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Awareness of the Use of Self in Therapy: An Autoethnographic Inquiry into the Training Experiences of a Black, Single, Female MFT Doctoral Student

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Awareness of the Use of Self in Therapy: An Autoethnographic Inquiry into the Training Experiences of a Black, Single, Female MFT Doctoral Student

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I close with a poem often quoted by my Father:

"If a task has once begun,
never leave it until its done;
be the labor great or small,
do it well or not at all,"
(Author Unknown)

Dad and Mom, "I Did it!"

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Abstract

The "self" of the therapist is an essential factor in the therapeutic process (Baldwin, 2000) and is impacted by intersections of identities and prejudicial treatment, which creates unjust conditions for Black women in society and academia. Nonmembers of the predominant culture can find difficulties in navigating the "self" of the therapist, which reflects personal and social experiences. In academia, the Black woman's identity continues to face problems of exclusion and oppressive related situations, which can complicate the learning process (Ong, Wright, Espinosa, & Orfield, 2011).

Several studies have explored the challenges of African-American students and faculty, in MFT graduate programs, who face cultural, racial, and recruitment issues (Wilson & Stith, 1993) as well as underrepresentation as professors (Harris-McKoy, Gutierrez, Strachan & Winley, 2017). The purpose of this study is to explore "self" complexities that impact individuality and professional development, as a therapist of color, and to understand the critical role of the use of self in therapy training settings. Writing an autoethnographic inquiry on my personal experiences while training as a Black, single, female MFT doctoral student address identity struggles, core issues, and the interconnected nature of sociocultural factors that overlap with identities. This study is written from a feminist informed perspective, which recognizes unjust treatment of marginalized populations (Reinhart, 1992) and provides a way of writing that reflects my version of reality in society and academia, as a Black woman. The thematic analysis presents five categories and occurring themes that gives context to my lived experiences, personally and professionally, are embedded, shaped, and essentially defined.

K*eywords:* Self of the Therapist, African-American, Intersectionality, Feminist

CHAPTER I: INTRODUCTION

Identity and Professional Development

"Too often a professional image is erected and the Self is suffocated by education, blinded by theory and burdened by its own intelligence." - David Keith

As a Black-American woman and doctoral student, I have experienced complexities with "Self" that have impacted my identity and professional development as a therapist. Throughout graduate training in Marriage and Family Therapy (MFT), I related well with selected theories and techniques that enhanced my clinical skills. However, I struggled to use my voice as a single, Black therapist and was unaware of how significantly life experiences, world view, and values informs the therapist "self" or "personhood" (Baldwin, 2000). The knowledge I gained on systems theory, clinical practice, and research did not resolve my inner wounds or emotional struggles that I was incapable of expressing.

Virginia Satir identified incongruent communication as a style of dialogue used when under stress (Moore & Kramer, 1999; Satir 1967). This contradictory communicative pattern of camouflaging feelings is how I vaguely conveyed my thoughts, needs, and experiences in order to protect my vulnerability while struggling with individuality as a Ph.D. student. Also, I realized while training as a Black therapist that individuality is connected to my lived experiences as a Black woman and my cultural group, African-Americans, who face disadvantages and discrimination in society and academia.

Most of my experiences in the academic environment mirrored my encounters in Society as a minority, an identity that is connected to a marginalized, oppressed group (e.g., Black American) (Ferguson, 2006). Blacks or African Americans represent

only13% of the population in the United States, totaling 38.9 million, as compared to the largest racial group, white Americans, accounting for 72% of the population, totaling 223.6 million (U.S. Census Bureau, 2010). When you are not a member of the predominant culture, it can be difficult to navigate the "self" of the therapist, which reflects personal and social experiences that results in high anxiety as a Black woman.

Kerr and Bowen (1988) noted "anxiety can be defined as the response of an organism to a threat, real or imagined" (p. 112) and is influenced by or manifest from a range of various things, such as "intracellular systems to societal processes" (p. 113). I perceived anxiety as only a diagnostic characterization of individuals whose functioning is impaired due to excessive worry. However, Bowen's Family System Theory concentrates heavily in the natural science and explains how all living systems functions by principles of nature, which exist independently of human awareness. Bowen's theory takes interest in relational patterns across multiple generations and observes the family as an emotional unit that is interconnected and interdependent of one another (Corey, 2009). I came to a comprehension that anxiety is a natural tension that exists for all forms of life (Burnett, personal communication, 2013), which means I live with anxiety as well. Additionally, my anxious response to stress also illustrates the emotional process of my family unit.

Apparently, the reality of my personal experiences in society and academia as a Black woman and therapist of color increased feelings of anger, worry, fatigue, and fear while intensifying emotional struggles. In high anxiety situations, it is difficult to adjust psychologically; the intensity of the emotional process can become overbearing. It is easier for me to manage anxiety through cutting off contact with the person or event,

which seems to be the only appropriate option in some instances. As a way of survival, "emotional cutoff may be enforced through physical distance and/or through various forms of emotional withdrawal" (Kerr & Bowen, 1988, p. 271). I realized that in stressful situations, my lived experiences impacted "self" personally and professionally, which left me incapable of communicating my feelings or thoughts.

It is important to point out to future scholars of color how identity and the therapist self is adversely impacted by lived experiences and socially constructed systems of inequality, which stifles personal growth and professional development. Social status determines differences amongst ethnic groups which results in disadvantages, particularly for people of color (Watson, 2019) and these unfavorable conditions contribute to problems of exclusion in the workplace, social environments, and academia. My scholastic journey depicts how important it is to conduct an investigation on the experiences of women of color training to become therapists.

In this study I used my voice as a lens to analyze my own experiences as a Black woman training in MFT by identifying adverse circumstances in the academic setting and society that hindered authenticity as a person and therapist. Writing an autoethnographical inquiry of my personal life experiences and feelings provides a deeper understanding of my identity struggles, social location, and the conditions that contributed to challenges with individuality, professional development, and self of the therapist.

It wasn't until I completed coursework, practicums, and the qualifying examination that my interest was stimulated to read various scholarly articles and textbooks on the use of self in therapy. Feelings of uneasiness piqued my curiosity to

explore, if any at all, a relationship between the "self" and professional development. Examining an interconnection amidst the personal self and professional self brings awareness to lived experiences, as well as sociocultural factors that influences personhood; to include race, gender, and social status, which are all content specific (Alsup, 2006). I pondered my life experiences as a person and therapist, which provoked several questions, such as: 1) What contributes to identity struggles as a Black woman? 2) How do you address emotional struggles while training as a therapist of color? 3) What is the functioning role of the self of the therapist? 4) What influences the unaware self in the role of the therapist? And 5) Why it is important to have MFT faculty member of the same-race as a mentor for doctoral students of color?

Through self-reflection, I became cognizant of feelings and experiences while training, which contributed to functioning in an unauthentic presence of self. The academic setting evoked memories of discrimination and racial inequality, which are two of the major factors listed that contributes to the lack of progress of Blacks (Pew Research Center, 2016). These challenges with race and disadvantages decreased motivation and limited my unique expressions, as a therapist of color. Throughout graduate training, I opted to remain silent in hopes of erasing the ambivalence I experienced identity struggles on the five following areas, briefly listed below:

1. As a minority in the field of MFT, it is frustrating to observe the lack of regard to scholars of color as faculty. Data reveals that most students and professors are predominantly white, non-Hispanic (COAMFTE, 2018). The Commission on Accreditation for MFT Education revealed, self-reported figures, from 129 accredited MFT programs, showing 49% of the student population is white and

16% are Black/African American, along with the faculty population listed as 73% white and 8% that are Black/African American (COAMFTE, 2018).

2. As a doctoral student of color in training, it is overwhelming trying to "obtain respect from professors and peers, network in the field, gain recognition in the department, and receive faculty mentoring support" (Baumgartner & Johnson-Bailey, 2010; Johnson-Bailey, 2004; Patton, 2009, pp. 157), all while continuously being confronted in society with the dominant discourse of race, cultural oppression and social privileges of mainstream society.
3. Class discussions on race-related or religious issues were challenging, as I struggled with silence known as "internalized voicelessness," a hidden wound of racial trauma that is common for people of color and other marginalized groups (Hardy, 2013). The struggle with voicelessness is a reminder of the residual impacts of slavery.
4. The constant, unfavorable questions from colleagues and clients surrounding my marital status as a single, childless, female in mid-life contributed to my identity struggle as well. It became obvious that I was involuntarily identified with the stigma of society, as a never-married woman in mid-life with no children, which goes against the traditional roles of femininity: marriage and motherhood (Macvarish, 2006).
5. Most importantly, I internalized feelings of displeasure due to not having a professor, supervisor, or mentor in the MFT program that I felt a connection with, in order to express the emotional turmoil I experienced while training as a Black therapist.

Lectures on "the personal integration of the therapist's clinical training and life experiences" (Aponte & Winter, 2007) along with knowledge of intersectionality, the interaction of multiple identities that shapes women of colors' experiences (Crenshaw, 1994) would have assisted me in resolving personal conflict and identity issues that impacted self in the role of a therapist. In addition, I believe receiving guidance from a same-race mentor, who shares my unique cultural and graduate training experiences would have increased my competence while training, as a Black therapist. Tillman (2001) noted that same-sex and same-race mentoring serves to "provide graduate students of color with structured interaction that enhances the probability of degree program completion and career success" as they matriculate through a predominantly white university. Without mentoring, how do you voice your struggles or experiences in an educational institution where the Black population, whether student or faculty, are the minority?

Mentorship for Black Female Doctoral Students

A study on mentoring relationships revealed that "Black doctoral women benefited from relationships with Black faculty and staff, as well as sorority and church" (Patton, 2009). My longing for cultural connections mirrored that of world-renowned family therapist Nancy Boyd-Franklin during her '72 Columbia doctoral studies (Fairchild, 2012; Marwitz, 1999). "There were no Black professors in (Boyd-Franklin's) clinical psychology" program (Fairchild, 2012) or no one who knew what (Boyd-Franklin) or the Black students wanted to do (Fairchild, 2012). Even though I believe a need still exists for same-race Black female doctoral students, I opted to remain silent while training and assumed a posture of going along with the majority. Unfortunately, this decision

restricted personal and professional growth and development as I continued to function in the role of a therapist unauthentic and unaware.

The Unaware Self in the Role of a Therapist

In the field of MFT, it is extremely important to address the "self" of the therapist and issues that impact the "self," specifically with Black women whose race and identity formation are interconnected with interdependent systems, such as oppression and discrimination (Settles, 2006; Thomas, Speight, & Witherspoon, 2008). I was unaware of how identity issues impact the self of the therapist and how personal emotional struggles (Timm & Blow, 1999) and unresolved family of origin issues (Lum, 2002) influence therapist reactions. Unresolved issues can manifest in ways such as getting stuck, avoiding problems, misunderstanding information, and lack of concentration (Lum, 2002). Self-reflection of past clinical experiences revealed moments of resistance where my individuality felt restrained, when I was either distracted, did not relate, or feel professionally competent in the role of a therapist. Baldwin (2000) noted "the presence of resistance is a manifestation of fear" and is a call to therapist for integrity, congruence, and truth (pp. 22).

Virginia Satir noted risks that results in a therapist's use of an unaware self, such as disguised power issues and incongruence (Baldwin, 2000, p. 20-21). On one hand, when a therapist is not in sync with self (for example, not present with emotions) or the other, in context (Satir, Banmen, Gerber & Gomori, 1991), ego needs or countertransference can manifest and create an unsafe environment for clients (Satir, 2000). On the contrary, a therapist's awareness of self and inner process "benefit client's exploration and the therapeutic processing of issues" (Lum, 2002, p. 182). As therapist

and client interact there is a constant exchange of consciousness (Collier, 2000) and deep intuitive understanding (Aponte & Kissil, 2016) that provides transparency to the therapeutic process.

Also, a therapist's functioning in unawareness of self is a result of a lack of self-development. Bowen's concept of differentiation emphasizes the development of self, which speaks on personal autonomy and freedom from emotional fusion with others (Aponte & Kissil, 2016; Bowen, 1972; Bowen & Kerr, 1988; Kerr, 1981). When the functioning level of differentiation is influenced by chronic symptoms such as anxiety, the ability to think and reflect is impaired and behaviors will regress, unaware. Avoidance is a result of a person's inability to adapt in stressful conditions. This unresolved emotional struggle impedes the ability to achieve an intimate connection in the therapeutic alliance, which influences the therapist functioning unaware.

My experiences while training shifted my therapeutic lens, as I realized in the therapist-client relationship that the "therapist brings more than theory and technique to the therapeutic process," (Aponte & Kissil, 2014, p. 153). For example, at initial contact, the therapist's personality and language (Couch, 1999) gender, race, spirituality, philosophies, biases, (Aponte & Watson, 2018) and culture, (Hardy & Laszloffy, 2002) along with human limitations, flaws and vulnerabilities (Aponte & Kissil, 2014) are all a part of the self of the therapist, as well as the therapist-client interactions. Exploring my training experience as a student of color and identifying sociocultural issues which impacted the self of the therapist provided a framework for this study.

Background of the Study

Hart (1985) noted there is often a struggle between the identity of a therapist and self.

The concept of the self is viewed as the dynamic core of human personality; "a basic construct that shapes attitudes, beliefs, and behaviors" (Honey, 1950; Hardy & Laszloffy, 1995, pp. 8). Moreover, in the course of socialization, the self takes on roles which emerge from interacting with the social environment (Mead, 1934). The concept of self is a dynamic one as "the self is not only individual; it is also biological, social, and ethical, and play a critical role of the therapist" (Collier, 2000, p. 104).

Hardy and Laszloffy (1995) describe the "self" of the therapist as an organizing principle that forms our perspective, experiences, beliefs, and relationships. These fundamental truths become the foundation for a system of behavior that evolves as a protective cage for the therapist self (Keith, 2000) which governs and impedes clinical development. The self of the therapist work references a course of actions taken by therapists to consciously reflect and work on personal issues that impact therapy (Timm & Blow, 1999). The therapist's self is presumed two-fold, which emanates from the depths of the personal self and the trained professional self (Kissil, Carneiro, & Aponte, 2018) described in The Person of the Therapist (POTT) model developed by Harry Aponte (Aponte & Kissil, 2016).

The POTT Model and Bowen Natural Systems Theory

Throughout my training as a therapist of color these two theories have informed me: POTT Model and Bowen Family Systems. Personally, Bowen Family Systems Theory helped me to understand how my unresolved emotional tension with family shapes behavior patterns in relationships which extends generations. For example, chronic anxiety is a principal variable that explains my family's relationship process and level of functioning. The paternal and maternal side of my family responds to

disturbances with a high level of anxiety, that is influenced by the fear of what might be, which is usually a learned response (Kerr and Bowen, 1988). When you are not capable of differentiating between self needs and family needs, anxiety becomes inevitable. In observing my patterns of behavior, anxiety seems threefold: 1) avoid conflict, 2) involves a third party, and 3) hinders growth and development, personally and professionally. I realized how I behave and respond, trains future behavior, which produces the same result; more anxiety. Bowen theory is not about pathology; it's about the interconnection of variables that produce variations in human functioning (Kerr and Bowen, 1988).

The POTT model differs from Bowen theory by training therapist to be aware of their unresolved struggles, flaws, and vulnerabilities and how to intentionally use the "self" of the therapist in their clinical work. In the therapeutic session, I love how a therapist can be aware of their hurts, pains, and struggles, and use their life experience to identify with their clients experience; having an intimate connection, yet maintaining emotional independence as a professional (Aponte & Kissil, 2016) which required training. POTT posits through awareness, understanding, and acceptance of our own flawed humanity and woundedness we can better understand and connect to the woundedness and struggles of others (Kissil & Nino, 2018). The POTT model allows me the liberty to be my "self" in session and focus on clinical work.

The Person of the Therapist (POTT) model trains therapists to integrate the personal and professional self in the role of the therapist. Therapists learn to make conscious use of the self in the therapeutic process by personally identifying and connecting with clients' feelings, while also differentiating as a professional and

maintaining emotional autonomy (Aponte & Kissil, 2016). Consciousness as a therapist requires self-insight, self-access, and self-management (Aponte & Kissil, 2016). Remaining aware of one's personal worldview, family values culture, life experiences, and spirituality can be actively used as therapeutic tools to conduct better therapy.

When a therapist is unable to merge experiences personally or clinically in the context of the therapeutic relationship, the identity of the therapist will show up, unaware. It is context that shapes reality and defines our lived experiences (Hardy & Laszloffy, 2002). Throughout my struggles as a Black woman and graduate student, I realized that my lived experiences encompassed fear and anxiety around my identity, which impacted my professional role as well as the painful reality of the constant social injustices endured by Black Americans. These personal struggles are with me as I interact with family, friends, colleagues, and specifically, clients.

Hardy (2018) noted that cultural experiences with social injustices, past and present, can impact identity and role as a therapist. Particularly, in the larger societal structure, marginalized groups have been impacted by systemic oppression and privilege, which can show up in the self of the therapist, unaware, and influence the therapeutic process (McGeorge & Carlson, 2010). The unaware self is not void of context or relationship dynamics (Hardy, 2018). Unconsciously, a therapist's unresolved struggles can defeat treatment goals with clients (Langston, 1985) as well as hinder personal growth and professional development.

Problem statement

Throughout graduate training, I was incapable of working through the difficulties I experienced with mentorship, marginalization, relationship stigma, and being a minority

in a Predominantly White Institution. These issues overshadowed individuality and therapeutic alliance, but awareness of the use of self in the therapeutic process would have aided me with identity issues and resulted in confidence to be free in my own skin and clinical work. When a therapist's level of personal functioning improves, he or she will better understand self *and* clients' psychological and emotional functioning (Aponte & Kissil, 2014). Clinical training on the use of self allows the therapist to access emotional struggles which improves the efficaciousness of the professional self (Timm & Blow, 1999), but there are few programs to expand curriculums and provide trainings that merge the therapist personal functioning and theoretical approach (Aponte & Winter, 2000).

From past times, in the area of marriage and family therapy, the focus of training has been in two areas of choice, either technical or interpersonal skills (Baldwin, 2000). Two pioneers of marriage and family therapy, Murray Bowen and Virginia Satir, emphasized the importance of training therapists to resolve personal conflict and address emotional struggles that can influence therapeutic outcomes (Aponte, Powell, Brooks, Watson, Litzke, Lawless, & Johnson, 2009) but few institutions deal with the person of the therapist (Baldwin & Satir, 1987). Beyond the practical experience of practicums, that involves "supervision, one-way mirrors, videotapes, personal psychoanalysis" (Aponte & Winter, 1987, p. 85) and note-taking, there is a personal experience taking place between two humans, therapist and client, which is critical to the therapeutic process. In lieu of models and theories, the therapist is also an instrument that is in a relationship with the client(s).

A solid foundation in scholastic and theoretical approaches plays an important

part in the enhancement of a therapist's skills, but a therapist's personal experiences and value systems (Aponte & Winter, 2000) are as equally important and can be utilized as a therapeutic tool to engage with clients. As stated in the American Association of Marriage and Family Therapy's (AAMFT) core competencies, it is imperative that therapists closely "monitor attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct" (American Association for Marriage and Family Therapy, 2004, p. 6). AAMFT core competencies are a requirement of the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) for all accredited master's programs, however, there are very few trainings on how to implement the use of self.

The Purpose of The Study

This study aims to expand research in the field of MFT on the experiences of a Black female therapist while training in a MFT doctoral program. To provide an understanding of the interconnected nature of sociocultural factors which overlap with identities and experiences, I will provide an autoethnographic inquiry of my doctoral experiences in training. The struggle with my identity and role as a therapist resulted in a rigid dichotomy between the self and the clinician, which presented a challenge for me. To gain a better understanding of this phenomena, the research question that guides this study is as follows: What are the lived experiences of a Black, female, single doctoral MFT trainee? As therapists of color face identity challenges in academic life, it is important to explore the relationship between the personal self and professional self, in the role of a therapist and understand how these two aspects of "self" can integrate and

function within the role of a therapist.

Relevance to Family Therapy

This autoethnographic inquiry into the training experiences of a Black, single, female MFT Doctoral student will contribute to the field on the distinctive needs of students of color that encounter multiple forms of discrimination of larger systems, such as racism, sexism, and classism (Love, 2017). This study provides a unique focus on the "self" personally and professionally, along with sociocultural issues that impact the self and interferes with personal growth and development. MFT trainees of color will attain knowledge of self and identify the core issues connected to emotional pain. Also, they will understand how experiences with inequality created issues around identity, which highlights unconscious behavior, that need to be addressed. It is important to understand that an awareness of the use of self in therapy will help therapist of color to better manage their mental and emotional disposition, which may not be easy to identify.

In addition, this study will also provide the field of family therapy an opportunity to effectively address and manage the experiences of therapist of color, while training, who are underrepresented in academia and marginalized in society. Knowledge of the conflict experienced by doctoral students of color can create space for mentorship programs or other organizations of color that will help manage, reduce or resolve struggles with individuality, while training in the MFT program. This study is relevant because it will help therapist of color to reflect on their personal process of change and professional growth, emotional experiences in society, academia or in session with clients, and hopefully provide feedback to the field of Family therapy to implemented effective change.

Overview of Chapters

In summary, there is a need to explore the lived experiences of therapists of color as they struggle with identity issues, personally and professionally. This research presents a basis for the proposed study by providing an honest autoethnographic exploration of my lived experiences, which delve deep into the complexities of my "self", as an individual, clinician, and doctoral student of color. Through self-reflection I became aware of personal and social issues that impacted my struggle with identity as a Black woman.

CHAPTER II: LITERATURE REVIEW

In this chapter, I will explore the relevant literature on the African American family, marital status, gender, and pertinent information from the Family Therapy literature. I will also examine the relevant literature on Black, female therapists, and the critical role of use of self in therapy training settings.

Intersectionality and Family Therapy

I am proud to be a Black woman and it is important to acknowledge the identity struggles of Blackness and womanhood, specifically the experiences of intersectionality, which impact individuality and growth as a clinician. Many studies in MFT are conducted on the client experience in therapy, but it is also important to explore the therapist experience as well. The "self" is an essential factor in the therapeutic process (Baldwin, 2000) and is immensely impacted by the intersection of identity and prejudicial treatment, which regularly create unjust conditions for Black women.

Discussion is limited in the MFT literature on therapists of color, specifically, how societal and community systems of oppression intersects with individuality to influence experiences (Collins, 1986; Harris-McKoy, Gutierrez, Strachan, & Winley, 2017) that impact the therapist's "self." The identity struggles of Black women are linked to difficult challenges, such as discrimination, poverty, isolation, violence, and disenfranchisement (Baldwin, 2006). These oppressive conditions are supported by social norms which make progress difficult in society (Miranda, Boland, & Hemmeler, 2009) and academia.

The concept of intersectionality is recognized by critical race theorists and feminists but lacks visibility in MFT journals and training courses (Butler, 2015; McCall, 2005;

Seedall, Holtrop, & Parra-Cardona, 2014). Intersectionality, a term coined by Kimberle' Crenshaw (1989), explains how the identity of individuals, which includes Black women, are perpetuated through antidiscriminatory laws and antiracist politics of the privileged group, which preserves an inaccurate reflection of the interaction of race and gender. The classification of privilege is linked to individuals of the majority culture, "those who identify as White" (Baldwin, 2006, p. 2).

The imprecise analysis of the privileged group on race and gender excludes the interlocking nature of coexisting identities and interdependent systems of discrimination that contributes to unjust treatment. The exclusion of power structures and domination in established systems erases the experiences of Black women. It is important to embrace the concept of intersectionality, which is linked to identity, because it translates a much more complicated phenomenon of the marginalization of Black women, which extends beyond the categories that discrimination discourse provides. This is critical because "identity isn't simply a self-contained unit, it is a relationship between people and history, people and communities, people and institutions" (National Associations of Independent Schools, 2018, 1:11) and the experiences of these relational connections are entwined in the "self" of the therapist.

Systemic family therapists are skilled in "relationships and interrelatedness" of family systems (Roy-Chowdhury, 1997) as well as other larger systems that occur in a broader social context. Yet, the identity struggles and underlying complex issues in vast systems, that impact therapist of color, remain marginalized. Race, gender, and class do not subsist autonomously of each other; when individuality overlaps with dominant power structures, this connection creates a complicated convergence of oppression

(Crenshaw, 1994) which impacts individual functioning and the therapist's self. In addition to the theory of intersectionality, I next discuss the role of race and gender in MFT and the changes in the African-American family structure to achieve a better understanding of the complexities of identity struggles as a Black woman.

The African American Family Structure

It is critical to provide a racial context to the experiences of Black, never-married, female therapists. An overview of racial complexities is an important area of exploration. Over the past several decades, changes in family formation patterns have been observed in the United States population and found to be more prevalent with African Americans (Tucker & Mitchell-Kernan, 1995e). Various demographic trends associated with Black family patterns and structures are shown by lower rates of marriage, older ages at first marriages, increased female-headed families, higher rates of marital disruption (Kiecolt & Fossett, 1995) increased non-marital births, and childhood poverty (Taylor, Jackson, & Chatters, 1997). These changes in marriage and family behavior gave rise to research on the causation of declining rates of marriage for the African American family. Specifically for Black women, changes in marital patterns and family structures are emphasized by two dominant themes: decline in economic conditions for Black men and gender imbalance (Tucker and Mitchell-Kernan, 1995a).

Economic Conditions

The declining economic conditions of African American males have contributed to changes in Black marriage behavior. High rates of unemployment and underemployment with Black males and lessen their opportunity to be a potential mate or provider (Darity & Myers, 1986/87). In 2010, the unemployment rate for Black men was 21.2%

compared to white men at 10.1% (U. S. Bureau of Census, 2010). A shift in the United States job market from the industrial sector to technology and service jobs lessened employment opportunities for Black males even further. Manufacturing jobs, which required less education, provided opportunities to Black males and without education and specific skills job opportunities became difficult to obtain (Dixon, 2007). When not in the work force men may be viewed as economically unattractive, which excludes them as an available marriage mate or provider for a family (Wilson & Neckerman, 1987).

Gender Imbalance

The male shortage has been cited by several theorists as a factor in the declining rates of marriage for African American women (Guttentag & Secord, 1983; Tucker & Mitch ell-Kerman, 1995a). The overall sex ratio of men per 100 women has significantly decreased in recent decades. "Shortage of males is associated with increased singlehood, divorce, transient relationships, adultery, "Out-of-wedlock" births, less commitment of men in relationships, lower societal value on marriage and family and a rise in feminism" (Taylor, Jackson, & Chatters, 1997).

The gender imbalance is a result of institutionalization of Black men (Epenshade, 1985), high male mortality, and increased female longevity (Taylor, Jackson, & Chatters, 1997). In 2014 an estimated 516,900 Black males was in federal or state prisons as compared to 451,500 white males and 308,700 Hispanic males (Bureau of Justice Statistics, 2015). Black males are imprisoned more often than other ethnicities and have the highest imprisonment rate in every age group (Bureau of Justice Statistics, 2015). Subsequently, the leading cause of death for African American males is homicide and many of the deaths are committed by African American males (National Center for

Health Statistics, 2010). Other types of deaths of African American males take place in wars, justifiable homicides by law enforcement police, or through imposed death sentences by the criminal justice system (Taylor, Jackson, & Chatters, 1997).

Between 1970 and 2007 the life expectancy for Black males in the United States was 70.0 years compared to Blacks females 76.8 years (U. S. Census Bureau, National Populations Projection, 2008). The projected life expectancy in 2015 for Black males is 71.4 years compared to Black females at 78.2 years (U. S. Census Bureau, National Populations Projection, 2008). As of July 2014, the African American population was estimated at 39,528,225 with Black females totaling 20,647,665 and Black males totaling 18,880,560 (U. S. Census Bureau, Population Division, 2014). The number of both sexes decreased for those between the ages of 18-64 with Black females at 13,724,875 and Black males at 12,112,176 (U. S. Census Bureau, Population Division, 2014). These figures suggest there are at least 1.5 million more Black females than Black males in the United States, which confirms the gender imbalance and declining rate of marriage for women in the African American family.

Never-Married African American Women

Over the past three decades there has been a steady decline in the rate of marriage in African American families, specifically women. In comparison to other ethnic groups, data on marriage in Black America revealed that the Black woman has the lowest marriage rates (U.S. Census Bureau, American Families and Living Arrangements, 2010). In 2010 the percentage of never-married, African American females, 15 years and older, was 45.2% which was increased from 44% in 2008, and 42.7% in 2005 (U. S.

Bureau of the Census, American Families and Living Arrangements, 2010). Data from the National Survey of Family Growth (2002) revealed that 42% of Black women have not married by age 35, as compared to 17% of Hispanic women and 12% of white women (Goodwin, McGill, & Chandra, 2009). Amongst males, 32% of Black men have not married by age 35, as compared to 24% of white men and 25% of Hispanic men (Goodwin, McGill, & Chandra, 2009). These figures suggest that a high percentage of African Americans, whether they are men or women, may never marry.

Additional studies revealed an increase of non-marriages over the past two decades. Data retrieved from 1986 to 2009 on four different age groups revealed the following: 1) Group one, ages 35-39, increased from 23.9% in 1986 to 34% in 2001 and 39.2% in 2009 (Kreider & Ellis, 2011). 2) Group two, ages 40-44, increased from 13.3% in 1986 to 31.3% in 2001, and 33.1% in 2009 (Kreider & Ellis, 2011). 3) Group three, ages 45-49, increased from 12.7% in 1986 to 23.9% in 2001 and 28.5% in 2009, and 4) Group four, ages 50-54, increased from 6.3% in 1986 to 16.3% in 2001 and 24.5% in 2009 (Kreider & Ellis, 2011). The percentage of never-married Black women in 2009 was 3.7 times higher than in 1986 (Kreider & Ellis, 2011). These figures suggest changes in family structure and increased opportunities of non-marital alternatives.

Based upon the patterns of previous never married Americans five decades ago, the Pew Research Center suggesst that when the youth of today reach their mid-40s to mid-50s approximately 25% are likely to have never been married (Wang & Parker, 2014). The larger never-married population has resulted from an increase in employment and educational opportunities (Ferguson, 2000). Singlehood has become a reality for many women, in spite of the Western Cultures' traditional model of marriage and family

(Lewis, 2006). Single women are pursuing career options that may come with a level of status and financial security, which makes marriage an unlikely choice (Gordon, 2003).

In today's society, never-married women, age 35 and older, express greater contentment with their single status than younger women even though they are scrutinized by others (Science Daily, 2010). Many single women are fulfilled with their lifestyle, despite societal view of femininity (Byrne, 2009). Reynolds and Wetherell (2003) suggested from a feminist perspective, **"**the single state is best viewed as socially constructed**"** (p. 492). Society constructs social categories, such as, 'single,' 'outsider status,' 'otherness', etc., to provide a framework in social life and to maintain social order (Sacks, 1992). These perceived societal constructs and images play a role in the unfavorable perspective of single women (Reynolds & Wetherell, 2003). Now I'm faced with the question: Is it possible to overcome this stigma and be a successful single, never-married therapist?

As a Black woman, I carry within me the perceived image of how I am portrayed in society, as well as the projection of scientific data on my future into wedlock. I believe it is helpful to share with family therapist research that reveals the challenges of the Black family unit in marital behavior; to understand my motivation and choice of single, as a professional woman of color and to be aware of the struggles of other MFT graduate students of color in training that are faced with similar situations.

African Americans and Family Therapy

In academia, the Black woman's identity continues to face problems of exclusion, which impedes growth and development (Benjamin, 1998; Collins, 2000; hooks, 1989; Gregory, 2001; King, 1988). The MFT profession is underrepresented by African

American clinicians, which is visible at the annual conference, held yearly by the American Association for Marriage and Family Therapy (AAMFT) (Wilson & Stith, 1993) and observable nationwide, in the academic training setting. The Survey of Earned Doctorates revealed that in accredited academic institutions, in the United States, Blacks have inadequate representation in MFT. In 2017, there were 74 recipients awarded MFT doctoral degrees; only 7 graduates were Black/African-Americans, as compared to 35 white graduates (National Science Foundation, 2018). Across various academic fields of study African American students are not well represented, as well. According to data of the Council on Graduate Schools, African American graduate student enrollment in 2017 was 6% or less in the field of Arts and Humanities, as well as various other disciplines, and slightly more than 13% in Social Sciences (Okahana & Zhou, 2018). This suggests a decrease in degrees conferred at the doctoral and masters level, which increases the insufficient representation of minorities, specifically Black/African-Americans. In addition, doctoral level enrollment for African Americans decreased by 0.8% between 2016 and 2017 nationwide (Okahana & Zhou, 2018).

The lack of visibility of African Americans in the field of MFT and in academia, as students, faculty, administrators, and supervisors suggest that race remains a problem in mainstream society and higher education. Hardy (1989) noted that historically the topics of race, culture, ethnicity and gender have received scant attention in the psychotherapy literature, even in family therapy with it's emphasis on systems theory and the importance of understanding "the family in its context" (p. 17). How can therapists engage in race discourse and create a safe ecological system? Integrating race discourse, in the context of MFT proved challenging for me.

I had no idea I valued a wider social context of race-related issues until reading comments of a previous dissertation chair, who stated: "You have not mentioned family therapy at all in Ch. 2; you must provide a connection to the field and describe the relevance of your study to the field of family therapy. This can't just be a sociological or family science document" (P. Days, personal communication, December 13, 2016). In addition, I included the word "slave" 59 times in an earlier draft of chapter 2 (P. Days, personal communication, December 13, 2016). It is apparent that my therapeutic approach is colored by my lived experiences as a Black woman and African-American culture, which shows the importance of an awareness of the "self" of the therapist in the therapeutic process.

The Unique Practice of the Use of Self in Therapy

A study was conducted in the mid-1980s, as a part of an extensive research on the professional development process. Thirty semi-structured interviews were held with family therapists on their use of self in therapy and a common theme revealed that the personal and professional selves/are interweaved (Baldwin, 2000). This study indicated how important self-awareness is to the competency of a family therapist and suggests that the use of self has less to do with techniques or theories and involved more of the therapist's individual style, inclusive of personal qualities, gender, and developmental stage (Shadley, 1987). As the field of family therapy progresses, attention is more model-oriented with trainings focused towards assessment and intervention (Baldwin, 2000). The development of the self of the therapist and methods to enhance effective use of self have not gained much attention in the educational setting.

Several authors have pointed out how relevant the use of self is to the therapeutic

process, although in the area of training and professional development, this topic has limited research (Shadley, 2000). In 1905, Freud offered a new way to understand human behavior through psychoanalytic concepts he developed from observing issues that emerged in the therapeutic relationship. He coined the terms, "transference (for patient) and countertransference (for analyst)" which reference "another way in which the individual can express unconscious material" (Falchi & Nawal, 2009, p. 12). Recognizing the role and power of the self of the therapist, Freud established a training analysis for psychotherapist to help understand and master personal conflicts, which is important to the client's process of change (Baldwin, 2000).

Research on the use of self-revealed the importance of an authentic presence with clients, as well as the functioning of the unaware self, in the role of a therapist. As Aponte & Winter (2000) noted, "understanding and mastery of self" is a therapeutic tool that helps therapists with managing their person in clinical interactions and increasing their capacity to gain insights into the explanation of the family or client struggles (Aponte & Winter, 2000, p. 147). Satir (2013) noted that in addition to techniques and skills, the use of self is essential to the therapeutic process and that it's effectiveness comes by means of the use of an authentic self. "The person of the therapist is the center point around which successful therapy revolves" (Satir, 1987, p. 24) and when a therapist knows how to use self, authentically, a genuine relationship forms with clients and becomes a source of healing, which exceeds theoretical orientation (Yalom, 1987).

The POTT model trains therapist to integrate the personal and professional self in the role of the therapist. Therapists learn to make conscious use of the self in the therapeutic process by personally identifying and connecting with clients' feelings while also

differentiating as a professional and maintaining emotional autonomy (Aponte & Kissil, 2016). Consciousness as a therapist requires self-insight, self-access, and self-management (Aponte & Kissil, 2016). Remaining aware of one's personal worldview, family values culture, life experiences, and spirituality can be actively used as therapeutic tools to conduct better therapy.

The Authentic Presence of Self

When therapists acquire a skill in an astute way of being and in conducting themselves they will experience congruence (Satir, 1985). Congruence is the therapist's authentic presence of the self with respect to the Other, and the context (Baldwin, 2000). An essential quality in therapy is authentic presence, not just being present (Buber, 1965). "When a therapist does not allow authentic presence with a family, the therapist operates under the same system as the family" (as cited in Baldwin, 2000, p. xxii). "If the therapist cannot be a Self, neither can the patient" (Keith, 2000, p. 264). To be authentic requires that the "therapist must be willing to face their pain, limitations, and vulnerability' (Baldwin, 2000, pp. xxi). This insight prompted me to confront moments from early childhood throughout midlife where I endured extreme anguish or felt powerless and to work through these unresolved issues.

As I reflected on early childhood years, I remembered specific encounters that injured my dignity, decreased self-respect, and negatively impacted my feelings, thinking, and relating. I was deeply distressed by incidents that occurred in grade school, along with sociocultural issues that impacted me as an adult such as the stigmatized image of never-married, single women. Unbeknownst to me, in my day-to-day struggles there is also a larger force shaping my life, a hidden wound of racial trauma known as

"internalized voicelessness" that is common for people of color and other marginalized groups (Hardy, 2013).

Voicelessness, a result of the impact of slavery, "impairs the ability to advocate for oneself" and is sustained through systemic racism and oppression (Hardy, 2013, p. 4, 2017). I have noticed that my reluctance to speak out in various contexts increased over time, which triggered a thought-provoking question. *Is my identity struggle a symptom of the continuous systematic conditions of racial oppression?*

Hardy and Bobes (2017) explained how the impact of racial trauma and how racial location exposes people of color to socio-cultural conditions that injure the inner self. Silencing the authentic self also mutes the voice of the therapist, as I have experienced. This insight helped me to understand how my unresolved personal conflict, along with the dynamics of societal customs imposed feelings of self-doubt and discontentment within. For years, these underlying issues have been difficult for me to understand as a child, complicated to address as an adult, and challenging to express as a therapist.

As I continued to self-reflect I observed my character traits: self-reliant, self-disciplined, independent, cautious, dependable, possessing an attitude of high expectations in integrity and trustworthiness from the select few I consider to be close friends. Furthermore, I noticed recurrent behavioral patterns of distrust, avoiding emotional closeness, and self-doubt which became unconscious habits. This observation heightened my awareness as I realized that this repetitive, unconscious behavior is a result of the betrayal and rejection from my childhood, which I utilized as a protective barrier to prevent me from feeling emotional pain or stress. Despite being raised an only

child in a middle-class, two-parent family which held strong religious beliefs, valued education and strong work ethics, I recognized there are other circumstances that affected me deeply and played a major part in shaping the inner self.

Throughout young adulthood it became difficult to balance thoughts, feelings, and process personal experiences effectively. Each day I silently struggled to find personal contentment with life and noticed a gradual change in my demeanor and disposition. I became very reserved, suppressed my feelings, and withheld ideas to avoid attention, conflict, or being misunderstood. Personality traits of guardedness and silence became my new way of being – a new way to relate and fit in the social environment. My struggle with individuality and professional development as a therapist persisted throughout graduate school, despite knowledge gained in doctoral courses, clinical practicums, professional trainings, and work environments. Uncovering emotional wounds, along with hurts and pains of lived experiences assisted me in realizing the importance of an authentic presence of self.

Knowledge of self is inclusive of accepting who I am – the "person" in all of my humanity (Aponte & Kissil, 2016), containing every experience, struggle, vulnerability, as well as perceptions of self in the world (Collier, 2000) to include race, gender, and culture (Watson, 1993). The presence of an authentic self fosters a relationship with the professional self and yields freedom to function in the role of the therapist. As therapists become aware of the authentic presence of self, to include who they are in and out of the therapy room, they will comprehend the "impact of the personal component on the therapeutic relationship" (Aponte & Kissil, 2016, p. 3). An authentic presence requires a skill to access self with no apprehension, fears, or hesitations (Rowan & Jacobs, 2002).

This level of consciousness requires self-insight and self-management (Aponte & Kissil, 2014) along with knowledge about the role of self in the therapist-client relationship.

The Role of Self in Therapy

The therapist-client relationship is viewed as a person-to-person, human experience (Aponte Kissil, 2016) that brings about change. First, self is involved personally as a human being. "All therapies involve a real relationship component" (Gelso, 2002, 2011). There is a human-to-human element of the therapist's interactions with clients (Aponte, 2016), that takes place irrespective of theoretical orientation. Personal interactions, such as, emotions, ideas, and behaviors, is observed as separate from the working alliance (Watkins, 2011). The nature of this human experience is unvoiced, yet a meaningful part of the therapeutic exchange (Gelso, 2002, 2011) and provides a source of healing (Yalom, 1980).

Secondly, the self plays a role in therapy professionally, with a typical focus on approach and methods, technique and technology (Baldwin, 2000). However, if therapists become complacent in a professional role, objectively, the self of the therapist becomes inactive and lacks presence (Baldwin, 2000). An effective use of self in the therapeutic relationship requires authenticity (Buber, 1965; Satir, 1991) of self that functions congruently with the professional self, clients, and respects context (Satir, 2000).

Lastly, the self of the therapist, relationally is multidimensional and provides a way to observe the world and discover self in the world (Hardy & Bobes, 2016). Hardy (2018) explained the multiple dimensions of the self which evolves through interconnectedness in relationships, experiences in context, and social construction. The

Multicultural Relational Perspective (MRP) of the self includes, but is not limited to race, religion, ethnicity, age, gender, or sexual orientation (Hardy & Laszloffy, 1995b, pp. 569). This systemic nature of behavior is immensely shaped by the interactions within which one participates and emphasizes an understanding of "self" and "self in relationship to other" (Hardy, 2018). MRP accentuates sociocultural factors and dimensions of diversity that instilled identity and helps therapists to become more culturally aware and socially impartial (Hardy, 2018).

Black Experiences in the MFT Program

It is imperative to explore the identity struggles of Black women while training to become a therapist. This population has lived experiences that differ from other populations, regardless of level of education. In the available literature there is a trend towards an increase of Blacks/African American in MFT. More specifically, Black women are being awarded MFT graduate degrees, the number of which has slightly increased each year from 2012 to 2016 (Data USA, 2018). This increase of Black female therapists presents a need for research which supports doctoral students while training as they navigate cultural experiences, (Gildersleeve, Croom, & Vasquez, 2011) marginalized identity issues, (Johnson-Bailey, 2004) and societal stigma regarding marital status and gender.

In 2012, the institutions with the highest number of Black female MFT graduates in the United States awarded 266 master's degrees in MFT to Black females, which increased in 2016 to 360 degrees, followed by 8 Research Doctorates conferred in 2012 that advanced to 22 degrees attained in 2016 (Data USA, 2018). Despite available literature on the experiences of Black women attaining MFT Graduate degrees (Harrison,

2001; Patterson-Stephens, et al., 2017; Shavers & Moore, 2014; Simon, 2011) there remains a gap in research which explores the struggles with individuality as a doctoral student of color in MFT prior to receiving the doctoral degree. This study aims to answer the following question: What are the personal and professional challenges experienced in the academic environment that impacts the therapist self?

"The doctoral socialization process is distinctively burdensome for Black female students" in an educational institution unequipped to assist with their experiences on race and gender issues (Patterson-Stephens, et al., 2017). In the academic setting, doctoral students can experience oppressive related situations, which can complicate the learning process (Ong, Wright, Espinosa, & Orfield, 2011). Evidence suggests that the therapeutic process is affected by race/ethnicity (Davis & Proctor, 1989) as well. Perceptions of African Americans' on therapist-client relationship reveals that race does matter. Boyd-Franklin (1989) noted that cultural connections are just as important as joining and establishing a human bond. Also, a study from the National Survey of Black Mental Health, revealed that 22% of Black clients' preference is for African-American therapists, (Jackson, Neighbors, & Gurin, 1986) which shows the importance of culture to clients, as well. Exploring the training experiences of Black women in MFT shows the importance of race and gender and how societal norms impacts identity, professional development and the therapist's self.

Presently, there are related studies on Black female MFT doctoral students as they navigate the complexities of intersecting identities that are connected to racial, gender, and social oppression (Ferguson, 2006). Wilson and Stith (1993) noted how African-Americans are underrepresented in MFT program at the graduate levels, both in Masters

and Doctorate degrees. The field of MFT consists mostly of European-Americans; training in a white institution lacks sensitivity to the African-American culture and family. "There appears to be a gap between what MFT training programs provide and what African-American students need" (Wilson & Stith, 1993, p. 19). Harris-McKoy et al. (2017) describe the challenges women of color face in the academic environment. In spite of an increase in doctoral degrees since 2005, women of color are still underrepresented and consist of only 8% of full time faculty or professors. Black women often wear an "academic mask" to manage sociocultural factors derived inside the American culture (Dunbar, 1922). Studies show that Black women excel in doctoral programs by sacrificing their welfare (Robins, 2013; Shavers & Moore, 2014) as they suppress feelings of distress and dissatisfaction.

The Impact of Discrimination

It is critical in the field of MFT to include the distinctive needs of Black doctoral students whose lived experiences are impacted by multiple forms of discrimination of larger systems, such as racism, sexism, and classism (Love, 2017). In the midst of Black women excelling in higher education, receiving MFT degrees at a high rate (IPEDS, 2018) there remain challenges in the academic environment that impact identity issues, both as a person and as a clinician. In MFT programs, Black graduate students as well as faculty encounter a discriminatory status that negatively impacts thoughts of them as less than competent "educators, researchers, and scholars" (Walkington, 2017, p. 53; Wilson 2012).

Spraggins (1998) noted that Black students are disparagingly stereotyped as affirmative action recipients who are incapable of graduate level work. Black women

hold very few full-time tenure positions as faculty (Walkington, 2017), which matches my personal observations as a doctoral student of color. In 1997, a study was conducted in the United States on women faculty, which revealed that 6% of Black women were full/associate professors, and 7.5% were assistant professors (Sotello & Turner, 2002). In 2013, 6% of Black women were full time professors, 3% were associate professors, and 4% were assistant professors. It is imperative that educators, clinical supervisors, and advisors understand the intersection of Blackness, which contributes to oppression and racism (Jones, Wilder & Lampkin, 2013) and impacts the self of the therapist.

CHAPTER III: METHODOLOGY

This research project will focus on the qualitative method of autoethnography working from a feminist informed perspective. Ellis (2004) defined authoethnography as "research, writing, story, and method that connects the autobiographical and personal to the cultural, social, and political" (p. xix). As a feminist, autoethnography is a method that reflects on personal experiences and oppressive social conditions that have "denied, distorted, silenced, misrepresented or repressed women experience" (Allen & Piercy, 2005, p. 156). My identity struggles as a Black woman and training experiences as a therapist evoked an awareness of "self" to honor the reality of how I think and feel when enacting in personal and professional life. This autoethnographic inquiry consists of my personal narrative as a single, female MFT doctoral student and my struggle with identity as a minority.

Qualitative Research

Qualitative research provides researchers an understanding of behaviors and the meaning attributed to lived experiences (Sutton & Austin, 2015). Researchers use qualitative studies to "examine things in their natural setting, attempting to make sense of, or to interpret, phenomena in terms of the meaning people bring to them" (Denzin and Lincoln, 2000, p.3). Qualitative approaches are utilized in an array of disciplines and permits research to be conducted through diverse methods. The most common methods are inclusive of, but not limited to: "autoethnography, participant observations, interviews, life histories, focus groups, grounded theory, and most feminist methods" (Ellis, 2004, p. 25).

The focus of this study is on the complexities of self that I experienced while training

as a therapist of color, along with an emphasis on social discourse as a Black woman. I will qualitatively convey the intricacy of my experiences and how I ascribe meaning to my life. To express my real-life narrative, I will utilize myself as the participant and reveal conditions that contributed to identity struggles and impacted self as a person and therapist. It is important that researchers share within their studies historic and cultural experiences, what influenced interest with the topic, and personal benefits of the study (Walcott, 2010). In addition, a qualitative study presents an opportunity to greatly contribute to populations that are underrepresented in literature by presenting an understanding of individuals' lived experiences, meaning the social world and culture from the participants' vantagepoints.

Creswell (2013) noted that qualitative research is informed by philosophical assumptions associated within an interpretive framework that explains problems studied in a natural setting. The assumptions give structure to the research problem and research question, which informs how to obtain facts that will correlate with the research question (Huff, 2009). Theories and assumptions in qualitative studies provide a framework of researchers' underlying ideas, beliefs, and theoretical perspectives. Therefore, this qualitative study will allow me to explore my personal narrative in order to establish meaning and provide a basis for future qualitative studies with doctoral students of color to conduct in-depth narrative interviews or focus groups that will describe and analyze their lived and cultural experiences impacting the development and presentation of self of the therapist.

As a researcher and family therapist, it is important to utilize an open and flexible qualitative method that gives access to the researcher's behaviors, attitudes, and

emotions, along with a narrative that permits a view of the world through the researchers eyes. As noted by Denzin and Lincoln (2011) "Qualitative research is a situated activity that locates the observer in the world through a set of interpretive, material practices that makes the world visible" (p. 3). In addition to examining lived experiences, qualitative research is also used to analyze findings in "organizational functioning, social movements, cultural phenomena, and interactions between nations" (Strauss & Corbin, 1990 p. 11). Qualitative inquiry embraces contextual relationships and events of individuals and groups to seek significance in their lived experiences (Munhall & Chenail, 2008). Qualitative research employs a unique quality that allows an understanding of the participants experience through narrative, writing, and a variety of methods that allows researchers to find themes or answers through personal experiences (Creswell, 2009; Merriam, 2009).

Autoethnography: Personal and Cultural Experiences

In the 1980s, scholars realized the need for research that comprised of all-inclusive narratives (De Certeau, 1984; Lyotard, 1984), a relationship between authors, audiences, and texts (Barthes, 1977; Derrida, 1978; Radway, 1984); and personal narratives that stimulated uncommon thoughts and feelings, as well as assisting others with self-awareness (Adams, 2008; Bochner, 2001, 2002; Fisher, 1984). Noticing that "facts" and "truths" were tied to scientific language and paradigms, (Kuhn, 1996; Rorty, 1982) scholars of various disciplines focused on ways to reform social science. Eventually, the scholars proceeded with autoethnography as a method to produce significant research that is rooted in personal narratives, highlighting identity struggles and undisclosed experiences, as well as displaying compassion to others with different beliefs (Ellis &

Bochner, 2000).

The term autoethnography has been used for slightly over two decades (Ellis & Bochner, 2000). It was recognized as a concept during a study entitled the "Dani auto-ethnography," which examined behavior of the Grand Valley Dani people (Heider, 1975). During this time ethnographers studied cultures other than their own. Originally an anthropologist, David Hayno was said to have coined the term, but confined the study to those who identified with his cultural group (Ellis, 2004; Hayno, 1979).

Sparkes (2000) references autoethnography as "highly personalized accounts that draw upon the experience of the author/researcher for the purposes of extending sociological understanding" (p. 21). This type of autobiographical writing displays multiple layers of consciousness as the author/researcher pens personal struggles and how it relates to culture (Ellis, 2004; Ellis & Bochner, 2000). Autoethnography and autobiography are comparable in the sense both provide narratives about self. A difference is that autoethnography is a method of research and writing that details and systematically explores personal experiences to comprehend cultural experiences (Ellis, 2004; Holman-Jones, 2005) and autobiography is a reflection of the authors personal life narrative (Berryman, 1999) with an emphasis on childhood (Simeus, 2016; Weil, 2001).

A unique quality about autoethnography is that the process allows decisions to be made from personal experiences which guides the steps of the research, such as choosing topics to study based on individual history, options to Institutional Review Boards, funding (Ellis, Adams, & Bochner, 2011) and/or the decision to modify names and locations as a safeguard (Fine, 1993). Moreover, autoethnography is a method of research that does not limit the researcher's knowledge and feelings, which includes

appropriate phenomena that is meaningful, ethical, and thought-provoking (Adams, 2008, Bochner; 2001, 2002; Fisher 1984).

My experiences in society as a Black woman are a significant part of who I am as a person and therapist. To understand my life experiences, I chose to write an autoethnography, which is a research method that connects my personal life story to a broader meaning and understanding culturally, politically, and socially (Ellis, 2004). Writing about self includes personal history and social experiences (Mykhalvoskiy, 1997). Social problems have impacted Blacks for centuries, to include slavery, and in today's society the impact of slavery continues to affect Blacks, in spite of them never being a slave (Leary, 2005; Hardy, 1995). I am certain that my life story will help me, as well as other therapists, regardless of race or ethnicity, to understand the process of how social issues shape personal experiences and outcomes. I find it difficult to exclude how I see the world, in which I live, or to rewrite a narrative that is detached from my personal experiences, thoughts, and emotions. Derived from a feminist approach, it is necessary for me write an autoethnographic inquiry, inclusive of social issues and training experiences, as an MFT doctoral student in order to add to the growing body of the research in the field of family therapy.

Feminist Autoethnography

"Feminist autoethnography is a method of being, knowing, and doing" which incorporates personal experiences and stories of marginalization (Allen & Piercy, 2005, p. 156). Feminist research is inclusive of a reflection of the researcher's experience, individually and culturally, which is systematically investigated throughout the research process. Feminist scholars recognize and confront the unjust treatment of people and the

power structures that perpetuate oppressive conditions (Reinhart, 1992). As a Black woman I know what it feels like to be judged by societal standards that either dismissed, invalidated, or questioned the behavior or ways of enacting for women and people of color (Allen & Piercy, 2005). Feminist autoethnography provides a way of writing that reflects my version of reality in society and academia.

Stacey (1988) noted that feminist scholars are intensely aware of self and their social location in society. Reflection on layers of personal and cultural experiences produces vulnerability that provokes an in-depth look at "self" and relating with others. Narrating and analyzing my own story will help me to become sensitive to the voice of others, specifically marginalized groups in order to observe themes and cultural connections (Allen & Piercy, 2005). In addition, as a family therapist, feminist autoethnograpy acknowledges the concept of "intersectionality" which brings attention to the multiple identities of Black women that interact with systems of oppression.

Self of the Researcher

The self of the researcher refers to the "personality, personal dispositions, identity, ways of thinking about things, personal situation, life experiences, ego defenses, and personal limitations of the researcher" (Rosenblatt, 2010, p. 99). The researcher's self plays a pivotal role by bringing ideas, thoughts, defensiveness, obliviousness and experiences to the research process (Rosenblatt, 2016), just as the self, in the role of the therapist brings culture, (Hardy & Laszloffy, 2002) weakness and vulnerabilities, (Aponte & Kissil, 2014) character and language, (Couch, 1999) and gender, race, and spirituality (Aponte & Watson, 2018) into the therapeutic process. The self of the researcher is important because it eliminates accepting a "modernist set of assumptions

informing conceptions of what it means to know and what it means to know others" (Walshaw, 2010, p. 587).

Coffey (2003) noted that utilizing "self" in the research process protects "against over-familiarity and the effects of context on the relationships that are formed in the field" (p. 314). Throughout the research process the self of the researcher is visible, as well as emotions and unconscious interference (Walshaw, 2010). As a researcher, individual, or clinician it is important to understand the concept of self, which is viewed as the dynamic core of human personality, "a basic construct that shapes attitudes, belief, and behaviors" (Hardy & Laszloffy, 1995, p. 8; Horney, 1950). In the course of socialization, the self takes on roles which emerge from interacting with the social environment (Mead, 1934). "The self is not only individual; it is also biological, social, and ethical, and plays a critical role of the therapist" (Collier, 2000, p. 104). Therefore, the researcher's self is an expression of the core true self (Walshaw, 2010) that provides a deeper understanding of lived experiences, emotional conflict, and recognizing the researcher's position of knowledge in the research process (Coffey, 2003).

Researcher's Position and Background

I am a Black female; my experiences as an African-American play a fundamental role in this research study. Positioned as the researcher, I provide a personal, analytical, self-reflexive, and feminist perspective on my complexities with self and the social world throughout graduate school. The autoethnographic inquiry allows my personal and professional "self" to be visible and my voice to be heard as a Black woman, a doctoral student, and a therapist of color. Through this research method, I also allow the voice of others to be projected through my experiences with discourse and systemic oppression.

From my hometown of Miami, Florida, in the Liberty City and Silver Crest community, I observed the deterioration of economic resources, demographic influx, and the expansion of poverty, mental health crises, substance use, and crime. As an MFT doctoral trainee of color, I realized that being an active community participant in a predominantly Black community of economic struggle and poverty, along with a work history in environments of at-risk populations have shaped my feminist autoethnographic reflections. I have over two decades of combined work experience, to include Miami-Dade Corrections & Rehabilitation, Mental Health and Substance Abuse treatment agencies, along with graduate level training in MFT. Also, I have attained two and a half years of supervised clinical experience by licensed psychologists of African descent, Woodrow Wilson and Joan Muir, for a total of 1,536 hours of "Psychotherapy face-to-face with clients," as noted on the Florida Department of Health Supervised Experience Attestation Forms (P. Days, personal communication, October 10, 2008). Work history, community participation, and academic training have shaped me today as a researcher, feminist scholar, and MFT doctoral trainee.

Data Collection

As the researcher of this study, I am the principle instrument of all data collection and analysis. Utilizing my "self" as the instrument of this study will provide constructions of meaning and themes, by examination of personal narrated events in academia and society, that are associated with cultural experiences. Data will be collected through my doctoral journal, as well as the autoethnographic method of personal memory and self-reflexiveness. As a feminist researcher, autoethnography, featuring the researcher as the participant (Krieger, 1991; Richardson, 2000b), is defined

as an "autobiography that self-consciously explores the interplay of the introspective, personally engaged self with cultural descriptions mediated through language, history, and ethnographic explanation" (Ellis, 2004; Deck, 1990; Lionnet, 1989; & Hurston, [1942] 1991, p. 38). This autobiographical method of conducting research is a significant part of the reflexive qualitative tradition.

Personal Memory Data

Memory is a significant part of the research process; it accumulates experiences by way of headnotes, to include emotions, background, and a wealth of experiences that are just as important as field notes (Ottenberg, 1990). The principle purpose of memory recall is to collect data as you remember it, regardless of perfect accuracy. Personal memory data is used for ethnography and autoethnography. For example, Coffey (1999) noted that "Ethnography is an act of memory" because the collected data is not distinct from the memories that formed them, just as autobiography relies on memories to narrate lived experiences or record diaries or journals (p. 127). According to Chang (2016) memory recall allows us to access an enormous amount of data that is unavailable to others and brings awareness to oversights by providing details within the data, which can be organized. In addition to memory recall Lapadat (2009) noted memory data is also a "casual and interpretive" process that involves a systematic story that is selected, shared, and arranged by events (p. 43).

Chang (2008) noted the foundation of autoethnographical studies usually is dominated by "self-generated personal memory data" which can be enhanced by additional data types, such as external material, the researcher's observation, reflection, and analysis, or interviews (p. 73). As a feminist researcher, this type of autobiographical

reflexive method, where the researcher and participant are one (Krieger, 1991) permits hurtful memories to be expressed, confronted, and investigated. The narratives of personal stories usually involve sensitive topics on sexual preference and life course transitions (Allen & Piercy, 2005) or marginalization of non-dominant groups, specifically, people of color. This method of writing provides me, the researcher, a means to explore the difficult challenges I experienced as an MFT doctoral student of color with individuality, professional development, and struggles as a minority, African-American, which remained visible in the academy and society. According to Chang, Ngunjiri, and Hernandez (2013) personal memory recollection from researchers is inclusive of, but not limited to: "events, people, places, objects, researcher behaviors and thoughts, utterance, and senses" (p. 74). Recalling memories into the present moment is a way to self-reflect on lived experiences and the sociocultural context.

Self-Reflexive Method

"The process of reflection is the median by which a reflexive method of self-inquiry is produced" (Fleming & Fullagar, 2007, p. 4). Reflexivity involves a very active role of the researcher, which entails self-awareness (Lambert, Jomeen, & McSherry, 2010); an intentional focus on one's feelings, motives, and desires. Self-reflexive data is a result of an "introspection, self-analysis, and self-evaluation of who you are and what you are" (Chang, 2016, p. 95) which helps researchers to retain honesty (Allen, 2000). The reflective technique allows me (researcher) to recall, interpret, and pen in a narrative format important experiences, as I recall, as a Black woman and therapist.

Although I am an MFT doctoral trainee, I have a special interest in social injustices. Particularly, how society relates to non-members of the dominant culture and the systems

of discrimination that marginalizes the experiences of Black women (Crenshaw, 1989), people of color, and minority groups. In an effort of social change, Allen & Piercy (2005) noted many feminist scholars integrate "personal, reflexive dimensions" into their studies, which provides a construct of their social location, as well as highlights oppressive social conditions (p. 155). This method of autoethnographic writing reflects content that exposes my vulnerability, real-life tension, and inconclusive mix of emotions that is connected to social injustices of my cultural group.

Free-Form Writing

To facilitate memory recall, I wrote free-form; a writing style that is not planned or thought about (Chang, Ngunjiri, & Hernandez, 2013). I self-reflected on past and present experiences involving training as an MFT doctoral student and sociocultural issues as a Black woman. I focused on what came to mind, along with the feelings that were attached to the memory and wrote down details without hesitation or interpretation. Also, I observed how I related to the memory in the present moment and recorded feelings and thoughts. During this time, I did not focus on a specific format or how to organize or interpret writing (Chang, 2016); the focus was to write every fact, situation, or event remembered, as it was recalled.

The aim of the free-form writing style is express my true core self. As I documented moment to moment details of life, emotional pain, doubts, and fears became visible. It can be extremely scary to expose those hidden parts of me – the vulnerable, defenseless, and powerless self that remained dormant throughout graduate school. Through free-form writing, my voice that was once silenced, proclaimed raw feelings, thoughts, and emotions, without contradiction or control over what to say or how to say it. Writing is

also viewed as therapeutic – a way to reveal personal narratives that provides the researcher an understanding of self and experiences (Kesinger, 2002; Poulos, 2008) along with the courage to confront burdens, raise awareness and further the progression of social change (Ellis, 2002; Goodall, 2006).

Touchstones

Allen (2000) noted that memory aids as touchstones of past moments of vulnerability. These "touchstones" are memory fragments that expose hurtful feelings which manifest in the current context (p. 160). As the researcher of this study, personal memory recall evoked memory fragments that revealed the lens in which I see the world, exposed emotional conflict, and found meaning in the present moment. Dealing with oppression, marginalization, and intersections of multiple identities as a Black woman and minority arouses unpleasant feelings of despair, fear, powerlessness, and anxiety, which settles deep in my soul and returns when facing moments of discrimination and disadvantage.

Data Analysis

Wall (2006) noted **"**data analysis consists of thorough discussion, introspection, and thought (immersion and incubation) until themes and meanings emerge" (p. 150). In qualitative research, data analysis involves a process of interconnected steps to include organization of data, interpreting codes and themes, and representation (Creswell, 2013). Qualitative research includes the participant's (in this case also the researcher's) voice, reflexivity, and social problems (Creswell, 2013; Denzin & Lincoln, 2011). Briefly, data analysis explains the meaning of the data collected. Walcott (1994) noted the aim of data analysis is to reveal "the identification of essential features and the systematic description

of interrelationships among them" (p. 12). Autoethnographic data analysis, as well as interpretation, involves a back and forth motion between self and others, adjusting personally and socially, moving in and out of data (Chang, 2008).

Research provides methods to analyze and understand autoethnographic representation in personal narratives. Narratives reference stories of personal experiences that are organized into temporally significant occurrences (Ellis, 2004). Personal narratives express the lived experience of a "single individual" (Creswell, 2013) which captures the details of my training experiences as an MFT doctoral student. Bochner (1994) noted "there is nothing more theoretical or analytical than a good story" (as cited in Ellis, 2004, p. 194). The data analysis technique utilized for this autoethnographic inquiry was narrative and thematic analysis.

Narrative Analysis

Narratives are stories are analyzed through various techniques, such as, biographies, autoethnographies, life histories (Creswell, 2013) or case studies (Ellis, 2004). Autoethnography entails three methods of data analysis: narrative analysis, thematic analysis, and structural analysis (Ellis, 2004). "Narrative analytical methods are used to interpret texts or visual data that have a storied form" (p. 546) which reveals an order of events, major life shifts, or epiphanies (Creswell, 2013). The researcher investigates how the story evolves from the process of data organization to data interpretation (Reissman, 1993). Narrative analysis is a method that is structural and systematic as the researcher observe data for details and themes (Jackson, Drummond, & Camara, 2007).

As the researcher of this study, I closely paid attention to my thought process of journal entries, as well as the environment in which events took place. In addition, I

investigated particular ways in which personal and social relationship affected one another, as well as the occurrence of inequity in the university and society. Elements of narrative analysis involves: 1) the story plot (Yussen & Ozcan, 1997). 2) elements of the story (Clandinin & Connelly, 2000), 3) chronological sequence (Denzin, 1989), and 4) theme (Riessman, 2008).

Thematic Analysis

The interpretation of data through classification and themes is a process described as thematic analysis (Alhojailan, 2012). This qualitative method provides the analysis of data collected from a verbal or written story. Thematic analysis presents a systematic element to factors that influence complex issues described by the participant (researcher). The aim of this method of data analysis is to comprehend individual behavior, perspective, current situations, and prospective issues more extensively (Alhojailan, 2012). Namey, Guest, Thairu, and Johnson (2008) explained how

> thematic moves beyond counting explicit words or phrases and focuses on identifying and describing both implicit and explicit ideas. Codes developed for ideas or themes are then applied or linked to raw data as summary markers for later analysis, which may include comparing the relative frequencies of themes or topics within a data set, looking for code co-occurrence, or graphically displaying code relationships. (p.138)

Thematic analysis provides codes and categorization of data that presents various levels of themes (Braun & Clarke, 2006) and evidence of a relationship between the variables (Braun & Clarke 2006; Creswell 2009; Miles & Huberman, 1994). Themes include the perspective of the participant and complex issues that influence behavior

coded in patterns of similarities and differences (Miles & Huberman, 1994). This process provided themes, patterns, and meaning in identifying factors that have shaped my life. Ellis (2004) noted thematic analysis view stories as data and highlights the message within the story line to arrive at themes. I utilized this technique to provide clarity on reflections, attitude, and behavior as I struggled with identity and professional development. A thematic description of my data analysis aims to help readers gain insight into "the predominant and important themes" (Blacker, 2009, p.83) of my lived and training experiences. .

Trustworthiness

Qualitative research employs a naturalistic approach that produces findings from real world settings where the "phenomenon of interest unfolds naturally" (Patton, 2001, p. 39). This methodological approach investigates and provides an explanation and understanding to human and social problems through observations, interviews, (Golafshani, 2003) personal experiences, case studies, or historical, interactional, and visual texts (Pandey & Patnaik, 2014). To ensure the quality of a qualitative study, researchers employ the techniques of reliability and validity, which is used in quantitative studies as well. As it pertains to quantitative research, reliability and validity reference the method of instrument applied (i. e. experimental or survey) (Creswell, 2013; Golafshani, 2003) whereas in qualitative research, reliability and validity references the researcher's role, namely "the researcher is the instrument" (Patton, 2001, p. 14). Lincoln and Guba (1985) established the term "trustworthiness," which aligns more with a naturalistic study. Trustworthiness references a high-level of confidence in the methods

and techniques used for the qualitative inquiry (Pilot & Beck, 2014) which entails four techniques: credibility, transferability, dependability, and confirmability.

Credibility

According to Lincoln and Guba (1995) credibility entails confidence in the truth of the findings. Credibility references trustworthiness, the appearance of reality, and probable quality (Tracy, 2010). Qualitative researchers utilize this technique to address questions that ensure accuracy, such as, "Did we get it right?" (Stake, 1995, p. 107) or "Did we publish an inaccurate account?" (Thomas, 1993, p. 39). Credibility involves various aspects, such as, prolonged engagement, persistent observation, triangulation, referential adequacy, member check, and tack description. *Prolonged engagement* is a strategy that requires researchers to be knowledgeable of the culture, relevant to the study. *Persistent observation* assists the researcher with decisions on what is important and relevant to the purpose and problem of the study (Lincoln & Guba, 1995). *Triangulation* permits the researcher to use multiple data sources, which involves corroborating findings that explains themes (patterns) or frame of reference (Creswell, 2013; Lincoln & Guba, 1995). The process of data analysis produces facts that are recorded by code or theme, which is the essence of triangulating information that provides credibility to the study findings (Creswell, 2013). I will utilize the above techniques to ensure accurate findings..

Transferability

In qualitative inquiries, data results often identify with particular surroundings or groups, which may not be appropriate to other context or populations (Pandey & Patnaik, 2014). The researcher has an obligation to provide factual data to ensure the transferability of findings. A technique utilized to established transferability is *thick*

description (Lincoln & Guba, 1995). Writing a rich, thick description of themes developed from the phenomenon of study, allows researcher to examine findings. Holloway (1997) noted the concept thick description, references the researcher's detail account of field experiences that clearly depicts relationship patterns in context, culturally and socially. Details includes, but are not limited to: thoughts, suggestions, descriptions on physicalities, actions, or movements (Creswell, 2013). Descriptive details of contextual information allows readers to determine if research findings can be transferred to other situations (Lincoln & Guba, 1995). I present my descriptive account utilizing the first person voice – a true, accurate account of thinking and ideas that occur suddenly in my mind.

Dependability/Confirmability

The third technique to ensure the quality of qualitative research is *dependability*. Dependability assesses whether research process is consistent and attentive to methodological rules (Ulin, Robinson, & Tolley, 2005). Research is investigated throughout the process of data collection and analysis, interpretation of findings and results (Williams, 2014); all which were precisely recorded by free-form writing from memory recall/fragments, touchstones, analysis and classified into themes. Consistency is equivalent to dependability (Williams, 2014) which makes the result trustworthy.

The concept of confirmability requires a thorough investigation of research to ensure the findings are the results of thoughts and live experiences of the participant (researcher) (Pandey & Patnaik, 2014). As the researcher of this study I will establish confirmability by maintaining my free-form writing style notes and reviewing the detailed descriptive data for accuracy and honesty. I will review my reflexivity to ensure the accuracy of my

role as the researcher and that information written and thoughts remained in context of the study. Detailed data will be reviewed, continuously, and checked for meaning or relationship between factors involved. The meaning will be interpreted and developed into themes.

Ethical Considerations

I am the only instrument of this study so therefore; I will ensure all data collection and store writing notes and reflections in a safe place; my personal home office. All notes will be secure and locked in a safe, password protected. I am the only person with the passcode and no one else has authorization to this office, passcode, or lock.

CHAPTER IV: ANALYSIS OF THEMES

In this chapter I utilized my doctoral journal to derive themes. Data was collected through personal notes, memory, and journal entries that were written as an MFT doctoral student. The categories and analysis of themes reflect stages of transition with identity struggles as an individual, graduate student, and therapist of color, along with circumstances that fostered unawareness of the self in the role of a therapist. This thematic analysis provides context in which my lived experiences, personally and professionally, are embedded, shaped, and essentially defined. There are five notable categories that emerged from my journal analysis: 1) Transitions as an MFT Trainee of Color, 2) The Awakening of Self, 3) My Story as a Single Therapist, 4) The Dissertation Journey, and 5) Family Structure and Self. The below outline of Table 1 presents the categories and occurring themes obtained from collected data.

Table 1

Categories and Themes

Categories	Themes
Transition as an MFT Trainee of Color	The Struggle with Identity Challenges with an Established Mindset Worldview Shift: Modern to Postmodern Self-Reflection
The Person of the Therapist	The Personal Self and The Professional Self African-Americans and Discrimination
My Dissertation Journey	The Black Woman and The Black Therapist My Inner Voice The Dichotomy of The Selves
My Story as a Single Therapist	The Exclusion of Marriage and Motherhood Societal's Image of Never-Married Women Gender Role of American Women
Family Structure and Self	Childhood Issues and Self The Effects of Bullying

Transition as an MFT Trainee of Color

The Struggle with Identity

The first entry written in my doctoral journal explained my thoughts on returning to graduate school and how I chose the field of MFT as a way to help make sense of the world. I penned how personal and work experiences became mundane and no longer challenging. My ability to define goals and the path to reach them, along with problem solving and thinking out of the box became difficult tasks. Throughout the journal, I described how I struggled with my voice as a Black therapist while attempting to relate, assess, and intervene with clients. Also, I pondered if sociocultural experiences, ethnicity, socioeconomic status, and societal norms contributed to my persistent silence about my identity struggles and inequities as a minority. These concerns challenged me to focus on self-complexities as an individual and clinician of color, which created the title of this research study – An Awareness of the Use of Self: An Autoethnographic Inquiry into the Training Experiences of a Black, Female MFT Doctoral Student.

Fall 2010, my first semester as a Ph.D. student, I recognized how prior knowledge, thoughts, and beliefs were obsolete and that I had no clue how to shift perspective or worldview. On one hand, I was educated and feeling liberated as an African-American woman in midlife – single, never-married, and childfree. On the contrary, I felt an annoying sense of discomfort that plagued my mind, as I navigated race and gender in society, the academic environment, and the workplace. Obviously, I was unaware of how lived experiences impact individuality and was at the time incapable of recognizing underlying issues and emotional process that impeded awareness of self, both personally and professionally.

Through self-reflection and personal notes, I examined goals, desires, and dreams. My focus was not on terms of tangible possessions, such as a house, car, clothes, money or positions and titles, etc. I was concerned about growth and maturation, inner process, strengths, weaknesses, originality, proficiency, and the undisclosed feelings of social injustice as a Black American woman. I had no knowledge of what was impeding personal growth and professional development, but the process of reflection highlighted inner wounds and emotional conflicts that were and are connected to my struggles with identity. This state of woundedness impacted Self, as an individual in general, and informed me in the therapy room with clients, as well. Aponte and Kissil (2016) noted that "our woundedness can be thought of as an opportunity and challenge to stretch ourselves and dig deeper within ourselves and in our relationships; to go beyond what we thought were our limitations to change and grow" (p. xii).

It became clear that growth is inevitable and my struggle with identity and professional development was an indicator to make decisions that would provide opportunities for self to be discovered and integrated. Early in the MFT doctoral program I journaled about my thought process with three challenging situations that interfered with my ability to change and grow. These major challenges were in the areas of clinical approach, critical thinking, and societal's discriminatory behavior towards the Black race. The themes below developed from the analysis of these three challenging areas. What the analysis revealed was my disposition and belief system before and after enrollment as an MFT, Ph.D. student.

Challenges with an Established Mindset

Prior to becoming a graduate student, I contemplated returning to an educational institution. Thoughts on enrolling in a doctoral program were frustrating and did not coincide with previous academic goals and assumptions. After receiving the Master of Science (M.S.) degree in Family Therapy eight years prior, I closed my mind to attaining a doctoral degree feeling the M.S. degree met all necessary scholastic and personal achievements, present and future. At the time, I thought personal and professional development would occur through career opportunities and advancement, on-the-job training, attending conferences, or continuing education units. I believed developing business connections and attaining the knowledge needed to stay current with skills, advances in laws, regulations, and technology would promote growth and maturity. Nevertheless, after a decade of building professional relationships and learning various theories and techniques, a deep sense of urgency for the betterment of my "self" as a person and therapist continued to persist. Eventually, I realized the importance of expanding my education and adeptness as a thinker, clinician, and researcher and decided to pursue the Ph.D. in MFT. I was hopeful that the doctoral process would provide the training, clinical competence, and path to finding my voice as a therapist of color.

My doctoral journal disclosed the challenges I experienced the first two years of enrollment in the MFT program. First, for over a decade I have worked as a therapist in traditional mental health settings, before and after earning the M. S. degree in Family therapy. My work history along with clinical supervision aligned with thinking that conformed to the medical model, which utilizes the traditional diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric

Association, 1994). This traditional therapeutic approach differs from systems theory, which focuses on the whole system by observing interactions between systems parts. It is helpful to have training in two different therapeutic modalities (psychodynamic/family therapy) but the constant shifting of clinical lenses became challenging. I would utilize a systemic perspective during class discussions and practicums, then shift lenses again to the traditional approach daily while at work. Inadvertently, as an MFT trainee my assessment of clients' presenting problems proceeded from a linear perspective. I applied the guidelines of the DSM to observe relationship behavior and language in context, in spite of learning systems theory.

Secondly, I struggled with opening my mind to another level of thinking or knowing what skills were needed for critical thinking. There are various levels of thinking and my lack of understanding positioned me as a lower level thinker. Shifting my level of thinking to incorporate detailed and scholarly analysis, express an unfavorable comment, or evaluate an issue without bias was strenuous and mentally exhausting. Nevertheless, I was determined to think more critically and believed that a shift in mindset would increase my ability to assess, analyze, and conceptualize information. I must admit, the process of becoming a higher level thinker challenged my epistemological based information system and level of comprehension, which was extremely simultaneously uncomfortable and frightening.

Lastly, as a Black woman, I recognized how my worldview includes the roots of my ancestral heritage and the social injustices of my cultural group, African-Americans. Throughout the journal I discerned my thoughts, mindset, and how inner wounds related to my Blackness, to include slavery, gender role, sing marital status, and voicelessness as

a Black therapist. All of these concerns impacted the therapeutic process on some level. As an individual, I have always been sensitive to issues that dehumanize and humiliate groups of people, which is why I actively participate and voice my concerns at various forums in the Black community on unjust treatment and oppressive conditions established by power structures. As a clinician, I remained silent on issues involving race, injustice, and social status, especially in the academic environment. Unaware, I lacked authenticity, namely, the ability to access all of who I am and integrate the personal self with the professional self in the role of a therapist while maintaining emotional independence from the client (Aponte & Kissil, 2016).

As a systems thinker, I have learned that racial segregation, systemic oppression, and discriminatory actions suggest thoughts of separateness, which poisons thinking and relationship behavior. From a systemic perspective, this erroneous thinking lacks the idea of interconnectedness between systems. Hardy (2001) noted that "segregated thinking makes it impossible for us to see the connectedness of all matter" (p. 19). The thematic analysis showed how the mindset plays a critical role in thinking, attitude, and behavior. I grasped this concept after learning the importance of worldview and realizing how thoughts and beliefs are used as a guiding principle for behavior.

Worldview Shift: Modern to Postmodern

The challenges I experienced in goal setting, problem solving, clinical approaches, critical thinking, Blackness, and voicelessness as a Black therapist, suggested that my mindset was preoccupied with past ideas, assumptions, and observations, which were no longer a fit in a new context. Forcing an old way of thinking into a new set of circumstances results in cognitive tension. Kerr and Bowen (1988) noted "when

confronted with ideas that are supposed to fit together but do not…the brain experiences a type of mental foreclosure that obliterates the chance to learn" (p.14). The journal clearly revealed my mindset limitations, which propelled me to comply with past rules and plans to achieve present goals. It became evident that it was time to shift my perspective and embrace a new journey of self-discovery.

Learning concepts and theories of relationship behavior and language systems stretched my way of thinking and transformed my attitude. I began to reexamine life experiences and deconstruct past assumptions, which liberated me to create new meanings and observe life developments as opportunities of change. Doing this increased my ability to reflect, analyze, and allow space to be curious and connect with others through conversation. I comprehended how the modern era relied on science and objective knowledge to identify truth (Gergen, 2009). My worldview, as an objective thinker functioning independently and separate of others, shifted to an understanding of subjective experiences as a part of reality, which included my thoughts, behavior, and feelings. Noted below is a journal entry which explains my thoughts on the modernist perspective.

Journal Entry #1: January 14, 2012

What a change in view to learn about the modern and postmodern perspective. For a modernist, knowledge is considered objective and independent of the observer. Facts are obtained by observing behavior or symptoms that is considered a universal truth. I realized the disconnect for me, as a modernist, thinking I observed an object and remained independent of the object, with no mind participation. The modernist perspective reminds me of the theory of change, first order. In first order change

thinking is inside the box; a reminder of my personal experiences before and after returning to graduate school. I used rules of an old context as a similar guideline in the present and applied the superficial similarities to a new circumstance, which did not work. Unawarely, I programmed myself to think one way regardless of the event or situation, which resulted in no growth or change. An example of this perspective is as follows: I am the observer, family therapist, who is positioned outside of the family system. I function independently in relation to the family; free of any bias, prejudice, or feelings. My objective approach positions me as the expert, who assess the dynamics of the relationship functioning. I look for behavioral patterns of relationship functioning according to facts, not interactions.

The transitioning of an established mindset, objective to subjective stance, elevated my skills to the second level of higher order thinking. I no longer view the world as a separate system that exists outside of me; the world operates as a multiverse system that functions through the participation of everyone's thoughts and feelings. The postmodernist perspective confirmed that I don't have to live according to what the world labels as truth. Noted below is another entry from my doctoral journal which depicts the newfound freedom I gained in mindset, by shifting thinking to the postmodern perspective.

Journal Entry #2: January 28, 2012

The postmodern perspective views language as socially constructed which shapes our perspective of life. This lens assigns language to define experiences with family, cultural group, and society. The postmodern view afforded me the freedom to think out of the box and explore other alternative options. This perspective created a liberated

way to think about my life experiences using language I choose, which represents the things I value and know to be truths to me. For example, my parents instilled in me life and spiritual principles, which guides rational and moral decisions. These family life principles, I realize was co-constructed with a blend of previous generations, parental instructions, personal experiences, and relationships with other social systems. I have learned through the educational system, with years of training in various subjects and realized that this type of formal training can either increase or limit freedom of thinking in various aspects. As difficult as it has been, my way of thinking has changed and uniquely fits my personality. I believe my growth and development of the "self" was hindered because unawarely, I used societal norms as the only guideline to determine truth. Accepting what society states as truth is convincing and perceived as the accepted truth and the only way. I am learning to adapt and be flexible as I evolve as a person, as well as a clinician, but I also must value what I choose to believe, which is Godly and parental instructions, cultural tradition, and my lived experiences; that is my truth.

The postmodern perspective describes reality as being constructed through a sociocultural context (Becvar & Becvar, 1999). This perspective increased my understanding of how important my thoughts, feelings, and ideas are in constructing rules and gender role for my life and how I choose to live in society as a Black woman.

Self-Reflection

The process of self-reflection shows what I have learned about worldview and how the Western culture has instituted social norms of beliefs, thoughts, values, and traditions along with religious beliefs. In earlier centuries such as the seventeenth, eighteenth and

early nineteenth centuries, respectively, thinking was constructed by evolutionary theories, which lack a connection of a living organism to the environment (Bateson, 1972). This idea of a living organism being separate from other systems is how I have observed the world and the dynamics of relationships. Knowing that thinking habits are socially constructed helps me to understand the difficulties I had shifting clinical lens from a mental health perspective to family therapy. My challenges extended beyond theory or technique; it is an established mindset that has learned to observed relationships from a lineal perspective. This approach regards individuals as separate from self and labels behavior as normal or abnormal, healthy or unhealthy, etc. The knowledge I have attained on worldview and the Western culture is extremely liberating and thought-provoking.

The MFT doctoral program has taught me how to perceive the world without epistemological fantasies, as I have become knowledgeable on systems theory, world view, relationship behavior, language systems, and diversity, just to name a few, along with various theoretical approaches and therapeutic interventions. My therapeutic lens has expanded as I comprehend how the world consists of multiple realities and each person experience is their truth of the world, but self in the role of a therapist of color remains uneasy. The journal analysis revealed a lack of awareness and emotional struggle with my "self" as a therapist of color that I did not understand. I proudly identify as an African American and pondered if it is possible to separate lived experiences of the personal self, as a Black woman, from the struggles of the professional self, as a Black therapist.

The Person of the Therapist

The Personal Self and The Professional Self

Therapists carefully select theories or techniques to address presenting problems of clients, but what approach is used to address the "person" of the therapist, who struggles with a level of awareness? This question lingered with me for at least a year as an MFT trainee of color. After discussing core issues as a Black woman, and how these issues informed the therapist-self, my chair introduced me to the Person of the Therapist (POTT) training model, developed by Harry Aponte, which provided an understanding of the self-complexities I experienced while training in the MFT program. The training philosophy of the POTT model prepares therapists to recognize and normalize the reality of their own human flaws and vulnerabilities and learn to use them to connect, comprehend, and intervene more effectively with their clients (Aponte & Kissil, 2016). The POTT model provided an understanding of my self-complexities with identity and professional development.

Aponte and Kissil (2016) noted how core issues, worldview, philosophy, and spirituality impacts struggles with awareness of self and affects the therapeutic relationship. Therapists must be aware of their own personal experiences and mental and emotional state, all which can influence the therapeutic encounter. The POTT approach concentrates on "the bridge between the therapist's personal life and the actual conduct of treatment" (Aponte & Winter, 2000, p. 145). My struggle with identity suggests there is a disconnect between my personal life and professional life, which needed to be addressed. In the POTT model therapists are trained in the use of their personal selves in the therapeutic process as they work through and with personal emotional

wounds (Aponte & Kissil, 2016).

The POTT model teaches how to master the use of self in all aspects of the therapeutic process, from beginning the therapeutic relationship, to assessment, and throughout intervention (Aponte & Kissil, 2016). This approach is based on the assertion that we are all subject to the condition of being human; therapists have personal struggles as well as clients, and in the role of a therapist we must be conscious of issues that can influence clients or families in the therapeutic encounter (Aponte & Kissil, 2016). These personal struggles, or core issues, that are central to the existence of one's character are known as the therapist's "signature theme[s]," (Aponte & Kissil, 2014) inclusive of psychological, cultural, spiritual, and relational challenges (Lutz & Irizarry, 2009). The POTT model impelled me to dig deeper into "self" and explore my identity, which is connected to my cultural heritage and family. Identity as an African American is important because it gives meaning to one's existence, connects with the African community globally, and protects against non-affirming social forces (White & Parham, 1999).

African-Americans and Discrimination

As an MFT trainee of color, I realized the importance of understanding the African-American culture, labels, and family transitions across the life span, as written in my journal. I believe it is significant for clinicians to have knowledge of the biosocial, cognitive, and psychosocial developmental issues of the African American family and how experiences in society impact them culturally. Minority groups have exposure with issues of racism, oppression, and discrimination, which have detrimental effects on mental and emotional stability. Specifically, African Americans, struggle immensely

with social, political, and economic systemic practices that exclude them from opportunities afforded to privileged groups. Learning about socioeconomic privilege was a rude awakening as a clinician of color. I remember after Diversity class writing about the knowledge I gained on prejudicial treatment, noted below.

August 25, 2011 - Journal entry

I have always known, as a Black woman, that racism exists, but to understand prejudicial treatment from a systemic perspective was difficult to embrace. Learning that there are hidden societal rules, which favored the white privilege and limits other cultural groups from achieving certain levels of status, aroused strong emotions within. To voice an explanation or logical thought for status or privileged conditions is actually a way of refraining from admittance of discriminatory behavior, which is my interpretation of various reading assignments. It is very difficult for someone to admit to actions that oppress others, especially if they are unconscious of underlying behavior associated with their actions. It is interesting to learn about the diversity of ethnic groups and how status and cultural history affects thoughts and behavior. This is why I believe the impact of slavery, at times, is a necessary conversation, which is a part of the African heritage history.

I perceived that systemic oppression is a covert extension of slavery. As a Black American, systematic issues experienced in today's society are a consistent reminder of the residual byproducts of slavery. The history of slavery provides an understanding of unconscious behavior associated with experiences of marginalization, as well. My journal revealed that topics on issues of oppression or slavery are of interest to me. I vividly remember a class discussion on diversity, stereotypes, and culture – a moment

detailed below that I will never forget.

During a class discussion the Black race and slavery became the topic, as classmates shared very interesting thoughts and perspectives. After explaining my point of view on the experiences of African-American with issues of race, oppression, discrimination, and the residuals of slavery, I was asked the following question: "Why do Blacks bring up slavery, when discussing race issues – an era that occurred before your time and is now over?" I was deeply disgusted and irritated at what I perceived as a lack of empathy towards members of the marginalized, oppressed group of African Americans, to which I belong (Ferguson, 2017). This question was a reminder of my lived experiences as a Black woman with systemic oppression, marginalization, discrimination, and disadvantages in society. There seems to be a disregard to the mental and emotional suffering from generation to generation of Blacks being denied access to economic, political, and social resources afforded to the privileged group.

I believe it is important for clinicians to understand that for many years the structure of the Black family has been negatively impacted by severe mistreatment in society, which parallels with the negative impact that the institution of slavery has on the marriage and family structure of African Americans. For approximately 300 years, the tyranny of captivity by the Western nations impacted African American relationships, marriages, and kinships (Dixon, 1997). It's important for me as an African American to know my history and acknowledge the sufferings of my ancestors during enslavement who were beaten, stripped, tortured, chained, branded, drowned, hung, kidnapped, sold, killed, and separated from family (Equaino, 1969) along with being subject to long, harsh work shifts, excessive exploitation, and deprivation of food (Blassingame, 1979). These

experiences are humiliating, but living with the knowledge of them gives me the strength and the momentum to endure the challenges that I face today with racism, systemic oppression, and identity struggles. As I struggled with identity as a Black woman and struggled with my voice as a Black therapist, the silence about my pain and struggles erected a breach with "self" personally and professionally, which became clear throughout the process of developing a study for research. My dissertation journey evolved into a quest of self-discovery that led to the underlying issues that impacted "self" and obstructed identity and professional development.

The Dissertation Journey

The Black Woman and The Black Therapist

The rigid dichotomy between personal self and professional self presented a challenge for me as a doctoral student and specifically, as a therapist of color. After two and a half years of struggling to support my prior topic on "The Lived Experience of Never-Married, Heterosexual, African-American Women in Mid-Life who are Single and Childless," I decided to write about my dissertation journey and address challenges that may help future scholars. As years passed, feelings of frustration and discouragement intensified as I continued to read literature reviews, scholarly articles, recommended dissertations, conceptualize thoughts, and submit drafts with little progress. All efforts resulted in a document that had "taken a sociological perspective which, while interesting, is not sufficient in terms of creating a theoretical foundation for your study and documenting its relevance for a family therapy audience" (S. Green, personal communication, December 16, 2016). Reading this feedback, after years of writing, left me deeply disappointed, distressed, and confused.

My experiences in society as a Black woman are a significant part of who I am as a person and therapist. To understand my life experiences I chose to write an autoethnography, which is a research method that connects autobiographical stories to a broader meaning and understanding culturally, politically, and socially (Ellis, 2004). Writing about self includes personal history and social experiences (Mykhalvoskiy, 1997). Social problems have impacted Blacks for centuries, to include slavery, and in today's society the impact of slavery continues to affect Blacks, in spite of them never themselves being enslaved (Hardy, 1995; Leary, 2005). As a Black woman my life is impacted by societal standards and I hope that my life story will help therapists to understand the process of how social issues shape personal experiences and outcomes. I find it difficult to exclude how I see the world in which I live, or to rewrite a narrative that is detached from my personal experiences, thoughts, and emotions. Nevertheless, I embraced the task to reassess my lived experiences and concluded that it was necessary that I write an authoethnographic inquiry, inclusive of social issues and training experiences in order to contribute to relevant literature in the field of Family Therapy.

My Inner Voice

After much thought, I paused writing, only to conduct a thorough analysis of chapters one and two and locate my voice as a therapist. In this present-day, it is difficult to hear one's inner voice or participate in a relevant, inner dialogue with self, when a person's "voice may be lost within the voices of dominant others" (Morioka, 2008, p. 93). The analysis revealed research topics that concerned my plight and interests as an African American woman, such as, "Single" "Never Married" "Traditional Gender Role" "Marriage and Family" "African Traditions" and "Slavery." The Introduction and

Literature Review narrated my life story with an in-depth look at Black American relationships and customary principles of the African heritage, as well as marriage and family behavior in the Western culture. Numerous pages of writing exposed my struggle to assert individuality and highlighted emotional wounds, rooted in the personal self, which overshadowed the functioning of the professional self, in the role of therapist.

It became clear that previous submitted drafts were a written form of my inner voice, which conveyed my true self. There is a disconnect between my belief system, way of thinking, and how I show up in the therapy room or relate in society. My identity, which is connected to lived experiences as a single woman of African descent with deeply rooted beliefs culturally, spiritually, and familial, spoke boldly throughout the previous chapters of my dissertation. Layers of old wounds surround the personal self, which preempted a connection with the professional self and with clients, at times.

Hardy and Laszloffy (2002) recommend for therapists to explore their own identities to appreciate context and human experiences. Acquiring knowledge about self and others, (Anderson & Goolishian, 1992) examining the various aspects that influenced individuality equips therapist to observe clients in more intricate ways (Hardy & Laszloffy, 2002). This suggestion aligned with the challenges I previously experienced as a doctoral student of color and provided me a theoretical framework to develop a research study that is pertinent to a family therapy audience to add to the body of research in the field. My analysis concluded with a review of the draft's comments, which conveyed a disconnect with my thought process and ethnic roots. Therefore, I proceeded with guidelines and submitted a request to change dissertation committee chair.

Again, I found myself reluctant to speak out and reveal the core reason as to why

I was changing my committee chair, so as I retrieved the required signature, I opted for topic change, to avoid any further distress. I realize that there were lingering effects of internalized voicelessness, along with the anxiety that surrounds my research study, but I knew I possessed the resilience to overcome and complete my dissertation project. This dissertation process has taught me how important it is to secure a committee chair who understands the topic and will assist in navigating personal and professional change, as well as locating my voice as a therapist.

The Dichotomy of the Self

Reinterpretation of divorced drafts with a new dissertation committee chair provided clarity and disclosed that my inner struggles relate uniquely to the multiple aspects of "self" individually, professionally, and relationally with an interest in social justice. It became apparent that I view my personal unresolved issues as matters unrelated to the professional self. I approach the personal self and professional self as two separate identities with different lived experiences, expectations, perceptions, and feelings. The personal self remained inactive throughout work experiences and graduate school, while all energy was channeled on developing the professional self.

In his foreword, Charles Kramer described two concepts of the world of therapy that are closely related: the inner world of therapy, subjective, and the outer world of therapy, objective (Baldwin, 2000). My focus clearly previously was the outer world, which involves all the elements of "academia, training programs, professional journals, and conferences" (Baldwin, 2000, p. xvi). I invested wholeheartedly in acquiring clinical skills and credentials to function in the role of a therapist and was unaware of the mutual impact and interconnection between the personal and professional selves (Aponte &

Kissil, 2014). Consequently, the "self" of the therapist became dormant and lacked an authentic presence when working with clients. Lacking understanding of my identity struggles and life experiences increased the functioning of my unaware self, individually and professionally. This dissertation journey has reintroduced me to myself, as I acknowledge who I am and become cognizant of how I use my personal presence in the therapeutic process.

The dichotomy between my "selves" is a result of the personal self becoming dormant, as the professional self became erected in education, theory, and intelligence. Throughout pages of narrative, it was discomfiting to observe how my personal "self" had an active voice in the Black community and boldly generate awareness to the deterioration of financial resources, housing, high risk of violence, crimes, joblessness, and zoning issues. In addition, I maintained consistency as a devoted speaker at faith engagements. Yet, in the academic environment that active voice was muted, as the personal self became inactive and lacked presence. This divide between the selves clearly suggested underlying conflict with an old mindset/unaware.

As I began to comprehend the role of self, personally, professionally, and relationally, functioning aware or unaware, my curiosity increased about my lifestyle of singleness and the struggles I have endured as a single therapist in mid-life. Throughout my training experiences as a doctoral student, clients have highlighted how important it is to work with a therapist who can identify with their presenting problem based on life experiences, not just academic and clinical skills. This perspective motivated me to investigate societal ideas surrounding the institution of marriage to understand the stigma that is attached to singleness.

I find that it is societal expectations on relationship behavior that influences the stigma of never-married, single women. This in turn impacts me as a therapist in an undesirable way. Also, research shows that never-married Black women have increased over the past two decades due to changes in family structure and marital behavior. For a Black woman marriage is sparse; will I ever experience freedom from the stigma of being single, since that relationship status is important to clients' perceptions? As a doctoral student this social issue of singleness impacted me personally and colored my approach as a therapist. I believe my story and doctoral training experiences as a single, never married, and childless therapist of color will bring awareness to the personal and professional challenges of clinicians who struggle with identity in their professional development.

My Story as a Single Therapist

The Exclusion of Marriage and Motherhood

In the role of therapist I bring to the session my wounds and pains as a single, childless, educated woman in mid-life with internalized messages from clients, colleagues, family, friends, and society. Throughout the dissertation journey, I noticed a perspective in my life that had the greatest impact, which was my choice to delay marriage and remain a single woman. My single status is a personal norm that has guided my life goals and relationship decisions throughout adulthood and mid-life. My lifestyle excluded marriage or motherhood, which is a shift away from the traditional roles for women expressing feminine qualities.

In society, marriage and motherhood are viewed as the norms of femininity (Macvarish, 2006) and my choice to remain a single woman does not align with society's

established norms. Despite society's view of womanhood, I am confident, healthy, and self-assured as single, but there remains an inner struggle professionally in my role of as a therapist. On one hand, I have received academic and clinical training, as well as years of work experience that qualifies my level of expertise as a therapist. On the contrary, I provide assessments, and interventions to families, couples, and individuals with marital concerns, divorce issues, parenting conflict or many other challenging situations that I have never personally experienced. This has been voiced as a concern from clients and their families at times. Does having no experience as a wife or mother impact a therapist's work with clients? Here lies my struggle!

The topics of marriage and motherhood became of interest to me while pursuing my doctoral degree. I was not interested in either role, but my curiosity was piqued due to the unwavering questions I am asked by either clients, family, friends, or colleagues when they addressed my single status and sexual preference. Two questions that I am asked frequently are: "Are you married?" and "Do you have kids?" The next set of questions that follows is: Why aren't you married? Why don't you have kids? Are you able to have kids? Do you preference the same sex? Have you tried online dating? Additionally, I received subtle reminders that reference an appropriate age for childbearing to protect the health of mother and child, as if they were under the assumption that I opted for motherhood. Research on relationship behavior provided clarity to thoughts behind prior questions, which were shaped by the Western culture preference of marital behavior and family structure. I perceived that single, never-married woman in mid-life with no children represented a lifestyle of nonconformity to societal norms and therefore, appears abnormal.

As I self-reflect on former class discussions regarding personal preference of relationship status when selecting a therapist, the majority of students chose a married therapist over a single therapist. Again, here lies my struggle. Will my single status impact business with a private practice? Does the relationship status of being never married impact a therapist's work with married clients? Will clients make a negative distinction on my relationship status which supersedes my professional role? Conversations with family, friends, or colleagues continuously highlights my single status, which is not a favorable choice. I noticed these dialogues on singleness never highlighted academic achievement, professional development, or spiritual growth. It's as if marriage and motherhood are the expectation of a woman and no other endeavor or accomplishment will suffice. This constant struggle to defend my single status, personally and professionally, in the role of a therapist is an unresolved issue that exacerbates with time.

Aponte (2016) noted how past wounds and struggles of the therapist can emerge in the immediate therapeutic process and impede therapist-client connection and interactions. The injuries of my lived experiences, to include, relationship status, childlessness, traditional women roles and oppressions of my ethnic group has not only impacted "self" personally and professionally, but also relationally and are conditions that is at odds with society. Research explains society view of never-married, single women and the negative impression this population presents to the public. Again, I struggle within, as a woman and clinician.

Societal Image of Never-Married, Single Women

Unlike the favorable image portrayed in marriage, the image of a never married

single woman carries a stigma that is perceived as socially and sexually at odds with society (Bel & Yans-McLaughlin, 2008; Froide, 2005). Media coverage also described single women as "power obsessed barracudas bent only on greedily acquiring the empty rewards of money and fame" or "pathetic leftovers from the marriage market" (Anderson & Stewart, 1994, p.14). Lewis (1994) noted two mythologies of singlehood that impacted women three decades ago and women of today, which are: stigmatization and glamorization. Society equips the community and individuals for the wedding day, which represents glitz and glamour in every respect. A single woman's identity is influenced to evolve in the shadow of this powerful strong image. The stigma implied a shameful state, which regarded single women as unhealthy and unwomanly. Will my doctoral training and work experience succumb to the stigma of single women?

The image of single women has endured the struggles of social prejudice, family expectations, and personal ambiguity on singleness (Toufesix, 1996). For centuries single women have been stigmatized in a society which stresses traditional roles that represent femininity. Motherhood, marriage, and homemaker are observed as the pinnacle of womanhood (Brookfield, 2013). Eichenbaum and Orbach (1997) noted "alongside motherhood as a determining feature of a woman's social role, is the idea that a woman has only reached adulthood when she has connected herself with a man" (p. 53).

Lewis (1997) noted that older terms, such as, "Spinster" and "old maid" carry a undesirable connotation and add to the stigma of single women. For example, spinster implies an aging, unattractive, bitter woman who displays strange behavior and has not yet been chosen by a man (Macvarish, 2006). In Western culture, spinster and old maid

are terms used to describe a woman's never married status (Gordon, 2003). It is likely that in prior centuries these terms may have held some truth of past single women, but do not accurately define single women of the twenty-first century.

Furthermore, in the 1960s, books on single women offered explanations on why single women did not marry, which included being witness to violent marriages, suffering from excessive narcissism, sexual orientation concerns, or overdeveloped superegos (Byrne, 2008). Lewis (1997) noted "there was a different stigma attached to being a single woman" (p. 117) which was viewed negatively if she chose not to marry. Society regarded women's decision to remain single, as an unusual option that would require an explanation of clarity. I can attest to this; often I find myself giving a detailed account of my life story, in an attempt to explain my single status. When I am questioned on being single, it is a daily reminder of social norms; marriage is the accepted relationship behavior and singleness is less embraced.

During the 1970s and 1980s the declining influence of social norms afforded single women the choice of personal development, which increased freedom politically and economically (Lowestein, 1981). The social role of personal choice provided single women a slight opportunity to make decisions, which were less tied to an institution or traditional family standards (Cherlin, 2004). The 1990s single woman has been associated with higher intelligence (Marks, 1996) and educational levels (Choi, 1996), but the single woman's image remains stigmatized. Again, here lies my struggle. Reynolds and Wetherell (2003) noted that the privileging of marriage has contributed to the marginalization of the image of single women.

This complex image impacts the personal self and professional self, specifically "in a society that considers marriage a customary progression within the stage of early adulthood" (Washington-White, 2011, p. 93). It is critical to recognize challenges faces by therapists who identify with the relationship status of single or never married. According to research, the probability of me experiencing married life appears to be very rare, being that the structure of my ethnic group, African Americans, has steadily weakened. Throughout my journal I discuss gender role issues after years of questions by clients, family, and colleagues concerning my marital status of single as a woman in midlife. I explored the construct of gender role in Western culture to shed light on the role of women.

Gender Role of American Women

Gender roles, for women, comes with the stereotypical responsibility of housewife and mother (Coontz, 2011) which is an idea that has been deeply embedded in the institution of marriage and family. This belief suggests that women are expected to marry and bear children and that choosing to remain a single, never-married, childless woman in America, like myself, is strongly discouraged in overt and covert ways. Traditional gender roles observed women as fragile, weak, and in need of protection by men who are authority figures (Larsen & Long, 1988). I view assigned gender roles as oppressive restrictions by society that limits choices, creativity, independence, liberty, and gender function. I believe in the union of marriage and family, which are important investments between a man and woman; I also believe that women who do not choose to marry or have children should not be stigmatized as unfeminine, unhealthy (Gillespie, 1999), selfish and deviant (Ireland, 1993). Also, in addition to assigned gender roles,

women were trained to believe that they were the weaker sex, submissive spouse, and supplier of emotional support or health care to the family (Welter, 1966).

It appears that gender role becomes identified with the specific demands of the situation, rather than the originality or quality of character (Hughes, 1945). Kaufmann (1986) noted the most recognized expression of thought on gender difference is Simone de Beauvoir's statement "One is not born, but rather becomes, a woman" (p. 121). The quote continued stating: "No biological, psychological, or economic fate determines the figure that the human female presents in society; it is civilization as a whole that produces this creature, intermediate between male and eunuch, which is described as feminine" (p. 301). In today's modern society, many individuals remain fixated on the traditional idea of a woman's role, marriage and motherhood. In addition, women are limited to exercise freedom of choice in their role involvement and experience conflict in the workplace. I have observed this in spite of the development of new technology, professions, or education that many women remain limited by outdated biases and assumptions.

Society's assignment of gender status utilizes a stratification system for those in the same race and class, which positions men above women (Lorber, 2004). The activities of men are usually advantaged over women regardless if the function is identical or opposite. Even within the different socially constructed statuses of race, religion, profession, men usually receive more opportunities at jobs, education, and economic resources (Lorber, 1994). Gender arrangement is supported by the division labor (West & Zimmerman, 1987), religion, and is backed by the law (Lorber, 1994). When gender roles are not appropriated by societal expectations, the individual, not society, is called to

explain character, intentions, and predisposition (West & Zimmerman, 1987). Not aligning with societal expectations of gender roles can result in being misunderstood and stigmatized, as I have experienced as a single therapist in midlife. History on my upbringing will highlight emotional issues that is connected to my identity struggles.

Family Structure and Self

I grew up in a predominantly Black neighborhood and attended primarily Black schools from Kindergarten through 12th grade. Additionally, I received my Bachelor of Science degree from a Historically Black College and University (HBCU) of academic excellence and diversity: Florida Agricultural & Mechanical University (FAMU). My parents, who are my greatest supporters, worked hard to make sure I experienced a quality of life that was not afforded to them during their upbringing, primarily due to racial discrimination.

A proud veteran of the United States Marine Corps (USMC), my father often shares personal stories that continue to incite rage within him. He vehemently speaks about the humiliation he experienced as a Black man who was blatantly disrespected by whites, racially stereotyped, harassed by police, and paid lower wages than his white counterparts. With emphasis he talks about past segregation laws that encouraged racial inequality and marginalized people of color. My father's disposition is the result of racial trauma, which is an "inescapable by-product of persistent direct or indirect exposure to repressive circumstances that have emotionally, psychologically, and/or physically devastated ones being and sense of self while simultaneously debilitating overwhelming, destroying, or neutralizing one's strategies for coping" (Hardy & Bobes, 2017, p. 19).

A person of strong character and tenacity, a protector, provider, and proud husband,

my father instilled in me endurance and confidence to believe that I could achieve whatever my heart desired with hard work. Often my father would quote this poem, which is a present reminder for me to do my best at every endeavor:

"If a task has once begun,

never leave it until its done

be the labor great or small,

do it well or not at all,"

(Author Unknown)

In stark contrast, my mother seldomly spoke about her experiences as a Black nurse who was overlooked for promotions or positions with increased pay. Her voicelessness is a racially related trauma wound that impairs the ability to defend for oneself against an onslaught of negative messages (Hardy, 2013). My mother is a loving and devout Christian, who relied upon ground rules of faith, and ingrained in me biblical principles with daily reminders to always pray and know "with God all things are possible" (Matthew 19:26, King James Version). The rage of my father, and the selective silence of my mother, along with my own personal struggles have reiterated negative messages concerning my Blackness. How do I process experiences while struggling with emotional wounds and maintain freedom to connect and intervene effectively with clients? Home was my safe haven where I learned two core life principles: 1) Believe in self and 2) trust in the divine providence of God. My parents provided me a nurturing upbringing, filled with unconditional love, but also kept me aware of the racially divided society in which we lived, that systematically oppressed Blacks and other marginalized groups.

Parental advice provided a balance of inner strength and mental stability, but did not heal the hurts and pains of life experiences that I struggled with in self. I remember feeling uniquely gifted as an orator, at a very early age and often questioned myself, as to what happened to that little girl with a strong voice and courageous spirit who spoke about her feelings, current events, and other experiences with no fear. What happened to the little girl who was the kindergarten valedictorian, honor roll student, spelling bee winner, and class queen? As I reminisce about early childhood, attempting to process personal experiences, I found that wounded little girl.

I believe giving a voice to the silent, inner wounds, that has held me hostage for years will release me to experience liberty in my interests, preferences, and skills, as an individual and clinician. According to Satir (2000) each person's uniqueness comes from his or her personal history, which affects the way we process internally. Apparently, unresolved conflict and harboring feelings of distress over time disturbed my thought process and overshadowed my personal self. In this study, I provide an in-depth background into my upbringing, along with specific events that has colored my individual perspective and approach as a therapist. My personal history highlights childhood trauma that contributed to my struggle with individuality and singleness.

Childhood Issues and Self

At the age of six, I vividly remember walking out on stage in cap and gown to present the first-grade graduation speech, which encapsulated our class beliefs and ideas. Amazed at the crowded auditorium filled with parents, teachers, students, fellow graduates, friends, ladies and gentlemen, I fearfully approached the podium, glanced at the audience and swiftly walked off the stage, without saying a word. The mistress of

ceremony politely apologized to the audience explaining an arousal of stage fright, while backstage my father and teacher reminded me of my readiness and courage as the chosen speaker to represent the school and students. Convinced and feeling confident I walked out on the stage, without apprehension, and boldly proclaimed: "We the twenty-fifth graduation class have chosen for our Motto these words: 'I've Got to Be Me.' That is, I've Got to Be just who I Am. Though I speak with the tongue of a common man, the world demands I do the best that I can. I cannot hide in life's crowd for by my skin I am different, yet proud. Today, I've just Got to Be Me (P. Days, personal communication, date). I had no idea that the class motto and message provided the pathway of my life's journey.

Midway through the four paged speech, I acknowledged a past tinged with hate, shame, and denials; yet remembering the struggles, hopes, and faith of our ancestors who were glad to sing a song full of the faith that the dark past had taught us, full of the hope that the present had brought us. The crowd's memory was evoked as I expressed "today, we too face a rising sun and we must fight on until victory is won. We will fight on through hope, loyalty, and reverence. Hoping for a better America where every boy and every girl can sing in one accord 'My country tis of thee; sweet land of liberty'" (Branham, 1996). The speech concluded, as I adamantly conveyed, "Friends, I've got to have hope for a better America, I've got to be loyal to our ideals and beliefs, and I've got to show reverence to one who is greater than you and I; I've Got To Be Me" (P. Days, personal communication, date). As I stepped away from the microphone, in silence, the crowd quickly erupted into an applause and standing ovation with joyfulness and whistles. I proudly bowed and exited the stage, feeling exhilarated and relieved.

As a child, I was unaware that those spoken words revealed the struggles of my ancestors and ethnic group, as well as forewarned me of the arduousness journey I would encounter in society as a Black female. I was oblivious to the obstacles, opposition, and emotional pain that accompanied life experiences by me individually, as well as racially, culturally, and socially. I was clueless of the experiences with power, privilege, and other sociocultural factors (Hardy, 2018), that would compromise my individuality. In spite of life's hardships, I successfully completed educational goals by receiving my high school diploma and academic degree at the undergraduate and graduate level, as well as advanced professionally. However, with each achievement, I quietly struggled with hurt and pain that left me deeply distressed.

After kindergarten my life changed tremendously. School had a dark side that devastated me daily. I longed to be home schooled to avoid conflict and tension amongst my peers. At this early age I began to ponder if home was the only place that conveyed love and provided safety. Is home the only setting where I am not defined by social standards or pressured to conformed to "others" definition of who I am? In contrast, my school environment was dreadful, frightening, and hostile. The constant atmosphere of fear, humiliation, and conflict was overwhelming. I had no siblings to share my childhood experiences with that would swear to secrecy. The aggressive behavior I experienced in school day after day, week after week, month after month, impacted me emotionally, socially, and physically. I often thought about how to express or control those overwhelming feelings of fear I carried that resulted from abusive behavior. I was exposed to bullying. These negative experiences changed my life.

The Effects of Bullying

Olweus (1994) noted a "student is being bullied or victimized when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other students" (p.1173). In elementary school, I was physically and psychologically bullied by peers. Classmates made repetitive threats towards me, to include hitting, punching and threatening to take my meal or lunch money. Most threats took place during school hours either at recreation, bathroom breaks, or in the absence of authority figures. Physical contact occurred after school hours, away from teachers, staff, or security, the presence of which was very rare. Farrington (1993) noted that bullies physically threat victims, but rarely do they hit. Bullies rely on psychological intimidation, as a way to provoke fear.

Personally, I was very shy, passive and introverted, which are character traits of victims of bullies (Mynard & Joseph, 1997; Schwartz, Dodge & Coie, 1993), as well as physically smaller (Olweus, 1993). In addition, victims of bullies tend to be unliked by peers, inadequate, lack of educational achievement, low self-esteem, and not sociable (Farrington, 1993). To the contrary, I focused my attention on school assignments or homework as a way of escape from the hostile environment. Therefore, I was able to maintain passing grades while under distress. During recreation time or on class breaks, I was intentionally not included in peers' discussions or games, which is a form of social isolation or exclusion (Lagerspetz, Bjorkqvist, & Peltonen, 1988).

There are various emotional struggles that result from bullying, such as depression, anxiety, poor self-concept, loneliness, and social withdrawal (Boulton & Underwood, 1992; Olweus, 1978, 1992). These hostile actions impacted me psychologically and over

time resulted in low self-esteem and poor social skills. My identity and self-worth were tied to the fear of constantly being rejected by my peers. I felt like I was the daily topic of hate and became distrustful to socialize with anyone, fearing they would betray me and side with the bully.

A host of questions often flowed through my mind, such as: 1) How can my peers treat me so cruel? 2) Why am I not liked by my peers? 3) How long do I have to endure these aggressive actions? 4) Who can I tell that I am being bullied? 6) Will I place myself in greater danger by informing the teacher? 7) Should I tell my parents?

At the onset of being victimized, I did not inform my parents, fearing their intervention would increase bullying incidents by perpetrators. I was already threatened to not tell anyone and If I told someone there would be consequences. I chose not to tell anyone about the humiliation I endured. Bullying impacted me and increased anxiety.

Summary

Awareness of self is critical, as a person and as a therapist. This thematic analysis afforded me the knowledge and practical experience that revealed core issues and unconscious behavior, which influenced functioning in the unaware self. It is important to address self-complexities that interfere with personal growth and professional development. As a Black woman, doctoral student, and therapist of color I realized that I avoided self-complexities and focused on clinical skills, which resulted in a dormant self. Furthermore, my voice as a therapist was silenced by hurts, pains, and struggles of my cultural group, African Americans, who experienced systemic prejudicial treatment supported by societal standards. As I transitioned in the MFT program, journaling my experiences, growth occurred by shifting perspectives and addressing underlying issues

and fears. I realized throughout this project that my voice is connected to my African-American identity, and I will speak on behalf of those who continue to be silenced through systemic oppression.

CHAPTER V: DISCUSSIONS

Revealing the Truth

The composition of this autoethnographic inquiry was a process that transformed my "self" as an individual and clinician and enlarged my perspective as a researcher and therapist of color. This inquiry provided me the opportunity to voice my lived experiences and describe how proficiency in theory and technique did not supersede my struggles with identity. The intricacies I experienced with individuality shaped my thinking and behavior, as wells as colored my approach in the therapeutic process. Transition as an MFT trainee of color occurred when I became aware of the limitations that contributed to self-complexities, such as an established mindset, dichotomy between personal self and professional self, voicelessness as a Black therapist, inequities of African-Americans, and the stigmatized image as a single woman. I have learned from this research process that change involves confronting the pains, hurts, and emotional wounds I have experienced, personally and culturally as Black woman with racial inequality in society and in academia.

The challenges I experienced with individuality and professional development influenced me to embrace change and give myself permission to be authentic and replace values or belief systems which no longer worked. My lived-experience as a Black woman enabled me to endure the transition as an MFT doctoral student and push past obstacles and barriers of the mind that limited personal growth and professional development. This process was not easy because I had to expose and confront feelings, vulnerabilities, and difficult experiences concerning my Blackness in society and the academic environment. Revealing the truth about my personal experiences unveiled a

level of transparency that freed me to be authentic as a person, which encouraged a collaborative relationship with the professional self and the liberty to function in the role of the therapist.

I had to learn that my voice and lived experiences matter, and that internalizing emotional pain only adds to the injury of self. Silence or voicelessness is a sign of racial trauma, which is supported through systemic racism and oppressive conditions which are common for African Americans and other minority groups (Hardy, 2013). As a therapist of color, I recognized how I remained silent in the academic environment on issues of inclusion, racism, or slavery, but I courageously participated in forums in the Black community by voicing my concerns on conditions of discrimination, racism, and unjust treatment. At this time, I can say with confidence that I am aware of the underlying core issues that impacted self individually and professionally. I choose to share my voice on Black issues across various platforms worldwide, such as articles, journal, conferences, church, schools, blogs, radio broadcast etc., as I vow to be silent no more.

Throughout this transition I transformed in thoughts, ideas, creativity, and skills. I have a better understanding of my process with personal and professional development that can be an asset to clinicians, specifically therapists of color, who are seeking help with identity struggles. What changed for me as a person and therapist of color that I acknowledged feeling hurt, angry, disrespected, and fearful. I identified sociocultural factors of race, gender issues, and social status that contributed to difficulties with individuality.

Implications for Family Therapy

In the field of family therapy there are various theoretical frameworks which provide skillful techniques in relationships and interconnections of family systems, as well as other larger systems in a broader social context. Family therapy is an innovative systemic approach to use with students of color who are either experiencing ambivalence with individuality or struggling with social inequities as a minority. These challenges inform the therapist's self and stagnates professional development in society, academia, and the workplace. Family therapy provides a skillful way for clinicians to observe and assess behaviors, expressed by the individual, which are viewed within the setting of the larger system.

The family systems approach allows a more in-depth focus of interactions and communication patterns within the larger systems that influences behaviors and decisions. Societal standards and constraints can impact life decisions and result in a different pattern transition (Skogbrott-Birkeland, Leversen, Torsheim & Wold, 2014). Family therapists can observe the relationship dynamics of intersecting identities and social systems, which influence individual behavior. Understanding how family systems function provides a new context to observe the interactions of individuals within systems.

Throughout the development of this research, I realize as a therapist of color how this inquiry will bring awareness to the uniqueness of individuality that comes from lived experiences, which impacts thoughts, feelings, and behaviors. This study will make a difference to therapists of color who struggle with voicelessness invoked from sociocultural conditions that injured the inner self. In addition, family therapists who have not experienced struggles with identity, professional development, or

marginalization can learn from this inquiry how the self of the therapist is impacted by personal history and systemic oppression, which influences the unaware self in the role of a therapist. I believe that my narrative and descriptions of my transitional process as an MFT graduate student is beneficial to the field of family therapy.

Clinicians should be knowledgeable about issues that concerns an MFT trainees of color as these issues relate to them individually and relationally. Identity struggles connected to marginalization can be a complex issue and possibly difficult for trainees of color to maintain a neutral stance to feelings of ambivalence while training. When working with doctoral students of color it is important to clarify beliefs, which brings awareness to ambivalent feelings. An MFT trainee of color may not be consciously aware of thoughts and behaviors, which adds to the contradiction of self-complexities.

Limitations of the Study

This research study was conducted as an autoethnography, which only narrates my lived experience, my thoughts, which are observed, interpreted, and defined through my perspective. The Institutional Review Board (IRB) classified this study as a protocol without human subjects. My voice is the only voice used in this study, which limits additional research developments from other participants. Collection of data was a result of my personal, professional, and cultural experiences, which can conclude as data that lacks sufficiency for generalizability. Also, the self-reflexive method of autoethnography allowed me to recall, interpret and write experiences from memory, which can present inaccuracies. Memory may not always fully detail thoughts, feelings, or behavior. Chang (2008) noted "memory fades as time goes, blurring the vitality of details" (p. 5). In

addition, I utilized several resources for information, such as my doctoral journal, personal notes, and memory recall, which can create multiple meanings and lack clarity.

Discussion

I believe in my vision for my life and future and realize that change is inevitable. Experience as an MFT trainee of color has demonstrated to me the importance of the awareness of self and the key role self plays in relationship behavior, in context. At the beginning of this research project my prior assumptions no longer equated as "truth" for me, and my curiosity began to increase, as I searched for more possibilities to life. As a doctoral student I was challenged to increase my thinking and practice a more nonbiased approach when making decisions for self and others. My life no longer followed the guidelines of societal norms but included my thoughts and feelings on what made sense to me through my experiences, as a Black woman. Truth became a journey of exploration that followed different paths, at different times in life, and I came to a place of understanding where I was okay with that.

From childhood to adulthood my attitude has always been optimistic, hopeful, and focused on the next step that brings change. I always believed that every problem has a solution and life experience has taught me there is more than one way to find a resolve. I believe this attitude, along with life and work experiences, provided me with the tenacity and fortitude to embrace change. Change for me occurred through a shift in perspective, which created a different understanding, open possibilities, and highlighted what is working. Bateson (1972) noted that information is transmitted through relationships and that change results from a perceived difference in information. In the therapy room this

requires the freedom to explore and develop new meanings that are free of biases and fixed meanings.

As I continue to grow and develop as a Black woman and therapist I am more curious about my culture, history, beliefs, values, thoughts, and therapeutic alliance. This research project and doctoral journey have given me the understanding and knowledge I desired on personal awareness, professional development, and the intersection of identities as a person of color. I am transformed as a person and aware as a therapist of who I am in and out of the therapy room. I came to a realization of the wounds of my inner self and the healing that has taken place through the process of this research inquiry.

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Appendices

Appendix A

NSU NOVA SOUTHEASTERN UNIVERSITY
Institutional Review Board

MEMORANDUM

To: **Phyllis Days**
College of Arts, Humanities, and Social Sciences

From: **William Smith, JD,**
Institutional Review Board

Date: **March 25, 2020**

Re: **IRB #: 2020-139; Title, "Awareness of the Use of Self in Therapy: A Autoethnographic Inquiry into the Training Experiences of a Black, Single, Female MFT Doctoral Student"**

Based on the information provided, your protocol does not require IRB review or approval because its procedures do not fall within the IRB's jurisdiction based on 45 CFR 46.102. Therefore, your protocol has been classified as "Research outside the purview of the IRB" for IRB purposes; your study may still be classified as "research" for academic purposes or for other regulations, such as regulations pertaining to educational records (FERPA) and/or protected health information (HIPAA).

This protocol does not involve "human subjects research" for one of the following reasons:

(a) The study does not meet the definition of "*research*", as per federal regulations: "*research*" means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.

(b) The study does not involve *"human subjects,"* per federal regulations. "*Human subject*" means a living individual about whom an investigator conducting research obtains:
(1) Data through intervention or interaction with the individual, or
(2) Identifiable private information.

(c) Other:

Please retain a copy of this memorandum for your records as it indicates that this submission was reviewed by Nova Southeastern University's Institutional Review Board.

The NSU IRB is in compliance with the requirements for the protection of human subjects prescribed by Part 46 of Title 45 of the Code of Federal Regulations (45 CFR 46) revised June 18, 1991. Cc:

Cc: **Christine A Beliard, PhD**
Ransford Edwards, Ph.D.

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BIOGRAPHICAL SKETCH

Born and raised in Miami, Florida as an only child Phyllis Days is the daughter of Phillip and Sara Days, who have been in a covenant union of 55 years. Phyllis is a graduate of Florida A&M University, B. S. degree, Nova Southeastern University, M. S. and Ph. D. Degree. Phyllis has worked with over 20 years of experience and growth as a public service professional, specifically in Psychotherapy, Law Enforcement, and Higher Education. Her lived experiences, educational background, and work history have equipped her with a level of consciousness, knowledge, and clinical skills, which drives a level of determination to be her best self, personally and professionally. Her strength lies in self-awareness, and self-acceptance, which she uses in helping others to be conscious, to understand presence, and to be purposeful in engagement in living experiences. Her goal is to provide the best therapeutic interventions that assist others in mastering the use-of-self as a person and professional.

Phyllis's work experience includes more than 20 years of service as a trained professional in two different therapeutic modalities (psychodynamic and family therapy). The Department of Miami-Dade Corrections and Rehabilitation provided her with 13 years of progressive growth and advancement in challenging roles, such as Correctional Officer, Correctional Counselor, and Social Worker at the Boot Camp Program. Additional experience at Residential Treatment Centers, working with adult women and men, prepared her to work effectively in culturally diverse populations and complex environments, as well as a three year tenure at Florida Memorial University, as a mental health counselor. Her work history has encouraged Phyllis to be deeply committed to her

personal growth and professional development, which she believes is key to becoming a committed and qualified professional.