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- Acquiring and using knowledge
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Letter From the Editors

As we see another spring season move through and make way for a warm (or downright hot) summer, we hope that you all have seen opportunities for new growth, fresh perspectives, and the hope for some rest and rejuvenation. We here at *The Alabama Counseling Association Journal* look forward to the chance to provide you all with the following articles to read, digest, and learn from during this season.

We would like to thank all of the authors who chose to share their ideas, research, and insight with all of us for making this edition a possibility. The editorial team would also like to thank our entire team of editors, reviewers, and contributors for all of their hard work to make sure each article within this issue shines the brightest it can to help drive the counseling field forward. A very, very important thank you, for this issue and many before, must go to Drs. Brad Willis and Linda Holloway. They have made this publication possible for multiple years, working quietly to recruit, review, and publish education and content for us all to grow together. As they step into an incredibly well-deserved "retirement" from the editorial team, the incoming co-editors wish them the very best and promise to continue making *The Alabama Counseling Association Journal* a place for the counseling voices of Alabama and beyond to be heard.

Maintaining tradition, we will close with a call for continued engagement with *The Alabama Counseling Association Journal*, especially from those ready to share their ideas and voices. It is with your continued support that we are able to make this journal a success, and we hope that many of you reading this will feel inspired, curious, or ready to engage in conversation with the broader counseling field. We welcome publications from all walks of the field and every developmental level. If you have an idea, send it in!

Please enjoy this issue, read the articles, engage with us and the authors, and get ready to submit your writings and share your knowledge in future issues.

Warmly,

Dr. Brad Willis
Editor

Dr. Linda J. M. Holloway
Editor

Dr. Brittany Dennis-Hancock
Editor

Alabama Counseling Association

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Stephanie R. Howard
Troy University

Starrah Huffman
Troy University

Lasha D. Perine
Pike Road Schools

Authors' Note. Correspondence related to this article should be addressed to Dr. Stephanie Howard at srhoward@troy.edu.

Abstract

Professional school counselors play important roles in schools to support student development using the Multi-Tiered Systems of Support (MTSS) framework. This article highlights how school counselors advocate for student-centered, data-driven decision-making in schools and how school counselors contribute to a positive school climate through prevention programs and systemic support. The central focus is the implementation of the three tiers of MTSS, highlighting the counselors' responsibilities to provide universal, targeted, and intensive support to address students' academic, social-emotional, and behavioral needs.

Keywords: muti-tiered system of support, MTSS, tier, school counselor, roles, supports, interventions

The School Counselor's Role in Multi-Tiered Systems of Support (MTSS): Supporting Student Development

In their efforts to provide all students with a high quality education, many U.S. schools rely on structured systems, called Multi-Tiered Systems of Support (MTSS), which are designed to identify students who are struggling academically, behaviorally, socially, or emotionally and then provide targeted interventions to help students overcome those challenges. Goodman-Scott et al. (2020) explained, "MTSS is an overarching framework that typically includes a continuum of prevention and intervention support to help the whole child be successful in academics, behaviors, and other dimensions such as social/emotional and mental health" (p. 7). MTSS team members may include school counselors, general education teachers, administrators, and other student support personnel. Through avid teamwork and collaboration, the team provides students with the tools to be successful in the complex and ever-changing world.

Counselors' Contributions to MTSS

The American School Counselor Association (ASCA, 2019) *National Model* aligns with the MTSS framework, and school counselors provide direct and indirect services that align with the three tiers of MTSS (Goodman-Scott et al., 2020). These tiers provide a framework for prevention and intervention at varying levels of support based on students' needs. By using data-driven decision-making, providing school-wide prevention initiatives, and implementing targeted and individualized interventions, school counselors support student development. Their collaboration with teachers, members of administration, family, and community stakeholders strengthens the effectiveness of the MTSS program beyond the brick and mortar. This article aims to explore the diverse roles that school counselors play and the contributions that conclusively affect student academic, social/emotional, and behavioral development.

Tier 1: Universal Prevention and Support

The overarching goal of Tier 1 is to provide direct and indirect prevention services to all. This universal prevention serves about 80% of the school population (Goodman-Scott et al., 2020). School counselors have the knowledge and competence to lead prevention and intervention endeavors across academic, career, and social/emotional domains. To support students across those three areas, school counselors lead initiatives to help all students by promoting healthy behaviors, developing positive skills, and preventing issues before they arise. This proactive approach helps create a strong foundation for students' overall well-being and success.

Key general activities of Tier 1 include school-wide activities such as national awareness campaigns. For example, Red Ribbon Week encourages dialogue and commitment to positive actions such as choosing a healthy and drug-free lifestyle (Hatch et al., 2018). School counselors also work to establish school-wide expectations of culturally inclusive and developmentally appropriate behaviors (Goodman-Scott et al., 2020). Also, whole group instruction includes classroom counseling and instruction that align with the ASCA (2021) mindsets and behaviors standards, which "can be broadly applied within the school counselor role to best support student development" (Hatch et al., 2018, p. 15). Other Tier 1 strategies by school counselors include facilitating staff and family training and workshops, developing community partnerships, and offering student appraisal and advisement.

Data-driven decision-making plays a crucial role in shaping Tier 1 interventions. School counselors utilize various resources, including outcome data (e.g., discipline and attendance reports), supplemental data (e.g., school climate surveys), and participation data [e.g., pre/post-

tests assessing ASCA (2021) Mindsets and Behaviors]. These data help counselors assess the effectiveness of interventions and make informed adjustments to enhance student outcomes.

Tier 2: Targeted Interventions for At-Risk Students

The goal of Tier 2 is to support students who need additional assistance beyond universal interventions. Generally, these students comprise no more than approximately 15% of the total school population (Goodman-Scott et al., 2020). The goal is to provide these students with targeted, supplemental, and evidence-based resources since they do not yet require intensive, individualized support. School counselors play a vital role in identifying, implementing, and evaluating Tier 2 interventions to promote student development. School counselors collect data from various sources, advocate, and act as liaisons for students to effectively support those within the tier. In addition to state-required direct and indirect services, school counselors provide individual counseling and consult and collaborate with school personnel, students' families, and community stakeholders (Goodman-Scott et al., 2020).

Both direct and indirect roles of the school counselor ensure systemic and sustainable support for students within MTSS tiers. One of the key characteristics of Tier 2 is small-group instruction. Counselors facilitate structured, small groups that address social-emotional, behavioral, and academic challenges to support student development. Targeted groups service some students in any of the following areas: anxiety or stress management, social skills development, conflict resolution, executive functioning, emotional regulation, or attendance (Goodman-Hatch et al., 2023).

School counselors purposely place students into small groups with other students who have similar concerns. Most targeted groups contain between 12 and 15 students to be most effective. Also, school counselors must maintain a consistent meeting schedule to adequately

implement the curriculum. Specific students may need additional support that is personalized to be most effective.

In some cases, counselors use interventions like check-in/check-out systems that have been effectively proven to help students who exhibit mild to chronic behaviors. Behavior and attendance contracts are additional interventions that aid in clearly outlining expectations to increase positive change in student performance and general development. According to Sink (2016), the Check and Connect program is beneficial as a continuous review of attendance and academic and behavioral data. Monitoring the data helps counselors determine when to decrease or end interventions. Other universally known techniques such as mindfulness can also serve as a complementary strategy to reduce disruptive behaviors while helping students develop a sense of control over their emotional regulation, physical actions, and choices.

As well as working directly with students, counselors serve through indirect roles by supporting targeted interventions through collaboration, data analysis, and capacity-building, which are all further key characteristics of Tier 2. School counselors work with their colleagues and team members to identify tiered students and the most effective intervention implementation. They help families by explaining, modeling, and encouraging reinforcement of interventions within the home setting. These strategies open the lines of communication and clarifies the processes within Tier 2 for parents and future students (Goodman-Scott et al., 2020). Ultimately, counselors continue to push the development of a positive and emotionally balanced school-wide culture that encompasses culturally responsive practices.

As Goodman-Scott et al. (2020) suggested, MTSS teams must have an ongoing monitoring system, which includes methods such as self-assessments, teacher feedback, behavioral observations, and goal setting, to help team members track real-time student impact.

These steps support long-term commitment and buy-in from teachers and students. Additionally, incorporating student choice may promote active and continued participation. School counselors adjust interventions based on data-driven decision-making. These efforts work to ensure ongoing effectiveness and to determine the need changes and additional support. Tier 2 interventions and resources are continuously and readily available to students who continue to require targeted intervention. These interventions and strategies are also embedded in the general school culture (Sink, 2016).

Tier 3: Intensive, Individualized Support

Tier 3 is the most intensive level of intervention within the MTSS framework, and its services target approximately 5% of the student population through individualized and student-centered responsive services. Interventions focus on concentrated personalized services to address significant academic, social-emotional, and behavioral challenges (Sink, 2019). School counselors deliver Tier 3 interventions mainly through indirect services, including referrals, collaboration, and consultation, to support students at risk of retention, dropout, self-harm, or threat (Hatch et al., 2020; Hatch et al., 2019).

In this tier, school counselors make referrals and contribute as members of multidisciplinary teams composed of school professionals and providers from outside agencies to support Tier 3 efforts. These teams may include school administrators, general and special education teachers, instructional support personnel, school psychologists, social workers, school nurses, parents, and community agencies. Multidisciplinary teams make decisions and develop services such as Individualized Education Plans for students with learning barriers, Section 504 plans for students with conditions requiring accommodations, and Individualized English Learner Plans for students whose second language is English. In general, these plans address the

specific needs of students by determining proper assessments, interventions, and accommodations.

Services in Tier 3 extend beyond the school building by addressing issues concerning students in crisis; students who are at risk of abuse, neglect, or self-harm; and students who pose a threat to others. In these instances, the school counselors' responsibilities include reporting cases of suspected abuse and neglect (as mandated reporters) to the Department of Human Resources or Child Protective Services and notifying investigative agencies to ensure the safety of students. School counselors also collaborate and consult with mental health agencies and parents for students presenting self-harm and mental health concerns (Hatch et al., 2020). Tier 3 support also connects students and families with community resources to meet the mental health needs of students through sharing resources and referral information.

Additionally in Tier 3, school counselors use school and district resources to ensure students receive wraparound services within the educational system. ASCA (2019) named academic, personal-social/emotional, and college/career readiness as key domains in counseling interventions. In the college and career domain, school counselors aid students at risk of dropping out, first-generation college-bound students, and English as a Second Language (ESL) learners by providing tailored support and advocacy to ensure academic and career success (Hatch et al, 2019).

The school counselors in Tier 3 serve as advocates by championing students' needs and ensuring they receive necessary support. Counselors act as consultants, advising teachers, administrators, and families on best practices for student success. As collaborators, they work with multidisciplinary teams to provide comprehensive student support. Counselors also serve as liaisons, bridging communication between students, families, and external support systems.

To enhance the effectiveness of Tier 3 interventions, school counselors continuously assess their services through reflective inquiry, addressing key questions such as the following:

1. What Tier 3 counseling services are currently in place?
2. What multidisciplinary teams support these interventions?
3. What school and district resources are available for referrals?
4. What external community resources can supplement school-based interventions?

The role of school counselors in MTSS Tier 3 is vital in ensuring that the most vulnerable students receive the intensive, personalized, and responsive services necessary for success. Through individual counseling, crisis response, and collaboration with multidisciplinary teams, school counselors provide an essential layer of support to students facing significant academic, social-emotional, and behavioral challenges. As school systems continue refining their Tier 3 interventions, counselors must remain proactive in evaluating and expanding their services to best meet the needs of the student population.

Summary

School counselors serve as essential contributors to the MTSS framework, providing a comprehensive and culturally responsive support system that fosters student academic, social-emotional, and behavioral development. Their roles span across all three tiers from universal prevention efforts to targeted and intensive interventions. By utilizing data-driven decision-making and collaborating with key stakeholders, school counselors enhance student outcomes and promote equitable access to support services. As school systems continue refining their MTSS practices, the role of school counselors remains integral in ensuring student success through effective, responsive, and research-based interventions.

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Experiencing a Safe Classroom: A Critical Phenomenological Study of Graduate Teaching Assistants in Counselor Education Who Teach Diversity and Social Justice Courses

Jennifer P. Guffin
Auburn University

Courtney Maier
Auburn University

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Abstract

This study explored the experiences of graduate teaching assistants (GTAs) in counselor education as they created and maintained safe classrooms when teaching diversity and social justice courses. Using a critical phenomenological approach, semi-structured interviews with eight participants from diverse racial backgrounds revealed the challenges GTAs faced and the strategies they employed to foster inclusive learning environments. Specialized training significantly impacted their confidence and ability to manage classroom dynamics, while peer support provided crucial emotional and professional validation. GTAs from marginalized racial identities faced additional emotional burdens, including heightened scrutiny and resistance from students. Self-disclosure emerged as a key strategy for facilitating dialogue and modeling cultural humility. Findings highlight the need for counselor education programs to provide comprehensive training and institutional support tailored to GTAs who teach diversity and social justice content. Recommendations include strategies for managing classroom incivility, fostering peer support networks, and addressing the unique challenges faced by GTAs from marginalized backgrounds. These findings underscore the importance of equipping GTAs to navigate complex classroom dynamics and advance the profession's commitment to diversity, equity, and inclusion.

Keywords: safe classrooms, graduate teaching assistants (GTAs), counselor education, classroom dynamics, diversity and social justice

Experiencing a Safe Classroom: A Critical Phenomenological Study of Graduate Teaching Assistants in Counselor Education Who Teach Diversity and Social Justice Courses

Classrooms are microcosms of society, and each class contains a unique cohort of individuals from diverse backgrounds and perspectives (Sue et al., 2009). Even the smallest class exists in a public space that reflects the outside world of politics (Harless, 2018; Mitra, 2020). This meeting of minds creates a delicate environment for students and teachers who must navigate the critical moments of public discourse (Brigley Thompson, 2020). Critical moments emerge when classroom discussions elicit commentary that threatens the psychological safety of students in the classroom (Buskist et al., 2018; Harless, 2018). These comments express rhetoric that may perpetuate marginalization or reinforce internalized oppression in minoritized students (Brigley Thompson, 2020; Harless, 2018; Toraiwa, 2009). Teachers encounter these moments and navigate them as an "ethical demand" with potential risk to their careers (Boatright-Horowitz & Soeung, 2009; Brigley Thompson, 2020, p. 399; Osei-Kofi, 2012). Additionally, as polarization has increased in both society and classrooms, teachers may be more likely to encounter these risks and critical moments while teaching courses on diversity and social justice (Clancy & Bauer, 2018; Mitra, 2020; Sue et al., 2009).

Classroom discussions are commonly used tools for student engagement (Fritschner, 2000), and they prompt students to use dialogue and critical thinking skills (Clancy & Bauer, 2018; Fink, 2013). Simultaneously, classroom discussions can be unpredictable because of what students say (Brigley Thompson, 2020; Harless, 2018). The outcome of critical moments in classroom discussion often depends on how the teacher manages the classroom during the event (Brigley Thompson, 2020; Holley & Steiner, 2005; Weitz, 2010). Students have reported that

they feel safer in the classroom when the teacher models constructive engagement and sets boundaries (Holley & Steiner, 2005).

Instructors, both faculty and graduate teaching assistants (GTAs), can experience personal and professional concerns as they address these dynamics (Boatright-Horowitz & Soeung, 2009; Osei-Kofi, 2012). These concerns may include issues with the quality of classroom evaluations or lack of confidence in classroom management skills (Luo et al., 2000; Madden, 2014). Teachers' concerns may also extend to doctoral students in counselor education who are preparing students for future roles as faculty (Baltrinic et al., 2013; Lamar & Helm, 2017). However, educators have limited knowledge about the experiences of these students and GTAs related to these type of teaching experiences (Brigley Thompson, 2020; Buskist et al., 2018; Harless, 2018; Ulmer et al., 2016; Weitz, 2010). The purpose of this research was to explore the experience of GTAs in counselor education as related to these factors. Specifically, we examined GTAs' experiences creating and maintaining safe classrooms when teaching courses that included or focused on diversity and social justice. Understanding these experiences of GTAs in counselor education may enhance programs that train doctoral students to manage classroom dynamics when leading classroom discussions about diversity and social justice.

Methods

This research study focused on the use of qualitative inquiry to explore the experiences of GTAs in counselor education as they created and maintained safe classrooms for diversity and social justice courses. By combining phenomenology and critical realism, we hoped to capture the lived experiences of GTAs while identifying the causal mechanisms that influenced those experiences (Fryer, 2022). This study was grounded in the concept of safe classrooms, defined as spaces where instructors enforce boundaries, model respectful engagement, and foster emotional

regulation to support diverse student perspectives (Holley & Steiner, 2005; Toraiwa, 2009). While no unified theory exists, previous literature outlined key characteristics of safety in learning environments, including active modeling of cultural humility and encouraging openness to diverse views (Gutierrez & Gutierrez, 2019).

Recruitment

Eight participants were selected using snowball and purposeful sampling. Snowball sampling was appropriate because GTAs are a small group with competing demands within academia, making reaching a sufficient number of participants through traditional methods challenging. Additionally, discussions about social justice and classroom safety can be sensitive, particularly for GTAs who have experienced challenges, resistance, or marginalization. Participants may have been more likely to participate if they were referred to the study by someone they trusted, reducing concerns about repercussions. While this method sacrifices generalizability of the study, prioritizing trust and accessibility facilitated the collection of rich, contextually grounded insights that may not have been easily obtained through other recruitment methods.

Purposeful sampling was the method to ensure representation of diverse backgrounds among the participants referred to the study. All participants were GTAs in counselor education who had taught diversity and social justice courses at an institution in the Southern region. The study included only GTAs with at least one complete semester of teaching experience. Thematic saturation was achieved when interviews no longer produced novel insights and identified themes became repetitive (Hennink & Kaiser, 2022). Demographics indicated that the participants were female ($N = 8$) and from diverse backgrounds; they self-identified as Black (*n*

= 2), White (*n* = 5), and Arab (*n* = 1). Five participants identified as ages 25 to 34, and three participants identified as ages 35 to 49.

Data Collection

Demographic Questionnaire

Initial data collection began with a Qualtrics survey designed for purposeful sampling. The survey collected information related to race, gender, sexual orientation, region, and whether the participant had taught a course focused on diversity and social justice in a counselor education program.

Semi-Structured Interviews

We conducted semi-structured interviews via Zoom online platform; each lasted 60 to 90 minutes, and we sought saturation in the research data (Baker & Edwards, 2012). Through the lens of a critical phenomenological study, we asked participants questions about the potential causal mechanisms they believed influenced their experiences with facilitating safe classrooms (Fryer, 2022). These interviews were transcribed to undergo coding guided by a critical realist framework (Fryer, 2022).

Data Analysis

To provide descriptions of counselor education GTAs' experiences creating safe classrooms in classes focused on diversity and social justice and to develop hypotheses regarding causal mechanisms, we used coding as part of thematic analysis (Fryer, 2022). Transcripts were coded in the first round one at a time. After this initial round of coding, we performed a second round of coding across transcripts using causation coding to identify potential causal mechanisms that became themes (Fryer, 2022; Saldaña, 2021). No information that could

identify participants is included; we referred to all participants by pseudonyms that either the participant selected or the researchers assigned.

Trustworthiness & Credibility

We verified the codebook and identified themes for "consistency of meaning," or using critical realist terminology, to eliminate alternative causes of events and experiences (Madill et al., 2000; p. 4; Smith & Johnston, 2018). Recording reflections during the coding process to document emerging thoughts and bracketing perceptions about the research from personal experiences of the phenomenon helped us achieve reflexivity (Ortlipp, 2008). In addition, an auditor qualified in qualitative research and with a background in counselor education determined trustworthiness through review of the researchers' analysis and coding (Schwandt, 2015). Finally, member checking allowed participants to review and confirm the analysis related to their responses (Schwandt, 2015). The participants who responded did not provide any feedback for changes.

Results

The interviews conducted in this research revealed the lived experiences of GTAs in counselor education who facilitated safe classrooms while teaching courses focused on diversity and social justice. The GTAs described factors that contributed to their confidence as instructors and revealed how they balanced an awareness of self and their students' needs to build the culture of a safe classroom. In alignment with an integrated framework of phenomenology and critical realism, the following themes emerged as causal mechanisms of their experiences (Fryer, 2022; Saldaña, 2021). These themes are relevant to preparing GTAs, counselor education students, and beginning faculty to handle challenging classroom dynamics and create classrooms conducive to these discussions.

Training and Preparation

Across responses, participants emphasized the relevance of their training in their ability to create a safe classroom more than any other identified theme. Some participants reported that they received no training prior to becoming the sole instructor of a course focused on diversity and social justice. Participants who felt they did not receive sufficient training shared that they felt less confident when they began teaching the course. “Elise” described her feelings about teaching with insufficient training: “GTAs [should] be given the opportunity to shadow a more experienced instructor before being assigned as the primary instructor for a class focused on diversity and social justice.”

Other participants completed training intensives to prepare for teaching a class focused on diversity and social justice. This training addressed specific scenarios instructors might encounter, such as when a student was focused on creating disruption by using inciteful language. “Lily” described how her training specifically prepared her to teach a class focused on diversity and social justice: “It wasn't so much pedagogical training; it was more, I suppose, I had some training in how to work with multiculturalism and social justice more within the context of a counselor.” Other participants elaborated on how their training prepared them to manage student reactions in a diversity and social justice focused course.

Peer Support

Having peer support was another theme identified by the participants as a critical component of helping them through this process. Peer support came from informal communications between the GTAs as well as structured meetings that included GTAs teaching the same class facilitated by a faculty member. Participants described how peer support gave

them teaching strategies for facilitating a safe classroom. “Maria” described a positive experience receiving peer support:

> The peer support was valuable, very valuable. Receiving that peer support and having other instructors. And then even sharing, maybe not thinking about what are the areas like—we think about, how are we feeling teaching this course and how am I showing up and how am I presenting in the classroom?

Participants indicated that this support was often best suited to small one-on-one contact and not always best supported in large, structured group meetings. This perspective included the recommendation for smaller group meetings or individual check-ins. This arrangement would allow for support and learning to occur through more direct peer relationships. Elise described how forming relationships with other GTAs allowed her to examine her own biases and privileges as a White woman. Peer support also allowed participants to form relationships with fellow GTAs who represented diverse backgrounds. Building these relationships was a source of modeling; having interacted with their diverse peers, the GTAs could model for their students how they might relate with diverse classmates.

Modeling and Self-Disclosure in the Classroom

Related to teaching dynamics, participants shared that using modeling and self-disclosure were successful methods to facilitate and create safe classroom environments. While participants utilized many teaching strategies, modeling and self-disclosure were reported most often and associated with positive outcomes for creating a safe classroom environment. “Heather” recounted how using her own experience stimulated classroom dialogue about students’ experiences:

> I would talk about my own racial identity development and then pose a question based off of the context of their own development in that way. And so I think that that transparency and me sharing about my own journey with the topic was helpful.

Participants added that the classroom felt safer for respectful discussion when they normalized not having all the answers about diversity and social justice.

Similarly, participants addressed the challenges of creating a safe environment when students' responses or comments were personally challenging. "Kaia" described the emotional toll she paid to maintain empathy for the students while managing her own reactions. These contrasting experiences led to the emergence of another theme. Some participants who held minoritized racial identities described ways that they tried to facilitate a safe classroom environment at a primarily White institution. "Beth" described how she maintained a positive regard toward her students who expressed biased views:

> I realized in that moment that there are people that want to know the truth. They just don't know. They have been told these things. And I know that the way you do that, and I learned this a long time ago, the way you really able to speak to people is that you first got to show them that you care, right?

Maria further described the exhaustion that came from teaching a diversity and social justice course while holding a minoritized identity: "It's very difficult emotionally to teach a course like that and it takes a lot out of an individual."

Classroom Environment and Safety

Participants' themes also included how facilitating a safe classroom environment became nuanced when addressing critical moments. Many participants described efforts to acknowledge the effort and growth of students in the classroom, even when they did not use correct

terminology. However, some participants were forced to manage critical moments when students tried to overcorrect their peers in a way that was not appropriate to the moment or not scaffolded to their development. Heather described one such moment in which a student criticized another student's class presentation:

> I think what was unsafe about that was while the student was potentially technically correct about their assessment of the student's presentation from a classroom environment standpoint, it wasn't the right context or the right time. And so I think that me shutting it down faster may have been more helpful because she had other critiques that went along with it after that, and so—yeah, that was pretty unsafe. The student started crying, and one of the students that was giving the presentation started crying.

As most of the nuanced experiences that participants described revolved around classroom discussions, this became the next theme.

When asked what made the classroom feel safe, most participants indicated classrooms felt safe when those engaged in respectful classroom discussions showed cultural humility. Participants also noted the classroom conditions that fostered these environments. Notably, safe classroom discussion were more likely to occur in small groups. Participants reported less student engagement when they approached classroom discussion as a whole class. Beth described her experience of classroom safety: *"*When it feels safe, people start to feel comfortable and more vulnerable about telling their story 'cause technically, they didn't know. They just didn't know what they didn't know." Similarly, Elise described classroom safety occurring when students were in small groups:

> It seemed not only did we become more cohesive as a group within the classroom but we became more comfortable as a whole, sharing our thoughts and opinions, even if they

> differed, or even if someone was struggling to understand an experience of another student, there was a lot more openness to engage.

Self-Awareness and Awareness of Audience

Paralleling this theme of classroom environment and safety, participants heavily focused on self-awareness and awareness of their audience as critical to creating and maintaining safe classroom environments. More specifically, participants mentioned the importance of being aware of students' body language. "Sara" recalled observing nonverbal communication:

> So there's different levels of feedback, like the student who denies what is being shared, so let's say I share a statistic or I talk about an experience. And I can tell the student is receiving this very negatively, again, be that verbal or nonverbal, they push back their chair, they raise their hand, they say something.

Participants paid attention to students' body language and used it to gauge their level of rapport with students as well as learning outcomes. Many participants shared that the level of rapport they had with students impacted learning outcomes. They described how learning outcomes were achieved only when students felt safe to share how they received the information, a dynamic that required well established rapport.

This theme also included self-awareness; Kaia elaborated on how self-awareness of her positionality impacted the classroom. She acknowledged that her positionality as well as the students' positions showed up in the classroom during discussions. Modeling self-awareness and transparency provided an example for students to practice their own self-awareness in the classroom. In addition, this approach helped Kaia to pace content in a way that was scaffolded for students.

Maria also described that scaffolding content helped students to make connections between concepts that felt safer and concepts that felt more challenging. She noted that her students felt more comfortable discussing privilege and oppression in the context of classism and ableism. This method allowed her to scaffold content to help students understand the same principles related to racism. She also related concepts of privilege and barriers to the experiences of her students. Maria also acknowledged that these methods allowed for the establishment of rapport.

Discussion

The purpose of this study was to understand what doctoral-level GTAs in counselor education may experience when creating and maintaining safe classrooms while teaching courses focused on diversity and social justice. Counselor education programs emphasize cultural competency and humility, requiring GTAs to receive training that prepares them for this role. This study was an attempt to address gaps in the literature by highlighting the experiences of GTAs in counselor education and depicting how they facilitated safe classrooms for teaching diversity and social justice content. Using a critical phenomenological lens, we conducted semi-structured interviews to explore participants' experiences and the mechanisms they identified as shaping those experiences.

Participants described a range of experiences in teaching diversity and social justice content. Many emphasized the critical role of training and preparation in fostering their confidence and ability to manage classroom dynamics. Some GTAs reported limited formal training, relying instead on their professional counseling experience. However, participants who underwent training programs that addressed managing student reactions and classroom incivility felt better equipped. Training that prepared GTAs to handle disruptions or resistance from

students was particularly valued. Even with such training, GTAs from marginalized racial identities faced additional emotional tolls, including heightened scrutiny and resistance from students. They highlighted the importance of peer support systems, which provided opportunities for debriefing, validation, and shared strategies for navigating challenges.

Participants also emphasized the role of self-disclosure in creating a safe classroom environment. By sharing their own biases and experiences, GTAs encouraged students to engage in self-reflection and dialogue. For White GTAs, self-disclosure often served to lower student defenses, while GTAs from marginalized backgrounds used sharing their experiences as a strategy to build rapport and counter perceptions of bias. Classroom discussions, seen as indicators of safety and student engagement, often required careful facilitation. Participants described moments when students, even when acting in good faith, used problematic language or attempted to hold peers accountable in unproductive ways. These nuanced experiences required instructors to balance correcting behavior with maintaining a respectful environment.

Implications

The findings of this study have several implications for counselor education programs. First, providing specialized training for teaching diversity and social justice content is essential. Such training should include strategies for managing classroom incivility, fostering constructive dialogue, and addressing resistance. Additionally, programs should recognize and support the unique challenges faced by GTAs from marginalized backgrounds. This could involve creating nonpunitive channels for feedback, offering access to counseling resources, and fostering peer support networks. Further, training GTAs on the principles of andragogy may also enhance their ability to engage adult learners (St. Clair, 2024). Programs should also equip students with the

skills to co-create safe classrooms, emphasizing the alignment between engaging with diversity and social justice content and developing their professional identities.

Limitations

Limitations of this study included the subjective nature of qualitative research and the potential influence of the researcher's own experiences as a former GTA. While we did conduct member checking, not all participants provided feedback on the findings. The study's sample was also limited to a single institution in the Southern United States, which may impact the generalizability of the findings. Future researchers could address these limitations by including a more diverse sample and examining the experiences of untenured and tenured faculty who teach similar content. Additional studies might also explore students' perspectives and their role in co-creating safe classrooms.

Conclusion

GTAs in counselor education may encounter complex dynamics when teaching diversity and social justice content. While research highlights the importance of training, peer support, and institutional resources, the effectiveness of these supports may vary based on individual and contextual factors. Counselor education programs have a responsibility to ensure GTAs are equipped to manage these responsibilities while acknowledging the additional burdens faced by instructors from marginalized identities. By doing so, programs can support the development of confident, competent educators who embody the profession's commitment to diversity, equity, and inclusion.

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Section 2:
Clinical Mental Health

Alabama Counseling Association
Assisting the Professionals of Alabama since 1966

Individual and Group Approaches

With Military Trauma

Natalya Watson
Troy University

Jennifer Marshall
Troy University

Callie Berry
Troy University

Alexie Graft
Troy University

Lisa Gagnon
Troy University

Trey Fitch
Troy University

Authors' Note. We have no known conflicts of interest to disclose. Correspondence concerning this article should be addressed to Trey Fitch, Troy University, 527 Airport Rd, Panama City FL 32405, United States. Email: tfitch@troy.edu

Abstract

Military personnel often experience a variety of stressors that increase the chances they will develop mental health concerns. Trauma issues can be especially problematic, and counselors should be familiar with many models for addressing trauma with this population. This article describes multiple approaches to treating trauma using individual and group methods, including eye movement desensitization reprocessing (EMDR), cognitive processing therapy (CPT), and exposure therapy (ET), along with other interventions.

Keywords: military trauma, eye movement desensitization reprocessing, cognitive processing therapy, exposure therapy, group counseling

Individual and Group Approaches With Military Trauma

The Department of Defense tracks mental health disorders among active military personnel. According to the Armed Forces Health Surveillance Division (2021), 456,293 active members of armed services were diagnosed with a mental health disorder over a 5-year period. Posttraumatic stress disorders (PTSD) represented 7.7% of these diagnosis with a total of 60,174 cases. Meyer et al. (2019) estimated that up to 23% of service members experienced PTSD since 2001. In 2020, the mental health disorder diagnosis rate was 839.2 cases per 100,000 people in the military (Armed Forces Health Surveillance Division, 2021). The purpose of this article is to review contemporary counseling approaches for addressing trauma within a military population. Individual approaches and group methods are both highlighted.

Individual Approaches

Military life can be very challenging and demanding, especially when managing deployment, warfare, trauma, family separation, and transition back to civilian life. Military personnel can benefit from working one-on-one with a mental health professional who has been trained in working with the types of issues that are particularly relevant to this population (Military OneSource, n.d.a). The following evidence-based individual approaches have been shown to be effective and helpful for military and veteran personnel especially when they must deal with trauma. The following interventions, including eye movement desensitization reprocessing (EMDR), cognitive processing therapy (CPT), and exposure therapy (ET), are discussed below and have shown to be beneficial and improve mental health issues experienced in the military population.

Eye Movement Desensitization and Reprocessing Therapy

Eye movement desensitization and reprocessing (EMDR) therapy is a highly regarded and versatile psychotherapeutic approach with a proven track record in the treatment of trauma and related mental health conditions. Developed by Francine Shapiro in the late 1980s, EMDR evolved from an unknown technique into a well-established and endorsed therapy, offering hope and healing to individuals struggling with traumatic experiences (Laliotis et al., 2021; Tyler, 2023). The foundation of EMDR therapy is the adaptive information processing theory, which suggests that unresolved memories lie at the root of many psychological challenges (Laliotis et al., 2021).

Human brains store distressing memories in a fragmented and unprocessed manner in the brain's survival regions, leading to debilitating symptoms. EMDR therapy addresses this issue by employing bilateral stimulation, a core technique that synchronizes the brain regions responsible for processing traumatic memories (Tyler, 2023). The therapy follows an eight-phase process, beginning with patient history and treatment planning and progressing through preparation, assessment, desensitization, installation, body scan, closure, and reevaluation (Tyler, 2023).

EMDR therapy begins with the history and treatment planning phase, which involves gathering extensive information about the patient, including their trauma history, mental health background, and current symptoms (Tyler, 2023). This phase establishes treatment goals and lays the foundation for the entire EMDR process. The next phase is preparation, wherein the therapist introduces the patient to the EMDR framework and sets expectations for the therapy. Patients learn coping skills, known as "resourcing," during this phase to help them manage distress during sessions.

Following preparation is the assessment phase, during which patients identify belief systems, emotions, body sensations, and mental images associated with the traumatic memory. Patients learn to use two scales, the Subjective Units of Distress (SUD) and the Validity of Cognition (VOC), to gauge progress. The core of EMDR therapy lies in the desensitization phase. In this phase, patients employ bilateral stimulation, often achieved through rapid eye movement, while focusing on the traumatic memory. The primary goal is to lower the SUD rating, signifying reduced distress.

The subsequent installation phase maintains bilateral stimulation, albeit at a slower pace, as the patient associates the traumatic memory with an adaptive belief. The aim is to strengthen this belief until it feels true and deeply ingrained, indicated by a VOC rating of 7. Moving forward, the body scan phase requires patients to think about the target memory and the strengthened adaptive belief while scanning their bodies for somatic sensations. Bilateral stimulation continues to facilitate this process. After intense processing in the previous phases, the closure phase stabilizes the patient, incorporating relaxation techniques as needed to ensure they leave the session feeling grounded. Finally, the reevaluation phase, conducted at the beginning of the next session, serves to confirm that the patient can maintain the low disturbance rating and that the adaptive belief remains strong. Patients may choose to address a new target during this phase.

This structured approach ensures the safety and effectiveness of EMDR sessions, making it a widely accepted and reliable treatment option. In addition to these phases, EMDR therapy employs bilateral stimulation, which simulates the brain's natural processing during REM sleep. This synchronization helps integrate traumatic memories, releasing the associated distress (Tyler, 2023).

Davies (2021) studied the efficacy of EMDR therapy, particularly the EMDR-Integrative Group Treatment Protocol (EMDR-IGTP), in reducing PTSD symptoms among UK military veterans. In this study, 36 participants underwent a six-session EMDR-IGTP protocol, resulting in clinically significant reductions in PTSD, depression, and anxiety symptoms. These findings underscored the potential of EMDR as a cost-effective and innovative approach to treating veterans with PTSD (Davies, 2021). Additionally, EMDR's versatility extends beyond PTSD. It has demonstrated effectiveness in addressing various mental health challenges, including anxiety, depression, panic disorders, phobias, obsessive-compulsive disorder, chronic pain, addiction, and sleep disorders (Tyler, 2023). This adaptability positions EMDR as a transdiagnostic treatment approach suitable for addressing the diverse issues prevalent among military populations.

Balkin et al. (2022) published a meta-analysis on the effectiveness of EMDR compared to other approaches. The researchers explored 32 randomly controlled studies and concluded the approach may be beneficial for symptoms of over-arousal often associated with PTSD. Balkin et al. (2022) cautioned that alternate approaches might be better for some clients and that the benefits of EMDR may or may not derive from the rationale offered by the creators of EMDR. Similarly, Hoogsteder et al. (2022) conducted a meta-analysis on the effectiveness of EMDR with trauma and externalizing behaviors in adolescents. They examined studies including eight independent samples and found a significant effect on the reduction of trauma symptoms and externalizing behaviors.

While EMDR holds promise for veterans and military personnel, it is essential to acknowledge its potential risks and side effects, such as vivid dreams, headaches, or fatigue (Tyler, 2023). Rigorous research involving larger populations and conducted across various

clinical settings is needed to comprehensively assess the therapy's benefits and potential risks (Tyler, 2023). Furthermore, maintaining the core elements of EMDR therapy, as emphasized by Laliotis et al. (2021), is crucial for its continued success. The therapy's growth should be accompanied by a consensus definition and clear boundaries between EMDR psychotherapy, EMDR treatment protocols, and EMDR-derived techniques (Laliotis et al., 2021).

EMDR is a specialized treatment that requires supervised training prior to application. Training is available through agencies such as the EMDR Institute (2025), which recommends certification. Trainings often include weekend sessions and case consultation with an approved trainer to enhance clinical training (EMDR Institute, 2025). Training is available to licensed professionals, master's-level counselors, and second-year graduate students.

Cognitive Processing Therapy: A Crucial Intervention for Military Mental Health

Cognitive processing therapy (CPT) is an evidence-based approach designed primarily for the military and veterans to address the complications of PTSD and associated mental health conditions (National Center for PTSD, 2022). CPT, structured as a meticulous form of cognitive behavioral therapy (CBT), aims at the cognitive restructuring of individuals, especially veterans, enabling them to cope with and recover from traumatic occurrences. CBT in general has been recommended for treating trauma (Grant et al., 2025). Analysis of multiple studies of the effectiveness of CBT revealed positive effects with treating adults with trauma symptoms (Grant et al., 2025).

Based on CBT, CPT developed around the hypothesis that the individual interpretation and cognitive response to traumatic experiences significantly impact patients' emotional well-being (National Center for PTSD, 2022). This intervention aims to assist individuals in introspecting and challenging the dysfunctional thoughts and beliefs related to their traumatic

incidences. The therapy is typically well-structured and time-bound, delivered either individually or in group settings (National Center for PTSD, 2022).

Treatment starts with an educational phase wherein patients learn about PTSD, its symptoms, and its implications on thoughts and emotions, fostering a deeper comprehension of their condition. Subsequently, therapists guide patients to identify and rectify cognitive distortions and maladaptive beliefs that intensify their distress, including notions of self-blame, guilt, and overgeneralization (National Center for PTSD, 2022). Results from several studies have illuminated the effectiveness and applicability of this approach.

One of the critical breakthroughs in the exploration of CPT emerged from a study by Held et al. (2023). These researchers challenged the prevailing belief in the effectiveness of prolonged treatment by revealing the equivalency in the efficacy of shorter and longer intensive trauma programs (ITPs) involving CPT. Held et al. (2023) meticulously compared the outcomes of 2-week and 3-week ITPs, concluding that shorter programs can offer comparable benefits to extended ones. This discovery holds paramount implications, especially for veterans who may find committing to prolonged treatment challenging due to various constraints such as time and resource availability. The revelation of the effectiveness of condensed programs could mean broader applicability and adaptability of CPT in diverse settings and conditions, potentially benefiting a wider range of individuals.

Maio and Jorgensen-Wagers (2018) conducted a study that shed light on the effectiveness of group-based CPT within an ITP designed for active-duty service members. Their research revealed significant improvements in PTSD and depression symptoms among participants engaged in this group-based CPT approach. These findings not only highlighted the potential of

CPT in a group setting but also underscored its relevance in addressing the mental health challenges faced by service members.

Kovacevic et al. (2022) further contributed to the understanding of post-treatment outcomes within intensive programs. Their research emphasized the persistent nature of residual symptoms even after completing such intensive programs, emphasizing the need for tailored and ongoing care strategies. This insight underscores the importance of continued mental health support, even for individuals who have undergone intensive treatments like CPT. These findings reinforce the notion that while CPT can lead to significant improvements, a comprehensive approach that includes ongoing care and support is essential for addressing the complexities of mental health in military populations.

Roberge et al. (2021) examined the safety and tolerability of CPT specifically tailored for veterans who were at risk of suicide. Their research not only aimed to evaluate the safety of this therapeutic approach but also sought to dispel misconceptions surrounding its application, especially for individuals at acute risk of suicide. The researchers delved into the nuances of suicide risk assessment, treatment response, and early intervention within the context of CPT. By examining a cohort of veterans facing acute risk, Roberge et al. (2021) provided invaluable insights into the intricacies of addressing PTSD symptoms and suicide risk concurrently. Their findings illuminated the potential of CPT as a viable intervention for veterans in crisis.

Contrary to prior misconceptions, the research demonstrated that CPT could be safely and effectively applied even in cases of acute risk. The therapy not only addressed the traumatic symptoms associated with PTSD but also played a significant role in mitigating suicide risk factors. Furthermore, the results underscored the importance of early intervention and tailored treatment strategies and highlighted that timely application of CPT, coupled with a personalized

approach to suit the unique needs of veterans at risk, could be instrumental in preventing further escalation of mental health crises. Roberge et al.'s (2021) research broadened the understanding of the potential applications of CPT, especially in critical scenarios involving veterans at risk of suicide. This nuanced exploration reinforced the importance of evidence-based treatments that comprehensively address the complex interplay of PTSD symptoms and suicide risk.

Exposure Therapy: A Transformative Approach for Military and Veteran Populations

Exposure therapy, the subject of hundreds of clinical trials over a century, is a therapeutic technique designed to assist individuals in confronting and overcoming the sources of their fear or distress in a controlled environment (Becker-Haimes et al., 2022). Exposure therapy is based on principles of behavioral psychology, specifically classical conditioning, and incorporates elements of cognitive restructuring. By gradually exposing the client to the feared stimulus, the desired outcome is that the client's associated emotional response will decline, and desensitization will occur through repeated exposure.

According to Abramowitz et al. (2019), exposure techniques are appropriate for various anxiety disorders and enhance the effects of therapy. Specifically, exposure therapy is beneficial in treating PTSD, phobias, social anxiety, obsessive-compulsive disorder, generalized anxiety, and panic disorder (Abramowitz et al., 2019). Exposure therapy has numerous variations, and the client's condition and concerns determine the most suitable technique. These techniques include imaginal, in vivo, interoceptive, virtual reality, and prolonged exposure.

A study of exposure techniques in older adults with anxiety found that most treatments were multi-component, and imaginal and in vivo exposure were the most frequently provided strategies (Jayasinghe et al., 2017). Imaginal exposure involves the client repeatedly recounting the feared stimulus or event, whereas in vivo exposure involves directly engaging with the feared

object or activity in real life. In cases where in vivo exposure is impractical, virtual reality exposure may be used to replicate real-world environments and stressful stimuli.

Other techniques include interoceptive exposure and prolonged exposure. The interoceptive exposure technique involves intentionally inducing the feared physical sensations to assist the client in learning how to manage these feelings. In cases of PTSD, the use of prolonged exposure is highly recommended. Prolonged exposure, developed by Foa et al. (1991), is a specific form of CBT that includes gradually recounting the traumatic memory repeatedly; this method has proven efficient in addressing PTSD and a wide range of trauma-related symptoms. Prolonged exposure alleviates distress, avoidance, and impairment by systematically exposing individuals to traumatic memories in a safe environment, allowing clients to understand that traumatic memories and cues are harmless. Whether implementing exposure therapy as an intervention strategy or an entire approach, its proven efficiency and potential for lasting results make it a cornerstone of modern therapeutic methods.

Group Approaches

Group therapy is an evidence-based therapeutic treatment for helping people in the military (Patín-Betancourt, 2023). Being part of a group reduces stigma and feelings of guilt while increasing support and peer learning. The group setting also counteracts the isolation and avoidance commonly associated with trauma. A structured group can provide a safe environment for expressing difficult emotions, promoting self-awareness, and teaching coping mechanisms for symptom reduction. Most group-based therapeutic approaches available to military populations require that the soldier be part of a general trauma recovery group that includes civilians.

However, some evidence suggests treatment success increases significantly when therapeutic groups involve veterans and possibly their partners (Westwood et al., 2010). It is important to create therapeutic groups of peers (other soldiers or veterans), so that they can restore their sense of belonging to the military, which may have been broken due to injury, discharge, or loss of peers, and reestablish relationships with other soldiers (Westwood et al., 2010). The following sections describe the following varied group approaches: the Veterans Transition Program, creative approaches, nature-based therapy, and couples counseling.

Veterans Transition Program

One group approach, the Veterans Transition Program (VTP), takes place in a residential setting. To study the effectiveness of the program, Westwood et al. (2010) initiated the program with 18 soldiers who had PTSD symptoms; the participants were separated into three groups. Because of the stigma associated with mental wellness in the military, the researchers referred to the program as a "course" instead of "group therapy" in the hope of encouraging more soldiers to participate (Westwood et al., 2010).

This program is structured and focuses on psychoeducation, social support, coping and interpersonal skills, and successful re-entry into society. Westwood et al. (2010) emphasized family involvement through two family awareness sessions, though many participants suggested more family sessions would have been helpful. Researchers stated that it is important to normalize the trauma that the soldiers faced while serving, as well as the problems they may be having upon returning home. Counselors can facilitate this acceptance by listening to group members and by providing validation when one shares their story in group (Westwood et al., 2010).

The VTP has several phases. The first is to establish a working group, and the second is to have each group member create and share a narrative about their life and trauma. When one member tells their story, other group members are asked to paraphrase and reflect on what the member has shared. This process can highlight strengths, create trust among members, and normalize difficult emotions the soldiers may have (Westwood et al., 2010).

Next, the group begins to work through their trauma, the associated triggers, and the patterns of activation and relapse. The therapist works within each client's window of tolerance, so that they do not become too overwhelmed by the therapeutic process. During the third phase, the counselor guides group members to carefully consider how to successfully re-enter society through career exploration and creating SMART (specific, measurable, achievable, relevant, and time-bound) goals.

Creative Approaches Used in Groups

Experiencing art forms such as music and films and participating in creative endeavors in group therapy have also been shown to decrease symptoms of PTSD and help veterans find meaning in their combat experiences, which may positively influence their current emotional state. Artistic expression is a way to communicate emotions that may be difficult to put into words, process stuck emotions, and facilitate catharsis (Canto et al., 2015). Structured reminiscing, a technique that includes writing, provides a positive impact as veterans learn how to reminisce about happier times or discover how a difficult time resulted in something positive down the road (Daniels et al., 2015). Viewing movies such as *In Country* and *Jacob's Ladder* provided emotional release as veterans related to the fictional characters and felt that the movies legitimized their own experiences and trauma (LeLieuvre, 1998).

In a study related to the therapeutic value of creativity, LeLieuvre (1998) worked with Vietnam veterans in a combat support group who were undergoing readjustment counseling. The researcher asked the soldiers to share songs from the time period of the war that resonated with them in some way. Although most veterans participated, they were hesitant to do so, understanding that there would be discomfort. These veterans were still experiencing symptoms of PTSD, up to 20 years later and even beyond, and continued to feel isolated, emotionally numb, hopeless, and afraid of intimacy; however, the sharing of music created universality among the group members. The music also elicited many emotions that the veterans were able to explore together.

In a second group, LeLieuvre (1998) asked participants to share songs related to their current experience or to their future. Again, many were hesitant, but when the counselor offered sample songs, many of the veterans contributed. In discussing the songs, reading poetry (and song lyrics), and understanding the positive messages, the participants were able to exchange their negative feelings, such as hopelessness and fear of intimacy, for hopefulness and greater involvement in their community and relationships.

Similarly, Gooding and Langston (2019) explored the impact of music therapy with a military population. They looked at 27 different publications focusing on music therapy used with military populations whose most common issues were PTSD and traumatic brain injury, in both group and individual formats. They found that drumming was the most common active music therapy; other forms of music therapy were music-assisted relaxation, group music making, and therapeutic singing. A common objective in the music therapy was emotional expression and/or emotional regulation; socialization and social objectives were also commonly

addressed in group formats. Results from this study suggested that military personnel responded very positively to music therapy interventions to help promote health and improve functioning.

In a study focused on structured reminiscence or life-review structured group therapy, Daniels et al. (2015) worked with a community-based older veteran population utilizing both life-review structured group therapy and standard PTSD group formats. The aim was to identify a specific formula for greatest impact. Daniels et al. (2015) set out to determine whether completing life-review therapy first and then PTSD therapy or using both therapies in conjunction produced better outcomes.

In one group activity, the participants constructed an autobiography that included premilitary, military/warzone, and postmilitary personal history. The clinician provided specific prompts if members were reluctant or needed support. A couple of examples were "Tell us briefly about your first week in country" and "When was the first traumatic event?" This exercise is a form of structured reminiscence. Participants then took turns sharing each part—before, during, and after military service—of their autobiography over a 6-month period.

The overarching goal of these creative therapeutic approaches is to help veterans find a way to grapple with a complex and persistent problem. While experiencing symptoms of PTSD, veterans must deal with multiple factors, including feelings of isolation, hopelessness, and helplessness; fear of intimacy; and identity confusion (LeLieuvre, 1998). Veterans are faced with leaving a close-knit military group and transitioning back to society, family, new careers, or roles as students. While facing what many civilians consider to be the normal challenges of life, veterans must also cope with interpersonal difficulties and intrapersonal changes, such as establishing new relationships and feeling that they do not fit in with peers. Many soldiers return with visible evidence of trauma that resulted in a disability (Canto et al., 2015). Older veterans

may still be experiencing symptoms of PTSD and find it difficult to engage in positive reminiscing, which makes for an unhealthy aging process (Daniels et al., 2015).

Encouraging group therapy and utilizing creative group activities are positive and engaging ways to help veterans. The veterans who used music to remind them of events they experienced during the war were able to process the negative emotions with other veterans who had similar traumatic experiences. They were also able to process through their time in the military and join it with the here-and-now. Many found that they were better able to involve themselves more intimately in relationships, spend more time in the community, and even reduce alcohol use (LeLieuvre, 1998).

The veterans also found it cathartic to identify a part of their military past, discuss it from many angles, and make something new out of it. They also found new relationships, resources, and a new artistic skill to help them cope with their emotions and events happening in their lives (Canto et al., 2015). For the aging veterans, the act of putting memories, thoughts, and feelings in written form was a therapeutic process. Also, being able to share their autobiographies with each other in life-review therapy reduced symptoms of PTSD and gave veterans a greater feeling of satisfaction with their lives, as evidenced by pre- and post-test measures (Daniels et al., 2015).

Nature-Based Groups

In addition to the creative group approaches, multiple researchers have explored the positive impact of nature-based group interventions on military veterans. For example, Littman et al. (2021) examined the impact of a nature hiking group for veterans with PTSD. This study compared nature hiking, wherein the group members can focus more on the actual aspects of nature, compared to urban hiking, which is characterized by distracting stimuli in an urban environment. The researchers led two groups (nature hikers and urban hikers) on six hikes over a

12-week period. The hikes included an ice breaker, discussion of the planned hike, the hike itself, and a post-hike debriefing and questionnaire. Results indicated that PTSD symptom scores improved for the nature hiking group at 12 and 24 weeks when compared to the urban hiking group.

Craig et al. (2020) also found that experiencing nature in a group setting was helpful to a military population. Their research looked at fly fishing and the impact it might have on coping with PTSD symptoms for a group of veterans and military personnel. Findings showed that fly-fishing served as an outlet from the negative impact of PTSD while helping increase positive mood. The members related that being in nature with the stream as well as the peace and quiet was very tranquil. Another finding was that the fly fishing helped the members by improving their patience and communication by allowing them to focus on the tasks at hand that need to be completed to fly fish. Along with patience and communication, the members also experienced a sense of control as they mastered fly-fishing skills and began to socialize more with other group members. Many of the members expressed a sense of pride and accomplishment after participating in the group; this positivity helped increase insight into their PTSD symptoms and enhanced their positive coping skills.

Couples Counseling

Another group counseling approach that has received scholarly attention is couples counseling for veterans and their partners. Mouritsen and Rastogi (2013) explored a multi-couple counseling group, which clearly emphasized family involvement and interpersonal relationships. All participants had military involvement; some were veterans, some active duty, and some reservists. Researchers designed a 15-week, three-stage program that applied CBT for the treatment of PTSD. The program also contained elements of couples therapy, adjusted

specifically for veterans and their spouses. These researchers theorized that soldiers who had a secure relationship with their partner were less likely to develop trauma-related symptoms and more likely to successfully complete treatment.

By creating a therapeutic group for couples, the therapist establishes an atmosphere of universality, so that the couples do not feel alone in their struggles. This accepting environment is also a means for instilling hope, and couples can be optimistic that their relationship and trauma symptoms will improve. The couples can find empathy and support in each other during therapy, and they may develop a supportive community that will persist after therapy ends (Mouritsen & Rastogi, 2013).

In comparison to the 15-week group, Davis et al. (2021) designed a 3-day (single weekend) intense, multi-couple cognitive-behavioral conjoint therapy (CBCT) for PTSD (Monson & Fredman, 2012). The researchers sought to meet the need for more efficient delivery of the group process to help increase retention and engagement among members. The couples all had an active-duty service member or veteran with PTSD following the September 11, 2001, combat operation. The couples participated in the first two phases of the CBCT for PTSD along with mindfulness training during the 3-day weekend, followed by 8 sessions of CBCT for PTSD delivered to individual couples.

The weekend session included the first phase, psychoeducation about PTSD and relationship functioning, explanation of treatment, and conflict management skills, and the second phase focused on relationship functioning, behavioral interventions, and couple's tasks to address how the couples dealt with PTSD symptoms of avoidance and accommodation. The information was delivered in eight modules lasting 60 to 90 minutes each. Two therapists co-led sessions for seven different retreats that included two to six couples each. The findings revealed

significant decreases in clinician-rated and self-reported PTSD symptoms, depression, anxiety, and anger (Fredman et al., 2020).

Discussion

The results of these studies indicated benefits and limitations of individual and group therapy specifically for treating military populations. Benefits of individual approaches include specialized treatment plans and potentially lower dropout rates. Fawcett et al. (2020) noted that group therapy is more efficient for reaching higher numbers of clients and often similar or better in effectiveness than individual therapies.

The more general and administrative benefits of group therapy are that it is cost and time effective, which means that clinicians can help a larger population in a much shorter amount of time (Westwood et al., 2010). Specific benefits included improvement of PTDS and trauma symptoms (Canto et al., 2015; Fredman et al., 2020; Westwood et al., 2010), emotional connectedness (Daniels et al., 2015; Gooding & Langston, 2019; LeLieuvre, 1998), and hopefulness (Craig et al., 2020; Littman et al., 2021) among veterans and soldiers. According to Fawcett et al. (2020) a potential limitation of group therapy is higher drop out rates**.**

The limitations of both of these types of approaches include the potential impact that working with this population can have on counselors, especially with the focus on trauma and the impact it has had on the military personnel: “Compassion fatigue, vicarious traumatization, and burnout are possible effects of long-term exposure to, and attempts to support, those impacted by crises” (Johnson & Templeton, 2019, p. 69). Being aware of these risks and understanding how to self-regulate and incorporate strategies such as mindfulness can be helpful when stress occurs.

Conclusion

Previous findings suggested that the mental impact of war is significantly greater than the likelihood of sustaining physical injuries, which is why discharged soldiers should receive focused treatment and support such as individual and group therapy (Mouritsen & Rastogi, 2013). Therapeutic counseling, provided individually or in groups, can assist soldiers and veterans in coping with trauma and related symptoms, reestablishing relationships with family members and civilians, finding employment, and reentering society successfully**.** Counselors should become aware of specific resources for learning more about counseling military populations. For example, Military OneSource (n.d.b) is an informative website and a rich resource. The Veterans Administration (2025) provides many resources and guidelines for mental health care. Counselors may earn academic certificates for counseling military.

When working with the military populations, counselors need to highlight that these individuals are part of a unique community that has shared beliefs, values, and norms that may have influenced this individual's personality and identity. The military community may have also had an influence on how they view their mental health issue as well as mental health in general (Heward et al., 2024).

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Developing the Scholar Within the Practitioner:

Integration of Research Activity in Counselor Training

Lindsay E. Stokes
Troy University

Connie Couch
University of Montevallo

Kaitlyn E. Wilson
Troy University

Authors' Note. Lindsay E. Stokes, Ph.D., LPC, NCC is currently an Assistant Professor and Clinical Co-Director at Troy University.
Connie Couch, Ph.D., LPC is currently an Assistant Professor at the University of Montevallo, her contact information is ccouch@montevallo.edu.
Kaitlyn E. Wilson is currently a Clinical Mental Health Master's student at Troy University.
We have no known conflict of interest to disclose.
Correspondence concerning this article should be directed to Lindsay E. Stokes, Ph.D., LPC, NCC at lestokes@troy.edu or (334) 241-9594

Abstract

Researcher identity development is an aspect of a counselor's overall professional identity; however, many master's-level counseling students do not understand how researcher identity development connects with their practitioner identity. Previous research has provided insight into how master's-level counseling students develop their researcher identity and take steps to integrate it with their counselor professional identity. This manuscript provides a review of previous literature, suggestions for fostering researcher identity, discussion of how to integrate the findings of previous literature within graduate counseling courses, discussion of implications for counselor educators and counselors, and suggestions for future research.

Keywords: researcher identity development, master's-level counseling students, professional identity development, advising, supervision, mentorship

Developing the Scholar Within the Practitioner: **Integration of Research Activity in Counselor Training**

The American Counseling Association's (ACA) *Code of Ethics* (2014) states counselors have a professional responsibility to protect the public by engaging in counseling practices that are rooted in stringent research practices. Ethically practicing counselors not only have knowledge of current counseling research but also implement evidence-base practices within their clinical work (ACA, 2014). During their master's programs, counselors are exposed to related professional research, research methodologies, and evidence-based practices as they learn how to implement practices within their counseling practice.

Similarly, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2023) standards require counselor educators to provide master's-level counseling students with knowledge of research and to incorporate counseling-related research throughout the counseling curriculum. The most recent update to the CACREP (2023) Standards specifically advocates for a "unified ... strong professional counselor identity" (p. 1). Despite this agreement among professional organizations, educators face a common misconception that master's-level counseling students are focused only on developing their practitioner identity and are not interested in research (Owenz & Hall, 2011).

In fact, several investigations revealed that students were able to develop a researcher identity throughout their master's-level programs with the guidance and support from faculty and their program structure (Jorgensen & Duncan, 2015a, 2015b; Stevens & Bhat, 2024; Stevens et al., 2024). In this manuscript, we will discuss previous literature, strategies for fostering research development for master's-level counseling students, and examples and applications of authors' experience. We will also include a vignette from the third author's personal experience as a

current master's-level counseling student, suggestions for future research, and implications for counselors and counselor educators.

Literature Review

Ethical and accreditation standards exist to foster the development of researcher identity (RI) among master's-level counseling students. To understand more about this requirement, previous researchers have explored how master's-level counseling students come to develop a RI.

Qualitative Findings

Jorgensen and Duncan (2015a) explored the meaning of RI for master's-level counseling students through a grounded theory approach. The purpose of the study was to offer a framework to understand the phenomenon of RI and how master's-level counselors develop it. Researchers conducted individual interviews and a focus group with students (trainees) and practitioners. Seventeen participants (10 women and seven men) completed individual interviews. Eight of these participants were pursuing a school counseling specialization and nine a clinical mental health counseling (CMHC) specialization. Five participants were at the midpoint of their program, seven participants were at the end of their program, and five participants were currently practicing in the field with at least 2 years' experience and full licensure or certification. Six participants (four women and two men) completed the focus group; three participants pursuing the school counseling specialization, and three participants were working toward the CMHC specialization. All participants in the focus groups were at the midpoint of their program.

Analysis of the data yielded an emergent theory of RI, which integrated the following conclusions:

> (a) RI is considered an outcome that is initiated by the event of coming to understand what it means to be a counselor (professional identity); (b) RI is facilitated through the negotiation of internal facilitators, external facilitators, faculty impacts, and beliefs about research; (c) RI is affected by the broader contexts of undergraduate major and area of specialization; (d) RI is enhanced by accepting fluid conceptualizations of research and professional identity; and (e) RI is manifested through research behaviors, attitudes toward research, and a level that symbolizes the various degrees of a student's RI. (Jorgensen & Duncan, 2015a, p. 22)

This emergent theory demonstrated that RI is a multifaceted concept, which is influenced by master's-level counseling students' experiences and faculty interactions regarding research.

Jorgensen and Duncan (2015b) further explored the development of RI among master's-level students within the context of counselor professional identity (CPI) through a phenomenological approach. In this study, researchers conducted individual interviews and a focus group to capture the participants' experience of developing an RI and the meaning they ascribed to that identity. The 12 participants who completed individual interviews included nine women and three men. Five were school counseling students and seven were CMHC students; five participants were at the midpoint of their program (12-30 credits completed), and seven participants were at the end of their program (in the process of internship or had graduated within the last 6 months).

Six participants completed the focus group. Two focus group participants were also involved in the individual interviews. Focus group participants were all at the midpoint of their program and included four women and two men. Three participants were school counseling students, and three were CMHC students. Individual interviews were semi-structured, and

researchers asked participants to read two articles before the interview. The focus group was semi-structured, and researchers requested participants create a visual representation of what they imagined when they heard the word "research." Once participants completed their visual representations, each participant shared the meaning of their drawing with the other focus group participants and the researcher (Jorgensen & Duncan, 2015b).

Jorgensen and Duncan (2015b) discovered three stages of RI for master's-level counseling students: stagnation, negotiation, and stabilization. In the first stage, participants seemed stagnant in the process of developing their RI. The students were aware that research was a part of their identity as a professional counselor; however, they struggled to know what to do with the awareness. In this stage, participants reported experiencing an internal state of confusion. They also shared a dislike or avoidance of research, expressed loyalty to their practitioner identity, and described limited definitions of research.

In Stage 2, negotiation, participants expressed a moderate level of RI. They described they had transitioned from a lower level of RI as they developed more confidence related to research and expressed a need to take initiative and be mentored by others. The transition experienced in this stage included integrating research within practice and moving away from being solely loyal to their practitioner identity. Participants in this stage also began to broaden their definition of research.

In the stabilization stage (Stage 3), participants experienced a stabilization of their RI. They reported a broader conceptualization of research and a recognition that research can range from reviewing scholarly articles to conducting original research. Participants in this stage were also least likely to be influenced by negative messages about research due to their more solidified internal RI. In this stage, participants expressed internal factors which included

persistence, dedication, curiosity, and the integration of both practitioner and researcher identities. Participants in this stage viewed research as multidimensional, whereas in the previous stages of RI, participants described research as numbers and/or actions other individuals do (Jorgensen & Duncan, 2015b).

Jorgensen et al. (2024) explored master's-level counseling students' narratives about their research methodology courses. The researchers designed a study rooted in a social constructivist paradigm to gather narratives from students to capture and further understand how research methodology courses inform or guide RI. The participants in this study included 16 master's-level counseling students. Fourteen participants were enrolled in a CMHC program, and two were enrolled in a school counseling program. The study included 12 female participants, three male participants, and one participant who self-identified as genderqueer/gender nonconforming. The participants also reported the modality of instruction of their research methodology course; five received the course in person, seven received the course online, and four received the course via a hybrid format.

All participants completed a demographic survey and were then asked to reflect on their experience within the research methodology course. This reflection included a request for participants to include messages they would have told their younger selves (Jorgensen et al., 2024). The researchers analyzed the letters from the participants using a categorical-content approach, which allows for sections or single words to be combined across multiple narratives to form meaning (Lieblich et al., 1998; Jorgensen et al., 2024).

The overarching narrative displayed participants' experience as a journey that highlighted their growth (Jorgensen et al., 2024). Three main themes included anticipation, experience, and reflection. The anticipation theme included two subthemes: *before we begin* and *a hint from the*

past. This theme expressed the participants' initial and/or uncertain ideas regarding research. The subtheme before we begin highlighted the steps participants took to prepare for their research journey, and a hint from the past subtheme acknowledged participants' previous experience with research.

The second main theme, experience, conveyed participants' changing relationship with research and included three subthemes: increased agency, a shift in perspective, and a broader view of application. The increased agency subtheme displayed an emerging sense of agency. Participants described a shift the from negative emotions they felt about research before the research methodology course to an increased sense of self-efficacy, which emerged throughout the course. Participants reported gaining a broader understanding of research concepts and acknowledged that research could positively impact their careers.

Reflection was the third and final main theme, which included subthemes of muddy waters and a full transformation. The reflection theme highlighted ways participants overcame negative emotions and integrated research as a component of their CPI. The muddy waters subtheme reflected the ways unexpected circumstances regarding instruction modality (e.g., online) and life events clouded participants' overall thoughts and feelings about the research methodology course (Jorgensen et al., 2024). Participants revealed how the course allowed them to include research in their future work as counselor practitioners in the full transformation subtheme.

Jorgensen et al. (2024) captured master's-level counseling students' narratives of their experience in the research methodology class. This insight into the students' experience allowed counselor educators to understand how a research methodology course can further the development of RI, foster self-efficacy, lead to ownership of growth as researchers, and help

students integrate research as part of their overall CPI (Jorgensen et al., 2024). In addition to the contributions of Jorgensen et al. (2024) and Jorgensen and Duncan (2015a, 2015b), Stevens and Bhat (2024) and Stevens et al. (2024) offered significant insights into the researcher identity development (RID) process among master's-level counseling students.

Quantitative Results

Stevens and Bhat (2024) completed a quantitative, exploratory study of 189 counseling master's students, finding statistically significant relationships between research competence and intrinsic motivation, extrinsic motivation, and perceived rapport/identification with advisors. Stevens et al. (2024) reported findings from their qualitative, exploratory case study of a vertically integrated (mentorship and collaboration in research at the faculty, doctoral, and master's-level) research lab in a counseling department. Their study focused on RID among the master's students involved in the research lab, and analysis yielded four themes: "motivation for joining labs and engaging in research, importance of faculty mentorship and support, increased research identity and ability after the research lab, and the intersection between research, professional, and personal identities" (Stevens et al., 2024, p. 1).

The results of these two studies build on each other, offering a thorough image of how RI evolves for master's-level counseling students. Together, the outcomes emphasize the importance of structured support, mentorship, and applied research experiences in fostering research engagement (Stevens et al., 2024) through three key factors: research motivation, research competence, and the advisory working alliance (Stevens & Bhat, 2024).

Stevens and Bhat (2024) established that research competence among master's-level counseling students is often limited or underdeveloped when they begin their graduate programs. This deficit may be related to the fact that unlike many professions, entry-level counseling

programs do not have a requisite undergraduate degree, making the profession widely accessible to individuals from diverse academic and career backgrounds. Individuals with an undergraduate degree from a different discipline (e.g., theater, history, English) may have limited familiarity with research activities common in the psychological and human services fields. Therefore, students may enter graduate programs with a focus on the helping aspects of the profession and an opinion that research is an isolated academic requirement rather than an integral part of their professional identity. In fact, analysis of student demographics by Stevens and Bhat (2024) revealed that student age was an influential factor. Older students (31-40 years) had lower *failure-avoidance motivation*, which may suggest that research-related anxiety may decrease with maturity and other professional experience.

Stevens et al.'s (2024) investigation identified several facilitators to remedy the lack of research competence and experience: structured coursework, mentorship, and real-world, hands-on research opportunities. Extending these ideas, researchers explored how engagement in research labs and structured assignments could improve research competency. They suggested that as students participated in intentionally scaffolded and incremental research tasks (e.g., literature reviews, data collection and analysis, professional presentations, and preparing manuscripts) within supportive environments with faculty and doctoral student mentors, they developed technical skills, and the tasks reinforced the importance of research in professional counseling at large.

Stevens and Bhat (2024) also investigated research motivation, a dimensional construct involving intrinsic and extrinsic factors. Many students are reluctant or apprehensive toward research initially, likely due to a misperception of the complexity of research or apparent irrelevance of research to their future careers. Yet, as they begin to engage with research in

intrinsically and extrinsically meaningful ways (e.g., structured assignments, exposure to real-world applications), their motivation increases. Stevens and Bhat (2024) underscored the importance of faculty support and positive research training environments (RTEs) in sustaining this motivation. Stevens et al. (2024) extended this work by investigating how students' participation in such research environments enhanced their motivation. Specifically, the researchers noted that when students felt they had actively contributed to the process of producing and disseminating scholarship, they found research activity more linked to their own professional growth and efficacy. Consequently, RI became more likely to become integrated into their long-term professional identity (Jorgensen et al., 2024).

An important finding from both studies (Stevens & Bhat, 2024; Stevens et al., 2024) was the role of the advisory working alliance (AWA; Schlosser & Gelso, 2001) in fostering and facilitating RID. Stevens and Bhat (2024) described AWA as a relationship between students and faculty in which faculty and advanced student mentors provide guidance, feedback, and encouragement for professional development. Strong AWAs support students as they navigate research challenges and enhance confidence in their research skills.

Stevens et al. (2024) elaborated on the importance of AWA to RID by suggesting that faculty members can tailor mentorship approaches based on students' developmental stages. This conclusion aligned with well-established models of supervision, such as Bernard's (1979, 1997) discrimination model and Stoltenberg and McNeill's (2011) integrated developmental model. Structured guidance early in a student's research journey may be followed by gradual autonomy, which can enhance research engagement and self-efficacy. The quality of the AWA significantly influences students' willingness to engage with research beyond coursework.

Although research is an important part of professional identity, research activity among master's-level counseling students is lacking (Jorgensen & Duncan, 2015a, 2015b). In the next section, we will discuss strategies counselor educators can implement to increase research activity and further promote development of a researcher and practitioner identity.

Strategies for Fostering Research Development

Counselor educators play a vital role in the development of research identity among master's-level counseling students (Jorgensen & Duncan, 2015a, 2015b; Stevens & Bhat, 2024; Stevens et al., 2024). Master's-level counseling students hold negative attitudes and beliefs about research because they focus on clinical skill development (Jorgensen & Duncan, 2015a, 2015b). Faculty need to be mindful of the messages they are sharing with students about research and its relationship to a counselor's professional identity and work as a counselor. Faculty can directly impact the development of RI among their master's-level counseling students through their approaches to teaching and supervision. Counseling programs also influence students' RI development through program activities and student involvement in research opportunities.

In their courses, counselor educators have opportunities to foster professional and research development among students. Faculty and programs can help students move through the stages of RI development discovered by Jorgensen and Duncan (2015b) throughout the master's program. In stage one, stagnation, students have awareness of research but are unsure of the next steps to take with this awareness. Students entering master's-level counseling programs may have limited exposure to research depending on their undergraduate major and previous experiences (Jorgensen & Duncan, 2015a).

Counseling programs can begin to expose students to research through the methodology course and by incorporating relevant research into other courses. During the research

methodology course, students might be required to complete the necessary training to conduct human subject research. Faculty teaching the research methodology course could also invite members of the Institutional Review Board (IRB) to review the protocols or steps in submitting a proposal to conduct research. This exposure could help demystify the process of research as well as connect students to university resources that foster research opportunities. These examples and opportunities can assist students in moving from Stage 1, stagnation, to Stage 2, negotiation (Jorgensen & Duncan, 2015b).

In the negotiation stage, students may demonstrate more confidence in research because they have broadened their understanding of research and begun to incorporate RI into their overall professional identity (Jorgensen & Duncan, 2015b). During this stage, faculty may observe students taking more initiative regarding research and desiring to be mentored. If faculty incorporate opportunities in their classroom to develop research opportunities, students will not only gain more experience but also further their confidence in engaging with research.

As students' progress through their counseling programs and begin to enter into practicums and internships, students may also be entering into the third stage of RI development: stabilization. During the stabilization stage, students have a broader understanding of research and research activities, from reviewing scholarly articles to conducting original research, and they have begun to integrate their researcher and practitioner identities (Jorgensen & Duncan, 2015b). Faculty provide group supervision during master's-level counseling students' practicums and internships. During group supervision, students and faculty may discuss the integration of a student's researcher and practitioner identities. This setting can also allow students to explore how to incorporate research into their work with clients, be involved in research within a clinical

setting (e.g., reviewing intervention effectiveness for their clients), and gain access to literature by identifying open access journals to use in their clinical practice.

Application and Examples

Counselor educators in Alabama have an opportunity to foster self-efficacy and practice for master's-level counseling students by encouraging their students to get involved in the Alabama Counseling Association (ALCA) and participate in the Graduate Student Poster presentations during the ALCA's annual conferences. This opportunity allows students to develop a poster presentation focused on their research interests, based on original research, or adapted from a class assignment. Students can gain experience by submitting a proposal, having the proposal reviewed and accepted, and presenting the poster at the conference to counselors across the state. The authors have direct experience as faculty supervisors for students who present at the ALCA annual conference graduate poster session. The following examples illustrate the variety of experiences available to students who participate in the conference sessions.

Poster Presentation

The first author worked to supervise and support a CMHC student (the third author) in developing a poster presentation from the research proposal the student submitted for their research methodology course. This student gained valuable experience through the proposal process of developing a poster based on the guidelines provided by ALCA. The student's poster presentation also led the student to develop a conceptual manuscript and to seek additional opportunities to engage in research. By engaging in mentorship, promoting the student's curiosity, and identifying potential opportunities, the first author helped the student take what she was learning in her counseling program and apply it beyond the classroom. Included in the next

section is a vignette to highlight a student's perspective of her experience with mentorship, research, and scholarship.

Master's Student Vignette

The third author is currently a master's student in clinical mental health counseling. She has experienced tremendous growth in fostering a research identity, facilitated by her academic environment and faculty support. The faculty played a vital role by inspiring her to explore research topics that were meaningful to her and potentially impactful to others; this focus on value helped promote a strong sense of purpose and passion related to her research. She identifies her advisor as instrumental in encouraging students to be involved in current research opportunities by keeping all students up to date on upcoming conferences, student poster sessions, or ongoing faculty research. All these forms of support and encouragement shaped her desire to interact more meaningfully within research.

The research methodologies course offered to students emphasized the importance of choosing significant and meaningful research, inspiring her conviction to seek and engage in research topics that personally resonated within her. Through her experience with her mentor, she was able to grow a more mature sense of empathy toward her research topic, acquiring a beneficial understanding of the research process by way of firsthand instruction and guidance. The university's counseling program was consistent in promoting opportunities for student research and engagement, encouraging students to participate actively in and pursue scholarly activities. Finally, one of the most crucial facets of her experience has been the support and encouragement of various faculty members to cultivate meaningful research, which has nurtured her confidence and empowered her to find her voice and use it within the field of counseling

research. The next example is an in-depth description of a poster project assignment designed to facilitate students' RID.

Case Example: Poster Project Assignment

Though RID is an essential part of becoming a professional counselor, it is often a component of counselor training that many students find intimidating and believe to be irrelevant to their careers. Counseling students typically enter training programs with limited exposure to research beyond their undergraduate coursework; consequently, they often view research as disconnected from their future clinical practice (Jorgensen et al., 2024; Jorgensen & Duncan, 2015a, 2015b; Stevens & Bhat, 2024; Stevens et al., 2024). Efforts to bridge this gap, such as structured assignments integrating students' use of research skills with professional activity, can stimulate and foster research identity.

The following pedagogical activity is a practice aimed at motivating students' engagement with research skills, increasing research self-efficacy and competence, and providing a space to support the emotional and developmental needs of counselors-in-training in master's-level courses. The features of this project example align with the RID suggestions proposed by multiple authors (Jorgensen et al., 2024; Jorgensen & Duncan, 2015a, 2015b; Stevens & Bhat, 2024; Stevens et al., 2024). By strategically guiding students through a low-stakes process of using research skills, synthesizing, and presenting relevant topics in a poster format, the second author allows students to become familiar with the research activities expected of professional counselors.

Description of the Poster Assignment

The second author has included the academic poster project in eight class sections over four semesters in three different courses. Designed as a culminating group project, the

assignment requires students to select a topic relevant to the course content and develop an academic poster to present in an in-class "symposium" with course peers.

The content and purpose of the poster project vary depending on the course topic. For instance, in an Advanced Human Growth and Development course, students created a developmental case study of a chosen character, analyzing their developmental history, current conflicts, and mental health implications; students also presented developmentally informed recommendations for counseling. Another application was in a Career and Lifestyle Development course, wherein students designed a career program for a specific population and need, outlined the program structure, and constructed a framework for program evaluation. In a Crisis Intervention and Trauma-Informed Counseling course, students may choose to present on a specific type of crisis, disaster, or trauma treatment approach.

Regardless of the course or assignment focus, all projects require a literature review and integration of relevant research to support the topic. This process allows students to practice reviewing, analyzing, and applying research—flexing their developing researcher muscles. In general, all posters include (a) a definition and conceptual overview of the topic, (b) statement of relevance to the counseling profession and implications for practice, and (c) summary of current research findings that support or elaborate on the topic. Further, rather than engaging in a traditional oral presentation, with which most students are already familiar, this project provides a novel medium for meeting the same or similar objectives.

The second author provides direct instruction on project development and poster creation, including examples of previous conference posters of her own and examples of topics from previous semesters. During this phase of the assignment instruction, the second author also shares that some student projects have been so well received by peers and exciting for students

that some groups have taken their projects to state and regional conferences. Students are sometimes surprised to hear that a class project could develop into a more professional presentation. This revelation leads into a discussion of the purpose of professional conferences and how engaging in scholarship and sharing ideas in the larger professional conversation are woven into counselor's professional identity and how such presentations serve as a means of professional and clinical advocacy.

After working in groups to develop their posters projects, students submit final posters for printing by the second author (using shared institutional resources included in the unit budget), and students hang the posters in the classroom for the presentation night. Students present in a symposium-style format, typical of professional conference poster sessions. This approach mimics the experience of a professional conference while maintaining the safety of the classroom and peers.

Each group establishes an order of presenters in their group, ensuring each student has the opportunity to be stationed with their poster while the other group members visit other groups' posters. Students are encouraged to provide substantive feedback to other groups' posters as they visit. Following the presentation period within the class meeting, the second author facilitates a large group discussion. Students reflect on their experiences of developing the project content, designing and preparing the poster, presenting, giving and receiving feedback. Finally, they share an appraisal of the entire experience.

Overall, students have reported they appreciated the poster project and experienced an increase in knowledge and skills using scholarly resources to support their work. Students reported feeling intimidated early in the process of both project preparation and the act of

presenting; however, by the end of the symposium, they felt increased self-efficacy and competence in the content of their project and confidence in presenting their material.

In the three years since the second author began integrating this project into multiple courses, a total of 10 posters (16 students) have been presented at the state level (ALCA Graduate Student Poster Sessions) and one student presented at the national level (American Mental Health Counselors Association). Of those poster presentations, two were directly related to or expanded from their course project. Six posters incorporated new topics unrelated to their course projects because the presenters had previously completed poster projects as course requirements and were familiar with the process. Three posters were unrelated to previous course work and were completed by students who had no previous poster experience. These students knew of the poster project assignment from peers and sought out the opportunity to develop a poster presentation with mentorship from the second author.

Going on to present a poster at a professional conference was an experience that reinforced students' research identities and enhanced their professional confidence. This real-world application of scholarly engagement helps students transition from completing classroom-based research activities to taking more ownership in their roles as active participants in the profession. Though the poster project assignment has been implemented for a limited time, and no formal data has been collected and analyzed, feedback indicates that this practice promotes qualities related to RID among some students exposed to this pedagogical intervention. This activity alone does not fulfill all the conditions necessary to complete research coursework in a master's counseling program. However, it exemplifies two things: (a) a strategy that can be implemented in multiple courses or infused across the curriculum to extend and transfer research

engagement, and (b) a way to integrate multiple recommendations that promote RID among master's-level counseling students.

Alignment With Researcher Identity Development Stages

This poster project facilitates students' progression through Jorgensen and Duncan's (2015b) stage model of RID. In the first stage, stagnation, students typically experience hesitancy and low confidence in research activities. The second author (the instructor, in this case) counteracts students' initial worry and unfamiliarity with the project by providing structure and reassurance. The second author also provides direct instruction on the purpose and nature of poster presentations and how to create an academic poster, including examples to make the project feel achievable.

Next, in the negotiation stage, students vacillate between confidence and uncertainty as they continue to engage in research activities. As students develop topics and begin constructing their posters, they gain excitement while also struggling with research synthesis. Multiple check-ins with the instructor help students refine their focus. Lastly, as students move into the stabilization stage, they begin to experience a deepened understanding of their role in research and related activities as a component of their larger professional identity. Following their in-class poster presentations, students routinely report feeling more competent, confident, and accomplished. They also reflect on and explain how their experiences with the project influenced how they see themselves as related to scholarly activities.

Alignment With Research Identity Constructs

Stevens and Bhat (2024) highlighted three major elements of RID (research competence, motivation, and advisory working alliances) that the poster project assignment directly fosters. Reviewing, synthesizing, and communication of content all promote gains in competence in

students' ability to engage with professional literature. Additionally, the project involves both intrinsic motivation (choice of topic, relevance to practice area) and extrinsic motivation (rewarding peer support, potential to present professionally). The second author is the research advisor in the Advisory Working Alliance. In that role, she provides structured guidance, direct instruction, and consultations in addition to in-class worktime for groups to support students as they develop and refine their ideas, strategies, and focus.

This case example demonstrates how intentionally scaffolded, structured, developmentally appropriate research activities can be integrated into non-research-specific courses to foster RID among counseling students. Aligning pedagogical practice with Jorgensen's and Stevens's frameworks and recommendations allows students to build knowledge, skills, and confidence in research engagement through applied learning experiences. Further, this project raises students' awareness of the importance of research activities for master's-level professional counselors in the pursuit of evidence-based practice. Counselor educators and supervisors should consider incorporating pedagogical elements that simulate real-world research activities, such as project-based and/or problem-based learning (Peterson & Myer, 1995; Waalkes & DeCino, 2019) to encourage development of evidence-informed, research-engaged professionals.

Implications for Counselor Educators and Counselors

Previous researchers highlighted the crucial roles counselor educators play in the RID of master's-level counseling students (Jorgensen et al., 2024; Jorgensen & Duncan, 2015a, 2015b; Stevens & Bhat, 2024; Stevens et al., 2024). Counselor educators need to reflect on the messages they may be sending to students regarding research and how research connects to CPI (Jorgensen et al., 2024; Jorgensen & Duncan, 2015a, 2015b). By reviewing the instructional design of the

research methodology courses as well as other courses, counselor educators can incorporate activities and assignments to ensure alignment with Jorgensen and Duncan's (2015b) RI development stages. This approach may help to foster RI among students by positioning counselor educators as active facilitators of RI.

Stevens and Bhat (2024) and Stevens et al. (2024) also provided valuable insights and promising methods for infusing RID opportunities into master's-level counseling courses and curricula. Introducing research activities early in a counseling program helps familiarize students with foundational research concepts and skills; this early exposure may reduce research-related hesitation and foster research competence. Enhancing faculty mentorship through a structured, supportive environment may foster master's students' engagement in research-related activity in and outside of course requirements. Intentional integration of real-world, relevant research applications encourages student participation in extra-curricular professional activities (e.g., conferences, poster presentations, collaborative projects), which may then reinforce research as a meaningful component of their overall CPI. By implementing targeted and intentional strategies to support RID, counselor educators can promote students' integration of research into their future areas of practice. The dividends of such practices strengthen the counseling profession as a whole (Jorgensen et al., 2024).

A counselor's professional identity encompasses both researcher and practitioner (Jorgensen et al., 2024; Jorgensen & Duncan, 2015a, 2015b; Stevens & Bhat, 2024; Stevens et al., 2024). Counselors can continue to foster their research identity beyond their graduate counseling program through a variety of activities. They may engage in research through reviewing of recent literature and seeking out evidence-based practices. Counselors can flex their research muscle by collecting data within their own practice to assess program or intervention

effectiveness. Counselors can continue to seek opportunities to present at conferences to share their work with others and connect with other counselors with similar research interests. Last, counselors and counselor educators can work together on research projects to promote services for clients and develop better and more effective approaches and interventions.

Suggestions for Future Research

There is an abundance of opportunity for future research focused on the development of graduate counseling students' RI. The review of the literature revealed recent research has focused only on CMHC and school counseling students. Future researchers should also work to include graduate students in other specialty areas, such as clinical rehabilitation counseling, addictions counseling, and marriage and family counseling. Exploring strategies to help prompt original research among graduate counseling students may also further their RI development and add to the professional literature.

Investigating how counseling programs incorporate strategies, such as requiring theses, creating opportunities to join a research lab, and teaching a research methodology course, may foster RI among students and could further the profession's understanding of effective ways to promote RI development. Integrating the aspects of RI discussed by Jorgensen and Duncan (2015a, 2015b) and Stevens and Bhat (2024) could also help identify effective practices to encourage RI among graduate counseling students. Last, examining how counselor educators promote the path between RI development, integration of RI and CPI, continued research engagement and productivity, and involvement within the state level organization (ALCA) could lead to connecting the next generation of counseling leaders within the state and creation of innovative and effective practices among counselors.

Conclusion

This article provided an overview of previous research focused on master's-level counseling students' RIS, delineated strategies for fostering the development of RI among counseling students, and offered specific examples of how to integrate mentorship and course assignments to address RI development throughout a master's program. RI is an integral component of a counselor's professional identity and can be fostered through faculty mentorship, program opportunities, and strategic course assignments. Further research is needed to understand how counseling programs are fostering RI, how RI contributes to the overall counseling professional identity, and how counseling practitioners continue to use their researcher identity within their clinical practice. Counselor educators can work to create more intentional focus on RI development as an integral part of master's counseling programs.

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The Therapeutic Synergy of Psychedelic-Assisted Psychotherapy and Gestalt Therapy in Addressing Unfinished Business

Fanicy Sears
eMotion Therapy, LLC

Author's Note. Fanicy Sears, LPC-S, LMFT, NCC, is the clinical director of eMotion Therapy, LLC, a private practice mental health organization in Birmingham, Alabama, focused on helping individuals, couples, and families navigate treatment-resistant mood disorders and systemic family trauma through the use of holistic and traditional clinical mental health strategies.
Office Address: 1710 2nd Avenue North, Unit 514, Birmingham, Alabama 35203
Email Address: emotiontherapy@outlook.com
Phone Number: 205-440-3858

Abstract

Recent advancements in psychedelic-assisted psychotherapy (PAP) highlight its potential for profound psychological healing. This paper examines the synergy between PAP and Gestalt therapy, particularly in addressing *unfinished business*, a concept introduced by Fritz Perls. Both approaches focus on resolving unprocessed emotions and unmet needs, which often hinder psychological well-being. PAP leverages the altered states of consciousness induced by psychedelics to enhance introspection, emotional release, and connection to core experiences. Similarly, Gestalt therapy facilitates self-awareness and personal growth by encouraging clients to engage with unresolved aspects of their past in the present moment. Together, these modalities foster empathy, self-compassion, and deep psychological integration, enabling individuals to work through unresolved conflicts and achieve greater emotional balance. This exploration underscores the potential for combining PAP with Gestalt therapy to enhance therapeutic outcomes and promote holistic healing.

Keywords: psychedelic-assisted psychotherapy, Gestalt therapy, unfinished business, Fritz Perls, emotional integration, consciousness, psychotherapy innovation

The Therapeutic Synergy of Psychedelic-Assisted Psychotherapy and Gestalt Therapy in Addressing Unfinished Business

The therapeutic landscape is rapidly evolving with the integration of psychedelic substances like psilocybin, ketamine, and MDMA into psychotherapy. These substances, when used in a controlled and supervised setting, allow individuals to access deeper levels of consciousness and engage with their emotional and psychological experiences in novel ways. Gestalt therapy emphasizes resolving *unfinished business*, or unresolved emotions and experiences, by bringing them into the present and integrating them (Kaisler et al., 2023). This article is an exploration of the therapeutic potential for using these approaches together.

Psychedelic-Assisted Psychotherapy

Psychedelic-assisted psychotherapy (PAP) has been shown to help clients engage emotional and psychological experiences in controlled, supervised, and safe settings (Vaid & Walker, 2022). By incorporating medically managed dosages of psilocybin, ketamine, or MDMA with psychotherapy, clinicians can help clients access suppressed memories, emotions, past traumas and unresolved issues with less fear and ego defenses, providing clients with an opportunity to step back from their usual patterns of thought and behavior. This dissociation, combined with serotonin modulation, helps individuals process difficult emotions from a detached yet connected perspective (Grieco et al., 2022).

When used intentionally and responsibly, psilocybin can lead to catharsis and a re-framing of traumatic events as meaningful experiences, while ketamine can help rewire negative thought patterns, offering new perspectives on previously unresolved issues (National Institutes of Health [NIH], 2024). Results from MDMA-assisted therapy trials conducted by the Multidisciplinary Association for Psychedelic Studies (MAPS) have also shown that participants

were able to confront challenging emotions and experience deep emotional connections and vulnerability while feeling supported and safe (Madero & Alvarez, 2023).

Psilocybin acts as a partial agonist at the 5-HT2A serotonin receptors in the brain, leading to increased neural connectivity and altered activity in the default mode network (DMN), which is associated with self-referential thinking (NIH, 2024). Ketamine primarily interacts with NMDA receptors as an antagonist; it indirectly affects serotonin levels by increasing activity in the prefrontal cortex and stimulating the release of glutamate, which influences mood regulation and promotes neuroplasticity by increasing synaptic connections (Hipólito et al., 2023). MDMA primarily acts as a serotonin-releasing agent, increasing extracellular serotonin levels by reversing its reuptake, influencing dopamine and norepinephrine release, while fostering feelings of trust and emotional closeness (Van Elk & Yaden, 2022).

Psilocybin allows clients to access deeper levels of consciousness by facilitating spiritual experiences, fostering a sense of interconnectedness, and dissolving the ego to allow exploration of subconscious material (Rucker et al., 2022). Ketamine encourages detachment from the ego, enabling the individual to access repressed memories and emotions without the usual defense mechanisms, while MDMA reduces fear and increases emotional openness, fostering a sense of safety that allows for exploration of painful or traumatic experiences (Bai, 2023; Mitchell et al., 2021).

Psilocybin and MDMA encourage emotional engagement and connection, facilitating the expression of suppressed feelings (Mitchell et al., 2021). Ketamine promotes cognitive flexibility, which can help individuals process and integrate fragmented experiences (Walsh et al., 2021). MDMA promotes emotional openness, empathy, and reduced fear responses, effects often attributed to its influence in the amygdala and prefrontal cortex (Wang et al., 2021). This

feature makes MDMA especially effective for processing trauma and fostering connection in therapy.

Gestalt Therapy

In Gestalt therapy, unfinished business refers to the unresolved emotional experiences or unmet needs that linger in awareness, resulting in psychological distress and impaired functioning. According to Perls, these unresolved issues drain energy and hinder personal development, preventing individuals from fully engaging in the present (Orfanos, 2021). Unfinished business often manifests as suppressed emotions, such as anger, grief, or guilt, which disrupt an individual's ability to maintain emotional balance and self-awareness. Perls's therapeutic goal was to help individuals confront and integrate these unresolved issues, enabling them to achieve a more authentic sense of self (Raffagnino, 2019). This integration process requires not only awareness of the unfinished business but also the capacity for empathy, understanding, and forgiveness, both of oneself and others (Lynn, 2006).

PAP operates by temporarily altering neural pathways, reducing activity in the brain's default mode network, and facilitating states of heightened introspection. These effects create an optimal environment for addressing unresolved emotions and unmet needs. Psychedelics often elicit experiences of expanded awareness, enabling individuals to confront their unfinished business without fear or repression (Vaid & Walker, 2022). The reflective empathy that psychedelics evoke is particularly beneficial for resolving unfinished business. By softening the ego's defenses, these substances encourage individuals to view their emotional and psychological wounds from a perspective of compassion and understanding, fostering a greater willingness to process and integrate these experiences (Boyali, 2022).

Synergy Between Psychedelic Therapy and Gestalt Therapy

When combined, the principles of PAP and Gestalt therapy offer clients an opportunity to engage in a unique therapeutic synergy for healing and growth by integrating fragmented parts of the self and resolving unfinished business unresolved emotions or conflicts that linger in the background of the client's life (De Foe, 2023). By addressing the energy-draining and development-blocking effects of unfinished business, these modalities offer a complementary framework for holistic healing. A critical therapeutic outcome of this process is the resolution of unfinished business, as defined by Fritz Perls, a co-founder of Gestalt therapy (Raffagnino, 2019).

The integration of Gestalt principles into PAP enhances the effectiveness of both approaches. Gestalt therapy emphasizes present-moment awareness and the connection between self, community, and environment, creating a framework that supports the insights gained during a psychedelic experience (Orfanos, 2021). The principles of Gestalt therapy naturally align with PAP, as psychedelics create altered states of consciousness that enhance awareness, disrupt rigid patterns of thinking, and facilitate emotional exploration (Letheby, 2022). Through enhanced awareness and present-moment focus, psychedelics like psilocybin and ketamine reduce self-referential thinking, which helps clients foster an intense focus on the present moment and allows them to explore their immediate sensations, emotions, and thoughts without interference from the ego or past conditioning (Kaisler et al., 2023). The following examples illustrate how PAP and Gestalt techniques work together to enhance therapeutic outcomes.

Example 1

A client may feel heightened awareness of their body, emotional states, or the environment during a psychedelic session, enabling them to recognize and work with suppressed

feelings or physical manifestations of trauma. Psychedelics like MDMA and psilocybin have been shown to help clients access memories of unresolved grief, trauma, or conflict by lowering psychological defenses and enhancing emotional openness. In a Gestalt framework, the therapist might guide the client to engage directly with these unresolved aspects using techniques like the "empty chair" (imagining and dialoguing with a person or aspect of themselves) or encouraging expressive emotional release to resolve unfinished business.

Example 2

Under MDMA, a client might reconnect with a traumatic memory but experience it with reduced fear, enabling them to process and release the associated emotions more effectively (Van Elk & Yaden, 2022). Psychedelics have also been shown to foster a sense of unity and interconnectedness, dissolving artificial boundaries between thoughts, emotions, and bodily sensations. This effect aligns with the Gestalt therapeutic aim of integrating fragmented aspects of the self (Vaid & Walker, 2022). In a psychedelic state, techniques such as body awareness and focusing on somatic sensations are amplified, enabling clients to process trauma held in the body and bring unconscious material into conscious awareness, supporting the holistic integration of the self (Roubal et al., 2021).

Example 3

Psilocybin may evoke vivid imagery or sensations tied to a repressed emotional experience, and the therapist can help the client explore its meaning and reintegrate it into their understanding of themselves (Rucker et al., 2022). Gestalt therapy utilizes experiential techniques that are often intensified in psychedelic states (Orfanos, 2021). Role-playing, creative visualization, and symbolic enactments become deeper and more meaningful when experienced in altered states of consciousness, amplifying the therapeutic process (Letheby, 2022).

Example 4

Under the influence of psilocybin, a client role-playing a conversation with a younger version of themselves may feel an enhanced emotional connection, facilitating deep healing (Goodwin et al., 2022). Psychedelics, especially MDMA, reduce fear and foster empathy, trust, and emotional vulnerability, creating an optimal environment for the therapeutic relationship (Colliver, 2023). Gestalt therapy's emphasis on authentic therapist-client contact ensures that this state is used constructively, helping clients feel safe to explore deep emotional truths (Boyali, 2022).

Example 5

MDMA-assisted therapy allows a client to confront and share deeply held pain, while the therapist acts as a compassionate, nonjudgmental witness (Jones, 2023). In practice, PAP can amplify the core tenets of Gestalt therapy by facilitating enhanced emotional awareness and heightening emotional sensitivity, allowing clients to identify and confront the specific emotions tied to their unfinished business (Vaid & Walker, 2022). Improving integration experiences for clients using Gestalt techniques, such as role-playing or guided visualization to help clients process and contextualize their psychedelic experiences (Lynn, 2006). By deepening their connection to the authentic self by resolving unfinished business, clients move closer to Perls's therapeutic goal of becoming who they truly are (Boyali, 2022).

Clinical Implications

The combined use of PAP and Gestalt therapy offers a promising avenue for addressing a range of psychological conditions, including depression, anxiety, PTSD, and unresolved trauma. Future research focused on developing structured protocols that integrate these modalities may enhance clinical practice, particularly by strengthening practitioner training in both approaches

(De Foe, 2023). Additionally, a significant gap persists in research focused on working with individuals with disabilities beyond mental health conditions; further attention and exploration are needed in this area.

Conclusion

The therapeutic potential of addressing unfinished business through the combined lens of PAP and Gestalt therapy is significant. As research in PAP continues to expand, incorporating Gestalt principles has the potential to enhance its efficacy and broaden its application in the field of psychotherapy (De Foe, 2023; Grieco et al., 2022; Kočárová et al., 2021; Raffagnino, 2019). By facilitating emotional awareness, fostering self-compassion, and integrating unresolved experiences, these approaches offer a transformative path to healing.

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The Power of Personal Narratives and Multiple Identities in Dale Carnegie's Psychobiography: A Narrative Model for Understanding Clients' Identities

Manuel Moral
Oakwood University
Counseling, Research & Publishing Services, Huntsville, AL

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Abstract

This article proposes an innovative integration of narrative therapy and psycho-biographical analysis to enhance counseling outcomes. By guiding clients to construct psycho-biographies of admired figures before transitioning to their own life stories, counselors can facilitate re-authoring, externalization, and the exploration of unique outcomes. Using Dale Carnegie's life as a case study, the approach demonstrates how narrative therapy principles can help clients reframe challenges, foster resilience, and reconstruct empowering identities. Carnegie's transformation from insecurity to self-improvement pioneer illustrates the fluidity of multiple identities and the power of re-narrating personal experiences. Also provided are practical strategies for counselors, aligning with ethical standards of cultural sensitivity and client empowerment. This model bridges narrative therapy's focus on meaning-making with psychobiography's structured analysis, offering a motivational framework for psychological growth.

Keywords: Narrative therapy, psychobiography, re-authoring, externalization, identity formation, multiple identities

The Power of Personal Narratives and Multiple Identities in Dale Carnegie's Psychobiography: A Narrative Model for Understanding Client's Identities

This article is an exploration of an approach for enhancing the efficacy of narrative therapy by integrating core techniques, such as re-authoring and externalizing (White, 2007; White & Epston, 1990), with the structured methodology of psychobiographical analysis (Ponterotto, 2024). In this model, counselors guide clients in constructing a psychobiography, beginning with an admired historical or contemporary figure and then transitioning to the client's life story (White, 2011). By collaboratively analyzing the life trajectory, challenges, and strengths of an inspirational figure, clients can identify positive qualities worth emulating and develop a deeper understanding of their personal growth and identity. The process proposed here combines the constructs of narrative therapy and psychobiography to provide counselors with a motivational tool and structured framework to help clients reconstruct their own narratives, which may foster self-awareness, resilience, and psychological development (Ponterotto, 2024; White, 2007).

For example, a narrative therapy approach could be used to construct a psychobiography of Viktor Frankl, author of *Man's Search for Meaning* (1946), with a focus on how he re-storied his past and constructed meaning from his experiences during the Holocaust to develop logotherapy (Bushkin et al., 2021; Frankl, 2017). Similarly, a study of someone like Nelson Mandela would explore how he reframed his personal hardships into a story of perseverance and reconciliation (Davis, 2014). While these figures might serve as positive role models for the client, the therapeutic goal is to understand how these individuals used narrative reconstruction to shape their personal identities, thereby offering a model for personal transformation and

proving the attainability of reshaping one's life by re-narrating personal experiences (White, 2011).

This paper applies the proposed method to the life of Dale Carnegie, to demonstrate the practical impact of externalization, re-authoring, and the analysis of unique outcomes within sociocultural contexts in narrative therapy (Ghavibazou et al., 2022). It concludes with a series of steps to guide counselors in using this method for working with clients. For detailed guidance on how to select an appropriate historical subject for psychobiographical analysis, see Ponterotto's (2024) *Psychobiographer's Handbook: A Practical Guide to Research and Ethics*.

Scholars and philosophers have long recognized the significance of personal narratives in constructing meaning and personal identity from the passage of time (Carr, 1986). Individual experiences, as well as people's interpretations of events through cognition and self-concept, shape these narratives (Taylor, 2000). As White (1991) proposed, people are not defined by their problems but by the meaning they attach to their experiences. By examining personal narratives, individuals can reframe their life stories, transform their self-concept (White, 2011), and develop multiple identities across the lifespan.

Michael White, an Australian social worker, and David Epston, a New Zealand-based therapist originated narrative therapy as a distinct field of counseling (White & Epston, 1990). Their approach was influenced by postmodernism, social constructionism, and literary theory, which together emphasize that people's identities, including how they address personal failure, are shaped by the stories they tell about themselves (Payne, 2006). This groundbreaking form of psychotherapy was formalized through the ethos that problems are not inherent within people but rather exist as separate entities shaped by dominant sociocultural narratives (White, 2007). In

other words, clients can increase agency through the process of re-authoring, externalizing problems, and reconstructing empowering life stories (White, 2011).

This therapeutic modality was significant because it challenged conventional diagnostic and pathology-centric models of therapy, as White and Epston (1990) offered detailed case studies from their therapeutic practice to underscore the importance of using a non-hierarchical approach (i.e., a focus on collaboration between counselor and client). The core idea is that psychological problems are not intrinsic to the individual; instead, they are external conditions influenced by broader cultural narratives (Wojciechowski, 2024). Working together to dismantle prevalent problem-focused narratives can help clients recognize strengths and resilience in previously unrecognized facets of their personal histories, to gain distance from negative self-perceptions, and to attain a greater sense of control over their emotions, thoughts, and behaviors (McAdams & McLean, 2013). As the process of externalization unfolds, people can reframe and reconstruct personal stories and identities to promote healing and personal growth (Ghavibazou et al., 2022).

At its core, narrative therapy is deeply rooted in a particular set of philosophical beliefs about the ability of retrospective reflection to help derive coherence and insight from past events. This active process relies on hindsight and meaning making (not passive recall), as clients reconstruct narratives to make sense of their present self (Bögre, 2021). However, although hindsight serves as a source of wisdom, it may also distort past realities. Thus, re-authoring has a complex relationship with memory, self-interpretation, and personal identity (Ponterotto, 2024).

In some instances, past events may be distressing, especially when shaped by present concerns and biases. Counselors should be mindful that positive therapeutic change is more likely to occur when problems or negative experiences are re-authored to align with a client's

personal strengths (Moreira et al., 2008). This shift in re-storying, as the counselor guides the client from focusing on problem-saturated narratives to focusing on their capabilities, values, hopes, and aspirations, is especially transformative when it reflects the client's current circumstances (Moreira et al., 2008).

The following section outlines the methodology used to design this intervention. The objective was to bridge the gap between narrative therapy and psychobiography by demonstrating how the integration of these approaches can provide counselors with a structured method for guiding clients in reconstructing their personal narratives. By analyzing the life of a notable figure through the lens of narrative therapy, counselors can help clients reshape their identities by externalizing problems, identifying unique outcomes, and re-authoring their narratives. This therapy aims to best serve them in their current circumstances while they reflect on their changing experiences (Wojciechowski, 2024).

This study demonstrates the value of psychobiographical exploration in counseling, using Dale Carnegie as a case study. It highlights how examining the life stories of inspirational figures can motivate individuals to construct more empowering self-narratives (Bögre, 2021). This approach aligns with narrative therapy principles while offering a practical framework for fostering resilience, agency, and psychological growth.

Methodology

This paper employs a qualitative, psychobiographical approach to analyze Dale Carnegie's life through the lens of narrative therapy. Psychobiography is an interdisciplinary method that integrates psychological theory with biographical data, using narrative analysis to explore personality development, identity formation, and the influence of cultural and social contexts on individual lives (Ponterotto, 2024). It may be used to examine the lives of

historically significant or influential individuals, and/or by counselors collaborating with clients, to understand how developmental phases, life experiences, and sociocultural factors shape identity, beliefs, and behavior (McAdams, 2016). This approach aligns with narrative analysis, which explores the internal and external stories that shape self-concept (Russell & Carey, 2023).

This paper highlights key moments in Carnegie's life, to deduce how he may have used narrative therapy techniques, such as re-authoring, to shift his personal narratives, reinterpret and externalize problems, and shape a preferred, more positive reality. These examples illustrate how preferred narratives may deviate from the dominant cultural and social discourses of one's time (Hammack, 2015). This analysis offers both a theoretical and practical model for counselors seeking to help clients achieve personal growth through narrative therapy, regardless of their current challenges or environment. By separating the problem from the person, these techniques enable clients to reinterpret their life stories and create new narratives that align with their ideal identities and life paths (Kaur, 2021).

Dale Carnegie: A Psychobiographical Narrative Therapy Case Study

Dale Carnegie (1888–1955) constructed his identity through his work, as he overcame poverty and transformed from farm boy to globally known self-improvement guru (Watts, 2013). A pioneer in self-improvement, public speaking, interpersonal skills, and business communication, his early life was marked by shyness, insecurity, economic hardship, and a profound lack of confidence (Kemp & Claflin, 1989). As a young man, he internalized a narrative of isolation and failure, reinforced by the social dynamics of his small-town Missouri upbringing. This period of his life was marked by a state of dissatisfaction, as these factors converged into a dominant narrative of self-doubt and inadequacy. As he matured, he came to view such hardships, including a lack of formal education, not as personal shortcomings but as

external challenges to overcome (Watts, 2013). Carnegie's philosophy of success centered the intentional shaping of self-concept, but he also recognized the power of interpersonal relationships. His ability to externalize and reframe illustrates how re-authoring fosters resilience, just as narrative therapy encourages individuals to separate themselves from limiting life stories and construct more empowering identities based on how they wish to be perceived (Kaur, 2021).

This process aligns with narrative therapy principles, which propose that identity is fluid and socially constructed (McAdams & McLean, 2013). Carnegie's decision to leave his small town and pursue opportunities in public speaking marked a pivotal moment in his re-authoring. Immersing himself in new social and professional contexts, he actively redefined his identity, shifting from an insecure, isolated, and impoverished young man to a leader in self-improvement, communication, and public speaking (Kemp & Claflin, 1989).

Carnegie is an example of an individual who actively chose a new identity grounded in competence, leadership, and connection (Watts, 2013). His psychobiography is a testament to the dynamic formation of identity, shaped by resilience and intentional transformation, as seen in his refusal to see early dissatisfaction as an intrinsic limitation. He leveraged adversity as a catalyst for change, a core tenet of narrative therapy, which helps individuals deconstruct problem-saturated self-perceptions and create new narratives that align with their aspirations, as Carnegie shaped his evolving identity by internal shifts in mindset (White, 1991).

Carnegie's (1998) legacy is best captured in *How to Win Friends and Influence People* (1998), one of the most influential self-help books of all time, due to its practical strategies for social and professional success (Schiffman, 2014). In *How to Stop Worrying and Start Living*, Carnegie (1948) further explored stress management and the power of a positive mindset. His

teachings emphasize confidence-building, active listening, persuasive communication, and leadership, principles that have shaped generations of business leaders, politicians, and self-help practitioners (Carnegie, 1948; Kemp & Claflin, 1989).

Viewed through the lens of narrative therapy, Carnegie's life exemplifies adaptability and demonstrates how external (i.e., social and cultural) factors may initially shape self-concept, but identity remains fluid and subject to transformation (McLean & Syed, 2015). Externalizing challenges allows individuals to view obstacles not as inherent flaws but as conditions that can inspire growth and self-improvement (McAdams, 2016).

Table 1 integrates elements of Carnegie's (1948, 1998, 2005; Kemp & Claflin, 1989) life story with White's (1991, 2007, 2011) narrative therapy concepts. Each stage includes specific narrative therapy techniques or outcomes, providing a clear link to White's methodologies. Terms like *re-membering*, *unique outcomes*, *re-authoring*, *landscape of action*, and *co-creation* show how Carnegie might have engaged with his narratives. The "Identity Panorama" column includes a narrative element to reflect how these aspects of identity aspects could be integrated into Carnegie's life story through narrative therapy principles.

Table 1

Proposed Developmental Stages for Dale Carnegie With Narrative Therapy, Multiple Identities, and Panoramas of Identity

Proposed Developmental Stages	Age Range	Years	Application of Narrative Therapy and Multiple Identities	Panoramas of Identity
Infancy	0–1	1888–1889	Cultural Environment: Born near Maryville, MO Narrative: Foundation of identity within family context.	Hope: Born into a poor farmer's family, first of five brothers Narrative: Beginnings of hope as a counter-story to adversity.
Early Childhood	2–3	1890–1891	Negative and Dominant Identities: Development of worries and fears Externalization: Beginnings of separating worry from self.	Will: Frequent moves due to poverty Narrative: Strengthening resilience through adversity.
Play Age Childhood	4–5	1892–1893	Double Listen: Influence from peers, continued worries and fears; bullying Re-membering: Valuing parental resilience as part of identity.	The Absent but Implicit: Admiration for parents' resilience Narrative: Reconnecting with family strengths.
School Age Childhood	6–12	1894–1900	Externalization: Developed an inferiority complex Unique Outcomes: Identifying moments of competence despite feelings of inadequacy.	Metaphor "Dissatisfaction": Feeling of incompetence due to poverty Narrative: Re-authoring identity to include moments of overcoming.
Adolescence	13–21	1901–1909	Searching for Identity: Left college, entered business Re-authoring: Reconstructing narrative around business success.	Re-building: Left college, moved to Denver Narrative: Crafting new identity through business experiences and unique outcomes.

Proposed Developmental Stages	Age Range	Years	Application of Narrative Therapy and Multiple Identities	Panoramas of Identity
Young Adulthood	22–40	1910–1928	Favorite Identity: Teaching public-speaking, first marriage Landscape of Action: Actions taken to establish self as a public figure.	Competence: Academic success at Columbia Narrative: Building narrative of competence and self-acceptance.
Mature Adulthood	41–65	1929–1953	Alternative Story: Legacy through books, second marriage Co-creation: Narrative shaped by interactions with students and readers.	Care: Establishment of Dale Carnegie & Associates Narrative: Emphasis on care and influencing others' narratives positively.
Old Age	66+	1954–1955	Dominant Identity: Global influence through courses Legacy: Narrative of impact on human relations.	Wisdom and Legacy: Contributions recognized Narrative: Final narrative affirming life's work and wisdom passed to others.

From Carnegie's Psychobiography to Practical Strategies for Narrative Counseling

In narrative therapy, the counselor's role is to guide clients in identifying (i.e., mapping) unique outcomes or exceptions in their life, especially those that negatively diverge from expected paths or that the client views as intrinsic limitations, so that they can externalize the negative experiences (Madigan, 2019). This process facilitates re-authoring by reframing these moments as meaningful steps in personal growth, as the counselor guides the client toward reconstructing their identities in ways that foster empowerment and self-determination (Wojciechowski, 2024). The following sections explore key constructs of narrative therapy (externalization, re-authoring, unique outcomes, cultural narratives, and social contexts) through the lens of Carnegie's psychobiography, alongside practical strategies for applying these techniques in counseling.

Externalization

Carnegie externalized his narrative of overcoming poverty by transforming how he viewed it; he recast poverty from a personal flaw to an external condition that fueled his drive for self-improvement (Watts, 2013). This change led to a re-framing of this early life challenge as an external adversary to be overcome rather than an intrinsic limitation. In narrative therapy, counselors can use externalization to help clients separate themselves from their problems and to allow them to see their struggles, like Carnegie's poverty, as something outside themselves that they can confront and manage (Vetere & Dowling, 2017). By integrating this approach with psychobiography (Ponterotto, 2024), counselors can explore how historical and personal narratives shape identity and encourage their clients to rewrite their life stories in a way that diminishes the power of their externalized problems (Ghavibazou et al., 2022).

Re-Authoring

Carnegie's re-authoring his identity from salesperson to instructor of public speaking and self-improvement highlights his agency in creating a new life narrative (Schiffman, 2014). His decision to teach rather than continue in sales was a pivotal moment, as he consciously rewrote his story from economic survival to influence and mentorship. In narrative therapy, clients can re-author their own stories by recognizing and choosing which parts to emphasize, thus crafting a narrative that supports their current preferred identity and future aspirations (Ghavibazou et al., 2022). Carnegie's shift reflects this progress, and he not only changed his professional path but also re-constructed his personal narrative so it aligned with his preferred identity as an empowered and capable individual.

By integrating the re-authoring process into psychobiography, counselors can help clients see that they similarly have the power to shape their own life stories and interpersonal relationships. This self-determination may foster resilience and a sense of control over their life's direction (McAdams & McLean, 2013). For Carnegie, his work as a lecturer at the Young Men's Christian Association in New York City served as a significant turning point in his identity transformation as it provided an opportunity to test and refine his chosen narrative of himself as a confident and capable speaker (Watts, 2013).

Unique Outcomes

Carnegie's approach to public speaking, encouraging participants to speak on topics that made them angry, is an example of a unique outcome in his life (Schiffman, 2014). Carnegie's strategies diverged from traditional educational methods and contributed to his success. In narrative therapy, unique outcomes are moments or events that do not fit with the dominant story a person tells about their life, offering possibilities for re-authoring new, empowering narratives

(White, 2007). Unique outcomes in Carnegie's case highlight how his innovative teaching methods were not only deviations but also crucial steps in redefining his and his students' narratives of public speaking and personal growth (Carnegie, 2006). By recognizing and amplifying unique outcomes, counselors can guide clients to explore the impact of their life experiences, cultural influences, and social settings; this examination can help the client shift towards more positive life stories and personal identities (Vetere & Dowling, 2017).

Cultural Narratives

Carnegie's success also speaks to the role of cultural narratives in shaping identities. Identity is not a static construct; instead, it is a multifaceted concept influenced by the social and cultural contexts in which an individual lives and shaped by both personal adaptation and the broader social environment (Hammack, 2015). Cultural narratives, such as the American Dream, often emphasize the possibility of personal transformation through hard work and perseverance.

This narrative was central to Carnegie's self-concept. He positioned himself as a self-made man and a product of his own efforts to overcome personal limitations (Watts, 2013). However, his transformation was not only the result of individual willpower. Carnegie also benefitted from the opportunities available to him in the broader social and cultural contexts, which allowed him to achieve individual success. This dynamic is evident in Carnegie's strategy for personal transformation through social interaction and self-presentation (Schiffman, 2014). His success story is a testament to the ways in which narratives can be internalized and used to reshape personal identity. His transformation reflects the broader cultural emphasis on the power of individual agency and supports the assertion that societal expectations influence identity formation (Bögre, 2021).

Including a discussion of cultural narratives and identity formation throughout the therapeutic process further aligns with the American Counseling Association's (ACA, 2014) *Code of Ethics*, particularly its emphasis on cultural sensitivity, client empowerment, and social context in counseling. Counselors are encouraged to recognize the impact of cultural narratives on identity and to help clients reframe their personal stories in a way that fosters growth and resilience. By acknowledging the broader social and cultural influences on self-concept, counselors uphold ethical principles related to multicultural competence (ACA, 2014, A.2.c.), respect for client autonomy (ACA, 2014, A.1.a.), and the promotion of client well-being (ACA, 2014, A.4.a.). The following section builds on these ethical considerations by exploring how narrative therapy can be used to support clients in reconstructing their identities in an affirming and culturally responsive manner.

Social Contexts

The application of narrative therapy to Carnegie's life story is also reflected in socio-analytical theory, which holds that identity is constructed in response to the challenges of "getting along" and "getting ahead" in social settings (McAdams, 2009, p. 234). Identity is simultaneously personal and social as individuals navigate the roles and expectations of the groups to which they belong (Hammack, 2015). Carnegie's ability to reframe his narrative by engaging with different social environments was central to his success, and his adaptability helped him uncover his "favorite identity," the one that propelled him to success (McAdams, 2009, p. 240). This dynamic process can be traced to social interactions with his family, students, peers, and professional audiences, underscoring the critical role of social influence in shaping his evolving self-concept (Hammack, 2015).

Psychobiographical Data Collection

In a therapeutic setting, counselors should gather historical data collaboratively with clients through interviews, using prompts about developmental milestones, motivations, noteworthy events, and personality factors. This process allows the counselor to identify opportunities for narrative restructuring and updated storytelling (Chimpén-López et al., 2022). A holistic-content approach can help reveal recurring psychological themes, such as resilience and identity formation, by facilitating the reworking of the client's life story within narrative therapy. This process has been shown to lead to significant transformations in emotional well-being and identity restructuring, particularly for those experiencing emotional distress (Lopes et al., 2014). Additionally, the counselor and client may explore the psychobiography of an admired figure, analyzing their life history to extract meaning and inspiration (Bögre, 2021). For public figures, psychobiographical research relies on sources like autobiographies, biographies, diaries, letters, archival records, and creative works (Chimpén-López et al., 2022).

While psychobiography offers deep psychological insights, it also presents challenges since the counselor must ensure that interpretations remain client-driven and free from influence of their own biases, cultural perspectives, or theoretical orientations (Mayer & Kovary, 2019). Another limitation of the approach is generalizability; although retrospective narratives may contain subjective inaccuracies or presentism (i.e., analyzing past events through a contemporary lens), the therapeutic value lies in the client's lived reality and meaning-making process (Mayer & Kovary, 2019). Ethically, counselors must be careful not to misrepresent a client's experiences or make unwarranted psychological diagnoses. When integrated into narrative therapy, psychobiography becomes a tool for helping clients construct evolving identities through storytelling and meaning making rather than a strict historical analysis (White & Epston, 1990).

The following is a structured guide for applying the psychobiographical method within a narrative therapy framework to help clients re-author their life stories and achieve personal growth (see Table 2). By systematically analyzing how clients construct and interpret their life stories, counselors can guide them in rewriting narrative that promote resilience, empowerment, and self-acceptance. Each step in the table outlines a key focus area, recommended interventions, and expected client outcomes.

Table 2

Applying the Psychobiographical Method and Narrative Therapy in Counseling

Step	Focus Area	Counseling Intervention	Expected Outcome
1. Analyze Life Story Construction	Identify themes such as transformation, struggle, or resilience.	Use open-ended questions to explore the client's self-narrative. Identify recurring themes in their personal history. Reflect on emotional responses to key life events.	Client gains insight into the underlying themes in their life story and recognizes patterns that shape their self-perception.
2. Examine Alternative Narratives	Explore how the client has reframed or rewritten aspects of their life story over time.	Encourage client to tell their story from multiple perspectives. Identify past moments of personal strength and reframe experiences in a way that highlights agency. Use journaling or expressive writing exercises.	Client develops the ability to reinterpret their past in ways that empower them rather than reinforce feelings of helplessness.

Conclusion

Dale Carnegie's life serves as an example of the dynamic, evolving nature of identity, which narrative therapy helps to illuminate through its focus on self-construction and re-authoring (Kaur, 2021). Identity is a fluid, ongoing process that may be adapted in response to

subjective experiences and changing social contexts (Wojciechowski, 2024). Carnegie's transformation, from young man burdened by insecurity and social anxiety to globally recognized author and public speaking expert, exemplifies the process of identity re-authoring, wherein key life events can mark pivotal moments in a journey of personal growth (Carnegie, 2006; White, 2007). His life story underscores that identity is not singular or stable construct; rather, it is a multifaceted and evolving narrative that continuously shifts as individuals interact with their social environments, engage in transformative experiences, and reinterpret their pasts (McAdams, 2016).

This paper describes how counselors might integrate the psychobiographical method with principles of narrative therapy, demonstrating the use of these frameworks to help clients explore and reconstruct their identities. Analyzing Carnegie's life through this combined lens highlights the transformative power of narrative re-authoring, as conceptualized by White and Epston (1990). Carnegie transformed his identity from dysfunction, low self-esteem, and social isolation to empowerment and success (Watts, 2013). This journey through narrative therapy practices and Carnegie's psychobiography demonstrates how individuals can re-author their identities, transcend negative narratives, and create new, more coherent, empowering, and self-accepting versions of themselves, which align with their aspirations and personal goals (Ghavibazou et al., 2022).

Although psychobiography has certain limitations, such as the potential for subjectivity and reliance on secondary sources (Wojciechowski, 2024), it remains a valuable tool for understanding identity, meaning-making, and psychological growth (Mayer & Kovary, 2019). The principles of narrative therapy, particularly those related to re-authoring and externalization, can be applied to help clients overcome trauma, navigate social marginalization, and achieve

personal growth (White & Epston, 1990). The psychobiographical method, as demonstrated in the analysis of Carnegie's life, provides a deeper understanding of identity formation, showing how individuals can reconstruct their stories to create more empowering and coherent self-concepts (Bögre, 2021).

Furthermore, counselors can use narrative therapy not only as a therapeutic technique but also as a tool for guiding clients toward personal transformation. By examining the life of Dale Carnegie, counselors may show clients how to reinterpret their own stories, emphasizing resilience, empowerment, and self-acceptance (Madigan, 2019). Through the integration of narrative therapy and psychobiography, individuals can find the agency to rewrite their life stories and, in doing so, unlock their full potential (Bögre, 2021). Carnegie's life, viewed through this therapeutic framework, exemplifies the power of storytelling to promote self-improvement and positive change, offering valuable lessons for therapists and clients alike.

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The Unseen Impact of Gaslighting: Implications for Counselors

Kaitlyn E. Wilson
Troy University

Lindsay E. Stokes
Troy University

Authors' Note. Kaitlyn E. Wilson is currently a Clinical Mental Health Counseling master's student at Troy University. Correspondence concerning this article should be directed to Kaitlyn E. Wilson, kwilson201417@troy.edu. Lindsay E. Stokes, Ph.D., LPC, NCC is currently an Assistant Professor and Clinical Co-Director at Troy University; her contact information is lestokes@troy.edu, (334) 241-9594.

Abstract

In today's world, hearing the word "gaslighting" has become almost commonplace. Gaslighting, which has been defined as a form of manipulation in which the gaslighter uses a variety of techniques and controlling behaviors to make another person question their own thoughts, actions, and perception of reality, is a form of psychological abuse. The immediate impact of gaslighting may be very difficult to notice, or others may minimize the severity of the mistreatment, but the lasting psychological impact can be devastating for the victim. This article is a discussion of gaslighting and its psychological impacts, as well as an exploration of how gaslighting manifests within a variety of relationships, including romantic, vocational, medical, and familial. Factors such as race, gender, societal dynamics, and identity are topics of analysis, as these aspects can impact an individual's experience with gaslighting. The article ends with a discussion of the implications for counselors and future researchers.

Keywords: gaslighting, romantic relationships, medical gaslighting, societal context, counseling implications

The Unseen Impact of Gaslighting: Implications for Counselors

Many forms of abuse leave lasting effects on individuals. This article focuses on gaslighting, a type of psychological abuse that has become increasingly significant within many environments (Stern, 2007). Gaslighting is a form of emotional manipulation that causes a victim to question the accuracy of their perception of reality, memories, and experiences (Stern, 2007). The immediate impact of gaslighting may be very difficult to notice, or others may minimize the severity of the abuse, though the lasting psychological impact can be devastating (Sweet, 2019).

This article is an exploration of how gaslighting appears within a variety of relationships, including but not limited to romantic, vocational, medical, and familial, and how factors such as race, gender, societal dynamics, and identity can interact with an individual's experience with gaslighting. Other topics include the impact of gaslighting on mental health, implications for counselors who encounter clients who have experienced gaslighting, suggestions for enhanced readiness, and opportunities for future research into how professionals can become more equipped to help clients overcome this type of psychological abuse.

Gaslighting Defined

Use of the term gaslight has increased in recent years, though it has appeared in the fields of psychology and medicine since the 1980s (Stern, 2007). The term derived from Patrick Hamilton's play *Gaslight*, which was produced in the late 1930s. In the play, a husband intermittently dims and brightens the gaslights in the home and then denies that he is doing so when his wife asks about it. The husband controls and alters the environment as a way to manipulate and control the wife's perception of reality, leading her to doubt herself. Psychologists define gaslighting as a form of manipulation through various techniques and

controlling behaviors used by an individual to make another person question their own thoughts, actions, and perception of reality (Calef & Weinshel, 1981; Stern, 2007).

Described by Stern (2007) as a form of psychological violence, perpetrators use gaslighting in a variety of social contexts to undermine the confidence and stability of others as a means of control. The main mechanisms of abuse in gaslighting include the perpetrator's denying the validity of events that occurred, fostering self-doubt in the victim by questioning the soundness of their memories, creating uncertainty in the victim by assigning blame to them, manipulating to elicit feelings of guilt and shame, causing the victim to lack confidence in their own abilities, and making the victim's opinions and conception seem irrational (Graves & Spencer, 2022; Klein et al., 2023; Stern, 2007).

Psychological Impact of Gaslighting

The type of pain caused by the act of gaslighting is not a physical pain but a mental and psychological disturbance. The goal of gaslighting is to plant doubt within the victim, causing confusion and inflicting indirect psychological pain, which in return achieves the gaslighter's goal of obtaining control to benefit at the expense of the victim (Bates, 2020; Klein et al., 2023; Stark & Hester, 2019). According to Stern (2007), gaslighting can fall into three different categories: glamour, good-guy, and intimidator. The glamour category of gaslighting occurs when the perpetrator uses flattery and compliments to make the victim feel or believe they are special; this may convince the victim to ignore the poor behaviors of the gaslighter, trapping the victim into accepting a distorted reality (Stern, 2007). The behaviors performed by the good-guy gaslighter consist of actions to satisfy their own selfish and/or narcissistic needs by protecting their sense of positive self-image; initially, the victim may believe the perpetrator has their best interest in mind, because the gaslighter uses their support and encouragement to exercise control

over the victim (Stern, 2007). The third type of gaslighter, the intimidator, uses aggressive behavior in a direct, often harsh, way to reprimand the victim through incessant criticisms and expressions of dissatisfaction.

Through exposure to gaslighting, individuals may experience behavioral impacts such as frequent arguing, doubting their own experiences, bouts of despair, struggling to make choices and decisions, giving in to the gaslighter to avoid conflict, and finding themselves depending heavily upon the abuser (Sengkey & Illahibaccus-Sona, 2024). Stern (2007) hypothesized that victims of gaslighting go through the stages of disbelief, defense, and depression. The stage of disbelief consists of the victim's experiencing emotions such as uncertainty, disheartenment, and denial. When victims enter the defense stage, they tend to fall into anxious despair while trying their best to convince the perpetrator of their experienced reality. During the last stage, the victim experiences depression characterized by an inability to make decisions and simultaneous prioritizing of the perpetrator's opinions and choices (Stern, 2007).

Gaslighting can be a very violent form of emotional manipulation, including tactics wherein the gaslighter actively humiliates the victim, ignores the victim's will and/or needs, breeds doubt within the victim, and negatively impacts the victim's self-esteem (Bani-Melham et al., 2021; Lachkar, 2001). What makes this type of psychological violence so dangerous is that it may go unnoticed by those around the victim due to the verbal and emotional, as opposed to physical, nature of the abuse. Still, damage caused by gaslighting can deeply affect the cognitive health of the victim (Glaser, 2002; Paat et al., 2020).

The experience and effects of gaslighting do not happen overnight. The subtlety of gaslighting may discourage victims from seeking help; thus, they remain in a perpetual state of harm (Sweet, 2019). The implications of gaslighting tend to evolve and unravel slowly as victims

begin to become confused and feel as though they are losing a sense of control or independence as the abuser presents their reality as illogical (Klein et al., 2023). Through the slow experience of doubting the validity of their perceptions of reality, victims of gaslighting are in danger of harm to their psychological well-being and a lasting traumatic impact (Abramson, 2014; Klein et al., 2023).

Social Contexts Explored

Often, within the context of a romantic relationship, the presumption is that a male will be the perpetrator of gaslighting. However, gaslighting is a form of manipulation used within many different social contexts and by various individuals. Gaslighting is a gender-neutral expression of violence perpetrated not only by romantic partners but also by friends, colleagues, physicians, bosses, and family members (Shousha, 2023; Stern, 2007). Sweet (2019) found that the experience of gaslighting may occur consciously and unconsciously within the context of romantic relationships, parent-child relationships, politics, health, and social environments.

Gaslighting may also arise in situations where micro and macro aggressions, power imbalances, and social inequalities are present (Sweet, 2019). Rodrigues et al. (2021) examined how individuals in high academic positions were still susceptible to gaslighting due to their gender and/or race, regardless of the individual's vocational status. Gaslighting is a malicious power tactic, whether performed knowingly by the aggressor or not, which can be present in every institution or environment where power dynamics, such as boss-employee, teacher-student, administrator-citizen, or parent-child relationships, exist (Abramson, 2014; Sweet, 2019).

Romantic Relationships

The first relationship most people think of regarding gaslighting is a romantic relationship. In order to gain control in the relationship, one partner may use gaslighting to

victimize and intimidate their partner by causing them a variety of emotional distresses, such as confusion, anxiety, depression, self-doubt, and diminished self-esteem (Barter, 2011). A study by Siddiqui and Azmat (2019) emphasized the severity of the psychological impact of gaslighting on women in marital relationships; this damage presents as depression, anxiety, and emotional distress. Some people ask why the victims in these relationships do not end the relationship that is harming them and seem to ignore the issue and choose to stay. Gass and Nichols (1988) explored these reactions and found that many victims were in denial, afraid they were losing their minds, or stuck in emotions of grief and sadness. The victims were unable to make sense of the extent of the harm they were experiencing or the emotional violence being committed because the perpetrator was so convincing that the victim assumed the problem was not with the perpetrator but with the victim themself (Gass & Nichols, 1988).

For example, women (who were victims of gaslighting) who learned or suspected that their husbands were having affairs tended to deny the reality of the situation and convinced themselves that the blame lay in the amount of attention they showed their husbands (Gass & Nichols, 1988). These women believed that if they changed their behaviors, the affair would end Another reaction to the same situation was that the wife felt as though she was losing her mind. When she attempted to prove her husband was lying, the husband claimed her suspicions were all within her head, and she began to doubt her own sanity (Gass & Nichols, 1988).

Victims of gaslighting by their spouse may develop feelings of grief and sadness due to the constant uncertainty of the relationship; after battling with anger, denial, and guilt, the woman may then fall into a depressive state after becoming tired of questioning the validity of her thoughts versus her spouse's claims (Gass & Nichols, 1988). In a qualitative study, Shousha (2023) conducted semi-structured interviews with participants who claimed to be in relationships

with narcissists. All expressed being subject to gaslighting and found themselves anxious to protect their psychological resilience through psycho-social support or spirituality.

Workplace/Vocational Relationships

In an examination of the experience of gaslighting in the workplace, Penttinen (2023) defined *collective gaslighting* as abusive behaviors being denied due in feminist contexts. In this study, the author looked into the experiences of individuals exposed to gaslighting by colleagues who are accepted and respected within feminist communities; the victims found themselves in a battle between rationalizing the abuse or self-silencing their experience altogether (Penttinen, 2023). The victims found themselves afraid to come forward or call out the behavior due to fear that their workplace would not believe them, potentially resulting in backlash that could have negatively impacted their careers in the long run (Penttinen, 2023).

Gaslighting in the workplace exhibits two underlying dimensions: (a) trivialization of the actions of the superior that undermine the perspectives of the employee and (b) affliction, the pain the superior inflicts upon the employee (Kukreja & Pandey, 2023). The study described the power dynamic in which a superior abuses their power in relation to their employees (Kukreja & Pandey, 2023). Gaslighting in the workplace was shown to have high intensity and be very people-oriented in nature while overlapping with the experiences of toxic leadership, abusive supervision, and the possibility of bullying (Kukreja & Pandey, 2023).

Employees may begin to engage in counterproductive work behaviors when they feel threatened in the work environment, attempting to conserve their sense of independence and rationality (Aryee et al., 2008). Gaslighting in the workplace has the potential to erode an employee's psychological faculties, leaving them with a diminished ability to motivate themselves at work (Farid et al., 2024). Gaslighting in the workplace has a negative impact on

job embeddedness, an employee's capability to succeed, have meaningful social connections in the workplace, and the potential of the employee to choose to leave (Gustiawan et al., 2023). Gaslighting can cause harm to employees' professional identities, instill self-doubts about the employees' skills and knowledge, cause a loss of assurance, diminish engagement within the workplace, and increase negative perceptions regarding the ability to fit in within the workplace (Farid et al., 2024).

Familial Relationships

Relationships between family members exhibit a variety of dynamics. While family may be the environment in which many expect to be safest, this is not always the case. Riggs and Bartholomaeus (2018) explored the validity of parents' support for their children's gender identity. Findings indicated that many parents presented initially as affirming, though they used their role to undermine their children in the long run. The authors concluded that some parents who affirmed their children, though they were struggling to support them, engaged in an identity-related type of gaslighting (Riggs & Bartholomaeus, 2018).

Identity-related abuse of transgender individuals occurs when a family member denies that the individual is transgender, purposefully uses the non-preferred pronoun, asks the individual not to share their experience as transgender, and withholds opportunities that may make the individual feel more aligned with their gender identity (Riggs & Bartholomaeus, 2018). The experience of gaslighting tends to play out in relationships with power inequalities, such as the relationship between parents and their children, which can escalate the opportunity for parents to use techniques such as gaslighting and limit the opportunities for others to identify what is occurring (Riggs & Bartholomaeus, 2018).

Medical Relationships

Many individuals place a lot of trust in medical professionals; however, for many, the experience of accessing healthcare can leave them feeling confused and unseen. Medical gaslighting is an institutional and psychological process in which the testimony of a patient is disempowered within the context of a medical encounter by those who have the power and authority to delegitimize the experience of the patient (Shapiro & Hayburn, 2024). Medical gaslighting may include negating the testimonial authority of the patient by dismissing the client's concerns, invalidating the client's experience, and exhibiting potential bias on behalf of the medical expert (Shapiro & Hayburn, 2024). The toll of feeling disparaged or dismissed by their physician can be a very demoralizing experience that leads to unnecessary harm for the patients, including shame, guilt, and avoidance of future medical treatment (Shapiro & Hayburn, 2024).

Physicians may commit medical gaslighting for a variety of reasons: a lack of awareness or knowledge of diseases, preconceived notions about particular medical presentations, conscious or unconscious bias toward particular patient populations, or arrogance based on the physician's presumed superiority regarding clinical knowledge and medical decisions (Ng et al., 2024). Medical gaslighting has recently begun to receive increased attention after a large number of women shared their experiences. Forms of abuse included healthcare professionals' dismissing patients' concerns, blaming the patients for not putting sufficient effort into recovery, refusing to order tests or prescribe medications regardless of patients' reported symptoms, invalidating the perspectives of the patient, and mislabeling the symptoms experienced by the patient as simply a mental health concern (Shapiro & Hayburn, 2024).

Similar to other forms of gaslighting, medical gaslighting calls into question the validity and reliability of the patient's own lived experience, leaving the patient to question or doubt their own experience or sense of reality, which can lead to the creation of medical trauma (Shapiro & Hayburn, 2024). Barnes (2023) wrote that medical professionals can do harm to individuals by failing to sufficiently believe them, and it is possible to harm oneself by failing to accept the perspective of particular groups. Women and people of color are specifically vulnerable to the experience of gaslighting by medical professionals, as these individuals have a history of being unjustly discounted or disbelieved (Barnes, 2023).

Social Influences on Gaslighting

Gaslighting has specifically been found to be particularly damaging when it is anchored in social inequalities, including those of gender, sexuality, or power differences in intimate relationships (Sweet, 2019). When aggressors utilize stereotypes based on gender, institutional vulnerabilities, and structural differences against the victims, gaslighting can go from disruptive to devastating (Sweet, 2019). Gaslighting can thrive within relationships with unequal power structures; although gaslighting is not solely a male act, women do not typically have the same kinds of cultural, political, or economic capital required to gaslight men; the tactics used to gaslight paint victims as irrational, which is viewed as a feminine trait (Sweet, 2019). In the following discussions of gender, race/culture, and identity, I will explore how societal views and power differential influence the experience of gaslighting.

Gender

Many studies on the topic of gaslighting addressed the experiences of women as the victims and men as the perpetrators of gaslighting. However, Bashford and Leschziner (2015) observed that some women use gaslighting tactics on others, including men, and concluded that

women have the ability to exercise the act of gaslighting and should not be overlooked. Miano et al. (2021) found no meaningful differences in the way in which women and men chose to gaslight others, finding no gender-specific tactics within the act of gaslighting itself. Previously, Anderson (2009) found that men use more emotional tactics of manipulation than women tend to use, and women tend to be exposed to the act of gaslighting more often than men.

When considering gaslighting within intimate relationships, the act has been considered a gendered phenomenon encapsulated within a relationship consisting of power-inequality and gaslighting as a means for men to gain and assert control over their partners (Graves & Samp, 2021; Graves & Spencer, 2021). The use of gaslighting tactics can be prevalent in domestic violence situations where avenues of control are perpetuated more widely by men than women (Myhill, 2015), giving the impression that men tend to exercise gaslighting in relationships more often than women (Johnson et al., 2021).

The main goal of gaslighting is to make the victim doubt their sense of reality by forcing the thought that what they have experienced is not what truly happened, leaving the victim to feel "crazy," which is a highly gendered term used historically against women to discredit them by labeling them as overly emotional, irrational and not in control of their own emotions (Sweet, 2019). With this history in mind, women report being afraid of coming off as overly emotional in intimate relationships with men, as the claim can create a sense of a lack of power within the relationship (Lamont, 2014).

Race/Culture

Exploring the different environments and areas in which gaslighting occurs requires examining the ways culture and race intersect with the experience of gaslighting. Sue et al. (2009) described micro-aggression theory, which holds that individuals are targeted due to their

marginalized or minority status by aggressors with negative, hostile, or humiliating attitudes through verbal or nonverbal actions that may be intentional or unintentional. It is possible for micro-aggressors to actively defend their perceptions of reality to the degree that those targeted individuals doubt their own realities; this perspective establishes gaslighting as a type of micro-aggression (Johnson et al., 2021).

A study conducted with women of color in high positions, such as tenured professors in academia, concluded that although these women had highly important and impressive positions, they were still subject to harassment and the experience of gaslighting by others in their field, including their colleagues, because of their race and gender (Rodrigues et al., 2021). The women involved in the study expressed instances of aggressors attempting to persuade them that they had exaggerated or misremembered events and that the issues they were defending were inaccurate (Rodrigues et al., 2021). This abuse led the women to experience emotions such as loneliness and social isolation within their vocations (Rodrigues et al., 2021). Understanding and acknowledging class, race, and culture is imperative in comprehending the intersectional context in which gaslighting and abuse have the potential to shape the lives of the victims (Sweet, 2019).

The possibility of gaslighting would not even be conceptualized without a distribution within political, social, and economic power; gaslighting strategies have been given a foothold by the path made by cultural stereotyping and social inequalities (Sweet, 2019). Research by Graves and Samp (2021) indicated that power dynamics play a significant role in the experience of gaslighting, and those with very high or very low dependence on power reported experiencing more instances of gaslighting than those with moderate power.

Identity

Individuals coming into their identity may encounter a variety of challenging experiences in the attempt to explore who they are. Li and Samp (2023) argued that LGBTQ+ individuals have been victims of gaslighting in many ways within the heteronormative society, including school systems that create an oppressive and abusive experience. This experience has the potential to leave many LGBTQ+ youths doubting themselves and questioning their identities as marginalized populations (Li & Samp, 2023). Gaslighting has been identified as a form of identity abuse in the relationships transgender youths have with their parents, who expressed beliefs that the youths were not competent to make trustworthy decisions regarding their own identities (Riggs & Bartholomaeus, 2018).

Identity abuse via gaslighting caused significant psychological distress and has the potential to compromise the identity development of the victims (Riggs & Bartholomaeus, 2018). Types of gaslighting behaviors include denying the individual's identity, asking inappropriate questions, intentionally attempting to shame or guilt the individual, and making aggressive comments that can lead individuals to doubt or question their identity (Manning, 2015). In the LGBTQ+ community, gaslighting may take the forms of victims experiencing their thoughts and concerns being devalued, perpetrators "forgetting" what has occurred, and abusers taking strategic control of conversations, all of which leave the victims emotionally devastated and doubting their sense of reality and perspective (Li & Samp, 2023).

Implications for Counselors

Due to the prevalence and severity of gaslighting, it is essential for counselors to be equipped with the most relevant information on how to approach victims. Counselors may specialize in a variety of areas, including clinical mental health counseling, school counseling,

clinical rehabilitation counseling, addictions counseling, and marriage and family counseling (Council for Accreditation of Counseling and Related Education Programs [CACREP], 2024). These specialty areas allow counselors to encounter victims of gaslighting, including in romantic, vocational, familial, and medical relationships. Sanghai (2023) emphasized the importance of resiliency, the use of coping strategies, and defining support networks to help clients mitigate the impact of gaslighting.

Clinical mental health counselors (CMHCs), marriage and family therapists (MFTs), and even addictions counselors work with clients regarding their relationships with others; these can include family of origin/familial, romantic, and workplace relationships with coworkers and supervisors. CMHCs, MFTs, and addictions counselors can provide psychoeducation on gaslighting and its effects on relationships. Counselors can also provide examples of gaslighting to bring awareness to the client's being the victim or even the perpetrator of gaslighting. Counselors can also work to empower clients to recognize gaslighting in their relationships. Clients can learn coping strategies to engage in mindfulness and reality-checking (Crown, 2024). Counselors can also work with clients to identify support networks to help victims engage in social support and self-care to combat the impacts of gaslighting (Crown, 2024; Sanghai, 2023).

By having an awareness of how gaslighting can manifest in familial relationships, romantic relationships, and even in the workplace, school counselors can create classroom lessons to help students define gaslighting, develop strategies to identify gaslighting in various aspects of a student's life, and empower students to address gaslighting in their relationships. School counselors who work with elementary students may also be more mindful of how gaslighting may show up in the interactions between parents and children.

Clinical rehabilitation counselors (CRC) especially need to be aware of medical gaslighting and the negative impacts it can have on clients (Barnes, 2023; Shapiro & Hayburn, 2024). CRCs are in a unique position to witness or learn about the client's disability as well as their experience with medical professionals (CACREP, 2024). CRCs can provide psychoeducation on medical gaslighting as well as help empower clients to advocate for their needs and ask for referrals if the client feels they are not supported by their current medical professionals.

CRCs can also assist clients in navigating the workplace and being aware of workplace/vocational gaslighting. CRCs are positioned to assist clients in gaining vocational training, receiving accommodations in workplace environments, and maintaining their employment (CACREP, 2024). By being engaged with their clients about the clients' place of work, CRCs can observe and/or correct potential workplace/vocational gaslighting. Through psychoeducation, support, and monitoring, rehabilitation counselors could help empower their clients to advocate for themselves in both medical and workplace settings, address workplace gaslighting with the supervisors of their clients, and help clients navigate medical and workplace interactions where gaslighting has taken place.

All counselors hold a unique position to address the effects of gaslighting and assist clients in healing from being a perpetrator or victim of gaslighting. Counselors can use information on gaslighting to inform their work with clients and develop strategies to educate and dismantle gaslighting in relationships. Clients can be better equipped to recognize gaslighting and to heal from the damage of gaslighting by working with a counselor who has knowledge of the impacts of gaslighting in various settings and relationships (Stern, 2007; Sweet, 2019).

Recommendations for Future Research

A wide variety of researchers have addressed the topic of gaslighting (Abramson, 2014; Klein et al., 2023; Rodrigues et al., 2021; Sanghai, 2023; Shapiro & Hayburn, 2024; Stern, 2007; Sweet, 2019). However, more research could be conducted to explore how counselors could better support clients who have been victims of gaslighting. Future researchers may explore the effects of psychoeducation on the clients' responses to gaslighters; the experience of gaslighting within familial relationships, such as the parent-child dynamic; and evidence-based techniques for counselors to empower resilience within gaslighting victims.

Conclusion

The hidden and often pervasive nature of gaslighting leaves victims dealing with difficult emotions of self-doubt, depression, or anxiety, all of which may manifest in different ways depending on the individual's environment or identity. This article explored how gaslighting can impact individuals within a variety of areas, considering gender, race, culture, or identity, and the importance for counselors to understand the intricacies of the unseen impact of gaslighting within their individual clients. As the issue of gaslighting continues to be addressed more frequently, it is essential for counselors to become knowledgeable about the experience of victims and learn what tools and practices may best benefit the victims in helping increase their autonomy. Further, a need persists for further research regarding the topic of gaslighting and the ways counselors can best prepare to help their clients with therapeutic interventions and techniques that meet their unique needs of the clients.

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Healing Through Creativity: Conceptualizing Expressive Art Therapy Interventions for Grief and Loss

Haley M. Callahan
Alliance Behavioral Health

Nathan C. D. Perron
Northwestern University

Authors' Note. Correspondence regarding this article should be addressed to Haley M. Callahan: Haleyc1517@gmail.com

Abstract

Grief is inevitable and can impact various areas in a person's life, including the physical, mental, and emotional domains. If left untreated, simple grief can progress to complicated grief. Results from grief counseling are often mixed, and practitioners have yet to determine the best practice for treatment and the efficacy of grief counseling. Expressive art (EA) therapy has been shown to be beneficial for grieving individuals. Though there are several different forms of EA, they all serve the same purpose, to alleviate the symptoms of grief and help the client achieve healing. This article summarizes the existing literature to understand the nuances of grief on a deeper level; topics include the concept of grief, treatment models, the neuroscience of grief, and the potential benefits of EA therapy. Important factors emerge from the research to articulate how counselors can use EA as a viable treatment intervention for grieving individuals.

Keywords: grief, complicated grief, loss, expressive art therapy, grief counseling

Healing Through Creativity: Conceptualizing Expressive Art Therapy Interventions for Grief and Loss

Grief and loss are a natural part of life. Cox et al. (2015) recognized the severity of grief and considered the death of a loved one to be a hidden trauma. However, because of its inevitability, others may minimize the impact grief can have on a person. People respond differently to grief, and counselors encounter a wide variety of symptoms in the therapy room. Some might display symptoms mirroring an anxiety disorder or a depressive disorder. Some might exhibit PTSD-like symptoms or significant impairment in their daily functioning. Individuals might experience physical health issues, such as cardiac problems, increased blood pressure, and higher levels of cortisol. When these symptoms are left unaddressed, a grieving individual could experience prolonged grief disorder, also known as complicated grief (American Psychiatric Association [APA], 2022; Hensley, 2006; O'Connor, 2019; Weiskittle & Gramling, 2018).

Research has illuminated a gap in grief counseling effectiveness and demonstrated that outcomes reflect mixed success. Some results indicated that the efficacy rates of treating issues such as depression or anxiety are significantly higher than the efficacy rates of grief counseling (Bonanno & Lilienfeld, 2008; Thieleman et al., 2014). Wittouck et al. (2011) found that preventative interventions for complicated grief were ineffective and, in some instances, did more harm than good. Stroebe and Schut (2010) revealed that clients who were participating in any type of grief work failed to show evidence that they were adjusting better compared to people who were not.

Though preventative grief counseling interventions were ineffective, Wittouck et al. (2011) found that alleviation interventions produced more positive outcomes. The purpose of this

article was to uncover a deeper understanding of grief through a review of the existing literature and to explore the benefits of utilizing EA therapies as an alleviation intervention for grieving individuals.

Characteristics of Grief

For consistency and clarity, we will use Andriessen et al.'s (2019) definition of grief: "the primarily emotional (affective) and natural reaction to the loss of a significant other. It encompasses diverse psychological (emotional, cognitive), physical, and behavioral responses to the death" (pp. 1-2). Unresolved grief puts an individual at risk for developing complicated grief, especially when the loss is traumatic in nature, such as suicide or homicide (Supiano et al., 2021). Those experiencing complicated grief constantly experience these painful, negative emotions and are unable to recollect happy memories once shared with the departed loved one (Assareh et al., 2015). They might also experience suicidal thoughts, feelings of guilt, worthlessness, and/or impairment of functioning. These are all well-known symptoms of major depressive disorder, yet they are also natural, complicated grief responses (APA, 2022; Assareh, et al., 2015).

Another symptom people with complicated grief might experience is anxiety (Assareh et al., 2015). Bui et al. (2015) conducted a study examining the comparing people who sought help for complicated grief and those who pursued treatment of anxiety symptoms. Of the sample of 206 participants, 63% of the individuals met the criteria for an anxiety disorder, and 14% of them were diagnosed with a panic disorder. Those with a previously diagnosed anxiety disorder often experience complicated grief; Pini et al. (2012) found that adults with separation anxiety disorder were at a much higher risk of complicated grief than those who do not have this disorder. Bui et al. (2015) determined that 18% of their sample who had a previous diagnosis of panic disorder

met the criteria for complicated grief, and the prevalence rate of complicated grief is 7% in the general population.

Grief Models and Theorists

The well-known grief theorist and pioneer Elizabeth Kübler-Ross created the five stages of grief model in 1969 based on research with dying patients. The five stages include denial, rage and anger, bargaining, depression, and acceptance (Jackson-Cherry & Erford, 2017; Kübler-Ross, 1969). Though this model gave rise to the death awareness movement (Roos, 2012), it is not exempt from criticism. Kübler-Ross developed the model based on research with dying patients rather than grieving individuals. Also, not everyone reaches the acceptance stage before they pass away or before their loved one passes away (Jackson-Cherry & Erford, 2017). Some began to view Kübler-Ross's stages as "feeling states" because her grief model is presented as a very simple, fixed, linear process (Cavanaugh & Blanchard-Fields, 2019; Roos, 2012). Corr (2019) found that clinicians who worked specifically with the dying referred to this model as "inadequate, superficial, and misleading" (pp. 379-380).

In 1982, William Worden developed his grief framework, which consists of four tasks: acceptance of reality, the processing of pain, adjusting to life without the loved one, and creating a lasting connection with the deceased while beginning a new chapter in life (see also Goldberg & Stephenson, 2016). Worden's (1982) third task, adjusting to a world without the loved one, involves three levels of adjustments: external, internal, and spiritual. External adjustments include becoming aware of what roles the deceased played in the individual's life and how those needs can still be met. Internal adjustments include the changes to self after the loss has occurred. Spiritual adjustments involve the griever examining their worldview and beliefs after

the loss. A person is often shaken and uncertain during the grieving process, so it is important to take time to examine and process this existential crisis (Worden, 2008; Wright & Hogan, 2008).

The final model to be addressed is the dual process model developed by Stroebe and Schut in 1999. Influenced by Worden's (2008) framework, Stroebe and Schut (2010) found grief-related tasks to be more effective in helping a person cope and adjust than passive grief work. Stroebe and Schut (2010) explained that effective grief coping involved dealing with loss-oriented stressors (such as the actual loss of the person and trying to make meaning of the loss) and restoration-oriented stressors (such as changes in income, relationships, and identity).

Flexibility is key in the dual process model. Stroebe and Schut (2010) explained that if a person can transition from the loss and restoration-oriented stressors and go with the ever-changing flow that accompanies grief, the person is effectively coping and grieving. A lack of flexibility might indicate that an individual is experiencing complicated grief or not grieving at all.

Cultural Aspects of Grief

Beliefs about death and dying and the rituals surrounding them are central cultural features, and cultural expectations about grieving are very influential. Stroebe and Schut (2010) acknowledged that individuals grieve differently and emphasized the importance of viewing grief through a holistic lens. Lopez (2011) found that factors such as end-of-life decisions (burial versus cremation), ways to acknowledge the loved one's passing (funeral service, memorial service, obituary), and the length of time a person is "allowed" to grieve are often influenced heavily by culture.

Many cultures include allotted mourning periods, which can mean that "many bereaved people have considerable psychological, social, and perhaps occupational room to grieve"

(Rosenblatt, 2017, p. 618). These mourning periods have drawn attention to Western societies' view of grief as a roadblock that should be pushed aside to allow people to return to their everyday lives (Rosenblatt, 2017; Tateo, 2018). Expectations that grieving individuals should laugh, smile, and act as if their loss never happened put them at a high risk for serious problems in adjustment, including complicated grief (Tateo, 2018).

Rosenblatt (2017) urged counselors and clients to be mindful of cultural expectations because these obligations can evoke unique stressors for the grieving. For instance, a client may belong to a culture that grants a mourning period, but the client may not have been close to the deceased and therefore feels pressure to act as if they are grieving. Rosenblatt (2017) found that South African Zulu widows sometimes grieved the loss of income more than the loss of their husband and suffered feelings of guilt. Catlin (1993) report that American clients dealt with the unique stressor of not trusting others following a loss because of societal pressures and expectations to be strong and self-sufficient.

The Neuroscience of Grief

Grief has been shown to impact brain activity in various ways, and understanding the changes that occur can help clinicians provide quality care. Depressive symptoms are extremely common in grieving individuals, who may describe them as a deep ache or pain (Panksepp & Watt, 2011). This feeling of pain may be caused by overactivity in the panic/grieving part of the brain (due to the separation from the loved one) and underactivity in the seeking part of the brain (the part that drives individuals to find information that will help them survive). This imbalance of brain activity results in the deep despair and depression so often experienced by individuals during complicated grief (Panksepp & Watt, 2011).

Grief has also been shown to impact the production of hormones. Cortisol levels are often higher in grieving individuals (O'Connor, 2019; O'Connor et al., 2012). O'Connor and Seeley (2022) stated that the release of this stress hormone is an adaptive, motivating factor to reunite with a loved one. However, when that reunion is not possible, the excessive cortisol levels become maladaptive. O'Connor et al. (2012) studied diurnal cortisol slopes, measures of this stress-sensitive hormone, throughout the day in those with complicated and "normal" grief. A flatter slope is correlated with poorer mental and physical health. O'Connor et al. (2012) found that those with complicated grief had flatter diurnal cortisol slopes than those with "normal" grief responses.

Expressive Art Therapy

Expressive art (EA) therapy provides a variety of options and themes for counselors to use in efforts to enhance grief management (Matthews et al., 2022). Bilgin et al. (2018) viewed EA therapy as a way to convey emotions more freely and easily. Hoffman (2016) described this modality as having three fundamental objectives: recreation, education, and a corrective emotional experience.

The function of recreation is to allow the grieving person to gain space from their problems and promote healing and relaxation. Education takes place when the therapist and participant dive deeper into the artistic craft. If a participant's painting was filled primarily with dark colors, or if their sculpture was composed of sharp edges, the therapist and participant could work together and explore the potential meaning behind these artistic choices. Hoffman (2016) explained that the final function of EA is the corrective emotional experience.

Friedlander et al. (2012) defined a corrective emotional experience as an experience in which "a person comes to understand or effectively experiences an event or relationship in a

different or unexpected way" (p. 454). This different or unexpected way in the context of grief might look like acceptance of one's loss or letting go of one's guilt regarding the loss. By promoting this experience via EA therapy, a client's paintings can transform from conveying anger to forgiveness, or an individual's song can transform from sorrow into peace. Any form of art may help represent grief in a new way.

Forms of Expressive Art Therapy

EA therapy can take on many forms, including but not limited to drawing, painting, dancing, music, sculpting, poetry, writing, theatre, and movie making (Bertman, 2018). Each type of expression may serve an intentional purpose. Music therapy has been used to elicit positive changes in mental, physical, and social functioning, and choreotherapists aim to integrate a person's thoughts, feelings, and behaviors through the movement of dance (Hoffman, 2016).

One form of art therapy that is often overlooked is that of therapeutic touch, a form of physical contact, such as holding someone's hand (Worden, 2018). When the concept of therapeutic touch was first studied in relation to grief, it was applied to the dying person (Simpson, 2018). As this concept evolved, researchers found that therapeutic touch can be just as healing to grieving individuals as to the dying. Therapeutic touch has been shown not only to have the ability to reduce anxiety but also to elicit what Simpson (2018) referred to as a "relaxation response" (p. 354). Simpson (2018) found that the relaxation response came into effect in as quickly as two minutes and included benefits such as decreased heartrate, muscle relaxation, deeper/more regulated breathing, and lower blood pressure.

The Neuroscience of Expressive Art Therapy

Though research surrounding the neurological effects of EA is fairly new, the results, thus far, are promising. Bilgin et al. (2018) found that EA helps decrease clients' levels of stress, fear, and anxiety, while increasing emotional strength. Kapitan (2014) discovered that brain functions such as relaxation, self-regulation, spatial-temporal and visual processing, and memory engage when individuals participate and create some form of art. EA also allows clients to engage in sensory grounding techniques. Hass-Cohen and Carr (2008) found that clients who actively chose to feel the coolness or texture of the clay when sculpting or the muscle engagement during choreotherapy gained a sense of control that led to a balance in the sympathetic and parasympathetic nervous systems.

EA therapy can play a pivotal role in communication throughout the brain. The right hemisphere of the brain is responsible for emotions, and the left hemisphere of the brain is responsible for turning an emotional, lived experience into words (Perryman et al., 2019). When an unprocessed trauma is stored in the right hemisphere of the brain, it is strictly emotional with no language assigned to it. Because of this, the left hemisphere cannot make sense of what is happening, and talk therapy becomes extremely difficult. Perryman et al. (2019) found that utilizing any type of EA therapy can give the client a nonthreatening outlet to express memories and feelings that might have been left unprocessed by the brain.

Tying it All Together: Grief and Expressive Art Therapy

According to Weiskittle and Gramling (2018), 80% of certified art therapists report working with grieving individuals, and "grief" is one of art therapists' top 10 self-reported specialties. Drawing from different grief theories, such as Worden's (1982) work and the dual process model (Stroebe & Schut, 1999), Weiskittle and Gramling (2018) asserted that making

meaning of the loss is pivotal in healing, and the intervention of EA therapy lends itself very well to that element of grief work in counseling.

One intervention that has been helpful for those who are grieving is creating a relationship tree (Peterson & Goldberg, 2016). This exercise focuses only on the relationship with the deceased, and the leaves of the tree represent memories the client has with the loved one. Clients typically make leaves in different colors to represent different emotions (Peterson & Goldberg, 2016).

Bertman (2018) demonstrated that watching movies may offer great benefit. If clients are having issues tapping into their own grief and expressing their feelings, watching a movie with grief elements, such as *Terms of Endearment* (1983) or *Steel Magnolias* (1989) could potentially "unblock" the client and allow them to vicariously grieve (Bertman, 2018).

Similar to the work of completing tasks in Worden's (1982) grief theory, the process of helping people create and follow through with their own grief rituals has been shown to be therapeutic. Sas and Coman (2016) described three types of therapeutic grief rituals: letting go, honoring, and self-transformation. In letting go rituals, the grieving individual releases the uncomfortable or unwanted feelings associated with the loss. These rituals are often performed when the individual has a hard time accepting and moving forward from their loss. From an EA lens, a letting go ritual might involve writing a letter to the deceased and then releasing it in the way the client prefers, such as burying, shredding, or safely burning the letter.

An honoring ritual involves expressing positive emotions and memories surrounding the deceased loved one. Painting a picture of the deceased or baking the loved one's favorite meal on special occasions are examples of honoring rituals used during the EA therapy approach. Self-transformation rituals might involve an evaluation of life after the loss. These rituals involve

examination of the emotions the grieving individual is experiencing, identifying those the person would like to process, and articulating what the person would like to do with their life moving forward (Sas & Coman, 2016).

As always, it is important for counselors to keep the client's cultural background in mind. As mentioned earlier, people and cultures grieve differently, and these distinctions mean that certain forms of EA therapy are more helpful or more acceptable in different cultures. Some cultures find healing through taking photographs of their loved one post-mortem. Tateo (2018) described that this practice allows them metaphorically to "keep the dead alive" (p. 478). Members of other cultures find solace in music, which may bring comfort to those who have lost someone, perhaps even before they seek professional help. Those of the Christian faith who host a funeral or memorial service often include songs such as "Nearer My God to Thee" or "The Old Rugged Cross" to remind them of their belief that their loved one is now in a better place (Bailey, 2018). Exploring the influence of music with each client can be a tremendous asset in managing the grief they experience.

Utilizing Expressive Art in Therapy

Evidence from the literature revealed that grief can impact a person's life severely and pervasively, and EA therapy can be an effective intervention for clients struggling to put language to their pain and make meaning of their loss (Perryman et al., 2019). Therefore, integrating EA into grief counseling has much potential to offer healing for clients. The following discussion highlights several steps to consider when integrating EA into grief counseling.

Family Traditions and Culture

It is important for counselors to explore the traditions and culture surrounding grief with each client. Thorough screening will enable counselors to recognize some of the grief patterns within clients' experience. This understanding may help clients determine which activities will help them remember their loved ones and which they might complete with adaptation. Performing family traditions can be a healing form of EA for clients. Nickrand and Brock (2017) described baking as an EA intervention that may be helpful for those who are grieving. When a client feels ready, for example, they could prepare a holiday dish normally provided by the deceased. Some EA techniques, such as doll making or using dolls to portray one's narrative, are common in many cultures (Feen-Calligan et al., 2009). However, other interventions, such as taking photographs of the deceased, are more culturally specific (Tateo, 2018), so it is important for counselors to be mindful and suggest only culturally appropriate interventions.

Creative Outlets

Previous researchers have identified over 50 EA techniques available to utilize in therapy. Though clients may propose creative outlets and activities that were favorable to the deceased, interventions may also be guided by "the characteristics of the client or the death experience that would yield most efficacious results" (Weiskittle & Gramling, 2018, p. 21). Counselors can make suggestions to help clients select the form of expression—or a series of artistic endeavors—that is right for them.

Photography can be a powerful visual intervention. Photos serve not only to trigger a memory of the deceased but also to capture one's life after the loved one has passed (Jiménez-Alonso & de Luna, 2021). Whether they take pictures of the deceased's grave or the family table

that now has one less place setting, clients may find that photographs can serve as a visual timeline of grief and aid in the process of accepting loss.

Writing about loss, whether clients describe how the loss occurred or how they wish things had happened for their deceased, can be therapeutic as well. Neimeyer et al. (2010) found that expressing their voice by writing can be validating because grieving individuals are often met with "empathic failure and silence" (p. 76) from those around them. Utilizing music as an EA intervention can be beneficial, as well. Illiya (2015) found that incorporating music into grief counseling sessions led to improvement in complicated grief symptoms and strengthened the therapeutic relationship.

Psychoeducation

Clients may benefit from understanding the benefits of working through grief, expressing emotions, and engaging in cathartic activity. Clients may worry that they are grieving "wrong." They may feel guilty for experiencing certain emotions, such as anger, or for lacking other reactions, such as sadness or tearfulness (Doka, 2016). It is important to inform clients that these feelings and reactions are common, as well as to inform them that grief can impact them in many other ways, such as physically, neurologically, socially, mentally, and emotionally (Weiskittle & Gramling, 2018; Wittouck et al., 2011). Nam (2015) found that individuals participating in a psychoeducational grief support group experienced a decrease in symptoms associated with complicated grief.

Group Counseling

Though EA interventions can be applied and effective at an individual level, utilizing them in a grief-specific group setting may also be beneficial to the client. Members might create grief rituals together, watch a movie with a grief theme and discuss their reactions, or write and

share their stories of loss with each other since they are so often silenced (Bertman, 2018; Neimeyer et al., 2010; Sas & Coman, 2016).

A grief-specific EA therapy group could also provide an additional element of healing: social support. Shear (2012) stated that "companionship is central to all aspects of treatment" (p. 126) and that "trusted companions who are empathic, reliable, and responsive help with emotion regulation and serve as natural catalysts for the healing process" (p. 126). Szanto et al. (2006) shared that a lack of this type of support can be dangerous, sometimes leading to suicidal or reckless behaviors. By attending and engaging in a grief-specific EA therapy group, individuals may find comfort in the fact that they are surrounded by people in a similar situation. All members will have experienced the inevitable tragedy of loss and come to the group with the goal of finding a way to heal and process their loss (Bertman, 2018).

Validation

Possibly the most common thread of the counseling literature may be the importance of validating the experience of the grieving client. Some cultures do not allow individuals the time or space to fully grieve their loved one (Rosenblatt, 2017; Tateo, 2018). Markin and Zilcha-Mano (2018) stated, "psychotherapy has the opportunity to offer these patients what society has taken from them, a caring and empathic relationship in which to mourn" (p. 25). EA offers ways to facilitate the validation that can facilitate healing. Rosner et al. (2011) reported that creating or going through a memory box in session or reviewing family albums not only provides validation for the client but also strengthens the therapeutic alliance. No matter the role of the deceased or the cause of death, the client's pain is real, and their feelings are valid, and it is imperative that counselors treat it as such.

Conclusion

Grief counseling and EA therapy can be separate practices in counseling, but they also offer a helpful integration to consider in practice with additional concepts related to intense emotional expressions, neuroscience, and cultural practices. It is also important to acknowledge the gap in updated grief counseling research, as well as the mixed efficacy results from existing studies. These deficits and discrepancies led us to explore and conceptualize creative approaches to improving client care and counselor options.

Previous literature reflected a great deal of detail regarding the reality of grief and grief counseling as well as indications regarding the integration of EA applications in the counseling room. A deeper look into addressing grief with EA provided clear avenues for combining artistic interventions and exploring cultural and family traditions to enhance grief counseling. Approaches included determining creative outlets, providing psychoeducation, utilizing the power of group counseling, and setting a foundation of validation to nurture healing and wellness. Future researchers can explore how these approaches might assist counselors in providing client support in more meaningful ways.

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Section 3: Counselor Education

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Developing Counselor-Educator Identity: Using Virtual Sandtray to Explore the Transition From Counselor to Professor

Ashley Rossi
University of the Cumberlands

Robyn Trippany Simmons
University of the Cumberlands

Author Note. We have no conflicts of interest to disclose. Correspondence concerning this article should be addressed to Ashley Rossi: arossi73241@ucumberlands.edu. ORCID ID: 0009-0004-0677-1794. Robyn Trippany Simmons' ORCID ID is 0000-0001-8993-6179.

Abstract

Reflective and creative practices are meaningful in understanding of professional identity for counselors-in-training. It can be challenging for counselor education and supervision doctoral students to transition their identity from clinician to counselor educator, supervisor, researcher, and leader. Expressive and reflective activities can support this transformational process. This article features a case study focused on one doctoral student's exploration of this expansion of professional identity from counselor to future faculty member utilizing a series of virtual sandtray prompts and reflections from the student. The processing sessions yielded student feedback on doctoral student identity development, and each of the discussed domains. The student's feedback provides a framework for future inquiries into the components of identity development in doctoral students, and further exploration into the parallel processes of both master's and doctoral students.

Keywords: *sandtray, professional identity, counselor education*

Developing Counselor-Educator Identity: Using Virtual Sandtray to Explore the Transition From Counselor to Professor

Counselor identity development evolves in conjunction with the foundational curricula and skillset adopted within counselor training programs, specifically the professional training standards as identified by the Council for Accreditation for Counseling and Related Educational Programs (CACREP, 2024; Dong et al., 2018). Contextualizing professional identity development to content knowledge alone can restrict reflective practice, which is essential for the intrapersonal processing of identity (Dong et al., 2018). Brott and Willis (2021) noted that the development of professional identity is not an outcome but a process by which a practitioner transforms academic content and skills training into a sense of self as a counselor. Identity development further strengthens with practical experiences, such as professional organization involvement, social justice efforts, and clinical experience (Brat et al., 2016). As counselors integrate their experiences into their existing knowledge base, professional identity becomes more distinct, reflecting a deeper understanding of who they are as counselors (theoretical orientation, values, client engagement, etc.) and how they understand their role in the profession (advocacy, professional service, etc.).

The continuous process of self-reflection is particularly pivotal for counselors transitioning to counselor educators. Wong-Wylie (2007) discussed the process of "reflection-on-self-in/on-action" (p. 60) as the personal awareness of self while engaging in the action, promoting the shaping of identity rather than simply completing the practice. As the transition from counselor to counselor-educator further marks a shift in professional identity and the additional roles of researcher, educator, leader, and supervisor (Carillo & Rubel, 2018), it is important for the counselor educator-in-training to intentionally process this shift.

Identity Development and Transition From Counselor to Counselor-Educator

Counselors who pursue professional development from professional counselor to counselor-educator-supervisor begin the transition of identity development as doctoral students. These counselors must take on the role of professional student while integrating components of an educator-supervisor identity into their current professional persona (Woo et al., 2022). Doctoral students' development of personal philosophies in each domain of counselor educator identity aids not only the student but also future generations of counselors who will learn from these professionals in educational and supervisory contexts (Woo et al., 2016).

Counselor education and supervision (CES) identity development also centers on developing competency and confidence in gatekeeping experiences. The American Counseling Association (ACA) Code of Ethics (2014) identifies gatekeeping as, "the initial and ongoing academic, skill, and dispositional assessment of students' competency for professional practice, including remediation and termination as appropriate" (p. 20). Gatekeeping in counselor preparation is both a service that protects the client and an exercise that develops the professional counselor's identity. Gatekeeping experiences help counselor educators develop professional experience and efficacy while integrating emotional and personal taxation (DeCino et al., 2020).

Counselor-educator doctoral students must balance the task of enduring as a professional counselor with the challenges of developing a teaching identity, a supervisor identity, research expertise, and leadership skills (Farrell et al., 2023). Doctoral students undergo clinical consultation and supervision experiences to foster the development and deepening of personal identity. Supervision integrates various structures and approaches to facilitate the unfolding of doctoral identity process. One way to integrate supervision into the identity development experience is through expressive arts and materials. One option is the use of sandtray exercises,

which during supervision gave trainees the opportunity to explore affective and thematic elements of the process (Perryman et al., 2020).

Virtual Sandtray as a Reflective Strategy for Doctoral Identity Development

Sandtray allows counselors to creatively represent personal and professional experiences, facilitate awareness of self, increase understanding of clinical work, and enhance identity development (Saltis et al., 2019). Further, sandtray supervision supports increased awareness of client issues, counselor response/reaction, and enhanced growth in counselor role (Stark et al., 2015). A qualitative study of the use of sandtray supervision with master's level counselors-in-training resulted in themes of acceptance of their internal struggles about becoming counselors, increase in self-confidence in professional identity, and enhanced self-awareness as clinicians (Perryman et al., 2021).

Through the transition of the COVID-19 pandemic and in recent years, practitioners have adapted sandtray and other expressive modalities into tele-mental health platforms. Jessen (2023) emphasized the long-term efficacy of sand therapies has yet to be determined; however, recent studies demonstrated the potential to adapt sand therapies to online use. While multiple sources support the use of sandtray supervision for the developing counselor, and some researchers explored the adaptation of sand therapies to virtual spaces, no studies to date have determined the utility of virtual sandtray for the developing counselor educator. However, as reflection is inherent in the sandtray supervision process, it is reasonable that this would be a meaningful intervention for doctoral students as they engage their understanding of self as counselor educator, researcher, supervisor, and leader in the profession. Use of the virtual sandtray leverages the opportunity to facilitate reflective practice and supervision for distance supervision within an online doctoral program.

Case Illustration

This case illustration serves to explore the domains of identity development in professional counselors' experience of moving from counselor to counselor-educator-supervisor by expressive techniques. This case illustration includes the use of virtual sandtray to explore the identity formation experience. This case process included a counselor educator faculty member and doctoral student in the CES program. The student granted permission to include their personal reflections and images of their virtual sandtray in this publication. The student's participation in the research was voluntary and did not impact the student's grades, eligibility, or standing in the program.

The case features exploration of nine domains: counselor identity, CES student identity, challenges in gatekeeping, supervisor identity, researcher identity, instructor identity, teaching philosophy, self-care practices, and leader identity. The doctoral student and faculty member completed supervision sessions weekly for eight weeks. Each supervision session was approximately 45 minutes in length. The first eight domains were a part of the original conception of this review. Following feedback from the doctoral student and faculty member on identity development, the facilitators included the final domain, leader identity. The following sections include descriptions of the images the student created and the participant's reflections on each sandtray prompt and on the process as whole.

Counselor Identity

The case began with a prompt to create a virtual tray that demonstrated the process of counselor identity development. The image includes a person playing a guitar in front of small children, surrounded by a diverse representation of families. There is a bench with a teal bird, a

yellow butterfly, and a pond in the middle of the image. There are two large trees to the right of the water feature, and two palm trees to the left.

The participant shared the following about counselor identity development:

> This was mostly an orienting experience and very reflective. I started with the image in the middle with the person playing guitar with the children. Then I added the water feature and trees. When sharing, I highlighted that the goal was to capture being humanistic and relational in the work I do. The people at the bottom represented the families and clients they work with. I also added the birds into the tray, which felt like mentors, and each bird is there for a different reason. The bird in the tree is representative of the professors and academic mentors I've had along the way that encouraged the authentic development of my counselor identity. The bird on the bench represents the supervisors and mentors in the clinical space that have helped to foster humanistic and relational approaches in my work.

CES Student Identity

The second prompt asked the doctoral student to create a tray to demonstrate their identity as a CES student. The image includes a person in a kayak on the centrally located pond. On the right side of the image, two large trees are present, along with a water fountain. On the water fountain are two teal birds, and two sets of flowers are present. On the left side of the image, a map and smart phone are present. In the lower left potion of the image, academic colleagues are discussing topics. A yellow and red bird is perched on the academics' presentation board, and scuba gear is located by the colleagues' feet.

This prompt and image reflect an overall theme of transitioning identity, and the student commented,

> I included the water in the middle; water in this tray feels like a good representation for the emotional experience. The kayaker uses different equipment to move through the water. One of the things that stood out in the processing of this tray was the organization of it. There is a movement of the map and structure, toward the fountain where there are birds, growth, and more water. There's also a group of students in the periphery, which represents me and peers throughout the process. My conceptualization of being a CES student up to this point in the tray [included wanting] to balance the professional identity of a student while also maintaining my authentic approach as a humanistic counselor. I have represented mentors and others who helped shape this identity as a student through birds. There's a red and yellow bird on the board. While processing this tray, the faculty member helped to identify something that resonated, which was the idea of "yellow bellied," and feeling new in this area, along with the red bird, which represents confidence and understanding. It feels like a process and balance of both, quite like the bird there. And the fountain, there are also birds perched near the book, which I have used to demonstrate my dissertation. One of the key takeaways from this tray was seeing the balance of squares and circles. I wanted to balance the structure and angles of academia and professional preparation with the more circular emotional center as the parts of processing in counseling.

Challenges in Gatekeeping

The third prompt asked the student to represent the challenges of thinking like an educator or supervisor regarding gatekeeping issues. The image includes a centrally located waterfall, a blue bird perched on the top, and two people rowing in a boat. The right side of the image contains a mountain, with a teal bird perched at the top, purple flowers, and an apple. The

left side of the image contains a person who is holding textbooks, a map located at their feet, and two green oars. This tray represents the overall theme of “transitioning identity.”

The student shared,

> In this tray, I started with the water feature. I added the birds, which serve as mentors in the counseling profession, including supervisors and peers. The boat is embodying the process of supervision that feels like being in the boat with the supervisee, or associates/student through their processes during gatekeeping. I added that orders and the map because part of transitioning to thinking like an educator is both learning to use the ORS [Outcome Rating Scale] and guide students through gatekeeping and remediation along with knowing that the tools are there for the student to use and collaborate on with faculty and their personal process. I also added the crab, which felt like an obstacle when creating the tray. It represents moving through the water and that different things may pop up and learning how to respond to “pinches" with self and with students as they progress through gatekeeping issues. I also added the mountain, which came to represent the process of research. This led to further discussion about the mentorship and supervisory experience among professional faculty, which helped us to understand how the mountain is both rewarding and shaping but that we don't experience the process alone.

Supervisor Identity

The fourth tray contained a response to the prompt “You, as a supervisor.” The image contains a rock-lined elongated oval pond in the center, with a wooden bridge that spans the center of the pond. On the right side, two trees are present, and two yellow butterflies are flying. On the left side of the pond, two green oars are laying in the bottom by a teal bird. Two yellow and red birds are approaching the bridge. A bee hovers on the entrance of the bridge, and a red

apple, an orange, and a small compass lie around the upper left curve of the pond. This image contributes to the larger theme of CES identity.

The graduate student explained,

> This tray was like the last tray as it started with the water feature. Here, the red and yellow birds represent supervisees. There was a theme from the previous trays where the red and yellow birds are others who are experiencing a transformational process. In this tray, I am the teal bird who is there facilitating the process. The bridge feels like a journey and on the same side as the birds are fruit. This represents the wellness and self-care piece of our profession. Then on the bridge there is a bee representing experiences that sting a little and provide nourishment to the birds. The opposite side of the bridge also has growth and movement in the butterflies and trees. A theme that the faculty member reflected, which landed with me was the concept of twos or everything paired. This relates as it feels like the supervisory process is individual in some ways and collective in others. There is also an element of reflection on my own associate journey where supervision was triadic and individual, which helped [me] to learn and conceptualize with the experience of others processes and counseling.

Researcher Identity

The fifth prompt was “You, as a researcher.” The image contains a circular water feature in the center. In the water, two fish are swimming to the left, and a diver in scuba gear is swimming in the same direction. On the right side of the water feature are two sets of palm trees. On the left side of the water feature is a red and white lighthouse, a large textbook, a map, and two sets of palm trees with coconuts in the trees and on the ground. This prompt was classified under the larger theme of CES identity.

The graduate student's reflection included the following:

In this tray, I started with the water feature, then added the fish first. I added the fish as research participants. The diver in this tray is me, and I realize the diving equipment occurring as a theme from previous trays. It felt like swimming alongside others who are in the water but also different in the way of roles and processes of completing research with participants. The faculty member highlighted the theme of pairs again occurring in the fish, the growth, and trees on each area or side of the water. I understand the movement forward toward the bottom part of the tray as the coconuts as the fruit of the processes. I also included the book in map here which represents research, and in past trays, this has been representative of dissertation and learning the process of something new. Research is the area of CES identity of least experience, so it feels very process oriented. Something that stood out is the image of water also has the growth, and lily pads within the water and process. That feels a lot of what learning the process of research has been like," getting my feet wet," which relates back to the theme of emotion and process with the water.

Instructor Identity

The sixth tray included exploration of identity development as an instructor or counselor-educator in response to the prompt, "You as an instructor." The image includes a large, rectangular water feature with rigid brown (perhaps wooden) frame. Within the water is a map centrally located, surrounded by various animals including two frogs, three different fish, a sea turtle, and a dolpin. Upon the top right corner of the frame are two trees with two mushrooms and a purple flower, and in the center above the frame there is a collection of white clouds, gray clouds with raindrops, and a rainbow. This tray contributed to the larger theme of CES identity.

The participant reflected,

> In this tray, I started with the water. In processing, I realized I chose the water with more structure, which stood out as a theme of learning how to integrate structure and authenticity of humanistic counseling into andragogy and education. In this tray, I made the connection that my symbols have transitioned to animals over the last few trays, and here it represents diversity of thought, experience, and abilities. The turtle represents me here, and centralized map. The faculty member highlighted the presence of the circle in the middle, and the nod to the humanistic student-centered themes I have mentioned throughout the CES process. She also highlighted the diversity of experience in the fish and that there are differences, which do surface in the classroom and through the process of field experiences.

Teaching Philosophy

This tray identified a representation of personal teaching philosophy. The prompt, "Your teaching philosophy," is classified under the larger theme of CES identity. The image contains an oval, rock-lined pond in the middle, with a wooden bridge that spans the pond. A map lies near the entrance of the bridge, and a variety of plants and animals surround the pond: purple flowers, two bees, and two ladybugs. On the right side of the tray are two trees, one bearing red and yellow fruit. The left side of the image contains a fallen log surrounded by rocks, grass, flower, and one of the bees.

Participant's reflection included the following:

> In this tray, I started with the water feature again, and this time I also added in the log. Then, the map into the tray. I also added the second tree and flowers, which feel like growth and sustenance for the bees and ladybugs that are within the tray. Rather than the

> bee serving as a sting this time, it felt more like the process of experiences are present for students on the path, but the bees and ladybugs are traveling in their own ways. The theme of yellow and red resurfaces again, [a motif] which threaded throughout the trays when talking about the transitional identity of student, learner, and leader. The faculty member highlighted the theme of growth and nourishment present in a way that was new in this tray, which also still paired and the theme of two is still present. I added the log and thought of when you roll over a log, there is moisture and life underneath, which is one of the ways in motion and processes again throughout the water here, but also in other ways to create life.

Self-Care Practices

The eighth tray represented self-care practices through the prompt "Your self-care and what it looks like." The image contains a person in the center who is stretching and facing the left side of the image. In the top left corner is a mountain, and clockwise around the person, are a heartbeat, a dumbbell, a water fountain with a red and yellow bird, a dog, an anchor, a couple standing together, and two fruits, one yellow and one red. This image supports the larger theme of counselor wellness.

The participant discussed creating this tray:

> The care tray felt like the easiest tray, but in the same way has also transformed along with my own personal CES identities. In the center, there is a theme of movement. Movement benefits my physical body along with the mental and emotional domains. Much of the work I do is relational and emotionally focused, so movement has been important and regenerative. I also brought in the physical wellness component through nutrition and how important it is for me to feel my body well personally. The heart and

> weight represented physical exercise, which has been restorative and is important when I'm working with greater levels of trauma. I also added the relational support within my life and the people here, which represent my spouse and dogs. The water feature is also representative of my own personal counseling process, which has served as a personal and consultative process. The anchor is the theme of feeling grounded, and this part relates to each part in an intersectional way.

Leader Identity

The facilitators added the leader identity tray halfway through the process, and it will be a part of future tray prompts. This prompt, “You as a leader,” is classified under the larger theme of CES identity. This image contains a waterfall on the left side, with two ladybugs crawling toward the top. The right side of the image contains a tree bent over until its branches touch the ground and it forms an arch-like or circular structure. A grey and blue bird perches atop a branch. There is a sun shining, which is centrally located in the top of the image, surrounded by gray and white clouds. A group of birds stand near the base of the waterfall. Two are teal birds, one larger than the other, and two red and yellow birds stand nearby.

The student explained the process of making this tray:

> One theme that surfaced throughout this process was leadership. In this process, the faculty member highlighted that theme, and integrated and added a tray for identity. As a leader, this tray feels like a coming together of all the themes and processes of each of the previous trays, and that leadership feels like the common thread. Water accompanies it to demonstrate the emotion processing experiences. I started with the water feature and a tree here. The water felt like movement of the emotional processing throughout the trays, and the growth felt like ways that the processing has created new experiences, and

growth, for the life that is within the tray. Another theme has been the circles, which here are shown in the growth and the bird perched on top. Around the water entrance are the birds. And this tray, I truly feel like the bird here, and have been finding ways to create experiences of authentic identity throughout the process of developing CES identities. The theme of relational connection surface throughout the trees represented here by the bird, appearing in a circle once more.

Reflection on Effectiveness of the Supervision Model for CES Identity Development

The participant noted the use of virtual sandtray as facilitative for exploring the social, emotional, and interpersonal aspects of doctoral student identities. Integrating the use of an expressive technique in the supervisory experience allowed for integrating both the verbal aspects of processing and nonverbal aspects of creative interventions (Villareal-Davis et al., 2021). Creative aspects can facilitate deeper processing and allow for sensitivity to the multiplicity of needs that can foster doctoral students' processes. Integrating creativity into the counseling supervision process also allows for fostering supervisee processing within the safe space of the supervisory alliance (Perryman et al., 2021). The participant noted the utility of virtual sandtray doubles as a personal processing facilitator for CES identity and a tool for future use within the CES domains with students, interns, and training counselors.

Discussion

The use of creative and expressive techniques in counselor supervision and supervision (CES) offers many benefits and purposes. For doctoral students in CES programs, the use of virtual sandtray may allow for exploring the domains of doctoral student identity development parallel to the discoveries of identity development as a CES professional (Lamar & Helm, 2017;

Waalkes et al., 2022). The use of focus in professional identity development for CES students is necessary for continued efficacy and professional preparation (Woo et al., 2022).

Implications for Counselor Education and Supervision

As this case illustration highlights, the component of leadership development and identity is an important thread through each of the professional domains explored (counselor, teacher, doctoral student, supervision, gatekeeping, researcher). The use of online sandtray in CES identity development may also assist in closing gaps to access for supervision and open doors to engaging with online students. Furthermore, the use of virtual sandtray can continue beyond this research to explore facets of elective parts of identity, including social justice orientations, community leader, and advocates (Gibson et al., 2023), as the standards for counselor educators continue to expand.

Sandtray Use With Master's Counseling Students

Like doctoral-level professional identity exploration, master's level counselors begin identity development through supervision and consultation experiences. The use of sandtray processing can be meaningful for master's level counselors-in-training to help facilitate identity development, case conceptualization, and wellness. Prompts (the parenthetical notation following each prompt indicates the domain in which the prompt in the original creation) for use in the virtual sandtray for understanding the role of a counselor include: (a) represent your identity as a counselor (counselor identity), (b) represent where you are now, from whence you have come, and how far until you arrive where you want to be (counselor identity), and (c) represent your experience with a values conflict (ethics, cultural diversity). For reflection on counseling process and case conceptualization, the following prompts can aid the process: (a) represent your conceptualization of a client case (diagnosis), (b) represent how you feel with the

challenging client (therapeutic relationship), and (c) represent how you feel when you have success with the client (clinical development). To help counselors-in-training understand the impact of counseling on self and self-care strategies, these prompts can facilitate the process: (a) represent the most complex client issue for you (represent the issue and why it feels hard or emotionally taxing) and (b) represent your self-care and what it looks like (counselor wellness).

Strengths and Limitations of Using Virtual Sandtray

The use of virtual sandtray in counseling supervision allows for expressive and affective exploration with consideration of verbal and nonverbal components of the process (Peryman et al., 2021). Students in online counselor education programs can access virtual sandtray through shared links visible by the facilitator and student or access their own virtual sandtray to save as an image for future use and processing. The online accessibility for students allows the student to access the creative aspects of sandtray processing when a physical sandtray is not accessible for both the student and facilitator in a shared space. The virtual process accommodates online students and allows physical presence to occur synchronously in a distance format.

Recommendations for Future Research and Practice

Recommendations for future studies include those with multiple participants and case reviews to further explore the experiences of CES doctoral students and professionals. Research could also continue by exploring longitudinal processes for CES doctoral students and post-doctorate professionals practicing in the field. Future research can also include diverse samples and discussions of the intersectionality of identity with CES identity development and application as a doctoral student and in the practice of CES. Further inquiry into counselor education and leadership philosophy is an area for research in CES preparation (Weaver et al., 2023).

As the CACREP (2024) refines standards, future researchers can explore the process of leadership development within the domains. Future studies can also expand the concepts of case illustrations in supervisory experiences into qualitative analysis and explore thematic experiences of CES doctoral students and sandtray processing. Studies exploring the integration of supervision model theory and sandtray as an expressive tool may also further enhance the use of virtual supervision experiences in a generalizable way.

Conclusion

The transition from counselor identity to counselor-educator identity is a significant turning point for a doctoral student, requiring the development of new skills (e.g., teacher, supervisor, researcher) and a revised professional identity. Reflective strategies in supervision, such as the virtual sandtray, can facilitate this transition through the intentional and mindful intrapersonal processing of self-in-action as new roles are engaged. Through creative and reflective strategies, these new professional counselor educators enhance self-awareness, potentially increasing self-efficacy as they begin to teach and supervise future counselors, contribute to the counseling literature through research, and engage in leadership opportunities.

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Emily Rich
ALCA Executive Director
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