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A Comparison of Self-Acceptance among Counselor Education Master's Degree Students at the Beginning, Practicum Level, and Graduation from Their Program of Studies

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A COMPARISON OF SELF-ACCEPTANCE AMONG COUNSELOR EDUCATION

MASTER'S DEGREE STUDENTS AT THE BEGINNING, PRACTICUM LEVEL,

AND GRADUATION FROM THEIR PROGRAM OF STUDIES.

By

Baljinder Kaur Uppal, M.S., B.A.

Submitted in partial fulfillment of

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A COMPARISON OF SELF-ACCEPTANCE AMONG COUNSELOR EDUCATION
MASTER'S DEGREE STUDENTS AT THE BEGINNING, PRACTICUM LEVEL,
AND GRADUATION FROM THEIR PROGRAM OF STUDIES

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Abstract

The focus of this study was counselor trainees' self-acceptance; because this examiner proposed there is a parallel process between the client's relationship with the counselor and the counselor's relationship with oneself. This study was an investigation of the differences between three nonequivalent groups: Group A - Beginning Counselor Students, Group B – Beginning Practicum Counselor Students, and Group C - Graduating Counselors to measure differences between the three groups. The study was researching their responses from the Unconditional Self-Acceptance Questionnaire-Revised (USAQ-R) as an individual assessment instrument. This investigator measured the effects of gender to determine if group differences in response to the USAQ-R individual assessment instrument interact with gender. The results indicate that the first null hypothesis was accepted due to no significant differences among the three groups: Beginning, Practicum, and Graduating students. The results further reported that the second null hypothesis was rejected due to significant differences among the males and females. The post hoc analysis comparisons suggested the following significant differences; the practicum females scored significantly higher than the males beginning the program, graduating males and graduating females scored significantly higher than the males beginning the program. The results of this study suggest females are at an advantage in terms of their experience with self-acceptance at the beginning of training but that the males did progress in their level of self-acceptance by the time of graduation.

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CHAPTER 1

INTRODUCTION

Carl Rogers (1961) the founder of client-centered therapy, believed that the therapeutic alliance is necessary for client growth. Fromm (1960) asserts that humans have inherent physiological conditions which require humans to seek food and shelter, as well as the need to connect to fellow human beings for survival. Thus, humans must create alliance with each other for survival (Fromm, 1960). Abraham Maslow (1987) agrees in his theory on human motivation in his explanation of "hierarchy of needs". These needs are described as physiological and psychological needs. Physiological needs are described as food and water, and safety needs. Safety needs are: security, stability, structure, protection, and boundaries stemming from law and order in society. The psychological needs involve the experience of love and belonging that provide the individual with psychologically and emotionally nourishing relationships, as well as success and esteem. Success and esteem are understood as desires for achievement and enhanced personal self-worth. The final need is self-fulfillment described as self-actualization. This is understood as the individual maximizing their potential and includes engaging in work that by nature the individual is destined to do such as "musicians must make music" (Maslow, 1987, p. 15-56).

Sullivan (1953) elaborates that how we relate and interact with others is parallel to our attitude with our self. For example, "as one respects oneself so one can respect others"; "as you judge yourself so shall you judge others" (Sullivan, 1953, p. 15). Fromm (1974) also stated that when one loves oneself one is also able to love others.

Thus, self-attitude is a reflection of attitude towards others. Maslow (1987) confirms this concept in his explanation of self-acceptance in self-actualizing people.

Maslow (1987) states that self-acceptance correlates with acceptance of others. Thus, individuals who are self-accepting are so at the physiological level. They enjoy food, sex, sleep, and overall are not reserved, or feel guilt and shame when meeting their physical needs, unless it is at the expense of hurting others. At the psychological level, individuals are not defensive or superficial; similarly self-actualizing individuals dislike superficial attributes in others. Nevertheless, self-accepting individuals accept their own weaknesses and inadequacies. This does not mean the individual is content with the self, rather the person is tolerant of individual inadequacies (Maslow, 1987).

Powell (1969) advocates that within all of us, is a need to be understood and loved by those that are important in our lives; if we are not understood or loved then we feel isolation and loneliness. When we are understood and fully accepted, this experience is liberating and we are then able to disclose our deepest secrets about ourselves. Through sharing authentically, the individual learns about himself or herself (Powell, 1969).

Carl Rogers's (1961) suggested that through the process of therapy the client comes to experience his or her internal self. Hence, in the past the client has suppressed feelings to protect "the self" from discomfort. Therefore, the purpose of the helping relationship is to allow for the surfacing of strange feelings (Rogers, 1961). Rogers and Dymond (1954) promote that within the therapeutic climate of genuine, unconditional acceptance and empathy exhibited by the psychotherapist, the client is able to evolve, reduce defensiveness, and come to approve and accept themselves and others (Rogers, & Dymond 1954). For example, Rogers stated that the individual no longer has fear of his

or her feelings, and is open to the experience of growth. He advocated that through the process the client learns to feel authentically, become fully functioning, and is more focused in the present (Rogers, 1961). According to Powell (1969) honest, open communication between two people leads to fully functioning humanness by balancing the senses, emotions, intellect, and self-controls.   Therefore, Rogers continues that the therapeutic alliance is necessary for client growth (Rogers, 1961).

The focus of this study was counselor trainees' self-acceptance. This researcher proposed that there is a parallel process between the client's relationship with the counselor and the counselor's relationship with the self. The importance of investigating counselor trainees' self-acceptance began as this investigator observed co-workers interacting with clients and peers. Recognizing colleagues to be incongruent in exhibiting positive tendencies towards others, this examiner predicted that in order to demonstrate positive tendencies towards another human being, each counselor must first experience self-acceptance. However, this investigator does not know the inner private world of fellow therapists; therefore this researcher was cautious in making assumptions about the need for self-acceptance in the therapeutic relationship.

Research has found the emergence of self-acceptance as a contribution to the psychological well being of clients. For example, Phillips and Daniluk (2004) discovered in their qualitative study that seven women's process of healing from childhood sexual abuse included the experience of self-acceptance. Furthermore, Grote's (2006) phenomenological study which included 3 male and 3 female participants reported that the experience of feeling understood in psychotherapy, resulted in the participants' experience of increased self-acceptance. Backels and Lindsley (1997) evaluation of a

five week course on nutrition, weight and body image found that the participants believed the focus on self-acceptance was a useful approach. The program model included enhancing participant's contentment with the self. Oswald and Culton (2003) found in their research study of 527 participants who responded to a survey containing open and closed-ended questions that some gay, lesbian, bisexual or transgender individuals discovered the value and purpose of self-acceptance. For example, one participant expressed the importance of being congruent to one's self-identity.

One dissertation study by Vlahopoulos (1986) investigated the counselor's well-being, self-acceptance, and social status in connection to the counselor's ability to be effective in counseling. No evidence was found that the above mentioned variables influenced the counselor's effectiveness. Vlahopoulos's study included 20 participants, and he used a different research design, self-acceptance definition, and scale from this investigator, to measure self-acceptance in counselors.

Chamberlain (1999) asserts that Albert Ellis's theory on self-acceptance is similar to Carl Roger's idea of self-acceptance. Chamberlain reported within that context Rogers also argued that unconditional self-worth is the omission "of basing one's standards on the attitudes or desires of others" (p. 12), and the ability of oneself to recognize distorted thinking. Chamberlain utilized the principles from Rational Emotive Behavior Therapy (REBT) to construct the USAQ-R. The USAQ-R was used for this study (see Appendix C). Chamberlain makes the following statements which represent experiences of Unconditional Self-Acceptance (USA). He reported ten emergent themes after reviewing Albert Ellis's work on self-acceptance. Statement 1. Everyone has self-worth simply because they are human, thus, our actions, success and achievements, and experience of

relationships do not determine our self-worth. Statement 2. No one is worth more or is superior to another human being. This does not mean that each person will produce equal work; however, despite an individual's performance or behaviors no human is worth more than another. Statement 3. A person should focus on engaging in behaviors and activities that are pleasurable and fulfilling rather than concentrate on ways to increase self-worth. To direct one's attention to enhance self-worth results in the individual finding ways to confirm their self-worth; whereas, someone whose focus is enjoying life engages in activities that are personally rewarding and alleviates pain (Chamberlain, 1999).

Chamberlain (1999) continues with Statement 4 which is: Self-rating scales are insufficient because measuring one's worth implies that certain attributes (behaviors and attitudes) are superior to others. Furthermore, self-evaluations are based on current experiences and selective focus. Moreover, individuals continually change; therefore a rating for today will be inaccurate for future assessments of the self. Statements 5., 6., 7., and 8 in combination identify strengths and areas for growth which can be used to target specific concerns, self-improvement, and self-awareness. However, one should not globally assess one's worth based on strengths and weakness because this type of irrational thinking lacks objectivity. For example, one should not assume superiority as a result of success or feedback. Statement 9. One should not seek approval from others and base one's worth on another person's opinion. Moreover, someone rating the individual presents biased and subjective evaluation. Statement 10. Comparing oneself with another person creates unhealthy competition, and one's motivation is external rather than internal. Furthermore, one begins to view oneself as either better or worse

than others (Chamberlain, 1999). This investigator concluded from these statements by

Chamberlain (1999) that counselor trainee self-acceptance is vital for the life of the

therapeutic relationship, and has proposed to study if counselor self-acceptance is evident

among persons who begin the counselor trainee process or if counselor self-acceptance

can develop throughout the counselor trainee program.

Statement of Problem

A thorough examination of the research on counselor trainees' self-acceptance led

this investigator to conclude that there is little evidence of previous literature examining

counselor trainees' self-acceptance. For example, books on counseling theories center on

the client and the therapeutic alliance (Flanagan, & Flanagan, 2004; States, 1972; James,

& Gilliland, 2003). Developmental models focus on competence and skill acquisition of

counselor trainees (Skovholt, & Ronnested, 1992; Hogan, 1964; Loganbill, Hardy, &

Delworth, 1982). Furthermore, as James and Gilliland (2003) report, demonstrating

unconditional positive regard toward the client is a difficult endeavor. In this

investigator's opinion, any lack of unconditional positive regard in the counseling

relationship is a result of the counselor trainees' lack of self-acceptance. For example, as

previously stated by Sullivan (1953), the attitude and relationship one has with oneself is

projected in terms of how one perceives others and the types of relationships one has with

others. Maslow (1970) also confirms that self-acceptance correlates with acceptance

towards others.

As Carl Rogers (Shostrom, 1965) promotes, the psychotherapist should be

congruent and refers to congruence as "transparency"; this idea is the client being able to

see through the counselor (Rogers, 1980). This investigator proposed that if the

counselor is being transparent and lacks self-acceptance then this can translate to the client as a lack of self-acceptance of them. This in turn can create an unsafe psychological environment. Therefore, this examiner investigated counselor trainees' self-acceptance using quantitative methodology with a Quasi-Experimental statistical design.

The focus of this study was to examine whether three nonequivalent groups of masters degree students in a counselor education program exhibited differences in self-acceptance. The groups were as follows: Group A - Beginning Counselor Students, Group B – Beginning Practicum Counseling Students, and Group C - Graduating Counselors. This builds upon the work of such Scholars as Skovholt and Ronnested (1992), Hogan (1964), as well as Loganbill, Hardy and Delworth (1982) that identified counselor trainees' progress through various developmental stages. This examiner also investigated whether gender is an interaction variable at the various stages of training. Previous research established that males and females are significantly different in terms of their inner experiences and their behaviors (Beyer, 1998; Day, & Livingstone, 2003; Hook, Gerstein, Detterich, & Gridley, 2003; Miville, Carlozzi, Gushue, Schara, & Ueda, 2006).

Research Questions

The research question that was developed for this study was whether the counselor trainees' major in the counselor education program interacts with the level of self-acceptance among counselor trainees. Originally, this investigator proposed that the students' majors would be an interactive variable. There are three major areas of concentration at the institution. These three major areas of concentration are Community

Counseling Services, Marriage and Family Therapy and School Counseling. However

upon completion of the data collection, there were too few students who were majoring in

some of the concentrations. Therefore, this investigator was only able to examine the two

questions that are stated below.

1) What are the levels of self-acceptance among counselor students who are
   beginning the masters counselor education program?

2) Do beginning counselor students, beginning practicum counselor students,
   and graduating counselors' exhibit differences in their level of self-
   acceptance?

3) The final research question is whether gender interacts with the level of self
   acceptance among counselor trainees at the various stages of training?

Rationale

This examiner suggested that there is a parallel process between unconditional

positive regard exhibited towards the client and one's internal experience of self-

acceptance. James and Gilliland (2003) viewed unconditional positive regard as the

complete acceptance of another individual, and the absence of evaluation of one's worth.

Corey (2000) further adds that the counselor accepts the client's right to their feelings in

a nonjudgmental manner. Hazler (1988) offered that accepting client's feelings does not

mean the counselor should accept all of the client's behaviors especially those behaviors

that are harmful and counterproductive; nevertheless, the counselor should separate the

client's behaviors from the person as a human being with positive and potential growth

tendencies. Moreover, Wilkins (2000) stated that to be unconditional the counselor must

accept the client's right not to change. Halbur and Halbur (2006) commented that

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unconditional positive regard promotes a bond between the counselor and client, and also creates a positive therapeutic environment for change to occur. Nystul (2006) further reported that unconditional positive regard is also growth promoting. Flanagan and Flanagan (2004) recommended that counselors who accept their clients unconditionally also aid their clients in accepting themselves. James and Gilliland (2003) described unconditional self-regard as the complete acceptance of all internal experiences meriting equal attention.

As noted earlier, demonstrating unconditional positive regard may be challenging in practice because the counselor may be struggling with self-acceptance. Maslow (1987) confirms that self-acceptance enables individuals to exhibit acceptance towards others. The literature reinforced this researcher using a Quasi-Experimental research design for the examination of counselor trainees' self-acceptance. For the purpose of this study the examiner used the USAQ-R individual assessment instrument (Chamberlain, 1999).

The research idea originated from reviewing literature that proposed the counselor must first address their own bias, limitations, emotional wounds, self-worth, and general inner world before they can implement objective therapeutic interventions (Chen, & Rybak, 2004; Miller, 2003). Corey, Corey, and Callanan (2003) also stated countertransference issues can interfere in the helping process. Countertransference occurs in therapy due to the helpers own psychological and emotional needs are being met in the therapeutic relationship and in the counseling process. These authors argue, to avoid countertransference issues in therapy, the helper is required to address their own reactions to the client or client issues in the supervision session (Corey et al., 2003).

Therefore, this investigator concluded, the counselor is unable to congruently display unconditional positive regard if he or she does not experience self-acceptance. This examiner further predicted the counselor's level of training and experience in the counselor education program, and gender differences may be a factor when measuring one's experience of self-acceptance.

The research was limited to counselor trainees, because this investigator believed counselor trainees' self-acceptance needed to be explored. In general, the process of self-acceptance is slow, and requires a highly reflective practitioner. Skovholt and Ronnested (1992) argued that counselor growth continues beyond graduate school over a period of 25-30 years. The common theme provided in the literature concludes: development is ongoing over an extensive period of time in one's career and life; and one's ability to apply therapeutic interventions is determined by one's capacity to internalize concepts to apply to the self. Subsequently, self-acceptance is an important measure to determine in terms of whether education and training in the counselor education program is an influencing factor. Thus, as the counselor trainee progresses in the counselor education program the individual may also advance in their level of his or her personal development relating to self-acceptance.

Another measure was gender. The research focus included examining gender differences because a number of scholars have indicated significant differences in response levels between male and females (Beyer, 1998; Day, & Livingstone, 2003; Hook et al., 2003; Miville et al., & Ueda, 2006). Overall, the purpose of this investigation was to measure whether one's gender and status in the masters counseling

program was an indication of counselor trainees' ability to experience self-acceptance as measured by the USAQ-R.

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

1) There is no significant difference in levels of self-acceptance among counselor education students who are at the beginning stage of the program, at the practicum stage of the program, or upon graduation from the program, as measured by the USAQ-R.

2) There is no significant interaction of gender and stage of the counselor education training program in levels of self-acceptance among counselor education students who are at the beginning stage of the program, at the practicum stage, or upon graduation, as measured by the USAQ-R.

<div align="center">Delineation of the Research Problem</div>

The focus of this study was counselor trainees because this population is the most vulnerable in providing insufficient therapeutic interventions, thus, counselor trainees are considered the least advanced in having clinical experience developmentally. Hence, the authors Skovholt and Ronnested (1992) indicate that counselor development is an evolving process. They further suggest that the counselor enters the helping profession with minimum expertise, but progresses over the course of their career. Therefore, this examiner speculates counselor trainees' ability to exhibit unconditional positive regard may be insufficient when beginning a career in counseling. A further delineation is that counselor trainees' were selected only from a single university because this research was not a comparison between programs at different universities.

According to Beyer (1998); Day and Livingstone (2003); Hook et al. (2003); as well as Miville et al. (2006) gender differences are significant. Subsequently, this examiner's focus was to determine whether gender was an influencing factor for self-acceptance. Thus, this examiner speculated that predisposition factors would influence participant responses. The examination of nonequivalent groups was appropriate for this investigation (Campbell, & Stanley, 1963), such as one's gender and level of training and experience in the counselor education program. Furthermore, this study did not require pre-testing measures because the variables investigated (such as the enrollment status of different groups in the program) were substitutes. Pre-testing may have potentially sensitized participants' response to USAQ-R measure at the post-test resulting in reducing the effectiveness of the measure between the different groups.

<center>Significance of the Study</center>

This investigator projects that level of training and experience in counseling, as well as gender, is relevant in determining counselor trainees' capacity to experience self-acceptance. As literature indicates human growth is a developmental process (Berk, 2004; Berger, 2005). Counselor trainees' skill acquisition and competency is a sequential process (Skovholt & Ronnested, 1992; Hogan, 1964; Loganbill, Hardy, & Delworth, 1982) Furthermore, research examining gender has indicated males and females are significantly different in terms of their inner experiences and their behaviors (Beyer, 1998), (Day, & Livingstone, 2003; Hook, Gerstein, Detterich, & Gridley, 2003; Miville, Carlozzi, Gushue, Schara, & Ueda, 2006). Secondly, relationship with oneself is projected onto relationship with others (Powell, 1969). Therefore, self-acceptance is an

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appropriate measure when considering one's potential to exhibit unconditional positive regard towards the client.

In summary, research on adult development and counselor growth suggests, learning is an ongoing process over an extensive period. Research on gender promotes differences exists between male and female responses to inner and external experiences. This examiner's intentions are therefore to investigate whether training and experience in counseling, as well as gender, is a factor in one's experience of self-acceptance.

Counselor educators can benefit from the examination of training and experience in counseling, as well as gender as a factor for experiencing self-acceptance. If there are no significant differences found in this study screening tools can be modified to determine applicants demonstrate self-acceptance upon entry into counselor education programs. However, if significance is discovered this research can be used as a developmental tool. Thus, the curriculum can be tailored to include focus on self-acceptance. In addition, clinical supervisors and counselor trainees can gain knowledge on trainees' developmental needs.

This investigator projected one's gender and level of training and experience in the counselor education program was relevant in determining counselor trainees' capacity to experience self-acceptance. As literature indicated, human growth is a developmental process (Erikson, 1997; Berk, 2004; Berger, 2005). Counselor trainees' skill acquisition and competency is a sequential process (Skovholt & Ronnested, 1992; Hogan, 1964; Loganbill et al., 1982) Furthermore, research examining gender had indicated that males and females are significantly different in terms of their inner experiences and their behaviors (Beyer, 1998; Day, & Livingstone, 2003; Hook et al., 2003; Miville et al.,

2006). Measuring differences between nonequivalent groups in relationship to self-acceptance was an important measure, in order to predict whether predisposition factors determine levels of self-acceptance in counselor trainees.

In addition, it is important for counselor educators to understand whether or not levels of self acceptance develop or significantly change during the training process. It was determined that for the overall population of counselor education students, there is no significant change in the level of self acceptance. Counselor educators may want to determine what the base level is and use it as a screening tool for accepting new students, because this study indicates that the level at the beginning is not significantly different from the overall level at the end.   If the entry level measured in this study is the baseline, counselor educators now have an approximation for one variable to be used in the screening process.

Research Design

The research was a quantitative study of Quasi-Experimental design. The design was a posttest-only nonequivalent groups (Campbell, & Stanley, 1963; Cook, & Campbell, 1979; Heppner, Kivlighan, & Wampold, 1999). The design involved three nonequivalent groups: Group A - Beginning Counselor Students, Group B – Beginning Practicum Counselor Students, and Group C - Graduating Counselors to measure differences among the three groups for their responses from the USAQ-R as an individual assessment instrument. This investigator measured two nonequivalent groups: Group D – Males, and Group E – Females to measure gender differences in response to the USAQ-R individual assessment instrument.

Counselor trainees currently enrolled in the masters counseling program monitored by the Council for the Accreditation of Counseling and Related Educational Programs [CACREP] volunteered to participate in this study. These students signed a consent agreeing to participate in the study (see Appendix A). The students completed a demographic questionnaire indicating their gender group and enrollment status at the university research site (see Appendix B). The instrument to investigate the self-acceptance of counselor trainees was the USAQ-R (see Appendix C) (Chamberlain, 1999).

Operational Definition of Terms

Self-Acceptance: Self-Acceptance refers to the perception of self in relationship to all inner experiences as worthy of regard. For this study, the level of self acceptance for each participant is measured as a score on the USAQ-R.

Counselor Trainees: Counselor trainees refer to students who are enrolled in the masters counseling program accredited by the Council for the Accreditation of Counseling and Related Educational Programs [CACREP].

Beginning counselor students: Beginning counselor students refer to students beginning the masters program in the masters counseling program accredited by CACREP.

Practicum counselor students: Practicum counselor students refer to students beginning the practicum semester in the masters counseling program accredited by CACREP.

Graduating Counseling students: Graduating counseling students refers to students completing the internship masters counseling program – master students who

were graduating, and were in the final year of the internship in the masters counseling program accredited by CACREP.

Overview

The importance of the therapeutic relationship between the client and the counselor was discussed. Carl Rogers's core condition of unconditional positive regard is vital for the therapeutic alliance and for client growth. However, this investigator proposed counselor trainees' self-acceptance is relevant for a therapeutic environment. Hence, how one relates to oneself is parallel to how one relates to others, likewise with their clients. Furthermore, adult and counselor growth is a developmental process. Therefore, this study was an investigation of the level of training and experience in a masters counselor education program as an influencing factor of one's capacity to experience self-acceptance. Furthermore, the research study involved the examination of gender as a predisposition for self-acceptance because current literature suggests gender differences exist. The following chapter will include a review of the literature. In chapter III a quantitative methodology of Quasi-Experimental statistical design is described, and the findings of this study are included in chapter IV. A summary of the research is presented in the final chapter which will include: the conclusions, discussion, and recommendation for future research.

CHAPTER 2

LITERATURE REVIEW

Introduction

The review of literature will first discuss gender differences, adult development, and counselor trainee development. The different areas of focus in counselor education programs include: the three majors in counselor education programs, clinical supervision, self-focus, self-reflection, critical thinking, and self-determination theory. The latter experiences promote a therapeutic environment, because as the counselor increases in self-efficacy this will reflect in the therapeutic relationship. The ideal therapeutic alliance is presented using Carl Rogers's explanation of Client-Centered Theory. Research concerning self-acceptance is also explored. An explanation of Rational Emotive Behavior Therapy is included in order to provide a comprehensive and informative explanation of the instrument used for this research.

Gender Differences

Scholars argue that gender differences do exist. For example, Beyer's (1998) study consisting of 275 female and 213 male college students found significant differences in terms of self-perception and negative self bias. Beyer reported females were most likely to perceive negative self-evaluations when engaging in masculine orientated tasks. However, for feminine and neutral activities no significance was found between the two genders. Furthermore, the female participants were more prone to remember negative experiences related to failure than the male participants in the study (Beyer, 1998).

According to Day and Livingstone (2003) in their study of 114 female and 72 male undergraduate psychology students, females viewed school, friendships, and work situations to be significantly more stressful in comparison to males. Females and males did not differ in their perceptions of family and relationship stressors. They also discovered significant differences in females seeking support from friends and family when experiencing stress as opposed to males.

Hook et al. (2003) utilized 360 undergraduate students in counseling courses; females made up nearly two thirds of the research population. Their findings indicated that females reported greater intimacy than males in relation to exhibiting emotions in relationships. However, both females and males did not differ in trust level or in their level of self-disclosure with their partner (Hook et al., 2003).

A study by Miville et al. (2006) included 211 students in graduate counseling programs, of these, females made up 80% of the research population. Miville et al., stated that females reported a greater level of inner conflicts when interacting with others than males did; furthermore females indicated higher empathy as opposed to males. Graham and Ickes (1997) also discovered significant gender differences in three of the ten studies they reviewed for empathic accuracy. However, they stipulate that the results may be due to gender socialization since women are expected to engage in "empathy-related tasks" (p. 134). These include such matters as care giving and child care. Hook et al. (2003) add that gender differences may exist due to gender roles and stereotypes rather than biological influences.

Brody (1999) recognizes gender differences occur because of biological differences between males and females. For example, men have higher levels of

testosterone which are related to aggression and thus, the expression of aggression; women most often use the right hemisphere resulting in being more emotionally expressive. Nevertheless, Brody is cautious when making conclusions from these examples, and she states gender differences occur because of cultural values that determine the way caregivers interact in relationship to the biological sex differences. Thus, emotional development of children is determined by socialization based on stereotyping of gender roles. The two genders learn to express emotions differently when interacting with others such as their parents and peers. For example, girls learn to suppress aggression and anger; boys learn not to express hurt and vulnerability. Therefore, gender socialization results in limiting males and females expressing all their emotions, which is a hindrance of their mental and physical health. Nevertheless, women benefit from being able to express a variety of emotions resulting in a healthier physical life as opposed to men (Brody, 1999). As Alexander and Wood (2000) note, gender based social behavior and gender based social roles (i.e., women engaging in caretaking and nurturing roles) are factors in determining their emotional experiences. Alexander and Wood state that gender differences in the emotional experience between the two genders are apparent. Thus, research indicates women report experiencing more positive emotions, they tend to have greater intense feelings, and they more often reveal their emotions in comparison to men.

Tobach (2001) advocates the interaction between biology and psychology is a predisposition for gender socialization. For example, the sex of an individual determines one's role in reproduction. Therefore, since women become pregnant and subsequently give birth to infants, they culturally turn into the main caretakers in early child

development. Historically and presently cultural gender roles have been defined

according to genetic predispositions. Subsequently, the individual's sex influences social

development (Tobach, 2001).

Sternberg (1993) reports a distinction between sex and gender. Sternberg argues

that sex is biological, and gender is constructed by beliefs that are determined by social

and cultural influences. Nevertheless, gender socialization occurs because of both

biology and environment. Furthermore, cultures differ in terms of gender role

socialization (Sternberg, 1993). Biklen and Pollard (1993) also describe gender as "the

social construction of sex". However they add, one should not exclude other social

identities that contribute to one's experience of gender. For example, race and class, and

other social constructions determine how womanhood is experienced in various nations

or cultures (Biklen, & Pollard, 1993, p. 2). To conclude, gender differences do exist,

however the differences occur because of biological and environmental influences.

Similarly, adult development is a biological and environmental phenomenon.

Adult Development

According to Berger (2005) there are stages within human development. She

states that adulthood is divided into stages such as: early adulthood (20-40 years), middle

adulthood (40-65 years), and late adulthood (65 years - death). Berger (2005) advocates

that humans in early adulthood are solution focused, practical, accommodating, and

adjust to everyday demands. Young adults are motivated by external rather than internal

consequences when making decisions. At the middle adulthood developmental level,

changes occur in personality such as reduced rigidness (Berger, 2005).   Erik Erikson

(1997) asserted that successful aging in this stage includes generativity. The purpose of

generativity is to be actively involved and caring towards the next generation. Erikson advocated that the opposite of exhibiting generativity is the experience of "self-absorption and stagnation". During late adulthood, Erikson believed the experience of having lived a meaningful life leads to "integrity" thus, a feeling of self-satisfaction. However, he continued to state that regrets of not connecting to others and achieving a selfless life results to the individual feeling of "despair" (Erikson, 1997, pp. 61-67).

Berk (2004) and Berger (2005) indicate that the pace in which each adult progresses is individual and determined by the biological influences (genetic, brain development, brain structure, and personality traits) and the environmental circumstances (culture, community, relationships, work, and retirement). For example, Bernice Neugarten (1996) discussed the influence of the "social clock" that suggests changes occur as a result of age related life expectations determined by culture and society (Neugarten, 2004, p. 60).

Vaillant (2002) discussed some assumptions about adult development. Vaillant reported wisdom is not necessarily increased with age: one research study has shown no increase in wisdom beyond age 35. According to Vaillant, experiences in early adulthood contribute to better decision making in middle and late adulthood. For example, problem solving in early adulthood facilitates decision making when addressing problems and reducing stress later in life. Thus, experience rather than age is a factor in developing wisdom. Another assumption is that spirituality increases with age, however Vaillant argues this is not necessarily the outcome. Thus, there are many individuals who decrease in spiritual and religious interests and activities; some older adults focus more on morals, values, and beliefs as opposed to faith (Vaillant, 2002). To conclude, human

life is an evolving process; similarly the growth of the counselor trainee is a sequential experience.

<p style="text-align:center">Stages of Counselor Trainee Development</p>

Skovholt and Ronnested (1992) propose that the helping professionals experience various developmental stages throughout the lifespan of their counseling careers. The first of these stages is the "conventional stage", when the helper is untrained while helping another individual. The conventional helper basically uses their personal insight to help the other person; the help provided tends to be solution focused. The "lay helper" is sincere and caring when engaging with the other person. The helper uses self-disclosure to provide solutions, often overidentifies with the person whom they are helping, and their boundaries tend to be blurred. The next stage is "transition to professional training stage", the "natural helper" is motivated to learn more about psychology and behavioral sciences, and consciously or subconsciously drawn to the counseling field because of their own unresolved issues. The untrained helper tends to have mixed feelings of anxiety and excitement upon entering graduate school (Skovholt, & Ronnested, 1992, pp. 17-22).

Skovholt and Ronnested (1992) further state that experiential counseling occurs with family and friends to try out the role of a counselor. The new helper gets information two ways; one method is from classes and practicum, the second approach is from the self, family, and friends. The new helper relies on the client being successful to measure personal achievement as a counselor (Skovholt, & Ronnested, 1992).

Skovholt and Ronnested (1992) assert that the next transition is the "imitation of experts stage" when the individual is in the second or third year of graduate school. Now

individuals tend to copy experts (theorists) and peers they like. The counselor relies heavily for feedback from others (clients, supervisors, and peers). However, older and more experienced the individual, is the more rapidly he/she is able to move forward from this stage (Skovholt, & Ronnested, 1992, p. 30).

Skovholt and Ronnested (1992) conclude that as the counselor progresses and advances beyond graduate school, the counselor experiences a series of developmental stages. Initially the individual is reliant upon external feedback from peers, supervisors, and clients; however, as the counselor matures there is less need for external praise. The responsibility for client's growth is shared, and the professional counselor recognizes progress is slow. The counselor becomes more congruent and natural in therapy, applying techniques that are consistent with the counselor's personality. The counselor is more content, self-accepting, creative, uses humor, and is not ego-centered. The counselor is better able to manage boundaries, both professionally and personally, thus, disconnecting from client issues outside of work. Learning occurs in a variety of ways and is not limited to reading literature on psychology. There is a general belief that clients are the counselor's teachers. To conclude, the process of learning after graduate school takes a period of 25-30 years (Skovholt, & Ronnested, 1992).

Hogan (1964) describes four levels of development; he offers that the four stages may be repeated several times during the career of a therapist. Level 1 indicates a reliance on training and learned methods for practicing counseling. Level 2 encompasses an integration of personality and formal learning. There is a lack of stability in the therapist's motivation level. The therapist is inconsistent in terms of his/her level of self-confidence and self-esteem in relation to his/her skills in counseling. Level 3 involves

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reflective practice. The therapist's motivation and self-esteem are stable. The therapist is more knowledgeable. Maturity in the profession is indicated through self-confrontation. Level 4 includes the therapist being creative in practice. The therapist is independent and confident at this stage (Hogan, 1964).

Loganbill et al. (1982) presented three stages to supervisee development. Stage 1 is "stagnation", the supervisee is unaware of issues, thus, the supervisee struggles due to inability to see a wider perspective on issues. The supervisee is rigid and lacks creative thinking. The supervisee exhibits low esteem and therefore is dependent upon the supervisor; or the supervisee may view supervision as unnecessary and is therefore resistant to the supervision experience. In stage 2 "confusion", is when the supervisee becomes open-minded towards the self and others. The supervisee recognizes that not all the answers will generate from the supervision experience. Stage 3 "integration" is when the supervisee develops a realistic worldview. The supervisee is creative, flexible, and maximizes as well as values the supervision session for growth (Loganbill et al., 1982, pp. 17-19). The education the counselor trainee receives also assists in his/her development.

<center>Counseling Education</center>

Klein (1987) states that learning occurs through experiences that lead to change in behaviors. He argues some change occurs through experience alone without formal learning. Furthermore, individuals change behaviors whenever the need arises. Thus, as one is exposed to new experiences one may change behaviors to improve any given situation (Klein, 1987). Gagne's (1985) asserts that to achieve a range of learning

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outcomes, a variety of instructional approaches are necessary. There are several models of learning.

One model of learning is experientially focused. Experiential learning requires students to interact with each other, share goals, materials, and work in pairs or groups (Foyle, 1995; Thousand, Villa, & Nevin, 1994). Carl Rogers (1969) described experiential learning as 'freedom to learn'. He advocated that the learning process should be both student-centered and instructor-centered. That is, both should be helping to maintain each other's academic freedom (express ideas freely) and inner freedom (reducing inner pressures). This occurs through dialogue, as well as sharing of thoughts and ideas openly. Rogers stipulated that the instructor must provide a safe learning environment; this occurs if the teacher is approachable and sensitive towards the students, and by implementing the role of a facilitator. The facilitator ought to possess attributes that include being honest, genuine, congruent, and empathic. The focus must be on the needs and wants of the students. Therefore, the subject has to be relevant to the interests of the students. Moreover, how the subject is taught is equally important to provoke student motivation, in order for students to invest in their learning (Rogers, 1969).

Bandura (1977) stated that learning occurs through the use of modeling behaviors, reinforcements, and the individual's motivation. Bandura elaborates that reinforcements include consequences and rewards for displaying behaviors, and that the individual's motivation is based on positive and negative outcomes for exhibiting a behavior. Knowles (1978) advocates that Bandura's social learning theory for instruction is useful for observing and rehearsing behaviors necessary to function in one's profession.

Knowles's (1978) promotes an andragogy approach to teaching; the facilitator's function is to encourage students to become responsible for their own learning and to achieve autonomy. Knowles believes that learning involves a collaborative, mutual, informal, and flexible approach between the facilitator and the student, thus, the focus is on process rather than content. Subsequently, a variety of strategies for learning will include: role playing, peer and instructor feedback, and overall experientially orientated activities that are task orientated and focused on problem solving (Knowles, 1978).

Bruner (1966) suggested the implementation of the constructivists model, where each lesson is thoroughly planned. This spiral structure method allows the sequence of each lesson to be built from pre-existing knowledge (Bruner, 1966). Overall, the various models of learning can be applied in counselor education. In addition, some counselor education programs offer students the opportunity to choose between three domains in counseling.

<div align="center">Three Majors in Counselor Education</div>

Counselor education programs offer three tracks in counseling such as: school counseling, community agency counseling, and marriage and family therapy (MFT). According to Brott (2006), counselor educators are "gatekeepers" into the profession of school counseling. She reports counselor educators are responsible for developing the professional identity of school counselors in training. Furthermore, programs that are monitored under the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), require school counseling programs to meet specific objectives for the education and training of school counselor students (Brott, 2006, p. 179).

Brott (2006) presented the approaches used in five courses offered in a school counseling program. The five courses are: counseling theories, assessment course, school counseling course, practicum course, and the internship course. She advocated when educating the students about counseling theories, she utilizes case studies and expects the students to write a term paper relating to their personal model of counseling. The approach used in the assessment course involves: brainstorming activities, group exercises, and a take-home exam. The school counseling course objectives include: the students complete a pre-test and a post-test, students engage in group projects, the students create a professional portfolio, and they write a mission statement. The students are also required to rewrite their personal approach to counseling – the students are expected to alter the document as their expertise in knowledge and skills develops throughout the program. Students must then participate in the practicum course and in the internship course; the purpose of the latter two courses are to apply theories and techniques learned in the classroom to incorporate their learning in the field. An essential part of the internship process is participation in group supervision and case presentation (Brott, 2006, p. 179).

Hershenson and Berger (2001) advocate that community counseling as a unique field of counseling. They state CACREP recognizes community counseling as a specialization in counseling. The Hershenson and Berger study, consisting of 69 program directors' responses to a two-page questionnaire, reported core subjects offered in community counseling programs. For example, one respondent stated areas addressed in a community counseling program include: social and cultural issues, economic and environmental concerns, systems theory, focus on minority groups, evaluating the needs

of the community, advocating, prevention issues, and practicum and internship involvement (Hershenson, & Berger, 2001).

The Hodgson, Johnson, Ketring, Wampler, and Lamson (2005) study of four marriage and family programs - under The Commission on Accreditation of Marriage and Family Therapy Education (COAMFTE) - stated the two masters and the two doctoral programs included core subjects. The similarities of these programs required students to learn about family systems theories and family therapy models, as well as to engage in child and adolescent courses (Hodgson et al., 2005).

Max (1996) investigated the evaluative responses from graduates who completed the marriage and family therapy (MFT) training programs under the COAMFTE licensure. His results from the responses of the 43 doctorial graduates and 162 of the master's graduates indicated that both the doctorial graduates and the master's graduates proposed increased training on: drug and alcohol issues, incest and sexual abuse issues, and domestic violence. In addition, the master's graduates also suggested increase focus on topics to include mental health diagnoses and psychological assessment, whereas the doctoral graduates reported a decrease concentration in these topics. The doctoral graduates viewed an increase in other areas as helpful such as: MFT research, training in assessment, personal growth relating to exploring one's own family of origin as MFT's, and using the self in MFT (Max, 1996). Overall, this examiner reports that all of the three domains in counselor education programs require specific education and training. In addition, counselor education programs provide specialized clinical supervision to facilitate counselor trainee learning.

Clinical Supervision

As Studer (2005) asserts, the purpose of the supervisory experience is to provide the supervisee with opportunities to gain skills and to receive feedback. At the initial stage of supervision, the supervisee and supervisor establish a set of goals and methods of evaluation. Following the initial stage, Bernard (Bernard, & Goodyear, 2004) who developed the Discrimination Model advocates the utilization of different roles in supervision. The supervisor uses the role of teacher, counselor, and consultant depending upon the needs of the supervisee. Bernard and Goodyear assert that theory and research indicate that most commonly with novice counselors, the supervisor predominantly relies on the teacher role. Furthermore, as the counselor advances in skill level and competence, the supervisory role progresses towards a consultative interaction (Bernard, & Goodyear, 2004).

Nelson, Johnson, and Thorngren (2000) add, in the teacher role the supervisor is mainly focused on teaching counseling techniques and skills. The counselor role involves addressing counselor's personal issues that may interfere with the counseling process. The consultative role requires case analysis and providing guidance to the supervisee. At this stage the relationship between the supervisor and supervisee becomes more collaborative (Nelson et al., 2000).

Stoltenberg (1993) offers an integrated developmental model of supervision. The developmental model has its roots in human development. There are three levels: in Level 1, the trainee is inexperienced and highly dependent upon the supervisor for instruction. Therefore, the supervisor is viewed as a role model as well as knowledgeable in the field. The supervisor provides direction to the supervisee and integrates structure

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in the session. However, structure should be reduced as the supervisee increases autonomy. Some risk taking should be promoted, although problem solving may be more appropriate at this stage. Level 2 trainee's focus is cognitive and emotional experience in counseling. The confidence level of the trainee will vary, and therefore self-assurance and motivation level will increase and decrease depending upon the trainee's experience at the time.   The supervisor's focus at Level 2 is to reduce the teaching role, and implement a confrontation role to challenge the supervisee. The purpose of confrontation is to increase trainee's awareness and to address any countertransference issues. The Level 3 trainee exhibits self-awareness and other awareness. This trainee is mostly objective, experiences a more stable motivation level, and is generally independent. The supervision of a Level 3 trainee therefore is mostly collaborative. The supervisor and supervisee address the personal and professional aspects of counseling, and career issues are discussed (Stoltenberg, 1993).

Blocher (1983) proposes a cognitive developmental approach to counseling supervision. This author provides several functions of supervision to promote learning and development. The supervisory experience requires interventions that challenge the supervisee at the practicum and internship level, because both the supervisor and the trainee are responsible for each client's wellbeing. Furthermore, the trainee is expected to be involved in his or her learning. The supervisory environment should be supportive to encourage rapport between the supervisor and supervisee. The supervisor is responsible for providing some structure to include the use of a "learning contract". The supervisor helps the supervisee to obtain feedback from several avenues such as the client and from self-feedback. The supervisor's feedback is considered inadequate especially

when independent of client and self-feedback. Innovation is another attribute. The

supervisor encourages some risk-taking in counseling, although minimal risk to the

client. A final function for the supervisor is promoting an integration of learning to

develop alternative thoughts, feelings, and behaviors to merge with established patterns

(Blocher, 1983, p. 32).

Loganbill et al., (1982) describe a conceptual model to supervision. They offer

four supervisory functions. Function 1 is "monitoring client welfare", which establishes

that the supervisor's responsibility is the client welfare and ensuring that the supervisee is

operating within the boundaries of the code of ethics. Function 2, "enhancing growth

within stages", lends that as the supervisee evolves through stages the supervisor must

adjust supervisory interventions to match supervisee's learning needs. In Function 3,

"promoting transition from stage to stage", the supervisor must encourage the smooth

transition from each stage to the next through the use of confrontation and theoretical

models. Function 4 "evaluating the supervisee", the supervisor is responsible for

evaluating and providing feedback to the supervisee (Loganbill et al., 1982, pp. 4-5).

The supervisory experience can include the use of a variety of supervision

techniques such as: observation, videotaping a session, or case consultation. McCollum

and Wetchler (1995) discuss all three types of techniques. They report that live

supervision consists of the supervisor observing a session as it occurs, and providing

feedback in relation to their observations. The second approach involves reviewing a

videotaped counseling session with the supervisee. The supervisee is given feedback and

the supervisee observes themself to enhance their own self-awareness. McCollum and

Wetchler argue that live supervision and videotaping offer a subsection of the counseling

activity; however, the focus in case consultation allows the supervisor to gain a broader perspective of the counseling experience. During case consultation the supervision process allows both the supervisor and supervisee to examine and review individual cases, as well as discuss the overall goals and stages of counseling (McCollum, & Wetchler, 1995). Overall, the supervisor should be flexible and use a variety of interventions that are integrated into one's theoretical model. Moreover, this researcher includes the following section on self-focused attention as part of the clinical supervision and learning experience.

<div align="center">Self-focus</div>

Figurski (1987) defines self-awareness as follows; self-awareness is when one's awareness is the self; thus, one is conscious about the self and their focus and attention is on themselves. He elaborates: private self-awareness is unobservable to others; public self-awareness is observable to others. Objective self-awareness is external self-awareness when one uses the perspective of others to attend to the self. Subjective self-awareness is when awareness is gained by private self-awareness. Thus, knowledge about the self is gained by paying attention to one's own instinct and internal self-content such as affect and physical sensations otherwise known as an "experience" (Figurski, 1987).

Using 31 adult subjects through self-reports at random times, Figurski (1987) found attention on the self and on others occurs at the same time; however, subjects focused more on themselves than others. In conclusion, Figurski recommends that for healthy communication and interactions, one must derive awareness by paying attention

to both the self and others. For example, to develop empathy one must take into account the other person's perspective, thus, engage in objective self-awareness (Figurski, 1987).

Muraven (2005) defined self-focus as internal focus (one's attention is on oneself) or external focus (one's attention is on the situation or others). Using 112 undergraduate students in an experimental study, Muraven (2005) presented the following results. He concluded, that depression and anxiety occurred in individuals who exhibited high self-focused attention and who struggled to focus attention on external experiences or on others; whereas participants with low self-focus, or those with high self-focus but were able to alternate their attention elsewhere other than themselves demonstrated a positive affect. He added that individuals with high public self-focus attention experienced social anxiety. Overall, Muraven found that one's inability to regulate focused attention resulted in a negative affect. However, some limitations to regulating awareness are apparent.

Irving and Williams (1995) assert that people can report about themselves only what they are aware of themselves. Ramsey (1955) proposed that because people are continually changing in their perceptions, they are unable to describe themselves completely at any time. Furthermore, Wilson and Dunn (2004) report, barriers to self-knowledge occur because of the need to exclude thoughts and feelings from the consciousness. The motivation for suppressing thoughts and feelings is the desire to avoid inner conflicts for example, anxiety (Wilson, & Dunn, 2004).   Powell (1969) argues that the problem with confronting repressed reality is that it leaves the individual vulnerable and exposed: hence, the individual no longer has shields for emotional safety.

Nevertheless, this author reinforces that all counselor trainees are encouraged to become reflective to increase self-efficacy.

<div align="center">Reflective Practitioner</div>

Wheeler (1996) asserts that the key to optimizing growth in counseling is to engage in assessing personal development. Some of the various methods of reflection in counseling programs consist of: writing in journals and personal growth activities. Wheeler explains that writing in journals promote self-reflection of trainees' personal and professional experiences. The purpose of reflecting is to become aware of one's blind spots. The Burnett and Meacham (2002) review of literature add that learning journals are not limited within the context of education. Thus, they assert the value of learning journals in counseling is to stimulate reflective process in the clients. Wheeler continues that as for personal growth activities, various opportunities in counseling programs require students to experience personal therapy as part of the counseling course. There is some controversy over the compulsory aspect of having to participate in personal therapy to complete one's degree, because one may not be ready for the experience (Wheeler, 1996). The activities for reflective practice promote critical thinking.

<div align="center">Critical Thinking</div>

According to Irving and Williams (1995), to be reflective one must engage in critical thinking. The goal of the counselor is to become aware of the theories one uses. For example, one should become conscious of the framework one operates within rather than spontaneously reacting. However, a counselor cannot explain their "theories-in-use" if they are not aware of what theories they apply. Thus, people can only communicate about themselves and they are currently aware of (Irving, & Williams, 1995, p. 109).

Watson (1994) viewed the integration of the counselor's "personal philosophy" for practice as a direct result of self-focus evaluation, and an integration of traditional theories and training. Thus, scientific methods alone are not sufficient or practical because theories exclude the counselor's "personal model" for practice. Furthermore, Watson found in her qualitative study that numerous years of experience were needed before one could apply a personal approach to career counseling (Watson, 1994, p. 357).

Irving and Williams (1995) continue that techniques to promote critical thinking consist of questioning one's assumptions and beliefs, as well as analyzing experiences of success and failure. For example, identifying the patterns difficult clients exhibited (that were common among those clients) can lead to evaluating approaches that were effective or ineffective. Another method of increasing critical thinking is in supervision. Supervisors can challenge counselors and act as mirrors, just like counselors act as mirrors with their clients by bringing to the surface one's subconscious thoughts. Moreover, counselors can only teach their clients critical thinking if they themselves have achieved the ability to self-assess their own framework of thinking. Therefore, the goal of counselors is to become critical thinkers and to teach their clients to become critical thinkers (Irving & Williams, 1995). Furthermore, this author suggests motivation levels can determine one's role in developing competence.

<center>Self-Determination Theory</center>

Ryan and Deci (2000) described self-determination theory (SDT) as a motivational behavioral theory. These authors establish that motivation for behaviors is internally and externally stimulated. Internal motivation for behaviors is due to a sense of self-satisfaction, whereas external motivation involves complying with demands.

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Ryan and Deci identified four categories of SDT. The first category is motivation which is external and is based on behaviors that are required to gain a reward. The second category is internal motivation, motivation that is influenced by self-esteem. The third category is motivation based on a required behavior in order to attain goals that are valued to the individual. The final category includes, motivating factors are autonomy and choice. These behaviors are stimulated and consistent with the individual's internal self and belief system. Therefore, in this instance the behavior is voluntary. Ryan and Deci do not speculate that the stages are developmental; instead these scholars suggest a new behavior may be stimulated because of internal or external reasons. They continue that behaviors are exhibited due to current circumstances and experiences (Ryan, & Deci, 2000). Overall, SDT can influence an individual's motivation in both their personal life and in attaining their career goals. This investigator promotes that SDT may also have the same influence in the therapeutic relationship.

The Therapeutic Relationship

Natalie Rogers (Short, 1998) discusses her father's, Carl Rogers, three conditions for creating a therapeutic environment. Rogers uses the following analogy; that an individual creates a fertile field by nourishing the soil, which allows the seed to grow to its full potential. Similarly, the psychotherapist who uses the three core conditions described below creates the right foundation for client growth, for the human to evolve to it's full potential (Short, 1998).

According to Natalie Rogers (Short, 1998) the three conditions are: empathy, congruence, and unconditional positive regard. Exhibiting empathy in the client-centered therapy reflects understanding (Short, 1998). Carl Rogers (1980) the founder of client-

centered therapy, suggested that one cannot exhibit empathic understanding if one already has an evaluative opinion of the other person. Thus, being judgmental towards another person interferes with one's ability to be genuinely empathic. Furthermore, empathy promotes self-acceptance because through the experience of therapy the individual is not judged and therefore feelings of normalization emerge allowing the person to self-accept their thoughts, feelings, and behaviors (Rogers, 1980).

Natalie Rogers (Short, 1998) continues on to say that being congruent demonstrates an open and honest interaction. Carl Rogers (Shostrom, 1965) refers to this as "transparency"; the idea is that the client is able to see through the counselor (Rogers, 1980). Natalie Rogers (Short, 1998) elaborates to say that if necessary, or appropriate, the psychotherapist will share his/her feelings with the client. For example, if the psychotherapist's child is sick, he/she may report to the client that they are somewhat distracted from being present in the session due to concern over the wellbeing of the child. The psychotherapist may also state an honest response if a persistent feeling or thought is disrupting the flow of communication between the client and the psychotherapist. This is when one may observe some confrontation in client-centered therapy (Short, 1998).

Natalie Rogers (Short, 1998) continues saying that in the last condition of unconditional positive regard, the psychotherapist responds with a deep respect for the client. An "unconditional caring" occurs when the client begins to "unfold". For example, even if the psychotherapist dislikes a client, by exhibiting unconditional positive regard the psychotherapist will find they are able to relate in some way with the client (Short, 1998). Furthermore, Halbur and Halbur (2006) stated that Carl Rogers

believed if the counselor displayed unconditional positive regard toward the client then

the potential of establishing rapport is increased with that client. Similar to Carl Rogers,

other scholars have discovered the importance of interpersonal relationships is significant

for human growth and self-satisfaction.

Fromm (1960) asserts that humans have inherent physiological conditions which

require humans to seek food and shelter, as well as the need to connect to fellow human

beings for survival. Thus, humans must create alliance with each other for survival

(Fromm, 1960). Abraham Maslow (1987) agrees in his theory on human motivation in

his explanation of "hierarchy of needs". These needs are described as physiological and

psychological needs. Physiological needs are described as food and water, and safety

needs. Safety needs are: security, stability, structure, protection, and boundaries

stemming from law and order in society. The psychological needs involve the experience

of love and belonging that provide the individual with psychologically and emotionally

nourishing relationships, as well as success and esteem. Success and esteem are

understood as desires for achievement and enhanced personal self-worth. The final need

is self-fulfillment described as self-actualization. This is understood as the individual

maximizing their potential and includes engaging in work that by nature the individual is

destined to do such as "musicians must make music" (Maslow, 1987, p. 15-56).

Sullivan (1953) elaborates that how we relate and interact with others is parallel

to our attitude with our self. For example, "as one respects oneself so one can respect

others"; "as you judge yourself so shall you judge others" (Sullivan, 1953, p. 15).

Fromm (1974) also stated that when one loves oneself one is also able to love others.

Thus, self-attitude is a reflection of attitude towards others. Maslow (1987) confirms this concept in his explanation of self-acceptance in self-actualizing people.

Maslow (1987) states that self-acceptance correlates with acceptance of others. Thus, individuals who are self-accepting are so at the physiological level. They enjoy food, sex, sleep, and overall are not reserved, or feel guilt and shame when meeting their physical needs, unless it is at the expense of hurting others. At the psychological level, individuals are not defensive or superficial; similarly self-actualizing individuals dislike superficial attributes in others. Nevertheless, self-accepting individuals accept their own weaknesses and inadequacies. This does not mean the individual is content with the self, rather the person is tolerant of individual inadequacies (Maslow, 1987).

Powell (1969) advocates that within all of us, is a need to be understood and loved by those that are important in our lives; if we are not understood or loved then we feel isolation and loneliness. When we are understood and fully accepted, this experience is liberating and we are then able to disclose our deepest secrets about ourselves. Through sharing authentically, the individual learns about himself or herself (Powell, 1969).

Carl Rogers's (1961) suggested that through the process of therapy the client comes to experience his or her internal self. Hence, in the past the client has suppressed feelings to protect "the self" from discomfort. Therefore, the purpose of the helping relationship is to allow for the surfacing of strange feelings (Rogers, 1961). Rogers and Dymond (1954) promote that within the therapeutic climate of genuine, unconditional acceptance and empathy exhibited by the psychotherapist, the client is able to evolve, reduce defensiveness, and come to approve and accept themselves and others (Rogers, & Dymond 1954). For example, Rogers stated that the individual no longer has fear of his

or her feelings, and is open to the experience of growth. He advocated that through the

process the client learns to feel authentically, become fully functioning, and is more

focused in the present (Rogers, 1961). According to Powell (1969) honest, open

communication between two people leads to fully functioning humanness by balancing

the senses, emotions, intellect, and self-controls.   Therefore, Rogers continues that the

therapeutic alliance is necessary for client growth (Rogers, 1961). Halbur and Halbur

(2006) contribute that the method of increasing rapport is through unconditional positive

regard.

James and Gilliland (2003) viewed unconditional positive regard as the complete

acceptance of another individual, and the absence of evaluation of one's worth. Corey

(2000) further adds that the counselor accepts the client's right to their feelings in a

nonjudgmental manner.   Hazler (1988) offered that accepting client's feelings does not

mean the counselor should accept all of the client's behaviors especially those behaviors

that are harmful and counterproductive; nevertheless, the counselor should separate the

client's behaviors from the person as a human being with positive and potential growth

tendencies. Moreover, Wilkins (2000) stated that to be unconditional the counselor must

accept the client's right not to change. Halbur and Halbur (2006) commented that

unconditional positive regard promotes a bond between the counselor and client, and also

creates a positive therapeutic environment for change to occur. Nystul (2006) further

reported that unconditional positive regard is also growth promoting. Flanagan and

Flanagan (2004) recommended that counselors who accept their clients unconditionally

also aid their clients in accepting themselves. James and Gilliland (2003) described

unconditional self-regard as the complete acceptance of all internal experiences meriting equal attention.

Natalie Rogers asserts (Short, 1998) that the core conditions facilitate the client to "find their inner essence, explore the hidden self". Otherwise described by Carl Rogers as the "internal frame of reference of the client" (Shostrom, 1965). Thus, by allowing the client to describe their own inner experiences the psychotherapist is being educated and accustomed to the worldview of the client (Shostrom, 1965). Natalie Rogers (Short, 1998) reported that the client is also perceived as the psychotherapist's teacher. The role of the psychotherapist is therefore not to interpret the client's world, rather to allow the client to engage in self-discovery. Natalie Rogers advocates the client-centered therapy is a philosophy, a belief system, and not a technique. However, one may enhance therapy by adding structure or technique. For example, she combines expressive arts with client-centered therapy. Client-centered therapy is viewed as long-term therapy that creates a permanent change within the client (Short, 1998). In addition, research has found the emergence of self-acceptance as a contribution to the psychological well being of clients.

<div align="center">Self-Acceptance</div>

Phillips and Daniluk (2004) discovered in their qualitative study that seven women's process of healing from childhood sexual abuse included the experience of self-acceptance. Furthermore, Grote's (2006) phenomenological study which included 3 male and 3 female participants reported that the experience of feeling understood in psychotherapy, resulted in the participants' experience of increased self-acceptance. Backels and Lindsley (1997) evaluation of a five week course on nutrition, weight and

body image found that the participants believed the focus on self-acceptance was a useful approach. The program model included enhancing participant's contentment with the self. Oswald and Culton (2003) found in their research study of 527 participants who responded to a survey containing open and closed-ended questions that some gay, lesbian, bisexual or transgender individuals discovered the value and purpose of self-acceptance. For example, one participant expressed the importance of being congruent to one's self-identity (Oswald, Culton, 2003). Furthermore, literature promotes the counselors' unresolved issues must also be addressed.

Chen and Rybak (2004), and Miller (2003) indicated that the counselor must first address their own bias, limitations, emotional wounds, self-worth, and general inner world before they can implement objective therapeutic interventions. Corey, Corey, and Callanan (2003) also stated countertransference issues can interfere in the helping process. Countertransference occurs in therapy due to the helpers own psychological and emotional needs are being met in the therapeutic relationship and in the counseling process. These authors argue, to avoid countertransference issues in therapy, the helper is required to address their own reactions to the client or client issues in the supervision session. However, one dissertation study by Vlahopoulos (1986) investigated the counselor's well-being, self-acceptance, and social status in connection to the counselor's ability to be effective in counseling. No evidence was found that the above mentioned variables influenced the counselor's effectiveness. Vlahopoulos's study included 20 participants, and he used a different research design, self-acceptance definition, and scale from this investigator, to measure self-acceptance in counselors. This examiner, of the current dissertation measured differences in counselor trainees' experience of self-

acceptance based on the various stages in the masters counselor education program as well as differences based on gender. This researcher did not study the connection in counselor's self-experience in relationship to his or her efficacy. Furthermore, Vlahopoulos's definition of self-acceptance incorporated acceptance of talents and general worth (Vlahopoulos, 1986). This researcher defined self-acceptance as the perception of self in relationship to all inner experiences as worthy of regard, which was measured as a score on the Unconditional Self-Acceptance Questionnaire-Revised (USAQ-R) (Chamberlain, 1999). Therefore, the next section includes an explanation of the instrument. The purpose of the instrument is to explore counselor trainees' self-acceptance for this study.

Unconditional Self-Acceptance Questionnaire-Revised

Rational Emotive-Behavior Therapy (REBT) by Albert Ellis was used to formulize the development of Unconditional Self-Acceptance Questionnaire-Revised (USAQ-R) (Chamberlain, 1999). Chamberlain (1999) asserts that Albert Ellis's theory on self-acceptance is similar to Carl Roger's idea of self-acceptance. Chamberlain reported within that context Rogers also argued that unconditional self-worth is the omission "of basing one's standards on the attitudes or desires of others" (p. 12), and the ability of oneself to recognize distorted thinking. According to Albert Ellis (2000) in his theory of REBT; the basic principle of REBT is that our thoughts, emotions, and behaviors are interrelated. Therefore, by modifying our negative irrational beliefs as well as our critical self-talk, we have the power to shift our mood. Creating a positive mood, changes our emotional affect. Therefore, as the emotions are altered our actions are changed. Thus, any self-defeating behaviors are a direct result of unhealthy inner

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dialogue and destructive attitude. A method of changing our irrational thoughts is by deputing negative self-statements and using positive self-statements that do not include a negative connotation (Ellis, 2000).

Subsequently, Chamberlain (1999) utilized the principles from Rational Emotive Behavior Therapy (REBT) to construct the Unconditional Self-Acceptance Questionnaire-Revised (USAQ-R). The USAQ-R was used for this study (see Appendix C). Chamberlain makes the following statements which represent experiences of Unconditional Self-Acceptance (USA). He reported ten emergent themes after reviewing Albert Ellis's work on self-acceptance. Statement 1. Everyone has self-worth simply because they are human, thus, our actions, success and achievements, and experience of relationships do not determine our self-worth. Statement 2. No one is worth more or is superior to another human being. This does not mean that each person will produce equal work; however, despite an individual's performance or behaviors no human is worth more than another. Statement 3. A person should focus on engaging in behaviors and activities that are pleasurable and fulfilling rather than concentrate on ways to increase self-worth. To direct one's attention to enhance self-worth results in the individual finding ways to confirm their self-worth; whereas, someone whose focus is enjoying life engages in activities that are personally rewarding and alleviates pain (Chamberlain, 1999).

Chamberlain (1999) continues with Statement 4 which is: Self-rating scales are insufficient because measuring one's worth implies that certain attributes (behaviors and attitudes) are superior to others. Furthermore, self-evaluations are based on current experiences and selective focus. Moreover, individuals continually change; therefore a

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rating for today will be inaccurate for future assessments of the self. Statements 5., 6., 7.,

and 8 in combination, identify strengths and areas for growth which can be used to target

specific concerns, self-improvement, and self-awareness. However, one should not

globally assess one's worth based on strengths and weakness because this type of

irrational thinking lacks objectivity. For example, one should not assume superiority as a

result of success or feedback. Statement 9. One should not seek approval from others

and base one's worth on another person's opinion. Moreover, someone rating the

individual presents biased and subjective evaluation. Statement 10. Comparing oneself

with another person creates unhealthy competition, and one's motivation is external

rather than internal. Furthermore, one begins to view oneself as either better or worse

than others (Chamberlain, 1999).

Chamberlain and Haaga (2001) report that the USAQ-R consist of 20 statements

to reflect REBT theory. The USAQ-R is a 7-point, 20 item Likert-type self-report

measure. The scale ranges from 1 (Almost Always Untrue) to 7 (Almost Always True).

Nine statements represent the experience of self-acceptance if the individual scores high

on the Likert system. For example, "I avoid comparing myself to others to decide if I am

a worthwhile person". Eleven statements represent the experience of self-acceptance if

the individual scores low on the Likert system. For example, "I set goals for myself that I

hope will prove my worth". The USAQ-R internal consistency is .86. The researchers

further reported that the instrument was not tested for test-retest reliability and for

convergent validity (Chamberlain, & Haaga, 2001, pp. 180-187; Chamberlain, 1999,

p.118).

The instrument was developed in order to measure whether Unconditional Self-Acceptance (USA) is a component to positive mental health. Two studies were conducted. Participants were recruited via advertisement for the first study. Participants were recruited from an undergraduate course for the second study. Both studies measured correlations between USA and various domains using scales and inventories. Activities were incorporated as part of the investigation. In the first study audio tapes were used in order for the participants to verbalize their thoughts while imagining themselves in certain situations. In the second study participants were asked to deliver a speech and receive feedback. The results suggested that individuals with experience of USA exhibited lower anxiety, narcissism, depression occurrence, and were more objective concerning their experiences for delivering a speech (Chamberlain, 1999).

Chamberlain (1999) recommends utilizing the USAQ-R for future research, to measure the experience of USA in clients as a factor for positive therapeutic outcome. Thus, a goal for therapy can be to enhance the experience of USA in clients. Furthermore, professionals in non clinical situations can also benefit from encouraging the experience of USA. An example of this is promoting the experience of USA in school children (Chamberlain, 1999).

<center>Summary</center>

Development is ongoing over an extensive period of time in one's career and life. Thus, people are continually changing. Furthermore, one's ability to apply therapeutic interventions is determined by one's capacity to internalize concepts to apply to the self. Counselor trainees are encouraged to engage in reflective practice, become critical thinkers, and increase self-focus attention. The purpose of self-efficacy is to promote a

therapeutic alliance with the client described by Carl Rogers. In general, counselor

trainee development is sequential, thus counselors experience stages of growth

throughout their careers, a process which takes decades.   Motivation for change is

influenced by internal and external experiences described in self-determination theory. In

addition, gender is reported as a predisposition for response differences between males

and females because of socialization. The importance of self-acceptance for therapeutic

healing was explored. The final section of chapter II, offers an explanation of Albert

Ellis's REBT, and the influence of REBT on the development of the instrument used for

this study. The following chapter describes the research design.

CHAPTER 3

METHODS

The study measured how training, experience, and gender in a counselor

education program were factors in self-acceptance. Each participant from the counseling

masters program received a packet to include: a consent agreeing or disagreeing to

participate in the study (see Appendix A), a questionnaire requesting demographic

information such as enrollment status in the masters counseling program and the

participants' gender group (see Appendix B), and the instrument Unconditional Self-

Acceptance Questionnaire-Revised (USAQ-R) (Chamberlain, 1999) (see Appendix C).

The packets contained two stamped addressed envelops; one envelope was for the

participants to return the consent, the second envelope was for the participants to return

the completed demographic questionnaire and the USAQ-R. All envelopes were returned

to this investigator. This researcher then conducted a statistical analysis of Quasi-

Experimental design to measure the difference in response between nonequivalent groups

(Campbell, & Stanley, 1963; Cook, & Campbell, 1979; Heppner et al., 1999).

Research Questions

1) The first research question is whether beginning counselor education students,

counselor education students beginning the practicum experience, and

graduating counselors' exhibit differences in their levels of self-acceptance.

2) The second research question is whether gender interacts with the levels of

self acceptance among counselor trainees at the various stages of training.

Originally, this investigator proposed that the students' majors would be an

interactive variable. There are three major areas of concentration at the

institution. These three major areas of concentration are Community Counseling

Services, Marriage and Family Therapy and School Counseling. However upon

completion of the data collection, there were too few students who were majoring

in some of the concentrations. The actual number of students in each of the areas

of concentration were: Beginning Community Counseling students N=0;

Beginning Marriage and Family students N=6; Beginning School Counseling

students N=10; Community Counseling students beginning practicum N=7;

Marriage and Family Therapy students beginning practicum N=1; School

Counseling students beginning practicum N=16; Graduating Community

Counseling majors N=3; Graduating Marriage and Family Therapy students N=3

and Graduating School Counseling students N=12. The F ratio could not be

calculated because the sum of the caseweights in one of the cells was less than

one therefore not all case weights were positive.

Hypotheses

This investigator was unable to assess whether or not there is a significant

difference based on an interaction with major area of concentration, therefore this

investigator was able to conduct an analysis on two hypotheses, the two hypotheses are

stated below.

1) There is no significant difference in levels of self-acceptance among counselor

   education students who are at the beginning stage of the program, at the

   beginning practicum stage of the program, or upon graduation from the

   program, as measured by the USAQ-R.

2) There is no significant interaction of gender and stage of the counselor

education training program in levels of self-acceptance among counselor

education students who are at the beginning stage of the program, at the

beginning practicum stage, or upon graduation, as measured by the USAQ-R.

Research Design

The research was a quantitative study of Quasi-Experimental design. The design

was a posttest-only nonequivalent groups (Campbell, & Stanley, 1963; Cook, &

Campbell, 1979; Heppner et al., 1999). The design involved three nonequivalent groups:

Group A - Beginning Counselor Students, Group B – Beginning Practicum Counselor

Students, and Group C - Graduating Counselors to measure differences between the three

groups for their responses from the USAQ-R as an individual assessment instrument.

This investigator measured two nonequivalent groups: Group D – Males, Group E –

Females to measure gender differences in response to the USAQ-R individual assessment

instrument.

Cook and Campbell (1979) indicate that no pretest is necessary because of

substitutes. In this study one substitute was the student enrollment status in the masters

counseling program (which indicates level of training and experience in counseling via

the program). Heppner et al. (1999) stipulate, the benefit of no pre-test is to reduce

external validity. Thus, if the participants were given a pretest sensitization to the

USAQ-R instrument it may have interfered with the results. Given the nature of this

study - evaluating self-acceptance - this researcher speculated that pre-testing may have

influenced participants' response at the post-test.

Counselor trainees currently enrolled in the masters counseling program

monitored by the Council for the Accreditation of Counseling and Related Educational

Programs [CACREP] volunteered to participate in this study. These students signed a

consent agreeing to participate in the study (see Appendix A). The students completed a

demographic questionnaire indicating their gender group and enrollment status at the

university research site (see Appendix B). The instrument to investigate the self-

acceptance of counselor trainees was the USAQ-R (see Appendix C) (Chamberlain,

1999).

<p align="center">Instrument</p>

The instrument for measuring Counselor trainees' self-acceptance was the

Unconditional Self-Acceptance Questionnaire-Revised (USAQ-R) (Chamberlain, 1999)

(see Appendix A). Chamberlain and Haaga (2001) report that the USAQ-R consist of 20

statements to reflect REBT theory. The USAQ-R is a 7-point, 20 item Likert-type self-

report measure. The scale ranges from 1 (Almost Always Untrue) to 7 (Almost Always

True). Nine statements represent the experience of self-acceptance if the individual

scores high on the Likert system. For example, "I avoid comparing myself to others to

decide if I am a worthwhile person". Eleven statements represent the experience of self-

acceptance if the individual scores low on the Likert system. For example, "I set goals

for myself that I hope will prove my worth". The USAQ-R internal consistency is .86.

The researchers further reported that the instrument was not tested for test-retest

reliability and for convergent validity (Chamberlain, & Haaga, 2001, pp. 180-187;

Chamberlain, 1999, p.118).

The instrument was developed in order to measure whether Unconditional Self-

Acceptance (USA) is a component to positive mental health. Two studies were

conducted. Participants were recruited via advertisement for the first study. Participants

were recruited from an undergraduate course for the second study. Both studies measured correlations between USA and various domains using scales and inventories. Activities were incorporated as part of the investigation. In the first study audio tapes were used in order for the participants to verbalize their thoughts while imagining themselves in certain situations. In the second study participants were asked to deliver a speech and receive feedback. The results suggested that individuals with experience of USA exhibited lower anxiety, narcissism, depression occurrence, and were more objective concerning their experiences for delivering a speech (Chamberlain, 1999).

Chamberlain (1999) recommends utilizing the USAQ-R for future research, to measure the experience of USA in clients as a factor for positive therapeutic outcome. Thus, a goal for therapy can be to enhance the experience of USA in clients. Furthermore, professionals in non clinical situations can also benefit from encouraging the experience of USA. An example of this is promoting the experience of USA in school children (Chamberlain, 1999).

<div align="center">Research Population</div>

The sample size was unpredictable, and based upon the completion of the USAQ-R. This investigator received 58 responses. All participants were divided into three non-equivalent groups for the level of treatment (i.e., exposure to training and experience in the counseling program), and two non-equivalent groups for measuring gender differences in the masters counselor education program. The participants were selected from the masters counseling education program at the university monitored by the Council for the Accreditation of Counseling and Related Educational Programs [CACREP]. The curriculum is basically prescribed by the standards for accreditation.

Therefore, the curriculum reflects similar curricula at other CACREP accredited institutions. No identifying information or participant names were included in the results or discussion sections to protect the confidentiality of the participants. Additional safeguards and protection were monitored and supervised by the Human Subjects Institutional Review Board (HSIRB) policy of the institution.

<center>Process for Data Collection</center>

The trainees in the masters counseling education program received a packet. Each packet contained a consent, two questionnaires, and two stamped address envelopes. The consent included a brief explanation of the study, and the risks and benefits of participating in the study. The trainees either consented or did not consent to the study, and then the participants were instructed to return the consent in the first stamped address envelop. The questionnaires that were used for analysis were the completed questionnaires in the second stamped address envelope. All envelopes were returned to this investigator.

<center>Analysis Plan</center>

The posttest only nonequivalent group design (Campbell, & Stanley, 1963; Cook, & Campbell, 1979; Heppner et al., 1999) was used to find any significant differences in subject responses. Mean scores for each group was calculated. The data analysis for the hypotheses was an analysis of variances (Gravetter, & Wallnau, 1992). The analysis for the first hypotheses was a comparison of the means among the beginning, practicum and graduating students. The analysis for the second hypotheses was a comparison of the means among the male beginning, female beginning, male practicum, female practicum, male graduating, and female graduating candidates.

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Limitations of This Study

The first limitation of the study was that it only measured differences between the three groups at different points at the completion of the counselor education masters program; the study did not measure changes in the same participants overtime. Women made up the majority of participants in the research population. This study did not examine cross-cultural differences relating to self-acceptance.

The primary research limitation is one of history. The participants were students who were in the program at a particular time. There is no indication regarding their backgrounds or how they would compare with a random sample population over time. Another research limitation concern is that we do not know what experiences the participants experienced during the treatment period. There may be some interaction of the treatment variables with other life events that would affect the results. It is suggested that future studies attempt to use experimental designs that account for these limitations.

Summary

Counselor trainees enrolled in the masters counseling education program volunteered to participate in this study. The goal of this study was to investigate whether gender, as well as training and experience were influencing factors in determining counselor trainees' experience of self-acceptance as determined by the USAQ-R individual assessment instrument (Chamberlain, 1999). The posttest only nonequivalent group design (Campbell, & Stanley, 1963; Cook, & Campbell, 1979; Heppner et al., 1999) was used to find any significant differences in subject responses. The data was evaluated by means of an analysis of variance (Gravetter, & Wallnanu, 1992). In the following chapter results of the findings are presented.

CHAPTER 4

RESULTS

This chapter reports the results of the Self-Acceptance data obtained from a total of 58 counselor education students through the utilization of the <u>Unconditional Self-Acceptance Questionnaire-Revised (USAQ-R)</u> individual assessment instrument (Chamberlain, 1999). The 58 students represent three levels of counselor training: (A) Beginning Counselor Students, (B) Beginning Practicum Counselor Students and (C) Graduating Counselors. The number of participants in the groups was: Group A – 16, Group B – 24, and Group C – 18. The two hypotheses concerning self-acceptance of counselor trainees are restated and the results presented. The data was evaluated by means of an analysis of variances.

Hypotheses 1

There is no significant difference in levels of self-acceptance among counselor education students who are at the orientation stage of the program, at the practicum stage, or upon graduation, as measured by the USAQ-R. The average score on the USAQ-R for the Beginning group was 89.78 with a standard deviation of 18.807. The average score on the USAQ-R for the Practicum group was 93.46 with a standard deviation of 15.668. The means and standard deviation are stated in table 1 (see table 1).

Table 1

Means and Standard Deviation for Overall Groups

Group	N	Mean	Std. Deviation
Beginning	16	89.78	18.807
Practicum	24	93.46	15.668
Graduating	18	94.50	12.482

The average score on the USAQ-R for the Graduating group was 94.50 with a standard deviation of 12.482. The F ratio was 2.79 for df=2/55 this is not significant at the .05 alpha level (see Table 2). Results indicate there are no significance difference therefore hypotheses 1 is accepted in Table Two.

Table 2

Analysis of Variance for Hypothesis 1

Source	SS	df	MS	F	p
Between groups	219.18	2	109.59	2.79	0.12
Within groups	2160.40	55	39.28		
Total	2379.58	57			

Hypotheses 2

There is no significant interaction of gender and stages of the counselor education training program in levels of self-acceptance among counselor education students who

are at the beginning stage of the program, at the practicum stage, or upon graduation, as measured by the USAQ-R. The average score on the USAQ-R for the Beginning Male group was 79.50 with a standard deviation of 6.364. The average score on the USAQ-R for the Beginning female group was 92.71 with a standard deviation of 20.483. The average score on the USAQ-R for the Practicum Male group was 92.20 with a standard deviation of 20.909. The average score on the USAQ-R for the Practicum Female group was 93.79 with a standard deviation of 14.695. The average score on the USAQ-R for the Graduating Male group was 95.33 with a standard deviation of 14.109. The average score on the USAQ-R for the Graduating Female group was 94.08 with a standard deviation of 12.236.   The means and standard deviation are listed in table 3 (see table 3).

Table 3

Means and Standard Deviation for Overall Groups

Group	N	Mean	Std. Deviation
Beginning Males	6	79.50	6.364
Beginning Females	10	92.71	20.483
Practicum Males	5	92.20	20.909
Practicum Females	19	93.79	14.695
Graduating Males	6	95.33	14.109
Graduating Females	12	94.08	12.236

The F ratio was 6.30 for df= 5/52 this is significant at the .05 alpha level (see Table 4).   Results indicate that there is significant difference therefore hypothesis 2 is rejected in Table Four.

Table 4

Analysis of Variance for Hypothesis 2

Source	SS	df	MS	F	p
Between groups	2109.89	5	412.98	6.30 *	>.0001
Within groups	3483.01	52	66.99		
Total	5592.90	57			

* significant at 0.05 alpha level

Results of the post hoc analysis

The following comparisons were significant:

Practicum Females scored significantly higher than the Male Beginning the Program.

t = 4.48   df = 23   p= 0.0043   required = 2.39

Graduating Males scored significantly higher than Male Beginning the Program

t = 2.51   df = 10   p= 0.024   required = 2.22

Graduating Females scored significantly higher than Males Beginning the Program

t = 4.55   df = 16   p= 0.0038   required = 2.12

There was no significant difference when comparing:

Beginning Males and Beginning Females

t = 2.105   df = 14   p= 0.059   required = 2.145

Beginning Males and Practicum Males

t = 2.162   df = 9   p= 0.098   required = 2.262

Beginning Females and Practicum Males

$t = 0.987$ $df = 13$ $p = 0.256$ $required = 2.160$

Beginning Females and Practicum Females

$t = 1.972$ $df = 27$ $p = 0.089$ $required = 2.052$

Beginning Females and Graduating Males

$t = 1.950$ $df = 14$ $p = 0.096$ $required = 2.145$

Beginning Females and Graduating Females

$t = 1.888$ $df = 20$ $p = 0.107$ $required = 2.086$

Practicum Males and Practicum Females

$t = 1.051$ $df = 22$ $p = 0.204$ $required = 2.074$

Practicum Males and Graduating Males

$t = 2.211$ $df = 9$ $p = 0.0601$ $required = 2.262$

Practicum Males and Graduating Females

$t = 2.052$ $df = 15$ $p = 0.065$ $required = 2.131$

Graduating Females and Graduating Males

$t = 1.998$ $df = 15$ $p = 0.107$ $required = 2.131$

Summary

The purpose of this chapter is to report the findings from the Self-Acceptance data from the 58 students representing three levels of counselor training, (A) Beginning Counselor Students, (B) Beginning Practicum Counselor Students and (C) Graduating Counselors. The number of participants in each of the groups was: Group A – 16, Group B – 24, and Group C – 18. The two hypotheses concerning Self-Acceptance in counselor trainees were restated and examined using the student data. The results indicate the first

null hypothesis was accepted as there were no significant differences among the three groups (Beginning, Practicum, and Graduating students). The results further reported the second null hypothesis was rejected due to significant differences among the males and females. The post hoc analysis comparisons suggested the following significant differences.

The Practicum Females scored significantly higher than the Males Beginning the Program. Graduating Males scored significantly higher than the Males Beginning the Program. Graduating Females scored significantly higher than the Males Beginning the Program. To summarize this research, the conclusions, discussion, and future research needs are presented in the final chapter.

CHAPTER 5

DISCUSSION

Introduction

This chapter presents the conclusions drawn from the analysis of levels of self-acceptance in counselor trainees. The discussion will describe possible reasons for the results, and the significance of the study pertaining to self-acceptance for counselors and for other professions. This examiner will also offer recommendations for future research.

Conclusions

The Self-Acceptance data was obtained from a total of 58 counselor education students through the utilization of the Unconditional Self-Acceptance Questionnaire-Revised (USAQ-R) individual assessment instrument (Chamberlain, 1999). Hypothesis one was accepted because there was no significant difference in the levels of self-acceptance among counselor education students who were at the beginning stage of the program, at the practicum stage, or upon graduation, as measured by the USAQ-R (see Table 2). Hypothesis two was rejected because there was a significant interaction of gender and stages of the counselor education training program in the levels of self-acceptance among counselor education students who were at the beginning stage of the program, at the practicum stage of the program, or upon graduation from the program, as measured by the USAQ-R (see Table 4). The results suggest that the males entering the masters in counseling education program exhibited lower self-acceptance when compared to the practicum females, as well as the graduating males and females.

The results indicated that the graduating males scored significantly higher in self-acceptance in comparison to the males beginning the program. However, the results

between the males beginning the program verses the practicum males, and the practicum males verses the graduating males indicated no significant differences in their scores. These findings suggest that there was an increase of self-acceptance among the male population at a moderate level that could only be significantly measured at the extreme ends of the process. However, females did not indicate significant difference in their levels of self-acceptance throughout the beginning, practicum, and graduating stage of the program.

Females indicated significant differences in their level of self-acceptance than the male participants. However, this significance was moderately low because the practicum males and the practicum females showed no significant differences, whereas the practicum females scored significantly higher than the males beginning the program, however the practicum males did not score significantly higher than the males beginning the program.

Based on the data presented there is no overall difference among counselor students' levels of self-acceptance from the beginning of the training program through graduation. If is further concluded that males entering the counselor education program have levels of self-acceptance significantly less than the levels of graduating females and graduating males. As a result of no significant difference among the graduating females and graduating males, it can be concluded that for males, the significant difference between beginning and graduating students may be a developmental process that is not required of females trainees.

Discussion

The results of this research study support scholarly work already established. For example, Alexander and Wood (2000) previously stated that there are differences in the emotional experiences between men and women. Thus, research indicates women report experiencing more positive emotions, they tend to have greater intense feelings, and they most often reveal their emotions in comparison to men. These differences may occur due to gender socialization (Alexander, & Wood, 2000). Biklen and Pollard (1993), as well as Tobach (2001) offer that the differences between the genders occur because of biological and environmental influences. Thus, biological predispositions determine the socialization experience of males and females. This examiner believes that females are at an advantage over males in experiencing more positive emotions. Females are more familiar with their emotional affects and therefore are more likely to respond to inner conflicts; as a result women tend to address their negative self-concept as they progress through life.

The results of this investigation suggest that the males increased in self-acceptance while females did not show a significant increase. One aspect of the research was that there was no significant difference at the 0.05 level between beginning males and beginning females. This difference may have been an actual difference however because the probability of a significant difference was 0.059 which is almost statistically significant. Because men and women levels of self acceptance at graduation are almost the same, men demonstrated the greater increase and it was a statistically significant one. This increase may have been because they interacted with the females in the counseling program. In addition, the male students assimilated to the counselor role which places

emphasis on emotional awareness. Based on previous literature (Alexander, & Wood, 2000) this researcher speculates that because females are more tuned into their emotional affect, through interaction with the male students, the male students learned to experience their emotions similar to the female students.

Another factor facilitating the male participants' experiences of self-acceptance is the result of reflective practice curriculum activities utilized in the masters education programs (Wheeler, 1996). According to Wheeler (1996), the key to optimizing growth in counseling is to engage in assessing personal development. Some of the various methods of reflection in counseling programs consist of writing in journals, and personal growth activities (Wheeler, 1996). This examiner concludes that the personal growth curriculum activities encouraged the male student population to familiarize themselves with their emotional affects. By becoming aware of one's emotions, the individual had the opportunity to confront difficult emotions resulting from their self-concepts, thus, promoting self-acceptance.

In terms of significance of the study for counselor educators, this study can be used as a developmental tool for males entering the counselor education programs as there was evidence of gender differences. Hence, the curriculum can be tailored to include a focus on self-acceptance. In addition, clinical supervisors and counselor trainees can gain insight into trainees' developmental needs. However, since no significance was found amongst the female population, screening tools can be modified to determine whether applicants demonstrate some self-acceptance upon entry into the counselor education programs. This examiner is cautious not to discriminate based on gender resulting from this study. Thus, a combination of self-accepting students entering

the counseling education program can be diversified to include those with low self-acceptance regardless of gender. This examiner further speculates that the individual - despite their gender – is attracted to the helping profession because there is an innate need for the professional helper to seek self-acceptance. This author suggests that the counselor trainee who is unable to increase self-acceptance may discontinue enrollment in the masters counselor education program. The discharge from the program may be due to the counselor's resistance or difficulty in challenging their own lack of contentment with himself or herself.

This study was conducted because of the anticipated significance by this examiner that the counselor's self-acceptance as vital for the life of the therapeutic relationship and the healing process in therapy. This researcher suggests that if the counselor is self-accepting then the potential of countertransference in the therapeutic process is eliminated. Thus, if the counselor confronts their own unresolved issues and accepts one's uncomfortable feelings of shame, sadness, fear, resentments, and hurt then the counselor is able to accept all of the client's feelings. The counselor is also able to assist the client in processing personal issues. The counselor will not attempt to "rescue" the client from experiencing difficult emotions. Therefore, the counselor will not suppress the client's growth during an inner crisis.

This examiner is cautious and states that the self-accepting counselor may not have addressed some of their own unresolved personal issues. The counselor is either unaware that an issue exists or is psychologically not ready, or mature, to address the issue. Lack of self-acceptance may also be due to unresolved personal history of rejection. Thus, the counselor who is not self-accepting may have internalized rejection

from their past relationships. Nevertheless, self-accepting counselors are open and receptive to being challenged. Self-accepting counselors are open to the emotional pain and the physical pain (meaning the physical sensations that emerge with the emotional pain such as: increase in heart rate, sweating, and tension) as a result from their crisis or conflict.

This examiner further speculates experience of self-acceptance in the counselor results in increased focus on the client and less concentration on the counselor's needs. Thus, the counselor will be available to the client mentally and emotionally because the counselor will not be self-absorbed and concerned with self criticism. Moreover, the counselor's self-acceptance increases accurate empathy for the client. Thus, the counselor will nurture the client's decisions, problem solving methods, and behaviors (rather than be critical). Furthermore, self-accepting counselors recognize that the client's growth is slow, and appreciates client resistance including the client's need to maintain denial.

This investigator proposes the counselor's self-acceptance enhances the counselor's likelihood to be transparent and congruent in the therapeutic process. The counselor must acknowledge and accept all of their thoughts and emotions "equally", in order for the counselor to address all of their internal experiences. The counselor may or may not choose to share those inner experiences. For example, the self-accepting counselor acknowledges and accepts all of their thoughts and feelings equally such as resentments, forgiveness, hate, love, sadness, and joy. Thus, an evaluation of one's self-worth is not placed on any one thought or emotion. Furthermore, self-accepting counselors do not suppress their need to vocalize their concerns, thoughts, and feelings.

The self-accepting counselor is comfortable with being transparent and congruent with others.

The investigator asserts in the initial stage of therapy, the counselor cannot unconditionally accept their clients because the self-accepting counselor would have to disregard their own feelings towards a client. Thus, suppressing ill-feelings towards a client would require the counselor to deny the opportunity to address inner conflicts in clinical supervision. Nevertheless, when the counselor has confronted the conflict, the self-accepting counselor is again able to be objective, open, and receptive to the client's needs, or the counselor may choose to refer the client. Thus, the process of ongoing development of counselor's self-acceptance means the counselor is not preoccupied with their own thoughts and emotions in the therapy session. This examiner projects that self-acceptance is developmental; thus, no individual completely attains total self-acceptance due to ongoing challenges and new experiences.

This researcher also adds that the significance of self-acceptance in counselors is important within the context of the counselor accepting their colleagues. This examiner reports that when the counselor is accepting of co-workers, the counselor is then able to receive and provide constructive peer supervision. Furthermore, this investigator projects that the assimilation and integration of both counselor identity and personal identity leads to the counselor's motivation for experiencing self-acceptance is genuine and internally stimulated. The self-accepting counselor will also be consistent in experiencing acceptance in their personal relationships such as with their family and friends.

This researcher advocates that the self-accepting counselor trusts and accepts that obstacles in life are spiritual experiences. For example, any crisis, mistake, or lack of

opportunity in one's life is accepted as a learning experience. Therefore, the study of

male and female counselors' levels of self-acceptance can be useful in providing insight

into the developmental needs of spiritual counselors. This author states that a study

comparing counselors' levels of self-acceptance and skill acquisition would not be useful,

because self-acceptance is not associated with education and skills in counseling. This

author stipulates that one cannot teach self-acceptance because self-acceptance is an

experience.

This examiner asserts that counselor educators and clinical supervisors' levels of

self-acceptance are essential for the facilitation of trainees and counselors' experience of

self-acceptance. Thus, if the counselor educator or clinical supervisor exhibits self-

acceptance then the counselor supervisee may experience self-acceptance during the

interaction. This researcher offers that this study is important in other helping

professions. Thus, the examination of self-acceptance in psychologists, psychiatrists, and

social workers can be useful to these schools. This investigator advocates (similarly as

does Chamberlain, 1999) examining self-acceptance in non clinical professions, such as

elementary and secondary teachers and principles. This examiner reports that any

profession that provides a service to assist the development and growth of others needs to

address interaction and relationship issues between the provider and recipient of services.

Recommendations for Future Research

This investigator recommends that future research of longitudinal nature is

necessary to examine gender interaction among counselors beyond the masters

counseling program. For example, research should include counselors who have been in

the counseling occupation for 5 years to 30 years to observe differences in the levels of

self-acceptance in relationship to gender. Another suggestion for research involves exploring a parallel between male and female counselors' levels of self-acceptance and clients' experiences of being accepted by the counselor within the therapeutic relationship.

A potential study proposed involves counselor educators and clinical supervisors' acceptance of supervisees and trainees and their ability to facilitate the experience of self-acceptance within counselor trainees and supervisees. The measure of the number of graduate students who do not complete the masters counselor education program because of their struggle to increase self-acceptance would provide insight to counselor educators in terms of developing screening tools to include self-acceptance. Furthermore, the idea of self-acceptance investigation could be further implemented to include male and female clinical supervisors within the context of their relationship with counselor supervisees. An investigation of male and female counselor educators' self-acceptance and their ability to accept counselor trainees are a useful measure within the context of promoting a psychological and emotionally safe learning and nurturing environment.

A research proposal includes the examination of male and female counselors' levels of self-acceptance in relationship to their colleagues' experience of being accepted by the counselor within the context of a working alliance. Another hypothesis that can be tested is the male and female counselor's likelihood and wiliness to be transparent in their relationships if they accept themselves. Furthermore, a study measuring male and female counselors' levels of self-acceptance in their personal relationships - such as relationships with their family and friends - could be valuable in determining counselor's genuineness,

congruence, consistency, and the integration of the counselor identity and personal identity.

Implementing future research study concerning male and female counselors' levels of self-acceptance in relationship to the counselors' levels of empathy is an important measure. Furthermore, the male and female counselors' levels of self-acceptance and the counselors' levels of experience of rejection can provide counselor educators insight into the personal growth needs of counselor trainees. A measure of the importance of male and female counselors' levels of self-acceptance in spiritual counseling can offer insight into the developmental needs of spiritual and pastor counselors. This researcher advocates extending this study to include examination of self-acceptance in other helping professions such as: psychologists, psychiatrists, and social workers, as well as in non clinical environments such as in the elementary and secondary education system.

This study could be replicated to include measuring masters counselor education students' levels of self-acceptance within three major areas of concentration, due to the limited number of students who were majoring in some of the concentrations while conducting this study. The majors would be an interactive variable. The three major areas of concentration are Community Counseling Services, Marriage and Family Therapy, and School Counseling.

An investigation could further include measuring students' levels of self-acceptance in other professions. For example, male and female students who are majoring in elementary and secondary education, or male and female students who are training to be school principles can benefit from awareness of levels of self-acceptance.

Another example includes male and female students who are majoring in other helping professions, such as students in clinical psychology programs, or social work programs can also benefit from awareness of levels of self-acceptance. As mentioned earlier, any profession that provides a service to others can benefit from increased self-acceptance to promote acceptance of their school students or clients. If significance is found, perhaps individuals entering other helping professions (i.e., clinical psychology or social work masters programs) or individuals entering non clinical systems (i.e., elementary and secondary school masters programs) exhibit lower self-acceptance and progress over the course of their studies. However, if no significance is found then the faculty in other professions may want to purposely enroll students who exhibit some self-acceptance upon entering their masters programs.

A final research proposal is a measure of levels of self-acceptance among beginning masters counselor education students and compare against other masters level students such as students enrolled in other helping professions (i.e., clinical psychology majors or social work majors), or students admitted in non clinical professions (i.e., elementary or secondary education majors). The purpose of the latter research study is to investigate the attributes students already have upon entering particular professions. Thus, do students enrolling into counselor education programs exhibit higher self-acceptance when compared to students who are enrolling in non clinical programs, or in other helping profession programs?

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

The results of this study suggest females are at an advantage in terms of their experience of self-acceptance, due to the historical fact that they have learned to

acknowledge their emotional affects when compared to males. Females have culturally engaged in nurturing and caretaking roles which required gender socialization, a predisposition at the beginning stage that males may not have upon entering a masters counseling education program. Nevertheless, since the males interact and assimilate with the female population in the masters counseling education program, as well as engage in curriculum activities that promote reflective practice, this examiner believes that both of these factors facilitated the male participants' experience of self-acceptance at the graduation stage of the program.

The results indicate that further examination of self-acceptance is necessary to explore self-acceptance within the context of relationships such as: counselor-client, clinical supervisor-counselor supervisee, counselor educators-counselor trainees, counselor-colleague, and counselor-family or friends. Furthermore, a measure between the graduates who discontinue enrollment in the masters counselor education program verses their levels of self-acceptance. Future research is also recommended to include the investigation concerning counselors' levels self-acceptance in relationship to the following variables: the counselors' levels of empathy, the counselors' ability to be transparent, the counselors' genuineness and congruence, the occurrence of countertransference, the counselors' consistency in relationship to the integration of counselor identity and personal identity are all useful measures. An investigation can measure the increase of self-acceptance beyond counselor education programs, such as a measure of male and female students' levels of self-acceptance that are enrolled in elementary and secondary education programs, or male and female students' levels of self-acceptance who are training to become school principles. A measure can include

male and female students' levels of self-acceptance enrolled in programs in other helping professions, such as clinical psychology or social work programs. Research could include measuring the levels self-acceptance in all orientation students in the masters counselor education programs and comparing them to students entering other helping professions and in non clinical professions.

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Appendix A

University Consent

X University

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: A comparison of self-acceptance among counselor

education master's degree students at the beginning,

practicum level, and during graduation from their

program of studies.

INVESTIGATOR: Baljinder Kaur Uppal

1497 Wood Avenue, Glenshaw, PA 15116

Tel: 412-492-8185

ADVISOR: (if applicable:)   Dr Joseph F. Maola

Department of Counseling, Psychology and Special

Education, Counselor Education & Supervision

Program. Tel: 412-396-6099

SOURCE OF SUPPORT: This study is being performed as partial fulfillment

of the requirements for the doctoral degree in The

Executive Counselor Education and Supervision

(ExCES) Program at X University.

PURPOSE: You are being asked to participate in a research

project that seeks to investigate your level of

unconditional self-acceptance in relationship to

Initials _____

Date _____

your three demographic areas: gender**,** current enrollment status in the masters counseling education program, and the major of your counselor education program These are the only requests that will be made of you.

RISKS AND BENEFITS: There are no risks greater than those encountered in everyday life.

COMPENSATION: There is to be no compensation for participating in this study. However, participation in the project will require no monetary cost to you. A stamped addressed envelope is provided for return of your response to the investigator.

CONFIDENTIALITY: Your name will never appear on any survey or research instruments. No identity will be made in the data analysis. All written materials and consent forms will be stored in a locked file in the researcher's home. Your response(s) will only appear in statistical data summaries. All materials will be destroyed at the completion of the research.

Initials _____

Date _____

RIGHT TO WITHDRAW:　　　You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.

SUMMARY OF RESULTS:　　A summary of the results of this research will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT:　　I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call (Baljinder Kaur Uppal, Tel: 412-492-8185 for the Principal Investigator, Dr Joseph F. Maola, 412-396-6099 the Advisor, and Dr. Paul Richer, Chair of the X University Institutional Review Board 412-396-6326).

_____　　　_____

Participant's Signature　　　　　　　　　　　　　　　　　　Date

_____　　　_____

Researcher's Signature　　　　　　　　　　　　　　　　　　Date

Initials _____

Date _____

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Appendix B

Demograhpshics Qustionaire

Appendix B

Demographics Questionnaire

Please **check** your responses indicating demographic information that **pertains to your gender group.**

_____ I am a **Male**.

_____ I am a **Female**.

•••

Please **check** the following statements pertaining to you.

_____ I am a **beginning** student in the masters counseling education program. Meaning I am a first year student.

_____ I am a **practicum** student in the masters counseling education program. Meaning I am a second year student.

_____ I am a **graduating counseling student** in the masters counseling education program. Meaning I am a final year student, either I am completing or I have completed my internship.

•••

Please **check** the following statements pertaining to your major.

_____ I am enrolled in the **Community Agency Counseling major** in the masters counseling education program.

_____ I am enrolled in the **School Counseling major** in the masters counseling education program.

_____ I am enrolled in the **Marriage and Family Therapy major** in the masters counseling education program.

··

Please **check** the following statements pertaining to you.

_____ **I agreed to participate in this study, and I have submitted a signed consent in the separate envelope.** You may therefore use my responses. I have enclosed this questionnaire (indicating my gender group and enrollment status in the masters counseling education program) with the Unconditional Self-Acceptance Questionnaire-Revised (USAQ-R).

_____ I did not agree to participate in this study, and I have submitted a signed consent indicating my refusal in the separate envelope. Therefore, I did not complete the Unconditional Self-Acceptance Questionnaire-Revised (USAQ-R), and I did not indicate my enrollment status in the masters counseling education program and gender group in this questionnaire.

Appendix C

Unconditional Self-Acceptance Questionnaire-Revised

Appendix C

Unconditional Self-Acceptance Questionnaire-Revised developed by Chamberlain

(1999).

INSTRUCTIONS; Please indicate how often you feel each statement below **is true or untrue of you**. For each, write the appropriate number (1 to 7) on the line to the left of the statement, using the following key:

Almost Always Untrue	Usually Untrue	More Often Untrue Than True	Equally Often True And Untrue	More Often True Than untrue	Usually True	Almost Always True
1	2	3	4	5	6	7

_____ 1. When someone compliments me for something, I care more about how it makes me feel about myself than about what it tells me about my strengths or abilities.

_____ 2. I feel worthwhile even if I am not successful in meeting certain goals that are important to me.

_____ 3. When I receive negative feedback, I take it as an opportunity to improve my behavior or performance.

_____ 4. I feel that some people have more value than others.

_____ 5. Making a big mistake may be disappointing, but it doesn't change how I feel about myself overall.

_____ 6. Sometimes I find myself thinking about whether I am a good or bad person.

_____ 7. To feel like a worthwhile person, I must be loved by the people who are important to me.

_____ 8. When I am deciding on goals for myself, trying to gain happiness is more

important than trying to prove myself.

_____ 9. I think that being good at many things make someone a good person overall.

_____ 10. My sense of self-worth depends a lot on how I compare with other people.

_____ 11. I believe that I am worthwhile simply because I am a human being.

_____ 12. When I receive negative feedback, I often find it hard to be open to what

the person is saying about me.

_____ 13. I set goals for myself that I hope will prove my worth.

_____ 14. Being bad at certain things makes me value myself less.

_____ 15. I think that people who are successful in what they do are especially

worthwhile people.

_____ 16. To me, praise is more important for pointing out to me what I'm good at

than for making me feel valuable as a person.

_____ 17. I feel I am a valuable person even when other people disapprove of me.

_____ 18. I avoid comparing myself to others to decide if I am a worthwhile person.

_____ 19. When I am criticized or when I fail at something, I feel worse about myself

as a person.

_____ 20. I don't think it's a good idea to judge my worth as a person.