate new things into your

repertoire, into what it is you have to offer, and you've got a new thing that really

helps….You are excited to try new things and introduce it to clients. It makes you

think about your cases a little bit more differently. You think, "Is this an

approach that would work with this person?". It helps you re-formulate things. It

really does give you that energy back.

Seeking Support from Peers

Maintaining regular contact with colleagues and supervision groups was noted by

all participants as very important to their well-functioning. Like other therapists, Jill

spoke of the isolation encountered in private practice and the need of collegial support to

connect with others to fill the void:

Making sure I spend time with colleagues who also enjoy their work and who can

understand both feeling passionate about the work and also understand what it's

like to feel discouraged or just really tired. That makes a difference, especially in

private practice because you can't do this by yourself.

Megan frequently talked about the importance of attending peer supervision groups

through out her career. I vividly remember Megan pointing to a framed picture she has

of her supervision group in her office as she referred to them at various points during the

interview. She also noted how peer supervision has been helpful in providing feedback

and advice about therapists' developmental stages:

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When I would talk to the group and I would say, "I just don't know how I'm going to do this because if I am going to get out of this, what am I going to do". And they would help give me some structure and some hope and it was like, "You are really good at what you do, you don't have to give this up, there is another way to do it", so that they held the despair. And by holding it and letting me talk about it, I think for a lot of the therapists if you are not in a peer supervision group it's like, there is no place to hold those feelings. You think, "Oh, I'm weird" because we don't talk about therapists and their career development in school. We don't say, "Well the first five years it's still going murky but if you make it through that, you are going to feel ok" or "At the 10 year mark you are going to begin to feel, "Ok I got my act together here"" or "At 25 years this is what you are going to face" or even what you are looking at, how do people keep the passion? We don't cover that in school. You know, so you feel very isolated and a peer supervision group just keeps you going.

Establishing a close, cooperative, and trusting relationship with colleagues appeared to be of highest priority for many of these seasoned therapists. For Jill it definitely was:

I really learned that I needed to be, in a professional way, with colleagues with whom I could number one, be myself, and I could really feel comfortable sharing what it was I was discouraged about. And number two, be in an environment in which I was comfortable. Because if you are with colleagues that you get along with or that on some level you can share your work even if they don't do it the same way you do it. It's not about doing it the same way, it's really about having certain values that are similar, like sharing the same level of respect, the same

level of ease with doing the work, the same level of integrity, the same level of curiosity about how to do the work. And that really makes a difference. And that someone who is going to be available…to have colleagues that are available when you just feel like your work is going into the tank, which usually it doesn't, but it feels that way.

Seeking collegial support and supervision for many of the seasoned therapists was also valuable and critical when feeling stuck in their professional work. For Nicole, working in a practice with many professionals has allowed her to easily seek supervision when needed:

I think that is very important and that is one thing that I love about this practice, is that we do have peer supervision and that even if it's not a day that we have peer supervision, if I get stuck, I can walk down the hall and talk to another 10 or 11 people, any one of them about what is going on.

And for Linda:

I think that one thing I do is if a case is kind of stumping me or is difficult or I am worrying about it in some way, I talk with a colleague about it and getting that collegial support sometimes because I have a great idea of something I didn't think or some perspective I didn't have before and sometimes just the support of saying, "Yeah, that was really hard". So you kind of get validated a little bit about that.

Seeking Support from Friends and Family

Many seasoned therapists also mentioned the value of seeking social support from friends and family to help build that healthy balance between personal and professional

life. Spending time with one's spouse, children, and grandchildren were highlighted as important relationships to attend to. Also mentioned, was intentional scheduling to meet with friends. For instance, Linda indicated that careful and intentional planning with family and friends has helped her nourish close relationships in her life while also maintaining balance:

> Another thing that I do now, much more than I use to, is to plan social things that I do. I have this group of neighborhood women that get together once a month for breakfast. And I remember when they first started doing that I was like, "I can't do that, I have clients", but now (10 out of the 12 months) I am there because I mark it on my calendar…that's an important thing to do, to stay connected to my community. It's just a neat thing to do…I make them a priority because I find that I feel better if I keep that kind of social thing going. And then my husband and I go out and that kind go thing. Those are things that are in my calendar and I have made a commitment to doing them because it helps me get a little more balance.

Engaging in Self-care Activities

As uniform as the need to seek social support from friends and family was the tendency of the participants to speak about the importance of self-care. Angela discussed with me that although she was not taught about the importance of self-care in graduate school, through acute self-awareness, she quickly learned about the cost and benefits of taking care of self and ultimately her client:

> I was with one of my first clients ever, I was still in my internship and I was hungry during the session and it was a really hard session. My mind kept just

thinking of what I was going to eat and then very soon after I was with another

client and I was sleepy. And that was hellish. Because when you're tired people

bore the death out of you. Of course you get somebody who is monotone and you

just literally want sticks in your eyes to stay awake. I was pinching myself to keep

my eyes open, I was that tired. And so it starts to dawn on me that if these basic

needs weren't met it was like I was stealing money, because if you are not alert in

the room and focused in the room, if you mind wanders even for a minute, what's

that a buck? If you charge them $60, it's $2 bucks if it's $120, if it's $3...you

know. So, early on I felt like it was stealing if I wasn't ready and that's what

really started it for me.

Megan described the importance self-care has for her:

I think having fun is the most important part about the self-care. You know it's

like, you have to replenish the energy. You have to belly-laugh. You have to you

know, relax. And I think that's really important. It's like when I am stressed, I am

good as a therapist, but the joy isn't there. If I'm exhausted, I am running on

empty and so even though I'm good at what I do, the joy isn't there. And so that's

always a sign, it's like, "Self-care time".

Three participants explicitly mentioned that they started paying attention to

themselves, when they started listening to the advice they were giving their clients. Linda

associated by sharing:

I think that is relatively recent. I think I started taking that more seriously…well,

really the truth is I started listening to what I was telling my clients to do. Yeah,

that would be it. Really, like I sit here and I think, "How often am I telling people,

you are worth it, you have got to take of yourself. How can you take care of all

these other people if you aren't taking care of yourself? Take that time".

I use to be much more work-home, work-home. Also, as you age you need more

sleep, you start to get aware of your own aging process and it's like, "Ok, you

know what? I need to take care of myself because I want to still feel good in 10

years". So, it gets more pressing as you get older to pay attention to that stuff.

Several participants shared the crucial importance of taking care of their basic needs.

Angela related and also talked about the trap of seductiveness in this profession and the

detrimental effects it may have:

I realized that I had to eat well, I have to sleep well, I had to exercise well. I had

to really be proud of my life and take care of myself…I think there is something

seductive in the work because you feel so useful and you feel so needed and you

get compensated so well that it can become your sense of self and I think that's

how you burn out. Because after a while it just eats you up alive. So I am a great

believer of self-care.

Other self-care activities that participants shared were: spending time in nature, going to

the beach, scuba-diving, belonging to a book club, going to the opera, going to the

theater, getting massages, exercising, meditation, yoga, going to retreats, and spirituality.

Changing Commitment to the Profession

A very distinct piece of information was uncovered through the interview process.

I found that when I asked the participants how their commitment to the MFT field has

changed over the course of their career the participants had different responses. I

discovered that the change in commitment for 2 LMFTs was in the systemic piece, for 2

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LCSWs the change occurred in the amount of time they allotted to their professional work, while for another LMFT there was no change in her commitment.

For Ellen and Megan, the change in commitment was in the systemic piece of therapy. Ellen, an MFT therapist who specializes in child abuse, found that her commitment changed as she realized, with experience, how theories learned in graduate school become relevant as she began incorporating the family piece in therapy.

> I think that the commitment is stronger in the sense that the more experience you have the more the theories and all the lessons we are taught become relevant. And so we sit in a session and realize, "Oh that's right, you know, we have a missing piece here" or "That's right, you know without both parents sitting in this room talking to me right now, I'm going to get less of a complete picture of this child than I would if they were both here". Or, "Gee these kids are being affected by the relationship they see between their siblings or their parents". The more you do, the more you realize how important the system work is. So, I think it grows over time.

Megan, a seasoned MFT therapists who specializes in couples and sex therapy, shared similar views:

> In terms of commitment is really the commitment to be in a situation where people are thinking more systemically…And so the commitment is to be more in a systemic alignment than it is to be in an alignment with individual psychology.

For Linda and Jill, both LCSWs, the change in commitment manifested in how much time they had chosen to invest in their professional lives. Linda described herself as "more ambitious" when she started off in the mental health field, "wanting to teach,

wanting to write, you know, give talks. All of that was important to me." Linda further

explained:

> And that's really receded and it doesn't feel that important to me now. I am very
> content doing my practice with my time. So, that's something that has shifted
> because I was more ambitious and sort of committed in terms of I wouldn't say
> more or less committed to my clients, but more committed than being who I was,
> needing to do more in the field. And I think that has changed. And I think that
> largely changed just because of having a family…so, it could sort of look like I
> am less committed but it doesn't really feel like less commitment. It just feels to
> me like a contained commitment, a boundaries commitment.

And from Jill I heard:

> And I think for me and for a lot of clinicians, it's being overly committed, overly
> responsible. So for me, it's been a process of learning how to balance that and
> learning to let go. And I think a lot of us do that, being overly responsible. So it's
> been more about really finding that balance.

> Angela, a LMFT described her commitment to the field in a fascinating manner,

as an unchanging promise that she has whole heartedly devoted herself to from the

moment she began practicing:

> It's never changed. I started it as a sacred vow. You know, to me, it was as sacred
> at matrimony or the priesthood, you know, I just feel that to hear people's secrets,
> to sit with their inner world is such an honor and you want to do it with grace. So,
> it hasn't changed one bit. And that's what I am thankful for that I feel absolutely
> the same way as I always did, just entirely grateful.

Advice to Novice Therapists

After having the opportunity to delve into the participants' experiences about their commitment to their therapeutic work, I ended the interview with one last question. At the end of the interview each seasoned therapist was asked, "What advice would you give novice therapists about maintaining joy and passion in this field?". Each therapist gave wise, introspective, supportive, and helpful advice. In this section I will highlight some of the most common pieces of advice these 6 intelligent and seasoned therapists shared with me. They are as follows: Select the Work you Like to Do, Get to Know Your Clients, Take Care of Yourself, Think of Therapy as a Job, Continually Pursue Supervision and New Learning, and Have Faith in Yourself.

Select the Work That You Like to Do

A common theme among the seasoned therapists is the need to, "pay attention to the kind of clients you work with", as Nicole suggested. The general notion was that it's important to pick clients and an area of specialty that will generate enthusiasm and pleasure in your work. Ellen talked about seeking pleasure from the simple things that occur in the session with the type of clients she enjoys working with:

> Well, I think it's really important to do something that you like to do and that fills you up. I mean I have sessions sometimes where somebody leaves and I go, "Hotdog that was great. That was really amazing. It's amazing what that child did" or when the child looks up and says, "When I grow up, I want to have an exciting job like you". It's critical to take pleasure from those simple things and those simple rewards that just happen. And also to make sure you are liking what you are doing. I am often sitting there and I have moments where I reflect on

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how much I really enjoy being there at that moment. There isn't anything I would rather be doing than being there. And that's nice, you know. It's a really good thing…If you are sitting and find yourself making a deeper hole into your couch and you don't breath well and you can't wait for that person to leave, then you aren't doing the right thing. I'd say selecting out the kind of work that you want to do is the most critical. And not being shy about and letting people know.

The idea of finding energy and inspiration from work was shared by Angela as well. She emphasized the importance of seeking a work environment that will help invigorate and motivate therapists to practice the skills they have learned with passion.

I would say that I find inspiration, not depletion from work. So, try and find a way to do that…I would say to be sure you like what you are doing. I mean you have trained for it. Now find a way to do it that you like. I would say check out, like are you happy in the hospital settings? Do you like working for somebody? Do you like working for yourself? And I think that this job can be a thousand different jobs…Don't get stuck in one thing and think it's this job. Because this job is a thousand jobs. This is all about you and what works for you.

Aside from seeking diversity in clients, Megan learned from personal experience that it's equally important to limit the number of clients who are negative and to protect yourself from the glumness:

"One is diversification. I think it's either that sense of diversification again, not only in terms of interests, but not seeing too many people who are really down. Don't get stuck in a niche too soon… That's something I've learned… And when you see people who are really down, it's like you walk out of the room and you

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wipe that energy off. Or you do something to transition so that it doesn't stay with you. Because I think, otherwise, you get sucked in.

Get to Know Your Clients

A few seasoned therapists spoke about the importance of looking at your clients beyond the presenting problems they bring into the therapy room. Knocking down the hierarchical barriers can open a new way of relating with clients, while also bringing joy in the therapy process. Megan spoke about the value in avoiding "hardening of the categories" in the therapy relationship. By avoiding the hierarchical stance, Megan advises that it will easily keep the therapeutic relationship "fresh":

> Some therapists say hardening of the categories, like sometimes when people get into doing the work for a while all they see is categories, "That this is my anxious patient, this is my depressive patient, or this is my PTSD patient". And you have to avoid the "them-us" split. It's like, "them" being clients or patients and "us" being the wonderful, professionals. And I think by not having that kind of split and avoiding sort of the hardening of categories keeps it fresh.

Linda added that it is helpful to really enjoy and "get to know" your clients:

> I think really trying to enjoy your clients, trying to really like them and enjoy them and not see them as problems that have been forced upon you to fix. And it's easy sometimes to feel that way because you take all these classes and you learn all these interventions and you read all these books about brilliant therapists who fix people really quickly and so, you know, it's easy to get hooked into that whole thing. Like, here's this case with a problem and what am I going to do? And you do have a responsibility to do something and to help them change, but to

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try to really enjoy it along the way, enjoy the people, really get to know the people. Have the humanity of it in the forefront. I think that's part of it.

Take Care of Yourself

As already discussed in this chapter, caring for self is an extremely important part of the participants' lives. Equally important was sharing this piece of advice with novice therapists. All seasoned therapists in this study advised that in order to be effective and happy in this field, it is of utmost importance to practice self-care. Having a full life outside of the professional realm is necessary for self-renewal. Jill encouraged novice therapists to develop a personal life as to bring balance between work and play:

> My best advice about that is, number one, to have a personal life, I mean seriously. And especially when you are younger and you're a novice therapist, it's really to develop a personal life that is important to you so that you are really developing a balance, really right from the get-go.

Jill continued to advise beginner therapists to be kind to themselves by doing different activities and surrounding themselves by people they enjoy:

> Give yourself permission to take time off, if you need it, a day, half a day, or a weekend. Spend time with people that you really like. Don't have people in your life that you don't like, if you can help it. I don't know how good you are at nurturing yourself, but just indulge yourself, whatever that is. You know you might have to spend some time taking trips, or like that, but just have that time for yourself and for the people that really care about you. And just do fun things, whatever that is.

Angela offered more advice about self-care when she said:

For young therapists, go find some fun. Go figure out what you like to do and what makes you happy. Watch when you laugh…You can't live a chaotic life and to be able to sit peacefully in the day if you want to do this work…I think you need to live a life that you are proud of.

Linda emphasized the essential function of self-care through physical activities and through spending time with friends and family:

I think really trying to pay attention to developing your own self-care and your own support system, your family, your friends, exercise, getting sleep, you know taking care of yourself. Because even though on one hand I sit in this chair all day long, it's tiring and you have to be in good shape, really do it and to have the energy for it and you have to take care of yourself in that way.

Think of Therapy as a Job

A few therapists touched on the topic of developing a professional identity early on in their career. Although it is easy to become emotionally entrenched in the client's life and to take on the role of the "do-gooder", some therapists, like Megan share, "Don't forget you are going to hear the worse things that people can possibly think or conceive to each other. And that's why therapists should get paid good money." Developing a clear professional identity and boundaries in this profession is imperative to living a life full of emotional and financial rewards. Megan resumed by saying,

It's really important to think of this as a job, as opposed to, like being a do-gooder. What I'm trying to say, I know lots of therapists who don't understand this is really a job, and as a result they don't have clear boundaries. Well, I think a lot of people think of doing therapy as they are just going to be helpful to people.

So they don't think about it as a job where there are life style considerations, there are business considerations. Because it's very difficult all the stuff that you are going to hear and if you don't think of it as a job that you are going to get paid, you are going to get burned out. Well, if you don't get paid well, you can't afford things in life. If you can't afford things in life, you are not going to be able to have a life that you enjoy.

Continually Pursue Supervision and New Learning

This theme was restated as advice because the seasoned therapists believe that staying connected with peers and seeking continuing education can help novice therapists move energetically along their career development paths. Linda highlighted the essential growth and support obtained through supervision and continued education:

The advantage to being a novice therapist is you usually have a supervisor. And supervision is fabulous. I really think that having supervision is great and it's a great resource. It's really such a luxury to have somebody who is there for you, to really hear about your cases and help you figure them out and help you come up strategies and perspective…And to never feel like "Ok, I have my Masters. Ok I have my license. I am done" because there's always more training, new things to learn, old things to be reminded of, more support to be gotten. So keep going to conferences, going to trainings, learning more to keep yourself energized.

For Megan and Jill, continually seeking energy and wisdom from professionals and other learning resources is a must in order to be a happy and effective therapist. Megan said, "There is always something new to learn. And I think that keeps the passion. Yeah, so workshops, seminars, talking to people, finding what other people are doing. It's

like a lot of fun!" And Jill spoke about the importance of receiving support from positive and empowering supervisors, especially as a novice therapist:

> And I think you'll get a lot of support. And if you don't, find it. It's really, really important. And it's too easy to get discouraged from people who are negative. So make sure that you have a mentor or supervisor that you can really connect with, and who will support your enthusiasm and listen to you…It makes all the difference in the world. It really truly does.

Have Faith in Yourself

Many seasoned therapists recalled the elevated stressors they faced when just starting out in the mental health field. However, with at least 15 years of experience in this field, a few therapists gave insightful advice about the notion of believing in oneself and the goodness that you bring to each session. One of these therapists, Angela, compassionately said:

> If there is anything I can pass to anybody young, it's to believe in yourself and to believe in your own goodness. Because when you sit with people and when you sit with it yourself, it's , "I'm not good enough". If you think about serving your client, you won't be thinking about "Am I good enough". If I was sitting here thinking, "Am I saying what so and so needs, and what are others going to think, blah blah blah", I wouldn't be spontaneous and open. But the fact is, when I sit down, I am thinking, "Ok, how can I open my heart and be honest and serve this situation. What would be best? Just let it come out". So, trust yourself.

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Summary of Qualitative Interviews

Factors contributing to MFTs enthusiasm in clinical work have received limited attention from researchers. Therefore, this study sought to understand how seasoned MFTs continue to experience joy, passion, and love in their work regardless of the inherent stressors associated with this field.

Through use of qualitative methodology and a phenomenological perspective, this chapter described the experiences of six seasoned MFTs who remain enthusiastic and happy in their work after 15 or more years of clinical experience. I presented the themes that emerged from the interviews using the voices of the female therapists. The six themes addressed were: Portrait of the Passionate Seasoned Therapist, Getting Renewed by Clinical Work, Spillover, Sustaining Balance, Changing Commitment to the Profession, and Advice to Novice Therapists.

The results indicate that participants identified themselves as equally passionate about both their personal and professional lives. Furthermore, clinical work energizes and invigorates these therapists. Participants identified several factors that sustain their energy and vigor: the importance of the therapeutic relationship; relating to clients with humility, hope, and humor; and seeking continuous social support from peers.

Participants also identified how they managed to cope when challenged by personal and professional stressors. The stressors together with the career demands reinforced the value of maintaining balance and boundaries as well as by engaging in self-care strategies to ensure personal well-being and professional vitality. Several key coping strategies were emphasized in the responses these therapists' gave to the question regarding advice to novice therapists. Participants advised novice therapists to: select the

work you like to do, get to know your clients, take care of yourself, think of therapy as a job, continually pursue supervision and new learning experiences, and have faith in yourself.

Linda, a seasoned therapist of 26 years, tells us in her advice to novice therapists that a career as a therapist can ultimately be rewarding, joyful, and meaningful, but you must trust the process and have faith in yourself:

> It will all be okay. In a way that's it. What I want to say is [that] trusting your own process as you learn to trust the client's process [is important]. Knowing that you will continue to sort of season and change and get better. That doesn't mean you're not good now; but you are going to change, you are going to be different in 10 years. Have faith in yourself.

Linda reminds us that therapists grow and change, just as their clients do, and that is the seasoning process that reinvigorates and renews.

CHAPTER V: DISCUSSION

Introduction

The purpose of this study was to describe the experiences of six female MFTs, nominated by their peers, to discover how they maintain passion for their work. More specifically, the present study was designed to uncover common and distinctive themes about the personal experiences of therapists who impressed their peers as being passionate and joyful after working as an MFT for a period of 15 years or longer. A qualitative research method was used to collect rich and in-depth data about how seasoned MFTs achieve a continual sense of fulfillment and personal meaning in their work despite facing personal and professional obstacles. I also solicited advice from them about maintaining passion, particularly as it might be offered to novice therapist.

Through use of a phenomenological framework, I was able to preserve the voices of the participants as well as guide the analysis to describe their experiences. Through the use of direct quotes from the interviews, I described the most significant findings.

I begin this chapter by integrating my findings with previously published research. This is followed by a discussion of the limitations of this research; topics for future research; implications for professional associations, MFT training programs and trainees, and practicing MFTs; and conclude with my personal reflections.

Integration of Findings With Previous Published Research

What I am is very, very interested in what I do. I love it...it brings tears to my eyes to think about that I get the opportunity to make my living this way. I mean what in the world could be better to get so much love and gratitude for people and to have a nice lifestyle provided for you. I couldn't paint a better picture for myself -Angela

Two overarching processes extracted from this study will be discussed and compared with previously published research. The two processes examined are: *Accumulated Experience Can Be a Major Resource for Maintaining Passion* and *Sustaining Balance Enables Seasoned MFTs to Maintain Passion*.

Accumulated Experience Can Be a Major Resource for Maintaining Passion

The participants in this study have used their accumulated experiences in a way that enhances their passion. The seasoned therapists, with an average of 20.5 years of professional experience, talked about their rich lives and work experiences they draw upon in their work. These experiences have increased the participants' depth and competence as human beings and MFTs. The benefits of experience were cited frequently throughout the interviews. The results of this study are in agreement with previous literature that supports the notion that with life experience and age comes maturity, which serves as a buffer against symptoms of burnout (Kottler & Hazler, 1997; Ronnestad & Skovholt, 2001; Ronnestad & Skovholt, 2003; Rosenberg & Pace, 2006; Skovholt & Jennings, 2004).

Participants briefly talked about stressors they faced, particularly when they first entered the mental health field. Consistent with other research, the participants claimed that with age and experience, they learned how to effectively cope with work stressors;

this resulted in less distress (Sherman & Thelen, 1998). Furthermore, in agreement with previous literature (Protinsky & Coward, 2001; Ronnestad & Skovholt, 2001; Ronnestad & Skovholt, 2003) participants described feeling more secure and differentiated with experience. This enabled them to handle difficult therapeutic issues and stressors with ease and confidence. Novice therapists, particularly in their early years, tend to feel more anxiety and anguish about their work.

The participants in this study shared that living through crises in their personal lives enhanced their roles as helpers. The seasoned therapists described using personal and difficult experiences as opportunities to relate to and connect on a profound level with their clients. This finding is consistent with Skovholt and Jennings (2004), who report that seasoned therapists' own crises made it easier for them to relate to the anguish and distress faced by their clients. Seasoned therapists developed feelings of empathy for their clients as they related to them from their own life experiences. Although not discussed in the literature reviewed, participants in this study also talked about learning to compartmentalize their personal challenges and to focus when working with clients in order to avoid spillover. After years of clinical experience, the MFTs were generally able to enter clients' worlds and be of assistance, while putting their personal problems at bay.

Unlike the rigid and mechanical fashion in which techniques are often used by beginning therapists, the seasoned therapists focused more on the process of the therapeutic relationship. They talked about the importance of developing a genuine and open therapeutic relationship with their clients through patience, tolerance, and authenticity. This rich and open therapeutic relationship enabled the MFTs to fully enjoy and appreciate being therapists. Published literature explains that with accumulated

experience, therapists are more aware of the therapeutic relationship and, thus, develop a natural synthesis of personal and professional selves (Jennings, Goh, Skovholt, Hanson, & Stevens-Banerjee, 2003; Protinsky & Coward, 2001; Ronnestad & Skovholt, 2001; Ronnestad & Skovholt, 2003). Embracing the therapeutic relationship with care, humility, hope, and humor, with less emphasis on techniques, assisted these MFTs in maintaining passion in their work.

One area not previously discussed in the literature is how commitment to the MFT profession has changed over time. In this study, the participants spoke about how their commitment to their work changed with accumulated experience. The participants' responses were unique and could not be categorized. For some, the change in commitment meant placing more clear boundaries on time spent between work and home. For others, there was an increased commitment to systemic clinical work. Only one participant reported there was no change in her high level of commitment to the profession. Although their responses were distinct, it was clear that the commitment to the profession for each of these participants continued to be filled with passion.

As supported by a previous research study of MFTs (Protinsky & Coward, 2001), a major theme for the seasoned therapists in this study was that with accumulated experience they learned how to reassess and negotiate balance between their personal and professional lives. With trial and error the participants of this study discovered how much time would be reasonable and healthy to commit to their clients and to their personal lives. The development of a healthy balance seems imperative to enabling participants to maintain passion and enthusiasm in their work as well as in their personal lives. How participants sustain that balance will be discussed in the next section.

Sustaining Balance Enables Seasoned MFTs to Maintain Passion

The findings of this study indicate that maintaining balance between personal and professional lives plays an important role in achieving and preserving passion in their work. This study supports research about other mental health professionals (i.e. psychologists, counselors, social workers), that balance is crucial to maintaining joy and happiness (Case & McMinn, 2001; Coster & Schwebel, 1997; Gilroy, Carroll, & Murra, 2002; Mahoney, 1997; Norcross, 2000; Protinsky & Coward, 2001; Radeke & Mahoney, 2000).

Research further supports the need to promote self-care as a way to avoid burnout and impairment in mental health professionals (Baker, 2003; Carroll et al., 1999; Coster & Schwebel, 1997; Dlugos & Friedlander, 2001; Farber, 1990; Figley, 2002; Kottler, 2003; Mahoney, 1997; Norcross, 2000; O'Connor, 2001; Porter, 1995; Rosenberg & Pace, 2006; Sherman & Thelen, 1998). The participants in this study highlighted a number of self-care strategies or techniques they learned from experience that helped facilitate well-being and passion in work, and ultimately promote balance. Several of these strategies were also given as advice to novice therapists who seek to attain a rewarding and passionate career as an MFT.

Many of the highly rated strategies used by the participants in this study for maintaining balance were similar to ones described in previous studies of non-MFTs (Coster & Shwebel, 1997; Dlugos & Friedlander, 2001; Kramen-Kahn & Hansen, 1998; Mahoney, 1997; Stevanovic & Rupert, 2004). The commonly reported self-care techniques were: vacations, leisure activities, physical activities, spirituality, and

spending time with friends and family. The findings in this study support the participants' need for loving and nurturing personal relationships with their families and friends. This need for personal connections and sustaining a healthy life style seems to be achieved by carefully planning both personal relationships and professional life so that both can flourish.

While research indicates that therapists value personal therapy as a way to tend to self, (Coster & Schwebel, 1997; Mahoney, 1997; Porter, 1995), participants in this study did not mention this as a self-care strategy. There can be a couple of explanations for this. First, I did not specifically ask participants about experiences of personal therapy. Second, because of the intimate nature of the interviews, the participants may have been reluctant to share such personal information. In addition, I am acquainted with two of the participants because they are affiliated with the Virginia Tech faculty and asking about experiences related to personal therapy may have made the interview process awkward and uncomfortable for them.

The findings of this study also confirm and extend the literature in that they highlight the significance of peer support and diversity in work, as ways to promote therapists' well-being and ultimately balance (Baker, 2003; Coster & Schwebel, 1997; Dlugos & Friedlander, 2001; Kramen-Kahn & Hansen, 1998; Mahoney, 1997; Norcross, 2000; O'Connor, 2001; Porter, 1995; Sherman & Thelen, 1998; Weiss, 2004). The seasoned therapists in this study repeatedly reported the importance of seeking supervision and peer support as a way to not only to deal with challenges encountered at work, but also to promote passion in work. Intentionally scheduling peer meetings was imperative for these therapists who work in private practice in order to avoid feeling

isolated. Engaging and actively seeking collegial support helped these seasoned therapists restore themselves personally and professionally, and aided them in maintaining balance. This study also re-affirmed Dlugos and Friedlander's (2001) findings that continually seeking diversity in work, either by seeing diverse clients or seeking new seminars, helps therapists keep themselves invigorated and open to new ways of thinking. Seasoned therapists frequently reported that ongoing learning classes are important to being a happy and effective therapist.

Limitations and Topics for Future Research

This study provides an intimate look at how seasoned MFTs maintain happiness and passion in their work. While several interesting themes emerged from the data, it is important to note the limitations of this study as well as topics that can be considered for future research.

The first limitation of this study pertains to the fact that the seasoned therapists that participated in this study represented only female MFTs. In previous research, gender differences were apparent in self-care or well functioning strategies of psychologists and counselors (Coster & Schwebel, 1997; Kramer-Kahn & Hansen, 1998; Mahoney, 1997; Stevanovic & Rupert, 2004). Future research should examine whether or not these gender differences hold true for MFTs. Moreover, responses from male MFTs regarding what helps them remain passionate in their work may differ from the findings of this study.

The second limitation of this study is related to the geographic location from which the therapists were enlisted. The seasoned therapists that participated in this study represented MFTs in the Washington, D.C. Metropolitan area. Because the participants

of this study live in an urban setting, it is possible that the stressors experienced and the resources available to them differ from therapists living in a less urban area. An investigation of therapists from a different geographic area would be an informative contribution to the literature. It is likely that responses from these participants may differ from participants from other geographic areas. Furthermore, the experiences may be different for seasoned therapists in another state where the practice of marriage and family therapy has been regulated for a longer time than in the D.C. area. By expanding this study to MFTs in other states, it would have been easier to recruit and obtain participants who are licensed only as MFTs.

The third limitation concerns the primary work setting of the participants. The primary work setting of the participants in this study was private practice. Further research may be done to determine how seasoned MFTs who work in settings other than private practice achieve a continual sense of satisfaction and joy in their work. Marriage and family therapists working in diverse settings, such as an agency or hospital setting, may experience different types of stressors and challenges in the work place. It would be interesting to explore and understand how seasoned MFTs who work in such settings remain passionate and happy in their work as well as, what they view as professional stressors.

In addition to the limitations and future research possibilities described above, I present two additional suggestions for future research.

First, future research should consider using a longitudinal design to explore how MFTs' experiences of passion and joy in their work change as they accrue years of professional experience. To capture therapist development and enthusiasm in work

across different stages of life requires studying this phenomenon over time. The participants in this study had an average of 20.5 years of clinical experience as an MFT and were interviewed in a later stage of their lives. It would be interesting to study novice therapists in training and follow them as they progress in their career. Novice therapists beginning a career in this generation may face different stressors than the therapists who participated in this study. Furthermore, novice therapists may have different resources and coping strategies available to them. A longitudinal study would help examine some of these possibilities.

Secondly, future studies, using survey methodology, could explore the factors that contribute to seasoned MFTs' enthusiasm in work in order to generalize to larger populations. Qualitative studies, such as this one, are inappropriate for generalizing; their focus is limited to the participants. A research study using a survey instrument, on the other hand, could reach a larger and diverse sample of MFTs. The data gathered from such a design can then be "generalized to a population represented by the group or sample" (Sprenkle & Moon, 1996, p.447).

In spite of its limitations, it is my hope that this study of these female seasoned MFTs is intriguing enough to encourage other researchers to further explore and understand the experiences of being an enthusiastic and joyful MFT in today's social and economic climate.

Implications

There are important practical implications that come from this study. The implications that will be discussed in this section are for: professional associations, such as the American Association for Marriage and Family Therapy (AAMFT), MFT training programs and their trainees, and practicing MFTs.

Implications for Professional Associations

As Baker (2003) noted, "…political, financial, and administrative support is imperative and essential in the education and training of therapists' self-care and the prevention of impairment" (p 149). This study provides direction to professional organizations, like the AAMFT. On their website, the AAMFT states, "The AAMFT provides individuals with the tools and resources they need to succeed as marriage and family therapists." (http://www.aamft.org/about/Aboutaamft.asp). The AAMFT may want to consider enhancing some of the "tools and resources" with which they provide MFTs. For example, by further developing continuing education trainings that include self-care techniques to combat identified stressors, therapists can turn surviving in the occupation into thriving. Another recommendation is to provide regular workshops that encourage a variety of self-care activities, such as peer supervision, meditation, and so forth. Professional organizations can be instrumental, not only in providing information and continuing education, but also in serving as a strong foundation for promoting the well-being of therapists.

Implications for MFT Training Programs and Trainees

One of the most important implications of this study is the possibility of including self-care in the MFT training programs. Although the curriculum in many graduate training programs mandate courses in legal, ethical, and professional issues, more attention may need to be placed on managing risk factors associated with burnout in the therapeutic field. Training programs that encourage the use of supervision, emphasize balance, and promote integration of work and personal life may be essential for the field to retain passionate and competent MFTs. In addition, coursework and workshops that allow students to learn about challenges in the field and techniques to cope with them can enable students to develop competencies, self-care, and balancing strategies that they can use for a lifetime.

Another implication relates to the importance of the association between MFT graduate faculty and aspiring MFTs. Faculty are viewed by therapists-in-training "as important role models, sources of reassurance and support, and important resources of information and guidance" (Baker, 2002, p. 146-147). It is important that MFT faculty members remember themselves as role models to their students. By setting good examples of how to maintain continual passion in their work, as well as how to tend to their well-being in their professional and their personal lives, they can be influential. Proactive faculty members can be quite effectual in not only instructing students about how to experience joy and passion in their work, but also about how to be positive role models for them to emulate in the future.

Implications for Practicing MFTs

This study also provides implications for both novice and seasoned MFTs. The results from this study suggest that it is possible to continue to maintain passion and enthusiasm even after many years of therapeutic practice. As already discussed, in Chapter IV, the participants of this study gave detailed advice about the key ingredients needed to remain passionate in this field. Furthermore, the findings of this study may serve as a guidepost for therapists seeking to achieve and maintain optimal passion in this field. For the six therapists interviewed, the results suggest that striving to achieve a balance between personal and work life is essential in promoting joy and passion in work. Clearly the therapists with whom I spoke felt it is important to prioritize purposeful ways in which to care for themselves, their families, and their clients.

Therapists who are feeling discouraged in their career may learn from the six seasoned therapists in this study; they may be prompted to reflect on and consider possible changes that will strengthen their professional and personal lives. Therapists who are looking for ways to feel more balanced in their lives may consider becoming more involved in professional activities and while also enriching their personal lives.

The MFTs who participated in this study reported that this interview provided them with an opportunity to reflect upon their lives as therapists and how they maintained enthusiasm and joy in their work. Perhaps all therapists can benefit from learning about the importance of balance, self-care, peer supervision, and social support. As reported in this study, knowledge of this kind, coupled with self-reflection, can facilitate meaning and clarity in a therapist's personal as well as professional life. With meaning and

clarity, therapists could potentially be better mentors and colleagues to those in the therapeutic community within which they work.

Personal Reflections

"…to do this [participate in interview] it feels like an honor for me because in my stage of life and in my stage of being in this work, it really feels like an honor to give back to folks who are starting out. It really mattered to me when I first started out. So it feels really good." – Jill

When I first came up with the topic for this thesis, I had almost completed my second year in the MFT program and my first year in the clinic. I had started to become comfortable with the idea of sitting in front of the mirror and living the role of a therapist while continuously integrating theories, interventions, strategies learned in classes and from supervision. A year later and almost near graduation, I am filled with a bitter-sweet combination of feelings; I feel excitement and fear. While looking forward to learning new skills and entering the exciting world of helping others, I also worry about the unpredictable and unknown future. No one-way mirrors or telephones buzzing with brilliant interventions will save the anguish or uncertainty often experienced with challenging therapeutic sessions. I will very soon be on my own and enter the novice therapist's life journey.

This study afforded me the priceless opportunity to listen and learn from seasoned therapists. I was continually impressed by the passion these therapists bring to their work. The deep respect they have for their clients, coupled with the pivotal role they play in their clients' lives, was very inspiring. Furthermore, the peer nomination process used to select the participants provided a glimpse at the attitudes and behaviors that MFTs value in their peers.

Although my novice world is filled with ambiguity, and I will be swimming in a pool; I will have a life vest to use in the swirling water, turmoil, and confusion associated with therapeutic intervention. My life vest is the model I carry in my heard of the six seasoned therapists I had the honor to interview. I will use their personal stories and words of wisdom as a way to keep myself afloat in the trepid waters of the mental health profession. I will remember that they too, had the stressors and feelings of ambiguity a novice therapist often experiences, but will remember that these anxieties are short-lived. I will remember that as long as I have faith in myself and the purpose I serve as a therapist, all will be fine. I will absorb the positive energy and the love these therapists have for their work as I embark upon the therapist's developmental life cycle. I will also be blessed through remembering that it is possible to maintain passion and zest in this field. It is my hope that learning from the experiences of these passionate therapists will be a source of knowledge, inspiration, and hope for other novice therapists, as well as for those experienced therapists who have been struggling to maintain passion in their career.

References

Baker, E. (1984, August). *Respecting and nourishing ourselves as therapists: A*

    Psychodramatic exploration. Workshop presented at the annual convention of the

    American Psychological Association, Toronto, Canada.

Baker, E. (2003). *Caring for ourselves: A therapist's guide to personal and professional*

    well-being. Washington, D.C.: American Psychological Association.

Brady, J. L., Guy, J. D., & Norcorss, J. C. (1995). Managing your own distress: lesions

    from psychotherapists healing themselves. *Innovations in Clinical Practice, 14,*

    293-305.

Carroll, L., Gilroy, P.J., & Murra, J. (1999). The moral imperative: Self-care for women

    psychotherapists. *Women & Therapy, 22,* 133-143.

Case, P., & McMinn, M. (2001). Spiritual coping and well-functioning among

    psychologists. *Journal of Psychology and Theology, 29,* 29-40.

Coster, J.S., & Schwebel, M. (1997). Well-functioning in professional psychologists.

    Professional Psychology: Research and Practice, 28, 3-13.

Deacon, S., Kirkpatrick, D., Wetchler, J., & Nieder, D. (1999). Marriage and family

    therapists' problems and utilization of personal therapy. *The American Journal*

    of Family Therapy, 27, 73-93.

Dlugos, R., & Friedlander, M. (2001). Passionately committed psychotherapists: A

    qualitative study of their experiences. *Professional Psychology: Research and*

    Practice, 32, 298-304.

Deutsch, C. J. (1985). A survey of therapists' personal problems and treatment.

 Professional Psychology: Research and Practice, 16, 305-315.

Epstein, R. (1997). Why do shrinks have so many problems? *Psychology Today, 30,*

 58-65.

Farber, B. A. (1983). Dysfunctional aspects of the therapeutic role. In B.A. Farber (Ed.),

 Stress and Burnout in the Human Service Profession (pp.97-118). New York:

 Pergamon.

Farber, B. A. (1990). Burnout in psychotherapists: Incidence, types, and trends.

 Psychotherapy in Private Practice, 8, 35-44.

Farber, B.A. (1993). The effects of psychotherapeutic practice upon psychotherapists.

 Psychotherapy: Theory, Research, and Practice, 20, 174-182.

Figley, C. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care.

 Psychotherapy in Practice, 58, 1433-1441.

Gilroy, P., Carroll, L., & Murra J. (2001). Does depression affect clinical practice? A

 survey of women psychotherapists. *Women & Therapy. 23,* 13-30.

Gilroy, P., Carroll, L., & Murra, J (2002). A preliminary survey of counseling

 psychologists' personal experiences with depression and treatment.

 Professional Psychology: Research and Practice, 33, 402-407.

Guy, J.D. (1987). *The personal life of a psychotherapist.* New York: Wiley.

Guy, J. D., & Brown, C. K. (1992). How to benefit emotionally from private practice.

 Psychotherapy in Private Practice, 10, 27-39.

Guy, J. D., Poelstra, P. L., & Stark, M.J. (1989). Personal distress and therapeutic

 effectiveness: National survey of psychologists practicing psychotherapy.

Professional Psychology: Research and Practice, 20, 48-50.

Kottler, J. (2003). *On being a therapist.* San Francisco: John Wiley & Sons, Inc.

Kottler, J., & Hazler, R. (1997). *What you never learned in graduate school: A survival guide for therapists*. New York: W.W. Norton & Company.

Kramen-Kahn, B., & Hansen, N.D. (1998). Rafting the rapids: Occupational hazards, rewards, and coping strategies of psychotherapists, *Professional Psychology: Research and Practice, 29,* 130-134.

Jennings, L., Goh, M, Skovholt, T., Hanson, M, & Stevens-Banerjee, D. (2003). Multiple factors in the development of the expert counselor and therapist. *Journal of Career Development, 30*, 59-72.

Mahoney, M. (1997). Psychotherapists' personal problems and self-care patterns. *Professional Psychology: Research and Practice, 28,* 14-16.

Norcross, J. (2000). Psychotherapist self-care: Practitioner-tested, research-informed strategies. *Professional Psychology: Research and Practice, 31,* 710-713.

Norcross, J., Strausser-Kirtland, D., & Missar, C. (1998). The processes and outcomes of psychotherapists' personal treatment experiences. *Psychotherapy, 25,* 36-43.

O'Connor, M. F. (2001). On the etiology and effective management of professional distress and impairment among psychologists. *Professional Psychology: Research and Practice, 32,* 345-350.

Patton, M.Q. (1996). *Utilization-focused evaluation: The new century text.* (3rd ed.) Thousand Oaks, CA: Sage Publications.

Patton, M.Q. (2002). Chapter 3: Variety in Qualitative Inquiry. In M.Q. Patton, *Qualitative research & evaluation methods* (pp. 104-108). Thousand Oaks, CA:

Sage Publications.

Peebles, M. (1980). Personal therapy and ability to display empathy, warmth, and genuineness in psychotherapy. *Psychotherapy: Research and Practice, 17,* 258-262.

Porter, N. (1995). Chapter 12: Therapist self-care: A proactive ethical approach. In Elizabeth J. Rave, and Carolyn C. Larsen, *Ethical decision making in therapy: Feminist perspectives* (pp.247-266). New York, NY: Guilford Press.

Pope, K.S., & Tabachnick, B.G. (1994). Therapists as patients: A national survey of psychologists: A national survey of psychologists' experiences, problems, beliefs. *Professional Psychology: Research and Practice, 25(3),* 247-258.

Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1987). Ethics of practice: The beliefs and behaviors of psychologists as therapists. *American Psychologist, 42*, 993-1006.

Protinsky, H, & Coward, L. (2001). Developmental lessons of seasoned marital and family therapists: A qualitative investigation. *Journal of Marital and Family Therapy, 27,* 375-384.

Radeke, J. T., & Mahoney, M. J. (2000). Comparing the lives of psychotherapists and research psychologists. *Professional Psychology: Research and Practice, 31,* 82-84.

Ronnestad, M. H., & Skovholt, T.M. (2001). Learning arenas for professional development: Retrospective accounts of senior psychotherapists. *Professional Psychology: Research and Practice, 32,* 181-187.

Ronnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and

therapist: Research findings and perspectives on professional development.

Journal of Career Development, 30, 5-44.

Rosenberg, T., & Pace, M. (2006). Burnout among mental health professionals:

Special considerations for the marriage and family therapist. *Journal of

Marital and Family Therapy, 32,* 87-99.

Rupert, P.A., & Keith, B. A. (1994). Managed care and the independent practice of

psychology. *Professional Psychology: Research and Practice, 35,* 185-193.

Schoener, G. (1999). Practicing what we preach. *The Counseling Psychologist*, 27,

693-701.

Sherman, M., & Thelen, M. (1998). Distress and professional impairment among

psychologists in clinical practice. *Professional Psychology: Research and

Practice, 29,* 79-85.

Skovholt, T. M., & Ronnestad, M. H. (2003). Struggles of the novice counselor and

therapist. *Journal of Career Development, 30,* 45-58.

Skovholt, T. M. (2001). *The resilient practitioner: Burnout prevention and self-care

strategies*. Needham Heights, MA: Allyn & Bacon.

Skovholt, T. M., & Jennings, L. (2004). *Master therapists: Exploring expertise in

therapy counseling*. Boston, MA: Pearson Education, Inc.

Sprenkle, D.H., & Moon, S.M. (1996). Eds. *Research methods in family therapy.*

New York: The Guilford Press.

Stevanovic, P., & Rupert, P. (2004). Career-sustaining behaviors, satisfactions,

and stresses of professional psychologists. *Psychotherapy, 41,* 301-309.

Thoreson, R. W., Miller, M., & Krauskopf, C. J. (1989). The distressed psychologist:

     Prevalence and treatment considerations. *Professional Psychology: Research*

     and Practice, 20, 153-158.

Weiss, L. (2004). *Therapist's guide to self-care*. New York, NY: Taylor & Francis

     Group.

Wetchler, J. L., & Piercy, F. P. (1986). The martial/family life of the family therapist:

     Stressors and enhancers. *American Journal of Family Therapy, 14,* 99-108.

Appendix A

Informed Consent Form

Project Title: Seasoned Marriage and Family Therapists: Maintaining Passion for Their Work

Researchers: Elena C. Kyrgos, M.S. Candidate, Department of Human Development, Virginia Polytechnic Institute and State University
Sandra M. Stith, Ph.D., Professor, Department of Human Development,
Virginia Polytechnic Institute and State University

What is the purpose of this study? The purpose of this study will be to understand how seasoned marriage and family therapists continue to maintain passion for their work.

What will I be asked to do? Initially, you will be asked to fill out a demographic questionnaire. After completing the demographic questionnaire you will be asked to participate in a 1-1.5 hour interview. During this interview you will be asked to talk about your experience in maintaining passion and joy for your work. The interview will be scheduled at your convenience at a mutually agreed upon location. The face-to-face interview will be audio-taped to make sure we understand exactly what was said. After completing your interview you will be contacted and given the option to read through the transcript of your interview and make any corrections necessary.

Are there any risks to me? The researchers anticipate that there will be minimal risk to you as a result of your participation in this research study. We will ensure that your information will be kept confidential. In an effort to really understand all the components of your experience, the interview will include some questions about emotional issues; however, you may decline to answer any question at any time. A list of mental health professionals will be available in case you need consultation support.

Are there benefits to me? As a result of participating in this study you may feel empowered and satisfied because you have contributed to an important research study that may benefit other MFTs in the field by providing valuable information about how some seasoned MFTs continue to feel passion and joy for their work.

Are my responses confidential? Every effort will be made to keep all information you provide in the strictest confidence. Any specific identifying information will be omitted from your transcript (pseudonyms will be used instead). Your responses will be kept locked for the duration of the project and access will only be allowed to the researcher. Your name and any other identifying information will not be reported in any publications or presentations, and audiotapes will be destroyed. Once the data collection is complete and interviews are transcribed, a copy of your interview transcription will be sent to you via email. If there are any portions of the interview you wish to change in order to protect your confidentiality, you may do so and send it back to the researcher by the date designated in the email. You may also highlight any portion of your transcription that

you do not wish to be quoted later when the research project data analysis is reported. These highlights can be sent back to the researcher via email as well. If you do not respond to the interview transcription email by the designated date, the researcher will assume that you do not wish to make any changes.

However, if during the interview, you appear to be dangerous to yourself or others, or if there is a suspicion of child or elder abuse, mental health professionals have a legal and ethical responsibility to report that information to the appropriate authorities with or without your consent.

Will I be compensated for my participation? There will be no compensation for your participation in this study.

Do I have the freedom to withdraw? You have the right to refuse to participate in this study. You also have the right to refuse to answer any questions and you may drop out at anytime.

Approval of Research: This project has been approved, as required, by the Institutional Review Board Involving Human Subjects at Virginia Polytechnic Institute and State University.

If you have any questions about this research project, please feel free to contact:

Elena C. Kyrgos, Principal Researcher
703-980-4766, ekyrgos@vt.edu

Sandra M. Stith, Ph.D., Committee Chair
703-538-8462, sstith@vt.edu

Dr. David Moore, IRB Chair
540-231-4991, moored@vt.edu

Participant's Permission

I voluntarily agree to participate in this research project. I have read and understood the Informed Consent and the conditions of this project. I hereby acknowledge the above and give my voluntary consent for participation in this project by signing my name on the line below. I realize that although I choose to participate right now, I have the right to withdraw from this study at any time without any penalty.

Printed Name: _____

Signature: _____

Date: _____

Appendix B

Demographic Survey

Participant ID: _____

Age: _____

Highest Level of Education Completed: _____

What type of license do you have? _____

When did you receive your license?_____

Are you an AAMFT Clinical Member?_____

What is your primary work setting? _____

What is your approximate weekly client contact hours load?_____

Do you feel joy and passion in your clinical work? _____

How many years would you say you have been in full-time private
practice?_____

Total number of years practicing:_____

Appendix C

IRB Approval Letter

Virginia Tech

Institutional Review Board

VIRGINIA POLYTECHNIC INSTITUTE
AND STATE UNIVERSITY

Dr. David M. Moore
IRB (Human Subjects) Chair
Assistant Vice President for Research Compliance
1880 Pratt Drive, Suite 2006(0497), Blacksburg, VA 24061
Office: 540/231-4991; FAX: 540/231-0959
email: moored@vt.edu

DATE: September 13, 2005

MEMORANDUM

TO: Sandra M. Stith HD 0362
             Elena Kyrgos

FROM: David Moore

SUBJECT: **IRB Expedited Approval:** "Seasoned Marriage and Family Therapists:
             Maintaining Passion for Their Work" IRB # 05-525

This memo is regarding the above-mentioned protocol. The proposed research is eligible for
expedited review according to the specifications authorized by 45 CFR 46.110 and 21 CFR 56.110.
As Chair of the Virginia Tech Institutional Review Board, I have granted approval to the study for a
period of 12 months, effective September 12, 2005.

Virginia Tech has an approved Federal Wide Assurance (FWA00000572, exp. 7/20/07) on file with
OHRP, and its IRB Registration Number is IRB00000667.

cc: File

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