2013

Barriers to Psychologists Seeking Mental Health Care

Jennifer Lynn Bearse
George Fox University

Mark R. McMinn
George Fox University, mmcminn@georgefox.edu

Winston Seegobin
George Fox University, wseegobin@georgefox.edu

Kurt Free
George Fox University

Barriers to Psychologists Seeking Mental Health Care

Jennifer L. Bearse, Mark R. McMinn, Winston Seegobin, and Kurt Free
George Fox University

Professional psychologists provide help to people in need, but how freely do psychologists seek psychotherapy themselves when facing personal challenges and struggles? What obstacles make it difficult for professional psychologists to seek psychotherapy? A survey of 260 professional psychologists (52% response rate) was conducted to investigate the frequency of various stressors impacting professional psychologists and the barriers they experience in seeking mental health services. Though none of the stressors were rated with particularly high frequencies, burnout was identified as the most frequent problem. Difficulty finding a psychotherapist and a lack of time were identified as the greatest obstacles to seeking psychotherapy. Practice and training implications are discussed as well as future research directions.

Keywords: burnout, compassion fatigue, personal psychotherapy, self-care, stigma

Psychologists strive to eliminate barriers that deter individuals from seeking mental health care (American Psychological Association [APA], 2008; Kersting, 2004). In particular, ongoing efforts focus on reducing the stigma of psychotherapy as well as increasing public awareness of psychotherapy's benefits (APA, 2004 Policy and Planning Board, 2005). But what barriers do psychologists themselves experience when considering personal psychotherapy, and how might these barriers be addressed?

Most mental health professionals seek personal psychotherapy at least once in their careers (Phillips, 2011), and at a much higher rate than the general adult population (Norcross & Guy, 2005). Approximately one fourth of the general adult population has received services from a mental health professional and three fourths of mental health professionals have done so (Bike, Norcross, & Schatz, 2009; Norcross & Guy, 2005). Past research has investigated the reasons psychologists and other mental health professionals have sought personal psychotherapy (Bike et al., 2009; Pope & Tabachnick, 2004), the type of psychotherapist they seek (Norcross, Bike, & Evans, 2009), and the perceived outcome (Bike et al., 2009), but no previous studies have looked at the potential barriers that psychologists may experience when considering personal psychotherapy.

After a brief review of the risk factors facing psychologists, we consider potential barriers confronting psychologists who desire personal psychotherapy and then report results from a national survey of professional psychologists in independent practice.

Risk Factors for Psychologists

Psychotherapists seek personal psychotherapy for the same reasons as others in the adult population (Phillips, 2011), but the nature of psychologists' work may predispose them to experience certain problems. Burnout, vicarious traumatization and compassion fatigue, countertransference, and a history of personal trauma can all take their toll on those practicing in the field of mental health (Pope & Tabachnick, 1994).

Three commonly recognized dimensions of burnout are emotional exhaustion, depersonalization, and a lessened sense of personal accomplishment (Jenaro, Flores, & Arias, 2007; Maslach, 1982). O'Connor (2001) identified a number of factors that may lead to burnout, including a tendency to place others' needs before one's own, a need to control one's personal emotions when faced with clients' reported trauma and intense emotions, a heightened sensitivity to people and the environment, and a sense of isolation. Negative client behaviors, lack of therapeutic success, and the demands of paperwork and administrative duties can also contribute to burnout (Norcross, Guy, & Laidig, 2007). The cost of burnout in a mental health practitioner can be quite high, including personal distress for the person experiencing the burnout, turnover

costs for employers, and potential harm to clients who are receiving services from a psychologist working in a diminished capacity (Rupert & Morgan, 2005).

Depression is another prevalent symptom of distress in psychologists. Pope and Tabachnick (1994) reported that the majority of the psychologists they surveyed (61%, $n = 476$) indicated they had experienced at least one episode of clinical depression. In another study, 62% ($n = 425$) of the APA Division 17 (Counseling Psychology) members surveyed identified themselves as depressed, with a sense of withdrawal and isolation from colleagues being cited as the most frequent issues associated with the depression (Gilroy, Carroll, & Murra, 2002).

The rate of suicidal thoughts among psychologists is alarming. Pope and Tabachnick (1994) reported that more than one fourth (29%) of those surveyed indicated they had felt suicidal, and almost 4% indicated they had made at least one suicide attempt. Gilroy et al. (2002) found that 42% of their respondents reported experiencing suicidal ideation or behavior. Of more than 230 occupations analyzed by epidemiologists at the National Institute of Occupational Safety and Health, male psychologists were the most likely to commit suicide, with an odds ratio of 3.5 times greater than the general public (Ukens, 1995).

In addition to burnout, psychologists are at risk for vicarious traumatization and compassion fatigue (Phillips, 2011). Vicarious traumatization relates to the effects of graphic and traumatic material presented by clients. Compassion fatigue compromises one's empathic ability to recognize pain in others, motivation to respond to it, and the psychotherapist's ability to experience the painful emotions of the client (Figley, 2002). Direct exposure to clients' emotional suffering and a prolonged sense of responsibility for the client's care also contribute to compassion fatigue.

Another risk factor for mental health practitioners is countertransference, a phenomenon in psychotherapy that can impact cognitive, affective, and behavioral responses to particular clients. Countertransference can manifest itself in a variety of ways, but the most problematic occur when (a) psychologists do not recognize the potential therapeutic benefits of countertransference and assume that all such feelings are to be avoided, (b) countertransference is poorly managed because of the psychologist's own unresolved issues, and (c) countertransference feelings turn into behaviors, particularly in the areas of sexualized or hostile behaviors (Burwell-Pender & Halinski, 2008).

Finally, it is a common conception that people who go into psychology are those who are trying to figure out their own issues. Though this sounds like a sweeping generalization, it may be true that a portion of psychologists are predisposed to mental illness prior to entering the field. Some might see a career in psychotherapy as a way of working through their own psychological problems. Others may view psychotherapy as a way to reduce loneliness, and some may enjoy the sense of power and control that they experience in the psychotherapy setting (Guy, 1987). In relation to the general public, psychologists may have a higher-than-normal incidence of childhood trauma (Elliott & Guy, 1993; Nikcevic, Kramolisova-Advani, & Spada, 2007). Though traumatic childhood experiences may enable therapists to be more empathetic toward troubled clients as "wounded healers," an internal motivation for personal healing will place the psychotherapeutic relationship at risk (Guy, 1987).

In light of these risk factors, the potential benefits of personal psychotherapy are substantial. Indeed, most psychologists who pursue personal psychotherapy are pleased with the outcome (Bike et al., 2009). Experiential learning, such as what occurs in psychotherapy, may help psychologists better understand the nature of their work and become more effective in meeting the needs of their clients (Daw & Joseph, 2007). By having dealt successfully with their own personal issues, psychologists in personal psychotherapy may also gain an enhanced sense of efficacy in their own ability to help others (Pope & Tabachnick, 1994). They may also experience a sort of camaraderie with their psychotherapist that can help diminish feelings of isolation (Coster & Schwebel, 1997).

Deterrents to Seeking Psychological Help

To benefit from psychotherapy a person must seek it out and engage in the process. Unfortunately, for many who are suffering from psychological distress, various deterrents keep this from happening. A number of these barriers have previously been identified in the literature, including social stigma (Komiya, Good, & Sherrod, 2000), treatment fears (Deane & Todd, 1996; Kushner & Sher, 1989), fear of emotion (Komiya et al., 2000), anticipated utility and risks (Vogel & Wester, 2003; Vogel, Wester, Wei, & Boysen, 2005), and self-disclosure (Hinson & Swanson, 1993; Vogel & Wester, 2003). Social norms and self-esteem may also impact the decision to seek psychotherapy (Vogel, Wester, & Larson, 2007). Although some of these barriers exist for almost everyone, others appear to be unique to mental health professionals.

Stigma exists to some degree for many individuals considering psychotherapy. It is likely that this is also true for psychologists who may be viewed negatively not only by family and friends but also by clients, employers, and colleagues who may question the ability of a psychologist who is struggling with his or her own psychological distress (Barnett, Baker, Elman, & Schoener, 2007). A psychological diagnosis can also lead to problems in the area of health care and disability insurance, where certain diagnoses can impact the psychologists' ability to get adequate coverage. Some psychologists in professional practice may use individual rather than group health care plans, which are subject to less federal regulation. As a result, they may be excluded from policies because of preexisting conditions or may not be able to afford health care coverage at all. These insurance factors would likely impede psychologists from getting help when they need it.

Related to stigma, privacy concerns may exist. The fear of being seen sitting in a psychologist's waiting room may be enough to keep some psychologists from seeking help. Though psychologists know ethical standards and state laws regarding protected health information, they have likely also experienced other psychologists who take these standards lightly and casually, and perhaps wonder how fiercely their personal psychotherapist will honor privilege and confidentiality standards. Violations of privacy for professional psychologists may have dire implications for future work and income potential. If a psychologist is perceived to have impaired objectivity, for example, it may become an issue if a future Board or malpractice action occurs. Even the notion of privileged communication can be challenging in some jurisdictions when a psychologist is the patient.

For privacy reasons and others, selecting a personal psychotherapist may also be challenging. Whereas therapist selection factors such as location, availability, qualifications, language barriers, and theoretical orientation may be of concern for anyone seeking psychotherapy, other factors are specific to mental health care providers. One of these is the problem of dual relationships, where potentially all clinicians within a reasonable distance could be colleagues, peers, mentors, mentees, supervisors, or teachers (Deutsch, 1985). Another complicating factor might be the matter of competition between practitioners, the presence of which would make the establishment of a safe and trusting relationship between client and psychotherapist a near impossibility.

Many psychologists face a lack of time and/or money. A career in psychology requires continual education, working around client schedules, sometimes traveling between practice sites, staying current on scientific literature, and carrying heavy client loads. In addition, most early career psychologists are paying off educational loans. According to the 2007 Doctorate Employment Survey produced by the APA Center for Workforce Studies, 84% of graduates with a PsyD in Clinical Psychology reported some debt, with a median reported debt level of $100,000 (APA Center for Workforce Studies, 2007). In light of these limitations and demands, the commitment of time and financial resources required for psychotherapy can be burdensome. Private practitioners may have individual health policies that exclude mental health benefits.

Perhaps the biggest challenge to discussing potential obstacles to treatment is that limited systematic research has addressed this issue, and much of the existing research has investigated students in graduate school rather than practicing psychologists (e.g., Dearing, Maddux, & Tangney, 2005). We surveyed psychologists to identify the prominent barriers to treatment. A list of possible barriers was presented to psychologists who rated the relative salience of each when deciding about personal psychotherapy.

Psychologists' Experience With Psychotherapy

We chose 500 randomly selected members of the APA from the APA Directory. To limit the sample to professional psychologists, we included only those who indicated clinical psychology as both their current major field and their area of interest on their APA Directory profile. Participants were contacted by U.S. mail with a letter explaining the study, a copy of the survey questionnaire, and a preaddressed, stamped envelope. A small incentive of two dollars was also included. Information regarding informed consent was included in the cover letter, and consent was inferred when participants returned the survey. The envelopes were marked with identification numbers for the purpose of follow-up, but the actual surveys were kept anonymous by having a third party separate them from the envelopes immediately upon receipt. Participants who were interested in the outcome of the study were provided an e-mail address where they could send a request for a copy of the results.

Two hundred sixty individuals returned completed surveys (52% response rate), including 134 women (52%) and 122 men (48%). Ethnic diversity was limited within the group, with 87% of respondents ($n = 220$) identifying themselves as European American. Seven participants identified as Hispanic/Latino, six as Asian/Pacific Islander, three as African American, and 15 endorsed "Other." The mean age was 58 years, with a range of 30 to 95 years.

Because the sample was drawn from full membership of the APA, we anticipated most respondents to be doctoral-level psychologists. As expected, 98.9% reported having a doctoral degree (76.6% PhD, 22.3% PsyD). Seventy percent of participants indicated that they are practitioners in independent practice, with the remaining 30% fairly evenly divided among community mental health, medical settings, academic settings, government/industry, other, or a combination of two or more of these settings. Respondents reported a mean number of years in practice of 23.7 ($SD = 11.3$). They reported a mean of 74.0 ($SD = 50.6$) appointments per month, with a range from 0 to 250.

The survey instrument was constructed specifically for the purposes of this study. The questionnaire had four sections. In Section 1 respondents were asked, "To what degree do you feel that the following stressors have affected your ability to function effectively as a psychologist?" The five items in Section 1 are listed in Table 1. Each item was rated on a 5-point Likert-type scale ranging from 1 (*never*) to 5 (*often*). The alpha reliability of the 5 items in Section 1 was .653.

In the second section, respondents were asked, "To what degree have the following factors impeded you from seeking personal psychotherapy?" All but 1 of the 7 items in Section 2 are listed in Table 2. The one remaining item, "Prefer to rely on spiritual means of coping," was deemed quite different from other items listed in Section 2, both ideologically and in terms of scale reliability, and therefore omitted from data analyses. The same 5-point Likert-type scale used in Section 1 was used in Section 2. The alpha reliability of the 7 items in Section 2 was .758 and was increased to .762 by removing the item about seeking a spiritual means of coping.

Section 3 asked questions about personal psychotherapy, including

- "Have you ever participated in therapy for yourself?"
- "If yes, approximately how many courses of personal therapy have you participated in?"
- Approximately how many sessions have you attended (including all courses of therapy)?"
- "How much time has passed since your last session?"
- "How satisfied have you been with your experiences in personal therapy?" (5-point Likert-type scale ranging from *not at all* to *very*)

Table 1
Frequency of Stressors That Impact Therapeutic Efficacy

Stressor	Overall M	SD
Burnout	2.18	0.89
Countertransference*	1.93	0.68
Vicarious traumatization/compassion fatigue	1.92	0.86
Depression	1.86	0.87
Personal trauma**	1.71	0.74

Note. All items were rated on a 5-point Likert-type scale, ranging from 1 (*never*) to 5 (*often*). Items are arranged in descending order based on overall impact ratings.
* indicates items rated significantly lower than the preceding item ($p < .01$).
** indicates items rated significantly lower than the preceding item ($p < .001$).

Table 2
Barriers to Seeking Psychotherapy

Barrier	Overall *M*	*SD*
Difficulty selecting an acceptable therapist	2.61	1.37
Lack of time*	2.36	1.34
Lack of financial resources**	2.01	1.19
Difficulty admitting distress	1.72	0.88
Professional stigma (might affect professional reputation)	1.66	1.09
Personal stigma (my view of self or others' view of me)**	1.40	0.78

Notes. All items were rated on a 5-point Likert scale, ranging from 1 (*never*) to 5 (*often*). Items are arranged in descending order based on overall impact ratings.
* indicates items rated significantly lower than the preceding item ($p < .01$).
** indicates items rated significantly lower than the preceding item ($p < .001$).

• "Since your last personal therapy session, was there a time that you may have benefitted from therapy but did not seek it out?"
• "Have you ever participated in therapy that was not mandated as part of the requirements for your doctoral degree?"

The final section consisted of demographic questions about years in practice, sex, ethnicity, highest degree, year degree was awarded, and American Board of Professional Psychology Diplomate status. Respondents were also asked to identify their primary work setting and their average number of psychotherapy and psychological assessment appointments per month.

Stressors That May Affect Therapeutic Efficacy

Repeated-measures analysis of variance followed by profile analyses using paired sample *t*-tests were implemented to rank order factors impacting therapeutic efficacy and obstacles that deter psychotherapists from seeking psychotherapy. Table 1 summarizes the frequencies of five stressors that may impact therapeutic efficacy. The items are listed in order of the overall impact ratings, with the highest rated items at the top of the list. An overall difference was found among the five stressors, Wilks' $\lambda (4, 251) = .82$, $p < .001$, which justified profile analyses using paired sample *t*-tests to determine which items were significantly lower than the preceding item on a rank-ordered list. Given the number of tests involved in the profile analysis, a conservative α of .01 was used to control for Type I error. Though differences were present among the items, the overall mean for each of the items is relatively low (below the midpoint of 3 on the Likert-type scale).

Seeking Personal Psychotherapy

Of 258 respondents, 221 participants (86%) indicated they had participated in psychotherapy at some point in their lives, with a mean of 12.7 years ($SD = 11.2$) having passed since their last session. Respondents reported taking part in an average of 221.7 sessions ($SD = 450.4$) and 2.7 courses of psychotherapy ($SD = 1.8$). Most reporting past participation in psychotherapy viewed it positively ($M = 4.27$, $SD = 0.85$). When asked if there was a time when they may have benefitted from psychotherapy but did not seek it out, 59% of respondents answered affirmatively. This

suggests that although clinical psychologists are open to seeking psychotherapy and usually find it beneficial when they do, there are factors that deter them from doing so.

Deterrents to Seeking Psychotherapy

Respondents were also asked to rate the degree to which six specific factors have functioned as deterrents in their decision to seek personal psychotherapy. Table 2 summarizes the ratings on these items, with the items having the most impact at the top of the list. Overall differences were found, Wilks' $\lambda (6, 243) = .51$, $p < .001$, again justifying profile analyses using paired sample *t*-tests to determine which items were significantly lower than the preceding item on a rank-ordered list. Given the number of tests involved in the profile analysis, a conservative α of .01 was used to control for Type I error. As with the items in Table 1, the overall mean for each of the items in Table 2 relatively low (below the midpoint of 3 on the Likert-type scale).

Therapeutic Orientation

Respondents were asked to identify their therapeutic orientation and also to indicate the therapeutic orientation they would prefer in a therapist. The largest group of respondents (38.5%) reported that they use a cognitive/behavioral therapy (CBT) approach, and 61% of those indicated they would prefer to work with a CBT therapist. The second largest group (29.4%) identified themselves as using a psychodynamic approach to psychotherapy, and 88% of those said they would choose to work with a psychodynamic therapist. Several respondents (12%) indicated that they use more than one therapeutic modality in their work, and 63% of those said they would seek a therapist who would use a similarly eclectic approach. A small number (8.3%) endorsed a humanistic approach, 86% whom would also seek a humanistic therapist, and another group of similar size indicated they use some other modality than those listed on the survey (e.g., EMDR, biopsychosocial, integrative).

Demographic Variables

Various demographic variables, including ethnicity, age, gender, practice type, and setting, were evaluated to determine group differences among respondents. The lack of diverse ethnicity within the group eliminated the possibility of finding significant ethnic differences, and no notable differences were discovered based on type or setting of practice. Significant age correlations occurred, with younger respondents reporting time ($r = -.290$, $p < .001$) and money ($r = -.234$, $p < .001$) being more of an obstacle to seeking psychotherapy than older participants. Similarly, the longer a respondent had been in practice was associated with time ($r = -.319$, $p < .001$) and money ($r = -.266$, $p < .001$) being less of an obstacle for seeking psychotherapy. Significant differences were found between men and women with regard to the impact of vicarious traumatization and compassion fatigue on therapeutic efficacy, $t(251) = 2.26$, $p = .024$, with women identifying those issues as having a slightly greater impact than men (female $M = 2.0$, male $M = 1.8$). Women also reported being significantly more influenced by three of the barriers to seeking personal psychotherapy, including difficulty selecting a therapist, $t(248) = 2.88$, $p = .004$, lack of time, $t(249) = 2.68$, $p = .008$, and

lack of financial resources, $t(249) = 2.08$, $p = .039$. Women were significantly more likely to have engaged in personal psychotherapy, $t(253) = 3.27$, $p = .001$, with 93% of females reporting past psychotherapy experience compared to 79% of males. Finally, because of the skewed distribution of responses, a Mann-Whitney U test was used to determine differences between men and women with regard to the number of sessions in which each had participated, and a significant difference was found, $U = 3967.5$, $p = .037$. Women as a group reported engaging in a higher number of sessions than men, with a median of 80 sessions for women compared to a median of 50 sessions for men.

Practice Implications

Psychologists seek treatment. This participation rate of 86% is quite similar to 84% rate reported by Bike et al. (2009). Bike et al. speculated that the percentage of mental health professionals seeking personal psychotherapy may be increasing—from just over half in the 1970s to three-quarters in the 1990s and now to the vast majority of mental health professionals. They noted, however, that these numbers may reflect actual change or perhaps just sampling issues. Arguing against actual change is Pope and Tabachnick's (1994) survey from two decades ago in which they reported 84% of psychologist respondents had sought personal therapy.

We also know from past research that psychologists experience positive outcomes from psychotherapy (Bike et al., 2009; Phillips, 2011). Similarly, in this study 84% of respondents rated their satisfaction with psychotherapy as a 4 or 5 on a 5-point scale. Psychotherapists in other studies also reported professional gains from participating in psychotherapy (Bike et al., 2009)—something we did not ask about in this study.

Until now, the question of barriers to psychologists seeking personal psychotherapy has not been addressed. From this initial study, it appears that some barriers are more significant than others, but none are overwhelmingly high. All of the potential barriers we asked about received mean ratings below the midpoint of 3, and issues of stigma were rated extremely low on the scale, indicating stigma is not a substantial barrier for most psychologists. Still, 59% revealed there was a time when they may have benefitted from psychotherapy but did not seek it. This compares with the 34% of respondents in the Deutsch (1985) study who indicated they did not seek out psychotherapy or other forms of treatment when needed. Thus, even with potential barriers receiving low to moderate ratings in this study, it is important to consider those barriers receiving the highest ratings. Principle A, Beneficence and Nonmaleficence, of the Aspirational General Principles of the APA Ethics Code (APA, 2002) states that "Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work." Professional psychology must surely be attentive to issues that deter clinicians from engaging in psychotherapy to curtail personal distress and enhance their capacity to carry out these directives.

Finding a Psychotherapist Can Be Challenging

Participants reported that the factor having the greatest impact on their decision to seek psychotherapy was difficulty finding an acceptable therapist, a finding also noted in the Deutsch (1985) study. In written comments, a variety of reasons were indicated, including the youthfulness of available therapists, incompetence, distance, dual relationships, lack of therapists of the same ethnicity, and disappointment with previous therapists. Some written responses indicated a surprising degree of self-sufficiency (e.g., "I feel like I already have the answers and knowledge to treat myself") while others veered toward startling narcissism (e.g., "I would have a hard time finding someone as good as me!" and "I understand the issues better than most therapists would, so who would I see? I'm the best therapist I know"). But it would be a mistake to base conclusions on these few written comments. A general conclusion of this study—and one that deserves follow-up attention—is that finding a psychotherapist may be the most important obstacle to overcome when professional psychologists perceive a need to seek personal psychotherapy.

In this age of technological advances, it seems reasonable to think that one or more professional organizations might develop a directory or resource guide to help professional psychologists find a nearby psychologist experienced in working with psychologist patients. Perhaps this directory would be in the form of a web resource or a smartphone application and could promote ease of appointment setting, matching of therapeutic orientation, and demographic preferences. We know from past research as well as this one that most psychologists want a psychotherapist with a similar orientation to their own orientation, with the possible exception of behavior therapists who typically choose psychodynamic psychotherapists (Phillips, 2011). We also know that psychologists tend to seek help from middle-aged therapists of their same gender and their same profession (Norcross et al., 2009). All these variables could be considered algorithmically when developing a resource guide for psychologists interested in seeking personal psychotherapy.

Stigma Is Not Reported as a Problem

It was encouraging to note that personal and professional stigma were identified as having the least impact on seeking psychotherapy, a concern that has been raised in previous literature (Barnett et al., 2007). Though the stigma of participating in psychotherapy seems to still impact the general population to some degree, it appears that, at least within the profession itself, these concerns have been predominantly eradicated.

Professional Stress Comes in Various Forms

Burnout was identified as the most frequent stressor affecting psychotherapeutic effectiveness, though the mean rating was still below the scale's midpoint. Perhaps more telling is that out of 260 surveys returned, 160 respondents wrote in additional stressors they felt had to some degree impacted their ability to function effectively as a psychologist (an "other" line was provided on the questionnaire). These difficulties varied widely, ranging from suicidal patients to conflicts with coworkers. However, the bulk of these responses fell into four major categories, including (a) difficulty working with insurance companies, (b) personal losses, (c) family strife, and (d) financial difficulties. The frequency of these unprompted responses suggests that psychologists are consistently operating under the strain of life circumstances that are burdensome and intrusive.

Possible Gender Differences

Female psychologists reported struggling more with the effects of vicarious traumatization and compassion fatigue than their male counterparts. Though reasons for this are not certain, a third-wave feminist perspective leaves open the possibility of gender differences that foster different leadership and interpersonal styles. For example, it may be that women experience a stronger natural caregiver response to their clients, making it more difficult to maintain emotional distance from the impact of traumatic events experienced by their clients.

Women also reported being impacted by some of the deterrents to seeking psychotherapy to a greater degree than men. Finding an acceptable therapist appears to be more problematic for women, as do the challenges of limited time and money. The explanations for these differences warrant further investigation, but one possibility is that women may have a higher expectation for the relationship and rapport between practitioner and client, qualities that can be difficult to establish in an introductory session or through a review of credentials. This premise is supported by research indicating women tend to be more empathic than men, a characteristic that may lead to an increased level of expectation for this quality in a therapist (DiLalla, Hull, & Dorsey, 2004). Research by Shapiro, Ingols, and Blake-Beard (2008) indicated many women face a career/family double bind in which they are impossibly expected to invest in both roles. This conflict would seemingly increase the need for therapeutic help, but it is also likely to make the time commitment of psychotherapy unfeasible (Shapiro et al., 2008). Concerns about financial limitations may be related to this as well, as women with a greater burden of responsibilities at home may work fewer clinical hours than men, resulting in less disposable income. In addition, greater financial concerns among female psychologists may be related to the disparity in compensation between equally qualified women and men—the 2009 Doctorate Employee Survey revealed that the median starting salaries for graduates receiving their doctorate in psychology the previous year was $8,000 lower for women than for men (Michalski, Kohout, Wicherski, & Hart, 2011).

In spite of these concerns, female psychologists are more likely to engage in psychotherapy at some point in their lives and to participate in more sessions than men. Women are slightly more likely to seek psychotherapy than men (Norcross & Guy, 2005) and rate the importance of personal psychotherapy more highly than men (Bike et al., 2009). Reasons for this warrant further investigation. The increased difficulty women experience in finding a therapist may translate into a longer course of psychotherapy with more frequent sessions once they commit to an acceptable practitioner.

Training Implications

Though there is little documented research comparing the effectiveness and well-being of therapists who do and do not engage in their own personal psychotherapy, the plethora of research demonstrating the positive effects of psychotherapy in general suggests that psychologists who take part in their own psychotherapy will benefit both personally and professionally. Some part of effective training should include discussion of the potential obstacles to finding a psychotherapist. A professional issues class in a doctoral program may encourage students to seek psychotherapy throughout their careers when the need arises, but the course should also consider practical matters such as how to find a psychotherapist given the complexities of dual relationships, finances, and time demands. Likewise, self-awareness and self-care for postdoctoral fellows and early career practitioners will be important to consider in ongoing training and policy discussions. Admission of distress should be encouraged and respected as a sign of maturity and the taking of responsibility for one's own health and ability to function effectively as a therapist.

Finding an acceptable psychotherapist may look different in the future than it currently does as technological advances make long distance psychotherapy feasible. For example, inexpensive Internet-based videoconferencing opens up opportunities for psychologists practicing in small towns and rural settings where other mental health professionals are scarce or nonexistent. Though concerns still exist regarding the ethics and confidentiality of using technology in the psychotherapy office, the benefits may outweigh the risks (McMinn, Bearse, Heyne, Smithberger, & Erb, 2011).

Future Research Directions

A small but steady stream of research articles on the topic of psychologists seeking personal psychotherapy has been published over the past several decades. They have consistently shown that psychologists seek psychotherapy and find it beneficial. Little work has been done to explore what might prevent psychologists from getting treatment. This study is a step in that direction.

Various limitations should be acknowledged with the current study. As with any survey study, self-report may not be an accurate reflection of actual behavior. Also, sampling bias may be a problem despite the respectable response rate of 52%. Also, the sample was drawn from the APA Membership Directory, and it is possible that psychologists who do not belong to APA may have different experiences than those who do. Further the age of the current sample was older than a representative sample would be. The age of the current sample was 58.2 years, whereas a recent study by Michalski and Kohout (2011) reported the mean age of psychology health service providers as 53 years old. It should be noted that Bike et al. (2009) reported an average age of 52 years among their participants and reported results highly consistent with the current study despite their younger sample. A similar study of more diverse ethnicity would also be beneficial, as the vast majority of respondents to this study were European American. Also, although the current study asks if psychologists have decided not to seek therapy at a time when they needed it, we did not ask when or why they did not seek therapy. Was this choice not to seek therapy made before or after the person became a psychologist? What developmental, personal, professional, or financial issues kept them from seeking therapy?

Ideally, longitudinal research could be implemented to observe the effects of participating in personal psychotherapy over the course of time. Do psychologists who participate in personal psychotherapy during training show different levels of career satisfaction or longevity?

It would be interesting to study readiness for psychotherapy. Doctoral trainees who are required to pursue personal psychotherapy sometimes complain that they have no need for psychotherapy. Why should they invest the time and money for something they do

not need, even if they are learning to be a psychotherapist? More experienced psychologists may view this as naïve resistance, and it may be, but it is also possible that there are certain critical periods in developing psychotherapists where personal psychotherapy is maximally beneficial. Perhaps personal psychotherapy during times of personal pain is more useful than mandatory psychotherapy during training, even if it means the psychologist receives psychotherapy later in the career trajectory. The issue of timing and critical periods for psychotherapy warrants further investigation.

It would also be interesting to know how diversity and cultural variables may influence psychologists' willingness to seek help. Are some psychologists more reticent than others, or might some experience more difficulty than others finding a psychotherapist with whom they can work?

Finally, it would also be interesting to investigate the relationship between burnout, depression, and perceived obstacles to psychotherapy. Do psychologists with high levels of stress and burnout tend to perceive or experience more obstacles than psychologists who are functioning at more optimal levels? This question is worthy of further investigation.

Conclusion

The discipline of psychology is replete with research studying why individuals do what they do, how it affects them, and how we can better help them in addressing the areas of dysfunction that have negatively impacted their lives. We are not always so quick to turn the spotlight on ourselves. This study is encouraging insofar as it suggests that many psychologists seek personal psychotherapy and find it beneficial. Still, some factors impede participation, and most clinical psychologists report having failed to seek psychotherapy at times when they needed it. In light of the relatively high rates of depression and suicidal behavior among psychologists, this is cause for some concern and a worthy topic of consideration in research, practice, and training.

References

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57,* 1060–1073. doi:10.1037/0003-066X.57.12.1060

American Psychological Association. (2008). *Report of the Task Force on the Implementation of the Multicultural Guidelines.* Washington, DC: Author. Retrieved from http://www.apa.org/pi/

American Psychological Association, 2004 Policy and Planning Board. (2005). APA 2020: A perfect vision for psychology: 2004 five-year report on the policy and planning board. *American Psychologist, 60,* 512–522. doi:10.1037/0003-066X.60.5.512

American Psychological Association, Center for Workforce Studies. (2007). *Doctorate Employment Survey.* Retrieved from http://www.apa.org/workforce/publications/07-doc-empl/index.aspx

Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice, 38,* 603–612. doi:10.1037/0735-7028.38.6.603

Bike, D. S., Norcross, J. C., & Schatz, D. (2009). Processes and outcomes of psychotherapists' personal therapy: Replication and extension 20 years later. *Psychotherapy: Theory, Research, Practice, Training, 46,* 19–31. doi:10.1037/a0015139

Burwell-Pender, L., & Halinski, K. H. (2008). Enhanced awareness of countertransference. *Journal of Professional Counseling: Practice, Theory, and Research, 36,* 38–51.

Coster, J. S., & Schwebel, M. (1997). Well-functioning in professional psychologists. *Professional Psychology: Research and Practice, 28,* 5–13. doi:10.1037/0735-7028.28.1.5

Daw, B., & Joseph, S. (2007). Qualified therapists' experience of personal therapy. *Counseling & Psychotherapy Research, 7,* 227–232. doi:10.1080/14733140701709064

Deane, F. P., & Todd, D. M. (1996). Attitudes and intentions to seek professional help for personal problems or suicidal thinking. *Journal of College Student Psychotherapy, 10,* 45–59. doi:10.1300/J035v10n04_06

Dearing, R. L., Maddux, J. E., & Tangney, J. P. (2005). Predictors of psychological help seeking in clinical and counseling psychology graduate students. *Professional Psychology: Research and Practice, 36,* 323–329. doi:10.1037/0735-7028.36.3.323

Deutsch, C. J. (1985). A survey of therapists' personal problems and treatment. *Professional Psychology: Research and Practice, 16,* 305–315. doi:10.1037/0735-7028.16.2.305

DiLalla, L. F., Hull, S. K., & Dorsey, J. K. (2004). Effect of gender, age, and relevant course work on attitudes toward empathy, patient spirituality, and physician wellness. *Teaching and Learning in Medicine, 16,* 165–170. doi:10.1207/s15328015tlm1602_8

Elliott, D. M., & Guy, J. D. (1993). Mental health professionals versus non-mental-health professionals: Childhood trauma and adult functioning. *Professional Psychology: Research and Practice, 24,* 83–90. doi:10.1037/0735-7028.24.1.83

Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of Clinical Psychology, 58,* 1433–1441.

Gilroy, P. J., Carroll, L., & Murra, J. (2002). A preliminary survey of counseling psychologists' personal experiences with depression and treatment. *Professional Psychology: Research and Practice, 33,* 402–407. doi:10.1037/0735-7028.33.4.402

Guy, J. D. (1987). *The personal life of the psychotherapist.* New York, NY: John Wiley & Sons.

Hinson, J. A., & Swanson, J. L. (1993). Willingness to seek help as a function of self-disclosure and problem severity. *Journal of Counseling & Development, 71,* 465–470. doi:10.1002/j.1556-6676.1993.tb02666.x

Jenaro, C., Flores, N., & Arias, B. (2007). Burnout and coping in human service practitioners. *Professional Psychology: Research and Practice, 38,* 80–87. doi:10.1037/0735-7028.38.1.80

Kersting, K. (2004). Psychologists knock down practice barriers. *Monitor on Psychology, 35,* 36–39.

Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology, 47,* 138–143. doi:10.1037/0022-0167.47.1.138

Kushner, M. G., & Sher, K. J. (1989). Fears of psychological treatment and its relation to mental health service avoidance. *Professional Psychology: Research and Practice, 20,* 251–257. doi:10.1037/0735-7028.20.4.251

Maslach, C. (1982). *Burnout: The cost of caring.* Englewood Cliffs, NJ: Prentice-Hall.

McMinn, M. R., Bearse, J., Heyne, L. K., Smithberger, A., & Erb, A. L. (2011). Technology and independent practice: Survey results and implications. *Professional Psychology: Research and Practice, 42,* 176–184. doi:10.1037/a0022719

Michalski, D. S., & Kohout, J. L. (2011). The state of the psychology health service provider workforce. *American Psychologist, 66,* 825–834. doi:10.1037/a0026200

Michalski, D., Kohout, J., Wicherski, M., & Hart, B. (2011). *2009 doctorate employment survey.* Retrieved from http://0-www.apa.org.catalog.georgefox.edu/workforce/publications/09-doc-empl/index.aspx

Nikcevic, A. V., Kramolisova-Advani, J., & Spada, M. M. (2007). Early childhood experiences and current emotional distress: What do they tell

us about aspiring psychologists? *The Journal of Psychology: Interdisciplinary and Applied, 141,* 25–34. doi:10.3200/JRLP.141.1.25-34

Norcross, J. C., Bike, D. S., & Evans, K. L. (2009). The therapist's therapist: A replication and extension 20 years later. *Psychotherapy: Theory, Research, Practice, Training, 46,* 32–41. doi:10.1037/a0015140

Norcross, J. C., & Guy, J. D. (2005). The prevalence and parameters of personal therapy in the United States. In J. D. Geller, J. C. Norcross, & D. E. Orlinsky (Eds.), *The psychotherapist's own psychotherapy: Patient and clinician perspectives* (pp. 165–176). New York, NY: Oxford University Press.

Norcross, J. C., Guy, J. D., Jr., & Laidig, J. (2007). Recognizing the hazards. In J. C. Norcross & J. D. Guy (Eds.), *Leaving it at the office: A guide to psychotherapist self-care* (pp. 35–63). New York, NY: Guilford Press.

O'Connor, M. F. (2001). On the etiology and effective management of professional distress and impairment among psychologists. *Professional Psychology: Research and Practice, 32,* 345–350. doi:10.1037/0735-7028.32.4.345

Phillips, S. B. (2011). Up close and personal: A consideration of the role of personal therapy in the development of a psychotherapist. In R. H. Klein, H. S. Bernard, & V. L. Schermer (Eds.), *On becoming a psychotherapist* (pp. 144–164). New York, NY: Oxford.

Pope, K. S., & Tabachnick, B. G. (1994). Therapists as patients: A national survey of psychologists' experiences, problems, and beliefs. *Profes-*

sional Psychology: Research and Practice, 25, 247–258. doi:10.1037/0735-7028.25.3.247

Rupert, P. A., & Morgan, D. J. (2005). Work setting and burnout among professional psychologists. *Professional Psychology: Research and Practice, 36,* 544–550. doi:10.1037/0735-7028.36.5.544

Shapiro, M., Ingols, C., & Blake-Beard, S. (2008). Confronting career double binds: Implications for women, organizations, and career practitioners. *Journal of Career Development, 34,* 309–333. doi:10.1177/0894845307311250

Ukens, C. (1995). The tragic truth. *Drug Topics, 139,* 66–74.

Vogel, D. L., & Wester, S. R. (2003). To seek help or not to seek help: The risks of self-disclosure. *Journal of Counseling Psychology, 50,* 351–361. doi:10.1037/0022-0167.50.3.351

Vogel, D. L., Wester, S. R., & Larson, L. M. (2007). Avoidance of counseling: psychological factors that inhibit seeking help. *Journal of Counseling & Development, 85,* 410–422. doi:10.1002/j.1556-6678.2007.tb00609.x

Vogel, D. L., Wester, S. R., Wei, M., & Boysen, G. A. (2005). The role of outcome expectations and attitudes on decisions to seek professional help. *Journal of Counseling Psychology, 52,* 459–470. doi:10.1037/0022-0167.52.4.459