2013

Aspiring to Become a Therapist: Personal Strengths and Challenges, Influences, Motivations, and Expectations of Future Psychotherapists

Clara E. Hill
*University of Maryland - College Park*

Andrea Lystrup
*University of Maryland - College Park*

Kathryn Kline
*University of Maryland - College Park*

Nioud M. Gebru
*University of Maryland - College Park*

Jennifer Birchler
*University of Maryland - College Park*

See next page for additional authors

Follow this and additional works at: [https://epublications.marquette.edu/edu_fac](https://epublications.marquette.edu/edu_fac)

Part of the Education Commons

**Recommended Citation**

Hill, Clara E.; Lystrup, Andrea; Kline, Kathryn; Gebru, Nioud M.; Birchler, Jennifer; Palmer, Geoffrey; Robinson, Jennifer; Um, Miji; Griffin, Shauna; Lipsky, Elisabeth; Knox, Sarah; and Pinto-Coelho, Kristen, "Aspiring to Become a Therapist: Personal Strengths and Challenges, Influences, Motivations, and Expectations of Future Psychotherapists" (2013). *College of Education Faculty Research and Publications*. 306.

[https://epublications.marquette.edu/edu_fac/306](https://epublications.marquette.edu/edu_fac/306)
Authors
Clara E. Hill, Andrea Lystrup, Kathryn Kline, Nioud M. Gebru, Jennifer Birchler, Geoffrey Palmer, Jennifer Robinson, Miji Um, Shauna Griffin, Elisabeth Lipsky, Sarah Knox, and Kristen Pinto-Coelho

This article is available at e-Publications@Marquette: https://epublications.marquette.edu/edu_fac/306
Aspiring to Become a Therapist: Personal Strengths and Challenges, Influences, Motivations, and Expectations of Future Psychotherapists

Sarah Knox
Counselor Education and Counseling Psychology, College of Education, Marquette

Clara E. Hill
Department of Psychology, University of Maryland, College Park, MD, USA

Andrea Lystrup
Department of Psychology, University of Maryland, College Park, MD, USA

Kathryn Kline
Department of Psychology, University of Maryland, College Park, MD, USA

Nioud M. Gebru
Department of Psychology, University of Maryland, College Park, MD, USA

Jennifer Birchler
Department of Psychology, University of Maryland, College Park, MD, USA
Abstract
Ten female students who were considering therapy as a career path wrote self-reflection papers and were interviewed regarding their career choice. Consensual qualitative research was used to analyze the data. These participants all indicated a passion for helping others, believed in the importance of giving back, and had prior experiences in helping activities. They considered themselves to have personal helping-related strengths (e.g. empathy) as well as challenges (e.g. avoidance of interpersonal conflict), and worried about potential problems they would encounter as therapists (e.g. being too emotionally invested). Participants expressed both other-oriented (e.g. to help others who had similar painful experiences) and self-oriented (e.g. to help self) motivations for wanting to become therapists. Implications for helping undergraduate students reflect about therapy as a career choice are offered.

Keywords
therapist development; meaning of life; motivations for becoming a therapist; career aspirations

Introduction
Counseling psychologists in academic settings spend considerable time and energy training students to become counselors and psychotherapists, but less attention is spent examining who actually enters the profession. What little empirical evidence exists has been gathered from practicing therapists looking back retrospectively about their motivations for entering the field. Given recent findings (e.g. Kim, Wampold, & Bolt, [15]) about therapist effects (i.e. that the person of the therapist influences the process and outcome of psychotherapy), it seems that the therapist herself/himself indeed makes a difference, and thus it is important to investigate the motives of those attracted to the field. In doing so, we may learn more about what specifically draws people to counseling psychology, and thus what may render our training more effective.

In addition, determining why people are motivated to become therapists is important because such motivations might influence career satisfaction or performance. Indeed, in Duffy and Raque-Bogdan's ([3]) study of service motivation (i.e. the desire to serve others through one's future career), future helpers were more optimistic and confident in decisions about their career plans, and had more career self-efficacy and adaptability, than did those who did not want to be helpers.
Research on Practicing Psychotherapists

Farber, Manevich, Metzger, and Saypol ([5]) provided an extensive review of the literature on practicing therapists' motivations for entering the therapeutic profession. The most prominent theme found was that therapists felt "isolated, alone, sad, or hurt in their childhood and entered the profession in order to fulfill some of their unmet needs for attention and intimacy" (p. 1013). These therapists had often assumed the role of the parent, caretaker, or mediator with family and friends, and took on the lifetime role of providing support to others.

Similarly, Racusin, Abramowitz, and Winter ([18]), in their investigation of families of origin, found that therapists reported having had a family member with a significant physical or behavioral problem, and that these therapists had assumed a caretaking role early in life. Elliott and Guy ([4]) found that those working in mental health fields were more likely than those in other careers to have had a history of abuse, alcoholism, molestation, psychological or physical illness, and greater dysfunction within their families. Elliott and Guy speculated that people who were caretakers early in life gravitate towards a caretaking role in their career choice, and that those who were wounded as children might be better able to relate to clients who have undergone similar difficulties in life.

In their review, Farber et al. ([5]) also indicated that practicing therapists generally had a high level of intellectual curiosity, a need to understand others, and were psychologically minded (i.e. insight oriented). In addition, as children, therapists were often observers and interpreters of the behaviors and motivations present in themselves and others. Relatedly, Dlugos and Friedlander ([2]) found that therapists had balance in their lives, were able to create boundaries between their professional and personal activities, were adaptive and open, had a sense of transcendence and humility (e.g. they viewed providing therapy as a social responsibility), and engaged in intentional learning.

Farber et al. ([5]) further suggested that people want to become therapists because they like what the job entails. Being a therapist offers the opportunity to understand oneself and others, provides personally meaningful and impactful work, fits with a view being a giving and caring person, and allows one to be genuine and authentic in interactions with others. The profession fosters professional autonomy (ability to set own hours and fees, be one’s own boss, evolve theoretically and technically), offers intellectual stimulation, and allows for intimate involvement with others. Similarly, Kramen-Kahn and Hansen ([16]) found that therapists were able to enjoy their careers by limiting hazards (e.g. not taking on large workloads), amplifying rewards (e.g. feeling effective), and engaging in career-sustaining behaviors (e.g. having a sense of humor and engaging in leisure activities). In addition, Stevanovic and Rupert ([21]) found that career-sustaining behaviors (e.g. spending time with family, balancing work and personal life, humor) were correlated with job satisfaction.

According to Farber et al. ([5]), the influence of personal therapy was another recurring theme in the research. They cited Geller, Norcross, and Orlinsky's ([6]) finding that most mental health professionals cited personal therapy as one of the greatest influences on their professional development.

Farber et al.'s ([5]) review also pointed to the importance of mentors in leading people toward a therapy career path. They suggested that many therapists had acquired mentors who provided them with intellectual stimulation and served as role models. These mentors were often parents or other influential family members, but also were often teachers or therapists.

In summarizing this literature, we find consistencies among practitioners in terms of the influence of childhood experiences, personality characteristics, perceptions of career fit, liking the job requirements, the influence of personal psychotherapy, and the influence of mentors on career choice. Importantly, however, this research was all conducted on practicing therapists. Indeed, Norcross and Farber ([17]) suggested that therapists can only
know the complexity of the motives after many years of practice and self-reflection. What is less clear is how aspiring therapists think about their motivations. Whether these findings would generalize to those considering therapy as a career is not clear, given that we found no studies examining those engaged in the career choice process.

Motivations to become Therapists
Hill ([9]) and Bugental ([1]) noted that students want to become therapists for a variety of reasons. Some of these reasons are positive, including altruism, making a difference in people's lives and in society, helping others who have struggled with similar painful issues, being around people who are growing and changing, and participating in a culture that values growth and well-being. Others are less clearly positive, such as wanting to fulfill intimacy needs through therapeutic relationships, giving tenderness and compassion without being viewed as effeminate or weak, and allowing people to rebel against authority and tradition through opening up dialog about things that are otherwise considered inappropriate or taboo. Although these positive and negative motivations seem reasonable, they are based on supposition rather than empirical data.

Purpose of the Present Study
For the present study, then, we were interested in investigating the motivations of undergraduate students considering a career as a therapist. Our goal was to answer the following questions: (a) What are the positive characteristics and challenges of undergraduate students who want to be therapists? (b) What or who influenced them to want to become therapists? (c) What are their motivations for becoming therapists? (d) What are their expectations for what being a therapist involves?

Given that thinking about motivations requires deep reflection, we chose a qualitative research strategy (i.e. consensual qualitative research, Hill, [10]; Hill, Thompson, & Williams, [12]) for this study. We selected students from helping skills classes because many undergraduate students who wish to become therapists take such a course, one that focuses on theories, research, and skills related to being helpers. Moreover, we recruited only those students who were aware that they wanted to become therapists.

Methods
Participants
Interviewees
Ten (all female; 6 European American, 3 Asian American, 1 Hispanic; 20–22 years of age, M = 21.2, SD = .78 years; 1 third year, 8 fourth year, 1 recent graduate) psychology students at a large US mid-Atlantic public university served as participants. All were either currently enrolled in a course focusing on helping skills using the Hill ([9]) textbook or had taken the course in the previous semester. All participants indicated that they wanted to become therapists. In terms of how much they hoped to include therapy and research in their future career, students rated themselves an average of 4.70 (SD = 2.00), using a scale of 1–11 (1 = therapy only, 6 = both therapy and research, and 11 = research only), indicating that they were primarily interested in becoming therapists. Participants received extra credit for participation in the study.

Interviewers/Research Team
Ten (7 female, 3 male; 7 European American, 1 Asian, 1 African-American, 1 mixed European American, Native American, and African-American) upper-level undergraduate psychology majors, averaging 21.80 (SD = 1.48) years of age, served as interviewers and judges on the primary team. The students were enrolled in an upper-level psychology course focused on using qualitative research taught by the first author/professor. The professor proposed the topic for this study, and the students worked with the professor to design the interview protocol.
The students conducted and transcribed the interviews, and worked with the professor to develop the domains and core ideas, and do the cross-analyses.

As is typical in qualitative research, we present information about the interviewers/judges so that readers can be aware of their biases. All indicated that they wanted to work in a helping-related field and rated themselves an average of 4.40 (SD = 2.12) on the scale of how much they hoped to include therapy and research in their future (1 = therapy only, 6 = both therapy and research, and 11 = research only). In writing about their biases, all emphasized the influence of their families in the decision to become therapists, and most indicated that they first thought about psychology as a career option during a high school psychology course. In conducting the interviews and analyzing the data, interviewers tried to remain open to understanding the data from the participants’ perspectives.

Auditors
The 64-year-old female European-American professor of psychology served as the internal auditor. In addition, a 51-year-old female European-American professor and a 41-year-old female European-American doctoral student served as external auditors. All three auditors had prior experience conducting qualitative research and had been trained as therapists. In terms of biases, all three mentioned that they enjoyed helping others and appreciated the intellectual challenge of learning about and helping people. One discussed wanting to do meaningful work to help people to make a positive difference and lead more fulfilling lives. Another mentioned liking interacting with people at a deep level.

Measures
Primary research team members developed the interview protocol by suggesting questions about possible influences on becoming therapists, and selecting the best by means of group consensus. Revisions were then made to the interview protocol based on the results of pilot interviews. The final interview protocol was semi-structured, including questions to be asked of all interviewees along with probes to be used as needed to elicit relevant information from interviewees (See Appendix 1). The final interview protocol included questions about one’s journey to becoming a therapist; prior helping experiences; the influence of family and childhood experiences; other influences such as race, social class, and popular media; conscious and unconscious motivations for becoming a therapist; feelings towards helping; and reactions to the interview.

A Demographic Form was used to gather basic information such as age, gender, race, education, previous exposure to professional helping, and future career ambitions.

To determine how this sample compared to other samples, the Natural Helper Measure (NHM; Stahl & Hill, [20]), a five-item self-report measure assessing perceptions of helping abilities, was used. Participants responded to items (e.g. I often find myself helping others with their problems) using a seven-point Likert scale, ranging from 1 (never) to 7 (always). A factor analysis of introductory psychology students yielded a one-factor structure, accounting for 51% of the variance. Stahl and Hill reported an adequate internal consistency reliability of .81, and an adequate test–retest reliability of .67. Internal consistency was not calculated for the present study due to the small sample size.

Procedures
Ethical Considerations
The Institutional Review Board of the university where the interviews were conducted approved the study. All participants (interviewees, interviewers, and auditors) signed consent forms prior to participating. No harmful repercussions were reported. Code numbers rather than names were used for all of the data to protect confidentiality.
**Interviewer Training**

The primary team read and discussed several papers on the process of becoming therapists (e.g. Bugental, [1]; Duffy & Raque-Bogdan, [3]; Farber et al., [5]) and on the process of conducting qualitative research (Hill, [10]). They also wrote about and discussed their personal beliefs, biases, and expectations about becoming therapists, and the importance of bracketing biases and expectations throughout the process (as did the auditors). The team, as a whole, then practiced using the protocol described above to interview one another, with considerable coaching and feedback provided by the principal investigator to encourage interviewers to probe to obtain detailed information. Subsequently, team members individually conducted pilot interviews with undergraduate volunteers. The principal investigator also modeled the interview for the class with a graduate psychology student who had thought extensively about her motivations for wanting to become a therapist.

**Recruiting Interviewees**

Upper-level undergraduate students who were hoping to become therapists were recruited from helping skills classes to participate in the present study for extra credit (other extra credit opportunities were also available). Prior to participation, all students had written papers in which they described themselves, reflected on why they wanted to become therapists, and speculated about difficulties they might have as therapists. Out of 75 students in the classes, 10 female students volunteered to participate in the present study. In addition, two female students who had completed the course in a previous semester and were serving as undergraduate teaching assistants volunteered to participate.

**The Interview**

Interviews were conducted midway through the semester after participants had written a self-reflection paper about their personality characteristics and motivations for being a helper.

Participants signed an informed consent form and completed the demographic form and the NHM. In addition, in order to prime them even more for thinking about their motivations, we asked them to complete Severy's ([19]) 13-item Helping Motivation Scale. Next, each participant was introduced to an interviewer and led to a private room. The interviewer introduced herself/himself, turned on an audio recorder, and explained that the purpose of the study was to learn more about college students' motivations for wanting to become therapists. Participants were assured that there were no right or wrong answers, the questions might be difficult to answer, and they could stop or move on at any time. For the interview, the interviewer asked each of the questions on the interview protocol (See Appendix 1) and included additional probes for clarification (e.g. What do you mean?) and deeper understanding (e.g. Could you please expand on that?). Of the 10 interviewers, 8 completed 1 interview each, and 2 completed 2 interviews each. The length of the interviews ranged from 40 to 81 min, $M = 59.80$ min, and $SD = 17.96$. Upon completion of the interview, interviewees received extra credit for the class in which they were enrolled. The data for one student were dropped because she rated herself lower than other participants rating themselves regarding her interest in being a therapist in the future.

Approximately one month after the interviews were conducted, we obtained approval of an amendment to the IRB application. Participants were then asked via email to allow the self-reflection papers that they had written for the helping skills class prior to the interview to be included in the present study. Of the 11 students who were asked for their papers, only 10 submitted their papers; the person who did not submit her paper was excluded from the analyses. Hence, the final sample for this study was 10 students.

**Data Analyses**

Team members transcribed their own interviews, including nonverbal behavior (e.g. laughter and silence), but excluding minimal repetitive verbal responses (e.g. and "you know" or "mmm-hmm"). All recordings were erased after transcriptions had been completed. Corresponding self-reflection papers were included at the end of interview transcriptions. To ensure confidentiality, all identifying information was removed.
The primary research team consensually drafted a list of domains (i.e. topics discussed during the interviews and reflection papers) by reading several transcripts aloud and suggesting and discussing possible domains until they had a stable list (see Table 1). The team, as a whole, then went through one transcript and assigned one or more domains to each thought unit. Once team members understood how to assign domains, rotating pairs of judges met and consensually assigned thought units in transcripts to one or more domains, with the instructor monitoring each group's work. The team continued to refine the domains throughout the entire analysis.

Table 1. Categories within domains related to the choice of becoming a therapist.

<table>
<thead>
<tr>
<th>Domain/category</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths related to becoming a therapist</strong></td>
<td></td>
</tr>
<tr>
<td>Personal strengths</td>
<td>G (10)</td>
</tr>
<tr>
<td>Likes to help others</td>
<td>G (10)</td>
</tr>
<tr>
<td>Empathic, caring, kind</td>
<td>G (10)</td>
</tr>
<tr>
<td>Good listener</td>
<td>T (8)</td>
</tr>
<tr>
<td>Motivated, hard worker</td>
<td>T (8)</td>
</tr>
<tr>
<td>Trustworthy, loyal, dependable</td>
<td>T (7)</td>
</tr>
<tr>
<td>Open minded, nonjudgmental, accepting</td>
<td>T (6)</td>
</tr>
<tr>
<td>Good communicator</td>
<td>T (6)</td>
</tr>
<tr>
<td>Inquisitive, introspective, insightful</td>
<td>T (6)</td>
</tr>
<tr>
<td>Independent</td>
<td>V (5)</td>
</tr>
<tr>
<td>Other personal strengths</td>
<td>G (10)</td>
</tr>
<tr>
<td>Strong social support</td>
<td>G (10)</td>
</tr>
<tr>
<td>Personal values</td>
<td>G (10)</td>
</tr>
<tr>
<td>Importance of giving back and helping others</td>
<td>G (10)</td>
</tr>
<tr>
<td>Importance of family</td>
<td>T (7)</td>
</tr>
<tr>
<td>Importance of hard work, resiliency, strength</td>
<td>T (6)</td>
</tr>
<tr>
<td>Be a moral, responsible, honest person</td>
<td>V (5)</td>
</tr>
<tr>
<td>Be grateful, value life</td>
<td>V (5)</td>
</tr>
<tr>
<td>Importance of empathy/sensitivity</td>
<td>V (4)</td>
</tr>
<tr>
<td>Other values</td>
<td>V (5)</td>
</tr>
<tr>
<td>Played a helping role in their family</td>
<td>G (9)</td>
</tr>
<tr>
<td>Provided instrumental (nonemotional) support</td>
<td>T (6)</td>
</tr>
<tr>
<td>Listened, provided emotional support, or acted as a mediator</td>
<td>T (6)</td>
</tr>
<tr>
<td>Provided parenting or problem solving</td>
<td>V (4)</td>
</tr>
<tr>
<td><strong>Challenges related to becoming a therapist</strong></td>
<td></td>
</tr>
<tr>
<td>Personal challenges</td>
<td>G (10)</td>
</tr>
<tr>
<td>Lacks confidence or self-esteem, is self-critical</td>
<td>T (8)</td>
</tr>
<tr>
<td>Overly sensitive, avoids interpersonal conflict</td>
<td>T (7)</td>
</tr>
<tr>
<td>Anxious</td>
<td>T (6)</td>
</tr>
<tr>
<td>Poor interpersonal skills (stubborn, dominant, controlling)</td>
<td>V (5)</td>
</tr>
<tr>
<td>Other personal challenges</td>
<td>T (8)</td>
</tr>
<tr>
<td><strong>Potential problems as a therapist</strong></td>
<td></td>
</tr>
<tr>
<td>Difficulty working with some clients</td>
<td>G (10)</td>
</tr>
<tr>
<td>Clients who are too different from participant</td>
<td>T (8)</td>
</tr>
<tr>
<td>Clients who break the law or are immoral</td>
<td>V (4)</td>
</tr>
<tr>
<td>Other biases</td>
<td>T (6)</td>
</tr>
<tr>
<td>Emotional overinvestment</td>
<td>G (9)</td>
</tr>
<tr>
<td>Being ineffective or harming clients</td>
<td>G (9)</td>
</tr>
<tr>
<td>Other potential problems</td>
<td>V (5)</td>
</tr>
<tr>
<td>Influences on choosing to become a therapist</td>
<td>G (10)</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Helping experiences</td>
<td>G (10)</td>
</tr>
<tr>
<td>Positive feelings about helping experiences</td>
<td>G (10)</td>
</tr>
<tr>
<td>Felt good or enjoyed, felt needed or wanted, rewarding or fulfilling to help others</td>
<td>G (9)</td>
</tr>
<tr>
<td>Felt effective; able to use helping skills</td>
<td>G (8)</td>
</tr>
<tr>
<td>Felt ineffective</td>
<td>T (8)</td>
</tr>
<tr>
<td>Socioeconomic status</td>
<td>G (10)</td>
</tr>
<tr>
<td>Well-off, privileged</td>
<td>T (8)</td>
</tr>
<tr>
<td>Low socioeconomic status</td>
<td>V (2)</td>
</tr>
<tr>
<td>Encouragement to become a therapist</td>
<td>T (6)</td>
</tr>
<tr>
<td>Coursework/teachers</td>
<td>T (8)</td>
</tr>
<tr>
<td>Culture</td>
<td>T (8)</td>
</tr>
<tr>
<td>Models</td>
<td>T (7)</td>
</tr>
<tr>
<td>Want to emulate positive models</td>
<td>V (5)</td>
</tr>
<tr>
<td>Do not want to emulate negative models</td>
<td>V (2)</td>
</tr>
<tr>
<td>Exposure to therapy</td>
<td>T (7)</td>
</tr>
<tr>
<td>Positive experiences of own therapy drew participant to want to be a therapist</td>
<td>V (4)</td>
</tr>
<tr>
<td>Positive effects of others' therapy drew participant to want to be a therapist</td>
<td>V (3)</td>
</tr>
<tr>
<td>Saw/experienced negative effects of therapy and want to do better</td>
<td>V (2)</td>
</tr>
<tr>
<td>Motivations for wanting to become a therapist</td>
<td>G (10)</td>
</tr>
<tr>
<td>Other-oriented motivations</td>
<td>G (10)</td>
</tr>
<tr>
<td>Want to help others who have had similar painful experiences</td>
<td>G (9)</td>
</tr>
<tr>
<td>To help or serve others, contribute to good of society</td>
<td>T (8)</td>
</tr>
<tr>
<td>Self-oriented motivations</td>
<td>G (10)</td>
</tr>
<tr>
<td>To help self/for own needs</td>
<td>T (8)</td>
</tr>
<tr>
<td>Doing therapy feels good (is fun, gratifying, has passion for)</td>
<td>T (7)</td>
</tr>
<tr>
<td>Wants to have an impact</td>
<td>T (7)</td>
</tr>
<tr>
<td>Provides meaning of life</td>
<td>T (6)</td>
</tr>
<tr>
<td>Likes nonhelping aspects of being a therapist (e.g. interacting with people, variety, flexibility)</td>
<td>V (5)</td>
</tr>
</tbody>
</table>

Notes: N = 10. G = general (9–10 of total), T = typical (6–8 of total), V = variant (2–5 of total).

The research team then constructed core ideas from the thought units for one transcript (with considerable discussion). Rotating pairs of judges constructed core ideas for the remaining transcripts. Each finalized consensus version (core ideas within domains for an individual case) was audited for accuracy by one of the auditors and consensually revised by the primary team.

For the cross-analyses, the research team examined the core ideas within each domain and looked for themes. They consensually constructed categories and subcategories to represent each theme. Rotating pairs of judges then consensually assigned categories to each unique core idea within each domain. The instructor audited the cross-analyses to monitor the work and maintain consistency, and the teams revised as necessary. The two external auditors reviewed the cross-analyses, and the research team consensually made revisions. The professor then reviewed the cross-analyses to reduce redundancy and achieve clarity across categories. The team members then went back to their interviews and made sure that the data were represented accurately in the cross-analyses. Finally, the auditors again reviewed the findings and made suggestions, which were considered by the team.

A draft of the manuscript was sent to all participants for comment. One person responded and indicated that the results reflected her voice.
Results
A comparison between the current sample of upper-level undergraduate students from helping skills classes with the 125 lower-level undergraduate students in introductory psychology courses at the same university in the Stahl and Hill (20) study was conducted using an effects size analysis (difference between means divided by the average standard deviation) for the NHM. The participants in the current study (\(M = 5.84, \text{SD} = .51\)) scored slightly higher (\(d = .38\), small effect size) than the introductory psychology students (\(M = 5.55, \text{SD} = 1.01\)). Thus, the participants were strongly inclined toward wanting to help others.

Table 1 shows the qualitative results. Based on Hill (10), we considered categories to be general if they applied to 9–10 cases, typical if they applied to 6 to 8 cases, and variant if they applied to 2–5 cases. Categories that applied to only 1 case were not included. Quotations for cases are represented by the initials of the interviewer to preserve confidentiality. Because no differences were noted between the interviews and self-reflection papers, data were combined.

Strengths Related to becoming a Therapist

Personal strengths
A number of common personal strengths were revealed. Participants all spoke about liking to help others, even to the extent of having a passion for helping others. For example, KK said,

If I couldn't help somebody, I feel so bad about it, that it's my responsibility to help them, even though it's not really. I always feel so inclined to help that I always say "I'm sorry" if I can't help like so much that they know it's kind of like still helping because I wanted to be there helping and I couldn't be.

Furthermore, all described themselves as being empathic, caring, and kind. According to SG,

A strength I would bring to a helping situation is empathy. I am good at understanding another's perspective and their emotions, and can connect well with their problems by directly or indirectly relating them to experiences in my own life.

Participants also typically described themselves as good listeners. AS, for instance, said, "In a helping situation, I consider myself a good listener ... I'm able to put aside my own interests or burdens at the moment in order to focus on the situation at hand."

They also typically viewed themselves as motivated and hard working. MU characterized herself as motivated and stated,

Over my academic and professional career, I have developed a work ethic of which I am really proud. I take challenging courses, I maintain a high GPA, I am involved with several campus organizations, and I take on leadership positions when possible.

In addition, trustworthy, loyal, and dependable were typical additional characteristics participants ascribed to themselves. NG, for example, noted,

My mom told me that I'm really loyal too and I'll help anybody out like my friends or family mostly, I'll help family out no matter what ... if I had a client just to be somebody that they could go to consistently and just be there for them.

Participants also typically perceived themselves as being open minded, nonjudgmental, and accepting. For GP,
My strengths that I would bring to the helping situation include my nonjudgmental perspective ... My ability to look at people as individuals with their own life stories and circumstances has created an internal perspective of not judging others based on my impressions.

Participants also typically viewed themselves as approachable and friendly (e.g. KK: "So like that people feel comfortable approaching me for help makes me feel good because I'm an approachable person and it makes me feel like others think that I'm always willing to like stop what I'm doing and help others.") and good communicators (e.g. KK: "My good communication skills will allow the people I will be helping to understand what I am saying in order to explore their own insights and implement an action plan.").

Inquisitive, introspective, and insightful were also typically mentioned by participants as relevant to their ability to successfully act as therapists in the future. EL said,

I think and analyze a lot of things, but I mostly think and analyze people. I have a real, deep-seated interest in human beings. I always strive to understand them – the way they think, the way they act, and why they think and act in such ways.

Finally, there was one variant category of being independent. JR said, "I have grown to be a strong and fiercely independent woman."

Strong Social Support
Participants generally indicated that they had good social support from family and friends. MU mentioned family specifically: "I think it's always been just through encouragement, through providing emotional support, being open with each other." JB talked about friends:

I'm lucky, I have really great friends. My friends have taught me so much about myself to improve the type of person that I am, and I am so thankful to them for that ... I think just having a ton of friends that are so supportive and great people that's taught me a lot about the type of person that I want to be.

Personal Values
Several categories were at least variant. The importance of giving back was a general value engrained in participants from early childhood. For example, JR said,

My mom was always just like "You should try to help people who need it and who need and deserve it, like you know, if you see a single mother who is struggling to pay for groceries, step up and pay for her groceries," so basically just like to be like, because she has received a lot of help growing up, and I have received a lot of help growing up. She is just like "You are blessed to have these opportunities, and the fact that people gave you help, you should pass on that help, basically the golden rule, treat others the way you want to be treated." So I've always tried to live by that rule and be as a therapist since I received so much help, so many people have helped me grow into the person that I am I think I should pass that on.

A second value, typically endorsed, involved the importance of the family. For the most part, participants described how close and supportive their families were and how they felt a strong value for the centrality of family. According to MU,

Extended family has also been really important place in my life because I've always not only have a supportive home, but support kind of all around me ... we just we have a lot of family meetings and we spend a lot of time together, everyone really knows each other. ... They were really loving and warm and really kind of emphasized the idea of family and supporting each other in their family ... because I've always felt this overwhelming support and warmth from them, it's made me a supportive and warm person and then also let me do what I want. You know I don't have to worry about being that electrical
engineer that's gonna make six figures. I don't have to because I have this wonderful family around me that says, "Do what you love. Be a helper."

A third value, also typically endorsed, was the value of hard work, resiliency, and strength. While reflecting upon her life, GP said,

My brother and I started working as soon as we were able to, and by the end of high school I was working two after-school jobs. These experiences taught me independence, responsibility, and how to stretch a dollar. I learned not to be frivolous with my money and to work hard to get where I wanted to be. I studied harder to get better grades, worked harder to get better shifts and higher pay, and I helped out around the house to make things less stressful on my mother.

Participants variantly endorsed the value of being a good, moral, responsible, honest person. These participants had been taught not only to care about and help others, but also to be virtuous people by doing "the right thing." For example, JB said, "we were raised to always be appropriate, respectful, responsible, to always treat your elders with respect."

Another variantly recognized value was being grateful and appreciating life. According to KK,

I am grateful for what I have, but I want to make others grateful and feel good about what they have, even if they don't have that much. So I think that's probably definitely influenced why I want to help others and be a therapist.

A final variant value was the importance of empathy and sensitivity. KK stated,

When my brother was seeing a therapist, and I didn't think and like I wanted to step in, my parents would be like, "Well put yourself in his shoes, like he doesn't understand as much as you understand because he's younger than you, so put yourself in his shoes of what it feels like to not understand and then try to like, and then you can try to talk to him and help him. Don't start yelling at him like how do you not understand this cause that's not really gonna help anyone." So I think they really just taught me.

Played a Helping Role in Family
Playing a helping role in their families also seemed to be related to the choice of a therapy career. In terms of types of helping role, participants typically discussed having provided instrumental (nonemotional) support such as helping out around the house or with siblings. KK noted,

Sometimes I would cook some meals with my grandma and stuff so no one else has to worry about it, and just make sure that my brother was busy, like making sure I was helping him, not like helping him, well it was helping him but just the littler things with him. Like not telling him I didn't want to play a game with him, I would just suck it up and play it.

They also typically listened, provided emotional support, or acted as a mediator. According to AL,

If my sister has issues she comes to me, if my cousins have issues they come talk to me. I am the person they come to and I love it. I am kind of that person that they come to.

Variantly, participants provided parenting or problem-solving within their families. For GP,

It kind of was placed on an early age for me to kind of take on a parenting role in my house. So it was kind of, always, for as long as I can remember, just "Alright here's a problem, it's your job to solve it." So throughout my time in high school, it was like ok more people are coming to me and saying here let's talk, you know I need help, I need advice.
Challenges Related to becoming a Therapist

Personal Challenges
Participants noted several challenges. The first typical category was that they lacked confidence, self-esteem, or were self-critical. A good example here is from AL,

Several times I have feelings of frustration and sadness. This is due to the fact that I often am too hard on myself. Whenever I do something good I do not share it with others or simply underestimate the value of my accomplishment. Because I treat myself in such a way, sometimes I get very frustrated and sad because I feel that nothing I do is ever good enough.

Participants also typically talked about interpersonal challenges, such as being overly sensitive and avoiding interpersonal conflict. AS said, "I can be overly sensitive at times." MU said,

With my own conflicts, I am an avoider ... Either I ignore the problem as if it never happened, or I will talk about it with another person, not connected to the situation, until I feel better. I would rather do this than address the conflict with the person with whom it involves.

Anxiety was also a typical challenge. EL indicated, "I am also keenly aware of my weaknesses in a helping situation. As I mentioned above, I am an anxious person." And MU said, "Relatively high anxiety might make it difficult for me to challenge a client or make a suggestion for change."

Variantly, participants mentioned poor interpersonal skills, such as being stubborn, dominant, or controlling. For JB,

Patience for me is sometimes a challenge, especially when it comes to disagreeing with others. No one likes to admit that they are wrong or that they made a mistake, which is absolutely a challenge for me. I hope that this would never get in my way of helping someone and I know that I continue to improve on this aspect of my life all the time.

Potential Problems as a Therapist
Participants listed a number of challenges (biases, "hot buttons") that they would face if they were therapists. Four categories were at least variant.

Difficulty Working with Some Clients
Participants were generally worried about working with certain types of clients. More specifically, they worried about working with clients who were different from them, although there was a wide array of specifics in terms of what these differences would involve (e.g. values, race, and gender). For example, KK indicated,

I also bring several biases, blind spots and hot buttons that may interfere with my ability to be an effective helper. I grew up in an affluent family with friends that were similar to me. Therefore, I have some natural discomfort with people who represent different ethnic groups and cultures.

MU suggested,

I am limited in my knowledge of cultures outside of the United States. While I consistently work to improve my cultural competency, I think it would be challenging to help someone with values very different from those with which I am more knowledgeable.

Interestingly, only one participant mentioned that she might have difficulty working with clients who were too similar to her (KK said, "It may also be challenging to work with someone who presents with the same
characteristics as me because it is important to keep a professional relationship with the person you are helping.

Participants also variantly worried they would not be able to work with clients who had broken the law or were immoral (e.g. abusers, rapists, or cheaters). According to NG,

> I would have a difficult time working with those that abuse other people, especially children. I don't like when people feel like they have the right to take advantage of someone else just because they feel entitled to it, and if I had to work with a client who has abused someone, whether it be their spouse, children or someone random, I would again have to suppress the anger I feel towards them for affecting that person's life in a negative way.

JB said,

> Aside from people who may choose to have an abortion for a reason I might not agree with, I believe I might also have a bias against drunk drivers. I am aware that people make mistakes and I will hopefully get the chance to help them one day, but for now, it might be difficult for me to be empathetic toward a drunk driver, who killed someone.

**Emotional Overinvestment**

Another general potential worry that participants expressed was that they would become too emotionally invested and would have difficulty separating themselves from their clients. For example, they expressed concern that they would become drained dealing with clients and have a hard time turning off the emotions when they returned to their personal lives. Participants also noted that they would have a hard time setting boundaries with clients. In essence, they were concerned that they wanted to help clients so much that they would not be able to step back and be objective as therapists. EL said,

> I can foresee that as a helper, I might have the tendency to become too emotionally invested in the welfare of my clients. I might assume personal responsibility where is it not appropriate, and I might assume their own distress as my own. I sometimes do this in friendships, but it is something that I am working on. It is important for me to broaden the separation between my emotions and those of the people around me.

For JB,

> Because I am an emotional person, the empathy that I feel with others will come home with me. I worry at times that it may impact my life in a negative way. For example, if someone shares a really sad story with me or if his/her life is pretty dreadful compared to mine, then I am concerned that this may strongly impact me emotionally and I won't be able to go home without feeling guilty for being happy with my life.

**Being Ineffective or Harming Clients**

Participants also generally worried about being ineffective or harming clients. Perhaps reflecting the lack of current skills, they were not sure what to do in many situations and feared that they might do something egregious that would damage future clients. For GP,

> My tendency to want to relate to the client and share my own personal anecdotes of survival and resiliency might also be disadvantageous to the helping session because it could potentially make the client feel uncomfortable and detract from his or her own exploration and growth.

Similarly, SG indicated,
I am frightened of making the wrong inferences and drawing the wrong conclusion of what a client says, and worry that I will not notice key information that gives insight into the client's problems. When I am scared of doing the wrong thing I freeze up; my mind blanks, and I cannot coherently express my thoughts.

Influences on Choice of Therapy Career
Helping Experiences
Helping experiences were a strong influence on these students in terms of their aspirations for becoming therapists. Most of their experiences were positive, although they also reported some negative experiences.

All of the participants had engaged in helping experiences with their families/friends and through volunteer efforts similar to those involved in therapy. Thus, they clearly had some idea of what therapy involved. They felt good about their involvement and enjoyed the experiences because they felt needed or wanted and because it was fulfilling or rewarding to help others. JR said,

I love it. I love to help people. I feel happy that they trust me enough to talk to me and I feel a sense of fulfillment because that fact that you trust me, respect me, enough to talk to me it makes me feel good.

NG stated, "I feel good, I feel needed. Like what I said before it's hard to find those outlets. It feels good to help somebody and that they choose to come to me."

Participants generally liked that they felt effective in helping others and able to use helping skills appropriately. According to KK,

I feel like when they come to me for help it makes me feel good because it makes me feel like they're comfortable to come to me and they're approaching me so that makes me feel like I am an effective helper.

In terms of negative experiences, participants typically felt ineffective or unable to help. For AL,

Sometimes it does get overwhelming because you have not a lot of information but I feel that people count on you for a lot of things. I love that feeling but at the same time you feel like you're disappointing them if you can't meet their needs. So it's kind of like that thing sometimes letting myself, putting myself in second place just to make sure I don't disappoint anyone.

Socioeconomic Status
Most participants came from middle to upper socioeconomic classes. They indicated that they were privileged and felt lucky to have been given so much, and wanted to give back to society. For example, JR indicated,

It just made me see now how my environment can shape me into a good decent citizen of society and it made me feel like I should give back to the community and not everyone has these opportunities that I have.

Similarly, MU noted,

I got to a point where it just seems like when you were given those advantages, I felt like it was kind of a reason to help others. You have these things so use them to best of your ability to help others and make changes so that there isn't this like continual perpetuating of inequality because of whatever in life.

In contrast, two of the participants came from families who struggled financially. According to SG, "The financial situation in our family isn't that good so, it kinda made me want to be able to help people who can't afford to like pay for the sessions and stuff."
Encouraged to become a Therapist
Participants typically had been encouraged to become therapists by family, friends, or mentors who pointed out to them that they were natural helpers and that the field of therapy would fit well for them. AL's sister "would always tell me that pediatrics was not for me that I had to be a therapist." Similarly, SG's mom said, "Some of the stuff you say is like interesting, and I think you'd probably make a good psychologist."

Coursework/Teachers
Participants typically reported that specific teachers or courses had a major influence on their decision to become therapists. GP, for example, said,

That [taking on a parenting role in childhood and having lots of friends ask her for advice] provoked me to take AP psych in high school, I had an amazing teacher, absolutely loved him, like, it was the only class I went to every day honestly [laughs], and he helped me kind of see like what's a better path, do I want to go into education, which is something I always thought about, or do I want to go into case management, into therapy, counseling, all that. He kind of spelled out what all the requirements were, what you would need to study.

Culture
Participants typically noted that culture (race/ethnicity, religion, and gender) played a role in their decisions to become therapists. For EL, "I'm Jewish and I know that's like a stereotype I guess, or at least, like New York, Jewish, therapist, kind of seem to just go hand-in-hand in my culture at least." JR said:

We, a lot of Asians, have this mentality of being perfect and just upholding things are okay, everything is okay ... And so basically I want to help people in the non-Western cultures, I want to help people who have this kind of stigma against getting help, I guess, and so like I just want to help people get over that or even if I can't help them, just at least let them know it's okay to need help.

Models
Models were typically mentioned as influential, although the directions of influence were variant. Five participants had positive role models that they wanted to emulate. EL had a very clear role model in her mother who was a therapist:

I am particularly close with my mom. We are very similar, as I feel I have learned a lot from her, both as an individual and a potential professional helper. Among the most important things that she has passed down to me are her empathy and her insight. I truly look up to her and hope, one day, to be as good a therapist as she is.

Two participants, however, had negative role models that they did not want to emulate. According to GP,

The negative role models in my life really did more to influence who I am today than the positive did. Like, watching my father go and be a crack-head and then seeing him 14 years later and he's shrunken down to this tall and weak and, not a man you'd look up to literally or figuratively. I think that had a bigger impact on me than somebody telling me "Oh, go study hard and go to class." That gave me the idea of, "Alright, I don't want to be like that, I want to have a nice house, I want to have a nice car, I want to have a relationship with somebody that makes me happy and I can build a family with and the picket fence and the dog." And not have a demon on my shoulder telling me to go mess it up by doing this.
Exposed to Therapy
Although only variant (less than half the sample), exposure to therapy was a major influence for a few participants. Because of positive experiences in their own therapy, some participants wanted to be therapists themselves (e.g. AL: "I mean I do go to therapy and after leaving therapy, after leaving my session I feel really good, I feel relieved. Knowing I can give that feeling to someone else makes me happy"). A few wanted to be therapists because they saw the positive effects of therapy on others (e.g. AS: "I would say like the therapy sessions with my sister when I was younger, like I thought it was like really cool that someone like wanted to help our family and like help my sister overcome this, and that was like her job so and like to play games with little kids all day. I was like that must be so fun!"). Two others, however, either had negative experiences themselves or saw others have negative experiences and wanted to offer better services (e.g. GP: "I've had experience with seeing different therapists, and I've never really found one prior to getting out of high school that I liked. I don't think they understood my perspective as an adolescent. I feel that my experience with that helped me more. I knew the negative outcomes of having an ineffective therapist, so it pushed me to want to be as effective and efficient as possible").

Motivations for Wanting to be a Therapist
The motivations described by the participants could be divided into other-oriented (i.e. motivated to help others) and self-oriented (i.e. motivated to help self). All participants mentioned motivations in both major categories.

In terms of other-oriented motivations, two were typically mentioned. First, participants wanted to help others who were experiencing the same kinds of painful experiences that they had gone through. According to AL,

I had a beautiful childhood and then I came here and it was a really rocky time because I was beginning to be an adolescent, I was in the middle of my adolescent years and it was really tough. So I think that transition, now that I look back, I think it influenced me a lot. Like going from a really good time to a really hard time, I guess I feel bad or I feel that need to help when I see other people going through that same transition.

Second, participants typically wanted to help or serve others and contribute to the good of society, what might be considered to be altruistic reasons for aspiring to become therapists (e.g. "To have a good life people need to serve others," NG).

Five categories of self-oriented motivations were found. First, participants typically wanted to be therapists to help or fix themselves. For EL,

It would teach me a lot, like you get to hear so many stories and so many different diverse points of view and experiences. So I think that would be really interesting and just like help me to become a well-rounded person and someone who has been exposed to more things.

Secondly, they typically wanted to be therapists because they viewed it as a fun, satisfying, gratifying career. They indicated that they would feel good and would have a passion for doing therapy. For example, JB said, "I mean, what's more rewarding than helping somebody work through their problems?"

Third, participants typically wanted to have an impact. According to AS,

Yeah, my friend and I freshman year, we were just sitting around, he is very smart, he is in chemical engineering, he was like "Do you think I can change the world?" I was like "Yes, you could easily invent something. Do you think I could change the world?" And he was like "Yeah I could see you just like impacting people's lives."
Fourth, participants typically indicated that being a therapist would provide them with "meaning of life." JR revealed,

Basically I feel like a good life is you have a good job you feel happy you feel content with your life, and for me being a therapist kind of helps me, adds to that contentment and happiness with my life, so that's part of how it fits into my idea of the meaning of life.

Fifth, participants variantly mentioned that there were nonhelping aspects involved in the career of being a therapist that they liked. Participants liked the idea of interacting with people rather than sitting at a desk in front of a computer all day long, liked the flexibility of being able to set their own hours, and liked the variety that comes with the ability to do many things and to change specialties. KK said, "I need that interaction and other people around to talk to."

Discussion
This sample of 10 female undergraduate/recently graduated students majoring in psychology and currently taking (or having recently taken) a helping skills class at a large mid-Atlantic U. S. public university provided a wealth of data about why female college students want to become therapists. Based on the findings, the therapy profession seemed to fit with the personality and experiences of these students, and potentially will provide them with an opportunity to fulfill themselves and find meaning in life. Students spoke with passion about their desire to help others, suggesting that a therapy career was more of a "calling" (Duffy & Raque-Bodgan, [3]) than just a job. In addition, these students were aware of and concerned about potential problems (or "hot buttons") that they would face as therapists, indicating a level of self-awareness.

We note that many of the findings were general and typical, suggesting consistency in the sample, which is not always true with qualitative research. In addition, the sample scored higher than introductory psychology students on the NHM, indicating that they did indeed perceive themselves as helper types. Hence, though the sample was small, it might be fairly representative of the population of aspiring therapists. We also note that results were based on self-reflection papers as well as interviews, indicating that these participants had spent a fair amount of time thinking about these issues.

In this section, we discuss the results in relation to the themes found in the literature, recalling that the extant literature involved only practicing therapists rather than aspiring therapists. We then discuss findings in areas that had not been covered extensively in the previous literature.

Characteristics of Aspiring Therapists
The literature (see Farber et al., [5]) indicated that practicing therapists appeared to be intellectually curious, psychologically minded, open, and have a sense of social responsibility. Our study provided some support for these ideas, in that we found typical (but not general) endorsement of characteristics such as inquisitive, introspective, insightful, open minded, valuing giving back and helping others, and gaining meaning of life from helping. Even stronger endorsement was found, however, for the facilitative characteristics such as being empathic, caring, kind, good listener, trustworthy, loyal, dependable, approachable, and friendly, which were not suggested quite as strongly in the extant literature.

Equally interesting are the characteristics that they did not attribute to themselves, such as being competitive, inventive, or greedy. Clearly, at least as they described themselves for this study, these participants fell into Holland's ([13]) social theme rather than into being realistic, enterprising, artistic, intellectual, or conventional.

It is also interesting that the challenges described by these participants were those that related to being sensitive, empathic people. They talked, for instance, about a lack of confidence or self-esteem, being self-
critical, being overly sensitive and avoidant of interpersonal conflict, being anxious, and to a lesser extent, having poor interpersonal skills. These personal challenges, in concert with the personal strengths related to helping others, are reminiscent of Horney's ([14]) and Teyber's ([22]) description of many therapists as moving toward others (wanting to please) or moving away from others (avoiding) rather than moving against others (intimidating).

Participants were also keenly aware of some of the “hot buttons” (i.e. biases and problems) they would face if they became therapists. For example, they were aware that they would have difficulty relating to clients who were different from them in some way (e.g. gender, race, and age). They also worried about becoming too emotionally invested in clients and being ineffective or harmful. These potential problems are important and reflect their ability to think ahead about their personal contribution to the therapy process.

Childhood Experiences

The influence of childhood experiences infused several domains. All participants reported that they had incorporated values from family and friends related to giving back and helping others. Most had provided some types of helping in their families, but for the most part this help involved assisting around the house rather than taking over as parents for other siblings because of major physical or emotional dysfunction in the family. Eight came from privileged upper-middle-class backgrounds, although two came from lower socioeconomic backgrounds. Almost all of the participants wanted to be therapists to help others who had gone through similar experiences. From these data, a picture emerges of these participants having had relatively healthy childhoods, which led them to become relatively healthy, well-functioning, socially oriented young adults who had a passion for helping others.

We did not find much evidence that these participants had experienced marginalization and extensive suffering during childhood, as was reported in the literature for practicing therapists. Farber et al. ([5]) referred to the notion of the wounded healer, such that through personal suffering, therapists become psychologically aware, which enables them to understand and help others. Interestingly, Farber et al. suggested, with some clinical and empirical support for each position, that either these therapists actually had more painful childhood experiences, or that they were more sensitive to their experiences and less able to minimize or repress negative feelings compared to others. Based on our data, it would be hard to assert that our participants had more painful childhood experiences than others, although the idea that they were more sensitive than others and less able to minimize or repress feelings than others seems plausible, given the emphasis they placed on being empathic and wanting to help others. It is also interesting to speculate that perhaps as people train to become therapists and undergo extensive personal psychotherapy and self-reflection, they become even more attuned to their personal suffering as a way of enhancing their ability to empathize with clients.

Of course, we cannot rule out an effect for the time and place in history. There was a dramatic shift in results from a major study conducted by Henry, Sims, and Spray ([7], [8]) regarding the motivations of practicing psychotherapists, when compared with studies conducted by Racusin et al. ([18]) and Elliott and Guy ([4]). It is quite plausible that the current sample differed from those of practicing therapists reviewed in Farber et al. because of the dramatic changes in our society over the past 40–50 years (e.g. movements related to women, civil rights, sexual orientation as well as a greater emphasis on service requirements in high schools). Perhaps some of the painful experiences suffered by their predecessors were less common among the current participants. It is also important to note that participants in the current sample were all young women, whereas previous samples included more men. In addition, although we selected students who indicated a strong desire to become therapists, some of the participants might not go on to become therapists, which may differentiate our sample from previous samples of practicing psychotherapists.
Influence of Personal Psychotherapy

Four of the participants had been in their own personal psychotherapy, with three reporting positive experiences that influenced their desire to become therapists. One person had both positive and negative experiences with psychotherapy, both of which made her want to be a therapist. In the literature, Geller et al. ([6]) found that the majority of mental health professionals indicated that their own personal psychotherapy was one of the greatest influences on their professional development. We hypothesize that the influence of personal therapy was greater in practicing therapists than in our sample because practicing therapists often had more experience with personal therapy.

Influence of Mentors

Participants typically mentioned teachers and coursework as influential. Furthermore, participants mentioned people in their lives (e.g. parents and grandparents) who served as role models of therapeutic people. These findings are similar to those that Farber et al. ([5]) reported for practicing therapists about the influence of mentors.

Motivations

Participants all mentioned both other-oriented (altruistic) and self-oriented (for their own happiness or self-healing) motivations for aspiring to become therapists. Similar other- and self-oriented motives have been suggested by Hill ([9]) and Bugental ([1]). In addition, the finding that becoming a therapist would provide participants with meaning of life is similar to the results of a recent study (Hill et al., [11]), in which undergraduate psychology majors identified helping others as a primary source of their meaning of life. We note, however, that participants did not describe many of the negative motivations such as Hill and Bugental described (e.g. rebelling against authority and tradition through opening up dialogue about things that are otherwise considered inappropriate or taboo). We suspect that participants were somewhat reluctant to share deeply negative or shameful motivations with interviewers given that they had never met these people before and the interviewers were their peers. It is also probable that these participants lacked self-awareness given that they had not been required to think deeply about their motivations, as experienced therapists are often required to do in supervision when difficult situations arise with clients.

Furthermore, some participants clearly were motivated because they like the nonhelping aspects of the career (e.g. working with people rather than machines, having variety and flexibility). Thus, there was some evidence that participants chose this career because they liked the type of work that therapists do. Similarly, practicing therapists in Farber et al.’s ([5]) review liked the nonhelping aspects of the profession.

Other Interesting Findings not Predicted by the Literature

The study yielded a number of other interesting findings that had not been investigated in the literature. First, the general influence of prior helping experiences is intriguing. These participants had engaged in experiences that helped them learn both positive and negative aspects of the helping field, learn that they enjoyed helping, and discover that they felt relatively effective as helpers. Thus, they were not completely naïve about the field.

The influence of socioeconomic status was also notable. The idea that people enter the field through different pathways leads to a more nuanced understanding of the needs of beginning therapists. One pathway appears to be the potential therapist who comes from a comfortable background and feels blessed and wants to give back. At the other extreme are people who have absorbed a great deal of pain through childhood and want to help others who have had similar pain. Between these two extremes are people who have experienced some pain and anxieties, and have learned to cope and want to help others. It is interesting to speculate that these three groups of people might respond differently to training. The “blessed-give back” group might be more securely attached individuals who could profit from many kinds of training. Those in the other two groups might benefit
from more personal psychotherapy and supportive supervision to help them become aware of their pain and develop coping strategies.

Similarly, the influence of culture was pervasive. Interestingly, participants who had immigrated to the USA were most able to articulate the influence of culture on their decision to become therapists. In addition, not all of the same cultural influences applied to all participants. Some explicitly noted the effects, for example, of religion, whereas others said that religion did not have any effect. Three mentioned the influence of growing up in a Jewish culture that values respect and helping others and also values therapy. Two mentioned that being Catholic taught values of social justice. Given that all of our participants were women, we cannot speculate about how men would have reacted differently; however, only two participants mentioned gender as an influence (e.g. that society has the expectation that women are more helpful than men). We suspect that culture was not mentioned much in the previous literature because the samples may have been more homogeneous (e.g. European American male therapists), and culture was not as much a focus in the field as it is currently.

Another specific influence was the encouragement of others for these participants to become therapists. Along with the prior helping experiences and the helping role in the families, we get a picture of these students as natural helpers, as people who are sought for emotional help by friends and family. Similarly, Stahl and Hill ([20]) noted that many undergraduate psychology majors view themselves as natural helpers.

In sum, these data suggest that rather than necessarily being wounded healers, these aspiring therapists were empathic, caring, approachable young people who had a passion for helping others. They reported having many strengths and strong support systems, along with relatively few challenges. In addition, all were more motivated by altruistic reasons for helping others than by greed, power, or a need for superiority. They had engaged in helping experiences and had a clear picture of what being a therapist entails.

Limitations and Implications

The participants (interviewees) were all undergraduates or recent graduates majoring in psychology recruited from helping skills classes at one US public university. In their helping skills classes, the book (Hill, [9]) and lectures encouraged students to reflect on their motives. They learned about a three-stage model of helping (exploration, insight, and action), which may have influenced their thinking of what therapy is like.

In addition, all participants were women, which may have influenced the results. Farber et al. ([15]) suggested that motivations for becoming therapists might differ between women and men, as women are generally socialized to be more relationally oriented and to have greater access to their emotions than men. There was some ethnic diversity, although most were European American, and all were in their early 20s. Thus, the results of this study may not generalize to men, people of other ages, practicing therapists, or people in other cultures.

Similarly, all of the interviewers were upper-level undergraduate students. There was some diversity of gender and ethnicity, though most were female and European American. Most were also considering therapy as their projected career. Furthermore, the interviewers were similar in age to the participants, which may have made the participants feel more or less comfortable disclosing with them. But, although these interviewers were trained for this study, they were not highly trained interviewers and thus may not have probed as deeply as experienced therapists would have.

Interviewers and auditors attempted to bracket their biases and expectations, but the results of this study should be considered in the context of this particular research team. In particular, interviewers and auditors valued therapy as a career and valued self-reflection, and may thus have subtly suggested that participants de-emphasize other aspects of their identities.
Moreover, although interviewees were students in helping skills classes, had read about motivations to become helpers in their textbook, had written self-reflection papers about their motivations, and took paper-and-pencil measures about motivations prior to the interview, we cannot be confident that they were aware of and willing to disclose their deepest motivations to become therapists. Given that motivations are often implicit, multilayered, unconscious, and fluid, it is doubtful that researchers could ever obtain a complete portrayal of motivations, particularly those that are less flattering.

In terms of implications, aspiring therapists can use these findings to stimulate their thinking about their own characteristics and motivations. Given that the participants noted that the interviews provided a useful stimulus for thinking about this topic, perhaps similar interventions, such as focus groups, could be created for those considering careers as therapists. Furthermore, understanding one’s motivations for becoming a therapist, as well as what one brings to the field intrapersonally and interpersonally, could help aspiring therapists succeed in the field. Knowing, for example, about one’s personal challenges and potential difficulties as a therapist (e.g. avoiding interpersonal conflict) could help potential therapists work on these challenges in personal therapy, as well as in training and supervision.

Researchers could longitudinally examine the career paths of undergraduate students who aspire to become therapists. By comparing those who eventually become therapists with those who choose other careers, we might learn the factors that facilitate and inhibit people in this career path. In addition, using the data related to influences and motivations found in this study, a questionnaire could be developed and implemented with a larger population to determine the generalizability of the findings. It would also be interesting to examine motivations of aspiring therapists in countries other than the USA. In Asian countries, for example, students might not be as willing to describe strengths and might focus more on other-oriented motivations than these participants did.

Finally, the results have implications, as noted in the introduction, for counseling psychology training programs. We could use these results as stimuli for thinking about what kinds of students we want to train. In addition, the results suggest asking prospective students about their motivations for wanting to be therapists, early life experiences, role in family, values, prior helping experiences, strengths and challenges, expectations of being a therapist, and problems they foresee having as therapists.

Notes on Contributors

Clara E Hill earned her PhD in Counseling Psychology from the Southern Illinois University and is currently a professor of Psychology at the University of Maryland. She has been president of the Society for Psychotherapy Research, editor of the Journal of Counseling Psychology, and co-editor of Psychotherapy Research. Her awards include the Leona Tyler Award (Society of Counseling Psychology), the Distinguished Psychologist Award (Division 29 of the American Psychological Association), the Distinguished Research Career Award (Society for Psychotherapy Research), and the Outstanding Lifetime Achievement Award (Section on Counseling and Psychotherapy Process and Outcome Research, Society for Counseling Psychology). Her major research interests are helping skills, psychotherapy process and outcome, training therapists, dream work, and qualitative research. She has published 187 journal articles, 67 chapters in books, and 11 books.

Andrea Lystrup was an undergraduate student at the University of Maryland at the time of this study. She has now graduated with a BA in Psychology and is currently a graduate student in Couple and Family Therapy at the University of Maryland. Her research interests are the impact of deployment on military families and the role of fathers in the family.
Kathryn Kline was an undergraduate student at the University of Maryland at the time of this study. She has now graduated with a BS in Psychology. She plans to go to graduate school in Psychology. Her research interests are psychotherapy process and outcome, therapist training, and therapist career development.

Nioud M Gebru was an undergraduate student at the University of Maryland at the time of this study. He has now graduated from with a BA in Psychology and is currently working as a research assistant at the American Institutes for Research. He plans to go to graduate school. His research interests are qualitative research, multicultural issues in educational development, and racial and ethnic barriers to student achievement.

Jennifer Birchler was an undergraduate student at the University of Maryland at the time of this study. She has now graduated with a BS in Psychology and is currently working in Psychology. Her research interests are treatments for adolescents with behavioral issues.

Geoffrey Palmer was an undergraduate student at the University of Maryland at the time of this study. He has now graduated with a BS in Psychology. He plans to go to a doctoral program in physical therapy.

Jennifer Robinson was an undergraduate student at the University of Maryland at the time of this study. She has now graduated with a double degree in Psychology and English and is currently working as an accreditation research assistant at the American Psychological Association. She is planning on going to graduate school in Counseling Psychology. Her research interests are the prevalence of mental health issues in college students and barriers to help-seeking.

Miji Um was an undergraduate student at the University of Maryland at the time of this study. She has now graduated with a BS in Psychology and is currently working as a post baccalaureate fellow at the National Institute on Drug Abuse of the National Institutes of Health. She is planning to go to graduate school in Clinical Psychology. Her research interests are fMRI and substance use.

Shauna Griffin was an undergraduate student at the University of Maryland at the time of this study. She has now graduated from the University of Maryland.

Elisabeth Lipsky was an undergraduate student at the University of Maryland at the time of this study. She has now graduated with a degree in Psychology.

Sarah Knox earned her PhD in Counseling Psychology from the University of Maryland and is now a professor and the director of Training, Marquette University Counseling Psychology Doctoral Program. Her research interests are in psychotherapy process, training and supervision, and qualitative research. She has published one book, 15 chapters in books, and 42 journal articles.

Kristen G Pinto-Coelho is a student in the University of Maryland Counseling Psychology doctoral program. Her research interests include psychotherapy process and outcome, and training. She has published two journal articles.

Appendix 1. Interview Protocol

- Tell me about your journey related to making a decision about becoming a therapist.
- Tell me about the first time you ever thought about becoming a therapist.
- Describe any changes along the way in your plans of becoming a therapist.
- What led you to choose therapy as a career over other careers?
- Tell me about any meaningful experiences you have had helping others.
- What makes you think you would be a good therapist?
- What influence, if any, did experiences in your childhood play in your decision to become a therapist?
- A lot of therapists talk about family dynamics as influencing their decision to become therapists, so I want to probe this are thoroughly.
- What were the overall family dynamics?
- How did you fit within the overall family dynamics?
- Who provided emotional support in the family?
- What role did you play in your family? (Probe: Make sure they talk about role in terms of both siblings and parents, both childhood and current)
- What influence did your role in the family play in your decision to become a therapist?
- What influences, if any, were there outside of your family that led you to want to become a therapist? (mentors, friends, experiences, events, and pop culture)
- What influence, if any, did your culture (e.g. race/ethnicity, religion, social class, gender, and neighborhood) play in your decision to be a therapist?
- How do you feel when others come to you for help?
- What do you anticipate you will get out of being a therapist (personally, professionally, and socially)?
- Tell me more about the positive aspects
- Tell me more about the negative aspects
- People talk a lot about unconscious motivations for becoming therapists, so I want to ask about that. What are the hidden or not so altruistic motivations of others who decide to become therapists?
- Which of the above motivations fit for you?
- [In case they have not said: How does being a therapist fit into your sense of meaning of life or leaving a legacy or making a difference?]
- What else can you think of related to your wanting to become a therapist that I have forgotten to ask you?
- What reactions did you have to participating in this interview?

References