

COUNSELING STUDENTS' EXPERIENCES OF AMBIGUITY

By

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A THESIS PRESENTED TO THE GRADUATE SCHOOL  
OF THE UNIVERSITY OF FLORIDA IN PARTIAL FULFILLMENT  
OF THE REQUIREMENTS FOR THE DEGREE OF  
MASTER OF ARTS IN EDUCATION

UNIVERSITY OF FLORIDA

2014

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To the students who inspire me –past, present, and future

## ACKNOWLEDGMENTS

There are many people who I wish to thank for their various ways of supporting me. Specific to this work and my own experiences as a counseling student, I first want to thank Dr. Sondra Smith-Adcock, my chair, for advising me and supporting me with her patience and confidence in my abilities. Her commitment to connecting with students inspires me as I look ahead to my own career in this field. I am also thankful to Dr. Harry Daniels and Dr. Jacqueline Swank, my committee, for their contributions and challenges to support me in making this work a stronger reflection of my best abilities and a more beneficial addition to the field.

I am also grateful to supervisors who have had an important impact on me. First, among the many Department of Housing staff and students whose enthusiastic support I appreciate, I thank Jennifer Todden, whose so strongly affirmed and promoted my goals of becoming a supervisor and leader in the world of counseling. Her positive and genuine evaluations of my work continue to support me. I also thank my clinical supervisor Karin Fields for our very meaningful conversations and her authentic mentorship, which have supported many aspects of my growth during my experiences as a counselor education student. Finally, I thank other master's and doctoral students in the University of Florida Counselor Education program who have been an important part of my experience.

I also wish to thank my family: my mom for always ensuring that I had the opportunity to take on any challenge I was drawn to and for supporting me with her trust and confidence, and my dad for supporting my academic identity from a young age and so often saying "I'm proud of you." I thank my grandparents for their expressions of confidence and pride in me as well, which are supportive when I may doubt myself. I

also am grateful to those who have been part of my supportive church family at University Lutheran Church and Campus Ministry.

Finally, I am most grateful to my partner, Steve. His unquestioning support and constant patience as I have moved through this project and my education are only two small things of the many for which I have to thank him. His sacrifices to help me meet my personal and professional goals include many small and many significant choices, for which I am constantly grateful. I feel so blessed to have such a strong and caring partner, and I look forward to living and growing together through many more challenges and wonderful experiences.

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## ABSTRACT

Abstract of Thesis Presented to the Graduate School  
of the University of Florida in Partial Fulfillment of the  
Requirements for the Degree of Master of Arts in Education

### COUNSELING STUDENTS' EXPERIENCES OF AMBIGUITY

By

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May 2014

Chair: Dr. Sondra Smith-Adcock  
Major: Mental Health Counseling

This qualitative phenomenological study considers how counselor education students experience ambiguity. Six master's-level mental health counselor education students were interviewed. They included five females and one male, ages ranging from 24-26; all were white, one was Latino. Information was gathered through two 45-minute interviews about their inner experiences of ambiguous situations as counseling students. A vignette was created for each participant, and seven prominent themes from among all of the participants were identified and described. The primary themes were: *wanting clarification, understanding clients, experiencing and taking risks, openness to relationships and new experiences, recognizing multiple perspectives, personal and professional changes, and accepting ambiguity and growth*. The findings have implications for counseling practice, counselor education, and theories of ambiguity tolerance development.



## CHAPTER 1 LITERATURE REVIEW

Ambiguity is an inherent part of life and therapy (Brams, 1961; Gruberg, 1969). Counseling and other fields including medicine, business, and education have explored how their students and professionals experience and handle ambiguity in order to better understand its role in training and practice. The term is sometimes interchanged with related concepts, which tend to be narrower descriptors of types of responses to ambiguous situations. Literature which directly examines the concept of tolerance of ambiguity and how it relates to counseling and training of counselors is scant, despite voices emphasizing its importance to counseling and counselor training (Gruberg, 1969; Harper, 2008; Levitt & Jacques, 2005)

Tolerance for ambiguity has been described as a personality characteristic correlated with many positive factors related to counseling, while intolerance for ambiguity is correlated with things that may hinder its effectiveness. Tolerance for ambiguity can support counselors in navigating aspects of the therapeutic relationship such as nuances of verbal and nonverbal communication, levels of client self-disclosure, relational distance with the client, themes for discussion, and values within counseling. Specific to counseling students, there are additional role ambiguities to navigate as a supervisee, student, and counselor in training, and further ambiguities in academic aspects of their experience. All together, this indicates ambiguity as a very present aspect of the counseling student's experience.

This project will contribute a qualitative understanding of how mental health counselor education master's students at one university in the southeastern United States have experienced ambiguity in their program. It will seek to phenomenologically

develop the understanding of this experience in order to gain a more holistic and personal view of this element of counselor education.

### **Conceptualization of Tolerance for Ambiguity**

#### **Frenkel-Brunswik**

The concept of tolerance for ambiguity has been developing since it was first named in a psychological article by Frenkel-Brunswik in 1949. Intending to move beyond perception-based conceptualizations, Frenkel-Brunswik conducted several studies considering intolerance of ambiguity as a personality-based characteristic of inflexibility that related significantly to ethnic prejudice and rigid cognitive perceptions, which had spurred her interest in the concept.

She initially worked with 1500 public school children from ages 11 to 16 to develop an understanding of their ethnic prejudice at a malleable age. She extended this project to include interviews, projective tests, scales, and parent interviews to consider the emotional, cognitive, perceptual, and motivational elements of the children's tolerance of ambiguity to better understand how these connected with related concepts including the original topic of ethnic prejudice. While this work focuses on children, it has been taken as a seminal work in the area of tolerance for ambiguity, as she described the concept as "one of the basic variables in both the emotional and the cognitive orientation of a person toward life" (Frenkel-Brunswik, 1949, p. 113).

In this work, Frenkel-Brunswik (1949) found that children who were more ethnically prejudiced based on the scales in her earlier work also displayed more dichotomous and absolute thinking, and maintained this thinking in the face of contrary information by keeping that discrepant information out of awareness. If a child held conflicting views of a person, they isolated those views from each other, expressing

each in turn so that only a consideration of multiple expressions by the child in different media could reveal the combination of layers that developed a better understanding of their more nuanced experience. Although not considered by Frenkel-Brunswik, the relevance of these findings to counseling arises with consideration of the complex and continually-developing therapeutic relationship. The counselor frequently encounters new information about the client, and must integrate this with their existing view even when the new information may seem contrary to earlier conceptualizations. They must develop a rich and complex understanding of the client.

According to Frenkel-Brunswik (1949), the complexity of the children's understanding of others included projecting perceptions of their own parents onto political leaders, minority groups, etc., leading to a "personalization of the entire social outlook" (p. 133). This furthers the reach of a counselor's tolerance for ambiguous information about others, as prior experience colors new interactions.

The children's memories of social situations also varied according to their tolerance for ambiguity. Corresponding to therapeutic contexts, this could relate to or even amplify the variability that already exists among counselor perceptions of interactions with clients. Children who scored high on scales of ethnic prejudice who read a complex story of other children in conflict responded with simplified, negativistic recall, whereas those who were scored lower recalled the various characteristics of the children described, emphasizing the diversity among them. Counselors who may show similar characteristics—including the correlate of prejudice, intolerance for ambiguity—may be vulnerable to bringing negative, less accepting, and more simplified, less holistic

attitudes to their relationships with clients, which could be detrimental to therapeutic relating.

Frenkel-Brunswik (1949) then considered whether such rigidity and inability to hold two distinct ideas at once was based in perception itself, and further examined this by considering neutral rather than socially-focused stimuli. She sought to determine whether the children responded rigidly to ambiguous situations because they were unable to perceive the complexity, and perhaps instead looked at a simplified sum of parts rather than a holistic, complex view. Frenkel-Brunswik found that children scoring higher in prejudice, when looking at a visually ambiguous stimulus, tended to shift less frequently between the two possible figures, shifted focus fewer times, and tended to settle on a single figure; less prejudiced children shifted between alternative interpretations much more. In a counseling situation, someone who shifts more slowly between figure concepts may find it more difficult to follow clients through their ambiguities and processes of identifying figures, and is probably less likely to propose new views for the client's consideration.

In another experiment considering acceptance of new information regarding an interpretation, children scoring high in ethnic prejudice took longer to adapt to the emerging interpretation and shied away from transitional solutions. Furthermore, these children—interpreted as desiring an authoritative lead from a sure stimulus to avoid the disturbance of internal conflict—tended to deny external ambiguity for as long as it could be maintained, and so they held onto their initial understanding for as long as possible as the situation developed. A counselor who demonstrates such tendencies would likely form an interpretation and be less likely to allow for its development and

adaptation as more information would be revealed by the client through the therapeutic process. For those who were less intolerant, Frenkel-Brunswik (1949) states that they have less inward confusion and so can afford to openly face external ambiguities even if it does incur temporary conflicts and anxieties. They can more broadly integrate reality in full, including concerning aspects, which allows for more flexible responses across situations unlike in the cases of those who are intolerant who oversimplify their approach and omit important elements (Frenkel-Brunswik, 1949). Counselors could integrate positive and negative client aspects, and include important elements in consideration if they are able to face external ambiguities.

Frenkel-Brunswik (1949) notes that rigidity, the behavioral correlate of intolerance of ambiguity, may not be a through-and-through personality characteristic. It may be balanced by flexibility in another area of the person's life, so that the tendencies connect as part of the individual's dynamic personality. Still, she suggests that above content elements of how people interact with the world, intolerance of ambiguity is more about the style and form of that interaction, and as such is less likely to be censored as a threat, hence serving as a deeper view of a personality. Overall, there is an important relationship between hostility, power-orientation, externalization, and rigid stereotyping with intolerance of ambiguity, and any of these as a counselor characteristic would bring challenges in the therapeutic environment. Finally, tolerance of ambiguity as "flexibility" is associated with love-orientation and acceptance of drive-impulses that an intolerant person might deny (Frenkel-Brunswik, 1949), which indicates that tolerance for ambiguity not only could relieve the negative traits described, but brings positive characteristics with it as well.

Frenkel-Brunswik's (1949) work described many characteristics that would inspire continued exploration of concepts related to tolerance for ambiguity. However, like her work these remained largely focused on its connection with the "authoritarian syndrome" that inspired it and other concepts of equal interest (Budner, 1962). Budner (1962) would develop a more specific focus on the concept of tolerance for ambiguity, contributing important ideas in this area of study.

### **Budner**

Budner (1962) gave a more thorough and focused description of tolerance of ambiguity, as he sought to define its components, create a measure for it, and determine situations in which it is relevant. He defined intolerance of ambiguity as "the tendency to perceive (i.e. interpret) ambiguous situations as sources of threat," and conversely tolerance for ambiguity was defined as "the tendency to perceive ambiguous situations as desirable" (Budner, 1962, p. 29).

In his work, Budner (1962) defined an ambiguous situation as one "which cannot be adequately structured or categorized" (p. 30). This indicated that there must be a difficulty in making sense of cues, whether because the situation is novel (having no familiar cues), complex (with too many cues to take in), or insoluble due to apparent contradictions (different elements suggest different appropriate interpretations). This definition of ambiguity remained important in later work.

Budner (1962) then moved on to use the above definitions to develop a scale that measures the concepts he has defined, to consider correlates of the primary concept. This study was conducted with multiple samples of college students (17 samples, N = 947, ranging from 15 to 88 subjects per sample) in various disciplines within three colleges across the Northeast, East, and Midwest United States. Budner

used his Scale for Tolerance-Intolerance of Ambiguity, using the results to describe the possible responses individuals may have in ambiguous situations.

In another part of his theoretical conceptualization of tolerance for ambiguity, Budner (1962) defined individuals' reactions to any situation as occurring in two areas: phenomenological and operative, representing the inner world of perceptions and feelings as well as the outer world of natural and social objects and actions. Budner believed that considering both of these modes was important to more accurately understanding an individual's degree of tolerance for ambiguity. In each of these modes, an individual who is intolerant of ambiguity may either submit to or deny the situation. Examples of experiences and behaviors that indicate intolerance of ambiguity include repression and denial (falling under the mode and response of phenomenological denial), anxiety and discomfort (phenomenological submission), destructive or reconstructive behavior (operative denial), and avoidance (operative submission). Such behaviors were seen as indicating feeling threatened, and when related to situations of novelty, complexity, or insolubility were inferred as indicating intolerance of ambiguity.

As he studied people's tolerance for ambiguity, Budner (1962) found correlations between intolerance for ambiguity and conventionality, religiosity, avoidance of conflicting values through use of censorship, and authoritarianism. Tolerance for ambiguity was found to relate to questioning one's own religious beliefs and career choice atypical for one's sex, indicating more flexibility. Overall, these findings indicate that tolerance for ambiguity is correlated with values that allow individuals more

flexibility in behavior and thinking, which may be helpful for counselors who work with clients of differing values and lifestyles.

One distinction between Frenkel-Brunswik's (1949) and Budner's (1962) conceptualizations of this term is that Budner conceived intolerance of ambiguity as a content characteristic of a person, rather than an aspect of form, opposite to Frenkel-Brunswik's justification for viewing intolerance for ambiguity as a deep element of personality that gives form to any action. Budner states that ambiguity is a vague characteristic of various situations to which people react, being more situational than characteristic of a person, though Frenkel-Brunswik suggested otherwise. Tolerance-intolerance describes the range of attractions and aversions people may have towards ambiguity, a hidden activity of evaluation, and Budner places these preferences at a low priority for directing behavior. He describes flexibility-rigidity as the coping behaviors that people employ to achieve those ends, describing things such as favoring censorship as part of being intolerant of ambiguity, rather than caused by it. Budner's development of the concept of tolerance for ambiguity added complexity to it, and showed its relevance to many situations. The weakness of the situated nature of his conceptualization of it would be addressed by Norton's work over a decade later.

### **Norton**

In 1975, Norton furthered Budner's (1962) outlining of ambiguous situations, extending the criteria of novelty/complexity/insolubility. Norton explained that individuals' thinking about ambiguous situations is affected by their perception, interpretation, and weighing of cognitions. The extended description of qualities of ambiguous situations described in Norton's work recalled the origins of the concept in perceptual psychology. These qualities of ambiguous situations included having two or



more meanings regardless of whether the individual was aware of their multiplicity, a likelihood of people interpreting the situation in different ways, parts of the whole being missing, lack of apparent or full organization, lacking or presenting discrepant information, and being unclear or causing uncertainty (Norton, 1975). Many of these qualities are present in therapy, further supporting the notable presence of ambiguity to which counseling students must respond. This array of phrases, while recalling Budner's criteria for an ambiguous situation, describes it in terms that may call to mind actual situations more easily, which was important to Norton as he intended to expand the concept beyond situational limits, so that it could be considered as a more broadly applicable personality concept as he created and tested a measure for the concept in this study. Norton's wish to expand on the understanding of tolerance for ambiguity led to the creation of his Measurement of Ambiguity Tolerance as an improvement upon earlier scales (1975). The scale was tested seven times for reliability with nearly 1500 male and female Communication Arts undergraduates in Wisconsin. Among the commonalities between those who were higher in tolerance for ambiguity was the readiness to engage in unknown situations, which experimentally took the form of volunteering for "undefined experiments" (Norton, 1975, p. 615). This could be translated to the counseling experience in terms of engaging with a new client, or applying new therapeutic techniques as a student, where tolerance for those ambiguities would permit a novice counselor to go through essential learning experiences and to perform basic tasks of the job (e.g., taking on new clients without full knowledge of what they bring to the work, discovering through trial how to work with different clients).

While Norton's (1975) work furthered the field in understanding the concept of tolerance for ambiguity and improving the measurement of it, Norton did not address the nature of the experience of ambiguity beyond describing what situations qualify as ambiguous and noting certain behavioral correlates. Norton highlighted further areas for research to examine cognitive process during ambiguous situations, how it may relate to "therapeutic problems," and its relation to conflict, trust, and culture (p. 618). These areas have value in the therapeutic relationship, and an extension of the quantitative methods may support gaining understanding. Therefore, a need exists for uncovering the fuller picture of the experiential realities behind these questions.

### **Measures of Tolerance for Ambiguity**

#### **Scale for Tolerance-Intolerance of Ambiguity**

In addition to defining tolerance for ambiguity in its modern form, Budner developed the Scale for Tolerance-Intolerance of Ambiguity (1962) to measure this concept. It is a 16-item Likert scale measure based on Budner's definition of tolerance for ambiguity in the form of novel, complex, and insoluble situations. Budner acknowledged that it would be preferable to observe a person's reactions to ambiguous stimuli in order to gain more accurate behavioral evidence. For the purposes of developing a verbal scale, though, he aimed for the measure to be "essentially a sampling of specific types of behaviors" as a way of seeking related data (Budner, 1962, p. 32), and this would prove to be a limitation of the measure.

The scale was developed based on Budner's (1962) four possible categories of responses to ambiguity and each item also refers to one of the three types of ambiguous situations. Students in New York, Eastern, and Midwestern schools were the participants for the development of this seven-point Likert scale test ( $N = 947$ ).

Cronbach's alpha was .49, which Budner was aware was not a desirable level of internal reliability, and he attributed this to the complexity of the concept of ambiguity. The test-retest correlation at eight weeks was good at .85. Budner verified validity by checking the Scale for Tolerance-Intolerance of Ambiguity against other tests for measuring intolerance of ambiguity, finding that there was enough correlation to presume that they measured a similar dimension, ranging from  $r = .36$  to  $.54$  ( $p \leq .05$ ). Other tests involved human evaluators whose judgments were compared to the test results (for professional raters, composite  $r = .48$ ,  $p = .05$ ; and for peer raters, composite  $r = .34$ ,  $p < .01$ ), and found overall that there was moderate inter-rater reliability to support validity. The test demonstrates the complexity of the concept of ambiguity and would later be found lacking in its ability to capture the various experiences of ambiguity to which individuals respond.

### **Measure for Ambiguity Tolerance**

In 1975, Norton criticized existing measures of ambiguity, including Budner's (1962), saying that they had low internal validity and lacked evidence of external validity. In response, he created the Measure for Ambiguity Tolerance (MAT), featuring 61 items in eight categories: (a) multiple meanings; (b) vagueness, incompleteness, or fragmented; (c) as a probability; (d) unstructured; (e) lack of information; (f) uncertainty; (g) inconsistencies, contradictions, contraries; and (h) unclear. There were six response options for the items ranging from agreement to disagreement.

The MAT has substantial evidence for construct validity supported by four different studies. In the first study, the researcher demonstrated that those high in tolerance for ambiguity were significantly more likely to volunteer for an ambiguous situation ( $\chi^2 = 15.3$ ,  $df = 1$ ,  $p < .01$ ). Within the second examination, those tolerant of

ambiguity made more positive evaluations of an ambiguous poem so that ambiguous criteria accounted for 57% of the variance in evaluations. Finally, the last two studies focused on communication style and found that dramatizing, a way of communicating with more than one level of meaning, was a significant correlate with ambiguity scores in the study, with an  $r$  of .38 ( $N = 48$ ,  $p < .01$ ).

Through its development, the MAT had high test-retest and internal reliability. The MAT-50 was tested seven times to develop an  $r$  of .88 for internal reliability. Test-retest reliability at up to 12 weeks was .86. This test was able to consistently and meaningfully determine individual's tolerance of ambiguity. However, it was limited to somewhat situated questions, which brought about further development of ambiguity tolerance measures.

### **Multiple Stimulus Types of Ambiguity Tolerance I & II**

The Scale for Tolerance-Intolerance of Ambiguity (Budner, 1962) and Measure for Ambiguity Tolerance (Norton, 1975) were later determined by McLain (1993) to be inadequate measures, having situational questions that detracted from the applicability and validity of the measure, as well as the MAT having too many items. McLain's response to the need for a better assessment was the Multiple Stimulus Types of Ambiguity Tolerance I and II (MSTAT-I and MSTAT-II), respectively 22- and 13-item Likert scale measures which improved on the focus of the assessment for tolerance of ambiguity. Still drawing from Budner's (1962) concept of ambiguity tolerance, McLain sought to distinguish where an individual falls between aversion and attraction in response to stimuli that are unfamiliar, complex, and insoluble. Most importantly, as the title of the scale indicates (multiple stimulus types) this measure reduces the appearance of references to specific contexts and stimuli so that tolerance for ambiguity

can be more directly addressed, reducing potential confounding references, and achieving this focus within a shorter test designed to adequately address the concept (McLain, 2009).

McLain (2009) tested the MSTAT-II with a sample of college students at a traditionally Black university (N=121) to determine its reliability and validity as its results compared to related concepts (e.g., risk-taking), also testing it with emergency medical technicians (N=207) to have a non-student sample. These results showed the scale's internal consistency and reliability to be good at .83. McLain also described a low correlation ( $r = .09$ ) between the MSTAT-II and the Scale for Tolerance-Intolerance of Ambiguity, defending his scale's validity by describing theoretical differences between the two and the lack of internal consistency of the older scale (Cronbach's alpha = .47) compared to McLain's (Cronbach's alpha = .79). This scale allows for a more accurate and faster measure of tolerance for ambiguity, as it requires only 13 items and was carefully developed to apply across more situations than previous measures. While these quantitative measures will not be applied in the present study, the process of defining how ambiguity and tolerance of it appear and are measured supports an initial conceptualization of tolerance for ambiguity as a starting point for the qualitative process of this project.

### **Tolerance for Ambiguity in Other Fields**

The earliest work in tolerance for ambiguity began in the area of perceptual psychology, and eventually interest moved from there to other fields and gained a focus on practice. Unfortunately, there is a lack of research concerning the concept's relevance to the counseling field and its relevance to practitioners. However, there are ties that can be made from other fields as they consider the impact of tolerance for

ambiguity on concepts that can be related back to the counselor's work. These studies provide support for the relevance of tolerance of ambiguity to counselor characteristics.

## **Medicine**

Tolerance of ambiguity was studied more broadly when the concept was addressed by fields outside of psychology. The medical field in particular, including nursing, considers the values of tolerance for ambiguity in trainees and practitioners. In a study of 300 graduating medical students, intolerance of ambiguity was associated with an undesirable aversion to working with underserved populations in graduating medical students. Across their years in medical school, the students who were intolerant of ambiguity had a significantly greater decrease in score on the Medical Students' Attitudes Toward the Underserved (Wayne et al., 2011). The researchers emphasized that students should learn the healing values of validation, rather than solely focusing on solving or fixing complex problems, indicating a desire to impart tolerance for ambiguity in the form of accepting the difficulty of human experience (Wayne, et al., 2011).

The medical field particularly considers tolerance of ambiguity to be of relevance concerning doctor specialization choices. Physicians encounter ambiguity in their profession in several areas, including limitations of professional knowledge, diagnostic issues, uncertainty in treatment and outcome, patient unpredictability, and variations among practitioners (Geller, Tambor, Chase, & Holtzman, 1993; Light, 1979). Within this, doctors may seek out areas of work that are more amenable to their ambiguity tolerance level. In developing a measure of ambiguity tolerance specific to doctors, it has been found through pairwise comparisons that tolerance for ambiguity was highest

among psychiatrists, whose work is most closely related to counseling (Geller, Faden, & Levine, 1990).

Tolerance for ambiguity not only impacts specializations among medical practitioners, but also affects who they prefer as patients, and how they work with them. Wayne and colleagues (2011) considered the relationship of tolerance for ambiguity and the decline in medical students' attitudes towards the poor as they progressed through their professional programs. They noted a study by Merrill and colleagues which found that those students with higher scores of intolerance expressed less desire to work with clients who present more anxiety, including populations of hypochondriac, geriatric, and chronic pain patients, as well as alcoholic patients. Many patients with related or similar concerns might seek support from a counselor, so there is some overlap between the fields in themes and ambiguity that these clients and patients may bring. Wayne et al. (2011) also considered that the development of negative attitudes towards this population may have stemmed from the anxiety of treating poor patients during medical school clinical experiences. It was suggested that patients with fewer resources were likely to present with more novel, complex, and insoluble problems, bringing particularly ambiguous concerns to the novice practitioners, and those higher in ambiguity tolerance maintained more positive views regarding such patients. Geller et al. (1990) also suggested that physicians less tolerant of ambiguity are probably more likely to deliver advice in a paternalistic style and in more decisive language, even in ambiguous situations, which could decrease their ability to respect patient autonomy. Furthermore, they found that tolerance for ambiguity does not fluctuate throughout medical school, tying these characteristics more decidedly to those who bring the characteristic with

them into their program, and implying that the medical program these students were in did not target that characteristic in spite of its relevance to their work. Geller and colleagues (1990) noted that their findings are not a strong enough basis to confirm the validity of using tolerance for ambiguity as an admissions criterion, but they do encourage further research on what specific levels are “good” for practitioners and how it may be developed in training programs.

Connecting this to the field of counseling, tolerance of ambiguity could similarly relate to acceptance of underserved populations among counselors, as well as ability to work with clients who bring complex problems such as those more often rejected by intolerant physicians. Just as trainees in the medical field face uncertainties in relations with instructors, understanding client problems and determining proper care, and receiving client responses, counselors also encounter similar situations of ambiguity (Light, 1979). With such ambiguous elements, the kind of “hardening of the heart” toward patients in ambiguous situations, referenced by Wayne (2011, p. 880), could be especially detrimental to the therapeutic work of counselors who may struggle with aversion to ambiguity. Furthermore, autonomy is an important counseling value, which could be difficult for counselors to respect if they bring a paternalistic quality analogous to that of doctors who avoid ambiguity. The medical field provides many observations that, when linked to parallels in the counseling field, indicate that the concept of tolerance for ambiguity can have many important implications for counselors.

## **Nursing**

Research from the area of nursing furthers the medical field’s understanding of how tolerance for ambiguity relates to training and practice, with implications for counseling as well. Nursing has many values, such as supporting holistic wellness, in



common with counseling, and these common elements also include the inevitability of ambiguity in the field (Stilos, Moura, & Flint, 2007). “Professional nursing practice requires the risk to embrace the inherent ambiguity of the moment and to be with others with explicit commitment, responsiveness, openness, compassion, and the intent to serve” (Gail J. Mitchell, 1999, p. 32). These qualities recall the common factors that support effective counseling. According to Hatrick, a nursing theorist, a key characteristic of enhanced care relationships is “acknowledging complexity and ambiguity as intrinsic characteristics of human experience” (Stilos, et al., 2007, p. 260); these skills are likely shared with counseling relationships.

Mitchell and Pilkington (2000) discussed how intolerance of ambiguity among nurses diminished opportunities for meaningful discussion with patients. These ideas are echoed again where Stilos et al. (2007) stated that “building comfort with ambiguity facilitates openness, empowerment, and a capacity for leadership in the field of nursing. Failure to address the complexity of ambiguity leads to stress, a need for control, moral distress, and dissatisfaction” (p. 263). As counseling students also encounter ambiguous situations with clients, not unlike those nurses find with their patients, these nursing considerations of ambiguity may be of value in the counseling field and concerning counseling students.

As “ambiguity accompanies all forms of change and development,” (Pressler & Kenner, 2010, p. 139), then counselors, whose work centers around human change and development, will certainly encounter ambiguity as they themselves develop into clinicians in that field and in their work with others. However, Pressler and Kenner noted that there is not enough research to support declaring high, medium, or low

tolerance for ambiguity among nursing students as more desirable, which may evoke a similar question regarding counseling students. While the literature from the nursing field is primarily theoretical, given the emphatic descriptions by the others cited here, ambiguity is clearly a topic within this caring field that is worth closer consideration, similar to within counseling.

## **Education**

Kajs and McCollum (2009b) have examined the role of tolerance for ambiguity among educational leadership, citing work by Yaffa (2003) that school leaders who are people-oriented and engage in developmental and relational approaches are those who have higher tolerance for ambiguity. The developmental approach is also important in the field of counseling, which is another indication that tolerance for ambiguity is correlated with beneficial counseling behaviors.

In studying over 300 educational leadership graduate students, Kajs and McCollum (2009b) found that tolerance for ambiguity is higher among younger and less experienced education professionals, which is in contrast with other studies that found no age differences. In explanation, they stated that it is possible that older professionals with more experience view situations as less ambiguous, and the correlation is not so much concerning tolerance of ambiguity as perception of ambiguity in itself, although Frenkel-Brunswik (1949) might not have made a distinction between them in her original description of the concept. Kajs and McCollum (2009a) concluded that educators who are more tolerant of ambiguity are significantly more likely to deal better with vague communication, partial information, less structure, and multiple possible solutions. In spite of the theoretical nature of these conclusions, it makes

sense that these situations can again be connected with the kinds of experiences that counselors experience in their work and training.

With the relevance of tolerance for ambiguity to educational leadership proficiency and style, Kajs and McCollum (2009b) suggested that understanding tolerance for ambiguity can help educators select staff who have desirable qualities in this area, and to develop training programs to enhance it. Their work, while varying in thoroughness of descriptions as to how they found their conclusions, offers support to the importance of this concept in the field of education and its leadership. Through the values and role aspects common to education and counseling, these voices also lend suggestion of the value of tolerance for ambiguity in counseling.

## **Business**

The business world also has its own ambiguities, and this has been the subject of several studies. Because ambiguity is part of executives' jobs, Sherrill (2001) examined 87 dual-degree MD/MBA students' tolerance for ambiguity, finding that dual-degree students had higher tolerance for ambiguity than their "matched" traditional medical students. While earlier referenced work demonstrated the importance of ambiguity tolerance to medical students, Sherrill believed that the students who were engaging in additional business training were further advantaged in developing skills for responding to ambiguous situations. It has been found that the most capable managers adapted their behavior to situations and were more able to accept and tolerate ambiguity (Moses & Lyness, cited in Sherrill, 2001). Sherrill determined that students with higher tolerance for ambiguity were better suited for management positions because of the ambiguity in those roles, where change is a significant element. Sherrill's conclusion suggests that it is important to select counseling students who are

tolerant of ambiguity to find individuals most able to handle the ambiguity and change that are also common to counseling work. However, Sherrill does not describe or address specific areas of ambiguity that business students face to further understand the connection between business and counseling.

Yurtsever (2001) found that tolerance for ambiguity may allow those who work in business to profit while maintaining ethical values. Of the 98 bank middle-managers studied, those who were less tolerant of ambiguity were more inclined to “dysfunctional and suboptimal decisions” shown by their misrepresentation of information under ambiguous conditions, which are typical of negotiations (p. 62). Such dishonesty actually reduces the likelihood of a mutually beneficial agreement, aside from the ethical concerns, and in counseling dishonesty detracts from the authenticity that is a strong base for therapeutic relating. Ethical actions are also very important to counselors, who are guided by principles of beneficence and nonmaleficence, and seek to be authentic rather than dishonest. While Yurtsever studied Turkish bankers and although there may be value-related differences between the fields and cultures, it may be possible to apply his findings to counselors, suggesting that those who are more tolerant of ambiguity will be more capable of coming through the ambiguities of clinical work without bending the truth and risking harm to clients.

Diversity concerns are another business-related theme which connects with the counseling field. Chen and Hooijberg (2000) found that ambiguity intolerance was negatively related to support for diversity programs among 200 MBA students, a diverse sample which included 60% females and 50% people of minority races. The premise of the study was that diversity is likely to present people with ambiguity, and so those who

are less tolerant of ambiguity will likely be less tolerant and valuing of diversity among people. This was evidenced both in terms of lower support for valuing-diversity programs as well as more concern with negative consequences they may produce. The effect of intolerance for ambiguity was stronger than any demographic variable including race and gender. Regarding counseling, this raises the relevance of tolerance for ambiguity in terms of multicultural competency among counselors, as intolerance for ambiguity may actually translate to less willingness to value diversity and more negative concerns about multicultural clients.

Tolerance for ambiguity has been shown to be an impactful aspect of individuals' work in a number of fields, including medicine, education, and business. These fields have been delving into the relationship of this concept to such important practical implications as how individuals respond adeptly and more openly to less structured situations, allow and promote client autonomy, and relate genuinely and ethically to challenging and diverse populations. These kinds of behaviors are connected to important aspects of counseling work. While the counseling literature has not recently focused on tolerance for ambiguity, the collection of knowledge from other fields shows that it may be worthwhile to renew examination of this relevant trait.

### **Tolerance for Ambiguity in Counseling**

While the fields above have researched tolerance for ambiguity recently, a review of the counseling literature revealed little to no attention given to the concept after the 1960s. This is in spite of a call by Gruberg (1969) to attend to the concept. What research exists from that period is in related but distinct topics, or is peripheral to the field of counseling. However, these still offer initial support for tolerance for ambiguity

as an important aspect of the counselor's work. The themes from other fields described above are frequently echoed.

### **Related Concepts in Counseling Literature**

In the counseling literature, tolerance and intolerance of ambiguity have been used alongside several words that refer to related ideas. It is useful to distinguish each term in order to recognize how tolerance for ambiguity is relevant to each of the others. In doing this, it becomes clearer that the term ambiguity refers to a higher-order phenomenon, and understanding tolerance of ambiguity may include reference to these other concepts.

**Intolerance of uncertainty.** Intolerance of ambiguity and intolerance of uncertainty have been used interchangeably by some writers, while others distinguish the two. Grenier, Barrette, and Ladouceur (2005) described the key difference between these terms in that ambiguity itself is descriptive of a present situation, whereas uncertainty is a future-oriented consideration of an ambiguous situation. While individuals may react to ambiguous situations with uncertainty, others may seek to create certainty rather than dwelling with the ambiguity and resulting uncertainty (Bordin, 1955). Most accurately, intolerance of uncertainty falls under intolerance of ambiguity as a specifically emotional reaction to ambiguity (Grenier, et al., 2005).

**Rigidity.** According to Budner (1962), rigidity describes a tendency to behave in certain ways regardless of the situation. In the counseling literature, the term rigidity makes few appearances and no direct references to behavioral rigidity-flexibility among counselors were found. Rigidity is categorized as an aspect of coping behavior, as a way of persisting towards goals without regard to the environment and may be related to the individual's "adjustive capacity" affected by their intolerance of ambiguity (Budner,

1962, p. 48). The opposite kind of behavior would be flexible behavior that may be tied to tolerance of ambiguity.

**Cognitive complexity.** Cognitive complexity refers to one's ability to hold multiple or more complex meanings intellectually and has been found as a desirable trait in counseling students that may be sought in some admissions processes (McCaughan, 2010). It has also been found to be increased through experiential activities in a study of counseling students taking a particular program's basic skills course, as compared to a control group (N = 72, Duys & Hedstrom, 2000). However, complexity characterizes only one of several categories of ambiguous situation and cognitive complexity does not address an individual's potential emotional responses in an ambiguous situation (Budner, 1962), and so this concept does not fully address the concept of tolerance for ambiguity.

**Role ambiguity and conflict.** Role ambiguity and role conflict are two related terms which refer, respectively, to the level and cohesion of information available to individuals about their roles. Role ambiguity is the lack of information about expectations, while role conflict refers to conflicting expectations from different sources. In regards to counseling students, this information is largely considered in terms of supervisory relationships and others who may be in a position to define expectations of the students as they navigate student, client, therapist, supervisee, and colleague roles (Olk & Friedlander, 1992). According to Budner's (1962) definitions of ambiguous situations, role conflict could be considered an aspect of role ambiguity, as it would be an insoluble situation. These terms are distinct from ambiguity and tolerance of

ambiguity, but they refer to ambiguous situations to which students may vary in tolerance.

### **Counselor Control of Ambiguity**

Ambiguity is present in the clinical setting, particularly in client statements (Gruberg, 1969), and as part of their role counselors must determine how to handle it if they are to interact intentionally with their clients. Specifically, in promoting the importance of research in tolerance for ambiguity in counselors, Bordin (1955) proposed that the counselor, whether aware or unaware, controls the levels of ambiguity in a counseling setting by approving topics for discussion, determining levels of closeness with the client, and promoting certain values which influence therapeutic goals. Counselors that are intolerant of ambiguity will introduce structure into the session to avoid the discomfort of ambiguity, and those who are accepting may go as far as to introduce ambiguity into the process to encourage the client to provide structure through self-disclosure (Bordin, 1955). To be able to determine these aspects of the counseling relationship more intentionally, a counselor who can tolerate ambiguity will have a greater range of options for interacting with the client and can tolerate the greater levels of ambiguity that may be part of working with some clients.

### **Complexity**

Verbal communication is a primary tool for developing a helping relationship in counseling. Brams (1961) found among 27 counseling practicum graduate students that tolerance for ambiguity is positively correlated with effective communication. He explained that there are many ambiguous cues that counselors tolerant of ambiguity can accept and make use of to improve the counseling relationship. Tolerance for ambiguity supports cognitive complexity that can allow the counselor to integrate more



pieces of the client's person and story and allows them to maintain a deeper understanding of their client (Harper, 2008). The Complexity Scale of the Omnibus Personality Inventory has been used in measuring tolerance for ambiguity and may provide further connections between tolerance for ambiguity and helpful counselor characteristics. The research manual (as cited in Lloyd, 1965) describes those who score high in the Complexity Scale as having more awareness of subtle variations in the environment. Although not directly empirically supported, given the role of complexity in ambiguity, this statement indicates the potential significance of tolerance for ambiguity to counselor responsiveness to the nonverbal and atmospheric nuances of a counseling relationship.

### **Client Self-Disclosure**

Ambiguous situations elicit more client self-disclosure, particularly with motivated clients. This was found by Heller (1968) who had graduate clinical psychology students interview undergraduate volunteers under ambiguous situations, which were operationalized in the forms of distortion of the interviewer's voice and lack of approval and disapproval in the interviewer's responses. The students in situations where their feedback was unclear, whether by lacking audible information or implying withheld opinions, tended to share more information about themselves and their problems than students who received clear-sounding and positive or negative feedback. Given this, counselor tolerance of the ambiguity created by suspending feedback to clients may further client sharing and can serve as a therapeutic tool. Perhaps the reason clients who received less ambiguous, more positive, responses were less disclosing in Heller's (1968) interviews may be a loss of value in approval when it came easily. It may be that

in the process of its discovery a conclusion gains more value. Considering this, ambiguity is a tool counselors should tolerate as they develop meaning with clients.

It is noteworthy that the literature outlining the relevance of tolerance for ambiguity to counseling is not recent, as counseling interest in the topic seemed to fade within a couple decades of its initiation. This limits our understanding of the concept to old insights and those from other fields (e.g. medicine and nursing, business, education). Our understanding is also limited by the fact that the knowledge base is quantitative in nature where we draw support from other fields, and primarily conceptual where it is specific to counseling. A renewed look at how counselor education students experience ambiguity can call our attention back to this critical aspect of counselor development and work, and a qualitative lens can give direction to this for further exploration.

Trainees encounter all of the previously mentioned sources of ambiguity common to counseling, in addition to that inherent to being a novice. Counselor educators could benefit from an in-depth examination of what it is like for their students to experience these ambiguities, and with that understanding and sensitivity they can further tailor their interactions with their counseling students and promote continuing research in this concept's impact on counseling work.

### **Tolerance for Ambiguity in Counselor Education**

Tolerance for ambiguity plays a role throughout the process of admitting and educating counseling students. While there is limited literature concerning the specifics, tolerance for ambiguity may be considered valuable in determining readiness of applicants for counseling training. Once admitted, students will likely encounter ambiguity in the way their graduate counseling courses are structured as well as in

clinical experiences, and they may respond in various ways depending on their tolerance for ambiguity. Counseling programs may draw from a variety of suggested techniques for advancing students' tolerance of ambiguity to support valuable related traits, and research in the related area of counseling for ambiguous loss offers further indication as to how tolerance for ambiguity may be developed.

**Admissions.** It is difficult to find reference to tolerance for ambiguity as it relates to counseling program admissions, although related concepts such as cognitive complexity are mentioned as positive traits for counseling students (McCaughan, 2010). Based on other fields' consideration of this specific quality as it promotes student performance, this may be a personal characteristic worth further consideration in counseling program admissions. Sherril (2001) recommended that tolerance for ambiguity should be considered in selection of MD/MBA students as an indicator students "will be able to appropriately respond to the change and ambiguity" inherent to the field (p. 121). While findings are not strong enough to serve as a basis for recommending tolerance for ambiguity scales as criteria for admissions to medical programs, Geller and colleagues (1990) identified it as an area for closer consideration given the relationship they found between this characteristic and trainees' work with clinically ambiguous situations. Similarly, research in how this concept is relevant for counseling students may reveal it as worth consideration in admissions, even if not through formal scale measures.

**Course structure.** A study of course structure and tolerance for ambiguity found relationships showing that student responses to course formats may depend on their tolerance for ambiguity (DeRoma, Martin, & Kessler, 2003). The psychology graduate

students ( $N= 49$ ) studied showed significant relationships between tolerance for ambiguity and their ratings of the importance of having one right answer expected in evaluative situations ( $r = -.511, p < .01$ ). Their tolerance for ambiguity was also related to anxiety over not having evaluation criteria outlined ( $r = -.250, p < .05$ ), using applied knowledge, and testing situations with no single right answer ( $r = -.623, p < .05$ ). Similar to a psychology graduate program, counseling students experience situations where these features are likely. Students navigating this may find themselves more or less anxious depending on their tolerance of ambiguity as it appears in course structures, aside from additional sources in course content and application situations. Understanding counseling students' experiences of ambiguity may enhance program support of students in these situations.

**Promoting tolerance for ambiguity.** Levitt and Jaques (2005) described the view that there is an important link between tolerance for ambiguity and counseling. Specifically, they considered its connection with self-efficacy as students begin “doing counseling” with all of its ambiguous tasks (p. 49). They described how self-efficacy can provide a sense of assurance to support the counselor in moving through that and other challenges, and suggested that semi-structured experiences can support their development towards accepting ambiguity while honoring that developmentally many graduate students may be seeking a more concrete “right” way to do things.

One researcher (Boss, 2006, 2007, 2008) has in more recent years focused on ambiguous loss from the counseling perspective, and by association, has contributed to the field's understanding of ambiguity as experienced by both clients and counselors. Her writings focused on supporting client tolerance for ambiguity, and in order to best

support this also promoted counselor tolerance for ambiguity. Boss (2006) described processes by which tolerance for ambiguous loss and ambiguity in general can be developed. The steps include a cyclical process which begins with finding meaning, and then develops through tempering mastery, normalizing ambivalence, reconstructing identity, revising attachment, and discovering hope (2006). Boss (2007) emphasized the perception of ambiguous situations as giving them valence(2007), and her theory promotes empowerment in individuals' ability to determine their perceptions of ambiguity and hence their tolerance of it, in order to move forward when their situation may lack clarity. While earlier researchers who formed the initial conceptualization of tolerance for ambiguity addressed it as more of a fixed trait and correlate of assumedly fixed traits, throughout her work Boss verifies it as a malleable aspect of the person which can be developed through such work.

Specific recommendations for promoting tolerance for ambiguity in counseling programs included being open about the ambiguity that is part of core skills students learn, addressing the students' developmental level and supporting their growth to more relativistic levels of thinking by teaching skills and concepts before theory, and using reflective learning so that students can create their own understanding of more vague aspects of the work (Levitt & Jacques, 2005). Levitt and Jacques (2005) believe that these methods, as well as relying on practice, accepting trial-and-error, and using reflective group and individual processes, can help counseling students to grow in tolerance for ambiguity. These ideas are supported by Kajs and McCollum's (2009b) recommendations for promoting tolerance for ambiguity in educators through the use of case studies, simulations, and reflective writing to thoughtfully link theory to practice.

Discussion of the presence of ambiguity as it exists in the field and courses can help students to cope with this and develop tolerance for ambiguity to benefit their growth as counselors (Pressler & Kenner, 2010; Wayne, et al., 2011).

It appears that practical elements combined with reflection are important in counselor education. Through this combination, students can experience ambiguous situations for themselves and then attempt to make sense of them in their own way. With such emphatic reflections on the importance of promoting tolerance of ambiguity, it is unfortunate to realize that limited additional research was found following Levitt and Jaques' (2005) call for attention to this important counselor trait. This study will address this gap in the literature by focusing on students' experiences and reflections.

### **The Present Study**

The research from the various fields referenced has followed Frenkel-Brunswik's (1949) development of the concept of tolerance for ambiguity. Specifically within the counseling literature, exploration of the concept continued for a number of years before being reduced to only a couple of conceptual articles found in the last few decades. Overall, tolerance for ambiguity was primarily researched by other professions referred to in earlier sections, which provides the most thorough understanding available of this concept as it relates to counseling. There is a lack of clear knowledge of this concept as it impacts counselors and counseling students, and a distinct lack of in-depth understanding of what the experience of ambiguity is like from the phenomenological perspective. Therefore, this study begins with the research question, "How do master's-level counselor trainees experience ambiguity?"

## CHAPTER 2 METHODS

### **Subjectivity Statement**

As the researcher, interviewer, and a counselor education student looking to better understand other counseling students' experiences of ambiguity, it is important to recognize that I bring assumptions to this work that will impact how this study proceeds and to seek to bracket them according to phenomenological research practices. In phenomenological research, bracketing is the effort of the researcher to suspend their beliefs in order to learn from others' experiences (van Manen, 1990). While this is not fully possible, and others affirm the value of what the researcher brings to the process of the study (Seidman, 1991), I can seek to be clear about my own perspective in order to allow readers to discern how it may impact this study.

As a student, I have seen my peers respond differently to ambiguous counseling and academic situations and wondered if their desire for course structure and direct answers might evidence a tendency to desire structure in client relationships as well, and how this may impact their therapeutic work. I have also directly experienced ambiguity as I began working with clients in my practicum. Through that personal experience, I found myself for months in a stage that challenged me to live with ambiguity as I sought to make progress in multiple areas of my professional and personal growth. While difficult at that time, I believe it was an important experience which continues to gain meaning for me. I wonder how others may have experienced ambiguity in similar and different ways, and what they make of those experiences.

The bias that I bring to this question is that tolerance for ambiguity is a positive, if not essential, trait for counselors. I see it as something to be cultivated so that we as

developing counselors can provide holding space and openness to our clients so that they can discover their own answers through the counseling relationship. I think that ambiguity is inevitable and that there is value in the struggle with it, rather than avoiding discomfort through early closure. I think that therapeutic work can benefit from tolerating and exploring ambiguity, and it is necessary for the counselor to be tolerant of ambiguity in order to best support that process.

As the study goes forward, I will use bracketing to continue to clarify my assumptions and biases as they will develop and emerge throughout the research process. I will use a journal to record my thoughts before and after interviews and during the analysis process, and I will consult with my chair to identify ways that these thoughts may influence my understanding of the data being gathered and analyzed.

### **Participants and Procedures**

In order to focus on a few participants to gain a more thorough understanding of individuals' lived experiences, I requested the participation of master's-level students from a counselor education program in the southeastern part of the U.S. Participants were recruited through in-class announcements in the Group Supervision course required of practicum and internship students. Only those who had at least one semester of previous clinical experience were eligible, in order to have a greater opportunity for learning about how this is part of the students' ambiguous experiences. There was no compensation for participation. No significant risks were identified regarding participation in the study. Six participants agreed to take part in two interview segments, which took place in the program's clinic rooms and were audio-recorded with the participant's informed consent.



Seidman (1991) spoke to the risk of selecting participants who are acquaintances or friends, as I did, warning that the two roles can complicate each other. He suggested that an interviewer may respond inappropriately to uncomfortable information shared by the participant, which could bias what is gained through that interview. Given my personal experience in the program that my participants were also part of, I sought to be careful not to allow related information to be taken for granted, and to ask my participants to clarify themselves beyond the level that friends or classmates might do in normal conversation. From the start of the interviewing relationship, I sought to distinguish it from our other relationships and make clear its confidentiality. While this kind of interviewing can appear like a conversation between friends and can benefit from a sense of relationship, it was important for the interviewing relationships to be distinguished as a research collaboration between the participants and myself with the goal of understanding the research question and developing useful knowledge (Seidman, 1991).

### **Interviews**

The protocol for data collection was derived from one outlined by Seidman (1991) for qualitative interviews. He described a method of in-depth phenomenological interviewing which is intended to develop a sense of context, situation, and meaning in gaining understanding of participants' lived experiences. Theoretically, I also drew from van Manen's (1990) thorough descriptions of phenomenology as a methodology for developing useful knowledge in human science.

Seidman's structure features 90-minute semi-structured interviews spaced three days to a week apart. The first interview is focused on what brought the participant to their current situation that is of interest to the researcher, the second focuses on the

current situation and may include descriptions of events that characterize it, and the third interview focuses on the meaning that the participant makes of their present situation and recent experiences. This format is grounded in phenomenological theory, so that there is a relationship that forms between the researcher and participant through this process, and the researcher is able to better understand the participant's experience in its breadth and depth by maintaining the focus of each interview within the sequence.

For this study, I adapted this structure in ways suggested by Seidman as possible alternatives. I shortened the length of the interviews to suit this situation. Seidman justified the use of 90-minute interviews as averting the temptation to watch the clock that could occur in a normal hour-long situation, while providing enough time for the participants to feel they are taken seriously. With a similar strategy of using a less-typical unit of time, which also fits within a student's schedule as a way to respect their voluntary involvement and time, I lessened the duration of each segment to 45 minutes, making their overall commitment up to an hour and a half of interviewing, not including a later participant-check request via email. If the full 45 minutes was not needed to gain sufficient understanding of a participant's experience, the interviews were allowed to conclude earlier.

I also did not conduct three separate interviews to cover the topics Seidman outlined, and instead condensed the first two interviews he described into one session. These two interviews in Seidman's format are focused on gaining general and more specific information about the interviewee's experiences without focusing on meaning-making. My second interview was equivalent to Seidman's third, focusing on the

interviewee's understanding of experiences and meaning drawn from them. This change was made because of my familiarity with the program and track that the participants were enrolled in, which eliminated the need for certain superficial, basic information-gathering.

A final adaptation was regarding flexibility as to when interviews could occur in relation to each other. Seidman noted that there were occasions when conducting two or even all three of his interviews on one day found reasonable results. In this study, the first interview was not my first time meeting each of the participants, as they were fellow students in my program. This relieved some of the need of developing the interviewing relationship that would presumably occur during the days between interviews in Seidman's structure as used with unfamiliar participants. The challenge in this case was to clarify the interviewing relationship between myself and my participants, which was discussed at the start of the first interviews. I intended for both of my interview meetings to occur as closely as within one day with brief breaks in-between, or with a separation up to a week between them if necessary. As it occurred, most interviews took place on separate days ranging from one day to a week apart. One pair of interviews required a two-week separation, which appeared to have no impact on gathering information with the participant (Participant 2).

The first interview, based on Seidman's Focused Life History and Details of Experience interviews, lasted 45 minutes or less. It consisted of establishing the focus of the interview and the interviewing relationship, obtaining informed consent, learning basic demographic information about the participant, and prompts about how the participant came to become a counselor education student by requesting that they tell

as much as possible about themselves specific to their development as counseling students. This created the sense of context that is part of Seidman's structure, providing a base for more fully understanding the participant's phenomenological experiences in sections to come. Questions in this initial part of the interview included "How did you come to be a counseling student?" and similar prompts. Following this, the interview concentrated on the participant's present experiences as a counseling trainee, seeking to reconstruct the details of related experiences without delving into making meaning at this point. Prompts included "What do you do at your clinical site?" and "Describe your relationships with professors. " All of the potential prompts for interviews are listed in Appendix A.

The second interview, based on Seidman's Reflecting on Meaning interview, lasted 45 minutes or less. This interview included the question "How do you find you have been impacted by the situations you have shared?" This hermeneutic interview invited participants to reflectively develop an interpretation of the material gained in previous interviews. Drawing on the ideas of van Manen (1990), it was based on the collaboration between the researcher and the participant, and maintained its focus on more closely understanding the nature of grappling with ambiguity through the participant's personal experiences.

### **Analysis**

In analysis of the data collected in interviews with the six participants, I began by transcribing each interview from the recordings. At times there were indistinct phrases that could not be accurately transcribed due to the microphone's inability to capture soft or unclear speech; however these occurred most often when the researcher was speaking rather than a participant. (What was indistinct then was predictable given the

semi-structured format of specific prompts and related open follow-up questions. This occurred with the interviewer more often because the microphone was placed most closely to the participant to ensure more accurate recording of their input.) In the transcriptions, these unclear portions were indicated in brackets stating “indistinct,” and if the researcher could recall what was stated or understood a small part of what was indistinct, then this general idea was also indicated there. Such instances were rare in the highlighted sections which were the focus of further analysis.

In an effort to more thoroughly protect participant confidentiality, each transcript was redacted as necessary. The redaction was done in such a way as to avoid altering essential meanings. First, the demographic section at the beginning of the interview was removed from individual transcripts and the information saved in a separate document. The demographic information was compiled into an aggregate list of participant characteristics for use in reporting the data. In instances of highly identifying information which some participants shared, I generalized its presentation in the transcript while still indicating the individual’s overall relationship to what was named (e.g., changing a professor’s name to “a professor” or the name of a university to “my undergraduate university”). These changes were indicated in brackets in the transcriptions. While participants were asked not to speak directly about others in the program due to the researcher’s position within it (in alignment with the request of the Institutional Review Board), at times some participants shared individuals’ names, or expressed concern that they had let slip specific personal information. In such instances, I reassured the participants that such information could be edited to be less identifying in later presentation, and that there would be an opportunity for the

participant to review and offer feedback on what would be shared about them in later stages of the research process, through the participant check. With this method, I sought to maintain the candidness and significance behind participants' statements while protecting participant confidentiality.

Before proceeding with a full analysis of the transcripts, I did a preliminary analysis of themes by reading through all of the transcripts and making notes of motifs as they appeared in each transcript. Then, similar motifs were compiled into categories creating a tentative list of themes. In this part of the process, I acknowledge the likelihood of personal bias in such a rough analysis. The themes which were found can be connected with ideas drawn from the literature review and other experiences and my personal beliefs regarding ambiguity. For example, values of risk, openness, and belief in the ubiquity of ambiguity in life and counseling each appear in participant themes from this early analysis, and these align with my personal values and experiences. However, other themes and experiences were noted which did not align with my experiences, and so unique perspectives were being acknowledged as well that indicate my openness to what the data offer. The themes which arose as most prominent later in the analysis process were not strictly a reflection of themes that I would have predicted as most important, and this is an indication that bracketing had a helpful impact in allowing the data to speak for themselves.

After this preliminary analysis, I read each transcript again more closely, underlining statements which appeared significant. At this point, I kept in mind Seidman's emphasis on the validity of the researcher's ability to detect significant sections of text with this highlighting method. In analyzing the transcriptions, I used

Seidman's technique of selecting "meaningful 'chunks'" (1991, p. 89) by marking interesting passages, which ranged from a single word in some cases to, more often, a sentence or multiple sentences. This is similar to the selective reading and highlighting approach described by van Manen (1990). In this method, van Manen (1990) focused on identifying what statements or phrases seem especially revealing and essential in describing the phenomenon at hand. While selecting these highlighted sections, I maintained brief notes as to why each piece was chosen for analysis. Seidman affirmed the researcher's judgment in this process, and encouraged erring on the side of inclusion. In selecting sections, I considered what Seidman noted as cues of importance, including: conflict among or within people; hopes and their results; frustrations and resolutions; isolation or community; and narrative cues concerning beginnings, middles, and ends. These and other passages that stand out were retained for further analysis.

I then followed Seidman's two methods of using interview material: the profile, and thematic presentations. First, in creating the profile, or vignette, the sections marked as significant for each participant were collected and further narrowed to the most compelling and representative sections, and presented in a roughly chronological, coherent narrative form. These vignettes were sent out to the participants for their approval. Not all participants responded to the request for feedback; however, three of the six participants did respond and gave clear approval of the accuracy in the vignette's portrayal of their experiences.

For the thematic presentation, I initially developed a tentative list of themes while re-reading the highlighted sections and my earlier comments on each. With these

notes, I narrowed similar concepts into clusters to create a rough collection of emerging themes from across the participants. This process initially began with the tentative list of themes, and expanded when new concepts were noted during the process of coding. Because new themes were generated during the coding process, I re-coded all of the highlighted sections a second time, keeping in mind the newly generated themes. In this way, the list of themes was expanded and considered for application with each participant's statements. For this process, I used the University of Pittsburgh's Coding Analysis Toolkit (2012) to tag themes appropriate for each highlighted section. This online qualitative analysis tool allows the coder to tag selections of text one at a time with single or multiple codes, which in this case were the emerging themes. Following this, I used the toolkit to generate a list of the themes for each individual participant, with all of the related highlighted sections of text listed below each theme name. I was able to note how many times a given participant's statements had been coded as addressing each theme, as well as to see the context of each coded selection. For the purposes of qualitative analysis, this served to offer a rough understanding of topics that participants discussed more often and to see how it related to their experiences. All of the themes found and their frequencies according to participant are in a table in Appendix B.

The sections of transcribed text used in the analysis were noted regarding their original source because as analysis developed further, they became mixed into the overall data stream and sometimes shifted categories and descriptive tags. At this point, I sought to narrow down the themes to those that were most prominent, and to focus on those. Themes that were represented across all six participants, were among



those with the highest number of mentions within any single participant, and were most often mentioned across all participants were retained.

The most cited themes were selected for a follow-up thematic analysis. In this process, each rough collection of thematic selections for the most prominent themes became its own separate file, which was then narrowed to the most descriptive selections. Seidman (1991) noted that the researcher should be able to offer a rationale for this process of reduction, also stating that this process arises from researcher predispositions as well as emerging themes. In my analysis of data, I sought to identify statements that reflected themes directly expressed by multiple participants. As I sought to avoid fitting the themes into existing theory at this stage of the work, I maintained an attitude of openness to the participants' experiences. To do this, I noted in reflective journal entries my connections with certain themes in order to bracket related assumptions; elements of these reflections are referenced in the subjectivity statement. Finally, Seidman described what should happen when the data have been sorted and grouped. At this point, I reflected on connections I saw among participant experiences, what understanding I had gained, and what surprises or confirmations were found in relation to my expectations and prior literature.

Throughout this process, I sought to as fully as possible construct an "interpretive description of some aspect of the lifeworld" while acknowledging the limitations inherent to that, given its complexity (van Manen, 1990, p. 18). This process cannot be complete because of this, but there are several ways in which I sought to be responsible in my exploration of the experience at hand. Efforts to support credibility throughout this process included using two interviews lasting up to a total of an hour and a half, which

gives a sense of participant credibility due to the length of the interactions. Reflexive journaling, discussion with colleagues, and participant checks were used to help reduce the impact of my biases and assumptions in the process. Keeping accurate and thorough records of the process of collecting data and identifying emerging themes also supports quality in how this study was conducted.

These procedures, based in phenomenological theory, drew out participants' stories in ways that gradually developed meaning through language and relationship with respect for context and complexity. Possible limitations of this design lie in the limited number of participants who were all situated within a single counselor education program, the existing peer relationship between the researcher and participants, and the lack of experience on the researcher's part in determining significant passages from interview transcripts and refining themes from such data. However, the study is strengthened by the above efforts made to verify credibility and to maintain dependability through careful records, and the methods used are supported by the work of Seidman (1991) and van Manen (1990). The results of these procedures can provide a new and rich perspective on how counseling students experience ambiguity.

## CHAPTER 3 FINDINGS

### **Composite Demographics**

The participants were six individuals in the Counselor Education master's program of a university in the southeastern U.S.; all had completed at least one semester of clinical experience and were currently enrolled in clinical experiences at the time of the interviews. Their ages ranged from 24-26. One participant was male, and five were female. All were white; four identified as having European background, and one had Latino background. Additional identities represented among the participants included married, working, and low-socioeconomic status.

Participants were interviewed twice within a week's time, except in one case where it was necessary for the second interview to take place two weeks after the first. This timing difference had no apparent impact on the second interview. Themes for each participant can be found in Appendix B.

### **Participant 1 Vignette**

This participant defined ambiguity as characterizing something that "could go like one way or another, like it's just not made certain yet." She described not knowing what to expect for clinical experiences, courses, and social experiences in the program before entering.

At her clinical site, the participant described irregular but responsive contacts with her supervisor; she expressed worrying about meeting required supervision hours, but stated that she thought it was "fine." She described that receiving feedback on her work in an unstructured assignment at her clinical site was pleasing to her, and she expressed feeling privileged to be exposed to unfamiliar things through her site.

In the academic setting, the participant noted that she may have interacted less with professors than other students, and she preferred to “think a lot about what’s best for me in the program, and try to figure that out by myself” when things were ambiguous. She noticed through making mistakes in program-planning that “it’s a little bit lax” and she noted that the people she asked about it sometimes didn’t know what is right. Overall, she said it didn’t bother her much; she stated that she preferred to ignore things that are “irrelevant” to her. She said, “I don’t spend a lot of time thinking about it so it’s easy to repress the little frustration or the little concern about our program.... It’s pretty easy for me to accept things that bother me.”

With reflection, this participant realized that the loss of several faculty members who left the program “bothered me a little more as I thought about it more.” She noted it as a source of ambiguity, “wondering why- like are they going to be replaced?” She noted wondering what the program would be like with more professors, expressing disappointment about the change in the program’s rank, concern about reaccreditation, and also feeling advantaged to work with a certain professor. Not receiving information about some of these things was a challenge, and she expressed experiencing frustration, wondering, fear, and intense worry.

With these concerns, this participant noted that “I think what’s made it easier is having peers that are going through the same thing and being able to discuss that and worry together. Sometimes it might get worse, like talking about it, but it also feels good sometimes to commiserate about things that aren’t wonderful.” This participant took opportunities as they came, even if they weren’t in the form expected, such as taking a class in an area of interest outside of her college when an advertised similar course

disappointingly was not offered within her program. She also expressed concern about a required course being offered before her expected graduation, and wondered whether anyone knew when it would be offered because no clear answers were yet available. She described feeling “deflated and upset” when things did not work out as hoped in such situations, and “excited” when they did.

In situations such as these, this participant expressed belief that if something is important to her, she should actively find out more about it. She described talking with peers or an advisor and doing her own research in such cases. When she had not actively sought information or a solution in ambiguous situations that was important to her, she expressed self-blame. In other cases, she described avoiding spending time thinking about the situation and accepting it when nothing could be done about it- or when she had found something else to meet her needs. She described adaptability and self-soothing as being important to her, and as originating in her need to adapt to a family member’s anxiety growing up. Regarding concerns such as those that accompany ambiguous situations for her, she said, “I deal with them internally, usually.” She expressed that this happens naturally, without a lot of intention or reflection on the process.

This participant stated, “I guess when I think about ambiguity kind of broadly, it just seems to permeate everything. I understand it to be uncertainty and I think that in general, life is uncertain.” She maintains a goal to “try to be hopeful that it’ll work out,” and particularly with academic concerns that her expectations will be met and her plans will allow her to graduate on time. Considering ambiguity, she has sought to deal with “uncertainty . . . in a healthy way where it doesn’t stress me out too much- and I’ve been

pretty good at that. I probably wouldn't think about this very much at all if we weren't discussing it in-depth, because I try not to reflect on things too much that I don't have control over."

### **Participant 2 Vignette**

This participant described ambiguity as something that is "not clear, something that could be interpreted in different ways... something that's not directly factual." He noted that mental health services were unfamiliar to him when he was younger, even taboo. He described learning not to "sweat the small stuff" and to be flexible through lack of clarity and inconsistencies in his early life. He described ambiguity as a "natural part of life" that makes "thinking on your feet, thinking for yourself... much more intuitive than having the answer given to you... Kind of I grew up in that mindset so it's easy for me to adapt now." To him, that independence of solving problems and educating himself felt natural and connected with his experiences in the Counselor Education program.

This participant worked in mental health prior to his graduate experiences, and also learned about the program through graduates of the program who he knew in that position, so he anticipated the program's experiential and reflective nature. He particularly noted his research involvement as a student as an ambiguous area in which he had a lot of novel tasks to learn and perform, which "definitely felt overwhelming at times." He explained that in classes, while professors' theories or opinions may have been different, he saw them as "more of different perspectives, not like a prescription of how to do something for sure. So it wasn't conflicting in my mind." To him, the program seemed "to maybe give you confidence in your own way of thinking, to kind of internally

solve those ambiguous situations was the goal, rather than to give you answers to the ambiguous situations.”

In classes and supervision, the participant describes the Group Supervision class as quite ambiguous, being an unstructured format in which students can share what is on their mind. He described that because of this format, if no one shared the time seems to just pass by, implying that it was poorly used. Another way this participant experienced supervision was as overwhelming, because he received so much time with various supervisors. The participant described the effects of this as “a slight feeling of frustration, or like, exhaustion,” and that the repetition among the four supervision sources caused some input to lose its impact on him.

Overall, the adaptability and independence this participant described as part of his responses to ambiguity “were things that were present before the program, things that became just more accentuated or maybe more affirmed since, ‘cause of the introspection the program granted me. Um, so it just removed the cobwebs if anything [laughs], not that it was gone before that but it didn’t completely make me into a new person. It kind of just let me see more of who I really am.” He felt his perspective was “solidified,” which was “empowering.” He described the ambiguity the he found within the program as “more representative of real life than the past classroom experiences I’ve ever had,” essentially a continuation of growth and “training” he had begun earlier on through life itself. His responses to ambiguity seemed to be an important part of how he saw himself, as he described his “openness, in general, to new things and new experiences, people,” and tied that into how “most people find me pretty centered and very open to experiences.”

In his clinical work, this participant noted that at his site he is the only counselor, and also had not had a site supervisor for the beginning of the semester. These things meant that he had to rely on his independence to determine how to achieve the tasks of his role. The group supervision he received on-site was “more talking at than with” and did not seem as purposeful or relevant to mental health counseling to this participant. He described the other people working at his site as unlike counselors, saying those coworkers are “not from those types of professions or I guess maybe not that level of education. So they have more biased opinions about some of the clients, how they feel about them. Um, so there’s some confliction there.” He did not express the conflict as being impactful to him, though, because he attributed it to different perspectives. About this, he said, “In their perspective, they’re quite right. So it’s not something to get upset about.”

With clients, the participant described that accepting ambiguity as part of life helps him in his work. He said, “as a counselor, it really helps you to kind of- it helps me feel even more genuine substance for hurt people.” In his work, he explained that “there’s not really a right answer. It’s more of having an internal confidence” and he points to the importance of seeking balance for each given situation. He said he understands that what is important is “not [about] knowing every single thing about the situation or being the expert in everything that’s going to come up in life, but maybe having the confidence that you can adapt and learn.”

In spite of his observations that seeking clarity and certainty are part of U.S. culture, he described his own peace with ambiguity, and the relief and stability that have come to him through accepting the ubiquity of ambiguity. He redefined the “scary” parts



of life as ambiguous. He said, “it doesn’t mean that the future is going to be the way that you had planned. It’s not scary. Accepting that you don’t know isn’t- feels relieving to me. . . . Accepting ambiguity helps me feel at peace, bring an internal calmness to me, that life is unpredictable.” This has helped him both personally and professionally. In summarizing what he had expressed in his interviews, this participant said, “what stood out . . . was that ambiguity was okay with me. [laughs] It’s not a problem because the world is shades of gray.”

### **Participant 3 Vignette**

This participant described ambiguity as having “no definitive right-or-wrong yes-or-no answer. A vagueness. . . confusing, or disjointed.”

Before entering the counseling program, this participant wasn’t sure if she was qualified or suited to the program, and didn’t know what graduate school would be like. She had some worries and fear about her readiness for the academic aspects. She described feeling as if her critical thinking did not compare to other students’. In particular, she expressed hesitation to draw her own conclusions about others’ work or experiences. Also, she had never done counseling before entering the program, which added to the novelty of the experience.

This participant noted that her relationships with her peers in the program were more “just being [an] acquaintance with everybody and not very close friends,” balancing them so that the relationships were not superficial so much as “lighter.” About faculty, she said, “I feel that I don’t lean as much into my faculty advisor maybe as perhaps other students do. . . . Although, I know they’re a valuable resource, so I probably should be speaking with them more.”

Entering her clinical site brought this participant ambiguity. She described, “I didn’t have much information when I went in, and I kind of just grabbed hold of whatever I could, I did whatever duty I could.” A primary source of ambiguity in her clinical experiences was new clients, particularly determining what to believe among conflicting sources about them and “sorting out what the client says, versus what they’re doing, versus what their history shows or what other more seasoned clinicians are seeing from the client.” She wondered, “should I trust the person or should I trust all of the facts about the person not said by the person?” These experiences led to intrigue about the discrepancies, sadness about the pre-judgments clients experience, frustration, and feeling “played” and “whipped around” as she tried to adjust her perspective while not being judgmental of clients. She sought additional information to help in ambiguous situations with clients, which she stated helped her to feel more self-assured. She reported her thoughts when new ideas came up through these conversations, saying that she thought to herself, “wow, I have a lot of room to grow.” Sometimes the unfamiliarity of relevant court procedures and probation rules also contributed to ambiguity in getting to know her clients’ lives in this process.

Another part of her clinical experience that this participant noted was that she had originally been given certain responsibilities at her site which were later taken away when supervisors and policies changed. She had led groups and performed assessments by herself for some time, then later it was necessary for her to co-facilitate and to be more closely supervised in doing assessments. She explained, “a lot of the freedoms I had were suddenly taken away at a time when I was thinking I was growing

more as a counseling student and should be given more opportunities.” This led to a period of redefining her role, which involved frustration and confusion.

This participant also found it difficult to navigate between the priorities of bonding with her new clients and focusing on assessments that she had to do with them. She would later wonder if she had missed important information during the assessment because of prioritizing the relationship with the client, yet she also stated that she valued the trust towards them as something the clients may not experience elsewhere. Finally, this participant noted the practical (rather than academic) side of ethics where things are “not as clear-cut,” such as when she has encountered clients around town who approached her to talk. She described that as a different kind of conversation and also is a “boundary-crossing” where the clients “know that I’m [on] my own time.”

She noted that one of her supervisors “tries to break it down with me or maybe show me a different perspective . . . shows me how to synthesize what’s going on with the client,” which she felt she needed when her view was limited, when she is “in the thick of it.” Supervision also helped her to feel creative in response to ambiguity, as she began to generate questions and theories about the client. In the midst of this, she also criticized herself for missing ideas that others brought up, and she noted realizing that she had more to learn. At times, though, she felt accomplished in her understanding of a client when a more experienced counselor agreed with her ideas, and pieces of her understanding lined up to show that she wasn’t “totally wrong.” With experiences like this, she reported feeling “happy in the knowledge that I’m gaining.”

The participant described that she has felt

Inadequacy sometimes, because I'm not sure whether maybe if I had more of a skill set or I was more experienced then this wouldn't be ambiguous or this wouldn't be an issue at all, I would just know. . . . maybe anger once in a while, but the frustration fills that, goes with anger. . . . I envy the people who have all of these experiences they can snap to these decisions very quickly. . . . Then at the same time I understand that that can be limiting since if you just go to that all the time you're not really thinking through every situation. Every situation will be different.

She expressed awareness that she is new at counseling, and noted that there was a lot for her to learn. She expressed trust of the opinions of those more experienced than herself, and her statements showed that she tended to discount her own thoughts.

The participant shared her expectations of her growth in the program, "I pictured it in my mind when I started my practicum, that by the time I was almost graduating I would be some kind of transformed counseling student and I'd be so much more self-assured of what I brought into the sessions and how I would conceptualize my clients, just my manner with them and I wouldn't have these self-doubts. But that's an unrealistic expectation on my part because of course I'm still going to have them. Maybe I'll have them less, and some days I'll have them more." She reported changes that she had experienced through the program, saying that she believed she become thoughtful before speaking. She indicated her assessment of her own level of learning ambivalently, by saying that "maybe I'm more comfortable in my knowledge or maybe I'm not as comfortable with my knowledge of what I'm gaining right now." In her graduating semester, this participant was negotiating the balance of both enjoying and becoming tired of school, maintaining space in the program while "my mind is really on leaving."

The participant described attempting to determine her level of ability. She did this by frequently comparing herself with her peers, considering “their growth level, their comfort level with things, their mastery of skills. And invariably, usually someone’s better than I am . . . in my mind.” But then she expressed realization that others have different experiences and such comparisons are not fair. She shared her wish to be “at peace” with herself and others and to value growth over comparisons to external markers. Looking back, she saw herself “going through the little bursts of maybe feeling superior for a second and then the shame even with that, maybe. And then the wanting to kind of kick myself in the ass sometimes” as her view of herself fluctuated through the program. She shared that if she had not progressed sufficiently as a student that she expected someone would have approached her about that; the lack of such feedback from the program left her realizing that she must not be so far from the goal.

As she neared the end of her time as a student, this participant described her struggles with accepting feedback and learning alongside and from students who were not as far along in the program. She expressed the nature of this learning, saying, “I’m in . . . internship but I’m learning good comments from someone who’s just starting a practicum. And everybody can point out something insightful and we’re kind of all putting the pieces together, of the puzzle.” She described feeling tempted to expect that she should know more than newer students, but she then pointed out her recognition of the variety of life experiences that could carry value. She said, “I don’t know their growth level and things like that. I am not totally certain of mine sometimes. . . . I get humbled because then I’m like, ‘ugh, I mean I only know so much and we all only know

so much.” She described seeking to let go of her ego rather than take offense at these opportunities to learn from peers’ different perspectives.

Regarding ambiguity, the participant concluded, “there is no absolute truth. People get uncomfortable with ambiguity or with things that aren’t very certain.” She noted social constructionist concepts as being helpful to her in developing this mindset, and as supportive through validation of her own understanding and knowledge. Even with this, though, she still stated that she was struggling to move away from wanting one right answer in practice, especially when a definitive diagnosis was required. She saw adaptation as an appropriate response to ambiguity, summarizing her understanding of ambiguity by saying,

It’s difficult to embrace ambiguity. But I’m, I know that it’s proof to me that I still have more growth and that I’m, there’s so much for me to learn . . . it’s not always just clear. And that’s life at the end of the day.

#### **Participant 4 Vignette**

This participant described ambiguity as “inconsistent. . . lacking stability or form,” being ill-defined, and having “misdirection” or being “multidirectional.” She described it as difficult, like “a square trying to fit into a circle hole.”

Prior to starting the program, this participant anticipated that “wherever you wanted to go you could go” in selecting populations to work with as a counselor. Looking back, she reflected, “the reality is that I guess there aren’t that many...” fading off, perhaps indicating the barriers she described in her efforts to work with her population of interest in a particular site.

She noted a lot of ambiguity in the licensure process as she encountered it. She said, “there don’t seem to be as many answers at this point as there are questions.” She also described struggling with feeling frustrated about the guidelines

for recording hours for her clinical work. She described her mindset as conflicting with what she was told, saying, “my background is ‘if it’s not right, it’s not right,’” as she was sometimes told to count hours that she did not think should count.

This participant described difficulty in finding time to be in contact with professors and classmates. Although her interactions with professors were “rich... encouraging, honest, and sincere, she described their availability as “fleeting and not consistent.” Regarding classmates, she described the challenges and importance of spending time with them. She pointed out, “we put so much into being there when it’s for our clients that when we go to meet with friends or we go to meet with classmates or something, we’re just like, ‘oh man,’ . . .It’s a relief...” She described that she learned focus must be put into engaging with others more socially after putting out so much clinical effort.

This participant described the complexity of clinical practice, as well. She said, “I’m very much a black-and-white person, and so being exposed to counseling ethics has definitely been a complex road for me and revealing of like gray areas.” She went on to identify defining helpfulness in her role as another area that was unclear for her. She reflected, “maybe my idea of being helpful is totally different than a client’s idea of being helpful. And how do I not restrain anything within myself, but widen myself to experience?” She described experiencing guilt or regret at not being “the right person at the right time for the client,” or for not being better as a counselor. Through this, she found that she became “more wondering than assuming. . . losing pride but then gaining a sense of self-confidence.” She recalled doubting herself because of the lack of clarity but then a shift to “being like, oh, it’s okay [laughs].”

The participant described supervision as another ambiguous experience. She had three different individual supervisors, and did not know what topics were supposed to be discussed in supervision. She recalled navigating between topics of counselor-client interactions and perceptions, supervisor-supervisee interactions, and relating her work to personal relationships and the rest of the world. About this, she said, “so all those affect my development as a counselor, but in one hour a week, what do you say?”

In response to the variety of topics that could be addressed in supervision, the participant sought personal counseling for “more time to process, or more room.” While she was “really conflicted, I guess, about where the focus will be more or less beneficial,” she determined that experience to be beneficial because she was able to identify “how that feels within myself... what being totally lost, I guess, feels like,” also expressing appreciation for the knowledge that there are resources for such overwhelming times.

This participant also discussed balancing various personal relationships as a counselor, including acquaintances, friends, and family. With acquaintances, she expressed wondering whether she might want to delay revealing her profession until they knew her better, as she hoped to avoid pre-judgments. With friends, she described wondering how to balance her identities “between being a clinician and a warm empathic friend.” At times this had been difficult for her to manage, and led to sadness about feeling isolated from a friend in one situation she described. With family, the participant noted her question to herself, “okay, who am I?” She wondered about how to be a sibling versus a counselor when both roles were part of her. She described “wondering kind of what my new role, or what my role is now in my family. . . . it’s hard



to be a counselor, or when you know or decipher when to use my counseling skills in my family relationships. And the difference between using skills and being their counselor.” She reported seeking not to give advice when family requested it, but she still was uncertain as to how her family relationships have been affected by her roles.

The participant described at some length her experiences of feeling as if she was sinking in an insurmountable program. Expressing the challenge of it, she said, “really, how many things can you work on in yourself at one time?” At times she felt as if completing the program was so far away, “not necessarily in time, but in development, kind of in not knowing.” She went from initially feeling perfect for counseling to then feeling far from perfect for it. As she said, “this experience has been that transition to knowing that it’s okay to be somewhere in the middle and to be working towards a part, or to being more functional or more empathetic or more client-focused, versus the movement towards being even more lost.” At her most overwhelmed, though, she found that “it’s rocky,” and even “destructive” as sometimes she would take care of herself less to focus more on improving her work. At other times, when this participant felt collected, stable, and self-assured, she found that she was more able to care for herself “instead of focusing outward as much.”

Having others within the program to look to for support was also helpful when this participant faced ambiguity. In particular, having a connection with a mentor allowed her to see that someone had successfully faced the challenges she was facing. She found that she could learn from their mistakes. As she described, “it’s a benefit to me to have people to watch because then you’re like, ‘oh, well that’s how I can do that better.’” Watching others ahead of her graduate helped as she could see that there is

an “end state” she was moving towards. She recognized that not everyone graduating knew their next steps, but still “it’s concrete and it’s tangible and it is encouraging.” Even as those graduates were incomplete or lacking, she felt that she could also see how “it’s okay.”

In her experiences, others had many different impacts on her, which this participant described through the metaphor of swimming in a pool near others. When someone interrupted her lane or was not going the same direction as her, she described closeness and a risk of collision. At times if she described experiences of conflict, such as when a professor disagreed with her or was “not trying to understand me.” In such cases she described that she would “doggie-paddle until you get away from me [laughs].” And then the ambiguity returned: “when do I pick up my pace again?”

Looking back, this participant noted that, “when I looked at it three years ago I was like, ‘they should just give me the stinking degree, I learned everything I need to learn.’” She considered the importance of the length of the program in reflecting back. She came to believe that the length of the program allows for counselor development and truly meeting the students’ needs, rather than following feelings of invincibility, such as her own.

### **Participant 5 Vignette**

This participant described ambiguity as “not knowing . . . being unaware . . . being unclear or not concrete.” She added that

Being okay with being unclear is a big thing. . . . I don’t see ambiguous as being a negative term, I see it as being more of open and broad . . . you can still explore it. But at the same time, you kind of realize there might not be a solution.

Before beginning the program, the participant “thought that it would be more of a how-to guide” and expected that it would be academically difficult, which she later determined was not the case. She shared that

The overall expectations were a little ambiguous, like exactly what we were supposed to be doing and how that would develop into being a counselor. . . . Honestly I didn’t really know what I was getting into. It was kind of just something I just had to experience . . .

This participant described her academic experiences in Counselor Education as not being like a typical academic program, which contributed ambiguity to her experiences. She reflected on enjoying the courses that were ambiguous more as she progressed through the program, until she eventually found the more structured courses “suffocating.” Multicultural Counseling and Group Counseling were more ambiguous courses that she took, where she found that there were not clear directions for assignments and the material was more abstract. She recalled hearing the phrase “trust the process” a lot when she came into the program, but she said, “I didn’t know what the process was, and that was extremely frustrating to me because I don’t think I realized what ambiguity was.” As she approached her final year, she took a course on the Counselor as a Person without knowing what to expect of it, which she called “significant.” She went on to say,

From that experience I feel like the ambiguity pushed me to become, to really look at myself and be okay with sitting in the moment . . . [to be] aware of what I was feeling in that moment and be okay with not knowing what things were going to be like or how things were going to happen and taking risks.

She came to appreciate and to want the kind of ambiguity that was so much a part of that influential course.

The participant described that connections with classmates could be ambiguous for her because of the vulnerability of sharing that was part of some classes. She noted that she and her classmates may have felt as if they were in a group counseling setting, although that was not the case. Considering her relationships with peers that developed in these settings, she shared that “there’s people I became really, really close with because of that.” She also described the ambiguity of the professors’ roles given the amount and depth of personal information they know about students, while they are in an evaluative role, too.

This participant also described an impact on personal relationships that came from her growing ability and desire for more vulnerable relationships, as influenced by her program. She reflected on how others are not always “willing to go there with me,” and recalled that she came to realize that her desire for such intimacy might not be realistic for all relationships. Considering the contrast of having and not having vulnerability in different relationships, she described her process of navigating this experience. She described saying to herself, “okay, I can’t be one and I can’t be the other, but what is the middle?”

Another type of relationship that was ambiguous for this student was her relationships with graduated members of her program who she had earlier connected with as peers. She said, “they’re kind of transitioning into their role as professionals whereas I’m still a student, so that’s kind of an interesting relationship, too.”

When this participant began her practicum, she described it as one of the most ambiguous situations. She felt “totally unprepared,” as if she didn’t know what to do

with a client in the room, and she said that she needed a lot of supervision and had to develop confidence in herself.

The ambiguity and complication of roles as a clinician was an area that this participant described at length, and which was an important area of her counselor development. She navigated the boundaries of both the mental health and school counseling tracks in her clinical work. She noted, “not knowing my role is uncomfortable, just because I usually like definitions of myself in terms of what responsibilities do I have, what is expected of me...” She found that she had to initiate her own role definition, create her own structure and goals, and advocate for her role at her site. As it turned out, she fulfilled a variety of roles in and out of her clinical setting, so that even acting in the role of counselor did not always look the same. She stated though that, “at the same time I feel like I’m still the same person...” She recognized the learning process of trying to define this role and that self-trust helped her. For her it seemed that there is a mix of frustration and flexibility in this lack of clarity.

This participant shared that starting her clinical experiences was one of the biggest pushes for her to begin to accept ambiguity. She was grateful for beginning her clinical work when she did, because it allowed her to move beyond her desire for structure. She noted, “I don’t think you ever feel totally ready . . . you’re not always going to have a perfect model of what things should look like,” or be able to fix everything. She stated her belief that being okay with this “unknowingness” is important. Another value she developed in her clinical work was authenticity. She sought to understand her personal reactions to clients and to engage with them more authentically to truly connect with them. It was difficult for her to learn how to do this

because there were no steps to follow in developing that ability. She found that “trusting myself was a big part of it, and taking risks.” As opposed to relying on the easier, more cognitive way of understanding her clients, she sought to empathize more deeply with them, even if “that’s where it can get a little bit scary at times.”

With her clinical work as a whole, she shared that “at first it was frustrating for me,” as she did not know her expectations, guidelines, techniques, or the “perfect” counseling model. She went on,

Now in a way, it’s kind of freeing. . . . I’m not going to know everything that clients bring to the table, or even in my own life I’m not going to know everything that’s going to happen and I can’t- there’s no magic formula . . .

She expressed gaining a sense of choice and excitement in these ambiguous situations. She described the process of moving from a sense of frustration to freedom as one that happened gradually and without her necessarily realizing it. It occurred through “little things,” and she characterized it as “being very emotional. . . [I was] very triggered by things.” With this observation, though she noted that there was not one particular trigger of those changes.

This participant also described her interactions with different supervisors. The roles of one supervisor changed in the course of their work together, from clinical internship supervisor to work supervisor as an employer. She described their relationship as being “allies.” Their work included identifying the student’s professional identity considering her many simultaneous roles as a student counselor, as well as anticipating roles she might hold in her career after graduation. Her first individual supervisor had focused on strategies in the participant’s work with clients, “which was helpful as a prac [practicum] student, because I think I was looking for answers.” A later

clinical supervisor focused more on interactions and perceptions between the student and her clients, and she said, “that helped me transition into more ambiguity. . . . developing my perception of who I am as a counselor.” So after her “push against ambiguity at first,” she described developing more comfort with it. Opening up in individual and group supervision and reflecting more personally was uncomfortable at times, and challenged the participant as she fought internally to push herself. She expressed belief that her personal orientation to growth promoted this process for her, but she also shared that she expected it was also partly a matter of natural development. She considered her present state in that process of development, saying, “even though I still don’t feel like I know what I’m doing, I’m more comfortable with that . . . sometimes we just have to sit with it . . .”

The changes that this participant experienced throughout her time in the program were important to her, as she repeatedly expressed in her interviews. Prior to becoming a counselor, she found herself to be “very rigid in terms of problem-solving and having to have right answers to everything.” As a counseling student, she pushed herself to accept that sometimes things must remain ambiguous and open—even when she expressed that sometimes this felt like she was torturing herself. She added that even though this was a purposeful effort, she also believed that it is not necessary for her to embrace ambiguity and the vulnerability she associates with it “every second of my life.” She reflected that this way of thinking is how she has changed throughout the program, and she now sees it as part of her life.

### **Participant 6 Vignette**

This participant described ambiguity as having uncertain meaning, being vague, or open to interpretation. Ambiguity leaves her with questions, and she described that it may take time for her to sort through the information and make a decision.

This participant came into the Counselor Education program expecting that it would “change me for the better, to help me. I’d heard from others that it was a lot about self-exploration, self-growth...” She had heard from others upon beginning the program that she should learn to be comfortable with ambiguity, but expressed that she wasn’t sure what that meant. She said, “throughout this program I’ve had to learn to be more comfortable with it [ambiguity].” As she encountered ambiguity, she described mentally preparing herself in order to avoid feeling anxious and to meet the expectation that she be open to ambiguity. She said, “if something ambiguous is presented to me, [I try] to just kind of roll with it and not stress about it.” She noted keeping in mind that the situation is generally meant to be interpreted, and she reframed ambiguity as something good that allows her to use her own perspective and creativity.

This participant described particularly impactful ambiguous experiences with her advisor, especially surrounding an independent study project. She described her advisor as “standoffish,” and said that he encouraged her to be independent. She shared that she felt stupid for coming to him with questions, even as the unfamiliar project brought up many questions for her. As she struggled with the discomfort of unclear expectations, lacking a rubric or guidelines, she described worrying about the grade she would receive. She said, “so eventually I just decided to go with what I knew, and hope that that would be okay.” She reported feeling angry when her advisor focused on formatting over content in his final comments, as she had also been worried



about the content she wrote. Ultimately, she shared her realization that the project had been for her own benefit and that she did not have to be so concerned about it. She stated,

I had to learn to be comfortable with ambiguity and it was hard, but the lesson that I took from it was that ambiguity doesn't have to be a bad thing. . . . in a good way it allows the creative expression of whatever works for you, whatever feels right, whatever fits.

She described feeling relief and peace in how this situation turned out, and came to recognize ambiguity as an opportunity to trust in herself.

Reflecting on the Developmental Counseling course, she recalled a project in which students shared critical incidents in their development as individuals. She wanted to understand the expectations of the assignment, but ultimately interpreted it on her own in a way that fit her. She struggled with how vulnerable she wanted to be in her sharing, as the assignment could be quite personal. Similar to with her independent study, the participant reflected that her hard work and self-trust in this situation were helpful, even as she experienced discomfort with the ambiguity of the work.

If presented with ambiguity in clinical work, this participant said she “would just ask the client, you know, what’s distressing you the most right now?” She discussed that she would want to gather more information, including focusing on the client’s body as a source of information and collaborating with the client. She said of this process, “we just have to really trust ourselves...”

Part of this participant’s clinical work involved responding to crises. In reflecting on this work, she noted a great deal of variety, and with it ambiguity, within the common threads of grief in individuals’ responses to loss. She shared that it took time to determine how to respond to such unique situations. She said, “it’s just all really spur of

the moment, kind of just really being present to figure out..." Working with other professionals who were also responding to the clients, but who were of different professions, was a source of ambiguity and something the participant had to think about in navigating her work. She also described how she needed to consider the accuracy or possible lack of accuracy in the information provided before she met the clients. The participant described seeking not to make assumptions about people prior to entering into situations, and she said that she sought to acknowledge the differences among people so that she could accept them and be flexible in each case. These situations at times made her uneasy and anxious, and she noted that she returned to trusting and reassuring herself of her competence in order to self-soothe through this work. The heightened emotion of some cases made them stand out in her memory as challenging, and also helped the participant to connect better with clients. The emotionality of her work contributed to the ambiguity of her experiences through such challenges and benefits. Those strong emotions were also something that this participant processed with a colleague before and after each event, in order to "talk about it enough to where we don't take it home with us." This was particularly important when she connected with the sadness of the clients' life events and the lines between her personal and professional lives blurred. Having that colleague there who takes the lead was comforting to this participant; she expressed wariness of the possibility of becoming a leader herself and stated her preference to look to them to make that decision and to work as a team. Following these cases, the participant expressed feeling accomplished. She also reflected about some cases, "I wish I could have done something more but they just weren't at the place to receive it, and so [I learned about]

having to be comfortable and okay with the fact that you were there, you were available, offered your services, you did what you could, and it's not my fault if they weren't ready to receive them yet. And it's not their fault either, that's just the place that they're at."

Overall, for this participant, ambiguity is uncomfortable. She described her relationship with it, saying, "I'm trying to accept it more and learn to live with it more, but initially it's always uncomfortable..." She noted that ambiguity was present for her because she is still learning, but that she has been able to be comfortable with it more quickly in new situations than earlier in her experiences. She found that time allows her a "bigger picture understanding," and professional experience allows her to "become more used to living and working with it" so that she expected she will adapt as she goes on. She summed up saying, "overall, I think it just goes back to having faith in myself and my abilities and that I'm only human." She expressed that she is confident in knowing that she does her part.

### **Prominent Themes**

Dozens of preliminary themes were coded in the analysis of highlighted portions of the original transcripts. (The full list of codes is presented in Appendix B.) In order to understand the most notable aspects of students' experiences, the many original codes were narrowed down to those that were primary and stood out in frequency and prominence among the six participants in the following three ways. Each of the most prominent themes was present in all six participant transcripts, which shows that they relate to an experience shared to some extent by all participants. Furthermore, these themes were often mentioned, having the highest number of occurrences within any single transcript. This indicated that these themes were especially salient to at least one participant. Finally, each of these themes had the highest number of total mentions

across all highlighted selections, again indicating a likely greater relevance of that theme to the participants' experiences of ambiguity as a group. These are the themes which remained after this process: *wanting clarification, understanding clients, experiencing and taking risks, openness to relationships and new experiences, recognizing multiple perspectives, personal and professional changes, and accepting ambiguity and growth.*

### **Wanting Clarification**

*Wanting clarification* in ambiguous situations was a theme that arose among all of the participants. It was characterized by statements where participants indicated seeking out more information and wishing to be free of ambiguity, as the students struggled with what they described as “rigidity” and “black-and-white” and “right-or-wrong” thinking. One participant said, “I’m still used to wanting the right answer, just give me the answer” (P3). In some way, this desire and related frustration were true for each participant, though some much more than others. This theme also appeared for one participant in terms of uncertainty–ambiguity regarding future events–specifically relating to resources that would be available to her in the program. She shared her concerns, “I wondered, does anybody know what’s going to happen?” (P1). Feelings that were prominent in statements featuring this theme included feeling lost and helpless, confused, frustrated, and overwhelmed—all negative and at times consuming emotions.

Within the theme of *wanting clarification*, supervision was an area that was discussed by several participants, as they shared that concrete discussions about techniques were helpful. One participant explained, “we would talk about strategies. . . which was helpful as a prac [practicum] student, because I think I was looking for

answers” (P5). Supervision could be overwhelming and contributed its own form of ambiguity in terms of how to best use supervision to respond to the ambiguity of clinical work. As one participant described it, “within the supervision relationship, what do you talk about? . . .in one hour a week, what do you say [with so much that could be discussed?]” (P4). For another participant, having a co-counselor in a position of higher authority put her at ease about not being fully responsible for making choices that would help clarify unclear situations, and helped her feel less alone. She said, “I’m happy that I’m [not the leader] at this point... So I kind of look to the [leader], so I look to them to really make that decision” (P6).

Participants also found that they wanted clarification of standards in various aspects of their clinical and academic experiences. One participant said,

At first it was frustrating for me. Like in terms of being frustrated that I didn’t know what the guidelines were, I didn’t really know what my expectations were. . . . I don’t know what the perfect counseling model is. I don’t have any techniques to use. (P5)

For some participants, there was no precedent for their role at their site, and they described the related lack of clarity as to how to fulfill it. At times, not understanding academic expectations was uncomfortable and could even lead to anger in some cases. A participant described “just feeling so uncomfortable not having a rubric to follow, not knowing what expectations he [my advisor] had” (P6). When participants had the information and clarification they sought, they were put at ease and described feeling more capable and competent. One stated, “I feel calmer and kind of more self-assured, just having more information” (P3).

## Understanding Clients

Work with clients was another area which participants often described as they discussed their ambiguous experiences. Learning how to interact with clients was intimidating and unclear to many participants, as illustrated in these statements: “I had no idea what clinical experiences would be like” (P1). “I felt like I didn’t know what to do when I had a person sitting in the room with me” (P5). The participants’ statements regarding this theme featured many experiences of feeling inadequate and self-doubting.

As the students considered their understanding of their clients, they noted the unreliability of information they received about clients that left them feeling confused and conflicted. A student noted, “a lot of times you don’t know if the information that you’re given [about the client] is correct” (P6). One participant explained the difficulty of reconciling new information and clarifying her understanding of a client when she stated, “I get whipped around because I just have to absorb a lot of information and I have to change my whole outlook on this person” (P3). Relying on more experienced colleagues sometimes did not provide resolution to this conflicting information as students hoped, because “different people have different opinions of the same client” (P2). If consultation with a colleague revealed new useful ideas about the client’s conceptualization, the student counselor sometimes felt self-critical for not anticipating this perspective. However, if a colleague’s input confirmed the student’s unspoken ideas, it was a more positive experience. As one participant shared, “I kind of feel like proud of myself that I maybe hit the nail on the head as they say, with the client’s kind of conceptualization” (P3).

A final area of ambiguity in regards to work with clients was in forming helping relationships with them. This could be an exhausting task that had impact on other areas of the counselor's life. In turn, this could lead to ambiguity regarding how best to allot mental energy between work and personal life; there was no straightforward way to balance these as the students focused on learning to help clients. Participants noted the ambiguity of whether it was good to think about clients outside of sessions, as well as the difficulty of recognizing and managing the personal effects of bringing concern for the client and influences of client relationships into their personal life. One participant said, "I need to realize why these certain clients are impacting me and how that affects me as a person" (P5). Finally, participants discussed their awareness of the ambiguity of what may be helpful to clients. One participant addressed this, saying, "maybe my idea of being helpful is different than the client's idea of being helpful" (P4). When the students described success in forming helping relationships, they often expressed feeling connected and empathic—positive emotions that grew from challenging experiences in their efforts to understand their clients.

### **Experiencing and Taking Risks**

As participants looked back on their expectations of the program, they considered the ambiguity of the experience they were about to begin. These reflections had a theme of risk, as participants dove into their new field. The following statements are illustrative of this theme: "I wasn't sure if I was qualified, what they were looking for. I wasn't really that prepared, which sounds bad" (P3). "Honestly I didn't really know what I was getting into. It was kind of just something I just had to experience" (P5). These statements illustrate the nervous feeling of anticipation that many participants shared, which amplified into references to fear as they delved into the experience. One

participant shared his expectation that the program, like life, would be ambiguous and he accepted that risk. He said, “I’ve always felt life is- I guess based on some experiences I had as a child . . . that things were not very rooted all the time” (P2).

The students also experienced and confronted interpersonal risks within the program and in clinical work. These included pushing clients to share more deeply and potentially risking their therapeutic connection, as well as going to a place of connection through vulnerability and emotionality. As one participant shared about the riskiness of pursuing more vulnerable, genuine connections with clients, she said, “that’s where it can get a little bit scary at times” (P5). This struggle also applied as students considered how vulnerable they were willing to be in classes. As one participant described, it was “an internal struggle for me trying to figure out how vulnerable do I want to be” (P5). And with their public selves this also applied; one participant described self-consciousness about when to share her profession with acquaintances. She described, “I don’t know whether I should say- I kind of try to hold off until, you know, they get to know me a little bit better before I’m like hey, I just put out [my profession]” (P4). These situations all involved the risk of a relationship the students held and to some extent valued, and they considered the potential losses and rewards for pushing towards more vulnerability. The students often found stronger connections when the relationships came through these risks, whether with peers, professors, or clients. In the development of these relationships, several students described experiencing warmth and feelings of connection.

Clinical work also presented participants with opportunities to experience and take risks. In some cases, the participant expressed hesitation to take a risk. As one



described, “I’m not as willing to go with mine [clinical observations] as I would be with someone else’s who’s more experienced in the field” (P3). An example of a clinical risk students considered taking was to develop a deeper relationship, as described above in relation to interpersonal risks. A student shared that “practicing that vulnerability really allows me to connect with my clients on a deeper level” (P5). Even without taking added risks to support their clinical work, though, being in clinical experience itself was a risk for some students, particularly when they lacked confidence in their skills. When reflecting on this, one stated, “I don’t think you ever feel totally ready. . . . I felt totally unprepared. I felt like I didn’t know what to do when I had a person sitting in the room with me” (P5).

In some of the situations described, risk was its own source of ambiguity, and in other cases taking risks was a response—paired with trust in the self and the process—which moved the participant through an ambiguous experience, sometimes after an experience where feelings of desperation were described. In getting through situations that presented risk and in taking risks, participants described relying on trust and experiencing feeling exposed. One described this process in her experiences, saying, “so eventually I just decided to go with what I knew, and hope that that would be okay” (P6). Another concluded that in her growth, “trusting myself was a big part of it, and taking risks” (P5).

### **Openness to Relationships and New Experiences**

The students experienced openness in terms of a positive response to new experiences and learning in many ambiguous situations. One participant described feeling privileged for being exposed to new aspects of the work environment, and several expressed feelings of excitement. Other participants described feeling eager

and discussed how they sought to be open in their own work. As one said, “I kind of just grabbed hold of whatever I could, did whatever duty I could” (P3). Another participant shared about her learning- and growth-oriented mindset in ambiguous situations. She would ask herself, “how do I not restrain anything within myself, but widen myself to new experience?” (P4). Several reported feeling freer and more spontaneous as they became open. In addition to such deliberate openness, another participant described his characteristic openness, a personality trait which he felt was reinforced through the program.

Openness was also described in terms of the participants’ responses to the present moment and the processes they experienced. Being present, aware, and flexible were all pieces of these situations as the students described them. As one participant explained, “it’s just all really spur of the moment, kind of just really being present to figure out” (P6). Several noted feeling more creative and curious in relation to this experience and stated that this benefitted their work.

Other cases in which participants described openness referred more to open-mindedness, which the participants described as “excitement in terms of ambiguity” and being “curious” (P5). One participant explained how she tried “not to go into a situation having assumptions, to just really try to be open-minded and accept the experience for what it is, whatever that may be” (P6). A final form of openness described included interpersonal openness, or vulnerability. One participant described drawing on her own experiences to empathize with clients, saying, “practicing that vulnerability really allows me to connect to my clients on a deeper level because I can kind of empathize” (P5). The various kinds of openness described by the participants indicated different

kinds of growth and learning opportunities which they were aware of and wanted to take part in by allowing themselves to be influenced as well as allowing themselves to genuinely and openly interact with the people and situations they encountered.

### **Recognizing Multiple Perspectives**

Participants experienced a variety of perspectives around them that often contributed to ambiguity. These differing opinions were often from coworkers who conceptualized clients and treatment differently, so that they had to “figure out how you’re going to deal with that side of things and work with the [other professionals]” (P6). The clients themselves also presented the students with ambiguity, as their actions, words, and files could be in conflict. As the students sought to understand their clients and sort through colleagues’ input about their clinical work, they found supervisors who promoted and made sense of those various perspectives to be helpful. The students found that with support, they could accept the different perspectives around them as valid, and they could begin to value their own perspectives as well.

Some participants described taking clients’ perspectives as another area of learning through ambiguity. One participant noted her growing awareness of different experiences, as she reflected on “how truly different it [grief] is for everyone” (P6). Another participant showed her ability to take client perspectives, saying, “I can kind of empathize with what they may be feeling” (P5). In cases when counseling did not go as hoped, participants applied this understanding of different client needs and perspectives. One participant shared this acknowledgement in saying, “[it’s not my fault and] it’s not theirs [the clients’ fault] either [that counseling did not meet their needs], that’s just the place that they’re at” (P6). Considering a similar situation, another

participant recognized that “maybe my idea of being helpful is totally different than a client’s idea of being helpful” (P4).

The students also noted the role that different perspectives played in class experiences of ambiguity. When considering the role of faculty, one participant stated that “I would think it’s important to have somebody to supplement that and to offer us some good perspective” (P1), indicating a valuing of differing perspectives as a learning opportunity. Another participant shared that she grew to seek classmates’ perspectives, as she learned that they could be of more value than she had initially believed. Participants found others’ perspectives important, and with this they learned to value their own perspectives, too. With this, participants described feeling more collaborative, inclusive, and warm towards their peers while they also came to feel more justified and validated themselves. Related to this, another participant reflected on ambiguous class assignments, and came to the conclusion that “it’s meant to be interpreted as I so choose” (P6).

In moving through these different encounters with ambiguity and varying perspectives, the participants showed growing acceptance, with different paths towards this. One student described her recognition and acceptance upon recognizing the value of others’ perspectives, saying she was “humbled because then I’m like, ‘ugh, I mean I only know so much and we all only know so much....’ Once I can shake that off, I really appreciate what other people can say and I- and then it just reinforces how there’s so many different perspectives” (P3). Another participant realized that different perspectives can coexist, stating, “[it] doesn’t mean that either of us are right or wrong if it’s ambiguous” (P6). And a different participant also clarified his acceptance of others’

perspectives, saying, “in their perspective they’re quite right. So it’s not something to get upset about” (P2). In coming to terms with the ambiguity of conflicting perspectives around them, the students found that recognizing the validity of different perspectives and accepting these differences was helpful.

### **Personal and Professional Changes**

Participants described change as a process which was reflected in many aspects of their experience as counseling students. For one individual, “it felt natural. It felt like a continuing growth, even prior to the program I was on that path” (P2). Meanwhile, for the other participants, the experience of the program was more novel but similarly occurred over time. One participant shared about this building-up of change, saying, “I feel like it was more of a gradual process. And again it was more about those experiences. It was the little things...” (P5). For the participants, the process of changing was not always a smooth one. They often described feeling highly self-critical and inadequate, sometimes moving into feeling more reassured or comforted or even proud and capable. One participant described it as, “kind of starting out at a very critical self-assuredness and then just wavering in this doubt. And then being like, ‘oh, it’s okay’” (P4).

Within their experiences of change, participants reported some things which promoted that process. In many cases, changing and growing were simply a matter of experience. One participant described, “I think as I grow as a professional and become more used to living and working with it [ambiguity], become more exposed to it throughout my career, that I’ll adapt as I go on” (P6). Receiving supervision and beginning clinical experiences were external factors; and being internally motivated,

trusting in themselves, and taking risks were internal factors which were part of bringing on these change experiences according to the participants.

The participants often described their changes as in-process and incomplete; as one said, she experienced a “transition to knowing that it’s okay to be somewhere in the middle and to be working towards a part or to being more functional...” (P4). Several students mentioned that they experienced more quickness in accepting ambiguity as they experienced more of it. Others found that they grew to wait to take in more information where previously they would have moved on to speaking or conclusions, now being “more wondering than assuming” (P4). Part of this new wondering attitude included openness to hearing others’ input, particularly in cases where those others may be earlier in their counseling education, and pride was put aside in order to accept that input. One participant described “losing pride but then gaining a sense of self-confidence” (P4). Participants also described developing a sense of ease or peace as part of the changes they experienced, describing it as developing the ability to be “okay with this unknowingness, because I don’t think I had that when I started the program” (P5).

### **Accepting Ambiguity and Growth**

A final and prominent theme that arose among the participants was acceptance, both of ambiguity itself, as well as of their own often-ambiguous growth processes that occurred within ambiguous situations. The student counselors came to regard ambiguity less negatively, and in some cases even positively, though that was a challenging process for most participants. One participant shared, “I had to learn to be comfortable with ambiguity and it was hard, but the lesson that I took from it was that ambiguity doesn’t have to be a bad thing” (P6). Ambiguity was recognized as a part of

life, as exciting, and as freeing. As one said, “[ambiguity is] freeing, in the sense that I have a lot of choices, I have a lot of- I realize I have a lot of power in that, too”

(P5). And another participant shared that ambiguity is “reassuring because my point of view is always honored since it’s mine and that’s my experience” (P3). Participants described how they came to find advantages in ambiguity and to regard it as a positive and enriching part of their experiences, if a challenging one.

Participants were accepting of the process nature of their growth. A participant spoke to this when she said, “even though I still don’t feel like I know what I’m doing, I’m more comfortable with that” (P5). One of the students noted a change from expectations of confidence and competence upon graduation to recognizing the reality of doubts after that landmark. Considering this, she described feeling a mix of self-doubt and relief, “feeling like you’re so, so far away from what is needed, or so lacking, but it’s okay” (P4). Similarly, another participant noted how she sought to accept doubts and room for growth, saying, “[difficulties are okay] as long as I’m growing” (P3). A participant summarized the process nature of her growth in this way, saying, “this experience has been that transition to knowing that it’s okay to be somewhere in the middle and to be working towards a part or to being more functional or more empathetic or more client-focused, versus the movement towards being even more lost” (P4). Some participants felt that their growth towards acceptance of ambiguity was rooted in their earlier life experiences of coping with unsettled lives, and for others it was something they described as more deliberately pursued, in order to become more comfortable within ambiguous experiences. When participants accepted ambiguity, they found peace. As one described this experience, “I feel that it helps take a heaviness off me, accepting

this ambiguity of life” (P2). As the students considered experiences that characterized this theme, they described increasing feelings of self-acceptance, self-trust, and a stronger sense of capability in their work.



## CHAPTER 4 DISCUSSION

### **Description of the Present Study**

This study contributes an initial response to the call of Levitt and Jaques (2005) to consider tolerance for ambiguity among counseling students. While other fields have explored quantitatively the relationship of tolerance for ambiguity to many factors relevant to the counseling field, until now the counseling literature had not begun to empirically address this topic. The experiences and the themes that emerged from participant disclosures in the present research indicate many possibilities for future study of counselor and counseling student experiences with ambiguity. This work and future exploration of this topic may help inform ways to support counseling students and counselor educators in understanding and addressing the ambiguities that are part of the counselor education process. This may lead to benefits in admissions perspectives, structuring program experiences, and application of related principles in supporting counselor development. Implications for counseling practice and theory are also discussed.

What the participants shared in this study connected quite directly with how Norton (1975) described ambiguous situations, reaffirming the relevance of the concept of ambiguity to counseling. Participants described many situations like those Norman defined as ambiguous, where multiple meanings and differing interpretations existed (such as when the students struggled to make sense of different conceptualizations of their clients and learned to value their own clinical perceptions among other professionals' perspectives), where there was missing or discrepant information (including when students found academic assignments unclear, faced novel tasks in

clinical work, or lacked information about their clients), and situations presenting lack of clarity and causing uncertainty (including when students did not know what would result of an academic or clinical risk, or when they wondered about what resources would be available to them as course schedules and faculty makeup changed). Multiple selections from the participant transcripts spoke to each of these types of ambiguous situations, as these were common realities about which participants shared their inner experiences.

This research focused on the phenomenology of ambiguous situations, which Budner (1962) noted as being the partner concept to the operative responses that are also part of such experiences. Budner believed that an understanding of both the phenomenological (internal) and operative (external) response modes of a person is necessary to determine their level of tolerance for ambiguity. The purpose of the present study was to understand those inner experiences, rather than to determine the participants' levels of tolerance for ambiguity, and so consideration of the operative mode is not within the scope of this work. This limitation benefits this qualitative study by providing focus for a deeper rather than broader understanding of the phenomenon. However, this narrower focus reduces the completeness of the picture of how counseling students outwardly respond to ambiguity and their levels of tolerance for it. These are areas deserving further study within this field, in addition to those that will be discussed further.

The strengths of this study include the researcher's efforts to support confirmability, dependability, and reduction of subjectivity. These included an attempt to confirm accuracy of vignettes with the participants, which yielded distinctly positive

feedback from half of the participants; the other participants did not respond to this request for feedback. The researcher sought to bracket subjectivity and to reduce the impact of preconceptions when coding the interview text. Occasions where themes of personal interest to the researcher were deemed less prominent due to fewer coding instances, as well as the emergence of unanticipated themes further support the successful limitation of the researcher's biases within this work. The documentation of the research process also supports dependability, as similar processes were applied to all participants and were described clearly based on the actual procedures used.

Limitations of the study include possible assumptions between the researcher and participant in interviews, due to the pre-existing relationship as classmates. This may have reduced the fullness of information gained in interviews. Also, less extensive feedback in response to the participant check is a limit to the confirmability of this study.

A final limitation is that, if the transferability of the findings is considered it is also limited, due to the small number of participants who were within the same entering cohort of a single southeastern U.S. university. One factor is that these students were all within a narrow age range, and older students may have a different experience of ambiguity in a counseling program. Also, considering a sweeping view of that program, it is possible that certain values may have been common to the participants (e.g. liberal values) which may not be true for all counseling students. And while there was some multicultural representation among the participants, this was not decidedly inclusive.

The narrow selection of participants in this study may limit its generalizability, however it is appropriate to qualitative inquiry, as in this kind of research generalizability to the larger population is less important than accurately understanding a few

individuals in their unique experiences. In all, this study explores and illuminates elements of counselor education students' experiences of ambiguity, which provides important basis for further consideration of this important factor in the field. The participant vignettes and themes which emerged offer initial direction to counseling researchers, educators, and students regarding how counselor education students experience ambiguity.

### **Relating the Themes to Existing Literature**

#### **Wanting Clarification**

Considering the findings of this study in relation to existing literature, the themes found among the lived experiences of counseling students in their encounters with ambiguity connect with the themes of other fields' research on tolerance for ambiguity. *Wanting clarification*, which was a theme among the counseling students' responses, relates to literature in other fields which describes how those who are less tolerant of ambiguity seek out work that is less ambiguous. In that literature, though, there was not an indication of looking for clarification by seeking information within an ambiguous situation as the counseling students often did. Rather, doctors were described as preferring less ambiguous work in the first place, and business negotiators reduced ambiguity through deception rather than through learning (Wayne, et al., 2011; Yurtsever, 2001).

The counseling students' descriptions of their experiences portrayed this theme as one of noticing a lack of clarity which often led them to desire and seek clarification through gathering information, further immersing themselves in their experiences more often than not; this is quite different than the more avoidant strategies represented in research from other fields. This indicates a difference that suggests the value of

additional exploration of ambiguity in counseling research in order to address the unique experiences with ambiguity that were shown within this field. For the participants in this study, *wanting clarification* was a temptation and a wish for structure and information, which they gradually learned to reflect on and either seek to control or to give up as they came to understand the values of their ambiguous experiences and to trust themselves in such situations. Not having full information became a larger reality to the students beyond the inconvenience and frustration that it had been for many of them earlier on.

### **Understanding Clients**

The theme of *understanding clients* was found among the counseling students' experiences of ambiguity, and the students often noted the novelty of work with clients, as well as the complexity and conflicts of information they received in their clinical work. Gruberg's (1969) thoughts predicted this kind of concern when he declared the prominence of ambiguity in the clinical setting, particularly within client statements. This challenge connects to Frenkel-Brunswik's (1949) suggestion that tolerance for ambiguity is related to the ability to integrate such conflicting views.

Specifically, the counseling students in this study reported experiencing this ambiguity in terms of negotiating conflicting views, especially through the pieces of information presented by clients, client files, and other professionals' views of clients. The students described frustration and efforts to gain perspective and information to support themselves in working through this complexity. Sometimes supervision helped the students to integrate these pieces as they faced various ambiguities presented by clients. This experience was a key challenge for many of the participants, which for some resulted in a particularly personal impact as they connected with their clients in the effort to understand them, or through the common experience of lacking

understanding. Clinical experiences were particularly challenging and particularly promoting of growth from the students' perspectives.

### **Experiencing and Taking Risks**

Next, the theme of *experiencing and taking risks* is illustrated in participant experiences with ambiguity, both in terms of the risks presented in ambiguous situations, as well as in the risks which they sometimes took in order to move through those situations with hopes of meeting goals and growing. The role of the theme *openness to relationships and new experiences* is reflected in many of these experiences, as is the theme of *understanding clients*. It could also be noted that *accepting ambiguity and growth* relates to how the participants moved through risks. However, the theme of *experiencing and taking risks* stands as its own theme because not all experiences of openness and with clients were necessarily risky, and the participants were not always accepting of the risks they encountered.

This theme of *experiencing and taking risks* ties back into Norton's observation that individuals higher in tolerance for ambiguity were more willing to volunteer for "undefined experiments" (1975, p. 615). As counseling students took on risks in their educational and clinical experiences, they may have been demonstrating tolerance for ambiguity in a way not unlike that demonstrated by Norton's risk-taking participants. These experiences for the participants were often nerve-racking as they took on new responsibilities that felt beyond their abilities. With their desire to be competent and to perform well, being faced with risks seemed to lead to a sense of impatience, and this turned to a willingness to take risks as a way through challenging and novel situations. In turn, this supported a developing sense of self-trust that the participants spoke of as difficult to develop, and highly supportive to them as it strengthened.

## **Openness to Relationships and New Experiences**

Norton's (1975) finding regarding his ambiguity-tolerant participants' readiness to volunteer for the unknown also relates to the theme of *openness to relationships and new experiences* found in this study. This also includes students' openness to new ideas which were part of these relationships and experiences. This theme recalls Frenkel-Brunswik's (1949) description of those who are tolerant of ambiguity as not denying ambiguous situations and as having more flexibility in adjusting their initial understanding of a situation.

The counseling students' demonstration of this openness is another indication that they were likely developing or demonstrating higher tolerance for ambiguity, and at least indicates once again the relevance of this concept to the field of counselor education. Where openness was related to vulnerability in the present research, this theme recalls aspects of the other themes of *understanding clients* as well as *experiencing and taking risks*. In the situations which characterize this theme of openness, there was a focus on the readiness for personal exposure that was part of genuine connection with others including their clients. As the students experienced openness, the theme of *recognizing multiple perspectives* also informed their ability to take their clients' perspectives and supported the student counselors in wondering about their clients' needs and life experiences rather than assuming these factors. They sometimes maintained ambivalence towards these and other new experiences, but the trend was towards greater willingness and appreciation overall. The students' experiences of the theme of *openness to relationships and new experiences* often evoked hesitancy and at times intense self-doubt. Finally, the themes of *personal and professional growth* and *accepting ambiguity* also intersect with the theme of *openness*

*to relationships and new experiences.* As students successfully moved through these novel experiences—both for students who already identified as open, as well as those who did not—a part of the growth process they experienced was finding that their perspectives developed to include greater degrees of interest, curiosity, and eagerness in approaching similar new situations.

### **Recognizing Multiple Perspectives**

The counseling students' pattern of *recognizing multiple perspectives* arose in their relationships with colleagues and clients, and recalls Frenkel-Brunswik's (1949) finding that those who are more tolerant of ambiguity handled different perspectives with ease. In her study, those higher in tolerance of ambiguity shifted their views of an ambiguous stimulus more frequently than those who were less tolerant of ambiguity. The parallel with the findings of Frenkel-Brunswik's study is that the counseling students represented in the present research did at times fluctuate in their descriptions of their experiences to indicate holding differing perspectives at once.

The students also discussed their understanding that others' experiences contributed to different perspectives which were equally valid to their own. This is well-exemplified in one participant's descriptions which repeatedly turned between expressing her doubts of her peers' perspectives alongside stating her recognition of the validity of their experiences and perspectives. The students also noted that each person in therapeutic as well as supervisory relationships have perceptions of each other that could be discussed and understood, which demonstrates their understanding of the complexity of perspectives around them and their growing awareness of the importance of this in clinical work. Participants often struggled to put together various perspectives, but as they learned to hold conflicting views as less right-or-wrong and to



consider their values in context, they also learned the value and validity of their own perspectives which encouraged their developing self-trust and sense of justification, a link to the theme of *personal and professional changes*. The development of valuing of others' perspectives seemed to in turn support student recognition of their own perspectives as valid and contributed to other positive changes.

### **Personal and Professional Changes**

The theme of *personal and professional changes* was found throughout students' descriptions of their experiences with ambiguity. At times, ambiguity was a prompt for change, and other times, it was an element of the change process; this could be a circular process at times. Things which the participants described as having changed for them throughout the program included moving towards comfort with ambiguity, openness, and acceptance; these connect with the themes of *accepting ambiguity and growth* and *openness to relationships and new experiences*. The theme of *personal and professional changes* is distinct from these in that it is focused on the overall pattern of change that was a prominent focus in participants' experiences, while the other themes were both prompts to change as well as reflect results in specific areas of growth. As students noted important changes in how they received others' input and learned from peers, this theme connects with the theme of *recognizing multiple perspectives* as another area of change for the participants. Students also characterized their change towards finding peace in ambiguity. This acceptance of unknowingness ties the theme of *personal and professional changes* into the next theme of *accepting ambiguity and growth* as a result of that change. A number of the other themes found in this study connect with the theme of change, as they illustrate types of changes that the participants experienced. However, *personal and*

*professional changes* is a distinct theme due to the focus on deliberate change that many participants held, and the noteworthiness of the experience of change as its own prominent element of students' experiences of ambiguity.

The prominent theme of change points to Boss' (2006) descriptions of the possibility for personal and professional growth of counselors, specifically where ambiguity is a factor. As one can easily imagine, this can apply other areas relating to becoming a counselor as well (Levitt & Jacques, 2005; Pressler & Kenner, 2010; Wayne, et al., 2011). Participants reflected on their changes and most notably found growth in the areas that are defined as the themes within this work. Those other themes that were areas of development for the counseling students are considered distinct in that they do not encompass the change experience itself, necessarily. The students were able to directly reflect on their growth processes and appeared proud of their development. All of the participants attributed their changes to many small events and an adding-up of experiences, rather than any single event, which is an important element of this theme of change. The processes of these changes were often winding, as for some confidence could be lost then turned to acceptance, rather than movement only in a positive direction. According to the participants' experiences, personal and professional changes related to their self-concepts, as they identified with their sense of assuredness and competence, which varied as they grew in different stages and ways. The feelings of inadequacy, pride, and reassurance intermixed through the gradual change process as the students grew.

### **Accepting Ambiguity and Growth**

Finally, the theme of *accepting ambiguity and growth* most clearly points to the presence and development of tolerance for ambiguity among the counseling student

participants of this study. Some students had a strong desire and sense of room to develop their acceptance of ambiguity, often while working to accept the process of developing that ability over time and through experience; some students felt they brought this acceptance with them from earlier life experiences and found it to be an important personal value and skill; others felt that they had achieved important growth towards valuing and accepting ambiguity during their time as a counseling student, while they also acknowledged that they would continue to grow in their acceptance of ambiguity. The literature points to room for further exploration of this theme in particular (Levitt & Jacques, 2005). This study highlights *accepting ambiguity and growth* as the most frequently-occurring theme and a meaningful aspect of participant experiences, indicating that there is value to exploring it more closely in the future. The participants' focus on acceptance as something with which they struggled, found consistent and growing value in, or have grown to seek as a goal indicates it as a very important aspect of their experiences with ambiguity and their development as counselors. The qualities of experiences for each participant regarding this theme were unique, as they were for other themes; however, in the case of *accepting ambiguity and growth*, their paths and the tones of their experiences seem especially unique, and are best expressed in their vignettes in Chapter 3.

### **Essence Statement**

As this study has sought to gain an understanding of how counselor education students experience ambiguity, the words and stories of the participants have been condensed into vignettes and themes which describe personal and collective experiences of the phenomenon. As a final step in this phenomenological process, all of the previous understanding has been concentrated into the following essence

statement to more briefly answer the question, “how do counselor education students experience ambiguity?”

Counselor education students experienced ambiguity in their clinical, academic, and personal lives with an array of emotions and oftentimes an internal sense of conflict that could be quite intense. Their emotions reflected a range of comfort-discomfort, with a general but indirect movement towards acceptance of ambiguity that was accompanied by a range of positive feelings and growing self-trust out of the self-doubt that was a common part of the process. This process to them was meaningful in its challenges and achievements. They had an awareness that they would continue to wrestle with ambiguity and showed hope that this process would continue to become more natural as they would gain experience.

### **Implications of the Present Study**

The topics considered above were all described by researchers in other fields as characteristic of those who possess tolerance for ambiguity and were also reflected as prominent themes among the counseling students’ accounts. While these themes have been named and described here based on the experiences of the six participants of this study, there remains significant room for further exploration of the impact and characterization of ambiguity within counseling and counselor education.

Norton’s 1975 call to consider the relationship of ambiguity to “therapeutic problems” (p. 615), supported by Gruberg’s (1969) valuing of ambiguity within counseling, and echoed by Levitt and Jaques’ call to attend to it in 2005, has not yet led to adequate exploration and documentation of this factor in the counseling field. This study serves as an initial foray into this area, and has identified factors and themes that suggest further consideration. In particular, future research should address the

processes of change that counseling students experience in relation to ambiguity, perhaps quantifying their tolerance for ambiguity through their development and experiences, or describing qualitatively in more detail the nature of specific areas of change through their educational experiences. The effects of interventions—particularly interventions that take place over time and involving ongoing experiences—is something that might reveal new information about what supports counseling students' movements through the processes and experiences referenced in the present findings.

### **Implications for Research**

The counseling field needs further research to better understand the role that ambiguity plays in counselor development. With such information, we may discover how to better structure educational experiences to develop positive outcomes through ambiguity and to prevent negative outcomes, in order to support students' emergence as competent counselors. Future research may address quantifying counselor education students' changes in tolerance for ambiguity using measures such as those described in Chapter 1. The effects of interventions to promote tolerance for ambiguity may be measured. Suggested interventions include exposing students to successful examples of other students, predicting and discussing students' likely experiences with themes early on in the program, and early or gradual introduction of increasing ambiguity in academic and clinical experiences. Based on the findings of the present study, longer-term interventions would likely yield more impactful results, as students described their changes and development as occurring through multiple experiences over time.

Regarding coursework, future research could focus on how students experience and respond to structure in terms of the presence or absence of rubrics and guidelines,

and discussion versus lecture formats. Investigation of differing levels of tolerance for ambiguity that students bring into the counseling program may also be of interest and value. This could be explored in terms of undergraduate majors, previous careers, and other beliefs that may reflect more rigid and structured or flexible and complex thinking. Studying the development of these students in clinical competence and tolerance for ambiguity across the years of their education may reveal useful information that could support understanding candidates in the admissions process, and may demonstrate the extent of change possible as students become counselors. This could be supportive information to new counseling students just beginning to approach ambiguities such as those explored in this study.

The effects of relationships that the students experience as they move through ambiguity in their education can also be a topic of future research. Such work may address factors within relationships with faculty, advisors, supervisors, clinical coworkers, and peers. Factors considered may include the students' sense that they are free to ask questions and seek advice, their sense of being challenged and expected to be independent, and their sense of freedom to share their experiences with these other individuals and perhaps the level of felt empathy or connection from these important people. In this, it may be found that certain factors in combination may promote students' engagement with the ambiguous challenges of their development and tasks, while also supporting them in appropriate ways. Another potential area of study stemming from this relational work is how students respond to a match or mismatch in levels of tolerance for ambiguity with their clinical supervisors. Some participants discussed appreciation for having more structured supervisors early on,

then finding that supervisors who worked more abstractly and encouraged more autonomy were helpful as the student developed. Additional research could contribute clearer understanding and potentially support more strategic pairing of supervisors and supervisees across the years of the program.

### **Implications for Counselor Education**

Ambiguity was part of the growth process for many of the participants of this study, and nearly all stated that after and even in the midst of struggles with it, they recognized it as a good thing. This fits with the perspective on counselor development described by Rønnestad and Skovholt (2003), stating that in their development, counselors experience challenges such as those found in his study. These include struggles to integrate personal and professional lives, to develop more flexible and internal agency, emotional responses to experiences and copious reflection on them for growth, developing a sense of expertise through experience, feeling anxiety, an attitude of openness, connecting with clients, and other aspects described earlier in this study. All of these challenges relate to ambiguity and are understood to lead to essential growth in competence and confidence. Given this, the recommendations provided here would not seek to eliminate ambiguity from the counselor education experience—were that a possibility. Rather, understanding the students' experiences may provide indications of how those who work with counseling students can be available as needed to prevent undue distress, yet can also support the independence that enhanced growth. This would be related to how the use of Vygotsky's zone of proximal development is suggested for counselor development (Rønnestad & Skovholt, 2003).

Specifically, this support may include predicting and preparing students for ambiguous experiences in a general way as they enter the program, such as through

introducing the relevance of ambiguity at the start of courses. Such a discussion could include the following: highlighting expectations of the incoming students regarding academics, clinical work, and the lifestyle of being a counseling student; offering thoughts from more advanced students and faculty that predict challenges and changes the students may find, as well as the likely variety in how that will present; and providing opportunity for discussion among the students on these things, accompanied by an offer from supportive others to continue being available to discuss ambiguity as it arises. This could predict for students for the anxiety that they are likely to experience, and would prepare them to find means of coping as they proceed (Rønnestad & Skovholt, 2003).

As the program experience continues, faculty can acknowledge ambiguous processes as such while students experience them, and provide safe opportunities to discuss them. This can contribute to relational closeness within counseling preparation that is supported by Nash, and can further an “enhanced sense of connection [in their program. . . that can] impact students’ experience of themselves and others as well as their motivation to develop therapeutic skillfulness” (2012, p. 110). To take advantage of this understanding, there are a number of methods faculty may use. Promoting “open door” policies and advertising office hours, acknowledging students’ difficult emotions and validating feelings of being overwhelmed when students share concerns, and at times providing guidance on structures which are part of the academic culture are all ways that would support students in navigating ambiguous events successfully with a balance of independence and strong, positive connections with professors. Together these elements can help student counselors to build self-trust and other desirable



qualities. Professors are viewed by students as highly important figures, and due to the impact of interpersonal influences and the highly affective nature of the students' responses to their experiences, such faculty support could be a very meaningful and helpful factor (Rønnestad & Skovholt, 2003). Through the connection with professors, students would also experience models of ambiguity tolerance and other positive professional traits, which is a factor that supported the participants of this study when it was available.

Supervisors of counseling students should also encourage supervisees to understand and focus on ambiguity as a relevant aspect of their experiences and growth, allowing students to wrestle with ambiguity in the supportive supervisory environment, but also not falsely resolving ambiguity for the student by providing easy advice. Good supervision is an element of counselor education that has been found to be a "buffer against. . . confusion and stress" (Rønnestad & Skovholt, 2003, p. 37). This study contributes themes to the counselor development literature that can be taken up for consideration and discussion between supervisors and supervisees. Through this, the experiences that accompany ambiguity can be better acknowledged in this important supportive relationship.

The students represented in this work were supported in challenging times by knowing that others had gone through similar experiences and succeeded. This matches with their developmental stage of seeking out others' expertise and developing more confidence in their own views. They demonstrated their desire for models in their efforts to understand how best to handle the challenging process of becoming a counselor (Rønnestad & Skovholt, 2003). Counseling students, especially less

experienced students, might benefit from counselor educators taking time in certain classes—such as those involving clinical experiences—to discuss various forms of ambiguity that arise in clinical settings. This can allow students to hear from others who serve as models, and to begin to develop their own understandings of the ambiguity in their work. This process could also include facilitating the sharing of personal “critical” experiences by more experienced students that highlight how those students have wrestled with ambiguity and the other themes found in this study, describing the student’s ongoing processes with that. Use of mentorship programs between entering cohorts, mixing of cohorts within classes and clinical sites, and naturally-developing mentorship relationships can all support students by providing them with role models among more experienced students. This again relies on the stronger impact of interpersonal as opposed to impersonal supports for counseling students (Rønnestad & Skovholt, 2003). One participant’s discussion of the value of attending the graduation ceremony for an earlier cohort also leads to the suggestion that this ritual may be meaningful and helpful to students who are still distant from that landmark. This could be included as a requirement or recommendation for students.

Counselor educators may also note where the structure of programs, courses, and other academic experiences arose as ambiguous for the students of this study. According to their experiences, the students’ process of initial discomfort, frustration, and even anger when presented with ambiguous situations—such as very open-ended or highly novel types of assignments—was often followed by a process of inner turmoil. The students expressed this struggle primarily to peers, sometimes through hesitant outreach to faculty that may not have resulted in met requests, or held it internally as

they worked through their feelings. The students' high valuing of their academic identities and their performance-orientations contributed to their stress in ambiguous academic situations. It may be helpful for counselor educators simply to keep in mind that students are likely to have strong emotional responses to their program experiences, in good part due to the power difference that exists between students and professors (Rønnestad & Skovholt, 2003).

Faculty might be able to support students through this by promoting peer discussion about assignments, expressly validating individual interpretations when describing open-ended assignments, and providing course and work structure that lessens over time to support student adaptation and coping with ambiguous academic work. Faculty can also recognize the novel ambiguity of the counseling program environment itself, which is essentially characterized by its own culture and expectations which students may only learn about implicitly (this includes important elements such as how to approach a professor with a question or request, what may be discussed amongst peers regarding an assignment, and interpreting the meaning of vague or brief feedback from a faculty member on coursework). It is likely that ambiguity is not something that should be eliminated or seriously lessened in the counselor education experience, as much could be lost in the counselor's learning through reflecting on such experiences—besides that it would be an impossible task. Rather, supporting students in finding those helpful elements of “trust in the process,” self-trust, and hope through opportunities to process with supportive others and to at times receive appropriate direction may enable students to successfully engage with

ambiguity and emerge with a genuine appreciation for the role it plays in their lives and their clients’.

### **Implications for Clinical Practice**

Counseling students experienced ambiguity in their training in relation to early clinical work. Their encounters with ambiguity sensitized them to client information and client differences from themselves, and engaged the student counselors in thinking about their conceptualization of clients and in defining their roles as counselors at clinical sites. Clinical practice may change with this information in that counselors have encouragement to recognize parallels between their experiences of ambiguity and their clients’, and to use this to enhance their connection with their clients empathically as the participants of this study did. As Boss (2006) discussed, counselors can support their clients’ development of tolerance of ambiguity; however, to support this counselors should seek to go through their own processes of growing to tolerate ambiguity. Experiences of counselor education such as those described in the previous section can support this process. The counseling students in this study to some extent recognized the continuing role that ambiguity would have in their professional practice. This recognition and the use of appropriate supports such as models, consultation, normalizing, and other factors described in this discussion may be supportive to counseling practitioners as it was to the students. As ambiguity is a part of life, this is an area for ongoing growth and counselor awareness even following graduation.

### **Implications for Theory**

The concept of ambiguity in counselor development has been addressed by Boss (2006), as she described a process for promoting counselor tolerance for ambiguity. First, it is important to note that Boss described ambiguity as an external

situation that is in itself neutral, while individuals' responses are valenced. She described reality as subjective, so that there is no ultimate truth behind the ambiguity people experience (Boss, 2007). Given this nature of ambiguity, Boss described how to approach the goal of increasing tolerance for ambiguous loss, focusing on both affected families as well as their counselors. Her findings may be considered adaptable to increasing tolerance for other kinds of ambiguity. The steps are an indirect and personal process which she describes as beginning with finding meaning, followed by work focused on tempering mastery, normalizing ambivalence, reconstructing identity, revising attachment, and discovering hope. She says, "this is a circular process, and importantly, not a linear stage model" (Boss, 2006). In particular, Boss noted that counselors' acknowledgment of their own ambiguous experiences, as well as reflection and group discussion facilitate counselors in working with clients experiencing ambiguity (Boss, 2006).

This study contributes to Boss' rich body of work on ambiguous loss and her discussion of developing counselor tolerance for ambiguity by suggesting that the counselors' educational experiences may contribute to their perspectives of and tolerance for ambiguity as it develops from their characteristics prior to the program. The experiences of change shared by the participants of the present study support Boss' principle that tolerance for ambiguity is something that can be developed deliberately. While it is not in the scope of this study to critically assess the relationship of the themes and participant experiences in relation to Boss' model of developing tolerance for ambiguity in family work for ambiguous loss, there do appear to be links between the patterns and themes in such growth, which may merit further exploration.

## APPENDIX A INTERVIEW PROCEDURES AND POSSIBLE QUESTIONS

### Interview One

**Informed Consent:** Before the interview began, the study was explained and informed consent requested of each participant. This included clarifying right to withdraw, and granting permission to audio record, transcribe, and quote participants, with all possible efforts made to disguise their identities in later presentation. Each participant's name, age, and any other demographics that the participant wished to share were noted and kept confidential. With this agreement in place, the audio recording began.

The first interview was for gathering information about the student's experiences leading up to and during their position in the counselor education graduate program. It focused on events rather than subjective experiences so that a broad context of the student's present position could be understood (based on Seidman's (1991) Focused Life History interview). Another goal was to understand the present context of the student's various training experiences, including events that were brought up by prompts based on Budner's (1962) definitions of ambiguous situations as novel, complex, and insoluble (this portion was based on Seidman's (1991) Details of Experience interview). This interview lasted up to 45 minutes. The interview grew from the following prompts as well as related follow-up and clarification prompts based on participant responses.

#### **Prompts: Focused Life History**

- Tell me about how you came to be a counseling student.
- What events in your life were part of your decision to enter this program?

- Describe experiences that prepared you to become a counseling student.

**Prompts: Details of Experience**

- What do you do in a typical week as a counseling student?
- What do you do in counseling classes?
- What do you do at your clinical site?
- What do you do outside of these things related to being a counseling student?
- Describe your interactions with your professors.
- Describe your interactions with other counseling students.
- Describe your interactions with your supervisors.
- Describe your interactions with counseling professionals.
- Tell me about a time you have faced a lack of information or experience as a counseling student.\*
- Tell me about a time you have faced an abundance of information or been overwhelmed as a counseling student.\*
- Tell me about a time you have faced contradictory information or confusing situations as a counseling student.\*
- Which of these experiences has had a significant impact on you or stands out to you at this time?

\*May suggest within: classroom experience/development of clinical skills/administrative aspects.

**Interview Two**

The second interview lasted up to 45 minutes. It focused on the student's internal experiencing of situations described in the initial interview, so that an understanding of the meaning the participant made of those situations could be developed. With reference to the previous interview throughout, the second interview included the following prompts and related follow-up and clarification prompts based on

responses. The conversational nature that is part of the hermeneutic interview required more flexibility in questions and follow-up questions.

**Prompts: Reflecting on Meaning**

- Which situations discussed in our first meeting stand out to you most now and why?
- How do you find you have been impacted by the situations we have discussed?
- What parts of that experience were most difficult/easy and what do you believe made that so?
- What did you take from that experience?



APPENDIX B  
FREQUENCIES OF INITIAL CODES, BY PARTICIPANT

	<b>P1</b>	<b>P2</b>	<b>P3</b>	<b>P4</b>	<b>P5</b>	<b>P6</b>
<b>Acceptance</b>	24	25	17	7	50	31
<b>Accepting limits</b>	1		7	3	10	6
<b>Anxiety</b>	7		1		1	12
<b>Authenticity</b>		1		4	35	5
<b>Avoidance</b>	13	1		1		
<b>Balance</b>		3	2	4	5	1
<b>Benefit</b>	2					
<b>Boundaries</b>			4	6	5	
<b>Calm</b>	1	6	8	1		4
<b>Change</b>	4	6	22	14	39	17
<b>Classes</b>	8	7	4		16	4
<b>Clients</b>	3	6	32	10	21	17
<b>Comparison</b>	1		17	3		
<b>Concern</b>	8					
<b>Confusion</b>	2	2	15	9	19	6
<b>Connection</b>	3	3	8	8	13	10
<b>Control</b>	11	3	1	1	11	8
<b>Creative</b>			1			
<b>Critical thinking</b>	1	7	16	1	4	4
<b>Defeat</b>	1					
<b>Desire to grow</b>		3	8	13	28	4
<b>Desire to learn</b>	1	3	18	12	7	5
<b>Destructive</b>				1		
<b>Difficulty</b>	1		1	15		
<b>Disappointment</b>	5					
<b>Discomfort</b>	12		9	9	11	24
<b>Emotionality</b>	1		1		9	7
<b>Empowerment</b>	1	6		9	6	4
<b>Experience</b>		6	15	12	16	15
<b>Family</b>	1			9		
<b>Fear</b>	1		3	3	9	6
<b>Flexibility</b>	18	13	2	2	8	7
<b>Frustration</b>	5	4	14	4	9	2
<b>Helpful</b>	10	4	11	7	8	13
<b>Hope</b>	6	2	4	18	1	3
<b>Humility</b>			11	7		
<b>Independence</b>	5	12	14	1		7

Life	5	20	10		17	8
Loss	9	4		3		
Mistakes	1					
Negative self-regard			1		1	
Normalizing	2	1	1		1	
Openness	4	5	6	3	25	13
Origin	4	19				
Overwhelmed			9	18	1	2
Peers	13	4	7	17	11	4
Personal counseling			1	3	1	
Perspectives	1	11	33	5	2	13
Positive self-regard	1	2	4		2	1
Processing		1		2		8
Professors	22	2	6	4	2	8
Program influence	10	4	1	2	1	2
Regret	1		3	4	1	2
Relief		5		4		5
Research		1				4
Risk	3	4	9	2	35	9
Role		8	10	14	34	1
Sadness	2		6	5		2
Seeking clarification	2					
Seeking truth		2	9		1	1
Self-blame	1					
Self-care	1			4		6
Self-confidence		3	10	6	2	2
Self-doubt			6	10	8	4
Self-evaluation			3			
Self-talk	1					4
Self-trust		5	7	5	10	14
Separateness		5	9	9	6	6
Social	4	2	2	13	4	1
Standards	3	2	2			
Stifled		1	7	1	2	
Stress	3		2	1		
Structure	1	2				
Supervision	9	13	13	6	16	2
Support				1		
Surprise	1					
Talking	3			1		
The process			1		6	3

<b>Thinking about</b>	7		2			1
<b>Uncertainty</b>	14	6	9			
<b>Unhelpful</b>	5	4	2		1	
<b>Unknown</b>	1					
<b>Unstructured</b>		1				
<b>Validation</b>		7	2	1	2	
<b>Wanting clarification</b>	14	3	9	9	13	23

## APPENDIX C CONSENT FORM AND IRB APPROVAL

### **Informed Consent**

**Protocol Title:** Counseling students' experiences of ambiguity

**Please read this consent document carefully before you decide to participate in this study.**

#### **Purpose of the research study:**

The purpose of this study is to learn how counseling master's students have experienced ambiguity in their program.

#### **What you will be asked to do in the study:**

You will be asked to meet with me twice within one week in a counseling clinic room. In the first interview you will be asked to describe specific experiences you have had in the Counselor Education program. In the second interview you will be asked to describe your reactions to some of those experiences.

#### **Time required:**

Two occasions within one week, up to 30 minutes the first day and up to 60 minutes the second day.

#### **Risks and Benefits:**

There is minimal risk. If you experience discomfort from discussing your experiences, you are encouraged to contact the UF Counseling and Wellness Center at 352-392-1575 for support. There is the possibility that you may benefit from the opportunity to discuss your experiences openly.

#### **Compensation:**

There is no compensation for this research.

#### **Confidentiality:**

Your identity will be kept confidential to the extent provided by law. Your information will be assigned a code number. The list connecting your name to this number will be kept in a locked file in my faculty supervisor's office. When the study is completed and the data have been analyzed, the list will be destroyed. Your name will not be used in any report, and other identifying information will be minimized.

#### **Voluntary participation:**

Your participation in this study is completely voluntary. There is no penalty for not participating.

#### **Right to withdraw from the study:**

You have the right not to respond to any question without consequence. You have the right to withdraw from the study at any time without consequence.

#### **Whom to contact if you have questions about the study:**

Stephani Babcock, Graduate Student, Counselor Education, [sbabcock@ufl.edu](mailto:sbabcock@ufl.edu), phone 904-521-5733

Sondra Smith-Adcock, PhD, College of Education, 1215 Norman Hall, University of Florida Gainesville, FL, 32611, phone 352-273-4332

**Whom to contact about your rights as a research participant in the study:**

IRB02 Office, Box 112250, University of Florida, Gainesville, FL 32611-2250; phone 392-0433.

**Agreement:**

I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description.

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

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DATE: August 28, 2013

TO: Stephani Babcock  
1627 NE 40<sup>th</sup> Place  
Gainesville, FL 32609

FROM: Ira S. Fischler, PhD; Chair *ISF*  
University of Florida  
Institutional Review Board 02

SUBJECT: Approval of Protocol #2013-U-0918  
*Counseling Students' Experiences of Ambiguity*

SPONSOR: None

I am pleased to advise you that the University of Florida Institutional Review Board has recommended approval of this protocol. Based on its review, the UFIRB determined that this research presents no more than minimal risk to participants. Your protocol was approved as an expedited study under category 7: *Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.*

Given this status, it is essential that you obtain signed documentation of informed consent from each participant. Enclosed is the dated, IRB-approved informed consent to be used when recruiting participants for the research. If you wish to make any changes to this protocol, *including the need to increase the number of participants authorized*, you must disclose your plans before you implement them so that the Board can assess their impact on your protocol. In addition, you must report to the Board any unexpected complications that affect your participants.

It is essential that each of your participants sign a copy of your approved informed consent that bears the IRB approval stamp and expiration date.

This approval is valid through **August 26, 2014**. If you have not completed the study prior to this date, please telephone our office (392-0433) and we will discuss the renewal process with you. Additionally, should you complete the study on or before the expiration date, please submit the study closure report to our office. The form can be located at [http://ib.ufl.edu/irb02/Continuing\\_Review.html](http://ib.ufl.edu/irb02/Continuing_Review.html). It is important that you keep your Department Chair informed about the status of this research protocol.

ISF:dl

## LIST OF REFERENCES

- Bordin, E. S. (1955). Ambiguity as a therapeutic variable. *Journal of Consulting Psychology, 19*(1), 9-15. doi: 10.1037/h0047986
- Boss, P. (2006). Ambiguous Loss: Preventive Interventions for Family Professionals. [Article]. *Journal of Family & Consumer Sciences, 98*(2), 8-10.
- Boss, P. (2007). Ambiguous Loss Theory: Challenges for Scholars and Practitioners. *Family Relations, 56*(2), 105-110. doi: 10.2307/4541653
- Boss, P. (2008). A tribute, not a memorial: understanding ambiguous loss. *SIGMOD Rec., 37*(2), 19-20. doi: 10.1145/1379387.1379392
- Brams, J. M. (1961). Counselor characteristics and effective communication in counseling. *Journal of Counseling Psychology, 8*(1), 25-30. doi: 10.1037/h0047997
- Budner, S. (1962). Intolerance of ambiguity as a personality variable. *Journal of Personality, 30*(1), 29. doi: 10.1111/1467-6494.ep8933446
- Chen, C. C., & Hooijberg, R. (2000). Ambiguity intolerance and support for valuing-diversity interventions. *Journal of Applied Social Psychology, 30*(11), 2392-2408. doi: 10.1111/j.1559-1816.2000.tb02442.x
- DeRoma, V. M., Martin, K. M., & Kessler, M. L. (2003). The relationship between tolerance for ambiguity and need for course structure. *Journal of Instructional Psychology, 30*(2), 104.
- Duys, D. K., & Hedstrom, S. M. (2000). Basic counselor skills training and counselor cognitive complexity. *Counselor Education and Supervision, 40*(1), 8-18. doi: 10.1002/j.1556-6978.2000.tb01795.x
- Frenkel-Brunswik, E. (1949). Intolerance of ambiguity as an emotional and perceptual personality variable. *Journal of Personality, 18*(1), 108-143. doi: 10.1111/j.1467-6494.1949.tb01236.x
- Geller, G., Faden, R. R., & Levine, D. M. (1990). Tolerance for ambiguity among medical students: Implications for their selection, training and practice. *Social Science & Medicine, 31*(5), 619-624. doi: 10.1016/0277-9536(90)90098-D
- Geller, G., Tambor, E. S., Chase, G. A., & Holtzman, N. A. (1993). Measuring physicians' tolerance for ambiguity and its relationship to their reported practices regarding genetic testing. *Medical Care, 31*(11), 989-1001. doi: 10.1097/00005650-199311000-00002

- Grenier, S., Barrette, A.-M., & Ladouceur, R. (2005). Intolerance of uncertainty and intolerance of ambiguity: Similarities and differences. *Personality and Individual Differences, 39*(3), 593-600. doi: 10.1016/j.paid.2005.02.014
- Gruberg, R. (1969). A significant counselor personality characteristic: Tolerance of ambiguity. *Counselor Education and Supervision, 8*, 119-124. doi: 10.1002/j.1556-6978.1969.tb01312.x
- Harper, E. A. (2008). *A quantitative study of internal and external locus of control and tolerance of ambiguity on perceived counseling self-efficacy among counseling trainees*. Dissertation/Thesis.
- Heller, K. (1968). Ambiguity in the interview interaction. In J. M. Shlien (Ed.), *Research in psychotherapy* (pp. 242-259). Washington, DC: American Psychological Association.
- Kajs, L. T., & McCollum, D. L. (2009a). Assessing and describing tolerance for ambiguity in the context of school leadership. *Allied Academies International Conference: Proceedings of the Academy of Educational Leadership (AEL), 14*(2), 20-23.
- Kajs, L. T., & McCollum, D. L. (2009b). Examining tolerance for ambiguity in the domain of educational leadership. *Academy of Educational Leadership Journal, 13*(2), 1-16.
- Levitt, D. H., & Jacques, J. D. (2005). Promoting tolerance for ambiguity in counselor training programs. *Journal of Humanistic Counseling, Education & Development, 44*(1), 46-54. doi: 10.1002/j.2164-490X.2005.tb00055.x
- Light, D., Jr. (1979). Uncertainty and control in professional training. *Journal of Health and Social Behavior, 20*(4), 310-322. doi: 10.2307/2955407
- Lloyd, A. P. (1965). *Ambiguity tolerance and its relationship to the preference of counseling approach among counseling practicum students*. University of Wyoming, Laramie, Wyoming.
- McCaughan, A. M. (2010). *The preferred personality characteristics of master's-level counseling trainees: Faculty perceptions of the admissions process*. Idaho State University, Ann Arbor.
- McLain, D. L. (2009). Evidence of the properties of an ambiguity tolerance measure: the Multiple Stimulus Types Ambiguity Tolerance Scale-II (MSTAT-II). *Psychological Reports, 105*(3 Pt 1), 975-988. doi: 10.2466/pr0.105.3.975-988
- Mitchell, G. J. (1999). Evidence-based practice: Critique and alternative view. *Nursing Science Quarterly, 12*(1), 30-35. doi: 10.1177/08943189922106387



- Mitchell, G. J., & Pilkington, F. B. (2000). Comfort-discomfort with ambiguity: Flight and freedom in nursing practice. *Nursing Science Quarterly*, 13(1), 31.
- Nash, S. (2012). *Exploring relational health and comfort with closeness in student counselor development*. Doctoral dissertation, University of Florida. Retrieved from <http://ufdc.ufl.edu/UFE0044396/00001> University of Florida Digital Collections database.
- Norton, R. W. (1975). Measurement of Ambiguity Tolerance. *Journal of Personality Assessment*, 39(6), 607-619.
- Olk, M. E., & Friedlander, M. L. (1992). Trainees' experiences of role conflict and role ambiguity in supervisory relationships. *Journal of Counseling Psychology*, 39(3), 389-397. doi: 10.1037/0022-0167.39.3.389
- Pressler, J. L., & Kenner, C. A. (2010). Tolerance of ambiguity in nursing academia. *Nurse Educator*, 35(4), 139-140. doi: 10.1097/NNE.0b013e3181e33813
- Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, 30(1), 5-44.
- Seidman, I. E. (1991). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. New York: Teachers College.
- Sherrill, W. W. (2001). Tolerance of ambiguity among MD/MBA students: Implications for management potential. *The Journal of Continuing Education in the Health Professions*, 21(2), 117-122. doi: 10.1002/chp.1340210209
- Stilos, K., Moura, S. L., & Flint, F. (2007). Building comfort with ambiguity in nursing practice. *Clinical Journal of Oncology Nursing*, 11(2), 259-263. doi: 10.1188/07.cjon.259-263
- University Center for Social and Urban Research, University of Pittsburgh. (2012). Coding Analysis Toolkit [software]. Pittsburgh, PN. Retrieved from <http://cat.ucsur.pitt.edu/>
- van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. London: State University of New York.
- Wayne, S., Dellmore, D., Serna, L., Jerabek, R., Timm, C., & Kalishman, S. (2011). The association between intolerance of ambiguity and decline in medical students' attitudes toward the underserved. *Academic Medicine*, 86(7), 877-882. doi: 10.1097/ACM.0b013e31821dac01
- Yurtsever, G. (2001). Tolerance of ambiguity, information, and negotiation. *Psychological Reports*, 89(1), 57-64. doi: 10.2466/pr0.2001.89.1.57

## BIOGRAPHICAL SKETCH

Stephani Babcock graduated from the University of Florida with a Bachelor of Science in psychology in 2011, and will complete her Master of Arts in Education and Education Specialist degrees in mental health counseling through the University of Florida Counselor Education program in May 2014. As an aspect of her counseling work, Stephani maintains involvement in the arena of student affairs through crisis management, career counseling, and outreach work at the University of Florida. This kind of work has supported her desire to serve college and counseling students as the focus of her career. In the fall of 2014, Stephani will continue her education with the Counselor Education and Supervision doctoral program at the University of Florida. Her career goals are to integrate teaching, research, supervision, and counseling practice to support student development.