

EXPERIENCES OF SELF-CRITICISM AMONG COUNSELING STUDENTS

by

Elvita Kondili

A dissertation submitted to the faculty of
The University of North Carolina at Charlotte
in partial fulfillment of the requirements
for the degree of Doctor of Philosophy in
Counselor Education and Supervision

Charlotte

2018

Approved by:

Dr. John Culbreth

Dr. Susan Furr

Dr. Daniel Gutierrez

Dr. Kristie Opiola

Dr. Lisa Merriweather

ABSTRACT

ELVITA KONDILI. Experiences of self-criticism among counseling students. (Under the direction of DR. JOHN R. CULBRETH)

This dissertation examined the experiences of self-criticism among counseling students in practicum while in session with clients. This study utilized a phenomenological approach to data collection and analysis. The data was comprised of nine hour-long qualitative interviews with counseling students enrolled in the practicum course at a major southeastern university. The data analysis uncovered a rich and complex world of inner dialogue in counseling students, which included self-criticism. Self-criticism in practicum counseling students was a multidimensional cognitive, social, emotional and dialogical phenomenon that arose within an internal context of inner dialogue, beliefs and expectations and an external context of client and supervision variables. The results of the study indicated that counseling students' inner dialogue in practicum involved (a) doubt, (b) directive self-talk, (c) critical self-talk, (d) reassuring self-talk and (e) positive self-talk. The context of inner dialogue encompassed internal elements such as (a) self-evaluation of competency, (b) reflections about the self as a counselor and external elements like (a) reflections on the therapeutic process and (b) outside influence such as peers and supervisor. The experiences of self-criticism in practicum students included (a) difficulty assimilating feelings of inadequacy into an idealistic counselor image, (b) comparing up, (c) emotional drag down, and (d) critical self-talk followed by reassuring self-talk. Discussion of findings, implications for counseling students and educator and suggestions for future research were offered.

ACKNOWLEDGMENTS

I wish to thank UNC-Charlotte and the Counseling Department for giving me an opportunity to pursue my degree and for providing financial support throughout my program. Thank you to all my professors who helped shape the knowledge, skills and strength required to complete a dissertation. Specifically, I would like to thank my dissertation chair Dr. Jack Culbreth for his unceasing support, encouragement and guidance. Thank you to my committee members: Dr. Furr, Dr. Gutierrez, Dr. Opiola and Dr. Merriweather for their honesty, commitment and contribution to making this study the best it could be and one I am very proud of. Thank you for giving me the opportunity to learn and grow as a counselor educator, researcher and writer. Lastly, this study would have not been possible without the counseling students who took the time to share their stories with me. I am forever grateful for their honesty, appreciation and dedication to this study.

DEDICATION

This dissertation is dedicated to the practicum students who shared their thoughts, feelings and experiences with me. Without their generosity this study would have not been possible. I dedicate this dissertation to the benefit of future generations of counseling students and their clients. I am deeply grateful to my life partner Charles King, who was my cheerleader every step of the way and taught me to always believe in myself. I am forever indebted to my parents Pavlina and Lefter Kondili who instilled in me a deep appreciation for learning and a discipline of perseverance. A special thank you to my cohort mate Claudia Interiano for partaking in endless writing sessions, for her unyielding encouragement, kindness and wisdom. Finally, I have been blessed with an amazing spiritual teacher and community who celebrated all my small successes along the dissertation journey and who remind me every day to be patient, loving and work solely for the benefit of others. To everyone who made this dissertation possible, I hope to one day be able to repay your kindness.

TABLE OF CONTENTS

LIST OF FIGURES	x
CHAPTER 1: INTRODUCTION	1
Background and Overview	1
Statement of the Problem	11
Need for the Study	11
Purpose of the study	12
Definition of Terms	12
Delimitations	13
Limitations	13
Summary	13
CHAPTER 2: REVIEW OF LITERATURE	14
Introduction	14
Counselor Training	14
Counselor Variables	17
Empathy	17
Compassion	21
Anxiety	24
Self-criticism	29
Theoretical Frameworks of Self-criticism	29
Counselor Inner Dialogue	37
Self-criticism in Counseling Students	39
Summary	43

CHAPTER 3: METHODOLOGY	45
Introduction	45
Research Questions	45
Method	45
Procedures	47
Participant Selection	47
Data Collection Procedures	49
Data Analysis Method	50
Researcher’s Subjectivity Statement	52
Risks, Benefits and Ethical Considerations	54
Strategies for Quality	55
Summary	56
CHAPTER 4: RESULTS	57
The Nature of Counseling Students’ Inner Dialogue	58
Inner Dialogue 1. Doubt	59
Inner dialogue 1.1. Questioning doubt	60
Inner dialogue 1.2. Nagging doubt	61
Inner dialogue 1.3. Exclaiming doubt	62
Inner Dialogue 2. Directive Self-Talk	63
Inner Dialogue 3. Critical Self-Talk	65
Inner Dialogue 4. Reassuring Self-Talk	67
Inner Dialogue 5. Positive Self-Talk	69
Experiences of Self-Criticism	70

Self-Criticism 1. Cognition	73
Self-Criticism 2. Comparing Up	77
Self-Criticism 3. Emotion	80
Self-Criticism 4: Inner Dialogue	82
Inner Dialogue in Context	84
Context 1. Self-Evaluation of Competency	86
Context 1.1 Having the correct response	86
Context 1.2. Getting the client to open-up	87
Context 1.3. Not making mistakes	88
Context 1.4. Having it all together	89
Context 2. Reflections About Self as a Counselor	91
Context 2.1. The good counselor	91
Context 2.2. The counselor's role	94
Context 3. Reflections on the Therapeutic Process	96
Context 3.1. Client's progress	96
Context 3.2. Perceived relationship ruptures	97
Context 4. Outside Influences	99
Summary	97
CHAPTER 5: DISCUSSION	103
Discussion of Findings	103
Research Question One: The Nature of Inner Dialogue	103
Doubt	103
Directive self-talk	104

Critical self-talk	106
Reassuring self-talk	107
The context of inner dialogue	108
Self-evaluation of competency	108
Reflections on the self and the therapeutic process	114
Research Question two: Experiences of Self-Criticism	116
Implications of the Findings	124
Implications for Counseling Students	124
Implications for Counselor Educators and Supervisors	126
Limitations of the Study	129
Suggestions for Future Research	132
Summary	135
REFERENCES	137
APPENDIX A: RECRUITMENT SCRIPT	148
APPENDIX B: INFORMED CONSENT	150
APPENDIX C: INTERVIEW PROTOCOL	153
APPENDIX D: SESSION RECALL FORM	155
APPENDIX E: OPT-IN/OPT-OUT RECRUITMENT FORM	156

LIST OF FIGURES

FIGURE 1. Types of inner dialogue	59
FIGURE 2. Dimensions of self-criticism	72
FIGURE 3. Inner dialogue in context	85

CHAPTER 1: INTRODUCTION

Background and Overview

The counseling literature is permeated by writings on counselor related variables and their impact on session quality and client outcome. Since the emergence of Client Centered Therapy in the early 1950s, the counseling field widely acknowledges personality traits and internal processes of the counselor as important therapeutic variables that need additional attention in counselor training and skill development. For example, one's capacity for empathy is both a dispositional inclination and a skill that counselors can develop over time (Davis, 1983). Studies with counseling students have frequently focused on improving our understanding of counselor variables such as compassion and empathy (DePue & Lambie, 2014; Dexter, 2014; Elliot, Bohart, Watson & Greenberg, 2011; Fulton & Cashwell, 2014). Conversely, variables that may be considered less desirable in counselors such as anxiety and self-criticism have received less attention.

Additionally, when looking at counselor variables most studies have relied on quantitative and external measures. Few studies have focused on a qualitative exploration of the internal world of helping professionals (Frediani & Rober, 2016; Rober, 2005; Rober, 2010; Rober, Elliot, Buysse, Loots & De Corte, 2008a; Rober, Elliot, Buysse, Loots & De Corte, 2008b) however there have been no studies focused on the inner world of counselors. This is understandable as internal processes such as inner dialogue are harder to recall, measure, and report. Nevertheless, recent studies conducted with novice marriage and family therapists focusing on internal dialogue reveal important aspects of

marriage and family therapists' inner world (Rober, 2010). Through qualitative investigations of the therapists' inner conversations, the researchers came to appreciate the wealth, complexity and intricacies of therapists' inner worlds (Rober, 2010)

Self-criticism recently emerged as a theme in studies focused on therapist trainees (Frediani & Rober, 2016; Kannan & Levitt, 2015; Rober, 2005; Rober, 2010; Rober et al., 2008a; Rober et al., 2008b; Zuroff et al., 2016, 2016). Some claim that self-criticism may impact therapists' learning, ability to form alliance with clients and ability to attend to client's emotions in session (Kannan & Levitt, 2015). Others suggest that self-criticism may interfere with counselors' ability to express empathy and compassion (Zuroff et al., 2016). Although it is not clear as to what degree self-criticism interfered with the therapists' skills, the results of these studies indicate that the presence of self-criticism in session is a phenomenon that calls for further exploration. A study exploring the internal experience of self-criticism in counseling students has not been attempted and would help gain a deeper understanding on this phenomenon in this population. The purpose of this study is to explore the experiences of self-criticism in counseling students during session within the framework of inner dialogue.

Given that self-criticism may interfere with important counselor variables, an overview of the existing literature on these variables is necessary as it may provide additional support for the need for this study. The importance of counselor variables and internal processes in counseling and supervision is widely accepted and supported by research (Bernard & Goodyear, 2014; Farber, 2012; Norcross, 2011; Rogers, 1951, 1957). Several counseling theories are concerned with what counselors brings to the session and how their internal processes, affect and experiences impact the therapeutic

relationship. For example, the relationship between client and therapist is the cornerstone of Client Centered Therapy (Rogers, 1951). The development of the therapeutic relationship depends upon counselor variables such as the capacity for warmth, unconditional positive regard and empathy (Rogers, 1957). Additionally, Rogers considered congruence to be a core condition for therapists (1961). Congruence refers to the consistency between the internal world of the counselor and his or her outward expression of thoughts and feelings in session with the client. This notion considers the counselors' inner world equally important as the outward expression of skills and techniques.

Farber (2012) stressed the importance of use of self in therapy. This means the counselor should not be thought of as a blank slate, a neutral bystander, but rather as an integral part of the therapeutic process. The counselor can serve as a therapeutic tool. Therefore, the personality traits and inner world of the counselor are important considerations for the counseling field. Moreover, research supports these theoretical ideas. For example, a large meta-analysis of the most important factors that contribute to psychotherapy outcome indicated that the individual therapist accounted for 7% of client outcome variance and the therapeutic relationship accounted for 12% of outcome variance (Norcross, 2011). Among counselor variables, an empathetic stance is essential in counseling and empathy was shown to account for 9% of the variance (medium-sized) of therapy outcome (Elliott, et al., 2011). Additionally, several counselor variables were identified as mediators of empathy such as the ability to encourage exploration using emotion words, not talking too much, not giving advice or interrupting, failing to

maintain eye contact and dismissing client's position, being non-judgmental, and attentive (Elliott et al., 2011).

Empathy is an important building block in counseling students' competency, especially in the early stages of counselor development. Carl Rogers was the first to focus on training new counselors in the empathy skills, which led to the operationalization of counseling relationship variables and the development of the Carkhuff scale (Carkhuff & Truax, 1965). The Carkhuff scale is now widely used in Masters counseling programs to train and measure counseling students' competency in reflecting client content, feeling and meaning. The ability to train and measure empathy in counseling students has sparked a great deal of research focused on counseling students. In a study targeting practicum students in CACREP-accredited counseling programs, Bradley and Fiorinin (1999) found that 92% of counselor educators believed that demonstrating characteristics consistent with Rogers' core conditions such as empathy, positive regard, and genuineness should be an expected competency at the end of the practicum experience. More importantly, counselor empathy positively correlated with high levels of counseling competency in counseling students (DePue & Lambie, 2014). Consequently, exploring variables that may be related to empathy in counseling students such as self-criticism can provide helpful information to counselor educators and supervisors.

Another counselor variable that has received attention in the counseling literature is compassion. A compassionate counselor is one who views him or herself as connected to others and who can provide support and an understanding of clients' suffering despite being unable to control their condition or predict the outcome of counseling (Michael, 1983). Over the past decade, compassion has received more attention amongst

researchers, scholars and practitioners in the field of psychology and counseling. The benefits of compassion for the person practicing it have received significant empirical support and include feeling connected to others (Hutcherson, Seppala & Gross, 2008) increasing positive emotions (Fredrickson, et al., 2008) and accepting imperfection as part of being human (Neff, 2009). Additionally, compassion was positively correlated with empathy and significantly predicted affective empathy in rehabilitation counselors and counseling students (Fulton & Cashwell, 2015; Stuntzner, 2014). A recent study found that highly self-critical individuals tend to score low on compassion-giving scales pointing to a relationship between these two variables (Zuroff et al., 2016).

An exploration of self-criticism may also be of interest to counselors and supervisors who place an emphasis on counselors' ability to be present with the client. As mentioned earlier, research shows that being attentive to the present moment is an important skill for counselors and positively impacts the therapeutic relationship (Norcross, 2011). However, attention alone is insufficient. Rogers (1959) believed that the moment of movement is the essence of psychotherapy. Moment of movement refers to the notion that change in therapy happens not only in the here-and-now, the immediate moment of experiencing the present moment, but also in one's ability to fully accept the experience and integrate it into the self, which applies to client and counselor equally. From this perspective, counselors' ability to fully integrate what they are experiencing in session into their sense of self becomes of utmost importance. This is what Rogers referred to as counselor congruence, a fundamental therapeutic condition (Rogers, 1957). It is important to note that congruence is not a fixed personality trait of the counselor but rather a process of experiencing, valuing and changing of the self that is subjective,

reflective, ongoing, and occurring in the present moment (Rogers, 1951). Self-criticism, in the form of inner doubt, was linked to deciding what to do next in session, suggesting that self-criticism and managing the therapeutic process were closely related (Frediani & Rober, 2016; Rober, 2010; Rober, et al., 2008a).

A deeper understanding of the experience of self-criticism in counseling students can be of value to those committed to training competent counselors. Learning how to be a counselor is both an internal process and a series of skill acquisition activities. Practicing counseling skills with clients is an important part of counselor training. Section 3 of Council for Accreditation of Counseling and Related Educational Programs' standards (2009) outlines the requirements for professional practice of counselors in training. Successful completion of a practicum and internship experience "provides for the application of theory and the development of counseling skills under supervision" (p. 13). Given CACREP requirements and the increased emphasis of counselor supervision as an indispensable aspect of counselor training, it is difficult to separate the practicum and internship experience from supervision. Supervision is key to bridging the theory-practice gap and helping the counseling student develop an internal supervisor (Ronnestad & Skovholt, 1993). Bernard and Goodyear (2014) suggested that supervision has two central purposes: a) to foster the professional development of counseling students, and b) to ensure client welfare through adequate service delivery and monitoring. To these aims, supervisors need to pay attention to factors that negatively impact the counselors' learning, the acquisition of skills and overall competency (Bernard & Goodyear, 2014). The supervision literature provides an important framework for understanding and studying counseling students. From a supervision point of view,

counseling students' attainment of skills and competencies depends upon their development. Therefore, studying self-criticism in counseling students should consider their development and their context of training and supervision.

Developmental models of supervision assert that novice counselors display characteristics that are typical for their developmental stage and supervision techniques and methods should match these stages. The Integrated Developmental Model (IDM) of supervision is particularly significant for counselor supervision as it describes specifically the stages that practicum and internship students go through (level 1 and 2 of IDM). IDM predicts that students in practicum will be highly anxious, self-focused, and wanting to do everything right. As they move through their internship experience, they become less anxious, more capable with performing skills, more self-aware but continue to struggle with confusion, especially in sorting out the complexity of client issues and lack of confidence in their skills (Stoltenberg & McNeil, 1998). Level 2 students fluctuate between being overly dependent on supervisors' evaluation and rebelling against it, while having a great need to feel and appear competent (Stoltenberg, 1981). Feeling competent is essential in understanding supervisee development. Research shows that one of the factors that strongly influence counseling students' confidence and sense of competency is the supervisor's evaluation (Larson & Daniels, 1998).

Evaluation of competency is one of the main parameters of supervision (ACES, 2011; Stoltenberg & McNeil, 1998). Evaluation is partly accomplished through systematic, organized and consistent feedback (ACES, 2011; Bernard & Goodyear, 2014). Bernard and Goodyear (2014) stressed that although counseling students fear feedback they want to receive it and associate lack of feedback with poor supervision.

The authors suggest that feedback be competency-based, focused on achievable goals, dependent upon counselor's developmental stage and readiness, and based on observation of skills (review of session recordings) (Bernard & Goodyear, 2014). The majority of supervision evaluation methods focus primarily on the conversation between counselor and client. Consequently, in counselor training, little attention is given to the counselor's inner dialogue comprised of feelings, thoughts and decisions about what to do next in session. During their training, counselors record, transcribe, present, reflect and receive feedback on the outer dialogues they have with their clients. Even when they are encouraged to reflect on the dialogue, the emphasis is mostly on what the counselor and client said, not on what the counselor experienced in the moment (his or her internal dialogue).

Interpersonal Process Recall (IPR) developed by Kagan and Kagan (1997) differs from most supervision approaches. Supervisors utilizing IPR would review a session video or audio recording with counselors instructing them to stop the tape at moments they deem important and recall thoughts, feelings, perceptions, images, expectations and unstated agendas they experienced in those moments. Although IPR was quite popular in the late 1980s (Bernard & Goodyear, 2014), it appears to have become less popular in recent years. In fact, a search on PsychInfo Database for the use of IPR with counselors in training yielded ten results, with most articles published over twenty years ago. This should not be taken to mean that counselor inner dialogue is not important. Counselors who pay attention to their inner dialogue and outer dialogue equally are more likely to practice with intentionality and congruence (Pare & Lysack, 2006). Therefore, encouraging awareness of inner dialogue in counseling students may be an important part

of training congruent counselors. More specifically, exploring the presence (or absence) of self-criticism in inner dialogue may help counseling students increase their self-awareness.

The literature provides different definitions of self-criticism. One of the main contributions to our understanding of the concept of self-criticism comes from the work of Sidney Blatt and colleagues (1992, 2004). Blatt (2004) described self-criticism as “internally directed feelings of guilt, emptiness, hopelessness, dissatisfaction, and insecurity” (p. 6). Highly self-critical individuals tend to quickly assume blame in the face of failures, are afraid of change, ambivalent about self and others and overly concerned with the approval of significant others (Blatt, 2004). Self-criticism is often seen as a punitive stance towards the self when the individual perceives that his or her standards are not met in performance and achievement situations (Raham et al., 2016). Given that evaluation, feedback, need for competency and self-efficacy are essential to counselor supervision, self-criticism of counseling students may be of significant interest to supervisors.

Another way to conceptualize self-criticism is based on Gilbert’s Social Mentality Theory (Gilbert, 2000). According to Gilbert, self-criticism is related to two main social mentalities which are described as (a) social rank (a motivation to seek status and approval), and (b) caregiving mentality (the motivation to decrease other’s distress) (Gilbert, 2000). Gilbert (2000) argued these mentalities are not limited to self-other relationships but appear in the inner world of self-self relations. As a result, self-critical individuals have an over-developed dominant-subordinate self-to-self relationship and an under-developed caring self-to-self relationship. Social Mentality Theory may explain

research findings that indicate self-criticism is negatively correlated to self-compassion (Neff, 2009, 2011; Neff & Pommier, 2013). Thus, self-criticism may potentially impact the counselor's relationship with the client (empathy), motivation to relieve client's distress (compassion) and relationship to self (counselor congruence). Self-criticism may manifest within the supervisory power dynamics and counselor's fluctuation between feeling incompetent and overly dependent on the supervisor and feeling overly confident and resistant to supervision.

In clinical populations, self-criticism is associated with depression, anxiety, critical view of others, non-suicidal self-injury, shame and guilt (Blatt, 2004; Blatt & Zuroff, 1992). In academic settings self-criticism is linked to low self-efficacy and self-esteem and difficulty processing negative feedback and perceived failure (Stoeber, Hutchfield & Wood, 2008). A recent study with college students uncovered significant links between self-criticism and several variables that would be of interest to counselors and counselor educators such as negative affect, support giving and compassion (Zuroff et al., 2016).

Studies conducted with marriage and family therapists and psychologists at various experience levels have been recently conducted. Self-criticism was linked to tension, negative affect, negative self-image, and decreased compassion and support giving in studies with marriage and family therapists (Frediani & Rober, 2016; Rober et al., 2008a; Rober et al., 2008b; Zuroff et al., 2016). In another study, novice marriage and family therapists reported that self-criticism led to feeling tense and frustrated in session and often hindered their sessions (Frediani & Rober, 2016).

Statement of the Problem

Self-criticism often appears in performance and achievement situations suggesting that counseling students may be prone to experiencing self-criticism, especially in the early stages of development. Despite literature that points to a relationship between self-criticism and important counselor variables such as empathy, compassion, and congruence, research exploring self-criticism in counseling students is lacking. From the perspective that sees counselors' awareness of their inner world as an integral part of the development of observable skills, ignoring the inner dialogue of counseling students would render their training incomplete. The current study proposed a phenomenological exploration of the experience of self-criticism among counseling students during session with clients within the context of inner dialogue.

Need for the Study

The experience of self-criticism in counseling students is largely unknown. Existing literature on the relationship between self-criticism and important counselor variables such as congruence, empathy and compassion, point to a need for further investigation and exploration. A study exploring the experience of self-criticism as inner dialogue would help counseling students and their supervisors increase their knowledge and awareness of this phenomenon.

The findings of this study can help paint a more complex picture of when and how internal thoughts, feelings and voices of self-criticism arise for counseling students when in session with clients. The results of this study would help counselor supervisors gain insights into the experience of self-criticism in their supervisees and openly talk about these experiences in supervision.

Purpose of the Study

The purpose of this study was to explore the experience of self-criticism in counseling students during sessions with clients within the context of inner dialogue.

The research questions guiding this study were:

1. What is nature and content of students' inner dialogue while in session with clients?
2. What is the experience of self-criticism among counseling students in session with clients?

Definition of Terms

Counseling Student - counseling student is a term for a counselor-in-training attending a CACREP master's level counselor education program.

Clinical supervision - defined as "an intervention provided by a more senior member of a profession to a more junior member or members of that same profession" (Bernard & Goodyear, 2014, p. 7).

Self-criticism – defined as "internally directed feelings of guilt, emptiness, hopelessness, dissatisfaction, and insecurity" (Blatt, 2004, p. 6).

Empathy - refers to the reactions of one individual to the observed experiences of another (Davis, 1983).

Compassion - defined as a feeling of deep sympathy and sorrow for another person who is stricken by misfortune, accompanied by a strong desire to alleviate the suffering of the individual (Neff, 2011).

Congruence – defined as "the feelings the therapist is experiencing are available to him, available to his awareness, and he is able to live these feelings, be them, and able to communicate them if appropriate" (Rogers, 1961, p. 61).

Counselor self-efficacy – defined as “people’s belief about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives” (Bandura, 1997, p.71).

Delimitations

1. Participants were limited to counseling students enrolled in practicum in a Master’s program in Counseling at a major southeastern university.
2. Study participation were limited to people who agree to be interviewed and recorded.

Limitations

1. Participants will be limited to the first ten people who volunteer for the study.
2. Given the small sample size, the findings from this study may not be generalizable to the general counseling student population.

Summary

The proposed study explored the experiences of self-criticism among counseling student in the context of counseling sessions. The significance of this study is that by gaining a deeper understanding of the phenomenon of self-criticism, counseling students can increase their self-awareness and improve self-evaluation. For supervisors, the results of this study can guide developing ways to systematically assess for and address self-criticism in their supervisees in counselor education and supervision. Furthermore, the hope of the researcher is that the findings of this study can inform future research on the topic of self-criticism in counselors as well as guide training and supervision practices that promote counselor competency and client welfare.

CHAPTER 2: REVIEW OF LITERATURE

Introduction

The purpose of this chapter is to review the relevant literature pertaining to self-criticism in counseling students. This chapter is organized in three major sections: (a) counselor training, (b) counselor variables and (c) self-criticism in the context of internal dialogue. The first section focuses on counselor competencies and current trends in promoting, measuring and gatekeeping counselor competency. The second section provides a more in-depth review of the literature on counselor variables that are central to the competency of counseling students such as empathy, compassion and anxiety, from a developmental framework. The last section delves into a comprehensive review on the literature on self-criticism. The last section first provides a summary of self-criticism as a construct. It then goes into an exploration of the inner dialogue of counseling students and an overview of self-criticism as a phenomenon that occurs within the context of inner dialogue and within the larger context of counselor training.

Counselor Training

Counselor education programs are entrusted with the mission of training counseling professionals who are ready to provide ethical and quality services to a variety of clients in different settings. To this aim, counselor educators teach, promote and assess students' acquisition of counseling knowledge, skills and competencies in order to safeguard the welfare of the public (ACA, 2014; CACREP, 2009). The desired outcome of counselor education, supervision and training is a set of skills, dispositions, and behaviors which aim to safeguard the provision of ethical and effective counseling

services to clients of diverse backgrounds (Parham, 2002). The counseling literature is permeated with writings on how to define, teach, promote and assess these desired outcomes within the context of counselor training.

Some scholars have focused on the concerns surrounding deficiencies in counselor competency. For example, Gaubatz and Vera (2006) found faculty-estimated deficiency rates in the competency of counseling students enrolled in 30 different counseling programs across the country ranged between 7% and 13%. Interestingly, the same study revealed that counseling students themselves estimated the deficiency of their peers' competency as much higher (21.5%) (Gaubatz & Vera, 2006). This is consistent with previous findings that pointed to 4-5% deficiency in competency among counseling students (Gaubatz & Vera, 2006).

Other counseling scholars have focused their research efforts on developing and improving ways to operationalize competency. These efforts are in line with ethical and professional guidelines and requirements. The American Counseling Association (ACA) Code of Ethics (2014) provides ethical guidelines for counselor educator and counselor supervisors on the assessment of competency of counseling students and supervisees. Counselor educators are to clearly state expectation about performance to their students, systematically assess competency and provide feedback to students regarding their progress towards developing competency (*Standard F.9.a*).

Similarly, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) (2009) stated that counselor educators are to provide systematic assessment of students' academic performance, personal and professional development and communicate feedback to students to support their learning and development as

counselors (*Section I, Standard P*, p.5). Measuring counselor efficacy and student learning outcomes (SLOs) have received significant attention in recent years. This is particularly so for counselor education programs which are accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) (Swank & Lambie, 2012). Given the importance of counselor competency, it is relevant to expand on what it means to be a competent counselor.

Counselor education programs are designed to provide students with knowledge during counseling content courses and the application of knowledge through practical courses such as practicum and internship (CACREP, 2009). For the most part, counseling skills are evaluated during the practicum and internship experience. According to CACREP (2009) Standards, practicum and internship “provide for the application of theory and the development of counseling skills under supervision” (CACREP, 2009). The practical experience of counselor training is monitored closely by supervisors who evaluate the students’ skills employing various supervision interventions (Bernard & Goodyear, 2014).

In general, supervisors evaluate counseling students on five main domains that are supported by the literature: (a) counseling skills, (b) counseling relationship, (c) professional dispositions, (d) professional behavior, and (e) assessment (Eriksen & McAuliffe, 2003; Kerl, Garcia, McCullough & Maxwell, 2002; Urbani, Smith et al., 2002). More specifically, these competencies include reflection of feeling, reflection of meaning, summarizing, confronting, focus on the client, goal setting, facilitating relationship building, congruence, flexibility, emotional stability, self-awareness, and openness to receiving feedback, to name a few (Swank & Lambie, 2012; Swank, Lambie

& Witta, 2005). Expanding on all areas of counselor competency is beyond the scope of this study. For the current study, this literature review will focus on variables that are desirable in a counselor and contribute to competency such as empathy and compassion and on variables that may negatively impact competency such as anxiety and self-criticism. These variables will be covered in greater detail in the following sections.

Counselor Variables

The counseling profession has long been concerned with attributes of the counselor that are associated with competency and positive client outcomes. More specifically, studies with counseling students have frequently focused on counselor variables such as empathy and compassion. Conversely, variables that may be considered less desirable in counselors such as anxiety and self-criticism have received less attention. However, anxiety and self-criticism have been shown to interfere with counselors' ability to express empathy and compassion. This section will provide a literature review of these variables in counselors in general, and counseling students in particular.

Empathy

Because Rogers (1957) declared empathy was a necessary and sufficient condition for client change and a core skill to develop in new counselors, a large body of literature dedicated to the definition and measurement of empathy followed. Empathy is defined as "a capacity to adopt the perspective of the other" (p. 143) and consists of both affective and cognitive components (Decety, 2005). Rogers described empathy as "the ability of counselors to sense a client's world and emotions as if they were their own but without the counselors allowing their own personal feelings to get bound up in it"

(Rogers, 1957, p. 99). Carkhuff (1969b) asserted empathy, together with genuineness and immediacy, is a critical component of counselor training. Some authors agree that empathy is an important building block in counseling students' competency, especially in the early stages of development (Daniel, Borders & Willse, 2015; Fulton & Cashwell, 2014; Greason & Cashwell, 2009).

Since empathy is an important skill for counselors, counselor educators have asked whether empathy can be taught (Teding van Berkhout & Malouff, 2016). A search in PsycInfo retrieved on 02/06/2017 revealed 136 studies in empathy training between 1997 and 2017 (keywords *empathy* and *train*). In particular, with the operationalization of counseling skills put forth by the counselor training models of Carkhuff and Ivey (Carkhuff, 1969a; Ivey, 1971), counselor education has increasingly focused on specific skills that can be taught, observed and measured in students such as reflection of content, feeling and meaning. The Carkhuff systematic training model (Carkhuff, 1969a, 1969b) is now widely used in counselor training programs.

Furthermore, empathy is an essential ingredient in building therapeutic alliance and is associated with better client outcomes (DePue & Lambie, 2014; Lambert & Barley, 2001; Norcross, 2011). In a meta-analysis of 57 studies (a total of 3,599 clients) that tested the association of empathy with client outcome, researchers found that empathy accounted for approximately 9% of variance in client outcome which represents a medium effect size (Elliott et al., 2011). In addition, when looking at possible moderators of the variance in client outcomes, researchers found that empathy was more likely to predict client outcome in less experienced therapists (weighted $r = -0.29$) (Elliott et al., 2011). New therapists vary greatly in their ability to empathize whereas in the case

of more experienced therapists the low correlation can indicate a ceiling effect or restriction of range (Elliot et al., 2011.) Also, it is possible that clients are more forgiving of empathy mishaps with more experienced therapist because they have developed more advanced skills that impact outcome (Elliot et al., 2011). This data suggests that focusing on empathy development early on in counselor training can help buffer the impact that empathy mistakes can have on client outcome in the absence of more advanced skills.

Given that the current study is specifically focused on counseling students, it is important to consider empathy within a counselor development framework. Thus, a description of main developmental models for counseling students is necessary. The most widely accepted view in the literature is that counseling students develop and enhance their competency through practical experience (Bernard & Goodyear, 2014). It is no surprise that the practicum and internship experiences represent the cornerstone of many counseling programs. One of the most popular models describing how counseling students' progress through practicum and internship is the Integrated Developmental Model (IDM) by Stoltenberg, McNeil and Delworth (Stoltenberg, 1981; Stoltenberg, McNeil & Delworth, 1998). IDM described four levels of counselor development. Level-one-counselors have the least amount of experience and present with high levels of anxiety. They are dependent on their supervisors to tell them what the right way of doing counseling is. Their high level of self-focus affects their ability to see things from a client's perspective.

Level-two-counselors have had one or two semesters of practice (practicum or internship one). In this level, counselors may fluctuate between being insecure to being overly confident, from being dependent to displaying resistance against the supervisor.

Level-two-counselors seem to be able to display more empathy however some boundary issues and role confusion may be present (Stoltenberg, 1981; Stoltenberg, McNeil & Delworth, 1998). IDM focuses on changes that occur as counselors move from being self-focused towards being client-focus. Focusing on the client increases the ability to see things from their perspective. Perspective taking is a fundamental component of empathy (Davis, 1983) thus suggesting that empathy improves as counselors move from practicum to internship (first and second semester). IDM supports the idea that as counselors' progress from level one to level two their anxiety decreases and their ability to empathize increases.

Similarly, Rønnestad and Skovholt (1993) found that novice counselors are highly anxious and self-focused. Based on qualitative interviews with therapists at various levels of clinical experience, from novice to over 20 years in the fields, Skovholt and Rønnestad (2003) constructed the Life-Span Model of counselor development. According to their model practicum students fall in the Phase One: The Lay Helper. The hallmark of this phase is high anxiety and a tendency to confuse sympathy for empathy. First semester of internship marks entry into Phase Two: Beginner student. Here students continue to experience high anxiety and are highly sensitive to supervisor criticism. The Advance Student Phase (Phase Three) includes the last semester of internship and is characterized by mastery of skills and a cautious and thorough style (Rønnestad & Skovholt, 1993; Skovholt & Rønnestad, 2003). When it comes to empathy, developmental models of counselor trainees clearly distinguish between practicum and internship students from a developmental perspective. Early in their training counseling students struggle with anxiety and a high self-focus tendency which makes it harder to take the perspective of

the other and be present with the client. As students progress through their training, clinical experience helps them develop confidence in their skills and relax into the role of the counselor. From a developmental perspective, practicum students are more anxious, self-focused and sensitive to perceived criticism (Rønnestad & Skovholt, 1993; Skovholt & Rønnestad, 2003; Stoltenberg, McNeil & Delworth, 1998). For this reason, the current study will focus on counseling students in practicum.

Compassion

One factor that positively and significantly predicts empathy in counseling students is compassion for others (Fulton & Cashwell, 2014). Neff and Pommier (2013) distinguished between empathy and compassion. Empathy does not preclude the motivation to alleviate suffering as is the case with compassion. Compassion is defined as a feeling of deep sympathy and sorrow for another person who is stricken by misfortune, accompanied by a strong desire to alleviate the suffering of the individual or community (Boellinghaus, Jones & Hutton, 2013). Over the past decade, compassion has received more attention amongst researchers, scholars and practitioners in the field of psychology and counseling

In scholarly literature, the construct of compassion is described as having several agreed upon components: (a) understanding that all people are prone to hurt, pain, discomfort and problems at some point in their lives regardless of the cause, and (b) we are all connected, need one another and share common experiences due to our human condition (Stuntzner, 2014). Research in compassion has focused on conceptualizing and understanding the construct, exploring its application to counseling, mental health and

allied health professionals, looking at potential benefits of compassion, and developing interventions to teach compassion (Stuntzner, 2014).

The benefits of compassion for the person practicing it have received significant empirical support and include feeling connected to others (Hutcherson, Seppala & Gross, 2008), increasing positive emotions (Fredrickson et al., 2008) and accepting imperfection as part of being human (Leary et al., 2007; Neff, 2009). McRae and Bulanda (2008) found supervisors who practiced a compassion-based model of supervision focused on increasing self-care and developing empathy in supervisees as well as managing supervisee disappointments, helped improve job satisfaction and reduce compassion fatigue, which in turn promoted quality of client care.

The study of compassion is divided into compassion for others and compassion for self. Although these two constructs are closely related, the literature on self-compassion is extensive and distinguished. Elaborating on self-compassion is relevant as it is sometimes seen as the antidote for self-criticism. Self-compassion has received significant attention in the field of psychology (Neff, 2009; Neff, 2011). Self-compassion involves having feelings of concern for one's own suffering and approaching one's shortcomings with kindness, nonjudgment, understanding, and awareness that shortcomings are part of the common human experience (Neff, 2011). Self-compassion has been negatively correlated with harsh self-judgment and anxiety and has been positively associated with social connection and empathy (Birnie, Speca, & Carlson, 2010; Neff, 2009; Neff & Pommier, 2013).

In counselor education and supervision, the study of self-compassion should take into consideration the developmental aspect of counseling students. Neff and Pommier

(2013) studied self-compassion in a sample of undergraduate students compared to community adults and found that development may play a role in the degree to which individuals are concerned with the suffering of others. Self-compassion was linked to higher levels of perspective taking (of others), less personal distress and greater forgiveness across all groups, but only predicted greater empathy concern and compassion for humanity in the community adults (Neff & Pommier, 2013). These results suggest that developmentally, counseling students may be ill versed in compassion towards self and others.

Additionally, self-compassion is of importance in the supervision of counseling students because of its negative correlation with self-criticism. A study of undergraduate students' processing of perceived failures showed that self-criticism after negative feedback is associated with low self-efficacy, especially for highly perfectionist students (Stoeber, Hutchfield & Wood, 2008). Conversely, self-compassionate individuals may facilitate their ability to cope with failures by taking a balanced and broad perspective of the circumstances, instead of over-identifying with the failures (Wong & Mak, 2014). Self-compassion and self-criticism are complex cognitive, emotional, motivational, and behavioral responses to the self, which makes them hard to measure separately and simultaneously (Falconer, King & Brewin, 2015). Despite increased interest in both constructs of self-criticism and self-compassion, particularly in the clinical population, research examining how they interact in non-clinical populations and under specific circumstances is lacking (Falconer et al., 2015).

Anxiety

A considerable amount of literature has focused on counselor variables that seem to be significant in counselor competency (Bernard & Goodyear, 2014; Brooks, Holttum & Lavender, 2002; Carkhuff, 1969b; DePue & Lambie, 2014; Dexter, 2014; Eriksen & McAuliffe, 2003; Goreczny, Hamilton, Lubinski & Pasquinelli, 2015; Larson & Daniels, 1998; Michael 1983; Rogers, 1951, 1959). One variable that has received a lot attention is counselor trainee anxiety (Al-Darmaki, 2004; Barbee, Scherer & Combs, 2003; Ellis, Hutman & Chapin, 2015; Fulton & Cashwell, 2014). In general, rates of mental health problems in counseling and psychology graduate students seem to be higher than the general population. Of counseling students surveyed in a recent study, more than 49% reported clinically significant anxiety symptoms (Rummel, 2015). A survey of 364 trainee therapists found that 18% had significant problems with anxiety (Brooks et al., 2002). Anxiety is defined as “an unavoidable unpleasant experience having physiological, phenomenological, and behavioral manifestations.” (Seiber, O’Neil & Tobias, 1977, p. 21). Seiber and colleagues(1977) proposed that in evaluative settings, anxiety presents as a complex construct that may manifest “through admission of worrying or denial of warranted fear; through perspiring, trembling and rapid breathing; or little physical reactivity; through avoidance of tasks; impulsive blundering, or meticulous caution.” (p. 25).

Anxiety may facilitate or impair performance, may affect ability to pay attention, and may drive performance (Seiber et al., 1977). Anxiety in counseling students has been inversely correlated with self-efficacy, empathy and compassion (Al-Darmaki, 2004; Barbee et al., 2003; Fulton & Cashwell, 2014). Anxiety can affect new counselor’s

ability to learn, be present in session with clients, and perform counseling skills and engage with supervisors (Bernard & Goodyear, 2014).

As mentioned previously, supervision is an integral part of counselor training. In supervision, anxiety affects counseling students' level of disclosure to the supervisor. Mehr, Ladany & Caskie (2010) found that in a sample of 204 trainees, 84.3% withheld information from their supervisors and anxiety accounted for approximately 60% of the variance in cases of non-disclosure. Hess and colleagues (2008) reported counseling students' anxiety negatively affected their tendency to disclose to their supervisors, even when they perceived to have a good relationship with them. In a qualitative study, Christensen and Kline (2000) identified supervisee anxiety as one of four main constructs affecting counseling students' level of participation in group supervision. In another qualitative study of 49 graduate students, anxiety was identified as one of the hindering factors affecting their learning and the ability to receive feedback in supervision (Enyedy et al., 2003).

It is important to mention that anxiety in counseling students should be seen within the context of counselor development and that of counselor training. The experiences of practicum and internship are highly anxiety provoking for students. In internship anxiety seems to be reduced some as students start to shift from being self-focused to client-focus and are able to display more empathy and perspective-taking. However, internship students may fluctuate between being insecure to being overly confident and are highly sensitive to supervisor's criticism (Stoltenberg, McNeil & Delworth, 1998).

In addition, being a counseling student means receiving consistent feedback on and assessment of skills, competencies and disposition. Counseling students want honest feedback, yet are fearful of it (Bernard & Goodyear, 2014; Ellis et al., 2015). They often feel dependent, vulnerable, and their self-confidence is impacted by perceived criticism (Stoltenberg et al., 1998). The supervision literature points to the need to foster a sense of competency in counseling students to combat anxiety . The notion that counseling students need to feel competent is largely accepted in the supervision literature (Bernard & Goodyear, 2014). Particularly, for level two counseling students, anxiety seemed to be closely tied to not feeling competent, or feeling like an impostor. This occurs when the level of measurable, outward competency exceeds that of felt competency (Harvey & Katz, 1985; Leary, Patton, Orlando & Wagoner Funk, 2000). Harvey and Katz stated that individuals who feel like an impostor are typically uncomfortable with success and attribute it to factors outside of themselves. They feel incompetent and fear that others will sooner or later expose their inadequacies (Harvey & Katz, 1985). Individuals who score high on impostorism tend to have high levels of self-criticism and do not believe others view them favorably, despite positive external appraisal (Leary et al., 2000). From this perspective, internal processes such as thoughts, feelings and beliefs that revolve around feeling competent are as important as measurable competency and would enhance our understanding of anxiety in counseling students during internship.

Furthermore, the current discourse on counselor competency is dominated by finding ways to operationalize, measure, and quantify counseling skills, attitudes and dispositions with the goal of monitoring the quality of counseling students. Social sciences in general are pervaded by positivist research which focuses on definable

variables and controlling influences on these variables for the purposes of controlling and predicting outcomes (Michael, 1983). Although measuring learning outcomes is a good way to identify problems and helps with the gatekeeping role of counselor educators, it does not provide insight into the *processes* that may contribute to the development of competency or in deficiencies in the competence of new counselors.

In general, counselors seek order, understanding and predictability in their theories and interventions and define competency as ability to control outcomes (Gelatt, 1992; Michael, 1983). However, measurable skills are only one way to view counselor competency. Gelatt (1992) drew attention to the idea that the counseling profession needs a new way of conceptualizing counselor competency based on chaos theory. Chaos theory postulates that there is no such thing as order and objectivity, that everything is connected yet we don't always understand how (Gelatt, 1992). In fact, despite clear standards to guide the education, training and evaluation of counseling students' skills, behaviors and attitudes, the literature points to deficiencies in the competency of new counselors (Swank & Lambie, 2012).

Moreover, studies have indicated that although considerable variance in client outcome (11%) is attributed to the skills, attitude and behaviors of counselor, much of what impacts change in the client is unknown (Norcross, 2011). Tannen and Daniels (2010) claimed the focus on measurable variables has left the counseling profession at a distance from the moment to moment experience of counseling, even though some have stressed the importance of attending to the present moment in the development of a therapeutic relationship (Farber, 2012; Gelatt, 1992; Kagan & Kagan, 1997; Tannen & Daniels, 2010).

This idea is consistent with Carl Rogers' perspective on what creates "*therapeutic movement*" in the client (Rogers, 1951, p. 65). Rogers believed what facilitated client change was not the counselor's personality, technique, or even attitude but rather the way the relationship is perceived by the client. For example, "when the counselor is favorably perceived, he is someone with warmth and interest for the client, someone with understanding." (Rogers, 1951, p. 69). Thus, the counselor's job is to assume the client's frame of reference, to absorb completely in the world of the other. This is an activity that requires "intense, continuous and active attention to the feelings of the other, there is simply no room for any other type of counselor activity" (Rogers, 1951, p. 29).

From this point of view, the internal processes of the counselor while sitting with the client are as important as the outward, observable measurable skills. In fact, some have argued counselors' ability to sit with a client and simply be present is particularly important during practicum and internship when the counseling skills have not yet developed (Spurgeon, Gibbons & Cochran, 2012). Therefore, a discussion of competency in counseling students that does not include internal process involved in the experiences of sitting with clients would be incomplete.

Recently scholars have begun to pay attention to the inner world of marriage and family therapists and psychologists (Frediani & Rober, 2016; Rober, 2005; Rober, 2010; Rober et al., 2008a; Rober et al., 2008b). This is particularly significant considering that some counselor variables, which negatively affect competency, are internal experiences often hard to quantify and measure such as anxiety. Additionally, preliminary findings suggest that an important component of counselors' inner world is self-criticism, which manifests in the form of internal dialogue (Frediani & Rober, 2016). Thus, the last

section of this literature review will focus on internal dialogue and specifically on self-criticism in counseling students.

Self-Criticism

This section will provide a brief overview of the construct of self-criticism, its definition and the ways in which this construct is currently understood based on various conceptual frameworks. It will then elaborate on the current literature on the inner dialogue nature of the phenomenon of self-criticism. Finally, this section will provide a comprehensive coverage of current empirical knowledge of self-criticism among counseling students and its relationship to desirable and undesirable counselor variables previously discussed in this chapter.

Theoretical Frameworks of Self-Criticism

In the counseling and psychology literature, self-criticism has received considerable attention. The multitude of perspectives on self-criticism can be organized within two major continuums: the state-trait continuum and the adaptive-abnormal continuum. Trait criticism is described as a stable personality trait that reflects disruption in the development of self-definition, is closely related to perfectionism and leads to depression (Blatt, 2004). State self-criticism refers to the variability or fluctuation in self-criticism based on mood or situation. Fewer studies have been conducted on the latter however most agree self-criticism is both a state and trait personality feature (Zurhoff, et al., 2016).

Most theorists have written about self-criticism from an abnormal psychology point of view. For example, Freud (1917) viewed self-criticism as a personality trait that ultimately resulted in psychopathology. Self-criticism was fundamentally the result of

Super Ego attacking the Ego , which experienced it as punishment leading to psychopathology. In psychoanalytic thinking, self-criticism, or as Freud called it, self-reproach, was a common ingredient of painful experiences of shame, guilt, humiliation and depression (Gilbert, 2000; Kris, 1990). Guilt was at the center of Freud's punitive Super Ego.

Later, Kohut (1971, 1977) focused more on the experience of shame, coining the term narcissistic injury to describe the phenomenon of narcissistic imbalance that arises from failure of the Ego to fulfill the demands of a grandiose self. In other words, self-criticism was thought of as an adaptive force that aims to reestablish narcissistic homeostasis. Additionally, Kohut (1977) introduced the idea of a self that reassures or soothes itself in times of personal failure, a concept we now refer to as self-compassion. Kohut therefore moves more towards a notion of self-criticism as adaptive, but maintains its trait quality.

Similarly, Kris (1990) made a distinction between punitive self-criticism and constructive, adaptive self-criticism. Kris (1990) argued that not all self-criticism is maladaptive. He conceptualized constructive self-criticism as an important part of one's effective conscience that helps one adapt by limiting or promoting certain actions. For example, excessive self-criticism is a response to intense anxiety and serves to avoid danger or prevent humiliation (Kris, 1990). Because, developmentally, counseling students are highly anxious during the practical experience of their training, a perspective that considers self-criticism to be adaptive may be particularly informative.

In cognitive-behavioral therapy, self-critical, condemning, self-attacking automatic thoughts are linked to clinical depression. A large body of literature points to a

strong association between self-criticism and feelings of personal inadequacy and clinical depression, poor interpersonal relationships, and poor outcomes in cognitive-behavior therapy (Blatt, 2004; Blatt & Zuroff, 1992; Gilbert, Clarke, Hempel, Miles & Irons, 2004; Hartlage, Arduino & Alloy, 1998; Mongrain, Vettese, Shuster & Kendal, 1998; Rector, Bagby, Segal, Joffe & Levitt, 2000; Teasdale & Cox, 2001; Zuroff, Moskowitz & Cote, 1999). Cognitive-Behavioral Theory proposes self-critical thoughts are learned early in life from interactions with others, especially people in evaluative positions. From a cognitive theory perspective, self-criticism includes self-evaluations and feelings that derive from the internalization of interpersonal or relational schema (Baldwin & Dandeneau, 2005). For example, having highly critical parents or teachers would result in developing a strong inner critic whose critical evaluations would cause the individual to experience anxiety, shame and depression. The view of self-criticism as a maladaptive trait is evident in this perspective.

The view of self-criticism as a maladaptive trait persists in the work of Sidney Blatt and colleagues (1992, 2004). Blatt (2004) described self-criticism as “internally directed feelings of guilt, emptiness, hopelessness, dissatisfaction, and insecurity” (p. 6). In psychopathology, self-criticism is studied following the “congruency hypothesis” which states that self-criticism is activated in performance and achievement situations and is a punitive stance towards the self when the individual perceives that his or her standards are not met (Raham, Garbi, Shahar, & Meiran, 2016). Highly self-critical individuals tend to quickly assume blame in the face of failures, are afraid of change, have ambivalence about self and others, and are overly concerned with the approval of significant others (Blatt, 2004).

Stinckens, Lietaer and Leijssen (2013) reviewed 75 therapy episodes looking at clients' self-criticism. Based on their observations, they compiled a list of characteristics of the inner critic. The inner critic is (a) not rooted in experience, it argues against the client rather than for the client, (b) not nuanced, often expressed in black and white terms such as always, never, everyone, etc., (c) not situation-specific as it is activated automatically, independent upon circumstance keeping the client rigid, (d) not a moral authority, in fact the inner critic blocks the development of values, morals or accurate self-assessment, and (e) dysfunctional as it keeps clients from achieving their full potential. The authors proposed a taxonomy of types of self-criticism which included the degrading, punitive, overdemanding, subservient, distant, and domineering critic.

Individuals with a degrading/undermining inner critic have a negative and rigid self-image and often feel defective, incompetent, worthless, unlovable and full of doubt (Stinckens, et. al, 2013). Those with primarily a punitive inner critic tend to be harshly punitive and insulting towards themselves, showing no self-compassion and unable to forgive themselves for past mistakes. Individuals with an over-bearing inner critic strive for perfectionism and they tend to hold themselves to unachievable standards. They like to keep everything in order and be efficient and in control (Stinckens, et. al, 2013). Distant or avoidant inner critics tend to cut themselves off their own feelings and needs and are typically detached, empty and bored. They look for distraction, comfort, or stimulation in an obsessive way and they display a cynical and pessimist attitude towards others (Stinckens, et. al, 2013). Finally, those with grandiose inner critics, feel and behave aggressively, arrogantly and denigrating towards others and they seek attention and status (Stinckens, et. al, 2013). Although, this taxonomy may be enlightening it was developed

based on the study of a clinical population and may not be entirely fitting for the counseling student population.

Another important contribution to our understanding of self-criticism comes from the work of Gilbert, based on the principals of evolutionary psychology. According to evolutionary psychology, humans have evolved to possess certain competencies that help them navigate complex social roles. Based on this premise, Gilbert (2000) developed the Social Mentality Theory founded on a complex motivational system. Gilbert (2014) proposed that two parts of the self were involved in self-criticism, the part of the self that is doing the criticizing and that which responds to it. For Gilbert, these parts are necessarily dominant and submissive, respectively. He argued that, just as the self takes on dominant social roles in relation to others, so does it too take on dominant roles in relation to other parts of itself.

On one hand, humans are motivated to compete and strive for high social ranking. This is a very old human tendency that creates a social comparison or hierarchy, in the self-other relations. Humans tend to compare to others in the domains of being inferior-superior, of losing-winning, or failing-succeeding. They also create an internal hierarchy of self-self, a structuring that is closely linked to feelings of assertiveness and self-confidence as well as self-criticism and anxiety (Gilbert, 2000, 2014). On the other hand, cooperating and sharing have significant evolutionary benefits, therefore humans are motivated to strive for a sense of belonging and connectedness. To achieve this *we-ness*, humans are inclined towards caring, giving and receiving help to and from others and towards self-care. Providing care and support for others gives us a sense of worthiness and safeguards against loneliness and depression (Gilbert, 2014). Caring motivation is

therefore as important as competing motivation and serves as the key link between empathy and compassion towards self and others.

Thus, from a Social Mentality Theory point of view, self-critical individuals have an over-developed dominant-subordinate self-to-self relationship and an under-developed caring self-to-self relationship. Social Mentality Theory may explain research findings that indicate self-criticism is negatively correlated to self-compassion (Neff, 2009, 2011; Neff & Pommier, 2013). Similarly, highly self-critical individuals are often also highly critical of others and less motivated to care for or relieve the distress of others (Frediani & Rober, 2016). Thus, self-criticism may negatively impact the counselors' motivation to relieve clients' distress (compassion) and their relationship to self (counselor congruence).

There are several benefits to adopting a Social Mentality Theory framework when investigating self-criticism in counseling students. Gilbert's theory is relational and it emphasizes power and dominance. Gilbert (2014) proposed that self-criticism does not stand in isolation and may manifest in self-other relationships in rather complex ways. The relational aspect of this framework provides a unique opportunity to understand how self-criticism may impact counselor-client relationships. Social Mentality Theory highlights the potential of self-criticism to interfere with the ability of novice counselors to develop therapeutic relationships with clients (being overly critical or dominant towards clients) (Zuroff et al., 2015).

Additionally, Gilbert (2014) emphasized the fact that self-criticism is commonly experienced as an inner voice. Even though self-criticism as inner voice is not central to Gilbert's work, his writings illuminate the fact that self-criticism may be a distracting

inner noise (Gilbert, 2014). This is an important consideration for counseling students for whom inner distractions may impact their ability to be present and respond to clients.

Although Social Mentality Theory can be a helpful framework for studying self-criticism in counseling students, it has limitations mainly in explaining the nuances in trait and state self-criticism and their interplay. For example empirical studies on the relationship between self-criticism and compassion among novice therapists have shown mixed results, pointing to the idea that this relationship may be more complex than previously thought. A recent study revealed individuals with low trait self-criticism are not necessarily kinder to others and display a decrease in compassion when experiencing higher levels of state self-criticism (Zuroff et al., 2015). Conversely, individuals with high trait self-criticism show increased compassion and support giving in situations when it is socially expected to do so to protect their own self-image. Along the same lines, individuals with high trait self-criticism are also more likely to engage in outward expression of self-criticism as a strategy that protects against social rejection and the criticism of others (Zuroff et al., 2015). In other words, self-criticism may be more dependent upon the situation than previously thought. This is consistent with the idea that self-criticism can be adaptive and constructive (Kris, 1990). Further research is needed to explore these ideas in counseling students. Specifically, as it pertains to novice counselors, our knowledge and understanding of self-criticism and its relationship to counselor variables is very limited.

More importantly, the current frameworks for conceptualizing self-criticism derive from the work done with clinical populations. Therefore, they may be inadequate for studying self-criticism in counseling students. Counseling students are a unique group

because during their training they are under constant scrutiny from educators and supervisors which may suggest their self-criticism is more situational and contextual. Additionally, viewing self-criticism as maladaptive may be limiting, particularly for a phenomenological investigation.

Perhaps a better conceptual model for framing self-criticism for this study comes from the literature on the self. A comprehensive review of the broad construct of the self is beyond the scope of this chapter. Here, a look at the self is important to the extent that it pertains to the personal and professional self of the counseling student, the promotion of which is, ultimately, the goal of counselor training. This is consistent with the perspective taken in the beginning of this chapter, that counselor training should focus on the person of the counselor as a whole, not merely on teaching and evaluating observable skills.

In the field of psychology, the conceptualization of the self has evolved overtime. Originally, there was the Individual Self (James, 1890). The Individual Self included the *I*, the knower, the processor of information and the *Me*, the known, the possessor of body, mind, etc. From this perspective, self-criticism emerges from the interaction of *I* and *Me* in the process of integrating new knowledge, skills and attitudes within the social context of training and evaluation. Although this self has different aspects and is continually evolving, it nevertheless stands as one, integrated, cohesive self. This perspective seems to be consistent with the thinking that permeates counselor development theories, where the identified “self” of the counseling student at certain levels or stages is, for the most part, predictable and fixed.

Later, the idea of the Narrative Self emerged (Anderson & Chen, 2002). The Narrative Self is a fluid, autobiographical story, constantly being constructed primarily through language. This idea was not new and can be traced back to Russian philosopher, Mikhail Bakhtin. Bakhtin (1981) proposed the self is by nature unfinalizable, never fixed, never fully known or revealed and is characterized by a polyphony, or many voices which represent different truths. For Bakhtin, the truth about self and others is constantly constructed on the process of averaging or synthesizing this polyphony.

One of the main contributors to our understanding of the Narrative Self is Dutch psychologist Hubert J. M. Hermans (Hermans & Kempen, 1993; Hermans & Dimaggio 2004). Hermans' work integrated William James' notion of the individual self and Bakhtin's idea of the dialogical self. From a narrative perspective, the self is not simply comprised of the I and the Me, but rather it manifests in many internal and external voices that speak different, often contradictory, truths. Therefore, the promotion, monitoring and development of the counselors' professional self is inseparable from the investigation of the many voices (and truths) in their heads. Because self-criticism often shows up as inner voice, studying it within the context of inner dialogue logically follows.

Counselor Inner Dialogue

During practicum and internship counseling students are required to tape, transcribe, critically review and receive feedback on client sessions. Students invest energy and analysis to the outward dialogue between client and counselor. In supervision, this process is also based on external dialogue between counseling student and supervisor. Although counseling students are encouraged to be aware of their internal

processes of thoughts, feelings, and bias, their inner world is usually not the focus of their training and supervision.

Inner dialogue in therapists has recently become the focus of several empirical studies and conceptual writings in the counseling literature (Frediani & Rober, 2016; Rober, 2005; Rober, 2010; Rober et al., 2008a; Rober et al., 2008b). This is understandable because part of learning to become a counselor is sorting through, integrating and coordinating outer and inner talk into a therapeutic conversation. When they first start to see clients, novice counselors are overwhelmed with receiving verbal and non-verbal information from the client and, simultaneously, trying to sort through their own knowledge, skills and attitude to decide on what to do or say in response. Developmentally, novice counselors lack the mental muscle memory of sorting through and choosing appropriate therapeutic responses for their clients (Pare & Lysack, 2006). Moreover, the consistent practice of this process leads counselors to eventually finding their own unique counselor voice (Pare & Lysack, 2006).

Consequently, the study of counselors' inner worlds and inner voices deserves more attention in counselor education and supervision. Specifically, investigating self-criticism as inner dialogue in counseling students from the conceptual framework of the Narrative Self provides an opportunity to discern how the truths about self and others are constructed and narrated amongst counseling students. Furthermore, this framework provides a certain level of optimism and liberty to explore dialogical ways with which supervisors may intervene and influence self-criticism in counseling students.

Self-Criticism in Counseling Students

So far, this section has provided a literature review of the construct of self-criticism, a basic theoretical framework for understanding the self of the counselor, and an exploration of the importance of studying inner dialogue in counselors and counseling students. Most of the existing studies on self-criticism focus on clinical populations because self-criticism has been associated with depression, anxiety, critical view of others, non-suicidal self-injury, shame and guilt (Blatt, 2004; Blatt & Zuroff, 1992). However, studies focused on self-criticism in non-clinical populations are not as common. In fact, multiple searches in PsychInfo database using the keywords “*self-criticism*” and “*counselor*”, “*counseling student*”, and “*counselor trainee*” revealed few empirical studies, none of which were conducted with counseling students. However, studies on self-criticism with psychology, family therapy and psychiatry trainees have been done. This subsection will now detail empirical findings pertaining to the intersection of self-criticism and inner dialogue in therapist trainees.

Rober and colleagues (2008) conducted a qualitative exploration of 12 experienced family therapists’ inner conversations. These inner conversations were focused on four major areas: attending to the content of what the client was saying, attending to the client process, the internal counselor experience and managing the therapeutic process. Within the domain of the internal experience of the counselor, inner dialogue revealed family therapists try to be aware of what they are thinking and feeling and respond to it internally. One of the common inner voices had to do with criticizing or alarmed self-questioning, immediately followed by self-instruction. Therapists constantly monitored how the session was going by using client’s feedback. When they perceived

their response to be subpar they would immediately instruct themselves to keep going or try something different. In other words, self-criticism appeared as a constructive and adaptive feedback mechanism almost entirely driven by perceived client cues and closely related to another important domain, that of managing the therapeutic process.

Frediani and Rober (2016) interviewed seven psychology trainees and three psychiatry trainees on their inner dialogue in session with clients. Their analysis revealed that inner dialogue was focused on four major domains: reflections concerning the self, reflections about the therapy process, reflections on the emotions of clients, and managing the session and emotions. One of the main findings in the first domain was feeling uncertain about what they were doing characterized by a strong self-critical inner voice. In this study self-criticism of therapist trainees had to do with reflections that expressed their discontent with their performance and were expressed as definite evaluation about the self (p. 488). Self-criticism was seen as different than feeling uncertain which was formulated in questioning or doubting attitude. The researchers noted when it came to self-critical inner talk “the sternness of these reflections is remarkable” (p. 489). Although studying self-criticism was not the scope of this study, its findings draw attention to the fact that a strong critical inner voice may be an important component of what psychology and psychiatry trainees experience during session.

A recent study by Kannon and Levitt (2017) confirmed these findings. The study, conducted with 14 clinical and counseling psychology trainees, revealed that self-criticism appeared in situations when trainees were uncertain about how to proceed in session. These findings support the idea that self-criticism in novice therapists is context-bound and closely tied to other inner voices or experiences. Other important findings in

this study were: (a) self-criticism is connected to feeling responsible for client's progress and decreases with an understanding that clients play a major part in their own progress, (b) self-criticism serves as an interpersonal barometer, which support Gilbert's notion of it being grounded in social comparison, and (c) self-criticism reduces with clinical experience, which is consistent with developmental models of counselor supervision.

This study was important because it looked at self-criticism within the context of clinical supervision. In this context, self-criticism along with shame and defensiveness seemed to be positively associated with perceived supervisor's criticism. Conversely, trainee self-criticism decreased with appropriate supervisor disclosure of their own failures and, when feeling supported by supervisor, self-criticism became an opportunity for learning and growth. This supports the idea that self-criticism in counseling trainees may be adaptive and constructive.

Although studies on self-criticism with counselors and counseling students are sparse, the greater self-criticism body of literature can provide important insights into the relationship between self-criticism and variables that interest counselor educators such as compassion, empathy and anxiety. Therefore, a review of empirical studies on self-criticism with different populations will now follow.

In a recent study, criticism was examined in relation to other variables such as affect (positive and negative), self-image goals, over self-criticism, support giving and compassionate goals in a sample of 99 college students (Zuroff et al., 2015). Researchers found that self-criticism was positively associated with negative affect, self-image goals, and high levels of overt criticism. This implies that self-critical individuals tend to experience more negative affect such as anger, guilt, hostility or sadness, they have a

strong need to make a good impression and ironically, display higher levels of criticizing themselves in public, as a preemptive defense against the criticism of others. On the other hand, self-criticism was negatively correlated with perceived support, support giving, positive affect and compassion goals. This means, highly self-critical individuals are less likely to experience positive affect such as pride, happiness or excitement, they tend to give less support to others and have a desire to alleviate their suffering and feel less supported by others (Zuroff et al., 2015).

These findings have interesting implications for counseling students and suggest that further investigation in this area is warranted. In the context of counselor-client relationship, self-criticism may negatively impact the counselor's ability to give support and show compassion towards clients. In the context of counselor-supervisor, self-criticism may lead to feeling less supported by supervisors or peers and be overly concerned with impression management. More importantly, self-criticism may significantly hijack counselors' affect in both client and supervision contexts. Affect is important and not just for the obvious counselor well-being. In a recent study with graduate psychology students, high scores of subjective happiness were positively associated with counselor self-efficacy and the degree to which they looked forward to seeing clients (Goreczny et al., 2015). Conversely, research has consistently shown that negative affect such as anxiety is inversely correlated with counselor self-efficacy, empathy and compassion (Al-Darmaki, 2004; Barbee et al., 2003; Fulton & Cashwell, 2014).

Additionally, the study conducted by Zuroff and colleagues (2016), draws attention to the idea that state self-criticism may be beneficial in certain situations. For

example, despite levels of trait criticism, high state criticism seems to be a helpful and adaptive strategy for eliciting social support and preventing criticism from others, which is pertinent for supervision. Moreover, state criticism may at times be a catalysis for compassion goals and support giving, especially in situations where self-image goals are less prevalent, which is relevant in working with clients.

Summary

In summary, this chapter reviewed the literature pertaining to the training of counselors. It focused not only on the current trend of measuring counselor competency in counselor education, but also on the importance of looking at the counselor as a whole, including the internal experiences and processes of counselors that may impact the quality of their work. For counseling students in particular, it reviewed desirable variables such as empathy and compassion and the ability to present with clients. This chapter also drew attention to the need to look at the internal processes of counseling students during supervision in the context of their development. Since self-criticism has been shown to impact both counselor variables and the supervision of counseling students, the second part of this chapter was dedicated to reviewing the literature on self-criticism. in clinical population and specifically pertaining to counseling students. Self-criticism was discussed from different theoretical perspectives. True to the historical unfolding of the construct, first self-criticism was viewed mostly as a maladaptive personality trait and linked to a multitude of mental health issues. Later, the chapter focused on theoretical perspectives and empirical evidence that illuminated the complexity of the phenomenon of self-criticism as both state and trait, both maladaptive and adaptive. The chapter highlighted the importance of studying self-criticism within a

context of inner dialogue and further explored its impact on counseling students during their training and development. Taking a developmental theory perspective on counseling students the chapter then focused on the relationship between important counselor variables and self-criticism.

CHAPTER 3: METHODOLOGY

Introduction

The purpose of this study was to explore the experiences of self-criticism among counseling students during practicum while in session with clients. This chapter is divided into five sections. The first section describes the research questions guiding the study. The second section will outline the methodology used in this study. The third section will provide a detailed description of procedures in participant selection, recruitment and data collection. The fourth section will provide an explanation of data analysis methods that were used. Finally, the fifth section will cover researcher's reflexivity statement, risks, benefits and ethical considerations as well as strategies for quality.

Research Questions

The purpose of this study was to explore the experiences of self-criticism on counseling students in practicum during sessions with clients.

The research questions guiding this study were:

1. What is nature of students' inner dialogue while in session with clients?
2. What is the experience of self-criticism among counseling students in session with clients?

Method

The current study was a qualitative exploration of the phenomenon of self-criticism amongst counseling students enrolled in a Masters' program of counseling at a public university in the southeast United States. The purpose of this study was to gain a

deeper understanding of the counseling students' experience of self-criticism while in session during their practicum. This study utilized a phenomenological research design to answer the research questions.

Various approaches to phenomenological research have been proposed. A review of these approaches is necessary to provide an understanding of the specific phenomenological approach that was most appropriate to answer the research questions in this study. One school of phenomenological research, based on Husserl's Transcendental Phenomenology, argued that phenomenology should focus on uncovering and describing the essence of a phenomenon. The fact that the phenomenon of self-criticism may present in different ways in different populations seemed to reject the notion that there is *one* essence to be uncovered, therefore Husserl's approach was deemed inadequate in exploring self-criticism in its complexity.

Conversely, Heidegger's hermeneutic phenomenology moved away from the idea of essence in favor of ontological explanation (*being-in-the-world*) arguing that phenomena, those which manifest for us, come into being through intentional relationships, which are always being interpreted (Vagel, 2016, p.30). Similarly, Max van Manen (2001), saw hermeneutic phenomenology as in-ness research, meaning the lived experience of being in and moving through the phenomenon. Van Manen's approach was open, fluid, and contemplative, while resisting finality. It included the study of the *essence* of a phenomenon as it appears to the individual as well as an *interpretation of meaning* that is thoughtful, reflective and dynamic (Vagel, 2016). The current study sought to understand the students' perceptions of their experience of self-criticism. These perceptions were fundamentally interpretative, reflective and dynamic. For this reason,

using a hermeneutic approach to answer the research questions in this study was appropriate. Additionally, Vagle (2016) argued that the primary goal of phenomenological research is “to study what is it like as we *find-ourselves-being-in-relation-to-others* (e.g., teacher with student, nurse with patient, therapist with client) and *other things* (e.g., a good book, some bad news, our favorite activity, an anxiety)” (p.20). Given that the focus of this study was exploring the lived experiences of self-criticism as it appeared in the context of *relation to others*, a phenomenological approach that considered the context in which the phenomenon occurred was most fitting.

Procedures

The study was conducted at a large, public university in the southeastern United States with a sizeable CACREP-accredited master’s in counseling program. The interviews took place in the counseling lab rooms which were reserved in advance by the researcher.

Participant Selection

Upon receiving approval from the University Institution Review Board (IRB), the researcher used purposive sampling of master students in counseling at a university in Southeast USA. The program was chosen as it is a typical or representative case of master programs in counseling, as well as being CACREP-accredited, which means it abides by national standards that all accredited programs in counseling across the country abide by. The selection criterion for participating was current enrollment in practicum. The researcher recruited participants by using the following methods: announcement of the study in the counseling student email list serve and asking practicum instructors of Fall 2017 to allow research to announce the study during class. The researcher ensured

she was not serving as a supervisor or teacher to any of the participants to minimize social desirability and dual relationship. Both recruitment emails and class announcements followed a recruitment script.

During the class announcement of the study the researcher passed out an opt-in/opt-out form for each student to fill out, fold and return to researcher. This ensured that the students who were interested in being contacted further about the study remained anonymous to other students in the class. The researcher hoped this would encourage confidential participation, provide clarity and remove any potential sense of pressure to participate. Considering the time demands of the qualitative interview the researcher offered a \$40 Amazon gift card as an incentive for participating in the study. The researcher announced the study in six counseling practicum courses in the Fall semester 2017. The researcher collected 28 opt-in forms from class announcements, 25 of which indicated interest in the study and were contacted further by email. Out of those, nine students ended up participating in the study. The researcher reviewed with each participant the purpose of the study, procedures, possible risks, and methods used to ensure confidentiality.

The participants signed an informed consent document. The informed consent form detailed the way in which participants would be contacted by the researcher, eligibility, confidentiality, statement of the research purpose, how the results would be used, potential risks and ethical issues, and details regarding the data collection procedures. Although the time selection was not purposeful in this study it is noteworthy that all data collection took place approximately six weeks into the practicum experience.

Data Collection Procedures

Semi-structured interviews were the method for data collection in this study.

Interviews are a widely accepted form of data collection in various social science disciplines traditionally associated with the qualitative paradigm (Halcomb & Davidson, 2006). The interview was chosen as a method in this study because the researcher's purpose was to understand the world from the subjects' point of view, to unfold the meaning of their experiences, and to uncover their lived experiences prior to scientific explanation (Kvale & Brinkmann, 2008). The interviews included several key questions which served as a starting point and guidance but were open-ended enough to allow for the participants' unique account of their experience to emerge.

Each interview lasted 60 minutes. Because the study was focused on the experience during session with clients, the interviews were scheduled the same day the participant saw the client, whenever possible. For all participants, a procedure was put in place to maximize recall. The participants were asked to fill out a Session Recall form immediately after the client session of their choice. The form asked questions designed to capture student's experience of the session that they could use for future recall before or during the interview with the researcher. The student was instructed to change the name of the client on the form so that no client data was recorded. The participants brought the completed session recall form with them on the day of the interview. The session recall form served as a jump-off point for the interview as the participants were asked to describe what happened in session and point out any moments they considered important. The participants then referred to the session recall form again during the course of the interview whenever they needed help remembering how they felt in session.

This section will now provide a description of the interview items. To answer the first research question, the researcher asked open-ended questions about the inner dialogue counselors experienced in session. The participants were first asked to describe the session in general and to select moments in the session they deemed important. Then the researcher asked more detailed questions about the session and the important moments mentioned by the participants. Some of these questions were: *What did you do/say? How did you arrive to that decision? What would you have liked to have said or done? What were you feeling? What did that mean to you? What were you telling yourself?*

To answer the second research question, the interviewer asked about any possible thoughts and feeling related to self-criticism. Some of these questions were: *Did you doubt what you said or did? If you could go back, what would you do differently? What do you think the client thought of you? What image were you trying to project?*

Data Analysis Method

In order to ensure reliability and validity of qualitative data, analysis of interviews in qualitative studies relies on verbatim transcription of the recorded interviews combined with researcher description of non-verbal behavior of the subject (Holcomb & Davidson, 2006). It is important to mention that the qualitative analysis in the current study was a reflective process of making sense of the data that occurred throughout the data collection, analysis and reporting process. The purpose of data analysis was to transform the data from participant descriptive form to an imaginative interpretation of what it meant based on key factors, relationships, themes and patterns. (Thornberg & Charmaz, 2012).

The interview data analysis also included the following steps: (a) an initial coding procedure of reading and analyzing the data word by word, line by line, paragraph by paragraph (Thornberg & Charmaz, 2012), (b) a constant comparative method of data analysis where the researcher constantly checked the identified codes with the data to make sure that it was grounded in the data, and (c) looking for relationships, connections and themes between codes identified in the previous two steps, also known as axial coding (Thornberg & Charmaz, 2012). The codes were then organized into categories or families and grouped into major themes based on participants' description and implied meaning of their experience. The development of themes and categories also reflected the relationship between various codes based on how they appeared together. The researcher looked at frequency of codes only in the category of inner voices while mainly focusing on participants' rich descriptions of their experiences.

As described in Chapter 1, the focus of the study was self-criticism in counseling students. However, the data analysis process revealed a rich, complex and detailed picture of the inner world of counseling students in practicum that surpassed self-criticism. The experiences of self-criticism were inseparable from and imbedded within an internal context of thoughts, feelings, beliefs and inner dialogue. Furthermore, within the inner dialogue of counseling students, the data analysis uncovered different types of self-talk associated with the presence and absence of self-criticism. Thus, inner dialogue and its context in counseling students became an integral part of describing and understanding the phenomenon of self-criticism in counseling students.

Researcher's Subjectivity Statement

As a third-year graduate student in Counselor Education and Supervision and a counselor for 13 years, the topic for this study is of special interest to the researcher. The researcher's experiences shape his or her understanding of the very phenomenon he or she is attempting to explore. Therefore, it is important to address the researcher's subjectivity towards this topic. I have been a perfectionist for as long as I can remember, especially in the area of academics. Education was very important in my family because neither of my parents were able to go to college. My mother wanted me to be an independent woman and my father always bragged about my intelligence to his friends and our extended family. One of my earliest childhood recollections was getting my first C in a Math class. Up to that point I had been a straight A-student so getting a C did not fit with who I thought I was or who I thought my parents would be proud of. I remember my parents being really disappointed. I remember feeling ashamed and beating myself up. My parents taught me that failure should be feared, avoided and is generally something to be ashamed of. They believed that being tough on me would encourage me to do my best. I believed this too and consistently acted as my worst critic thus ensuring successes and academic accomplishments. However, self-criticism came with great emotional costs, such as anxiety, stress, difficulty accepting success and general dissatisfaction with my work.

Once I graduated from my masters in counseling program and started working with clients, I learned that counseling is messy, often unpredictable, and mistakes happen frequently. Being overly concerned with mistakes I often became anxious and self-preoccupied which led me to make more mistakes. Furthermore, I realized that I had

developed a tendency to be overly critical of others and expect perfectionism from them also. As part of my doctoral program, last semester I started supervising counseling students. I witnessed self-criticism traits in many of them. In particular one supervisee had a very difficult time accepting feedback around what she needed to do differently as she would become tearful during supervision and shared that her overwhelming emotional state hindered her ability to hear important feedback. Similarly, she had difficulty accepting praise and positive feedback due to self-criticism. This experience and other observations, led me to want to explore counselor students experiences of self-criticism further. I wanted to get a better understanding of not only what the experience of being self-critical is like for them but also of how they feel it affects their ability to help their clients and ability to receive feedback in supervision.

It is also important to note how my beliefs and theoretical framework inform my subjectivity on the topic. The way I see the world and how I am with clients and is supervision is largely influenced by the Phenomenal Field Theory (Combs & Snygg, 1959) and Carl Roger's Client Centered Theory (Rogers, 1951). Both theories are built upon the assumption that experience is constantly constructed through a dynamic and ongoing process of interaction between individuals and their phenomenal field of which they are the center. This means, individuals' perceptions are in the center of their experiences and the self changes as a result of these perceptions. In turn, the changes in the sense of self change the way the field is perceived or experienced, and so on. This viewpoint informs the research design used in the study as well as the data collection and analysis methods.

Risk, Benefits and Ethical Considerations

This study presented minimal risks to the participants. All questions were engaging, respectful and open-ended to allow for participants' narratives to emerge. Given that the research questions were concerned with the person of the counselor, some unpleasant feelings, defensiveness and social desirability may have arisen. Counselor training includes a systematic scrutiny of the counselors' inner world and personhood, therefore the discomfort was not out of the normal realm of what is expected and encouraged in the program. However, other than the minor discomfort, the study presented no other significant academic, psychological, social, economic or legal risks.

There were several benefits for the participants and the population of counseling students. The participants had an opportunity to explore their thoughts, feelings and inner dialogue related to self-criticism which may have benefited them in the process of increasing self-awareness. Developing sound self-evaluation practices is a desired outcome of counselor training. This study may have helped participants identify tendencies to self-evaluate in an overly critical. The results may also benefit counselor supervisors in gaining a deeper understanding of this phenomenon and identifying ways to address self-criticism in their supervisees.

Several ethical considerations needed to be addressed before conducting this study. All participants were informed of the purpose of the study, confidentiality, risks for the study and their right to withdraw at any time. All participants signed informed consent forms prior to data collection. Participants were informed of the voluntary nature of their participation in the study and their right to withdraw at any time. The researcher knew the identity of the participants. To protect their confidentiality all names were

replaced with pseudonyms for the interview transcription. Consent forms, demographic information, interview audio files, and researcher reflexivity journal files were stored in a password-protected folder housed in a password protected laptop. All files and documents will be destroyed upon the expiration date of the study.

Strategies for Quality

Strategies for quality of data and findings included: (a) member-checking, (b) peer debriefing and (c) triangulation of findings with existing literature. Member-checking is a technique that is used to establish rigor and validity in qualitative research. In fact, Lincoln and Guba (1985) considered it to be a crucial step to ensuring credibility of results. Member-checking helped the researcher check the accuracy of preliminary results with participants' own interpretations and perceptions. Interviews were transcribed word for word to ensure fidelity to participants' words. The researcher verified with the participants that the transcription was true to their words. Member checks occurred in regard to interview transcripts, data analysis and results. Participants were presented with formulated meanings and themes to see if the data analysis was congruent with their experiences.

Peer debriefing is often a method used in qualitative research to ensure rigor and quality. Peer debriefing was defined as the "process of exposing oneself to a disinterested peer for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer's mind" (Lincoln & Guba, 1985, p. 308). The purpose of peer debriefing was to help the researcher uncover biases, perspective and assumptions she may have taken for granted and helped the researcher become aware of her positioning toward the data and analysis.

A single method of data collection can adequately shed light onto a phenomenon (Vagel, 2014). However, when only one method of data collection method is used, the researcher can use different types of triangulations to ensure rigor and validity. In this study, the researcher used analysts' triangulation, reviewing the findings for the purpose of providing multiple ways of viewing the data and not to reach a consensus (Denzin 1978). Also, theory triangulation was used to examine and interpret the data from different theoretical perspectives (Denzin, 1978).

Summary

The current study explored the experiences of self-criticism among counseling students in practicum in the context of counseling sessions. The significance of this study was that by gaining a deeper understanding of the phenomenon of self-criticism counselors can increase their self-awareness and improve self-evaluation and supervisors can develop ways to address self-criticism in supervision. The hope of the researcher was that the findings of this study would be used to inform future research on the topic and inform training and supervision practices that promote counselor self-efficacy and client welfare.

CHAPTER 4: RESULTS

This chapter will present an overview of the results of the current study. The purpose of this study was a qualitative exploration of the experiences of self-criticism in counseling students in practicum during sessions with clients. The study was guided by two research questions: (a) What is the nature of students' inner dialogue while in session with clients? And (b) What is the experience of self-criticism among counseling students in session with clients? The results presented in this chapter are a synthesis of a reflective process of transforming the data from their descriptive form to an interpretation of what the data means based on key codes, relationships, themes and patterns. Thus, the results presented here go beyond a mere description of the data and aim to paint a whole-part-whole interactive representation of the complex phenomenon of self-criticism. As mentioned in Chapter 3, the data analysis process revealed a broad, complex context of inner thoughts, feelings and self-talk in counseling students in practicum. Self-criticism was one part of the inner dialogue and appeared in dependence upon various internal and external conditions. Thus, understanding and describing self-criticism in counseling students cannot be separated from inner dialogue and its context. To this aim, this chapter has three sections. In the first sections, I will present themes directly answering research question one (Inner Dialogue). Section two will present themes answering research question two (Self-criticism.) Finally, section three will expound on themes related to the internal and external context in which inner dialogue occurs (Context).

Nine 60-minute interviews with counseling students enrolled in practicum provided the raw data for this study. The participants ($N = 9$) were two males and seven

females. The average age was 35, with an age range of 23-55 years. Two participants were in the school counseling track, two in the addictions track, and five in the clinical mental health track. Practicum sites varied. Two were in college counseling centers, three in community mental health agencies, two in public schools, and two in outpatient substance abuse programs. For two of the participants counseling is a second career and only one out of nine participants had previous experience in counseling. Three participants worked only with children, five worked with adults and one worked with both. To protect the privacy of study participants they will be quoted using pseudonyms.

The Nature of Counseling Students' Inner Dialogue

Counseling students were not always aware of their inner dialogue. In fact, most of them had not thought or talked about what they tell themselves in session before. One of the participants stated that she had never thought of sitting with clients as involving an internal process and expressed some confusion around the purpose of the study. At the end of the interview she stated she could now see how processing what clients say and thinking about how to respond can be a deliberate and effortful internal process. One participant described the interview as “a very specific type of counseling for people who want to be counselors” and stated that “being pushed into meta-cognition, going a step above my thinking, was very helpful and exciting.” Similarly, another participant arrived at “a-ha” moment about her internal dialogue while being interviewed which she deemed informative and significant. Conversely, others found the process of thinking and reporting their inner dialogue frustrating and overwhelming while acknowledging that being “forced to think about these things” was an important part of their learning.

Five major themes of counselors' inner dialogue emerged from the data: (a) counseling students' inner dialogue was pervaded by doubt, (b) counseling students self-corrected in session with directive self-talk, (c) counseling students criticize themselves with critical self-talk, (d) counseling students attempted to restore inner balance by engaging in reassuring self-talk and (e) positive self-talk was the absence of negative self-talk. These are represented in Figure 1.

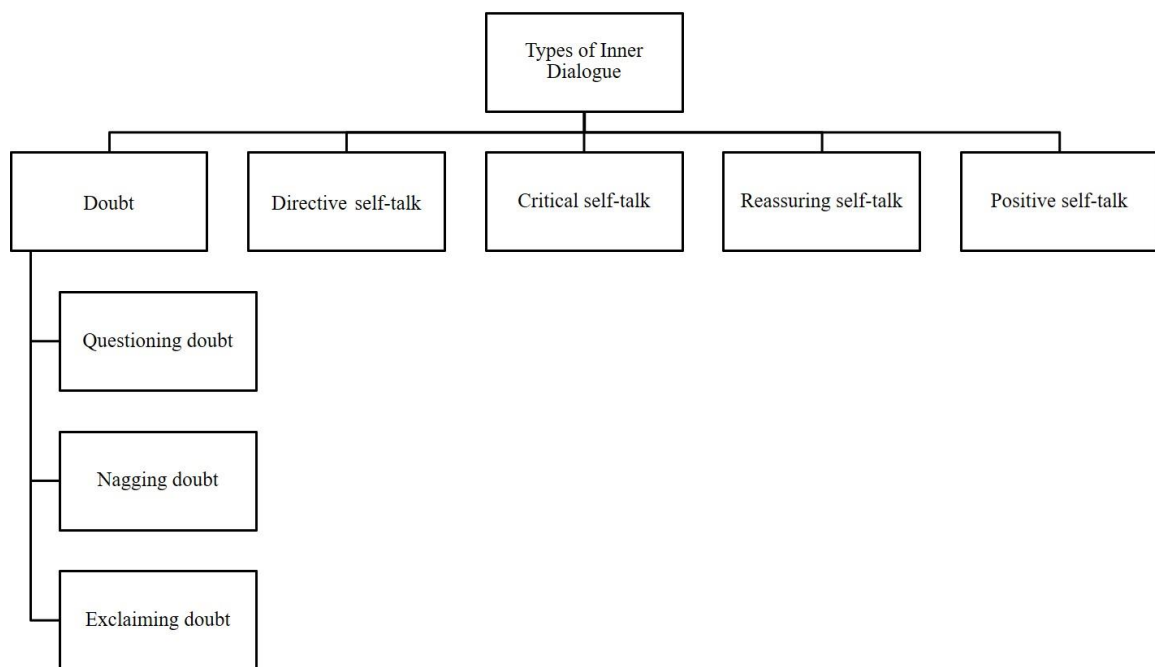


Figure 1. Types of inner dialogue.

Inner Dialogue 1. Doubt

In counseling students, inner dialogue was pervaded by doubt, questioning and second-guessing what they did or said in session. Although doubt was not always expressed as inner voice, its presence was so significant that eight out of nine participants reported dealing with at least some degree of it, inside and outside of session. At the core of the inner voice of doubt were thoughts about not knowing what to say or do, how to

say what they wanted to say or not knowing how to understand or manage the client. I have divided the inner voices of doubt into three categories based on the degree of unpleasantness or discomfort associated with them.

Inner dialogue 1.1. Questioning doubt. The least unpleasant doubting voice sounded like a question or a series of questions, which was part of self-reflection and self-evaluation of the counseling student. Questioning doubt was considered by the students to be appropriate, necessary and “safe”. Its mission was to ensure quality care for the client and make the counselor better. The tone of questioning doubt was usually calm and contemplative, asking “Was that the right response?” “Can this be taken further?” “Should I have set a limit?” “Is this OK?” “Did I go deep enough?” “Should I have sat with the emotion longer?” Counseling students wondered if they fully understood the client, if they had a grasp on the case conceptualization, what to do next, and whether their responses were *helpful, correct or counselor-worthy*. One participant said:

I typically think "OK well I'm missing something since her non-verbal. Isn't. That positive?" So what is it? I trying to think in my mind "What is it that I'm missing or how can I alter what I'm saying to, you know help her" or just then thinking "Should I ask a question?" And my thoughts are kind of racing of what the next avenue to take when talking with the client. (Samantha)

Questioning doubt was motivated by a desire to be helpful and to avoid what counselors perceived to be “pointless” or “ineffective” counseling interactions. What was unique about this shade of doubt was that it didn’t always provide the answer, but asking the question seemed to be enough of an internal quality control tool that pushed counselors to devise a plan for how to do things differently next time or get advice from a supervisor. When questioning doubt arrived at an answer it was mainly grounded in two

considerations: (a) what was most counselor-like and (b) what was most helpful to the client. Questioning doubt was not associated with self-criticism and generally was thought to be helpful by the participants.

Inner dialogue 1.2. Nagging doubt. Next in the continuum of doubting self-talk was nagging doubt. Although nagging doubt sometimes masqueraded as questioning doubt, it was much more unpleasant and unproductive than questioning doubt and it led to “dwelling” and “feeling bad.” Nagging doubt sometimes seemed to lead to excessive worry about clients outside the session as well as contribute to an in-session state of being inside one’s head and not present with the client. Nagging doubt appeared to speak mainly in statements, not really looking for an answer “Why did you say that?” Nagging doubt focused on what the students thought they did wrong or incorrectly, then spread taking over the inner world of thoughts and self-talk. In contrast to questioning doubt, nagging doubt was not seen as constructive because even if it pointed to what could be done differently next time, it continued to dwell on what was done wrong.

Nagging doubt was not always a clear voice as it sometimes showed up as a persistent and vague feeling of doing something wrong. Nagging doubt’s voice was at times hard to quiet down or “turn off” especially when it revolved around something gone awry in session. Thus, nagging doubt seemed to be more present after session than in session and often contributed to self-criticism. One participant said:

When reflecting back on it, I'm like "Oh I totally should have just sat with her in the emotion of not wanting to do it and let her be, you know, angry about the idea of doing it, you know whatever. And so, it kind of ended on a bad note. And I was like "Oh my God I suck. I'm so bad. I said all the wrong things" even though, you know, there's not right or wrong but I was just like, I felt like I like put guilt on her and I was just like "This. Is So. Bad." So yeah it was rough. (Gina)

Inner dialogue 1.3. Exclaiming doubt. At the end of the doubt continuum there was a loud, exclaiming voice that expressed panic and seemed to lead to paralysis. Although this voice didn't always sound like doubt, to its core it appeared to be all about doubting one's ability to respond correctly or handle an unfamiliar clinical territory which was perceived to be big, important or critical. When asked about how they determine what was big or important, counseling students answered vaguely, referring to a general intuition or gut feeling informing them of the seriousness of the topic.

It's this feeling of if I could do this again, I would have told her in the third session that after a few more sessions of once a week we're going to cut back a little and then defined it for whatever that was. Yeah it's like a gut feeling. I don't know. (Alex)

I guess, you know in the moment I knew or...I thought intuitively it was a really important moment in her life. But I didn't know, I didn't know what to do with it. And so I was, I did, (laughs) I was thinking in the moment "Oh my gosh I'm so glad I'm going to have supervision. Because I need some guidance on this." (Susan)

However, the rest of the data pointed to counseling students being closely tuned in to clients' non-verbal communication and emotions, which they used as indicators for making their determination. They also talked about picking up on significant changes in the client and using change as an indicator of importance. Thus, exclaiming doubt's voice was likely to be a direct internal response to an external client-related clue.

At the core of the experience of exclaiming doubt was a "deer in the headlights" state that led to a panic state like, "I don't know what to do! What do I do with this!?" Counseling students reacted to clinical situations they had read about in textbooks but never seen in practice before. This, in and of itself, didn't constitute doubt. What appeared to make them feel unsettled and panicky was thinking their skills did not match the severity of the situation combined with a tendency to assume full responsibility for

“handling” it. For example, one of the participants had the following response to her client frowning or looking away:

“Oh no!” And then I typically think “OK well I’m missing something since her non-verbal. Isn’t. That positive?” So what is it? I trying to think in my mind “What is it that I’m missing or how can I alter what I’m saying to, you know help her” or just then thinking “Should I ask a question?” And my thoughts are kind of racing of what the next avenue to take when talking with the client. (Samantha)

Exclaiming doubt, like nagging doubt, was sometimes associated with self-criticism when other thoughts and beliefs about self as a counselor were present. For example, not knowing what to do combined with an expectation that one should know and the pressure to take responsibility for the client led to self-criticism.

Inner Dialogue 2. Directive Self-Talk

Another aspect of counseling students’ inner dialogue was directive self-talk. This voice gave clear instruction in session on what the student should or should not do.

Directive self-talk was expressed in statements and seemed to be closely tied to concrete, observable counselor skills in session. The tone of a directive voice varied from gentle to aggressive (depending on the perceived importance of the situation) and often its function was to help students stop the current thinking and shift the focus from the counselor to the client. One participant said:

That’s literally, I’ll be like “OK you need to stop. Listen to this person” and then it just kind of, I listen to the person. “Ashley, you’re not supposed to be thinking about this right now because you’re supposed to be with your client.”(Ashley)

In general, the directive voice was considered by the counselors to be productive in that it helped them self-correct in session which led to feeling good about what they did, even proud and confident in certain situations. Like questioning doubt, directive self-talk appeared to be concerned with the welfare of the client, and part of reflecting on the

therapeutic process explained later in the chapter. Thus, directive self-talk was not associated with self-criticism. Here's how participants described directive self-talk:

I think I was, I want to say I was telling myself just kind of slow down a little bit and then really to like remind myself to read my client's facial reaction so "Take your time, stay in tune with the client, stay present." (Samantha)

"I don't want to get this wrong. Don't screw this up." The other thing I was telling myself was "Be careful you're not letting your own experiences color how you're reacting to this." (Susan)

Sometimes directive self-talk spoke clearly and specifically to what the counselor should not do. For example, for some, directive self-talk was the voice of a deliberate effort to refrain from doing what came naturally such as asking a closed-ended question or offering advice, instead shifting the focus to listening to the client and using reflection and open-ended questions.

Non-verbals really kind of cued me because I just feel like I don't want to keep talking, asking questions or responding to things if he's still, if he's emotional about it or processing it. So I kind of just use that as a cue to me to pause. I think it just happens. I feel like I can trust my gut. And I, I just see it in his face. And I'm like let me pause because I just, I just see it. I feel like I can read people's facial expressions fairly easily. I kind of notice that in all of my life, all aspects of my life. I feel like I'm very receptive to people's facial expressions and how they're feeling. So that's I guess a therapist gut maybe. I don't know. (Ashley)

For others, directive self-talk appeared to involve instructions about "shutting up" and allowing silence for the client to process feelings while simultaneously managing their own internal discomfort and awkwardness. The following quote encapsulated directive self-talk for one of the students:

It feels like my stomach contracting. Like I literally was like "Swallow that. You need to swallow that experience and just kind of put it away for right now because it doesn't need to be part of the room." (Susan)

At times, directive self-talk was a combined "don't do A, do B" instruction which took an already formulated statement and shaped it into a more counselor-worthy statement. The

internal process of self-correcting, although stressful and uncomfortable, felt appropriate to the students because it meant they were learning and growing as a counselor.

Directive self-talk seemed to be closely related to supervision and evaluation. Counseling students talked about having their supervisor in their head and self-correcting based on previous or anticipated feedback and evaluation from their practicum instructor and site supervisor. One student talked about hearing her class instructor's voice "loud and clear" in her head as part of her inner dialogue whereas for the rest of the participants it was their own voice that instructed similarly to how the supervisor would. Here's how the participants described this process:

Sometimes it can be hard. Because I'm thinking my natural inclination is to do X but I'm thinking about how I've been trained and how I'm going to be evaluated and that maybe to do Y. I have this battle inside trying to make myself do the Y. (Anitta)

Yeah I hear her in my head now. I can even hear her voice "That would be a good place to have reflected a feeling" (taps on the table) She does that! She did that on the table the other day. She was like "That would have been a good place to have reflected his feelings." She did it just like that. And it didn't bother me. But I remember her doing it and it's like I didn't realize I was doing it. I didn't even know she realized that she was doing it. Yeah. She tapped the table "That would be a good place." (Tracy)

Inner Dialogue 3. Critical Self-Talk

While doubt sounded like a question and directive self-talk like an instructive statement, critical self-talk sounded like a definite judgment on the counselor. Critical self-talk appeared as the voice of a judgmental self that criticized the counselor for making a mistake or not doing something exactly right, it generalized the mistake to incompetence and propelled into the future with self-defeating and hopeless remarks about counselor self-(in)efficacy. Using a metaphor of counselor court, critical self-talk

looked like being charged, judged, and convicted of a crime of incompetence, all at once.

One participant explained it this way:

In practicum I've had, I think I do a lot of self-criticism and I hear other peers say too that oh my god this is terrible I'm never going to get there. And then I start thinking how in the beginning of school they were like, we're the gatekeepers, we have to let good counselors into the field and keep the bad ones out and I'm like "Oh lord. I'm going to be a bad one" (Tracy)

The tone of critical self-talk was described by the participant as negative, critical and judgmental of the self. Participants talked about feeling "dragged down" and drained by it. What was unique about critical self-talk was that it appeared to be directed towards the person of the counselor (versus specific counselor behaviors), it spoke in absolute terms and it was considered by the students to be unproductive, "horrible", leaving them defeated and discouraged, like they "will never get it." Critical self-talk was how self-criticism was expressed in terms of inner dialogue, marking a clear distinction between doubt and self-criticism. Here are some examples of critical self-talk:

Some days I'll tell myself "I'm just no good at this." I mean does it happen daily, no, but there are days where I'm just like "I'm not good at this, I need to figure something out." (Alex)

"Oh my God I suck. I'm so bad. I said all the wrong things" I was just like "This. Is. So. Bad! Why did I get myself into this? What was I thinking that I could do this? Oh my gosh like this, like this could be how the rest of my career feels." Even though I don't think I'd feel that way every day, I was like "this, this could be forever!" (Gina)

"Oh. I'm not good. I'm not good at this." I was telling myself "You suck" like you know, "You're just not going to be good at this." (Susan)

"I can't do this, this is over my head." (Candace)

"Get with it, you idiot." "Oh God that was so stupid." (John)

Critical self-talk appeared to be part of a complex and multidimensional phenomenon of self-criticism. One way to understand critical self-talk is to think of it as

synonymous with self-criticism because it represented the aspect of self-criticism that was easiest to identify. Although, self-criticism encompassed cognitive, emotional and social aspects, critical self-talk was the obvious, tangible manifestation of the phenomenon. .

Inner Dialogue 4. Reassuring Self-Talk

Practicum students attempted to restore inner balance by engaging in reassuring self-talk. Reassuring self-talk can be understood as the voice of reason or that of a kind encourager within the counselor who basically said everything was going to be okay. Here's how one participant described the difference between reassuring self-talk and critical self-talk.

When I'm rested and I have my head on my shoulders the right way I'm way more likely to be lenient with myself and be like "You're learning, this is OK. You know, you're giving them space even if it's not the best answer. You're still providing the space to be there and to talk and they're growing..." But when I'm really tired and overwhelmed I'm like "I'm doing this all wrong. You can't help them." (Candace)

Although reassuring self-talk took different shapes and forms, it almost always initiated an inner debate, a back-and-forth between critical self-talk or nagging doubt and opponent voices, like an internal conversation. Reassuring self-talk sometimes sounded like the voice of reason. The voice of reason utilized concrete evidence to refute the nagging doubt and critical self-talk. Counselors gathered evidence from what the client did or said, theoretical knowledge, practical experience in session and supervision to create a more balanced view of reality. The voice of reason started with a negation of the critical voice and was followed by a logical and systematic presentation of facts. An example of this was:

I like remain in a negative like, self-talk, negative self-talk is kind of my default. So I have to check it to know, till I get out of it. And by that I mean I would just, I would say “Well does her, does her interaction with me, body language, things she says, and her progress, does that say that I'm not, like, cutting it here or something?” And then. And then I have to challenge that because I'm like "No it doesn't say that, her progress is evidence that we're doing something here." So then I can get out of that negative self-talk, that specific one. (Alex)

(regarding given the client banana bread)...But you know part of the dialogue for me, the inner dialogue was, on the one hand it seems that's an appropriate thing to do when you're somebody's academic mentor and cheerleader. But on the other hand I also recognize that it was, it was meeting a need that I had knowing that she hasn't had a mother for almost 15 years. You know the banana bread felt like a very mothering thing to do. And I just wanted her to have that experience. But again that was my need. And that was part of my inner dialogue, you know. (Susan)

Sometimes the voice of reason was directly related to supervision. What participants considered to be helpful supervision seemed to provide specific help with case conceptualization and instruction on skills to focus on in session. Remembering what was discussed in supervision was a grounding experience, one that calmed them down from a “panicky” state. One participant described it this way:

I think through supervision...so then I say “What is my goal and how can I meet her where she is.” And then I say “What do you want to do” But I kind of freak out for a minute and then I'm like “What did I learn in supervision” and then I go back to that and then I can act. It's encouraging because I'm like “I don't know what I'm doing” and then I'm like “But C said that I can do this and that it's not over my head, take a breath”, and then especially with clients I've been seeing consistently and we've, I've struggled with or had questions about, I just try to think about what did we talk about in supervision, what did we decide and then I have some, it's almost like theory but it's supervision. But it's guiding, “oh yeah we said that the goal was this so how do I reach that goal.” (Candace)

Reassuring self-talk went beyond looking at specific evidence and reminding the counselors that what they were experiencing was a normal part of their development. It also provided a broader perspective on the situation and helped to dilute the strong emotions associated with critical self-talk. Sometimes the voice of reassuring self-talk

sounded more compassionate and kind versus logical and systematic. One participant called it “having grace with myself” and others refer to it as “being lenient with myself.” Thus, reassuring self-talk appeared to not only normalize, but also show kindness, acceptance and grace to oneself.

However, reassuring self-talk did not appear to be a very effective strategy for quieting down self-criticism. One of the participants said that even after reassuring herself, she couldn’t see how it would be okay to give herself a learning curve when “these are real people I’m caring for.” It appears that counseling students in this study had unrealistic expectations about what they should be able to do, which emerged as an internal context of beliefs about the role of the counselor. Also, in instances when it appeared in opposition to critical self-talk, reassuring self-talk was an essential part of the experience of self-criticism.

Inner Dialogue 5. Positive Self-Talk

Counseling students in this study reported far less positive self-talk in session (and out) than all inner voices explained above.

Positive talk is the absence of negative talk. I feel, I feel a little bit of joy whenever things are going well with the student. It happens in the moment, that feeling of it being better. I think it's based in connectedness with the client...Connectedness that I pick up on is body language. Is there an absence of a really intense physical things that they do when they're nervous like squeezing things, like suddenly standing up and sitting down. To me that's like, OK I'm feeling kind of connected with you. You feel like, I'm thinking you trust me and you feel safe in here. Safety. Trust. Those are connected things for me. (but) unfortunately a positive self-talk is a lot quieter and less frequent. (Alex)

Positive self-talk was described as an encouraging voice that told the students they had done something well. It was not that counseling students did not think they did some things well. In fact, “feeling good about it”, a code describing counselors’ positive

evaluation of what they did and how they did it, appeared frequently in the data.

Participants talked about moments where they felt good about themselves, proud and confident. They also talked about clients liking them, having good relationships with clients and experiencing some positive feelings in and out of session. But they did not talk to themselves about these things because they considered doing well a baseline, or how one participant put it “that’s just what I’m supposed to do.”

I think when I'm doing things right it feels, maybe because it feels so intuitive to me that it doesn't really register, you know, like yeah of course that's what you do you know. So I don't I don't spend a lot of time thinking about you know what I'm doing right. (Susan)

Thus, positive self-talk appeared to be the absence of all other self-talk described in this section. In the absence of self-talk, counseling students reported being more present, focused on the client, feeling empathy and connection with the client, and experiencing a sense of calm, comfort and ease within themselves. Self-criticism represented a direct opposite to positive self-talk and all the aforementioned experiences associated with it. Unlike reassuring self-talk, which occurred together with critical self-talk and was part of self-criticism, positive self-talk signaled the absence of self-criticism. Thus, positive self-talk became important in understanding self-criticism in this study.

Experiences of Self-Criticism

The following section will summarize the findings in response to research questions two: What are the experiences of self-criticism in practicum counseling students as they are sitting with clients? The data indicated that self-criticism in practicum counseling students was a multidimensional and multifaceted cognitive, social, emotional and dialogical phenomenon that arose within an internal context of beliefs and expectations and an external context of client and supervision variables. While

counseling students' thoughts and inner dialogue were pervaded by self-doubt, self-criticism was less pervasive and appeared to need certain internal and external conditions to appear. This means that the same situation sometimes triggered self-criticism and sometimes it did not. Counseling students were not always clear about the differences in these situations, however they agreed that the experiences of self-criticism simply *depended*. Thus, depending upon certain conditions, some counseling students experienced more self-criticism than others although all of them experienced some doubt at some point during practicum.

Another important distinction between doubt and self-criticism was that doubt seemed to be directed towards concrete behaviors, specific skills and interventions whereas self-criticism seemed to be directed toward the person of the counselor, thus speaking in general and absolute terms to a counseling student's ability to be a good counselor, both now and in the future. Additionally, counseling students described self-evaluation and self-correction as different from self-criticism. Here's how one student described the essential difference between self-criticism and evaluation:

I think in general it's a very, I don't know, I don't think it's a negative, but I think it's very. Critical. So you can have constructive criticism but you can also have criticism that tears you down. So sometimes it's like "Oh I didn't do this. Oh man that's a bummer. I'd be cool if I would have done that but now I know next time I can do it." And so it's kind of like constructive like, you know, you do OK but next time you know maybe try this. But sometimes it's like "Oh my gosh" you know the thoughts that I had in this session of like "Oh my gosh you're the worst." Like you, you haven't even mastered the basic skills. Like. Just like the negative aspect of criticism I guess critical is a good word. (Gina)

Four themes emerged from the data around the experiences of self-criticism in counseling students in session with clients. They are organized into: (a) the cognitive dimension of self-criticism, (b) the social dimension of self-criticism, (c) the emotional

dimension of self-criticism, and (d) the inner dialogue dimension of self-criticism. These are represented in Figure 2.

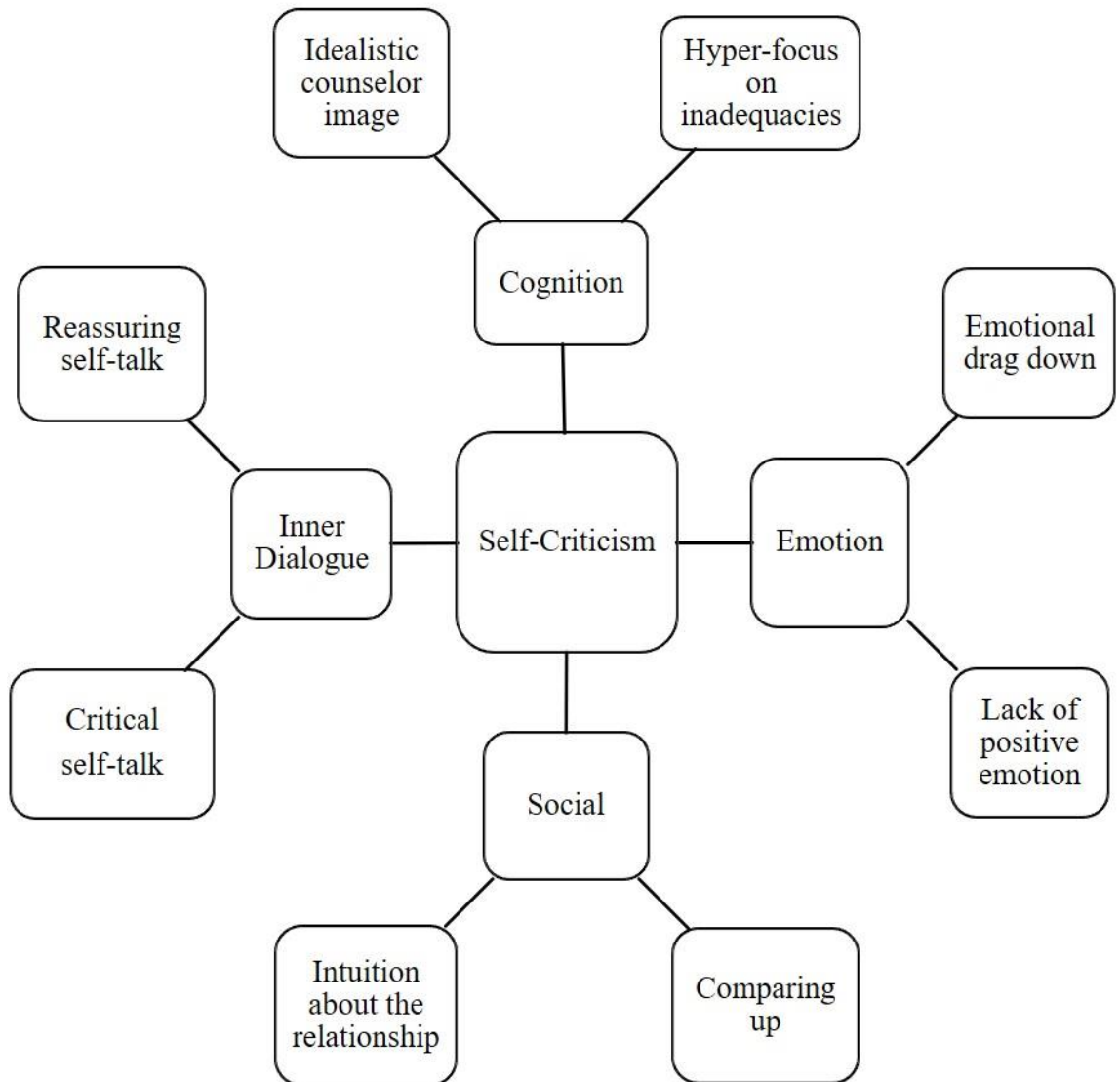


Figure 2. Dimensions of self-criticism.

Self-Criticism 1. Cognition

On a cognitive level, self-criticism was struggling to assimilate feeling inadequate into an idealistic counselor image. Counseling students understood and acknowledged that they were new to counseling and were expected to struggle with performing skills because they are still learning. However, this understanding did not seem to stop them from criticizing themselves up for being where they were. Learning new skills, not knowing, feeling insecure, awkward, uncomfortable and unnatural in the counselor's seat was often the birth place of self-criticism for counseling students in this study. At the core of this theme was a deep sense of unease with not being good at something. Counseling students compared their learning curve in practicum with previous learning experiences and concluded that practicum was hard. Despite theoretical knowledge and access to supervision, students reported that sitting in the counselor's chair was difficult, stressful and often felt way above their head. This, in and of itself, was not self-criticism. Self-criticism arose when long familiarity with success and achievements was met with struggling and failing. For some counseling students, practicum was one of the few experiences (if not the first one) that deeply challenged their existing self-image as capable or naturally good at things. The practicum challenge felt so unpleasant that they sometimes "wanted to fast forward" through it and "hurry up" to the point where counseling was artful, natural and easy. One participant said:

I think it just I think it's like kind of wrapped up in control and my identity and I've always been pretty good at what I do, have always been pretty good at school, it's come fairly easy like, sports came fairly easy like, most stuff came fairly easy. And this is really hard. And I knew it would be hard but I didn't quite expect it to be like this. (Gina)

Another participant described how the roots of her self-criticism seemed to go back to early school years.

It's from when I was younger and in like elementary school and middle school. We were, I have a twin so I say we a lot, we were expected to make good, really good grades so I was always straight A's. I can remember getting a B and being just boo-hoo crying. And I think that it comes from that maybe...then coming back to school in under-graduate I don't want to say it was easy but it wasn't nearly like graduate school and the A's just kind of came. So it was, that was fine. I was proud of them. Then you get here, it's like I'm really having to fight to get them. (Tracy)

What seemed to contribute to a seemingly insurmountable gap between the learning counselor self and the ideal counselor self was (a) an idealistic view of what it means to be a good counselor and (b) a hyper-focus on inadequacy, lack of knowledge and experience, what they can't do and what they don't know. When they were experiencing self-criticism, counseling students forgot or minimized what they knew and instead focused on what they did not know and what they could not do. In turn, they struggled to "find the words" and "skills go out the window" perhaps reinforcing thoughts that they did not know or could not do. Conversely, when counseling students focused on their existing knowledge of the client, freshened up on theory or technique, created a session plan or reminded themselves of supervisors' advice, they could overcome moments of doubt, unexpected client reactions and missteps much quicker.

One participant said:

Planning is a key part of it for me. Like I've noticed whenever I have spent a little time really organizing the next session, like "I think this technique can be really helpful for her for this reason" trying to find something to ground it in and then using it with them. That usually goes better then I feel a little bit more like confident when done. (Alex)

When counselors did not have a good response or did not know what to say at all , when they could not get the clients to open up, when they made mistakes or felt as though they could not handle the unexpected in session, they began to focus on their inadequacies and feel further removed from their ideal counselor self. The more of these subthemes and codes that presented at once, the more intense the experience of self-criticism seemed to be. Furthermore, when counselors received feedback around what they did not know or what they were doing wrong in supervision they tended to experience more self-criticism. Thus, the context did not cause self-criticism, it may have merely been used as evidence in the cognitive processes of self-criticism.

Additionally, counseling students were preoccupied with the counselor role, the expectations and pressure that came with sitting in the counselor's chair. Counseling students wanted to be good counselors as they seemed to feel a deep sense of responsibility towards caring for their clients, not letting them down, being helpful and facilitating change and progress. When these things did not happen, counseling students tended to internalize by feeling inadequate. This was understandable and reasonable when participants expressed concerns like "How can you give yourself a learning curve when these are real people, who need help now?!" A closer look at the data revealed that self-criticism at its core tied to beliefs about what counselors can do. As previously discussed, counseling students had a set of beliefs about what it meant to be a good counselor. When experiencing self-criticism, counseling students tended to adopt an *idealistic* view of a good counselor they then used to compare themselves to. It was called idealistic because of its dualistic nature.

The idealistic good counselor was a latent notion in the data but not a hard one to identify. The idealistic counselor had certain characteristics which were spoken or implied by the participants. He or she:

Is experienced

Has it all together

Can get clients to open up

Can get clients to have a break-through

Can anticipate what the client will do/say

Isn't bad

Isn't learning

Either is or isn't

Is artful, a natural

Counseling students may or may not have been aware of their thinking as its meaning was not immediately obvious. Nonetheless, the idealistic counselor looming in the background appeared as an impossible standard for anyone to compare to, creating an unfair disadvantage for counseling students. Participants compared themselves to the idealistic good counselor and concluded they were “bad” and “may never” be good, which left them feeling down, discouraged, exhausted, and less able to focus on counseling skills, which in turn reinforced the discrepancy between the current self and the idealistic counselor.

When self-evaluating, counseling students reported thoughts of inadequacy and doubt that were behavior-specific, such as not being prepared or not thinking to say something they deemed important. However, these thoughts did not seem pervasive and

led to self-correction through directive self-talk in session and between-session preparation and consultation with supervisor. On the contrary, when they were *self-criticizing*, counseling students' thoughts were person-bound and represented internalizing a bad session (or a bad moment in a good session), into who they were as a counselor. One of the participants, in trying to process a misstep, said she thought if she were a better counselor or if she were good enough it would not have happened. Thus, self-criticizing gave no help or assistance in correcting or doing things differently in session because the only way to do better is to somehow *be* better.

Self-Criticism 2. Comparing Up

A part of the experience of self-criticism for practicum students was comparing up to someone they thought was a better counselor. During the data analysis, the researcher wondered about the latent meaning of this theme, namely comparing down. Participants did compare themselves between the point of the interview (approximately six weeks into practicum) and the beginning of the semester and concluded that “things get better with time.” But it was unclear whether the beginning-of-the-semester self was separate enough from the current self to compare down to. It is noteworthy that counseling students talked about feeling better after making that comparison and could see their growth albeit small. However, the most common comparison in the data was one that left them feeling bad about themselves.

The social dimension of self-criticism was like trying on someone else's suit, one that didn't quite fit, feeling awkward, uncomfortable, or fake and then internalizing the ill-fit into the sense of self. Following this metaphor, practicum students did not know how to tailor the suit yet but hinted at wanting to make it feel more like a “natural” fit.

Interestingly, all participants expressed a strong desire to stay true to themselves, their personality, style, their values and beliefs and everything that made them authentic and genuine. This desire did not seem to be motivated by pride but rather an understanding that being authentic and genuine was an essential ingredient for a good therapeutic relationship. Thus, the exception to internalizing ill-fit was represented by “going with the gut.”

While counseling students rarely spoke about their natural inclinations as strength, they almost always honored their gut feelings in session. Counseling students reported feeling good about “going with their gut”, even in situations where the supervisor disagreed. In fact, the tendency to side with intuition and resist self-criticizing, even in the face of outside criticism, was remarkable. One participant talked about honoring her gut feeling to tell her client how she felt about president Trump and feeling good about it even after receiving some constructive criticism from her supervisor. Another talked about the struggle between knowing she needed to challenge her client’s drinking and resisting doing it the way “in-your-face counselors” do. She stated that in her gut, she knew she could not say it like them because it would be too harsh and that was not who she was, she liked it “peaceful.” Another participant talked about introducing mindfulness to her client due to pressure from her supervisor and site to show in the notes they were taking practical steps towards treatment goals, but said she felt uncomfortable and awkward, like a teacher, not like herself. She stated she would go back to being more client-centered (which she described as her natural inclination) while incorporating some mindfulness tools when appropriate.

Conversely, when comparing skills and competency, counseling students tended to reject their skill level and try to adopt that of others. They tended to ignore flaws in others, especially experienced counselors, and seemed surprised when peers said they too were struggling. In other words, they tended to believe their mistakes and inadequacies were uniquely bad, and they exaggerated their flaws and idealized others' good qualities.

The first time that I talked about it and I showed the video I was like so embarrassed and very like, like "oh my gosh" like I'm sure that no one else in the program has said these things (both laugh) I know, but then my, my cohort are like "oh my gosh yeah I had a session like that too." Oh OK. So yeah. (Gina)

It's frustrating because I can't find my own words sometimes that other people I hear you know reflecting things, they have these nice pretty words and mine don't always come out like that...like when I'm listening to some of their recordings I'm like what they do, read the thesaurus because it's like they have all of these and I don't mean in a bad way but it's like I'm just amazed at their language. (Tracy)

Sometimes the influence of comparing up was so strong that the difference between experiencing self-criticism and not experiencing self-criticism came down to trying to say things in session exactly like others would. This was how one participant described the essence of self-criticism for her:

I think that I'm trying to say exactly what my instructor or peers and I'm trying to use their language, their mannerism and like be a copy of them in the session. That's how I feel like I'm being somebody other than who I really am. Instead of learning that I'll be able to you know do open ended questions too. It'll just be the way it comes out of me and I have to find my place with it. (Tracy)

Self-criticism was characterized by mental pressure to look and act like a "legitimate" professional counselor. Much of this pressure was focused on what they said, finding the right words, helping clients come to "amazing a-ha moments" or being like a "Dr. Phil talking type person." In situations where clients specifically talked about previous counselors, who were more experienced, the mental pressure to measure up or even compete with them became stronger. Sometimes, counseling students were not quite clear

on what “legitimate counselor” looked like for them in session, they just felt like they were not it, which led to a general feeling of dissatisfaction and disappointment.

Similarly, counseling students felt the pressure to reflect well, in a “counselor-worthy” manner but the pressure often led to being caught up in their head perfecting what they were going to say and how they were going to say it. Furthermore, internal pressure to perform left counseling students feeling distracted, not present and disconnected from the client. Being caught up in their head was associated with feeling bored, annoyed, frustrated and anxious in session. Conversely, when they were able to respond like a “legitimate counselor” they felt excited, energized and proud of themselves.

Self-Criticism 3. Emotion

On an emotional level, self-criticism felt like being dragged down. In session self-criticism at first felt a bit like falling after you thought you were on steady ground. The experience came to life in phrases like “I wanted to vomit”, “horrificing”, “a general sense of panic without words.” Self-criticism was described as “a strong blow” to the self and a strong emotion. After the initial blow students talked about experiencing the warm wash of embarrassment, they said they felt “stupid”, “crazy” or “out of control”, being “dragged down”, defeated, and depleted. The word that encapsulated the emotional aftermath of self-criticism was *depressing* (instead of feeling depressed): feeling bad about oneself and wallowing in sadness without being able to turn it off. Depressing represented the internal movement through panic and shame which actively shaped an experience of emotional drag. This movement was facilitated by self-critical thinking,

nagging doubt and critical self-talk. Feelings associated with depressing were overwhelmed, regretful, guilty, inadequate, and resigned.

Although participants struggled to find words to paint the emotional landscape of self-criticism, the data had a veil of dread around the experience that sometimes appeared to seep into the interview room. The feeling of dread may have also been related to students thinking about the next time they will see the client and not wanting to experience these emotions again. Self-criticism was experienced so strongly on an emotional level that students came up with strategies to deal with what triggered the experience in the first place. One participant talked about having to fight thoughts of not wanting to go back to the practicum site. He said he felt like avoiding it all together but thinking about clients needing him got him through these feelings. Another participant was feeling so critical of himself that he decided to switch program tracks from school counseling to mental health, thinking schools were not a conducive environment to counseling.

In contrast, self-evaluation and questioning doubt felt “safe” and normal to counseling students as they considered them to be appropriate tools that ensured good clinical judgment and client care. After directive self-talk, even if their inner voice got a bit louder or aggressive, practicum students felt good about their ability to self-correct, shift focus or refrain from doing what came easy. In fact, the absence of refrain was described by one of the participants this way:

You're feeling out of shape and then rather than go for a run and you eat a box of cookies or something like that. You know it feels kind of good but you're also, ugh, you know, this is kind of shitty of me. (John)

Self-criticism had neither an emotional payoff nor a practical advantage for practicum students. In fact, it seemed to keep them from enjoying their practicum and from experiencing positive emotions about themselves. Even when they had made a mistake and were seemingly deserving of the criticism, they could transform the mistake into a learning opportunity unless they could get out from underneath the burden of self-criticism. Therefore, the internal process of moving on and feeling better was inseparable from the experience of self-criticism. But feeling better did not come easily because counseling students seemed to have a serious deficit of positive self-talk.

Self-Criticism 4. Inner Dialogue

Self-criticism thrived in a predominately neutral self-talk environment. The experience of self-criticism on a dialogical level was a complex, back and forth debate between a part of the self that judged the counselor harshly and critically and another that almost immediately came to the counselor's defense. The first part of the self was judgmental, it spoke in absolute terms about the counselor and sounded excessively critical. The judgmental self looked at a mistake and instead of saying "you did something wrong", it decided "you *are* wrong." The other part of the self was compassionate and responded to critical self-talk with reassuring self-talk. The compassionate self was caring enough to recognize the unfairness of the judgmental self and with empathy and understanding reminded counseling students they were okay. One participant described it this way:

It's I guess because I'm aware of the things that I'm supposed to be saying and trying to practice them I don't know it's just, it's a little anxiety provoking and then I started thinking "Well I'm never going to get this" "I'm not going to be good at this." I've been doing this for a little while and all of a sudden change, I was having some really negative thoughts like "Well maybe I'm not supposed to do this." And then it's almost like a conversation like "Stop doing that. You're

doing a good job. You're aware of what you need to do. That means you'll be able to change it." (Candace)

Reassuring self-talk was as much a part of self-criticism as critical self-talk. In fact, it was hard to imagine reassuring self-talk without it being a rebuttal to nagging doubt or critical self-talk. Thus, in terms of inner voice, self-criticism was, for the most part, critical self-talk followed by reassuring self-talk. Conversely, positive self-talk (mentioning what one did well) was very uncommon amongst counseling students despite it being the opposite of critical self-talk. However, examining positive self-talk, or lack thereof, in counseling students can enrich our understanding of the essence of self-criticism. When self-criticizing, counseling students forgot to tell themselves what they were doing well. Across the board, participants indicated that there was a discrepancy between how they saw themselves when self-criticizing and how their client or supervisor saw them. They said things like "I am harder on myself than anyone else."

However, counseling students craved and appreciated hearing about what they did well. During the interview one of the participants came to the realization that it would help to think of things he does well, that he would like the "positive reinforcement." Another participant also talked about liking her practicum supervisor more than the site supervisor because she got a lot more positive reinforcement from her. Another participant mentioned that she always felt better when her supervisor pointed out what she did well when reviewing a session tape. But while critical self-talk turned a mistake into "You suck!", positive self-talk did not turn a job well done into "You rock!" One of the participants said it like this:

I am not ready to own it yet, to own being good. And I don't think I should. I'm not there yet. (Susan)

Counseling students did not give themselves credit for doing well. For example, counseling students talked about being caring, trustworthy, compassionate, and motivated by a desire to help. But they talked about these qualities as basic or a given. They acknowledged refraining was important and appropriate, but they did not credit themselves for being able to do it, they just told themselves it must be done.

Conversely, when practicum students used an advanced technique and the client responded well they reported joy and excitement. One participant talked about using a thermometer graph for a child client to help him monitor and control his anger. When he learned the child was using it consistently in class with good results he said “I was so happy. It made me want to do cartwheels!” Another participant thought his use of personalizing was “bad ass” and that he was excited the session was being recorded.

Practicum students seemed to chase “shining” moments while taking for granted basic skills and good qualities. As a result, they arrived at the experience of self-criticism with a whole lot of “neutral” and not a lot of “positive” statements about themselves. When the compassionate self reminded them that making mistakes, not knowing and having doubt were part of learning, they could see their limitations as normal. But that was as good as it got. As mentioned earlier, normalizing, “having grace” or “giving yourself leeway” was not sufficient to quiet the critical self-talk. Consequently, the internal debate continued, back and forth, to the point of emotional depletion.

Inner Dialogue in Context

Counselors’ inner dialogue occurred within an internal context of thoughts and feelings experienced in and out of session, and an external context of client (what they did and said) and supervision (feedback and evaluation. During the interviews it became

clear that the lines between inner dialogue and inner thought were often blurred but when asked, participants were able to distinguish between an inner voice and a thought. For some, the inner dialogue was loud and clear while for others more muted and harder to put into words. Despite individual differences there were three main themes identified in the data. These themes provided a context of beliefs, thoughts and feelings about self, client, supervisor and peers within which inner dialogue appeared. This section is organized into four major subsections detailing four themes that emerged from the data: (a) self-evaluation of competency, (b) reflections about the self, (c) reflections about the therapeutic process, and (d) outside influences. Each subsection is further broken down into subthemes within the major themes and represented in Figure 3.

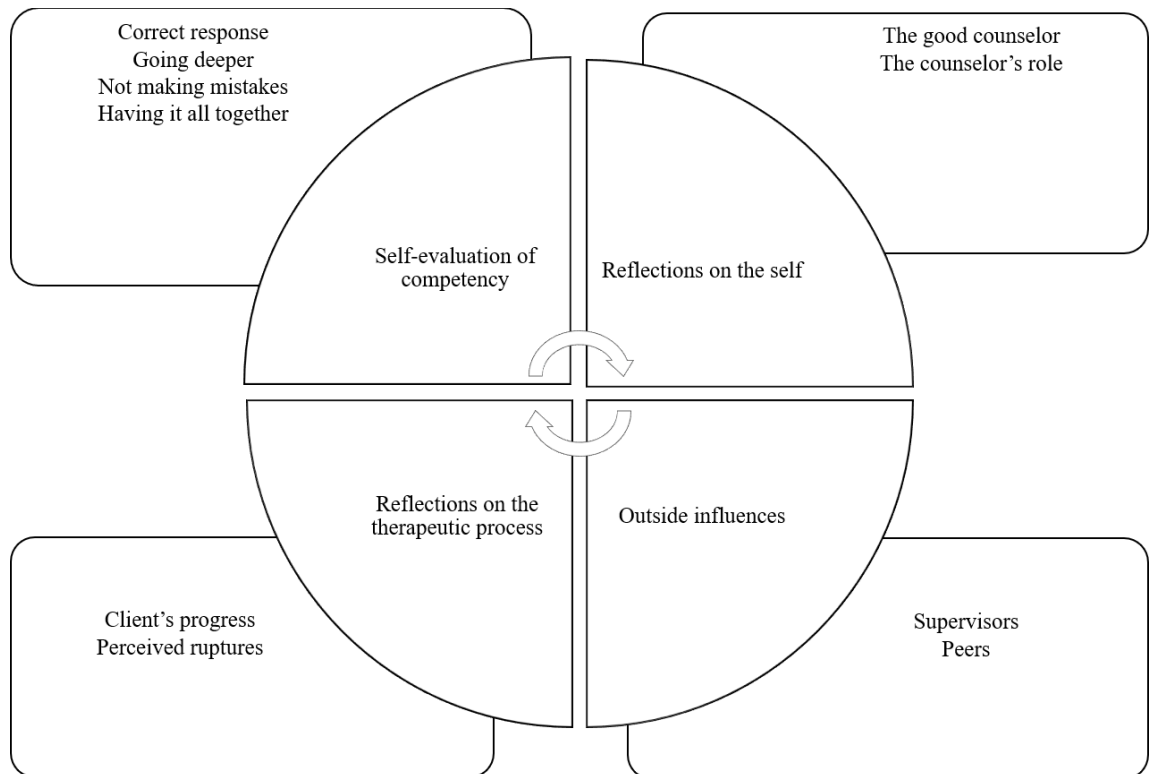


Figure 3. Inner dialogue in context.

Context 1. Self-Evaluation of Competency

Counseling students in the current study seemed to be preoccupied with assessing their own competency. This theme related to concrete and skill-based reflections the counselors made while sitting with clients. Although the current study focused exclusively on in-session experiences and processes, the data pointed to outside influences as well. This subsection will touch on outside influences such as evaluation or feedback by site and practicum supervisor, comparison with peers, and prior experiences with the same client or other clients. For practicum students four main subthemes emerged in how they evaluated their competency. These were: (a) having the correct response, (b) getting clients to open up, (c) not making mistakes, and (d) having it all together.

Context 1.1. Having the correct response. Counseling students were concerned with having a “good” response to what clients said or did. A good response was one that applied the skills of reflection, open-ended questions, summarizing, personalizing, challenging and seemed to go beyond a “normal conversation.” Having the correct response meant reflecting the right feeling using a “good” feeling word, allowing for silence and “sitting with emotions”, using open-ended questions instead of “fact-finding” questions, setting limits and challenging appropriately “without getting into power struggles.” The more rigid the definition of “correct”, the more likely the counselor was to experience self-criticism. In other words, wanting their responses to sound “perfect” put pressure on them and, at times, created anxiety that paralyzed their responses, which was then followed by self-criticism. For example:

I put an expectation on myself to have the perfect response with the perfect reflection or you know, can't just be like, I want to do something meaningful for

them but then sometimes in my head I'm like "I couldn't even get a decent reflection right now because I'm not even hearing what they're saying or thinking about the underlying stuff. I'm thinking about my stuff." (Candace)

Context 1.2. Getting the client to open-up. Practicum students associated client's shutting down and withdrawing with their lack of competency. They seemed to take client talking about superficial topics to mean that no "real" counseling was being done. This subtheme was also tied to expectations about what a counseling session should look like based on counselors' personal experiences with counseling or role modeling from courses taken prior to practicum.

From I guess just from like my expectations of what counseling looks like. Like. I'm not afraid to talk about my feelings. That's I feel like it should look or how it generally looks. So those are my own expectations that I bring in thinking you know we talked for like two or three minutes. No. In counseling you talk about stuff like, for like 15 minutes, 10, 15 minutes you know. And so, in my head I was like oh I didn't I didn't get her down there long enough. But then also she's 11. So, I never went to counseling when I was 11. So, I don't know. Developmentally or socially how much she can handle doing it that long, you know. (Gina)

It was not surprising that some of counselors' questioning doubt revolved around facilitating the client "opening up about how they really feel" and going deep while avoiding "pointless" and superficial storytelling. Additionally, practicum students felt limited and frustrated with reflecting feelings or using silence in session as they deemed these techniques insufficient for creating "a-ha" moments and deeper insights for the client. While client shut down triggered feelings of inadequacy in counselors, client opening up was not always interpreted as an indication of counselor competency. Rather, clients opening up was attributed to having a good therapeutic alliance, clients feeling comfortable and "safe" with them. The following quote illustrates this point in more detail.

To me just the fact that he's even talking is amazing because he used to come in and just say "I'm good" and that was all and so just that he's talking, and maybe that's what my practicum people don't know is that from where he was in January to now is like a huge difference and it's taken that long maybe for him to be able to talk in fact he even said that, in one of the sessions was "I can't believe I'm on my feel with you." So that was kind of cool. That made me feel good because it made me feel like OK he's learned to trust me enough to where he can be a little more vulnerable. (Tracy)

Context 1.3. Not making mistakes. Counselors in the current study equated competency with lack of big mistakes. Counselors seemed to be okay with small mistakes, but they worried about “screwing up.” Here’s how one of the participants put it:

There is the “I didn't word that exactly right” or I missed an opportunity to, you know, reflect an emotion which is nothing more than a missed opportunity like it doesn't damage the relationship at all. And then there are the screw ups, the potential screw ups where I feel like oh, oh gosh you know there may be some damage control. (Susan)

Practicum students experienced nagging doubt around minor “missteps” like sharing something personal, saying something one way versus another, choosing to change the direction of the session based on a pre-session plan or choosing not to challenge. They talked about experiencing critical self-talk around what they perceived to be big “screw ups” like breaking clients trust, upsetting them, or mishandling an “important” or “big” topic that the client had brought up. Practicum students also talked about experiencing questioning and nagging doubt around their ability to accurately assess and respond to a variety of clinical presentations they perceived to be beyond their current level of knowledge and skills, which further led to being overwhelmed, “feeling like I’m in way over my head.” Some of the clinical presentations participants mentioned were suicidal ideation, developmental disability, personality disorders, trauma, Post-Traumatic Stress Disorder and psychosis as well as dealing with big systems like the Department of Social Services.

Context 1.4. Having it all together. This subtheme referred to both how counselors felt inside and the image they tried to project. Having it all together was a sign of competency, something more experienced therapists possess. Practicum students talked about wanting to feel in control, appear that they “knew what they were doing.” Being competent did not mean knowing everything, it meant knowing how to respond to unexpected situations, or, as one of the participants called them, “curve balls.” Being able to anticipate clients’ reactions and having confidence in their own ability to respond appropriately was a part of feeling competent for counseling students. The more they felt they could not have anticipated a client’s response, the more they doubted their own competency and ability to handle the situation appropriately. This is how one participant described what it was like to not “have it all together.”

Scary. It's not, actually. Let me re-frame that, not knowing is not the scary part. The scary part is not knowing if I'm going to handle it right. So in my previous work you know I was pretty accustomed to, in the course of the day, I never knew what was going to walk in the door and it was always heavy stuff. So I'm accustomed to that but I was practiced at you know, knowing how to respond and what my role, my role was different, it wasn't that of a counselor. So the scary part now is just I'm learning new skills and I'm not confident in them. (Tracy)

For another participant feeling out of control was directly tied to feeling incompetent and experiencing intense critical self-talk. This feeling was precipitated by her client refusing to do the homework she assigned her to do, a refusal the counselor had not anticipated or prepared for. In general, dealing with the unexpected triggered feeling incompetent which in turn triggered nagging doubt, exclaiming doubt or critical self-talk depending on the perceived importance or gravity of the situation. For example, if the session was going well and the counselor felt confident and good about the therapeutic relationship, but if the client said or did something unexpected, then the counselor was

more likely to experience exclaiming doubt, followed shortly by nagging doubt about how the moment was handled. However, if the counselor made a mistake that could potentially damage the therapeutic relationship, from their perspective, then critical self-talk was more likely to appear.

To avoid a potential deer in the headlights experience and minimize the emotionally unpleasant nagging doubt and critical self-talk, counselors seemed to employ coping strategies such as preparing, developing a treatment plan in supervision and refreshing theory and techniques, to name a few. For example, for Alex, pre-session preparation, including reviewing notes and having a plan for the session, was crucial in making him feel in control and competent. Anita also mentioned that reading through the client's chart prior to session gave her a sense of clinical direction and informed goal setting during session. Similarly, Samantha talked about reading through a mindfulness clinician workbook, choosing materials, making copies and planning on how to present this information to her client prior to session.

Feeling competent was as much about being prepared as it was about being flexible and able to move on when faced with a session "curve ball". Unable to move on or change direction based on her client's response, one of the participants proceeded to pressure and guilt her client into doing a feeling journal between sessions. She had not considered the fact that the client would continue to refuse no matter how she approached the issue. The outcome was an upset client which then led to intense self-criticism in session and out.

Counseling students tended to intuitively fall back on listening when faced with a session curve ball. Even though they reported experiencing panic, doubt or self-criticism

internally, they seemed confident they did not show it outwardly. They thought of self-containment as a success, talked about appreciating the safety of “just listening” and took advantage of the space created by not talking to “regroup” and carry on. One participant described it like this:

And then I listen. They'll say something and I will have, I think I always have this worry that I have to say something or have to know what to say or have to know how to reflect it. And so when I realize I'm doing that I just, I'm like “Stop!” And I listen and then normally something is said and I'm like “Oh. I can reflect that” but there's just, I put an expectation on myself to have the perfect response with the perfect reflection or you know, can't just be like, I want to do something meaningful for them but then sometimes in my head I'm like “I couldn't even get a decent reflection right now because I'm not even hearing what they're saying or thinking about the underlying stuff. I'm thinking about my stuff.” (Candace)

Context 2. Reflections About Self as a Counselor

The second major theme in counselors' inner context of thoughts and feelings had to do with who they wanted to be and who they thought they were as a counselor. This theme ran across all participants and seemed to be the most pervasive latent theme in the data. Who they wanted to be as counselors constantly shaped how they viewed themselves in the moment.

Context 2.1. The good counselor. Practicum students in this study wanted to be good counselors. A large portion of being a good counselor seemed to revolve around competency which was just discussed. In their own words, being a good counselor meant they were not a *bad* counselor. Although he knew it wasn't logical, one of the participants said he felt he was “either a good counselor or a bad counselor, never a learning counselor”. Being a good counselor went beyond competency to include counselor characteristics that were part of ones' nature, personality or inclination.

For example, being a good counselor meant being caring, trustworthy, safe, empathetic, authentic and helpful. Practicum students wanted to show their clients they cared about them, that they were trustworthy and non-judgmental. Trust was associated with building a therapeutic relationship, clients feeling safe, counselors feeling confident and proud, positive self-talk and overall satisfaction with the practicum experience. Conversely, breaking client's trust seemed to trigger panic and feelings of disappointment, feeling incompetent, critical self-talk and "going on repair mode." Counseling students were okay with missing something, making a misstep or not reflecting properly if the relationship did not appear to be harmed.

Additionally, being safe and non-judgmental was part of being a good counselor. Practicum students wanted their clients to feel heard, understood, and accepted unconditionally. They said counseling was for the client and about the client (not about them), that they should leave their problems at the door and not let their own feelings, thoughts and experiences impact the experience of the client in session. They focused their effort in session on listening, empathizing, meeting the clients where they were and following the client instead of leading. In fact, much of the content of directive self-talk concerned listening to the client's story.

Being a safe person to talk to appeared often in the data. The thought of being perceived as judgmental or unsafe could provoke intense negative emotions in some of the counselors. One participant described a scenario where the client, an immigrant, expressed to her thoughts about her privileged position in society being white and American. Here's how the counselor described that moment in the session:

Her reaction was horrifying to me. She said..."But help me understand because under Trump you're elevated." And I said, "What do you mean by that?" And she

said "You're fair and you have golden hair. So aren't you exactly the person who Trump's policies elevate?" And I really wanted to vomit when she said that because she's right. My response to that was "I can, I understand what you're saying but I assure you I have, I think I said "I do not like the man. I think he's destroying our country." And I said "You're, I believe very firmly that people who come to America from other countries make our country better." And that, you know, he's messing that up and she jumped up and came over to me to High-Five me which was really kind of funny and very... I felt like. I felt like I had...I had convinced her that I was a safe person to her. (Susan)

Counseling students in this study talked about striving to be genuine and authentic while holding back natural tendencies they deemed inappropriate, such as fixing or offering advice. The balance between wanting to be their authentic self and practicing specific skills seemed challenging for some. However, the data pointed to it getting better with time. In the beginning, just sitting in the counselor's seat seemed awkward and filled with anxiety for most of them. Slowly as the semester progressed, counselors reported starting to feel more comfortable with clients and within themselves. Feeling authentic in the current study seemed to be associated with feeling comfortable, confident, relaxed, connectedness in session and with being present.

Conversely, being disingenuous provoked anxiety, feeling awkward, frustrated and not present in session. Authenticity was difficult for counseling students because they reported feeling like a fraud, like they "have no business seeing real people." Part of their frustration seemed to come from a desire to practice counseling "naturally" and to be "artful" with it, which was something they could not do. Having to think about what to do next, not knowing how to respond, being caught up in their own thinking, feeling awkward and "phony" left them wondering if the client was also picking up on their "fakeness." The following subtheme may help better understand counselors' authenticity struggle.

Context 2.2. The counselor's role. The way counseling students viewed themselves in the counselor's role during practicum was an important subtheme to emerge from the data. How they viewed themselves seemed to be closely related to thoughts and beliefs about the counselor's role. At the core of counseling students' self-image was being new to counseling and what being new meant to them. Being new came with incompetence, discomfort, not knowing what to do, feeling nervous, feeling insecure and full of doubt. Being new also came with being under supervision and, for the very first time, being held to professional standards of conduct and competency. Participants talked about the anxiety around recording client sessions and presenting them in class. Counseling students appeared to be acutely aware of what they did not know and how much more they had to learn. The codes "new to this", "not knowing" and "learning" were associated with "feeling inadequate", "feeling overwhelmed", "feeling anxious" and "doubt."

Most importantly, being new meant having no prior experience seeing "real people" who at times presented with serious issues. Therefore, they seemed to worry about potentially "mishandling the client" or "doing damage", a line of thinking that appeared to transform the session into a *mental minefield* for counseling students.

Participants, while trying to describe the feeling, said:

I think that I'm doing something wrong. It's all internal and it's like me being negative on myself or self-doubting or whatever then I might think that I'm like ruining, this is extreme, like ruining this person's life. (Ashley)

I think there's always this worry that I'm still learning and I don't always have the best responses or I don't know the exact right thing to say or maybe I miss something because I just am starting out so I'm new and I think I have grace with myself because I'm new and I know I just don't know everything yet but I also worry because these are real people and so it's hard to like give yourself a learning curve but also feel like you're caring for people well. (Candace)

The counselor role implied responsibility for the welfare of clients, a responsibility that came with pressure to not “screw up” and to be helpful and effective. Despite knowing that mistakes and even ‘screw ups’ may happen and that clients were equally responsible for their own progress, practicum students seemed to be prone to experiencing a heavy burden of holding someone’s life in their hands. This pressure was associated with exclaiming doubt, directive self-talk, followed by nagging doubt for not doing enough for the client and critical self-talk for making a mistake. For example:

So in session it's if I make a statement or reflect something or ask a question that isn't, I don't want to say effective, but I then tend to think of something else I could have said. I get critical and think OK I should have worded it differently. You know. Thinking of different ways that it could have sounded better. If that makes sense and then I have some of those cringe moments where I think “Why did I say that?” or you know “I hope that I didn't upset the client by saying that.” (Samantha)

Counseling students used various strategies to resolve the dilemma of not being who they wanted to be as counselors. These strategies were grouped into internalizing and externalizing. Although not the scope of this study, it is worth mentioning that externalizing involved being annoyed with clients, feeling bored or uninterested with their stories, losing interest in the population or site, and losing interest in counseling in general. Amongst the internalizing strategies, pressuring themselves, albeit poor, was one employed by counseling students to resolve the cognitive dissonance between who they wanted to be and who they were. Here is one quote that represents this type of internalizing.

I was like, "How am I going to be able to help her." Or "I don't know enough. I don't know enough." OK I know enough basic skills. I don't know enough other skills to help her, other techniques. I felt yeah so those feelings of inadequacy were present when I was with her. I was definitely feeling like "OK you really need to work hard and focus and say something helpful." I also wanted to be

super insightful so I was like "I need to like help her have an 'aha' the session." And I was just telling myself like "you need to perform you need to like, not as much you need to be here with her but like you need to like wow her kind of, you need to prove to her that you can do this." (Gina)

Context 3. Reflections on the Therapeutic Process

Another theme that emerged from the data, related to the context in which inner dialogue and self-criticism appeared, had to do with counselors' reflections on the therapeutic process. Counseling students thought about how individual sessions went and reflected on the overall client's progress in and out of session. Reflections on the therapeutic process were marked by distinct thoughts and feelings about the self, the client and counseling in general. What was unique about this theme was that it seemed to be evidence-based, concrete and client-focused.

Context 3.1. Client's progress. Counseling students talked about assessing how the client was progressing overall and within the session. They looked for concrete, behavioral and emotional changes in the client that seemed to indicate to them some movement toward the client's goals. Counselors wanted to see that clients were getting something out of counseling and that the interventions in session could be used outside of session. They also talked about wanting to feel like they were "getting somewhere" with the clients and that the time in session was not spent merely telling stories but rather focusing on counseling outcomes. Some favorable outcomes counseling students talked about were symptom reduction (anxiety, guilt, nightmares, suicidal ideation, drug use), increased positive emotions (pride, joy, happiness), increased insight into self and family system, increased motivation to change, learning and practicing new skills. When clients

seemed to be progressing, students reported feeling excited, elated even. They talked about feeling happy for the client and were not boastful about their part in it.

In situations where clients seemed to be doing poorly, making no progress, resisting counseling, resisting change or regressing, counseling students tended to look at their responsibility in it and plan to do better. It is important to mention that participants did not necessarily blame themselves for clients' lack of progress, but they said that if they had more skills or experience, if they were "better counselors" then the therapeutic process would be better. They reported questioning and nagging doubt and tended to adjust their interventions accordingly until they found something they thought worked better for the client. Focusing on what might work best for the client seemed to lead counselors to more empathy, less concern about their own performance, less self-criticism, and a greater ability to adjust therapeutic interventions accordingly, within session and in between sessions. When asked about her session, one participant said:

Sometimes I feel doubt about whether or not I get what R is saying. But in all I didn't feel much doubt because honestly there's not much time in session for me to feel. I just try to stay focused on R and not myself. I felt positive about this session and I'm proud of the work we have done. (Ashley)

When focused on the client, one participant said:

I felt a lot of empathy towards him because he had sustained a lot of grief and loss in a short time period and from relatives that were extremely close to him. I wanted to be very careful how I approached him the things that I said to him because I didn't want to appear sympathetic or condescending if you will. (Anita)

Context 3.2. Perceived relationship ruptures. The data appeared grim around perceived relationship ruptures or potential ruptures. A rupture was a point in the counselor-client relationship where a previously good therapeutic alliance was thought to be damaged by something the counselor said or did. Although only two out of nine

participants picked a session where a rupture had seemingly occurred, others talked about the fear of potential rupture in similar terms. The possibility of doing damage appeared to be in antithesis to the working schema of a “good counselor” and seemed to solidify being a bad counselor or, in one’s own words, being “the worst.”

When a perceived rupture occurred, counselors beat themselves up, felt “horrible” and struggled to come out of an intensely negative emotional state. In terms of critical self-talk, no other trigger appeared as significant as perceived relationship ruptures in session. For one counselor, the perceived rupture was followed by an immediate repair attempt by inviting the client to talk about the feelings and thoughts she was having in the moment. The other participant was not able to “switch to repair mode”, and in fact talked about the moment as “a weird experience” where internally she tried to shift focus but externally was not able to do so, feeling even more inadequate and incompetent afterwards. For this participant, self-criticism was a critical voice that seemed “unable to let go or move on” thus tainting the counselor’s perspective on their future.

Perceived ruptures were described by another participant as “everything blowing up in my face.” The perceived impact counseling students thought they had on their clients was exaggerated as evidenced by a degree of mismatch in how the counselors viewed the situation and how they thought the clients viewed the situation. One of the participants attributed this counselor-client mismatch to having a baseline of doubt and self-criticism while the other said she admittedly “catastrophized.” She shared with me that after the interview, she had thought that “no one had made a mistake that bad ever before” (a statement to which we both laughed out loud.)

Context 4. Outside Influences

Although the scope of the current study was not to explore factors outside the session, the data led to uncovering connections between what happened outside the session and what happened in session. For example, self-evaluation during session seemed to have been influenced by the evaluation and feedback counselors received from peers and supervisors outside of session. For one of the participants this influence was so strong that she went from feeling competent and confident in session to feeling panicky, insecure and self-critical after she received feedback in her practicum class. She talked extensively about experiencing a lot more self-criticism in practicum and feeling like she was “starting over” in terms of her skills. She attributed most of the change to feedback focused on what she was doing wrong, what she needed to change and how she could respond differently.

Others found supervision to be a grounding and helpful outside influence. One participant said whenever she felt like she did not know what to do in session or doubted herself, doing she thought about what was discussed in supervision and calmed down. She talked about feeling encouraged in her competency from her supervisor’s feedback. Another participant said that she was happy to get positive feedback from her practicum instructor supervisor because she was “desperate” for it. She mentioned that it was not that her site supervisor was “bad”, but she felt she got more “constructive criticism” from her which she appreciated less. Other participants noted that supervisors pointing out what they did well made them feel competent and confident and helped reduce their anxiety in session.

Another outside influence were peers and more experienced counselors. Although some participants talked about it more than others, students compared themselves to an image of a counselor more experienced than them. Comparing up seemed to appear together with feeling incompetent and self-criticism in the data. For some, comparing up extended to imagining that supervisors and clients put them down and thought of them as “wet behind the ears”, “phony” “fake” or “little girl who knows nothing.” This theme will be further detailed in the third section of this chapter.

Summary

In summary, the current study found that self-criticism in practicum counseling students was a complex and multidimensional phenomenon that appeared dependent upon various internal and external factors. Although these factors were different for different participants, being inside self-criticism was a common experience characterized by critical self-talk that spoke in harsh and judgmental tones or a nagging voice that dwelled on what the counselor did wrong, followed almost immediately by reassuring self-talk that aimed to restore internal balance.

Emotionally, self-criticism was being dragged down by negativity. Self-criticism felt depleting, defeating and depressing. Sometimes, self-criticism was a visceral manifestation of panic or embarrassment, like nausea or blushing that was hard for counseling students to let go.

At the core of the experience of self-criticism for practicum students was a cognitive dissonance between who they are now as counselors and who they want to be. This dissonance seemed to be heightened by an idealistic view of who they strove to be and an unfair, unbalanced view of their current competency level. Counseling students

tended to focus on their deficits rather than value the qualities that already make them good counselors such as compassion, empathy, caring for the clients, trustworthiness and a desire to help. They tended to focus on skill performance and overvalue competency to the detriment of acknowledging innate characteristics as well as valuing and enjoying the process of learning. Additionally, by overvaluing advanced techniques over basic skills they seemed more prone to self-criticizing because they had yet to master those techniques.

Social comparison was an important component of self-criticism. Counseling students tended to compare up. When they compared to themselves they used a previous self that was capable and for whom learning new things came easy. When they compared with others they used a “better” version of others, one that had few flaws and was better than them. Very rarely did they compare down by looking at their own progress and growth. Comparing up left counselors feeling bad about themselves, discouraged and chasing an impossible standard while all they really wish for, an authentic, genuine, caring and trusting relationship with their clients, they already had.

Self-criticism appeared to be a lose-lose situation for counseling students. Unlike self-evaluation and self-correction, self-criticism did not lead to improvement or change because it spoke in general and absolute terms about who the counselor was and who he or she could be. Conversely, focusing on improving specific concrete skills, and behaviors led counseling students to feeling more confident, competent and helpful.

Due to the intense negative emotional side of self-criticism, counseling students engaged in various strategies to pacify or prevent it from arising. The main strategy involved using reassuring self-talk and positive self-talk to remind themselves that they

were still learning and that they have done some things well. They also relied on supervision to extract messages that spoke to what they had done well and specific instruction that helped them navigate difficult situations, which in turn increased self-efficacy.

Finally, counseling students seemed to be protected from intense self-criticism when they trusted their intuition and followed their gut instinct. When they honored being their authentic self they grew more confident, comfortable and creative about finding their own voice. They were also able to relax and be kinder, more accepting and compassionate towards themselves.

CHAPTER 5: DISCUSSION

The purpose of this qualitative study was to explore the experiences of self-criticism in counseling students during practicum. However, as mentioned in Chapter 3, the qualitative analysis generated rich descriptions of counseling students' inner worlds, including self-talk, feelings, thoughts, reflections and beliefs regarding themselves and the practicum experience in general. Experiences of self-criticism were only a part of the practicum experience and inner dialogue of counseling students. Thus, this chapter will review existing literature not only pertaining to self-criticism but also related to broader findings in this study, specifically types of inner dialogue and the finding around the context of inner dialogue.

The conclusion of phenomenological research should include a comparison of the findings with the literature reviewed in the beginning of the study (Moustakas, 1994). Connecting the study's findings to previous research is presented in the discussion of findings section. Then, based on the discussion, the chapter presents implications of the findings and suggestions for future research. This chapter also discusses the limitations of the study and measures taken to ensure trustworthiness of the study.

Discussion of Findings

Research Question One: The Nature of Inner Dialogue

Doubt. The current study found that the inner dialogue of counseling students in practicum was characterized by doubt. Questioning doubt was one aspect of counselors' inner dialogue. Although questioning doubt was the most pervasive form of doubt, its frequency and intensity changed under particular circumstances. Doubt was mostly

client-focused and closely related to reflections about skill performance and the therapeutic process. These findings were consistent with those of a recent study conducted with novice psychologists and psychiatrists (Frediani & Rober, 2016). Feeling uncertain was very common among novice therapists and represented an important category within the themes of reflections about the self and managing the therapeutic process (Frediani & Rober, 2016).

Similar to questioning doubt, feeling uncertain was expressed in the form of an inner question about how to manage certain situations in session and whether or not the counselor was understanding or helping the client (Frediani & Rober, 2016). In both studies, questioning doubt was described by the participants as helpful, necessary and normal. Also, exclaiming doubt was found to be a part of therapists' inner dialogue in previous studies (Frediani & Rober, 2016). Novice therapists experienced feeling startled in session when faced with an unexpected situation, a feeling which appeared to be similar to exclaiming doubt found in the current study. In fact, when faced with session surprises, novice therapists reported similar exclaiming remarks in their inner dialogue to the counseling students in the current study (Frediani & Rober, 2016). Both studies concluded that therapists and counselors in training are highly anxious, especially around handling the unexpected.

Directive self-talk. The current study found that counseling students had a directive inner voice that instructed them to self-correct in session. Directive self-talk typically functioned to bring the focus back on the client and in the present moment. This was consistent with what novice therapists did to manage the session and their emotions, referred to as self-instruction (Frediani & Rober, 2016). In previous studies, novice

therapists were found to continuously monitor and evaluate the client's reactions to them and work hard to create room for the client to talk (Rober et al., 2008b). In the current study, the data around directive self-talk further revealed that counseling students valued being present and focused on the client. They appreciated directive self-talk for getting them out of their head and focused on the present moment and for shifting the focus from self to client. In the counseling literature, counselor self-awareness and being present with the client indicate counselor competency (Swank & Lambie, 2012; Swank, Lambie & Witta, 2005). Thus, knowingly or not, counseling students in practicum strove to meet established competency standards in the counseling field.

From a developmental perspective, practicum students are highly motivated to learn counseling skills (Stoltenberg & McNeil, 2010). They tend to "have a high self focus but limited self-awareness and they want to know the correct or best response to clients" (Bernard & Goodyear, 2014, p.36). Furthermore, practicum students' tendency to be more self-focused may affect their ability to see things from a client's perspective (Stoltenberg, McNeil & Delworth, 1998). The current study did not explore the extent to which practicum students were self-focused thus its findings should not be taken to contradict existing literature on counselor development. Nonetheless, the practicum students in the current study recognized the importance of being client-focused, had the awareness in session to notice when they were self-focused and applied effort to self-correct with directive self-talk. Also, judging by the frequency of the codes, what the client did or said and the client's non-verbal communication were as much of a concern for counseling students as their own responses. This may mean that perhaps counseling students in practicum are more client-focused and self-aware than previously thought.

Critical self-talk. The current study found that counseling students experienced critical self-talk, especially after making a mistake. Although critical self-talk was not always present, eight out of the nine study participants reported experiencing it at some point in session with clients. Critical self-talk was expressed in the form of a statement that carried explicit or implied negative judgement as to how the student handled something in session. The current study also distinguished between critical self-talk and questioning doubt in terms of how it was expressed (statement versus question) and whether it was productive or helpful from the counselor's perspective (unhelpful versus necessary). That the critical inner voice may be experienced as a judgmental statement was also true of the inner dialogue of novice marriage and family therapists (Frediani & Rober, 2016).

The findings on critical self-talk in the current study were also consistent with previous literature on the inner critic (Stinckens et al., 2013). The inner critic was defined as "a well-integrated system of critical and negative thoughts and attitudes of the self that interferes with the individual's organismic experience process" (Stinckens et al., 2013, p.60). Individuals with an undermining inner critic have a negative self-image and often feel defective, incompetent, and full of doubt (Stinckens, et. al, 2013). To the extent that it is stern, harsh and emotionally devastating at times, the critical self-talk found in the current study seems to fit with the established definition of the inner critic. However, the current findings were inconsistent with the notion that the inner critic is not rooted in experience and not situation-specific (Stinckens, et al., 2013).

The current study found that a critical inner voice was rooted in experience (for example, a perceived relationship rupture) and tended to be situation-specific thus

illuminating how participants experienced critical self-talk in a particular (internal or external) context but not in others. Due to lack of research in critical self-talk in general and in counseling students in particular, these findings were unsubstantiated. However, a recent study conducted with a clinical sample suggested that self-criticism may be more situationally-bound than previously thought (Zuroff et al., 2015). Findings suggested that self-criticism may fluctuate over days in meaningful ways but the circumstances under which this fluctuation happened were not explored (Zuroff et al., 2014). Additionally, Gilbert and colleagues (2004) proposed that self-criticism does not stand in isolation and may manifest in self-other relationships in rather complex ways, which supports current findings that critical self-talk appeared during perceived relationship ruptures or when counselor perceived mistakes or inadequacies.

Reassuring self-talk. The current study found that counseling students appeared to refute stern and harsh critical self-talk with reassuring self-talk. These findings were consistent with the Social Mentality Theory and the research conducted by Gilbert and colleagues (2004). Gilbert (2000) proposed that two parts of the self were involved in self-criticism in the context of inner dialogue, the part of the self that is doing the criticizing and that which responds to it. The part of the self that does the criticizing was dominant and the one that responds submissive and motivated by reestablishing a caring and compassionate self-self relationship (Gilbert, 2004).

While Gilbert and colleagues (2004) equated self-reassuring with self-compassion, the current study found that reassuring self-talk for counseling students was not always the voice of self-compassion. On one hand, reassuring self-talk in the present study was consistent with accepting imperfection as part of being human, which was

previously conceptualized as self-compassion (Leary et al., 2007; Neff, 2009). On the other hand, reassuring self-talk differed from a self-compassionate voice in that it used factual evidence (not mere caring) to refute the harsh claims of the critical self-talk. Although inconclusive, the current findings presented preliminary evidence that a fact-based reassuring self-talk may be effective in reducing self-criticism.

The context of inner dialogue. The current study found that the appearance of various inner voices and the internal or external context in which they appeared were inseparable. Thus, a discussion of the findings on practicum students' inner dialogue would be incomplete without a review of the literature on counselors' (a) self-evaluation of competency, (b) reflections on the self as a counselor and (c) reflections on the therapeutic process.

Self-evaluation of competency. The current study found that counseling students were preoccupied with assessing their own competency. This theme related to concrete and skill-based reflections the counselor made while sitting with clients. Within this theme, four subthemes emerged that described the criteria practicum students used to self-evaluate: (a) having the correct response, (b) getting clients to open up, (c) not making mistakes and (d) having it all together.

A "correct" response for counseling students was a response consistent with counseling skills such as reflection of feeling and meaning, an open-ended question or proper use of silence in session. From a developmental perspective, practicum students are highly anxious and focused on acquiring skills (Stoltenberg & McNeil, 2010). The need to have the correct response fit with the Integrated Developmental Model of supervision (Stoltenberg & McNeill, 2010). According to IDM, practicum students are

focused on acquiring skills and “want to know the correct or best way to approach clients” (Bernard & Goodyear, 2014, p. 36). Developmentally, novice counselors lack the ability to sort through all their knowledge and choose appropriate therapeutic responses for their clients (Pare & Lysack, 2006; Skovholt & Ronnestad, 2003). When they fail to do so, practicum students may experience doubt, anxiety and critical self-talk (Skovholt & Ronnestad, 2003). This was consistent with the view of self-criticism as a punitive stance towards the self when the individual perceives that his or her standards are not met in performance situations (Raham et al., 2016).

Also, the more rigid and close to perfect the definition of correct response, the more anxiety and critical self-talk they experienced. The link between perfectionism and self-criticism can be found in the existing literature (Blatt, 2004; GrzegoreckSlaney, Franze & Rice , 2004; Stickens, et. al, 2013; Stoeber et al., 2008). Self-critical perfectionism was negatively associated with self-efficacy after failure in a sample of undergraduate students (Stoeber et al., 2008). However, the current study found that making mistakes triggered critical self-talk based on the perceived severity of the offense (making a mistake versus “big screw up”), not merely based on a need to be perfect.

It is important to place practicum students’ self- evaluation of correct response in the context of evaluation. Counselor educators and supervisors teach and assess counseling skills based on measurable categories such as reflection of feeling, meaning, paraphrasing and asking open-ended questions (Eriksen & Mcaulife, 2003; Swank & Lambie, 2012; Swank, Lambie & Witta, 2005). Thus, counseling students experienced some critical self-talk when they felt they didn’t reflect a feeling properly, the way their practicum supervisor would. However, the most intense self-criticism appeared when

they perceived damage to the therapeutic relationship. Counseling students in practicum considered in great detail the impact their response may have had on the client and responded with critical self-talk when they perceived a negative impact on the therapeutic alliance. When asked to describe how they arrived at these conclusions in session, counseling students described in detail the client's non-verbal communication and talked about having a gut feeling based on "what was in the room."

The students in the current study talked about always following the gut feelings arising from the present moment, sometimes "abandoning the skills" for its sake, always feeling good about doing that afterwards. In the literature, being present with the client was defined as being authentically opened to the world of the client and to the immediacy of the relationship (Tannen & Daniel, 2010). The current study showed that for counseling students being present and trusting their intuition negated self-criticism and was associated with higher levels of comfort in session and confidence overall. Whether or not going with the gut feeling was effective from the client's perspective is uncertain. Nevertheless, the findings on presence and intuition in the current study were intriguing. Could presence and tuning into intuition about the relationship be the antidote to self-criticism?

Rogers (1957, 1986) suggested that the experiences of counselor's intuition was basically a high form of empathy. Schon (1983) used the term knowing-in-action to describe therapists' experience of tuning into the client's world and, with intuitive knowledge, improvising on the spot. A search in PsychInfo using the keywords "intuition" and "counselor", "counselor education", "counselor trainee" revealed a handful of studies, with only one focused on counselor training. One recent study

conducted with master therapists (15-year experience and above) on decision-making about confidentiality revealed that, except for cases of mandated reporting and mortal danger, the relationship with the client and clinical intuition had more to do with decision-making than laws and ethical codes (Michero, 2016).

Another study done with experienced therapists echoed the notion that therapists often rely more on intuition than on evidence-based practices in their clinical decision making (Fox, Hagedorn & Sivo, 2016). Developmental models of supervision also suggested that, as counselors gain more experience, they use more of their accumulated knowledge and intuition to make clinical decision (Ronnestad & Skovolt, 1993). A recent study done with counselor supervisors echoed the notion that, while intuition can be a useful tool for experienced counselors, relying too much on gut feelings for counselors in training should be discouraged (Tolbert, 2018). Counselor supervisors also made a clear distinction between gut feeling and intuition, in that intuition is informed by previous training, knowledge and experience whereas gut feelings are just hunches (Tolbert, 2018).

At first glance, it seemed as though the current findings were in contradiction with previous research and theory. However, a closer look revealed that the definition of intuition used in literature mentioned above necessarily included accumulated knowledge, which was far from how the participants of the current study meant it. In the current study participants referred to intuition as a feeling they had in the present moment as they were sitting with the client thus Roger's description of intuition would be more fitting:

As a therapist, I find that I am closest to my inner, intuitive self, when I am somehow in touch with the unknown in me...then whatever I do seems to be full

of healing. That simply my presence is releasing and helpful. There is nothing I can do to force this experience, but when I can relax and be closer to the transcendental core in me, then I may behave in strange, and impulsive ways in the relationship, ways which I cannot justify rationally, which have nothing to do with my thought processes. But these strange behaviors turn out to be right in some odd way. (Rogers, 1986, p. 198)

The current study suggested that, should future research focus on intuition in counselor trainees, using Rogers' (1986) view of the construct may be more appropriate.

Competence meant getting clients to go deeper. Counseling students in the current study viewed the client going deeper as a positive indicator of a good therapeutic alliance, a sign that the client felt safe with them. They expressed a desire to get the client to talk about emotions and engage in deeper explorations of the presenting problem with them. When clients refused to go deeper, the counselor experienced doubt, irritation with the client and critical self-talk. Similarly, a recent study conducted with therapists in their first three years of post-graduate experience found that when clients closed themselves off the therapists experienced emotional distress, self-criticism, insecurity and hostility toward the client (Alves de Oliveira & Vandenberghe, 2009).

The notion that self-criticism may be a useful interpersonal barometer was consistent with previous research findings (Kannan & Levitt, 2015). However, the current study found that self-criticism was not the only response to client resistance. Counselors also reported using directive self-talk to sit with the silence and give the client space as well as feeling bored or irritated with the client. Contrary to Kannan and Levitt (2015), in the current study, only directive self-talk was considered useful by the counseling students. Self-criticism led to a sense of panic which led to freezing or pressuring the client. Boredom and irritation led to feeling more disconnected and disinterested in the

client which in turn triggered feelings of guilt and critical self-talk because “that’s not what counselors are supposed to do.”

While one of the participants noted that her level of stress and self-care determined whether she experienced self-criticism versus directive self-talk, most participants were not sure of the mediating factors. Nevertheless, by pointing to the context-bound nature of the phenomenon, the current study adds to the body of evidence that suggests self-criticism is as much a state as it is a trait (Gilbert, 2014, Gilbert et al, 2004; Zuroff et al., 2016; Zuroff et al., 1999).

The last subtheme in self-evaluation of competency was equating competency with having it all together. This theme pointed to counseling students’ need to feel and appear in control and competent, which was consistent with existing literature (Bernard & Goodyear, 2014). Practicum students experienced anxiety because they didn’t feel confident that they would be able to handle certain situations, namely they had low self-efficacy. Self-efficacy was defined as one’s belief in their ability to perform specific tasks (Bandura, 1997). In counselor supervision, self-efficacy was “counselors knowing what to do and having judgments about their capabilities to respond effectively to upcoming counseling situations” (Bernard & Goodyear, 2014, p. 236).

The subtheme of having it all together echoed previous research on counselor self-efficacy. A recent study examining levels of self-efficacy among counseling students found that beginning level graduate students had lower levels of self-efficacy and higher levels of anxiety compared to advanced level graduate students (Goreczny et al., 2015). Previous research has also suggested a positive relationship between counselor self-

efficacy and level of training/development (Al-Darmaki, 2004; Barbee et al., 2003; Larson & Daniels, 1998).

In terms of what helped increase counselor self-efficacy in practicum, the current study found that some of the participants felt more confident in their ability when they were more knowledgeable about the client, about counseling interventions and when they had a plan for the session. These findings were consistent with previous research suggesting a moderately strong relationship between counselor self-efficacy and perceived preparedness (Torrence, 2013). Additionally, counseling students who felt they had a supportive supervisor, relied on previous supervision to overcome doubt and self-criticism and feel more confident in session. A large meta-analysis found a robust positive relationship between supervision and counselor self-efficacy (Whittaker, 2004).

Reflections on the self and the therapeutic process. The current study found that practicum students had a strong desire to be good counselors and were preoccupied with the counselor's role. For the participants of this study being a good counselor went beyond competency to include being caring, trustworthy, safe, empathetic, and authentic. In the current study, the potential of being perceived as judgmental or unsafe by the client provoked anxiety as well as critical self-talk. Additionally, feeling disingenuous was associated with feeling like a fraud and led to doubt and critical self-talk. Rogers (1961) considered counselor genuineness to be a core condition for therapy and as important as the acquisition of counseling skills. Research shows that counselor's authenticity and genuineness was positively correlated with therapeutic alliance and client outcomes (Norcross, 2011).

Therefore, practicum students in this study knew and valued personality traits as much as they valued practicing skills. When they perceived themselves to be judgmental, not empathetic or inauthentic they experienced critical self-talk and tried to self-correct by “just listening”. Additionally, practicum students experienced less self-criticism when working with clients with whom they thought they had a good therapeutic relationship. The way they assessed relationship was by perceived emotional safety, comfort level and how much the client shared. In the perceived absence of these factors, counselors became anxious and doubtful. Thus, the current study showed that building a therapeutic relationship may be as beneficial for the counselor as it is for the client. Although there is substantial evidence to support the positive correlation between therapeutic alliance and client outcome (Norcross, 2011), research on the impact of therapeutic relationship on the counselor is lacking.

The interpersonal social-cognitive theory of self and personality (Anderson & Chen, 2002), which argued that the nature of the self is relational, might explain how counselors’ reflections on themselves changed based on perceived changes in the relationship with the client. One of the challenges novice counselors experience is having a fragile professional self which is highly sensitive to negative feedback, reactive to the client, and shifts quickly between positive and negative moods (Skovholt & Ronnestad, 2003). It is not that the task of building a therapeutic alliance is more challenging for the novice counselor than he or she imagined (Skovholt & Ronnestad, 2003). Rather, it is the perceived threat to the therapeutic alliance that is experienced as a threat to the self by the counseling students in the current study.

Another finding of the study was that counseling students were preoccupied with their role. They seemed to overestimate the impact of their mistakes on the client due to an unrealistic sense of responsibility. This finding was also supported by the supervision literature which indicated that novice counselors often have glamorized expectations and unrealistic hope about the impact their efforts can have on their clients (Skovholt & Ronnestad, 2003).

Research Question Two: Experiences of Self-Criticism

The current study showed that self-criticism in practicum counseling students was a multidimensional and multifaceted cognitive, social, emotional and dialogical phenomenon that arose within an internal context of beliefs and expectations and an external context of client and supervision variables.

Self-criticism in the current study seemed to be a sense of unease with not being good at something. Although most graduate counseling students typically excel academically, previous skillsets tend to not automatically translate in practice thus leading to anxiety and stress (Skovholt & Ronnestad, 2003). The current study confirmed this notion, but it concluded that anxiety and self-criticism are often experienced separately. Although anxiety and doubt were common themes in the data, self-criticism was not. Self-criticism in counseling students was described as a discomfort with being inexperienced and inadequate, which, for some, challenged a previously held belief about the self as being naturally capable. Self-criticism was not just a response to mistakes or failure, although they were part of it. In a sense, self-criticism in counseling students was closely tied to practicum being harder than any previous learning experience. This was an unexpected finding, not addressed by the previously reviewed literature.

Upon additional literature review, the current findings resonated with research done by Carol Dweck on fixed and growth mindsets (Dweck, 2006). The fixed mindset was defined as a dualistic view of the self that believes one naturally possesses certain characteristics, talents and intelligence, whereas the growth mindset was described as the belief that any quality can be learned and cultivated through effort. The research on mindsets suggested that the view one adopts for themselves profoundly affects the way they live their life. For example, individuals with a fixed mindset want to prove themselves over and over, whereas individuals with a growth mindset are drawn to challenges, learning and difficult things (Dweck, 2006). Similarly, a fixed mindset correlated with high inaccuracies in estimating one's abilities compared to those with a growth mindset (Dweck, 2006). This makes sense as people with growth mindsets were open to information about their inadequacies because they were oriented toward learning, while people with fixed mindsets tend to magnify some qualities while denying others because they were oriented toward proving they were capable (Dweck, 2006).

From a fixed mindset perspective, self-criticism in counseling students may result from a belief that if counseling is a challenge then they do not have what it takes and never will. Self-criticism seemed to arise within an internal context of believing that someone is either a good counselor or a bad counselor, never in between, which was a notion rooted in the data. However, due to the interpretive nature of the data analysis in phenomenological research, the relationship between self-criticism and mindset needs further investigation.

Additionally, the data pointed to self-criticism as a generalized, person-focused (versus skill-focused) experience that felt unproductive for the counselors because it

didn't guide them towards a solution. This finding fit with the Social Mentality Theory, which suggests that self-criticism occurs when one part of the self takes a dominant role toward another part of the self and judges it as inferior, as losing or failing (Gilbert, 2000). From a Social Mentality Theory perspective, self-critical individuals have an overdeveloped dominant-subordinate self-to-self relationship and an under-developed caring self-to-self relationship. Similarly, highly self-critical individuals were also highly critical of others and less motivated to care for or relieve the distress of others (Frediani & Rober, 2016). However, the current study found the opposite. To the extent that self-criticism was triggered by perceived mistakes and ruptures in the therapeutic alliance, it was motivated by a desire to help the client. This may mean counselors who have greater compassion for their clients are perhaps more prone to self-criticism when the desire to help is not matched by their perceived ability to do so. In fact, previous research has shown that individuals experienced higher levels of state self-criticism when their compassion and support giving goals were high and self-image goals were low (Zuroff et al., 2015). More research is needed to explore the relationship between compassion and self-criticism in counseling students.

A part of the experience of self-criticism for counseling students in practicum was comparing up. Adopting a Social Mentality Theory perspective (Gilbert, 2000), counseling students in practicum seemed to have an over-developed subordinate relationship with others whom they perceived to be more experienced or skilled. Because they were just starting out, practicum students could not compare down, except to the beginning of practicum, which seemed to help them feel better about their skills.

Generally speaking, practicum students overestimated others' skills and exaggerated their lack of skill.

This finding contradicted previous assumptions in the literature that people have a fundamental tendency for self-enhancement, that they are motivated to regard themselves favorably and to maintain their self-esteem (Leary et al., 2000). At first glance, given a certain self-deprecating quality, self-criticism in the context of comparing up seemed similar to the impostor syndrome, which also contradicts the assumption of the self-enhancement tendency (Harvey & Katz, 1985). The impostor syndrome has three distinct characteristics: (a) a sense of being an impostor or a fraud and a belief that others view them in a more favorable way than they view themselves, (b) fear that others will discover that they are a fraud, and (c) difficulty internalizing successes and a tendency to dismiss praise (Harvey & Katz, 1985). Counseling students in the current study talked about feeling like a fraud, like they had no business seeing real people which filled them with doubt and critical self-talk. However, when self-criticizing, counselors imagined that their clients, peers and supervisors thought as low of them as they did. While this finding appeared to contradict the earlier conceptualizations of impostorism (Harvey & Kats, 1985), it was consistent with more recent studies (Leary et al., 2000). Leary and colleagues (2000) found that individuals with impostor syndrome believed others viewed them as negatively as they viewed themselves. The researchers concluded that the explanation for the discrepancies between their findings and earlier views of impostorism may be because the impostor syndrome is more of an interpersonal strategy than a truly held belief (Leary et al., 2000). This begged the question "Were the accounts on self-

criticism what participants truly felt or did impostorism moderate responses, knowing that the researcher expected them to respond a certain way?"

A significant finding in the current study was that emotionally, self-criticism came with strong emotions like panic, feeling overwhelmed, guilt, inadequacy and feeling down. Self-criticism for some was followed by sadness, helplessness and feeling defeated. The emotional aspect of self-criticism highlighted the notion that, for practicum students, self-criticism was experienced as an emotional drag down with no noteworthy benefit for the counselor.

Even when self-criticism was absent, the emotional landscape of the inner world of practicum students in session was mostly negative or at best, neutral. Emotions like anxiety, panic, worry, irritation with self and client, and boredom were very common. The counseling session was sometimes experienced as full of potential *curve balls*. From a brain perspective, the counseling session may be constantly activating the sympathetic nervous system which responds to perceived threats with increased heart rate and prepares the body for fight-or-flight. This threat-protection system is also activated in achievement situations (Gilbert, 2014). Striving for a goal activates the sympathetic nervous system which leads to anxiety, a boost of energy and even excitement. Once the goal is achieved, the parasympathetic nervous system induces rest thus restoring homeostasis (Gilbert, 2014). Repeated activation of the threat-protection system in achievement situations followed by failing or frustrated goals eventually leads to fatigue, depression, and loss of drive (Gilbert, 2014). Thus, on an emotional level, the experience of self-criticism for practicum students may be described in terms of an overactive sympathetic nervous system.

On the other hand, feeling calm, peaceful, safe and content are not based on activation by threat or achievement nor are they parasympathetic rest-inducing responses that follow (Gilbert, 2014). In fact, some consider this *soothing-contentment system* to be a specialized affect regulation system associated with attachment and social safeness and mediated by opiate/oxytocin neuropathways, separate from the drive/seeking system, mediated by dopaminergic pathways (Depue & Morrone-Strupinsky, 2005).

Gilbert and colleagues (2008) studied the positive affect of 203 college students and its relationship to self-criticism. The researchers found that of the three types of positive affect, activated positive affect, relaxed positive affect and safe/content positive affect, the latter had the highest negative correlation with self-criticism (Gilbert, et al, 2008). Similarly, a recent study found that repeating self-compassion phrases in front of a mirror (compared to without the mirror) after an episode of self-criticism significantly increased soothing positive affect in a sample of eighty-six participants (Petrocchi, Ottaviani & Couyoumdjian, 2017). The researchers concluded that the presence of the mirror provided a sense of connection to common humanity which supports the notion that soothing positive affect is mediated by affiliation motivation (Depue & Morrone-Strupinsky, 2005; Morrone-Strupinsky & Lane, 2007).

Although the safe/content positive affect of counseling students were not explored in the current study, its findings suggested that counselors experienced mostly negative affect and some activated positive affect, in the form of excitement or elation when things went well in session. Thus, it is possible to conclude that counseling students have little to no access to the soothing-contentment system. However, this conclusion is preliminary and should be taken with caution. Future research is needed to explore the different types

of positive affect and the relationship between self-criticism and safe/content positive affect in counseling students.

Self-criticism in the current study was a dialogical phenomenon, an internal debate between critical self-talk and reassuring self-talk. Critical self-talk was judgmental and spoke in absolute terms about the counselor. Reassuring self-talk was kind and came to the counselor's defense. When self-criticizing, counseling students tended to go back and forth between these two voices. This finding is consistent with the Social Mentality Theory (Gilbert, 2014) and supported by recent studies with therapists (Rober, 2005; Rober et al., 2008a; Rober et al., 2008b).

Reassuring self-talk resembled self-compassion as it was defined in the literature (Neff, 2011). Self-compassion has been linked to social connection and empathy and was negatively correlated with negative self-judgement (Birnie et al, 2010; Neff & Pommier, 2013). In the current study, reassuring self-talk was not sufficient to quieting the critical self-talk and the nagging doubt. If self-criticism was, metaphorically speaking, the prosecutor of the self in court, self-compassion sounds more like forgiveness than evidentiary defense. Following this metaphor, perhaps refuting the accusations of what they did wrong requires evidence of what they did well which provides a more balanced view of the self. But the data pointed to a lack of positive self-talk (speaking to what they did well). Lack of positive self-talk was an important part of the experience of self-criticism. Counseling students in practicum reported having to challenge their critical self-talk with evidence based on clients' reactions and non-verbal communication that showed they were doing something right.

It is also possible that although reassuring self-talk appeared, it was ineffective because the practicum students in this study were ill-versed in self-compassion. A recent study on compassion-focused therapy for therapist trainees found that developing self-compassion required effort and practice and trainees sometimes resisted the notion of being compassionate toward themselves because compassion should be reserved for others (Bell, et al., 2016). Becoming better versed in self-compassion helped therapist trainees accept their obstacles and challenges better, regulate emotions more effectively, have a warm and kind attitude toward themselves and experience more compassion for their clients (Bell, Dixon & Kolts, 2016). Additionally, increased self-compassion led to reduced self-criticism, self-blame and negative self-monitoring in therapist trainees (Bell et al., 2016).

Perhaps in the absence of developed self-compassion, counseling students in the current study craved hearing about what they did well from their supervisors. Kindness, warmth and encouraging comments from the supervisors often served as a strong grounding factor in session that neutralized the critical or nagging self-talk. Indeed, the supervision literature suggests “supervisors of practicum students carefully balance challenge and support, provide structure, positive feedback and avoid direct confrontation” (Bernard & Goodyear, 2014, p. 36-37). Furthermore, research has shown that supervisors who practice compassion with supervisees helped them focus on self-care, manage disappointment better, reduce compassion-fatigue and improve job satisfaction (McRae & Bulanda, 2008). Some suggest that when trying to help others reduce self-criticism, focusing on their accomplishments and pride may work well when

they succeed and focusing on self-compassion may work well during failures, setbacks and difficult times (Neff, 2011, Neff, 2009; Neff & Vonk, 2009).

Implications of the Findings

The current findings have implications for counseling students as well as counselor educators and supervisors. This study offered a detailed description of the experiences of counseling students in practicum and specifically, the phenomenon of self-criticism. There are several implications for counseling students in the following areas: (a) increased awareness of inner dialogue, (b) practicing realistic self-evaluation of competency, (c) training in self-compassion, and d) emphasizing soothing positive affect. For counselor educators and supervisors, the implications following the current findings include: (a) exploring counselor's inner voice and self-criticism in supervision, (b) fostering belonging in the practicum class, (c) considering the role of attachment and (d) paying attention to counselor intuition.

Implications for Counseling Students

Counseling students in the current study were not always aware of their inner dialogue but acknowledged the importance of paying attention to the internal processes of counseling. Increased awareness of inner dialogue in session may be beneficial for practicum students for two reasons. First, it would help them differentiate between voices like questioning doubt, nagging doubt or critical self-talk, because they seem to have different qualities and functions. For example, questioning doubt seems to be more beneficial to the counselor and the therapeutic process versus nagging doubt and critical self-talk. Similarly, directive self-talk is likely to benefit counselors' self-regulation in both refraining and choosing a response.

Second, it is likely that with increased knowledge and awareness of inner voices, counseling students will be empowered to actively encourage some (questioning doubt, reassuring self-talk and directive self-talk) while discouraging others (nagging doubt and critical self-talk) in session. Furthermore, because inner voices were associated with particular actions and feelings in session, counseling students could possibly gain more insight and control over their emotions and actions.

The investigation of counselors' inner dialogue revealed that they tend to hold an idealistic standard of what it means to be a good counselor. The current study showed that the more idealistic the notion of good counselor, the more likely counseling students were to experience self-criticism and nagging doubt. Having idealistic standards of achievement was likely to lead to excessive worry, discouragement and low self-efficacy. Thus, counselors may benefit from examining and challenging their beliefs about themselves and counselor competency. Learning about and adopting a growth mindset may help practicum students overcome the many challenges and difficulties they face in practicum. Up to this point, the developmental models of supervision have suggested that the challenges counselors face in the practicum phase simply lessen with time and more counseling experience. One of the implications of the current study was that perhaps, by changing the way counselors in practicum view challenges, they can transform them into enjoyable learning experiences.

The implication of the finding that reassuring self-talk was not enough to quiet self-criticism is that counseling students in practicum are likely to benefit from training in self-compassion. The current findings also suggested that self-compassion should be complimented with praise and positive self-talk. However, self-compassion would

perhaps be more helpful in the aftermath of “big screw ups” or perceived relationship ruptures, whereas positive self-talk might serve to boost counselor’s self-efficacy overall.

One of the current findings was that self-criticism was experienced as an emotional drag down and thrived in a negative (or neutral) internal context. Additionally, positive experiences in practicum seem to be merely the lack of negative ones. This implies that counseling students in practicum would probably benefit from cultivating soothing positive affect. In the literature, soothing positive affect was distinguished from the excitement that comes from achieving. The current study found that shining moments of achievement were few and far between for practicum students which means that tapping into the contentment system of emotion regulation may be a more realistic strategy for practicum students in cultivating positive affect.

Implications for Counselor Educators and Supervisors

The current study provided a detailed and rich description of counselors’ inner voices while in session with clients in practicum. Counselor educators and supervisors may rely on the current study to further inform, educate, and raise awareness around the internal processes that their students experience. Counselor supervisors may also feel more equipped to initiate and maintain ongoing conversations about inner dialogue with their supervisees as well as further explore the nature, experience and impact of counselor’s inner dialogue on an individual basis. Furthermore, the current study shed light into the complex and multifaceted experience of self-criticism of counseling students in practicum. Being the first of its kind, the current study drew attention to the common and uncommon characteristics of self-criticism in counseling students and

served as a starting point for counselor educators and supervisors to further explore its impact on counselor training.

Though marginally, the current study implied that counselor supervisors may have a role in supervisee experience of self-criticism in session. For some, memories of supportive, encouraging and warm comments by the supervisor induced a calm and soothing feeling in session thus reducing anxiety and critical self-talk. Conversely, feedback that was perceived by the counselor to be overly focused on their flaws or on having the correct response, tended to trigger self-criticism in session for others. That supervisors may be able to induce soothing affect or heightened self-criticism in counseling students appears intriguing but should be taken with caution and seen as a finding the researcher seems to have simply stumbled upon. Nevertheless, the current findings are likely to encourage counselor supervisors to examine their own impact on supervisee self-criticism.

In the current study, the social aspect of self-criticism highlighted the idea that self-criticism in counseling students was often born out of focusing on personal flaws, inadequacies and incompetence in comparison to others. This means that by shifting focus from comparing to connecting and belonging, self-criticism would perhaps be balanced out by self-compassion and soothing positive affect. Thus, the implication for practicum instructors interested in reducing counselors' self-criticism would be to discourage an environment of comparing, hierarchy and competition in the practicum classroom while fostering a climate of caring and a sense of belonging. One way to accomplish this would be to use the framework of *collective group reverie* proposed by Berman and Berger (2007). The authors suggested a specific exercise where, once a

student presented a case to the group, the members refrained from either giving support or criticizing, instead they offered to share their own sensations, feelings, thoughts and experiences of their inner world in response to the case (Berman & Berger, 2007). Such an exercise would supposedly help students abandon the judgmental stance, focus inward and become more aware of their inner voices, feelings and thoughts and, by sharing with others, contribute to the cultivation of connection and a shared reality for the group (Berman & Berger, 2007).

The current findings suggested that for counseling students in practicum who experience self-criticism, self-compassion and soothing positive affect may help balance out the negative thinking and negative emotions. Supervisors may consider their ability to impact their supervisees capacity for self-compassion and self-soothing. For highly self-critical and anxious supervisees, supervisors could perhaps adapt interventions based on the Attachment-Caregiving Model of Supervision (ACMS) (Fitch, Pistole & Gunn, 2010). Within the ACMS framework, supervisors are likely to respond with sensitivity, flexibility and soothing reassurance to supervisee's anxiety and self-criticism (Fitch et al., 2010). Additionally, the ACMS suggested providing a secure base for supervisees to regulate their own emotions by linking client's information to clinical material and professional literature (Fitch et al., 2010). In the current study, counseling students in practicum identified several clinical presentations that tended to increase anxiety, doubt and self-criticism (if they perceived to be handling the client poorly). Thus, within the ACSM model the supervisor is able to provide a secure base for the counselor by normalizing emotional reactions, sharing the responsibility for the work and inducing soothing positive emotions via closeness and accessibility (Fitch et al., 2010).

The current findings have implications for how counselor educators and supervisors view counselor intuition in practicum. The current findings on counselor intuition pertained specifically to building a therapeutic relationship and aligned with Rogers' (1986) description of high empathy. When they focused on the present moment and tuned into their gut feelings, counseling students in the current study reported feeling more connected to the client and perceived that the client felt safe with them. The findings provoke the question "Could intuition be a gateway to fostering empathy and relationship building skills in counseling students?"

What was surprising in the current findings was the notion that, even in the face of supervisor's disapproval, going with one's gut did not lead to self-criticism. In fact, practicum students in the study reported always feeling good about going with their gut. These findings imply a possible relationship between being present in session, intuition (defined as gut feeling, not accumulated knowledge) and confidence. Additionally, the current findings imply a possible negative relationship between trusting intuition and self-criticism. Thus, it may worthwhile for supervisors and counselor educators to further explore the role of intuition with practicum students. The Creativity and Intuition Supervision Model (CISM) may provide a preliminary framework for counselor supervisors interested in further exploring intuition with their supervisees (see Tolbert, 2017).

Limitation of the Study

The current study had several limitations. Given the small sample size, the findings of this study may not be generalizable to the general counseling population. The findings of this study should also be taken with caution as the participants in the sample

were all practicum students enrolled in practicum in a master's program in Counseling at a major southeastern university. However, qualitative researchers are more interested in understanding what is happening and why and less concerned with the generalizability of their findings (Moustakas, 1994). Using Max van Manen's hermeneutic phenomenology approach (Vagel, 2016), the data collection and analysis focused on arriving at the essence *and* interpretation of the meaning of the experience of self-criticism within the internal context of thoughts, feelings and inner voices and the external context of relationships with others (client, supervisor, peers, interviewer, etc). Thus, the findings should be seen as fundamentally fluid, interpretative and subjective, not as an objective, factual discovery of reality.

Phenomenologists set out to study how phenomena are being and becoming, how they appear and manifest as one moves through the relationship with others (Vagel, 2016). Therefore, the very process of being interviewed and the relationship between the subject and researcher during the various phases of the study helped shape the data. Knowing the purpose of the study, participants may have portrayed themselves in a more negative light to the researcher, perhaps because the impostor syndrome was activated.

One limitation of the current study was that the findings assumed the participants' accounts were truthful and unbiased. One way to overcome this limitation was to ensure the participants did not have a current relationship with the researcher within the program, such as supervisory or teacher-student relationship. Another was to ask the participants at various points during and after the interview about what the experience of the interview was like for them, thus offering an opportunity for honest and open

conversation about how the relationship and the context of the interview affected their responses.

The researcher further shaped the findings through her own theoretical and experiential lens of the phenomenon. The subjectivity of the researcher should be considered as a limitation to this study. As mentioned in chapter three, I have been a perfectionist my whole life, especially in academics and am not a stranger to the experience of self-criticism. I also found counseling to be very challenging in the beginning due to its messy and unpredictable nature. From my personal experience, self-criticism came with the benefit of striving for achievement but the burden of stress, anxiety and let down. Keeping this in mind, the interview protocol was adjusted multiple times to ensure that the data collection procedures captured a wide range of thoughts, feelings, emotions, and inner voices of the experience of practicum in general, carefully avoiding zooming in on self-criticism as understood by the researcher. Even so, during the process of data collection, some of the participants quotes deeply resonated with my own experiences of self-criticism, leaving me to wonder about my inclination to emphasize these moments in the data analysis over others.

Philosophically, the way I see the world is largely influenced by the Phenomenal Field Theory (Combs & Snygg, 1959). It is no surprise that the findings, on a broad scale, reflect a view of the self of the counselor in the center and the phenomenological field around it, constantly shaping and changing the self. Thus, the presentation of the phenomenon of self-criticism in this study was a multidimensional construct that revolved around the counselor's view of the personal and professional self, constantly

being shaped by its interaction with emotions, experiences, beliefs, events, in and out of session, client's reactions and supervisor's feedback.

Furthermore, I used the Social Mentality Theory (Gilbert, 2000) as the main conceptual framework for understanding self-criticism and inner dialogue. Although the goal of analysis was to stay as close to the raw data as possible, this theoretical lens inadvertently influenced the final findings. To ensure validity and trustworthiness of the study the following strategies were employed, based on Maxwell (1992): a) descriptive validity was attempted by staying as close to the raw data and presenting the findings in participants' own words, b) interpretative validity was sought by honoring the participants' meaning and using axial coding to draw conclusion about the relationship between codes, c) theoretical validity was ensured by comparing the current findings with existing theory and research, which has already been explained earlier in this chapter, d) using peer debriefing to help increase insight and the researcher's reflexive process, and e) member checks. I also practiced reflexivity throughout the data collection and analysis process by recording reflections and musings into a journal and audio recorder. Additionally, throughout the discussion of findings, I assumed an open, fluid, and critical approach to the findings which further informed the final implications presented in this chapter.

Suggestions for Future Research

The current study focused on counseling students in practicum. Developmental models of supervision suggest that counseling students in practicum are different from students in internship (Stoltenberg, McNeill & Delworth, 1998; Ronnestad & Skovolt, 1993). Thus, a qualitative exploration of the experiences of self-criticism in internship

would paint a more complete picture of the phenomenon of self-criticism among counseling students. Additionally, research focused on the development and validation of quantitative measures of self-criticism would pave the way for future quantitative investigations looking at not only the prevalence of self-criticism among counseling students, but also its relationship to other counselor variables that interest counselor educators and supervisors.

By exploring the nature of counselors' inner dialogue in detail, the current findings revealed that the inner world of counseling students in practicum was complex and rich with conversation, feelings, thoughts, beliefs, and reflections. Participants in this study expressed interest and curiosity about their own inner world and a sense of appreciation for the process of looking inward even when it became hard or frustrating. Many of the participants shared that they valued the interview process and considered it to be important and significant to them. Researchers interested in studying counseling students are encouraged to consider focusing on inner dialogue and the inner world of feelings, thoughts, beliefs and perceptions. Within the inner world of counselors, one specific aspect was found to be relevant in the current study, the notion of presence in session. The current study hinted at the possibility that presence was not only considered important by the students, it was often associated with connection, positive affect, a sense of safety and calm and increased self-confidence. However, more studies are needed to further explore the experience of presence in counselors in counseling students.

Another preliminary finding in this study was the idea that counseling students were aware of their gut feelings, honored them and felt good about that afterwards, even when the supervisor disapproved. Going with the gut for the participants in the study was

tied to building and maintaining the therapeutic alliance. Given that relationship-building skills are essential to training competent counselors (Swank & Lambie, 2012; Swank, Lambie & Witta, 2005), future research could focus on further exploring the topic of intuition among counseling students and its relationship to self-efficacy and self-criticism.

More research is also needed to explore affect in counseling students, positive or negative, its impact on training and counselor's overall wellbeing. The current study highlighted the fact that the practicum experience was dominated by doubt, anxiety, panic, uncertainty, boredom, disinterest, strong negative emotions (when self-criticizing), insecurity, and fluctuating self-confidence. Although not completely absent, positive emotions were less prevalent. Given the scope of the study, this description of the practicum may be skewed thus more studies are needed to further investigate the emotional landscape of counseling students in training. Specifically, more studies are needed to investigate various methods for cultivating positive affect, especially soothing positive affect, among counselor trainees. Similarly, the current study suggested the need for training in self-compassion. Future studies are needed to further clarify the relationship between self-compassion and self-criticism and to investigate the effectiveness of various methods of self-compassion training in counseling students.

By illuminating cognitive aspects of the phenomenon, the current study drew attention to the relationship between schemas about the personal and professional self and the experience of self-criticism. For example, having a fixed mindset could perhaps trigger or heighten self-criticism in counseling students. Studies exploring mindset in counseling students, using the fixed-growth mindset paradigm, could help illuminate

individual differences in learning and how one copes with failure and challenges. Also, having idealistic standards about the counselor's role and impact on clients seemed to be at the core of the cognitive aspect of self-criticism. More studies are needed to further investigate the relationship between cognitive schemas of "good counselor" and self-criticism.

Lastly, the current study found that supervisors may negatively or positively influence counselors' experience of self-criticism in practicum. However, the exact workings of this presumed influence were not explored and remain subject to further investigation. When it comes to supervision, the current study elicited more questions than answers. For the participants who claimed they were their own worst critic, what was the role of the supervisor in their self-criticism? More specifically, what was it about the supervisor, the supervisory relationship or the supervision processes that triggered self-criticism? Conversely, were the participants who relied on supervision to be a soothing, calming and grounding force in session simply tuning into the encouraging side of their supervisor? More studies are needed to examine what appears to be a complex relationship between self-criticism and supervision in counseling students.

Summary

This chapter presented a discussion of the current findings based on existing theory and research. The discussion section of the chapter looked at main findings on inner dialogue and the four dimensions of self-criticism and compared them to existing literature. It also focused on a few preliminary findings that although peripheral, may have significance for counselor educators and supervisors such as counselor's intuition, counselor's positive affect and the possible role of supervisors in the phenomenon of self-

criticism. The chapter then presented the implications of findings keeping in mind the significance of the study detailed in chapter one. Additionally, the chapter addressed the limitations of the study and measures taken by the researcher to increase the validity of the findings. Finally, the chapter discussed suggestions for future research in counselor training in general and self-criticism in counseling students in particular.

REFERENCES

- Aladag, M., Yaka, B., & Koç, I. (2014). Opinions of Counselor Candidates Regarding Counseling Skills Training. *Educational Sciences: Theory and Practice, 14*, 879–886.
- Al-Darmaki, F. R. (2004). Counselor training, anxiety, and counseling self-efficacy: implications for training psychology students from the united emirates university. *Social Behavior and Personality, 32*, 429-440.
- Alves de Oliveira, J., & Vandenberghe, L. (2009). Upsetting experiences for the therapist in-session: How they can be dealt with and what they are good for. *Journal of Psychotherapy Integration, 19*, 231-245. DOI:10.1037/a0017070
- American Counseling Association. (2014). *ACA code of ethics: As approved by the ACA Governing Council, 2014*. American Counseling Association.
- Andersen, S. M., & Chen, S. (2002). The relational self: an interpersonal social-cognitive theory. *Psychological review, 109*, 619.
- Association for Counselor Education and Supervision (2011). Best practices in clinical practice: ACES task force report. Retrieved from the web <http://www.acesonline.net/resources/best-practices-clinical-supervision>
- Bakhtin, M. (1981). The dialogic imagination, trans. *Caryl Emerson and Michael Holquist (Austin: University of Texas Press, 1981), 69*.
- Baldwin, M. W., & Dandeneau, S. D. (2005). Understanding and modifying the relational schemas underlying insecurity. *Interpersonal cognition, 33-61*.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: Freeman.
- Barbee, P. W., Scherer, D. & Combs, D. C. (2003). Preparation service-learning: examining the relationship with counselor self-efficacy and anxiety. *Counselor Education & Supervision, 43*, 108-119.
- Barden, S., Conley, A., & Young, M. (2015). Integrating health and wellness in mental health counseling: Clinical, educational, and policy implications. *Journal of Mental Health Counseling, 37*, 152–163.
- Bell, T., Dixon, A., & Kolts, R. (2016). Developing a Compassionate Internal Supervisor: Compassion-Focused Therapy for Trainee Therapists: Developing a Compassionate Internal Supervisor. *Clinical Psychology & Psychotherapy*. <https://doi.org/10.1002/cpp.2031>
- Berman, A., & Berger, M. (2007). Matrix and reverie in supervision groups. *Group Analysis, 40*, 236-250. DOI:10.1177/0533316407077061
- Bernard, J. M., & Goodyear, R. K. (2014). *Fundamentals of clinical supervision, 5th Edition*. New Jersey, NJ: Pearson.
- Birnie, K., Speca, M., & Carlson, L. E. (2010). Exploring self-compassion and empathy in the context of mindfulness-based stress reduction (MBSR). *Stress and Health, 26*, 359–371. DOI: 10.1002/smi.1305.

- Blatt, S. J. (2004). *Experiences of depression: Theoretical, clinical and research perspectives*. Washington, DC: American Psychological Association.
- Blatt, S. J., & Zuroff, D. C. (1992). Interpersonal relatedness and self-definition: Two prototypes for depression. *Clinical Psychology Review, 12*, 527–562.
- Boellinghaus, I., Jones, F. W., & Hutton, J. (2013). Cultivating self-care and compassion in psychological therapists in training: the experience of practicing loving-kindness meditation. *Training and Education in Professional Psychology, 7*, 267-277. DOI: 10.1037/a0033092.
- Borders, L. D., Glossoff, H. L., Welfare, L. E., Hays, D. G., DeKruyf, L., Fernando, D. M., & Page, B. (2014). Best Practices in Clinical Supervision: Evolution of a Counseling Specialty. *The Clinical Supervisor, 33*, 26–44.
<https://doi.org/10.1080/07325223.2014.905225>
- Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal, 9*, 27-40.
- Bradley, C. & Fiorini, J. (1999). Evaluation of counseling practicum: National study of programs accredited by CACREP. *Counselor education and supervision, 39*, 110-119.
- Brooks, J., Holttum, S., & Lavender, A. (2002). Personality style, psychological adaptation and expectations of trainee clinical psychologists. *Clinical psychology and psychotherapy, 9*. 253-270.
- Carkhuff, R. R. (1969a). *Helping and human relations: A primer for lay and professional helpers*. New York: Holt, Rinehart and Winston.
- Carkhuff, R. R. (1969b). Critical variables in effective counselor training. *Journal of Counseling Psychology, 16*, 238.
- Carkhuff, R. R., & Truax, C. B. (1965). Training in counseling and psychotherapy: An evaluation of an integrated didactic and experiential approach. *Journal of Consulting Psychology, 29*, 333-336.
<http://dx.doi.org/10.1037/h0022187>
- Cheng, F. K. (2014). Compassion Focused Therapy: The CBT distinctive features series. *Mental Health, Religion & Culture, 17*, 219–221.
<https://doi.org/10.1080/13674676.2012.755617>
- Christensen, T. M. & Kline, W. B. (2000). A qualitative investigation of the process of group supervision with group counselors. *The journal for specialists in group work, 25*, 376-393.
- Combs, A. W., & Snygg, D. (1959) *Individual Behavior: A Perceptual Approach to Behavior*. Los Angeles, CA: Harper.
- Council for the Accreditation of Counseling and Related Educational Programs. (2009). *The CACREP Standards*. CACREP: Alexandria, VA.

- Daniel, I. L., Borders, D. & Willse, J. (2015). The role of supervisors' and supervisees' mindfulness in clinical supervision. *Counselor Education and Supervision, 54*, 221-232. DOI: 10.1002/ceas.12015.
- Davis, H. M. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. *Journal of personality and social psychology, 44*, 113-126.
- Decety, J. (2005). Perspective taking as the royal avenue to empathy. In B. F. Malle & S. D. Hodges (Eds). *Other minds: How humans bridge the divide between self and others* (pp. 143-173). New York: The Guilford Press.
- Denzin, NK. (1978). *Sociological Methods*. New York, NY: McGraw-Hill.
- DePue, M. K., & Lambie, G. W. (2014). Impact of a university-based practicum experience on counseling students' levels of empathy and assessed counseling competencies. *Counseling Outcome Research and Evaluation, 5*, 89–101. <https://doi.org/10.1177/2150137814548509>
- Depue, R. A., & Morrone-Strupinsky, J. V. (2005). A neurobehavioral model of affiliative bonding. *Behavioral and Brain Sciences, 28*, 313–395.
- Dexter, V. J. (2014). Research synthesis with meta-analysis of empathy training studies in helping professions. In *Society for social work and research 18th annual conference: Research for social change: Addressing local and global challenges*. Sswr.
- Dweck, C. S. (2006). *Mindset: The new psychology of success*. New York, NY: Random House.
- Elliot, R., Bohart, A. C., Watson, J. C., & Greenberg, L. S. (2011). Empathy. In J. C. Norcross (Ed) *Psychotherapy relationships that work: Evidence-based responsiveness*, (pp. 1-42). Oxford Scholarship Online. DOI: 10.1093/acprof:oso/9780199737208.001.0001
- Ellis, M. V., Hutman, H., & Chapin, J. (2015). Reducing supervisee anxiety: Effects of a role induction intervention for clinical supervision. *Journal of Counseling Psychology, 62*, 608–620. <https://doi.org/10.1037/cou0000099>
- Ellis, M. V., Kregel, M., & Beck, M. (2002). Testing self-focused attention theory in clinical supervision: Effects of supervisee anxiety and performance. *Journal of Counseling Psychology, 49*, 101–116. DOI: <https://doi.org/10.1037//0022-0167.49.1.101>
- Enyedy, K. C., Arcinue, F., Puri, N. N., Carter, J. W., Goodyear, R. K., & Getzelman, M. A. (2003). Hindering phenomena in group supervision: implications for practice. *Professional Psychology: Research and Practice, 34*, 312-317. DOI: 10.1037/0735-7028.34.3.312.
- Eriksen, K., & McAuliffe, G. (2003). A measure of counselor competency. *Counselor Education and Supervision, 43*, 120-133.
- Falconer, C. J., King, J. A., & Brewin, C. R. (2015). Demonstrating mood repair with a

- situation-based measure of self-compassion and self-criticism. *Psychology and Psychotherapy: Theory, Research and Practice*, 88, 351–365.
<https://doi.org/10.1111/papt.12056>
- Farber, E. W. (2012). Humanistic-existential psychotherapy competencies and the supervisory process. *Psychotherapy theory, research, practice, training*, 47, 28-34. DOI: 10.1037/a0018847
- Fitch, J. C., Pistole, M. C., & Gunn, J. E. (2010). The bonds of development: An attachment-caregiving model of supervision. *The Clinical Supervisor*, 29, 20-34. DOI:10.1080/07325221003730319
- Frediani, G., & Rober, P. (2016). What novice family therapists experience during a session. A qualitative study of novice therapists' inner conversations during the session. *Journal of Marital and Family Therapy*, 42, 481–494.
<https://doi.org/10.1111/jmft.12149>
- Fredrickson, B.L., Cohn, M.A., Coffey, K.A., Pek, J., & Finkel, S.M. (2008). Open hearts build lives: positive emotions, induced through loving-kindness meditation, build consequential personal resources. *Journal of Personality and Social Psychology*, 95, 1045-1061.
- Freud, S. (1917). General theory of the neuroses. *Standard Edition*, 16, 243-463.
- Fox, J., Hagedorn, W. B., & Sivo, S. A. (2016). Clinical decision-making and intuition: A task analysis of 44 experienced counsellors. *Counselling & Psychotherapy Research*, 16, 244-255. DOI:10.1002/capr.12084
- Fulton, C. L. & Cashwell, C. S. (2014). Mindfulness-based awareness and compassion: predictors of counselor empathy and anxiety. *Counselor education and supervision*, 54, 122-133.
- Gaubatz, M. D., & Vera, E. M. (2006). Trainee competence in master's-level counseling programs: A comparison of counselor educators' and students' views. *Counselor Education and Supervision*, 46, 32.
- Gelatt, H. B. (1992). A new vision for counseling: how to create the future. *Counseling and Human Development*, 25, 1-10.
- Gilbert, P. (2000). Social mentalities: Internal “social” conflict and the role of inner warmth and compassion in cognitive therapy. In P. Gilbert, & K. G. Bailey (Eds.), *Genes on the couch: Explorations in evolutionary psychotherapy* (pp. 118–150). Psychology Press.
- Gilbert, P. (2014). The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology*, 53, 6–41. <https://doi.org/10.1111/bjc.12043>
- Gilbert, P., Clarke, M., Hempel, S., Miles, J. N., & Irons, C. (2004). Criticizing and reassuring oneself: An exploration of forms, styles and reasons in female students. *British Journal of Clinical Psychology*, 43, 31-50.
- Gilbert, P., McEwan, K., Mitra, R., Franks, L., Richter, A., & Rockliff, H. (2008). Feeling safe and content: A specific affect regulation system? Relationship to depression, anxiety, stress, and self-criticism. *The Journal of Positive Psychology*,

3(3), 182-191. doi:10.1080/17439760801999461

- Goreczny, A. J., Hamilton, D., Lubinski, L., & Pasquinelli, M. (2015). Exploration of counselor self-efficacy across academic training. *The Clinical Supervisor, 34*, 78–97. <https://doi.org/10.1080/07325223.2015.1012916>
- Greason, P. B., & Cashwell, C. S. (2009). Mindfulness and counseling self-efficacy: The mediating role of attention and empathy. *Counselor education and supervision, 49*, 2-19.
- Green, E. J., Elliott, K., & Myrick, A. C. (2014). Deepening couples counseling through inner critic dialogue: A case study. *The Family Journal, 22*, 156–161. <https://doi.org/10.1177/1066480713513549>
- Grzegorek, J. L., Slaney, R. B., Franze, S., & Rice, K. G. (2004). Self-Criticism, Dependency, Self-Esteem, and Grade Point Average Satisfaction Among Clusters of Perfectionists and Nonperfectionists. *Journal of Counseling Psychology, 51*, 192–200. <https://doi.org/10.1037/0022-0167.51.2.192>
- Halcolmb, E. J. & Davidson, P. M. (2006). Is verbatim transcription of interview data always necessary? *Applied Nursing Research, 19*, 38-42.
- Hartlage, S., Arduino, K., & Alloy, L. B. (1998). Depressive personality characteristics: State dependent concomitants of depressive disorder and traits independent of current depression. *Journal of Abnormal Psychology, 107*, 349. <http://dx.doi.org/10.1037/0021-843X.107.2.349>
- Harvey, C., & Katz, C. (1985). *If I'm so successful why do I feel like a fake? The impostor phenomenon*. New York, NY: St. Martin's Press.
- Hermans, H. J., & Dimaggio, G. (Eds.). (2004). *The dialogical self in psychotherapy: An introduction*. London, UK: Routledge.
- Hermans, H. J., & Kempen, H. J. (1993). *The dialogical self: Meaning as movement*. Salt Lake City, UT: Academic Press.
- Hess, S. A., Knox, S., Schultz, J.M., Hill, C. E., Sloan, L., Brandt, S., ...Hoffman, M. (2008). Predoctoral interns' nondisclosure in supervision. *Psychotherapy research, 18*, 400-411. DOI: 10.1080/10503300701697505
- Hutcherson, C.A., Seppala, E.M., & Gross, J.J. (2008). Loving-kindness meditation increases social connectedness. *Emotion, 8*, 720–724.
- Ivey, A. E. (1971). *Microcounseling: Innovations in interviewing training*. Springfield, IL: Thomas.
- James, W. (1890). *The principles of psychology*. New York, NY: Holt and Company.
- Kagan, H. K., & Kagan, N. I. (1997). Interpersonal process recall: Influencing human interaction. In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision* (pp. 296-309). New York: Wiley.
- Kannan, D., & Levitt, H. M. (2015). Self-criticism in therapist training: A grounded theory analysis. *Psychotherapy Research, 27*(2), 201–214. DOI: <https://doi.org/10.1080/10503307.2015.1090036>

- Kerl, S. B., Garcia, J. L., McCullough, C. S., & Maxwell, M. E. (2002). Systematic evaluation of professional performance: Legally supported procedure and process. *Counselor Education and Supervision, 41*, 321-332. DOI: 10.1002/j.1556-6978.2002.tb01294.x
- Kohut, H. (1971). *The Analysis of the Self*. New York, NY: Int.
- Kohut, H. (1977). *The restoration of the self*. Madison, CT: International Universities Press Inc.
- Kris, A. O. (1990). Helping patients by analyzing self-criticism. *Journal of the American Psychoanalytic Association, 38*, 605–636.
- Kvale, S. & Brinkman, S. (2008). *Interviews: Learning the craft of qualitative research interviewing* (2nd ed). Los Angeles, CA: Sage.
- Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training, 38*, 357–361. DOI: 10.1037/0033-3204.38.4.357.
- Larson, L. M. (1998). The social cognitive model of counselor training. *The counseling psychologist, 26*, 219-273.
- Larson, L., & Daniels, J. (1998). Review of the counseling self-efficacy literature. *The Counseling Psychologist, 26*, 179-218. DOI: 10.1177/0011000098262001.
- Lau, J., & Ng, K.-M. (2014). Conceptualizing the Counseling Training Environment Using Bronfenbrenner’s Ecological Theory. *International Journal for the Advancement of Counselling, 36*, 423–439. <https://doi.org/10.1007/s10447-014-9220-5>
- Leary, M. R., Patton, K. M., Orlando, A. E., & Wagoner Funk, W. (2000). The Impostor Phenomenon: Self-Perceptions, Reflected Appraisals, and Interpersonal Strategies. *Journal of Personality, 68*, 725–756.
- Leary, M.R., Tate, E. B., Adams, C. E., Allen, A.B., & Hancock, J. (2007). Self-compassion and reaction to reactions to unpleasant self-relevant events. The implications of treating oneself kindly. *Journal of Personality and Social Psychology, 92*, 887-904.
- Lincoln, YS. & Guba, EG. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Malott, K. M., Hall, K. H., Sheely-Moore, A., Krell, M. M., & Cardaciotto, L. (2014). Evidence-based Teaching in Higher Education: Application to Counselor Education. *Counselor Education and Supervision, 53*, 294–305. <https://doi.org/10.1002/j.1556-6978.2014.00064.x>
- Maxwell, J. (1992) Understanding and Validity in Qualitative Research. *Harvard Educational Review: 62*, 279-301. <https://doi.org/10.17763/haer.62.3.8323320856251826>

- McRae, K. T. & Bulanda, J. J. (2008). The practice of compassion in supervision in residential treatment programs for clients with severe mental illness. *The clinical supervisor, 27*, 238-267. DOI: [10.1080/07325220802487907](https://doi.org/10.1080/07325220802487907).
- Meekums, B., Macaskie, J., & Kapur, T. (2016). Developing skills in counselling and psychotherapy: a scoping review of Interpersonal Process Recall and Reflecting Team methods in initial therapist training. *British Journal of Guidance & Counselling, 44*, 504–515. <https://doi.org/10.1080/03069885.2016.1143550>
- Mehr, K. E., Ladany, N., & Caskie, G. I. L. (2010). Trainee non-disclosure in supervision: What are they not telling you? *Counseling and psychotherapy research, 10*, 103-113.
- Michael, D. N. (1983). Competence and compassion in an age of uncertainty. *World Future Society Bulletin, 17*, 1-6.
- Michero, E. (2018). Master therapists' decision-making process concerning adolescent confidentiality: A grounded theory approach. *Dissertation Abstracts International Section A, 78*
- Mogalakwe, M. (2006). The use of documentary research methods in social research. *African Sociological Review, 10*, 221-230.
- Mongrain, M., Vettese, L. C., Shuster, B., & Kendal, N. (1998). Perceptual biases, affect, and behavior in the relationships of dependents and self-critics. *Journal of personality and social psychology, 75*, 230. <http://dx.doi.org/10.1037>
- Morrone-Strupinsky, J. V., & Lane, R. D. (2007). Parsing positive emotion in relation to agentic and affiliative components of extraversion. *Personality And Individual Differences, 42*, 1267-1278. DOI:10.1016/j.paid.2006.10.005
- Moustakas, C. E. (1994). Phenomenological research methods. Thousand Oaks: CA: Sage Publications.
- Neff, K. D. (2009). The role of self-compassion in development: a healthier way to relate to oneself. *Human development, 52*, 211-214. DOI: 10.1159/00215071.
- Neff, K. D. (2011). Self-compassion: Stop beating yourself up and leave insecurity behind. New York, NY: Harper Collins Publisher.
- Neff, K. D. & Pommier, E. (2013). The relationship between self-compassion and other-focused concern among college undergraduates, community adults, and practicing meditators. *Self and Identity, 12*, 160-176. DOI: 10.1080/15298868.2011.649546.
- Neff, K. D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality, 77*, 23–50. DOI:10.1111/j.1467-6494.2008.00537.x
- Norcross, J. C. (2011). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. Oxford Scholarship Online. DOI: 10.1093/acprof:oso/9780199737208.001.0001.

- Pare, D. & Lysack, M. (2006). Exploring inner dialogue in counsellor education. *Canadian Journal of Counselling, 40*, 131-144.
- Parham, T. A. (2002). Raising the bar for what passes as competence. In T. A. Parham (Ed.) *Counseling persons of African descent* (pp. 141–148). Thousand Oaks, CA: Sage Publications.
- Petrocchi, N., Ottaviani, C., & Couyoumdjian, A. (2017). Compassion at the mirror: Exposure to a mirror increases the efficacy of a self-compassion manipulation in enhancing soothing positive affect and heart rate variability. *The Journal Of Positive Psychology, 12*, 525-536. DOI:10.1080/17439760.2016.1209544
- Raham, O., Garbi, D. Shahar, G., & Meiran, N. (2016). Evaluative processes in self-critical individuals: The role of success and failure inductions. *Personality and individual differences, 100*, 105-113.
- Rector, N. A., Bagby, R. M., Segal, Z. V., Joffe, R. T., & Levitt, A. (2000). Self-criticism and dependency in depressed patients treated with cognitive therapy or pharmacotherapy. *Cognitive Therapy and Research, 24*, 571-584. DOI: 10.1023/A:1005566112869.
- Rober, P. (2005). The therapist's self in dialogical family therapy: some ideas about not-knowing and the therapist's inner conversation. *Family Process, 44*, 477–495.
- Rober, P. (2010). The Interacting-Reflecting Training Exercise: Addressing the Therapist's Inner Conversation in Family Therapy Training. *Journal of Marital and Family Therapy, 36*, 158–170. <https://doi.org/10.1111/j.1752-0606.2010.00192.x>
- Rober, P., Elliott, R., Buysse, A., Loots, G., & De Corte, K. (2008a). Positioning in the therapist's inner conversation: A dialogical model based on a grounded theory analysis of therapist reflections. *Journal of Marital and Family Therapy, 34*, 406–421.
- Rober, P., Elliott, R., Buysse, A., Loots, G., & De Corte, K. (2008b). What's on the therapist's mind? A grounded theory analysis of family therapist reflections during individual therapy sessions. *Psychotherapy Research, 18*, 48–57. <https://doi.org/10.1080/10503300701324183>
- Rogers, C. R. (1951). *Client-centered therapy: Its current practice, implications, and theory*. Boston, MA: Houghton Mifflin Company.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95-103.
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships as developed in the client-centered framework. In S. Koch & S. Koch (Eds.), *Psychology: A study of a science*, (pp. 184-256). New York, NY: McGraw Hill.
- Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Boston, MA: Houghton Mifflin.
- Rogers, C. R. (1986). Client-centered therapy. In I. L. Kutash, & A. Wolf (Eds.), *Psychotherapist's casebook: theory and technique in the practice of modern*

- psychotherapy (pp. 197–208). San Francisco: Jossey-Bass Publishers.
- Rønnestad, M. H., & Skovolt, T. M. (1993). Supervision of beginning and advanced graduate students of counseling and psychotherapy. *Journal of Counseling and Development, 71*, 396-405.
- Rummell, C. M. (2015). An exploratory study of psychology graduate students workload, health and program satisfaction. *Professional Psychology, Research and Practice, 46*, 391-399.
- Sackett, C. R., & Lawson, G. (2016). A phenomenological inquiry of clients' meaningful experiences in counseling with counselors-in-training. *Journal of Counseling & Development, 94*, 62–71. <https://doi.org/10.1002/jcad.12062>
- Schon, D. A. (1983). *The reflective practitioner: How professionals think in action*. New York: Basic Books.
- Seiber, J. E., O'Neil, JR. H. F., & Tobias, S. (1977). *Anxiety, learning and instruction*. New Jersey, NJ: Lawrence Erlbaum Associates.
- Skovholt, T. M., & Rønnestad, M. H. (2003). Struggles of the novice counselor and therapist. *Journal of Career Development, 30*(1), 45-58.
- Sokolowski, R. (2000). *Introduction to phenomenology*. New York, NY: Cambridge University Press.
- Spurgeon, S. L., Gibbons, M. M., & Cochran, J. L. (2012). Creating personal dispositions for professional counseling program. *Counseling and Values, 57*, 96–108.
- Stinckens, N., Lietaer, G., & Leijssen, M. (2013). Working with the inner critic: Process features and pathways to change. *Person-Centered & Experiential Psychotherapies, 12*, 59–78. <https://doi.org/10.1080/14779757.2013.767747>
- Stoeber, J., Hutchfield, J. & Wood, K. V. (2008). Perfectionism, self-efficacy, and aspiration level: differential effects of perfectionistic striving and self-criticism after success and failure. *Personality and Individual Differences, 45*, 323-327. DOI: 10.1016/j.paid.2008.04.021.
- Stoltenberg, C. D. (1981). Approaching supervision from a developmental perspective: The counselor complexity model. *Journal of Counseling Psychology, 28*, 59-65.
- Stoltenberg, C. D., & McNeill, B. W. (2010). *IDM Supervision: An Integrated Developmental Model for Supervising Counselors and Therapists*. East Sussex: Routledge, Taylor & Francis Group.
- Stoltenberg, C. D., McNeill, B., & Delworth, U. (1998). *IDM supervision: An integrated developmental model for supervising counselors and therapists*. San Francisco, CA: Jossey-Bass.
- Stuntzner, S. (2014). Compassion and self-compassion: exploration of utility as potential components of the rehabilitation counseling profession. *Journal of Applied Rehabilitation Counseling, 45*, 37-44.
- Swank, J. M., & Lambie, G. W. (2012). *The Assessment of CACREP Core Curricular*

- areas and student learning outcomes using the Counseling Competencies Scale. *Counseling Outcome Research and Evaluation*, 3, 116–127. <https://doi.org/10.1177/215013781245256>
- Swank, J. M., Lambie, G. W., & Witta, E. L. (2005). An exploratory investigation of the Counseling Competencies Scale: A measure of counseling skills, dispositions, and behaviors. *Counselor Education and Supervision*, 51, 189–206. DOI: 10.1002/j.1556-6978.2012.00014.x.
- Tannen, T., & Daniels, M. H. (2010). Counsellor presence: bridging the gap between wisdom and new knowledge. *British Journal of Guidance & Counselling*, 38, 1–15. <https://doi.org/10.1080/03069880903408661>
- Teasdale, J. D., & Cox, S. G. (2001). Dysphoria: self-devaluative and affective components in recovered depressed patients and never depressed controls. *Psychological Medicine*, 31, 1311-1316. <https://doi.org/10.1017/S003329170100424X>
- Teding van Berkhout, E., & Malouff, J. M. (2016). The efficacy of empathy training: A meta-analysis of randomized controlled trials. *Journal of Counseling Psychology*, 63, 32–41. <https://doi.org/10.1037/cou0000093>
- Thornberg, R. & Charmaz, K. (2012). Grounded theory. In S. Lapan, M. Quartaroli, & F. Riemer (Eds.), *Qualitative research: An introduction to methods and designs*, (pp. 44-64). San Francisco, CA: Wiley.
- Tolbert, Y. R. (2018). Activating and encouraging supervisees' creativity and intuition through the clinical supervisory relationship. *Dissertation Abstracts International*, 78,
- Torrence, J. N. (2013). The influence of attitudes toward students with disabilities and counselor self-efficacy on school counselors' perceptions of preparedness to provide services to students with learning disabilities. *Dissertation Abstracts International Section A*, 73,
- Urbani, S., Smith, M. R., Maddux, C. D., Smaby, M. H., Torres-Rivera, E., & Crews, J. (2002). Counselor preparation: Skill-based training and counseling self-efficacy. *Counselor Education and Supervision*, 42, 92–106.
- Vagle, M. D. (2016). *Crafting phenomenological research*. New York, NY: Routledge.
- Whittaker, S. M. (2004). A multi-vocal synthesis of supervisee's anxiety and self-efficacy during clinical supervision: Metanalysis and interviews. Unpublished dissertation, Virginia Polytechnic Institute and State University Retrieved February 12th, 2018 from <https://vtechworks.lib.vt.edu/handle/10919/28983>
- Wong, C. C. Y., & Mak, W. W. S. (2014). Differentiating the role of three self-compassion components in buffering cognitive-personality vulnerability to depression among Chinese in Hong Kong. *Journal of Counseling Psychology*, 60, 162-169. DOI: 10.1037/a0030451.

Zuroff, D. C., Moskowitz, D. S., & Côté, S. (1999). Dependency, self-criticism, interpersonal behaviour and affect: Evolutionary perspectives. *British Journal of Clinical Psychology*, 38, 231-250. DOI: 10.1348/014466599162827.

Zuroff, D. C., Sadikaj, G., Kelly, A. C., & Leybman, M. J. (2015). Conceptualizing and measuring self-criticism as both a personality trait and a personality state. *Journal of Personality Assessment*, 98, 14–21.
<https://doi.org/10.1080/00223891.2015.1044604>

APPENDIX A

Recruitment Script

Dear (Name):

You are invited to take part in a research study exploring the experiences of self-talk during session with clients in counseling students.

Eligibility: You may participate in this project if you are 1) a student enrolled in the Master in Counseling program at the University of North Carolina at Charlotte and 2) must be a student enrolled in the practicum course.

You will be asked to participate **in one face-to-face individual interview** in Fall 2017.

All interviews with participants will take at least 60 minutes and will be based on a semi-structured interview protocol listing several open-ended questions. The primary investigator will schedule and conduct the interview on campus or at a place that is most convenient and comfortable for you. Your interview will be audio-recorded (using a tape recorder) for word for word transcription later. Once interviews are transcribed word for word, all interview participants are provided a copy of their transcript in order to check the accuracy of their data and asked to provide feedback to the researchers as needed.

Upon the completion of data analysis, you will also be asked to review and provide feedback on data analysis report to check the degree to which it reflects your own experience. The audio files will be destroyed after being transcribed to protect confidentiality. Transcript will have all identifiable information removed and will provide participants and any other individuals mentioned with pseudonyms to protect the participants' confidentiality.

Investigator(s)

This study is being conducted by Elvita Kondili, doctoral student in the Counselor Education program at UNC Charlotte and Dr. John Culbreth, Associate Professor in the College of Education as advising faculty.

You are a volunteer. The decision to participate in this study is completely up to you. If you decide to be in the study, you may stop at any time. You will not be treated any differently if you decide not to participate in the study or if you stop once you have started.

During individual interviews, any information about your participation, including your identity, is completely confidential. The following steps will be taken to ensure confidentiality. All interview data will be only managed by the primary investigator. All identifiable information will be removed from each interview transcript during the transcription process and use pseudonyms (fictitious names) instead. During your participation in the study the researcher may contact you via email to provide you with consent form for you review, interview transcript and data analysis report. You should be aware that email is not a confidential method of communication.

If you agree to take part in the research study, please contact Elvita Kondili at 704-776-0327. They will contact you shortly to schedule an interview with you at your convenience.

Thank you very much for your attention and cooperation!

Elvita Kondili

The University of North Carolina at Charlotte

APPENDIX B

Informed Consent

Project Title and Purpose

Experiences and impact of self-criticism in counselor in training

The purpose of this study is to explore the experiences of self-criticism on counselors in training during sessions with clients.

Investigator(s)

This study is being conducted by Elvita Kondili, doctoral student in the Counselor Education program at UNC Charlotte and Dr. John Culbreth, Associate Professor in the College of Education as advising faculty.

Eligibility

You may participate in this project if you are 1) a student enrolled in the Master in Counseling program at the University of North Carolina at Charlotte and 2) must be a student enrolled in the practicum course.

Overall Description of Participation

You will be asked to participate **in one face-to-face individual interview** in Fall 2017. You will be asked to fill out a session recall form immediately after a client session of your choice and prior to the interview to maximize the recall of what happened in the session. All interviews with participants will take at least 60 minutes and will be based on a semi-structured interview protocol listing several open-ended questions. The primary investigator will schedule and conduct the interview on campus or at a place that is most convenient and comfortable for you. Your interview will be audio-recorded (using a tape recorder) for word for word transcription later. Once interviews are transcribed word for word, all interview participants are provided a copy of their transcript in order to check the accuracy of their data and asked to provide feedback to the researchers as needed. Upon the completion of data analysis, you will also be asked to review and provide feedback on data analysis report to check the degree to which it reflects your own experience. The audio files will be destroyed after being transcribed to protect confidentiality. Transcript will have all identifiable information removed and will provide participants and any other individuals mentioned with pseudonyms to protect the participants' confidentiality.

Length of Participation

All interviews scheduled in the Fall 2017.

Incentives

Participants will receive a \$40 Amazon gift card upon completion of the interview. The incentive will not be prorated if you decide to withdraw from the study prior to completing the interview.

Risks and Benefits of Participation

This study presents minimal risks to the participants. All questions will be engaging, respectful and open-ended to allow for participants narrative to emerge. Given that the research questions are concerned with the person of the counselor, some unpleasant feelings, defensiveness and social desirability may arise. Counselor training includes a systematic scrutiny of the counselors' inner world and personhood, therefore the discomfort is not out of the normal realm of what is expected and encouraged in counselor training. However, other than the minor discomfort, the study presents no other significant academic, psychological, social, economic or legal risks.

There are several benefits for the participants and the population of counseling students. The participants will have an opportunity to explore their thoughts, feelings and inner dialogue related to self-criticism which will benefit them in the process of increasing self-awareness. Developing sound self-evaluation practices is a desired outcome of counselor training. This study will help the participant identify tendencies to self-evaluate in an overly critical way and the potential impact this has on their sessions with clients and in supervision. The results may also benefit counselor supervisors in gaining a deeper understanding of this phenomenon and identifying ways to address self-criticism in their supervisees. Additionally, the study will shed light into the potential impact that counselor self-criticism has on session quality. This may lead to future research and supervision interventions that can help counseling students and their supervisors promote session quality for the clients being served. Therefore, the results of the study may benefit not only the advancement of counselor training but also the promotion of quality services and client welfare.

Volunteer Statement

You are a volunteer. The decision to participate in this study is completely up to you. If you decide to be in the study, you may stop at any time. You will not be treated any differently if you decide not to participate in the study or if you stop once you have started.

Confidentiality Statement

During individual interviews, any information about your participation, including your identity, is completely confidential. The following steps will be taken to ensure confidentiality. All interview data will be only managed by the primary investigators. All identifiable information will be removed from each interview transcript during the transcription process and use pseudonyms (fictitious names) instead. During your participation in the study the researcher may contact you via email to provide you with consent form for you review, interview transcript and data analysis report. You should be aware that email is not a confidential method of communication.

Statement of Fair Treatment and Respect

UNC Charlotte wants to make sure that you are treated in a fair and respectful manner. Contact the university's Research Compliance Office (704-687-1871) if you have questions about how you are treated as a study participant. If you have any questions about the actual project or study, please contact Elvita Kondili, (704-776-0327,

ekondili@uncc.edu) or the advising faculty, Dr. John Culbreth (704-687-8973, jculbret@uncc.edu)

Participant Consent

I have read the information in this consent form. I have had the chance to ask questions about this study, and those questions have been answered to my satisfaction. I am at least 18 years of age, and I agree to participate in this research project. I understand that I will receive a copy of this form after it has been signed by me and the principal investigator of this research study.

Participant Name (PRINT)

Participant Signature

DATE

Investigator Signature

DATE

APPENDIX C

Interview Protocol

Interviewee: _____ Interviewer: _____ Date: _____

Procedure

1. The researcher will introduce the interview procedure.
2. The participant will be asked if the interview may be audio recorded.
3. If the participant verbally provides his/her consent, the recording will begin.
4. The researcher will ask the interview questions.

Interview Guidelines

Thank you for participating in this study. My name is Elvita Kondili. I am going to ask you a series of questions. Your name will not be reported. There are no wrong answers, so please answer as freely as you can. You do not need to answer any questions that you do not feel comfortable with. You may stop at any time for any reason. Would you still like to proceed?

If no, the researcher will stop the interview and ask whether the participant is willing to be interviewed at another time. If yes, the researcher will continue the interview.

For research question 1

- Please describe briefly the session you just had from your point of view?
- What moments in the session did you consider to be important and why?

Follow-up questions for each moment:

- How did that make you feel?
- What did those feelings mean to you?
- What did you feel like doing next?
- Were you able to say it or do it the way you wanted to?
- What would you have liked to have done/said?
- What thoughts were you having about yourself?
- What did they mean to you?
- Did those remind you of anything?
- Do you think you had “been there before”? Were these feelings and thoughts familiar to you?
- What kind of image were you projecting of yourself?
- What image of yourself did you want to project?

For research question 2

- Were there any moments in the session where you doubted what you said or did? Please describe.

Follow-up questions for each moment:

- What were you telling yourself in that moment?
- How would you have liked the moment to have gone?
- Do you think your client's description of the moment would match yours?
- What do you think your client thought of you?
- How did you arrive at that conclusion?
- If you could go back, would you do anything differently? Why?

APPENDIX D

Session Recall Form

1. Please describe briefly the session you just had from your point of view?
2. What moments in the session did you consider to be important and why?
3. What were some of the thoughts that were running through your head in those moments?
4. What were you feeling in those moments?
5. Were there any points in the session you doubted what you said or did? Please describe. (Continue in back if needed)

APPENDIX E

In-class recruitment opt-in/opt-out form

I have heard the description of the study fully and I am (please check one):

_____ Interested in learning more about the study and contacted further by the researcher here (enter name & phone number) _____

_____ Not interested in learning more about the study and wish to no longer be contacted by the researcher in the future.