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Pre-print version of an article published in Journal of Teaching in Social Work 7(2):
129-146. doi:10.1300/J067v07n02_10.

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PERSONAL TREATMENT
AND
THE SOCIAL WORK STUDENT

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Mackey, R. et al (1993). Personal psychotherapy and the social work student. Journal of Teaching in Social Work, 7(2) : 129-146

ABSTRACT

Previous research, conducted primarily in psychology, indicates that many practitioners in the core mental health professions enter psychotherapy at some point in their careers. This may occur during the period of professional training. Several studies suggest that personal psychotherapy has a mixed but mainly beneficial effect on practice. The research reported here explores the significance of personal treatment to the emerging professional roles of advanced graduate students in clinical social work. The paper focuses on the educative value of treatment which includes the therapist as model, integration of theory with skills, enhancement of empathy, understanding the helping process and personal treatment as a complement to supervision.

REVISED 3/27/92

PERSONAL TREATMENT AND THE SOCIAL WORK STUDENT

This study was designed to generate an understanding of an important aspect of Social Work about which not much is known. Although personal observations as well as anecdotal evidence suggests that treatment may be beneficial to practitioners as well as students, relatively little research has been reported. A review of the social and behavioral literature published in the 1980's revealed no studies in social work and only a few in allied disciplines, mostly in psychology.

Among the studies reviewed was a national survey of mental health professionals which included social workers from the 1985 NASW Register of Clinical Social Workers (Norcross, et al, 1988), the only study found which included a significant number of social workers. Seventy-nine percent of female and fifty-eight percent of male social workers reported having been in personal treatment at some point in their careers. The most common form of treatment, identified by over half of the respondents, was psychoanalytic-psychoanalytic psychotherapy oriented to self awareness and insight. Asked to identify how their experiences in treatment shaped their values about helping clients, most respondents referred to the importance of non-specific factors such as empathy, warmth, patience and acceptance, as well as understanding transference-countertransference dynamics.

Another dimension of the Norcross research (1988) which had been explored in previous research was the criteria used by psychotherapists in choosing a personal therapist (Grunebaum 1983). Although differences were found in the responses to this item in these studies, there were several similarities which clustered on personal qualities of chosen therapists such as reputation for competence, warmth and a caring personality. Variations were found in the importance of an interactive style and the therapist not traveling in the same social network as the patient-therapist.

Other studies (MacDevitt, 1987; Guy et al 1988) have focused on rather discrete aspects of clinical psychologists in personal treatment such as the relationship between certain characteristics of their therapy and its

significance to their professional work. Generally, professionals who have had personal psychotherapy, regardless of its duration, value it as a critical, if not essential, component for practice. Most frequently, the value lies in developing insights into one's self, including an awareness of counter-transferences which may enhance skill and functioning as a psychotherapist (MacDevitt, 1987). Guy's findings (1988) in a national survey of specific division members of the American Psychological Association amplify upon these findings. He found that psychodynamic psychotherapists who do primarily individual treatment received the "greatest amount of personal individual psychotherapy both before and after entry into the profession" (p. 475). Although these consumer oriented studies of professionals indicate that personal treatment is beneficial not only to one's personal and family life but also to one's clinical practice, it may have negative consequences for some (Buckley, 1981); for experienced practitioners it may be under-utilized (Guy 1986).

Empirical studies, prior to 1980, suggest a mixed picture when treatment of practitioners is assessed against several variables (Clark 1986). In his review of seven such studies, Clark found only one in which the therapy of psychiatric residents enhanced their clinical work. No relationship was found between the personal treatment of therapists and outcomes for their patients in five studies. In one study of graduate students, treatment may have been detrimental to clients. As with much research, these studies suffered from numerous defects in sampling, design or measurement and cannot be considered conclusive. At best they suggest no empirically verifiable connection between personal treatment of providers and outcome to their clients.

What emerges from these studies is the importance of understanding the topic within the context of several realities, although research methodologies are inadequate to account for the complexities involved. Such variables as the timing of treatment or when it occurs in one's life and career, the motivation of a person to pursue treatment, the modes of intervention and the theoretical orientations of therapists and their competence, are only a few of these complexities. Singularly, these dynamics are difficult enough to control and become even more problematic when hidden contextual forces, life experiences past and present, as well as imprecision in measuring instruments are considered.

The literature suggests a need to explore the significance of the personal treatment of clinical social workers to their professional development. Of special importance, is the meaning of personal treatment to those in graduate school in view of their formative investment in learning to become clinical practitioners. Do social work students see a connection and if so, how do they understand the nature of that connection? Although some research supports a positive link between treatment of professionals and their work, the overall picture is mixed and suggests a need to examine the phenomena from the point of view of students who have been clients. This is timely not only to build on what has been done but to address the dearth of research in social work, which is surprising since many practitioners may receive psychotherapy at some point in their careers.

METHODOLOGY

This study was designed to explore the significance of personal treatment to clinical students who were in the advanced year of their M S W program. The focus of the research was on the educative value of treatment to the emerging role of clinical practitioners.

The methodology of choice for data collection was a personal interview organized around a focal question: How may personal treatment effect the emerging professional role of the clinical social work trainee? Each interview, which took about forty-five minutes, was an exploration of the experiences of people as they understood those experiences. This approach was selected for several reasons, among which was the discovery that no research had been done in social work on the topic. Therefore, a qualitative method in which clinical interviewing skills are adapted for a research purpose was appropriate for exploration of the topic. This methodology is appropriate for studies which focus on relatively unexplored territory. Second, we were interested in discovering what meaning personal treatment may have to students in their professional development even though no one entered treatment to learn how to do clinical work. Essentially, this was a phenomenological question explored most effectively through focal question interviews. Finally, research on the topic in allied disciplines, particularly psychology, has been primarily of a quantitative nature. Although these

studies offered some understanding of the empirical connection between one variable and another, they did not elicit the type of information which was possible to explore with qualitative techniques - that is, the personal meaning of an experience to an individual. Qualitative modes of research are no better at dealing with these challenges than any other methods, but they do provide room within a structure to explore the significance of personal treatment to professional development. When analyzed collectively through the identification of themes, these individual explorations may help to deepen an understanding of the meaning of personal treatment to one's sense of a professional self.

Small samples are sufficient for this type of research. Contemporary thinking suggests that fewer than ten subjects are adequate when the sample is homogeneous and the research question relatively simple and clearly formulated. (Carey 1984; Strauss & Corbin 1990). Also, randomness is not critical since the focus of the inquiry is evocative and designed to generate ideas and hypotheses which emerge from and are grounded in the data (Strauss 1987; Strauss & Corbin 1990).

A theoretical sample (Strauss & Corbin 1990) congruent with the focus of the research was recruited through a letter to advanced graduate students. The goal of the study was stated briefly and individuals were invited to volunteer if they had been in personal psychotherapy. The criteria was simple: one had to be in the advanced clinical year of graduate training and either be in treatment or have had treatment in the past. No attempts were made to control for any other variables including the mode(s) or type(s) of personal treatment. Of course, the way in which students were recruited for this study clearly implied a connection and very likely implied, further, that the connection was a positive one. The latter may explain the highly positive tone to the findings.

Interviews were tape recorded. By listening to each recording, detailed process notes were prepared. The notes were checked for validity against the recordings and then reviewed independently by the researchers to identify categories of data. The latter consisted of our conceptualizations of pertinent themes as they emerged from the interviews. Several interviews were transcribed which provided detailed examples of these themes as they were found in the responses of various interviewees. Finally, the researchers, working as a team, checked, clarified, retained or discarded

observations and inferences. A team approach enabled the researchers to deal with biases and other subjective phenomena which may have contaminated the integrity of the scientific process. Five themes were identified:

1. The therapist as model,
2. Integrating theory with clinical skills,
3. Enhancing empathy toward clients,
4. Understanding the helping process, and
5. Personal treatment as complementary to supervision

The Sample

Interviews were conducted with twelve women and three men, ranging in age from twenty six to forty five. Median age was thirty and the mean, thirty two. Six people were in their twenties, five in their thirties and four in their forties. Nine were single, three married and three divorced or separated. Interestingly, the gender ratio as well as the distribution of students by age was very close to those reported for M S W students in the United states in 1990 (Spaulding, 1991).

At the time of the interviews, six students were in treatment with social workers and nine with psychologists. A few had more than one therapist in the past. Of their current therapists, eight were men and seven women. Their orientation was described primarily as exploratory, psychodynamic with the focus on expanding awareness of self through understanding past and present life experiences; eighty-six percent of these therapists were described in that way; half of them also were described as having a strong cognitive component in their work which was depicted as challenging negative thinking, reframing perceptions about experiences and helping one to understand cognitively the influences of life experiences on current thinking. All students were currently in individual treatment with two people in concurrent group treatment and one in couples treatment. Over fifty percent had been in their current treatment from one to three years; another third for over five years.

Almost half" of the sample had previous treatment with another therapist. Not all episodes of previous treatment with other therapists were experienced as positively as the current ones. However, it was not unusual for students to think of those experiences as having value in the sense of offering them an opportunity to evaluate the effectiveness of different forms of treatment and types of therapists.

Precipitants for entering treatment appeared no different than those which propel people, in general, to apply for professional help. They included developmental or career transitions unrelated to their M S W program, serious physical illness, or conflicts related to sexual orientation. Depression was frequently mentioned as a response to these precipitants. Two additional students reported intra-personal conflict specifically triggered by experiences in their M S W program, usually connected to field instruction. Four identified inter-personal precipitants triggered by marital conflict or the break up of a significant relationship. Two students said that substance abuse/addiction led to their treatment. The above discussion represents the primary reasons for personal treatment although most people reported combinations of reasons.

Findings

Although the theme of self- awareness emerged from the data as the most frequent benefit of treatment, the focus of this discussion is on five aspects of treatment which had special relevance for enhancing professional education. This does not imply that the development of awareness did not have relevance. It did but usually within the context of one's total life rather than a sector of it. Since awareness of self was so important, as was found in previous studies, it will be briefly discussed. Some dimensions of awareness included frequent references to learning how to accept themselves as their therapists had accepted them. Apparently, experiencing one's self as unacceptable was a nuclear issue for most of these people. There were also frequent references to becoming aware of blind spots not previously in consciousness. As a result, they reported becoming better listeners as they developed abilities to not allow personal issues to obscure truly hearing others. In addition, the perceived awareness of self neutralized me need to rescue people which had led some students to feel

burned-out prior to graduate school. Several commented on becoming aware of their motivations to become social workers; this was freeing especially as they experienced the support, constancy and respect of their therapist

Therapist as model

Ninety-three percent of students talked about the significance of their therapists as models of professional identification. Frequent references were made to the modus operandi of therapists, as well as their genuineness, fallibility and humanness. To students they represented the therapeutic ideal, objects of identification to be emulated. While all students talked of carrying their therapist within them, most qualified their observations by pointing to the selectivity of identifications. The nature of these selective identifications was related to the length of time in treatment: newer clients tended to identify with therapists as whole objects; those in treatment a longer period of time were likely to identify with some aspects of therapists but not with others. The latter may be connected to the observation about therapists becoming more real the longer a student was in treatment. Perhaps, it became possible to differentiate among characteristics in one's perceptions rather than to experience therapists as stereotypical objects of transference.

All students discussed how they respected therapists' capacity to accept them, especially their empathic and patient modes of behavior. It was not unusual for students to internalize tones of voice and mannerisms and to report behaving in similar ways with clients. Prominent themes of constancy, availability and belief in them, especially when esteem for self was shaky, were found in the responses. Students made frequent references to how they experienced their therapists; they particularly admired the skill of the therapist in being able to accept yet confront them with aspects of their lives which were avoided.

The mutual-collaborative nature of treatment was important. Talking about thoughts and feelings within an accepting and introspective atmosphere tended to neutralize guilt, shame or embarrassment associated with conflicts. They learned not to cut-off or deny previously unacceptable parts of self. Identifying with the nonjudgmental and reflective qualities of therapists enabled students to use similar skills in their work with clients.

These themes had no relationship to the gender of therapists. Regardless of their professional discipline, students identified with the non-specific characteristics of therapists which had been found in previous studies to be instrumental in achieving change. Those in treatment with social workers also identified with therapists as professional ideals whom they wished to emulate in their own careers.

The following vignette, taken from an interview with a young, man in individual and group treatment with a male social worker, illustrates some of these themes:

The therapist that I have now is wonderful; he is confrontative like therapists in the past have been, but he's also very affirming as well. I don't feel as if I am being judged. I feel like I am being supported and understood...when I do individual therapy with clients or even in the group that I co-lead, I have a little mini-version of him in my mind. I find myself using gestures and expressions that he uses and it's very funny, maybe because he is my role model... and I've noticed that I actually imitate him when I'm doing therapy with somebody. It's very odd. I feel that I think the way he does; I say things that he says... It just seems natural to me, internalizing some of his traits.

Integration

Ninety-three percent of students talked about personal treatment enriching their understanding of theoretical concepts discussed in class, readings, and field instruction. There were two aspects to this: one was cognitive in which students reported being able to understand concepts which had eluded them in the past; the second was affective in which feelings about a concept, which may have been in conflict with cognitive understanding, no longer undermined thinking. They regarded treatment as a framework for integrating thoughts with feelings as well as theory with practice. Abstract or elusive ideas became real as they were experienced in the context of psychotherapeutic relationships.

There were references to personal treatment as a vehicle for freeing their minds to think about theory, evaluate its significance to their emerging role as clinical social workers and to enjoy rather than be intimidated by the process of intellectual discoveries. Frequent references were made to becoming increasingly curious about and engaged with ideas rather than being intimidated by them. There were also several comments of treatment being important in developing an analytic mode of thinking about the relationship between theory and practice. This included the relationship between Human Behavior and Practice as well as the role of Research and Social Policy in shaping their identities as Social Workers.

The secondary gain of personal treatment as an integrative resource was closely related to the perception of therapists as models for professional practice. Gains in resolving conflict of a personal and interpersonal nature enhanced self esteem. As a result, students reported an ability to process learning in ways that were previously unavailable to them. Many talked of the excitement of accepting responsibility for thinking through concepts, taking a stand on them, and moving from an eclectic to an integrated mode of practice. None seemed to be deeply bothered by a feeling of incompleteness in that journey. An important aspect of this integrative process was connected to a deepening of professional values such as acceptance, non-judgmental attitude and respect for clients which they had experienced in their personal treatment.

In the following example, a female student comments on an aspect of that theme:

I think my therapist was the first one to really listen to me. I went right after college ... I was twenty-three- going through a major transition and very depressed and I really remember my feelings at that first interview -I can remember it very clearly - whew ! I hope this guy's really listening; that was really important. I can almost visualize - this is very strange - my therapist as an object and the functions that he performed for me that I internalized... Its not only a visual presence but he's there from a developmental point of view. In that way, I feel that being in therapy has helped me to understand object relations theory and self psychology in a very personal way. I know what it feels like to have somebody containing your feelings and

performing functions that you can't do for yourself, like when you're depressed and distorting things and not able to soothe yourself when you are anxious or whatever - the therapist does that for you. For a while I couldn't do it for myself; I would wait every week to see the therapist to do it for me and now I do it for myself, from what I've learned.

Empathy for Clients

Eighty percent of students reported how personal treatment had helped them to understand and appreciate the role of client and what it meant to be a client; they related that they were more sensitive to what it feels like to be in that role. All reported that the experience of personal treatment enriched and deepened their appreciation of applying for and accepting help. Again, there were frequent references to identifications with the soothing and empathic functions of therapists which helped students to be available to their clients in a similar way.

They talked about the sense of vulnerability that was involved in undertaking treatment and how they were attuned to this as they worked with clients in field instruction. Several references were made to listening differently and to hearing feelings behind words and behaviors in contrast to their work in human services before graduate school.

Of course, these different themes were interrelated and cannot be separated from one another. The sense of acquiring a deeper capacity for empathy was linked to integrating theory into their professional roles. By connecting specific concepts to their own experiences as clients, students were often able to make rather judicious generalizations of how similar phenomena were manifested in their work with clients, as in the following:

I don't know how anyone can do this work without having been in therapy. I don't know if that is just me; I can see how I've changed through therapy and can't imagine how I could have been in this place without therapy. I know that I couldn't have. I have a feeling its true of everybody but I'm not sure. Without therapy I wouldn't have been as attuned to my own feelings ... to be able to use them in sitting with a client to know where the client is by how I feel; without my therapy I

wouldn't be able to do that... I guess what the therapy does is to take away the need to become like some sort of expert on an intellectual level and master it in that way. Sometimes I hear some of my classmates throwing around labels or concepts and then referring to their clients in that way ..very unempathic kind of way ... their pushing it away from themselves, like it's something really distant, like they have no relationship to it in their personal lives

Understanding the helping process

Identified by seventy-three percent of students, this theme was manifested in several different forms. It was an inherent part of other themes and needs to be viewed within the context of the therapist as model and treatment as a vehicle for enhancing empathy.

Students recalled the beginnings of their treatment as a time, often extending over weeks or months, when they did most of the talking with therapists primarily adopting a listening mode. Most felt that this complementary relationship was appropriate to their needs; practically all experienced their therapists as supportive, attentive and caring. As the process unfolded, therapists were described as becoming more interactive, offering observations and actively engaging patients in exploration, reflection and thinking about their conflicts. In this stage, students experienced their therapists in a more equitable way, often reporting that therapists became real people to them. Importantly, none of them ever felt that therapists acted inappropriately nor did any feel that they were not seeing a professional person whose role was to help them. While these observations may reflect changes in the nature of transference - countertransference dynamics, they reflect, as well, a "real" shift in the subject's sense of relatedness based, in part, on their readiness to participate in a different type of relationship with a human being who was also changing.

Among the range of observations included under this category were the nature of the professional relationship, maintaining focus on central issues and the use of differential techniques. Students experienced their therapist as unconditional listeners who remembered important historical themes and specific events which were germane to understanding them as clients. The

mirroring and reflecting of these themes in an understanding way was a highly valued mode of intervention. Empathy integrated with confrontation and explanation appeared central to that process. Students felt that it was important for a professional person to be able to bring up thoughts and feelings about issues which clients avoided, a reality so present in their own treatment. As a result, they reported becoming more confident in adopting assertive modes of intervention based on their therapists' behavior with them.

Practically all acknowledged that they were in the beginning stage of developing skill in using these techniques and noted how personal treatment had enabled them to begin to work on the intimidating task of focusing on issues which clients avoided. Although experiencing tentativeness in taking charge of the therapeutic process, they said that they had become aware of the importance of not colluding with clients who were resistive to facing suicidal thoughts, addictions and other serious conflicts. There were several comments about having less fear of being dragged down by client affect, such as depression, or being intimidated by controlling individuals highly adept at manipulating others. Finally, students talked specifically about identifying with and, in some situations, adopting the techniques which their therapists had employed. Frequently mentioned techniques included reframing, dream work, the empty chair technique, transactional interventions such as talking to the child within one's self; the use of journals and other forms of written logs was also mentioned quite frequently. Most often, however, students focused on non-specific aspects of their personal treatment as highly influential to understanding the helping process and to shaping their use of self in a professional relationship.

A young woman speaks of these themes:

At the beginning of the year I was very uncomfortable sitting with silences and I would always jump in and my supervisor would say: "Sit with that silence. You'll be amazed what it brings up." But it would raise so much anxiety for me that I would try to ask a question or fill the silence in some way or another. In my own therapy I find that when there's a silence, I'm able to utilize that and really get some stuff from the gut.

It's a working silence...just sitting in my own therapy and being able to do that...how useful it's been to me: now, when I'm

working with clients, I remember that it can be useful for them to sit with silence and that it's OK. I think there are also other techniques I've picked up in therapy. We come to graduate school and we take classes and all of a sudden, we're in the field. If a lot of the students are like me, they've never been identified as the professional and no one tells you how to do it or shows you. The first day of placement you're sitting with someone...for myself, I really didn't know what to expect or know what it was going to be like. I think it's important that students be the client for a while to know what the process is like and what's to come of it.

Treatment and Supervision

There is understandable concern among professionals in differentiating among various modes of practice and in maintaining boundaries between these modes. Because of the nature of clinical social work practice, supervision may focus frequently at the junction between one's personal history, as that may be played out in counter-transference reactions, and the more technical aspects of practice. In this study seventy-three percent of students identified their treatment as a valuable complement to supervision in their field internships. There was relatively little ambiguity in the mind of these students about the boundary between personal treatment and clinical supervision. This was true even though many acknowledged that understanding themselves was central to their learning in both modes. Usually, supervisors were aware that interns were in personal psychotherapy and conveyed a respect for the differences between the learning mode of supervision and that of treatment. As a result, personal treatment focused on self understanding and supervision on learning how to integrate theory with practice. Therapy was differentiated primarily from supervision in its exploration and attention to personal matters. Although concurrent treatment sometimes created stress in students, it tended to serve as a catalyst in freeing them to learn from and to make appropriate use of the supervisory relationship. Personal treatment enhanced supervision. Perhaps, field instructors were assured that personal issues which may have interfered with learning were being addressed in treatment.

The following vignette illustrates that theme:

In therapy I'm the identified patient and I'm able to talk about maybe what is in my past or what's making me think like this now or respond in this way. In supervision I'm left out of it. It's touched on but not nearly as much as in my own therapy where I spend a lot of time talking about counter-transference issues that come up in my placement. That's very important, I think, in the work that I'm doing - what am I bringing into the room, what is the client's - really being able to identify whose is whose. I have two hours of supervision each week. I need a third hour, therapy, to be able to connect that to my own developmental and family issues.

Summary and Conclusions

This study explored the significance of personal treatment to the emerging sense of a professional self within advanced graduate students in clinical social work. Semi-structured research interviews, organized around a focal question, were conducted with a sample of students currently in psychotherapy. The treatment was of a dynamic, introspective nature and oriented to the development of self-awareness.

Previous research, conducted primarily by psychologists, indicates that many practitioners in the core mental health professions enter treatment at some point in their careers. Several studies suggest that personal treatment has a mixed but mainly beneficial effect on one's practice. Anecdotal evidence, as well as the results reported in this paper, support that hypothesis. There is still relatively little known, however, about who benefits from psychotherapy, under what circumstances and with what therapists.

Although the results, in general, were not substantially different from those in previous studies, the current study deepens an understanding of how personal treatment may enrich professional educational experiences from the personal perspectives of social work students. The findings, which need to be thought of as hypotheses, may serve as a resource to faculties in advising students. In that respect, the data underscore the importance of several variables which need to be assessed when personal therapy is being considered. These include the theoretical orientation of prospective therapists, their level of competence, the fit of these two characteristics with the needs

of a student, and the readiness of the latter to make a commitment to personal treatment.

Several limitations need to be acknowledged. The sample was small, non-random and designed to generate ideas about the potential connections between personal treatment and professional development. That is, our goal was to understand the nature of the relationship, if any, between these two variables and not to generalize to the field. Those students who volunteered were clearly positive about the effects of treatment on their professional development, even though some had previous treatment which was not regarded as positively. Perhaps, only those who considered their current experiences as positive felt comfortable about exploring the focal question which was specified in the recruitment letter. The focal question, itself, was framed in a positive way which may have encouraged a select group of subjects and discouraged others.

It is important to recall that the motivations for personal treatment among students in this study were unrelated to the positive secondary effects on their professional education. That is, no one entered treatment to sharpen their knowledge and skill as social workers. Nevertheless, treatment was experienced as enhancing professional development. Whether or not similar effects would be found with other groups depends on several factors. These include client variables, such as the motivation and readiness of individuals to become involved in specific forms of treatment. Also of importance are the characteristics of therapists such as personal style, theoretical orientation, and skill at using a range of interventions appropriate to the needs of clients at different points in treatment. In this study, the latter appeared more important than the age, discipline or gender of therapists.

A key factor in understanding the value of personal treatment to the practitioner may be the way it is conceptualized. Although students in this study entered therapy for treatment of personal and interpersonal conflicts, they spoke of treatment as a developmental experience. They valued treatment for its catalytic effect in helping them to pursue their life goals which included becoming competent social workers. This reframing was apparently mirrored in the orientations of their therapists who were experienced as respectful allies in that pursuit. Along with treatment aspects and the pain involved, the process was described as an opportunity for growth. While reframing may be instrumental to success for anyone in treatment, it may have a special significance for social workers who are clients. An orientation to psychotherapy as a developmental opportunity, rather than simply a treatment for pathology, resonates with social work values. Perhaps that is why these students found treatment so meaningful to

the development of a professional self. This also underscores the significance of a good enough fit between therapist and client.

Finally, of importance is the observation that a practice utilized by many social workers and graduate students is so little understood. The results of this exploratory research may stimulate discussion and study of the significance of personal treatment to the professional development of social workers. Hypotheses derived from the data suggest that personal treatment may enhance an understanding of the helping process; contribute to one's empathic skills, and become a resource in the process of integrating theory with practice. The data may serve as benchmarks for future research oriented to measuring empirically the relationships between personal treatment and these as well as other aspects of professional education and practice.

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