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## Personal Therapy and Self-Care in the Making of Psychologists

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### ABSTRACT

Psychologists are skilled in assessing, researching, and treating patients' distress, but frequently experience difficulty in applying these talents to themselves. The authors offer 13 research-supported and theoretically neutral self-care strategies catered to psychologists and those in training: valuing the person of the psychologist, refocusing on the rewards, recognizing the hazards, minding the body, nurturing relationships, setting boundaries, restructuring cognitions, sustaining healthy escapes, maintaining mindfulness, creating a flourishing environment, cultivating spirituality and mission, fostering creativity and growth, and profiting from personal therapy. The latter deserves special emphasis in the making of health care psychologists. These strategies are recommended both during training and throughout the career span. Recommendations are offered for enhancing and publicizing systems of self-care throughout the profession.

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Psychologists have developed expertise in understanding and treating patients, yet ironically often fail to apply that same expertise to our own emotional health. A recurring irony of self-care is that psychologists spend so much of their time researching and caring for others that they have little time to care for themselves. It is easy to see and diagnose distress in other people; it is so hard to get off the treadmill ourselves.

Not that psychologists are opposed to self-care; far from it. Instead, we are busy, multitasking professionals dedicated to helping others but who frequently cannot locate the time to help ourselves. Clients, families, paperwork, colleagues, students, and friends seem to assume priority. The ideal balance of caring for others *and* ourselves tends to tilt toward the former.

Self-care is a personal challenge and professional imperative that every psychologist and trainee must consciously confront. In this spirit, we do not write with any psychology specialty or theoretical orientation in mind; this article is intended for all psychologists seeking to improve both their craft and their well-being.

An overarching moral to be derived from self-care research is that psychologists should avail themselves of multiple self-care strategies unencumbered by theoretical dictates. Take integration to heart; that is, embrace multiple strategies associated with

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diverse theoretical traditions. Be comprehensive, flexible, and secular in replenishing yourself. The following self-care strategies are research-supported and theoretically neutral; they blend psychologists' in-the-trenches recommendations with the research findings.

If a colleague is plagued by occupational anxieties, then the research suggests that the strategies of healthy escapes and helping relationships may well prove effective. Once the strategies are identified, then the individual psychologist can discover for herself the available and preferred methods for implementing these strategies—for instance, massage, exercise, and meditation for healthy alternatives and peer support groups or supervision for helping relationships. The focus should be squarely placed on broad strategies, which are then adapted to our own situation and preferences (Norcross, 2000).

A recent meta-analysis of 17 studies on the efficacy of self-care among graduate students (Colman et al., 2016) supports the point. Many self-care strategies were associated with reductions in student distress and increases in their self-compassion and personal accomplishments. But there were not significant outcome differences due to a specific self-care strategy. Nor did student characteristics (sex, age, and ethnicity) make much of an outcome difference; that is, self-care is for all of us.

For those not convinced or only partially convinced by the scientific evidence, consider self-care's ethical imperative. Every ethical code of mental health professionals includes a provision or two about the need for self-care. The American Psychological Association's (2010) Ethical Principles of Psychologists and Code of Conduct, for example, directs psychologists to maintain an awareness "of the possible effect of their own physical and mental health on their ability to help those with whom they work." One section (2.06) of the code instructs psychologists, when they become aware of personal problems that may interfere with performing work-related duties adequately, to "take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties."

In this article, we offer 13 broad self-care strategies tailored to psychologists and those in training: valuing the person of the psychologist, refocusing on the rewards, recognizing the hazards, minding the body, nurturing relationships, setting boundaries, restructuring cognitions, sustaining healthy escapes, maintaining mindfulness, creating a flourishing environment, cultivating spirituality and mission, fostering creativity and growth, and profiting from personal therapy. The latter receives special emphasis for its foundational role in the formation of health care psychologists.

For each self-care strategy, we provide an overview of its scope and purpose and then a sampling of potential methods. Individual readers can, in this way, select from a smorgasbord of research-supported self-care methods that they will necessarily personalize to their own personalities, cultures, and resources.

## Valuing the Person of the Psychologist

The person of the psychologist is inextricably intertwined with treatment success. We know, scientifically and clinically, that the individual practitioner and the therapeutic relationship contribute to outcome as much as, and probably more than, the particular treatment method. So-called *therapist effects* are large and frequently exceed treatment

effects (Wampold & Imel, 2015). Meta-analyses of therapist effects in psychotherapy outcome average 5%–9% (Crits-Christoph et al., 1991; Wampold & Imel, 2015).

Two huge studies estimated the variability of outcomes attributable to psychologists in actual practice settings, one in the United States involving 6146 patients and 581 practitioners (Wampold & Brown, 2005) and the other in the United Kingdom with 10,786 patients and 119 psychotherapists (Saxon & Barkham, 2012). About 5–7% of outcome was due to therapist effects; about 0% due to the specific treatment method. Despite impressive attempts to experimentally render individual practitioners as controlled variables, it is simply not possible to mask the person and the contribution of the psychologist.

All of this is to say that science and practice impressively converge on the conclusion that the person of the clinician is the locus of successful psychotherapy. It is neither grandiosity nor self-preoccupation that leads us to self-care; it is the incontrovertible science and practice that demands we pursue self-care.

Structured questionnaires can serve as convenient, empirically grounded measures in facilitating systematic self-reflection (Orlinsky & Rønnestad, 2005). Psychologists might use questionnaires to monitor their own work morale and establish benchmarks for detecting signs of stagnation or decline. Student psychologists might use them privately to monitor their own functioning and development and share the results with mentors. Mentors, in turn, might use them in parallel fashion to track trainee distress, self-care, and development.

Research suggests that, unfortunately, psychologists are not necessarily the best reporters of their own abilities and behaviors (Lambert, 2010; Waltman et al., 2016). We all need to supplement our self-monitoring with objective measures, peer consultation, and independent verification. Self-care begins with self-awareness, but cannot end there.

Many psychologists find it useful to track their self-care through writing, journaling, or logging (e.g. Baker, 2003; Williams-Nickelson, 2006). Some prefer structured self-monitoring on a specific behavior, such as food diaries, mood and self-talk logs, or exercise calendars. Others prefer a narrative journal of feelings and experiences. Meta-analyses on the effects of expressive writing find (small) positive effects on physical and psychological outcomes (Frattaroli, 2006; Frisina et al., 2004). In any case, a written chronicle improves adherence to a self-care regimen (DiMatteo, 2006)—of course, so long as maintaining the journal or log does not itself become yet another onerous responsibility or compulsive pursuit.

To reach the action stage of behavior change (Prochaska et al., 1995), awareness and self-monitoring must beget a proactive choice. Good intentions must concretely translate into healthy behaviors. In other words, we must make self-care a priority.

The famous Talmudic injunction “If I am not for myself, who will be for me?” seems particularly difficult to implement for women socialized to place nurturing others above themselves. And women, let us emphasize, now comprise the majority of new graduates of all mental health professions (psychology, psychiatry, social work, counseling, marital and family therapy, mental health nursing). Practicing self-care is often mistranslated as selfishness and into abandoning others. We join Carol Gilligan (1982) and other feminists in challenging such women to question the morality of self-abnegation and “to consider it moral to not only care for others but for themselves” (p. 149).

Self-awareness should beget self-compassion: the capacity to notice, value, and respond to our own needs as generously as we attend to the needs of others (Murphy & Dillon, 2002). Many psychologists blame themselves for feeling drained and then, to complicate the drain, berate themselves for feeling that way. Please develop self-empathy, taking the time and space for yourself without feeling indulgent, guilty, or needy.

## **Refocusing on the Rewards**

Mixed among the stressors in a psychologist's day are the many rewards that inspired her to pursue this vocation in the first place. A key to coping with the undesirable elements of the profession is bringing attention to the bounty of rewards.

The accumulating research on (clinical) psychologists' work boils down to "feeling blessed" (in an emotional rather than theological sense) and "feeling burdened" dimensions (Orlinsky & Rønnestad, 2005). The two are barely correlated ( $r = -.13$ ) and thus independent dimensions. About 20% of psychologists feel highly blessed but also heavily burdened, a mixed quality of life. But the largest group of psychologists—about 40%—score high on blessed and low on burdened. They experience a fulfilled life.

Those blessings involve a deeply satisfying career, and, as a group, psychologists are indeed satisfied with their career choice (Guy, 1987; Rupert et al., 2012). Cross-sectional and longitudinal research of mental health professionals reveals consistent and high levels of career satisfaction (Walfish et al., 1991). In our studies of clinical psychologists (Norcross & Karpiak, 2012), for instance, the percentage of those who expressed satisfaction was no lower than 88% at any time over the past 50 years. No more than 5% at any given time reported being very dissatisfied.

Unfortunately, humans tend to react more strongly to—and probably have a longer memory for—aversive events (Kramen-Kahn & Hansen, 1998). Hence, we must highlight the overlooked rewards, refresh our original mission, and facilitate recall of successes.

## **Satisfaction of Helping**

The most frequently endorsed occupational reward of (clinical) psychologists is promoting growth in clients. Almost all (93%, to be exact) endorse it and experience it (Kramen-Kahn & Hansen, 1998). How best to remind ourselves and harvest those blessings? Three methods appear most often in our conversations and in the literature: imagery exercise, gratitude intervention, and mindful lists or journaling.

Imagery exercise entails revisiting the success stories throughout a career. As often as we harbor on shortcomings and failures, we spend surprisingly little time fondly reminiscing on the positive experiences we have incurred. Allow yourself to take pride in your work.

Journaling is a popular way of maintaining records of positive experiences. Do not merely record the events of the day in chronological order; rather, write with an intentionally positive skew. Some enjoy the Three Blessings exercise in which three positive experiences are recorded each day before sleep. Others prefer less formal means of

writing gratitude. Whatever you choose, the research is clear that this is an effective yet simple way to enrich the feeling of being blessed.

### ***Freedom and Independence***

One of the most frequently mentioned benefits of a psychology career is its freedom. Psychologists tend to be an independent, freethinking cadre who value their intellectual independence. Although we serve many people and may have a direct supervisor, ultimately we answer to no one but ourselves and our ethics. This independence is fiercely guarded, which may partially explain the deep resentment that exists toward managed care, peer review programs, and intrusive administrators (Dumont, 1992).

The greater the degree of freedom or control experienced, the greater the amount of career satisfaction. Those in independent practice express the greatest amount of satisfaction in most studies (e.g. Boice & Myers, 1987; Norcross & Prochaska, 1983; Rupert et al., 2012). Not surprisingly, psychologists in agencies typically report the least amount of freedom and corresponding job satisfaction. The path is clear: enjoy and enact your freedom!

### ***Intellectual and Emotional Stimulation***

In a unique way, the work of the psychologist is not unlike that of Sherlock Holmes. The clinical search or formal research can take on the quality of careful detective work. Psychologists are fascinated with people, curious about human behavior, and committed to the process of inner discovery. Individuals of considerable intelligence are drawn to the career because of the degree of intellectual stimulation inherent in the work. Moreover, the screening process involved in the selection and graduate training of psychologists typically limits entry to those of higher intellectual ability, and with good reason.

While stimulation of the intellect and acquisition of wisdom constitute considerable career benefits, psychologists accord more value to their emotional growth. The vast majority of psychologists acknowledge experiencing emotional growth as a direct result of their professional work (Guy et al., 1989).

### ***Interpersonal Relationships***

It's not surprising that psychologists regularly report that their ability to relate to a spouse or significant other is enhanced by their work (Guy, 1987; Weiss & Weiss, 1992). What might enhance psychologists' relationships and marriages? Psychologists say, in descending order, acceptance of their own part in marital/family problems (87% agreement), development of communication skills (85%), greater appreciation of their own marital/family strengths (85%), and greater acceptance of the spouse's/family's problems (84%; Wetchler & Piercy, 1986). These qualities probably make psychologists more flexible and accommodating to a partner, increasing the degree of satisfaction attained from the relationship.

As far as our roles as parents, both psychologists and their children say that the skills honed by clinical practice strengthen their relationship (Golden & Farber, 1998; Guy et al., 1989). Children specifically highlight empathy, tolerance, and expertise in conflict resolution as beneficial. Despite jokes to the contrary, most psychologists believe they are better suited for parenting because of their professional knowledge and experience. Moreover, psychologists with flexible schedules and high autonomy may be more available at times of illness or special need (Weiss & Weiss, 1992).

### ***Employment Opportunities***

The diversity of professional activities and a variety of employment settings prove definite assets. And that diversity positively correlates with career satisfaction. Psychologists appreciate the high degree of flexibility regarding employment settings, work schedules, professional labors, and adjustable income (Gottfredson, 1987).

### ***Recognizing the Hazards***

Psychologist self-care also entails recognizing and preparing for the inevitable hazards. Understanding its various liabilities demystifies the process and enables us to effectively cope with its downside. Here we focus on the hazards of health care psychologists. Those who understand the etiology and impact of these liabilities are most effective in minimizing their negative consequences, and thus more successfully “leave it at the office” at the end of a long workday.

### ***Physical Isolation***

Few rookies are prepared for the gnawing effects of physical isolation on their inner world. The need for complete privacy with no interruptions is simply accepted as a requirement for conducting psychotherapy’s private and in-depth exploration. But, necessary as it may be, isolation comes at a price. The paradox of being so alone in the midst of this most intimate of interpersonal encounters is perhaps one of the least understood hazards of psychotherapy (Guy & Liaboe, 1986; Hellman et al., 1986).

The isolation of the consulting room and the paucity of physical movement can lead to environmental deprivation. Psychologists report struggling with sleepiness or recurrent daydreams while trying to concentrate on clients. Even the content of the sessions themselves can develop a numbing similarity, causing a mental dullness to creep in during a long day (Freudenberger & Robbins, 1979).

### ***Emotional Isolation***

Psychologist isolation is not limited to the physical realm. Despite the intense relational contact of psychotherapy, many practitioners feel alone emotionally. One representative study (Thoreson et al., 1989) revealed that 8% of the psychologists reported significant distress due to recurrent feelings of loneliness.



The ethical and legal requirements of confidentiality result in a tendency for psychologists to split off the emotional impact of their work from the rest of life (Spiegel, 1990). The confidentiality requirement impedes us from sharing clinical details with family and friends and fully using their support except in limited instances. To avoid inadvertent domestic violations of confidentiality, practitioners must closely monitor venting of frustration or sharing of a success (Spiegel, 1990).

Since the treatment contract requires that the relationship eventually end, psychologists say repeated good-byes to individuals they have come to value. The cumulative effects of these terminations on psychologists are a cascade of emotional losses and partial mournings (e.g. Guy et al., 1993; Norcross et al., 2017). Letting go of these meaningful relationships can prove challenging, particularly when they have been the source of considerable satisfaction.

Male psychologists typically experience even more difficulty cultivating relationships with peers, since many men are socialized to inhibit expression of positive emotions and to interact competitively with other men, thereby avoiding emotional closeness with male colleagues (Brooks, 1990). At least three studies have found that women experience less emotional exhaustion than men in independent practices (Rupert & Kent, 2007), and we suspect that men's disinclination toward emotional support and affective communication may account in part for this robust difference.

### **Patient Behaviors**

Psychologists work with emotionally distressed and conflict-ridden patients. The natural consequence is that we rarely see people "at their best" (Guy, 1987). Dealing exclusively with pathological populations begins to color our perceptions of society and humanity; beware the "haunting" hazard as it has been called.

Not only are we susceptible to clients' contagious emotions, but we also possess certain vulnerabilities unique to the profession (Schwartz, 2004)—a double whammy of sorts. Clinicians are supposed to be perfect—empathic, mature, kind, hopeful, and wise—no matter how the client is. Despite intense provocations on the client's part, we are supposed to avoid pejorative remarks, wisecracks, or bitter complaints to the person/patient precipitating our distress. An impossible profession, indeed!

Most empirical research on the stressors of psychotherapy practice has been conducted on specific client behaviors. In general (e.g. Deutsch, 1984; Farber, 1983; Kramen-Kahn & Hansen, 1998), specific patient presentations found to be the most distressing are suicidal statements and acts, aggression toward the psychologist, severely depressed patients, premature termination, and profound apathy.

Of all the patients who test our patience, the suicidal top the list (e.g. Chemtob et al., 1989). The probabilities of mental health trainees and professionals having a patient commit suicide are fairly high, sad to say. More than 20% of counselors, more than 30% of psychologists, and more than 60% of psychiatrists will experience a patient's suicide (Chemtob et al., 1989; Gill, 2012; McAdams & Foster, 2000). More than one in four interns/trainees will encounter a patient suicide attempt, and at least one in nine will experience a completed patient suicide (Brown, 1987; Kleespies et al., 1993).



Reviews of the literature reveal that nearly half of all psychologists are threatened, harassed, or physically attacked by a patient at some point in their careers (Guy et al., 1992; Haller & Deluty, 1988; Pope & Tabachnick, 1993). The prevalence of physical attack, thankfully, is lower, about 20% (Pope & Vasquez, 2016); it is higher in hospitals and clinics than in private practices (Tryon, 1983).

Patient aggression manifests itself even beyond overt physical attacks, of course. Unwanted phone calls to the home or office, verbal threats against one's personal safety and that of one's family, and threats of destruction to the office contents or home all represent violence (Guy et al., 1992). Between 6% and 15% of us will be stalked sometime during our career (e.g. Carr et al., 2014; Gentile et al., 2002; Kivisto et al., 2015; Purcell et al., 2005; Romans et al., 1996), largely motivated by anger or infatuation. Stalking is mostly committed by female patients and occurs most frequently in private practices (Mastronardi et al., 2013).

### **Working Conditions**

The cozy setting of psychotherapy—the comfortable armchairs, the warm relationship, intimate engagement—often obscures its hazardous working conditions (Yalom, 2002). To be sure, different contexts make for different patterns of stress. Virtually every study (e.g. Orlinsky & Rønnestad, 2005; Raquepaw & Miller, 1989; Rupert & Kent, 2007; Rupert & Morgan, 2005; Smith & Moss, 2009; Snibbe et al., 1989) finds that psychologists employed in institutional and HMO settings experience more distress and burnout symptoms than those employed in private practice. Those in private practice, on the other hand, find patient behaviors and financial concerns comparatively more stressful.

In institutional settings, *moral stress* seems to be on the rise or, at least, more frequently addressed in the literature. Such stress occurs when organizational or legal rules prevent practitioners from doing what they believe is right or most beneficial for a patient (Fried, 2015). Psychologists experience ethical and emotional impasses: best care conflicts with organizational policies, insurance constraints, or inadequate resources. “Some care is better than none” and “We do what we can with what we have” prove the common practitioner refrains, but repeated encounters leave the healer feeling like a moral obligation has been ignored.

We extract a couple of evidence-based conclusions from the research on psychologist working conditions. One conclusion is that each work setting comes equipped with generic stressors as well as its own unique pressures. A second conclusion is that we must adopt a more nuanced perspective on the person–environment interaction. It is not the general work setting or environment per se, but the particular characteristics of that setting, such as low autonomy and low support in some agencies that pose the greatest hazards.

### **Burnout**

Burnout is defined as an occupational phenomenon specifically tied to chronic workplace stress that has not been successfully managed. In response to its growing

incidence, the World Health Organization has upgraded burnout from a state of exhaustion to a syndrome in the ICD-11 (Friedman, 2019).

Herbert Freudenberger (1982), the father of the term *burnout*, identified most of the signs of the syndrome: emotional exhaustion, physical depletion, irritability, impatience with others, and inflexibility. Enthusiastic idealism slowly morphs into cynical detachment. The bright light bulb has burned out.

Solid research indicates that approximately 2%–6% of psychologists are experiencing full-blown burnout at any one time (Farber, 1990; Farber & Norcross, 2005), but 25%–35% of psychologists experience symptoms of burnout and depression to a degree serious enough to interfere with their work (Rupert & Morgan, 2005). That number is still below the typical rates of burnout symptoms in the 50% range reported for physicians (Phillips, 2015), but is a considerable figure, nonetheless.

There is no need here for an extensive summary of the mounting literature on psychologist burnout; however, we punctuate two critical points. First, one should fully appreciate the interactive effects of occupational stress and psychologist personality. It is not simply the stressful environment nor solely the vulnerable person, but the interaction between the environment and the person. The upshot: each psychologist must sort through the unique array of environmental work stressors that confront her and then address the iterative, idiosyncratic impacts on her own world.

A second point: burnout is not a unitary or global disorder. There are distinct subtypes of burnout with attendant different self-care strategies (Farber, 1998): wearout or brownout, in which a psychologist essentially gives up or performs in a perfunctory manner when confronted with too much stress and too little gratification; classic or frenetic burnout, in which the psychologist works increasingly hard to the point of exhaustion in pursuit of sufficient gratification to match the extent of stress experienced; and underchallenged burnout, in which a psychologist is not faced with work overload but rather with monotonous and unstimulating work that fails to provide sufficient rewards. Each type requires a different self-care solution; what works for one subtype might backfire for another.

## **Minding the Body**

A common risk for psychologists and trainees is to ignore the centrality of their body in self-care. Here is a small collection of the many ways to take care of your soul by taking care of your body.

### ***Sleep***

Our watchword should be “*Mens sana in corpore sano*” (a healthy mind in a healthy body). It’s shortsighted to see sleep as an obstacle to productivity. A nightly investment in sufficient rest leads to greater resilience and accomplishment. Although many of us are guilty of long nights and early mornings to squeeze a few extra hours of productivity, an honest commitment to sleep is the best way to be more effective in both your career and personal life.

## ***Bodily Rest***

The stress associated with teaching, researching, and clinical work is often manifested in muscle tension, particularly in the jaw, neck, and back. As a result, many of us find massage to be an effective and pleasurable method of treating muscle discomfort. Facial massages are natural antidotes to experiencing and expressing strong emotions through the major face muscles. Physiologically, it stimulates blood flow, improves muscle tone, and enhances the immune function (Field, 1998). Psychologically, massage therapy reduces anxiety and depression almost as much as psychotherapy, according to a meta-analysis of dozens of studies (Hou et al., 2010; Moyer et al., 2004).

Move your body often to counteract the sedentary nature of your workday. Go for brief walks between classes or during lunch. Make sure you stretch your shoulders, neck, and legs now and then. Avoid a motionless sitting position that reduces your circulation and energy. In sum, give your body a rest between the relentlessly sedentary hours.

## ***Nutrition and Hydration***

A proper diet has an undoubtable influence on mood and energy. However, most Americans fail to meet the recommended nutritious intake for healthy living. Our advice is to resist the temptation of sugary foods that induce mood swings (Korn, 2014) and ensure that you are eating enough food throughout the day. With a busy practice schedule, many psychologists and trainees intentionally skip meals.

Proper hydration is another focus of self-care. Losing just 2% of your body's water results in you feeling tired and weak. Base your water intake on your body weight. Aim for drinking half your body weight in ounces daily; for example, if you weigh 150 pounds, your daily target would be about 75 ounces.

## ***Exercise***

Associations between exercise and well-being have been documented repeatedly for decades. The affective beneficence of exercise in psychologists converges, of course, with the research attesting to the link between exercise and decreases in depression, anxiety, and body hatred (Hays, 1995; Stathopoulou et al., 2006). Dozens of meta-analyses (Pope, 2017) demonstrate large effects for the efficacy of exercise. We suspect exercise may be even a more powerful benefit for psychologists—whose jobs are typically highly verbal, sedentary, and nonphysical—than for people generally.

As the world knows, sedentary time (like psychologists sitting for hours upon hours) is detrimentally linked to obesity, diabetes, cardiovascular disease, and premature mortality. The good news: meta-analyses demonstrate that activity-permissive workstations, like standing desks and meaningful movement, can effectively reduce occupational sedentary time, without compromising work performance (Neuhaus et al., 2014). Thus, taking vital breaks, standing during parts of office work, and moving between appointments decreases the health risks of our sedentary occupation.

## **Nurturing Relationships**

Helping relationships (or social support) exercise a threefold effect on work stressor--strain relations, according to the meta-analyses (Viswesvaran et al., 1999). Social support (1) reduces the actual strains experienced, (2) buffers or mitigates the stressors of work, and (3) moderates that stressor--strain association. In other words, nourishing relationships protect us from the ravages of our impossible profession in several ways.

### **Colleagues**

Colleagues are an important means by which to replenish our emotional reserves (Gram, 1992; Johnson et al., 2013; Menninger, 1991). Because they understand the world in which we operate, they appreciate the feelings, reactions, and concerns of fellow psychologists. By sharing and supporting, they become allies. This can prove quite encouraging and reassuring to psychologists and trainees, who otherwise feel alone with work challenges.

### **Supervisors**

What do (clinical) psychologists rate as the most positive influences on their career development? Experience with patients, formal supervision or consultation, and getting personal therapy. Together, these three constitute what has been described as the major triad of positive influences on career development (Orlinsky & Rønnestad, 2005). Psychologists accord more value to these interpersonal influences than to academic resources, such as taking courses, reading books or journals, or doing research.

### **Mentors**

Virtually all surveys and interviews of successful psychologists wind up discussing the profound influence of professional elders or mentors (Rønnestad & Skovholt, 2001). The descriptions are passionate and appreciative; mentors leave an indelible mark on our personal and professional development that reverberates today. We strongly recommend that each psychologist in training cultivate a strong attachment with and a positive investment in a mentor. Ideally, maybe two or three mentors with disparate skill sets—practice, ethics, writing, professional organizations, for example—would form your mentor network.

### **Family Members**

The single highest rated career-sustaining behavior among psychologists is spending time with one's partner and family. It receives a mean rating of 6.15 on a 7-point scale (Stevanovic & Rupert, 2004). The second highest rated career-sustaining behavior in that same study is maintaining a balance between professional and personal lives. The highest rated self-care method among interns? Yep, you guessed it: close friends, significant others, and family as sources of support. It receives a mean rating of 4.3 on a 5-point scale (Turner et al., 2005).

Children have impressive ways of deflating the self-importance that results from spending many hours with students and clients who value our expertise (Japenga, 1989). It is humbling indeed to be ignored, teased, disobeyed, and challenged by kids who are all too familiar with our weaknesses. Yet, few have the ability to provide more meaningful moments of tender love and satisfaction than one's own children.

### **Friends**

We all need friends, of course; yet, psychologists tend to have fewer and fewer friends over the course of their career (Cogan, 1977). This has led to speculation that perhaps, for better or worse, some affiliation needs are met through the practice of psychology (Guy, 1987). Friendships outside the office also tend to be more difficult for male psychologists raised to respect the male stereotype of the strong, solitary oak tree. "Real men don't need anybody" goes the common refrain.

We also encourage friendships with people outside of our chosen career. It is much too easy to allow our work to infect every aspect of our lives, from our work to our relationships. Rather than maintain friendships through conferences and workshops, devote time to your friends from school, your childhood, your neighborhood, or however else you may meet them. These friends offer a valuable opportunity to not be seen in the role of psychologist.

### **Colleague Assistance Programs**

Should things turn nasty for your education or career, reach out to spouses, family, friends, and, in addition, to organized state programs for assistance. Colleague assistance programs (CAPs) provide resources for distressed psychologists and promote their well-being. In the past, CAPs were designed for professionals in serious trouble; in the present, CAPs offer support and facilitation of professionals, including proactive self-care. Approximately half of state psychological associations, for example, offer CAPs (American Psychological Association, 2006). Self-referrals are welcomed.

### **Setting Boundaries**

In a general sense, *boundary* implies a marking point between two domains, a line or limit that should not be crossed or violated. For psychologists, boundary demarcates separation in at least two senses: between yourself/psychologist and others/clients; and between your professional life and your personal life. In all senses, the overarching goal is to maintain clear yet flexible boundaries, which leads to reduced stress, less emotional fusion, and greater satisfaction.

### **Defining the Role of the Psychologist**

Here, we implore you to not only define what you are but also to define what you are not. You are not the deity of psychology; every one of us has limits and needs, and the only way to respect those are to create solid boundaries.

Overwork is a curse of our time and simultaneously a badge of honor (Grosch & Olsen, 1994). Listen to a busy psychologist “complain” about her full schedule and overwork: it is a mix of grumbling *and* bragging expressed in the neologism of *humblebrag*. What an important, esteemed person I am! Be cautious of falling into this habit; remember, this is a vocation, not a competition.

A related paradox: Being overly concerned about clients burns out psychologists but also motivates them! A meta-analysis of 17 studies concluded that overinvolvement with patients was the biggest predictor of symptoms of burnout. But that same overinvolvement predicted high levels of personal and professional accomplishment. We work harder and longer to provide the best care, but that accomplishment comes at the risk of our own mental health (Lee et al., 2011).

### **Defining the Role of the Client**

Defining the role of the client is an imperative. It proves difficult to balance patient needs with psychologist boundaries. For example, how many hours per week must you be available by phone or email? How many minutes late can you be to your child’s recital so that you can tend to an ailing patient?

In a nutshell, maintaining boundaries entails saying “no” when deemed to be in the interest of the student’s or patient’s care and/or in the interest of the psychologist’s effectiveness. Strive not to be perfect or to cling to the ego ideal of perfect, compulsive caregiver. It is not your job to meet everyone’s needs. Your goal is always to get people to push their own wheelchairs, even if they are never able to walk again (Berkowitz, 1987).

Maintaining proper boundaries means not only saying “no” but also saying “I don’t know.” It’s honest, avoids defensiveness, and confronts your perfectionist tendencies head-on.

### **Restructuring Cognitions**

It’s hard to be dispassionate about a subject when it is yourself, but identifying and challenging our faulty cognitions are key to psychologist self-care. Traits that were once considered adaptive in the selection process of graduate school—such as high-achieving, competitive, working at full capacity, and perfectionistic—fuel many psychologists “thinking errors”—my personal worth is equal to my professional achievements, fun, and leisure are nonproductive activities, work even when ill. Over decades working with and supervising psychologists, we have concluded that this constellation of perfectionistic, self-denying traits is behind many of their (and our) impairing expectations. Keep this probability in mind as you self-monitor your internal process.

### **Countering Musterbations**

Albert Ellis, a father of cognitive-behavior therapy, compiled the most common irrationalities from which psychologists suffer. Several of his “musterbations” from his “How to Deal with Your Most Difficult Client—You” (Ellis, 1984) are summarized here.

1. *I Must Be Successful with My Patients, Practically All of the Time.* We have all put pressure on ourselves to bat a thousand, but inevitably fall short of that impossible standard. When that happens, we are typically harder on ourselves than warranted since this momentary lapse in perfection is unacceptable. What are adaptive alternative cognitions? That psychotherapy succeeds with most, but not all, patients. That we can develop reasonable standards of success. Collect outcome data on all patients to determine your actual performance compared to peers with similar patients. That we are human and will make errors. Yes, it would be highly preferable to always have superb outcomes, but that is unrealistic and unobtainable.
2. *I Must Be One of the World's Premier Psychologists.* The majority of us, whether or not we want to admit it, are average, and an average psychologist is more than capable of having the impact on clients that most of us desire. As Ellis ardently puts it in "How I Manage to Be a 'Rational' Rational Emotive Behavior Psychologist" (1995, p. 4): "There is no damned—or undamned—reason why I absolutely must be an outstanding psychologist, colleague, socialite or anything else! I am determined to always give myself unconditional self-acceptance (USA) whether or not I perform well and whether or not I am loved and approved."
3. *I Must Be Liked and Respected by All My Clients (or Students).* Asking patients to address difficult topics, pushing students to work harder, and recommending that they expose themselves to avoided situations will make the pathway bumpy. During these stressful times, patients may retaliate by becoming angry, canceling sessions, or even changing psychologists. Just because you are a helper doesn't mean the transactions between you and your client will invariably feel comfortable.

### **Assuming Causality**

Like all humans, psychologists often assume responsibility for the misfortune or lack of success of others. Sometimes, patients worsen for reasons other than us. In medicine, physicians are trained early and well to realize that some patients will probably never improve, but they try to help nonetheless. In psychology, we intellectually acknowledge these constraints but have not yet learned to accept our limits openly.

Instead of treating past events as totally predictive, you can list other factors influencing the outcome. For example, a number of patient and environmental variables have an impact on the outcome of psychotherapy. Two patient characteristics that predict slow or little success are high functional impairment and low readiness to change (Norcross & Lambert, 2018). Perhaps the patient's environment, your clinical setting, or the available resources simply do not offer the number of sessions or intensity of services needed. Taking the time to identify other factors that influence the outcome will eliminate using past experience as the sole predictor of future events.

### **Dichotomous Thinking**

How often have you categorized situations into either success or failure? Or ignored the progress a patient made even if it was not as far as you desired? Losing the nuance in



situations can prove dangerous. Evaluating events on a continuum may prove an effective antidote for dichotomous thinking. Speaking in quantitative terms may seem like a mechanical exercise, but it often pays off. For example, instead of “I got nothing done today,” perhaps “I accomplished a few minor tasks today and a small portion of a major task.”

To view negative consequences as both reversible and temporary, look for partial gains in reversals (Beck et al., 1979). What positive element can you find in a day or a class that was otherwise “a complete disaster”? If you weren’t performing well, perhaps you made some mistakes. “My day was a total mess!” might be mentally transformed into “Now that I know what mistakes to avoid, I will conduct better therapy next time.”

### **Complexity and Choice**

Self-care research and experience punctuate two other useful cognitive restructurings to “stupid psychologist thoughts.” The first of these involves embracing complexity. When asked how they sustain their well-being while working with seriously traumatized clients, peer-nominated master psychologists said that they challenged their negative cognitions to expand their perspectives (Harrison & Westwood, 2009). They purposefully reminded themselves to encompass wider horizons of possibility, embrace complexity, and tolerate ambiguity. These psychologists acknowledged the horrific trauma and suffering of their clients, and simultaneously accepted life’s potential for joy and growth. In one sense, they maintained optimism; in another sense, they avoided all-or-none (dichotomous) thinking; and in still another, important sense, they experienced life in broader, more complex, and mixed terms. The psychologists cued themselves to think in these ways through self-talk, imagery, metaphor, spirituality, and time in nature.

The second useful restructuring, not yet explicitly addressed, concerns the realization that it is a choice. You need not commit to existentialism to appreciate that practically all of our behavior is the result of volitional choice, as much as we would prefer to act in “bad faith” and convince ourselves that “we have to do” things. When we feel like the job is happening beyond our control, we become disempowered and despairing. Take a breath, recapture your intentionality, and remind yourself that you *chose* to enter this profession, you *chose* to enter graduate training, you *chose* this job. When you connect to those choices, you reconnect to freedom and agency (Venieris, 2015).

### **Sustaining Healthy Escapes**

Escapism is one of the most effective and popular methods of psychologist self-care. Regular diversions allow us to temporarily separate ourselves from our professional activities as we direct our awareness and actions to another experience. The common thread among the diverse escapes considered here is release from professional responsibilities and the concomitant immersion in healthy alternatives.

### **Vital Breaks**

Workers who frequently take advantage of breaks have higher rates of job satisfaction and lower rates of both burnout and health symptoms (Hunter & Wu, 2016). Not only

do breaks release mental stress, but they also improve the quality of our work. The type of break you take does not seem to moderate this effect (Rees et al., 2017). Given this, we encourage you to personalize your self-care to make it more appealing. Whether you take a moment to call a friend, go on a walk, do a crossword, meditate, or listen to music, breaks are critical to prolonged success.

## ***Humor***

Humor is typically used in stressful workplaces to counter anxiety, frustration, fear, and puzzlement. Common antecedents for practitioner use of humor are novel behaviors, bizarre thoughts, negative self-evaluations, and perceived threats to physical well-being (Warner, 1991). The growing body of research supports the notion that humor is decidedly beneficial (Goldin & Bordan, 1999; Sultanoff, 2013).

At the same time, humor requires sensitivity and a strong bond so that others do not feel hurt or put down; the psychologist's goal is to laugh with, not laugh at. Psychologist humor is often triggered by other feelings, including anxiety and embarrassment. Attempts at humor based on gender, cultural differences, sexual orientation, and other such sensitive topics are likely to be experienced as veiled criticism and cultural incompetence, rather than attempts to laugh at common human struggles.

## ***Vacations***

Vacations are among the most common forms of escapes away from the office, and for good reason. They give us something to look forward to before, excitement and relaxation during, and fond memories after. Use them to double-dip with other self-care strategies, such as quality time with family.

A word of caution on vacations is necessary. Yes, vacations have a positive effect on health and well-being (it is small but far from negligible). However, the benefits of vacation evanesce within a few weeks of returning to work (Bloom et al., 2009). So, enjoy your vacations, but do not fall into the trap of treating them as your only healthy escape.

## ***Play***

When psychologists are asked, "How do you play?" the emerging answers come in two varieties. The first answer, from about three-quarters of psychologists, is that they play in a multitude of ways impossible to catalog. They play as hard as they work at every imaginable activity. They paint, write, sing, dance, fish, watch movies, exercise, and perform as clowns at birthday parties (we kid you not). Many point to their hobbies as self-nourishing, playful escapes from work and into their passions. Such pursuits free the psychologist from the burdensome compulsion of attempting to understand patients and solve problems (Boylin & Briggie, 1987).

The second answer to "How do you play?"—from the remaining one-quarter of psychologists—is that "I don't." A typical response is, "Well, I don't really play. I used to, but then work, kids, mortgages, and life took my time and energy. It's tough enough

just working.” The conjured image reminds us of a Dementor attempting to suck the soul out of Harry Potter’s mouth. For those of you that fall into this category, we urge you to rediscover the joy of playing. Revisit how you used to play, and carve out time devoted to rekindling your sense of play and adventure.

## Maintaining Mindfulness

Mindfulness is one of the oldest methods of self-care, encompassing many other self-care strategies. Some form of mindfulness has been advanced by multiple theoretical persuasions *via* different labels (Geller, 2017). Freud’s observing ego involves a calm and detached mental state with impartial awareness. Reik’s (1948) “listening with a third ear” entails a similar presence. Centeredness or groundedness in humanistic traditions and contact in gestalt therapy captures the full, moment-to-moment connection with the totality of others, self, and situation. While the idea of mindfulness is not new, its research base and creative applications to self-care probably are.

What do we mean by *mindfulness*? In the simplest of terms, paying attention in a particular way: purposefully, in the present moment, and nonjudgmentally (Kabat-Zinn, 1990). As self-care, mindfulness helps us to sense and experience subtler aspects of emotion in the daily process of living. The desired consequences are decreased strain or stress, improved awareness of positive experiences, increased connection to others, and enhanced appreciation of our own (and others) sense of humanity (Shapiro & Carlson, 2009).

## Practicing Mindfulness

At the risk of sounding too technical and neuroscience, we would also note that regular mindfulness practice results in valuable neurobiological changes. A systematic review of the research (Chiesa & Serretti, 2010) suggests that mindful meditation causes increased activation of the prefrontal cortex and the anterior cingulate cortex; those changes may facilitate the reduced emotional reactivity to negative emotions and physical pain observed in clinical outcomes. Likewise, a review of neuroimaging studies on functional and structural brain changes (Hatchard et al., 2017) found that MBSR training positively effect areas of the brain related to attention, introspection, and emotional processing. Increased present-moment awareness may occur *via* increased activation of the insular cortex and reduced emotional reactivity through decreased activation of the amygdala.

## Cultivating Self-Compassion

Self-compassion consists of interrelated elements: kindness, a sense of common humanity, and mindfulness (Neff, 2003, 2011). The Mindful Self-Compassion program (Neff & Germer, 2013) employs a variety of meditations (loving-kindness, affectionate breathing) and informal daily practices (soothing touch, self-compassion self-talk).

Several psychologists routinely practice a *loving-kindness meditation*, involving the mental repetition of a generous statement as the focus of attention. Something along the lines of “May I be kind to myself,” “May I be safe,” or “May I be loved.” These can

be performed while sitting, while walking, or while performing a physical task, such as washing your hands. To maintain this meditation in their self-care repertoire, most colleagues conduct it at the same time each day (e.g. beginning of the work day, leaving the office for the day) or during the same tasks (e.g. before checking email, before eating lunch).

### **Expressing Gratitude**

A goal of mindfulness is to tip the balance of positive to negative emotions in favor of the positive side. A heavily researched technique in achieving this, especially by positive psychology, is expressing gratitude. This takes a variety of forms, so we recommend trying some and deciding which works best.

One gratitude exercise has become a classic: three good things in life. One generates a list of three good things about life experienced recently. The intervention can involve writing a brief daily note about positive things about the last day, making a daily entry of good things in a gratitude diary, or identifying those things as one falls asleep. The results are modest but meaningful decreases in negative affect and increases in well-being (Sin & Lyubomirsky, 2009).

Another gratitude-enhancing exercise is the gratitude letter. Many psychologists incorporate it into their regular phone contacts or e-mails (“I am grateful for the patient referrals you have sent me and for having you as a professional resource”). Others do so on Facebook, as they keep up with their friends.

### **Creating a Flourishing Environment**

A leitmotif of this article involves the interdependence of the person and the environment in determining effective self-care. The self-care and burnout fields have been polarized into rival camps. One camp focuses on the individual’s deficits—the “fault, dear Brutus, is in ourselves” advocates—and correspondingly recommends individualistic solutions to self-care. The other camp emphasizes systemic and organizational pressures—the “impossible profession with inhumane demands” advocates—and naturally recommends environmental and social solutions. We value both camps and adopt an interactional perspective that recognizes the reciprocal confluence of person-in-the-environment. The self is always in a system.

Just as the environment impacts us, so too can we affect the environment. In our research on self-care methods (e.g. Brady et al., 1995), psychologists rate “making organizational changes at the practice” their least frequently used method. It came in dead last among 27 self-care activities. Psychologists are far more comfortable and skilled in changing behavior than in changing the environment. Here, we offer several suggestions to improve the quality of your environment.

### **Physical Environment**

Research has identified several features of offices that support effectiveness (Augustin & Morelli, 2017). Perceived quality of services and comfort improve with increase in office

softness, personalization, and orderliness (Devlin et al., 2009). Some psychologists believe that mounds of paperwork connote a busy and successful office; however, most people perceive such an office as disorderly and haphazard. The color red is frequently experienced as a sign of danger or failure, as in a teacher's red ink marks. Softer, lighter, and warmer colors tend to enhance the office environment.

### ***Sensory Awareness***

Whenever possible, let the sun shine through. Natural light boosts comfort and mood, be it by windows, skylights, or mirrors. If an office lacks windows, employ table lamps and floor lighting with soft bulbs, for that warm and cozy vibe. Overhead fluorescent lighting is the least preferred, but ubiquitous in most office buildings.

Cultivate your office's indoor climate—a combination of temperature, humidity, air movement, and air quality (Augustin & Morelli, 2017). Human mood and mental performance generally peak in spaces that are approximately 70 degrees Fahrenheit with air quality and movement. Lack of control over air presents a growing concern for physical and mental health; indeed, one of us moved out of a practice office largely because of our inability to regulate and improve the air. All part of self-care by environmental design.

### ***Administrative Support***

Psychologists do not enter the field because they are fascinated with their business matters. Yet we frequently find ourselves devoting inordinate time to dreaded, nonprofessional responsibilities—the paperwork blues. In these instances, we recommend three paths or combinations thereof. First, insist on adequate administrative and clerical support. Second, learn to streamline your office practices. Third, if you are confused about the right path, hire a business coach or consult your accountant for cost-effective approaches. The goal is to maximize your time in what you enjoy and do well and to minimize your time at what you deplore and others can do as well, if not better than you.

In all of these decisions, base your business decisions on love, not fear (Grodzki, 2003). Fear-based practice is loathsome, grim work, whereas love-based practice is grounded in love of the work and pride in your vocation. “Mindful practice” in action!

### ***Enhancing Control in Institutional Settings***

At this point in our articles and workshops, many psychologists are howling in their seats. “Hey, we don't have that kind of control at our university or clinic!” Psychologists employed in institutional settings—colleges, clinics, hospitals, HMOs, and various institutes—presents a host of encumbrances not afflicting independent practitioners. There are, simply put, fewer degrees of freedom.

At the same time, the bulk of research indicates that it is neither the institutional setting itself nor the high demands alone that lead to psychologist stress. Highly demanding jobs can be made less stressful without lowering the amount of demands—so long

as the level of constraints can be reduced and supports can be expanded. These results are consistent with the demands–supports–constraints model of occupational stress (Kramen-Kahn & Hansen, 1998; Rupert et al., 2015). That is, positions in institutional settings will continue to be demanding, but increasing the support and reducing the constraints make the positions rewarding and manageable.

Numerous studies and even a meta-analysis (Lee et al., 2011) have demonstrated the strong relationship between sense of control and all dimensions of burnout (Rupert et al., 2015). Those in more control of their workloads and schedules experience less burnout and more work-life satisfaction. The number and severity of work contribute to some extent, of course, but the operative factor is control. Control over professional activities, work schedule, vacation time, paperwork—all of it.

## **Cultivating Spirituality and Mission**

We observed previously that nurturing relationships are one of the best predictors of life satisfaction or happiness (Myers, 2000). The other key predictor is the person's faith, which encompasses social support, purpose, and hope. Simply stated, the two best predictors of life satisfaction for people later in life are health and religiousness/spirituality (Okun & Stock, 1987).

The religious commitments of psychologists are more complex than the simple distinction between secular and religious. A study of roughly 1000 practitioners from around the globe indicated that 51% of us can be characterized by a pattern of personal spirituality, 27% as religious spirituality, and only 21% a pattern of secular morality (Smith & Orlinsky, 2004). It is true that psychologists are less conventionally religious than the general population in terms of formal organization and church attendance (e.g. Ragan et al., 1980), but we are quite a spiritual lot.

## **Career as Calling**

Mission is a distinguishing feature of self-actualizers and, we are convinced, the best of psychologists. Many psychologists feel called to the career—not simply out of family or origin experiences that created “natural-born healers,” but as expressions of a deep sense of intrinsic value, something larger than themselves. Their calling, their mission, is something that “sets their hair on fire.”

## **Commitment to Growth**

To maintain our genuine caring and to pull hope from hell, psychologists must be an optimistic cadre. They believe in the potential for significant growth and change in their clients—and themselves. They have tremendous respect for the tenacity of the human personality. Spirituality begets optimism, be it here on this earthly plane or elsewhere in a cosmic paradise. Psychologists bring all of their expertise and experience to the task of promoting growth.

### ***Becoming a Citizen-Psychologist***

Participation in a broader community can generate meaning in the life of the psychologist. We can tackle the larger social, economic, and political issues of the day through social activism. We cannot be content to rant and rave at the morning's newspaper headlines or evening television newscast, but rather commit to genuine changes in society. Citizen-psychologists actually do something about it.

*Tikkun* (also *tikkun olam*) is a Hebrew term for healing or repairing the world. *Tikkun* is an important mission in Judaism and is often used to explain the Jewish concept of social justice. Examples include transforming a poor community into a middle-class bastion, giving relationship education away, enhancing women's rights, teaching conflict resolution skills, leading parenting projects, working with disaster victims, taking the fight to Capitol Hill, lobbying for universal health care, reducing income inequities, fighting against racism, and battling on behalf of the environment. Citizen-psychologist projects involve people of all political stripes joined by a common purpose to build better communities and solve social harms (Doherty, 2009).

### **Fostering Creativity and Growth**

What distinguishes the passionately committed psychologist from the run-of-the-mill psychologist? Adaptiveness and openness to challenges (Dlugos & Friedlander, 2001). Passionately committed psychologists score quite high on psychometric measures of openness—seeking new knowledge, opening to new experiences, and appreciating ordinary experiences as potentially extraordinary.

### ***Diversity***

Creativity is unleashed when we diversify. Here we mean “diversity” in several senses: diversifying your professional activities, diversifying your daily workday, and diversifying your research interests. The evidence indicates that such diversification is a protective factor against burnout (Harrison & Westwood, 2009; Skovholt & Jennings, 2004).

### ***Deliberate Practice***

How to improve one's performance? The same way that musicians get to Carnegie Hall: practice, practice, practice. As a form of self-directed quality improvement, deliberate practice has shown promise in multiple professions, including psychotherapy (Rousmaniere, 2017). In short, measure your baseline performance (such as percentage or rate of clients improving), obtain specific and ongoing feedback about your clinical behavior (from clients, colleagues, consultants), rehearse your improved behavior, evaluate your progress, and continually plan for improvement. Psychologists *can* improve over time, but it takes deliberate practice on specific behaviors (Rousmaniere, 2017).



### ***Continuing Education***

Continued learning is one of the highest-ranked occupational rewards and one of the highest rated career-sustaining behaviors of psychologists (Kramen-Kahn & Hansen, 1998; Neimeyer et al., 2012). It might be self-directed learning, personal readings, exciting workshops, journal clubs, mentoring, peer consultation, study groups, or new training opportunities. Whatever it is, it should set your hair on fire and actualize your love of lifelong learning.

### ***Profiting from Personal Therapy***

In a massive study on becoming a psychologist, Henry et al. (1973, p. 14) concluded, “In sum, the accumulated evidence strongly suggests that individual psychotherapy not only serves as the focal point for professional training programs, but also functions as the symbolic core of professional identity in the mental health field.” Approximately, 80% of psychologists have undergone personal psychotherapy, typically on several occasions. And, as we shall see, the benefits are generally positive and multifaceted.

The relative importance attached to personal therapy varies systematically with one’s own treatment history and theoretical orientation. Psychologists who have received personal treatment believe it is more important, while psychologists who have not think it is important but less so—96% versus 61% in one of our studies (Norcross et al., 1992). Psychoanalytic psychologists have the highest rates of personal treatment (82%–100%) and behavior psychologists the lowest (44%–66%) in the United States (Norcross & Guy, 2005). International studies (Orlinsky et al., 2005) reveal similar patterns: 92% of analytic/psychodynamic psychologists and 92% of humanistic psychologists from around the globe have undergone personal therapy, whereas about 60% of cognitive-behavioral psychologists report doing so.

### ***Goals of Personal Therapy***

In a word, the goals are personal. We reviewed five studies that asked psychologists their reasons for seeking personal therapy, and in all studies, the majority (50%–67%) indicated that they entered primarily for personal reasons (Norcross & Connor, 2005). When psychologists were asked to check their reasons for involvement in personal therapy, 60% checked personal growth, 56% checked personal problems, and 46% checked training (Orlinsky et al., 2005). Before, during, or after clinical training, the results are clear: psychologists largely enter psychotherapy to deal with “personal stuff.”

### ***Starting Personal Therapy Early***

As with much of what we practice, the sooner personal therapy is started, the better. We endorse beginning personal therapy as part of graduate training. After all, graduate students juggle quite a bit while also developing in their career: academic responsibilities, financial concerns, imposter syndrome, countertransference, and a heavy workload, just to name a few. Fortunately, graduate students typically agree (Dearing et al., 2005).

Most have a favorable view of personal therapy, and the majority both endorse it as a necessary part of training and believe that their faculty generally support it.

### **How Personal Therapy Might Enhance Effectiveness**

Here are six recurring themes relating to how the psychologist's therapy is said to improve effectiveness, principally but not exclusively in clinical work (Bike et al., 2009; Norcross et al., 1988):

1. *Personal treatment improves the emotional and mental functioning of the psychologist: it makes the clinician's life less neurotic and more gratifying in a profession where one's personal health is an indispensable foundation.* Both common sense and the research literature demonstrate that psychologist stress compromises professional functioning. Stressed, harried, dissatisfied psychologists are not in a position to bring their best efforts to their work. If we fall apart, what is left for our clients?
2. *Personal treatment provides the psychologist-patient with a more complete understanding of personal dynamics, interpersonal elicitations, and conflictual issues: the psychologist will thereby conduct treatment with clearer perceptions, fewer contaminated reactions, and reduced countertransference potential.*
3. *Personal treatment alleviates the emotional stresses and burdens inherent in the practice of psychotherapy: it enables practitioners to deal more successfully with the special problems imposed by the craft.*
4. *Personal treatment serves as a profound socialization experience: it establishes a sense of conviction about the validity of psychotherapy, demonstrates its transformational power in our own lives, and facilitates the internalization of the healer role.* It is oftentimes asserted that what is most crucial about personal therapy is that clinicians have at least one experience of personal benefit, so that they acquire a sense of the potency of psychotherapy that can be communicated to their own patients. By this criterion, 85% of psychologists acknowledge at least one such positive experience—and some of those who have not yet had it might be expected to do so eventually (Orlinsky et al., 2005).
5. *Personal treatment places psychologists in the role of the client: it thus sensitizes them to the interpersonal reactions and needs of their clients and increases respect for their patients' struggles.* Anyone who has ever suffered from a callous or insensitive remark from her own psychotherapist knows of what we speak. In fact, the most frequent lasting lessons practitioners take from their personal therapy concern the interpersonal relationships and dynamics of psychotherapy: the need for a reliable and committed psychologist; the centrality of warmth, empathy, and the personal relationship; knowing what it feels like to be a patient; and the importance of transference and countertransference (Bike et al., 2009; Norcross et al., 1992).
6. *Personal treatment provides a firsthand intensive opportunity to observe clinical methods: the psychologist's psychologist models interpersonal and technical skills.* Many are the times we have answered our patients with our psychologist's words.

The question remains: Does personal therapy demonstrably improve the outcomes of psychologists' patients? The answer is nuanced. Several reviews (e.g. Clark, 1986; Greenberg & Staller, 1981; Macran & Shapiro, 1998; Orlinsky et al., 2005) concluded that there is no evidence that engaging in personal therapy is positively or negatively related to client outcome. Several process-outcome studies (e.g. Gold et al., 2015; Wogan & Norcross 1985) have found that the experience of personal therapy has several positive effects on the therapeutic alliance, specifically in facilitating empathic ability and decreasing one's dislike of patients. So, while there is little evidence that the end result is affected by personal therapy, evidence abounds that the therapeutic process certainly is.

While controlled experimental evidence is lacking on personal therapy, its desirability for psychologists is well established on other grounds. Across seven studies on the outcomes of their personal treatment, psychologist–patients find it helpful in 90%+ of the cases (Orlinsky et al., 2005). Even when accounting for cognitive dissonance and sanguine memories, the vast majority of psychologists reported positive gains. Moreover, psychologists relate improvement in multiple areas: self-esteem, work functioning, social life, emotional expression, characterological conflicts, and symptom severity. The self-rated outcomes for improvement in behavior symptoms, cognitive insight, and emotions relief are practically identical (Bike et al., 2009; Norcross et al., 1988), perhaps with symptom alleviation being slightly lower (Buckley et al., 1981).

Likewise, in the largest psychologist study conducted to date, Orlinsky and Rønnestad (2005) collected data on the personal therapy experiences of more than 4000 psychologists of diverse theoretical orientations in over a dozen countries. On self-report measures of consumer satisfaction, psychologists—arguably, the most discriminating consumers of psychotherapy one can imagine—positive outcomes predominate. Overall, 88% rated their personal benefit positively. Just 5% felt they received little personal benefit, and only 1% felt they had gotten nothing at all from their treatment.

At the same time, as with all psychotherapy, a small minority did report negative outcomes as a result of personal treatment. Across studies, the percentage of negative or harmful outcomes hovers between 1% and 5% (Norcross & Guy, 2005). In the international database, rates for unsatisfactory outcomes were generally between 3% and 7% (Orlinsky et al., 2005).

### ***Pursue Couple and Family Therapy as Well***

We have presumed so far individual therapy for the psychologist, but we hasten to broaden the self-care perspective to couple and family therapy. The prevalence of couple and family therapy is way lower than individual therapy: approximately 15% of psychologists receive couple therapy and 6% receive family therapy (Guy et al., 1988), compared to 80% securing individual therapy (Bike et al., 2009). Nonetheless, many psychologists have found it effective in ameliorating their family conflict or couple distress (Kaslow & Schultz, 1987)—or for growth work, not necessarily for psychopathology. We also recommend simultaneous or sequential systemic therapy for interpersonal conflicts and individual therapy for intrapsychic conflicts (insofar as we can separate them).

### **Confront Your Resistance about Pursuing Personal Therapy**

At least eight studies have taken the interesting twist of asking mental health professionals for their reasons in *not* seeking personal therapy (e.g. Bearse et al., 2014; Norcross et al., 2008; Norcross & Connor, 2005). While there are some differences in the results across studies, probably owing to methodological and sampling disparities, there is a robust consistency in the rationale for not undergoing personal therapy. These are confidentiality concerns, financial expenses, exposure fears, self-sufficiency desires, time constraints, and difficulties in locating a good enough psychologist outside of their immediate social and professional network. A sizable percentage also notes that they did not pursue personal treatment because other means proved effective in dealing with the inevitable burdens of life (and practicing psychotherapy). And then there is the self-stigma of seeking therapy—"I am ashamed that as a mental health professional I would need therapy myself"—but that seems to be fading in recent years.

### **Return to Personal Therapy Periodically**

As a rule, psychologists pursue personal treatment on more than one occasion. Across studies, the number of discrete episodes averages between 1.8 and 3.0. In one of our studies (Norcross et al., 2005), 32% of psychologists sought personal therapy once, 32% sought therapy twice, 22% three times, and the remaining 14% sought therapy on four or more occasions.

About half of seasoned mental health professionals returned to personal therapy (range = 43%–62%) following completion of formal training or the terminal degree (Norcross & Guy, 2005). Psychologists seeking personal treatment repeatedly during their careers supports the conclusion that it is widely perceived not only as an essential part of formative training but also as an important component in the practitioner's ongoing maturation and regenerative development. This follows Freud's (1912/1964, p. 249) injunction that every therapist "should periodically—at intervals of five years or so—submit himself to analysis once more, without feeling ashamed of taking this step."

### **Regard as One Form of Self-Development**

We recommend a variety of individually tailored personal development activities *in which the practitioner assumes the role of the student or client*. In this context, psychologists are richly remunerated: (1) you are taught, served, and nourished; (2) you relinquish the expert, caregiver role; (3) you are resensitized to the interpersonal reactions and needs of those in the client position; and (4) you are regularly reminded of the power of relationships.

### **In Closing: The Making of Psychologists**

Self-care generally, and personal therapy specifically, occupy the epicenter of the formation of psychologists. Infrequently discussed publically, and rarely found in university catalogs or academic transcripts, self-care exerts a cardinal influence on the preparation

and maintenance of all psychologists. It constitutes an “underground” of sorts on what prepares and sustains psychologists.

In that spirit, we recommend enhancing and publicizing systems of self-care in our profession. We need to improve the psychological healthiness of our training programs. In one study of graduate students in psychology, 83% said their training program did not offer written materials on self-care and 63% stated that self-care activities were not provided (Munsey, 2006). Based on our teaching experience and the training literature, a horde of urgent corrections spring to mind, including:

- Expressing positive faculty attitudes toward self-care, which directly and indirectly predict student attitudes toward help seeking (Dearing et al., 2005).
- Emphasizing self-care programing throughout training, which correlates with higher student use of self-care and greater trainee quality of life (Goncher, 2011).
- Looking at both the self and the system in training, as opposed to focusing on the “bad apple” of the impaired student (Forrest et al., 1999; O’Connor, 2001).
- Undertaking a program audit to determine how the training program is and is not incorporating humane values and self-care.
- Offering seminars addressing the occupational hazards of the profession and self-care methods.
- Encouraging research, including dissertations, on psychologist self-care and development.
- Shifting the paradigm in health care training to a new normal, one that is life-affirming, health-oriented, and drives durable change for the next generation (Coffey et al., 2017).

Likewise, if we are to take personal therapy seriously as self-care, then we need to support it throughout the professional lifespan, starting in graduate training. Personal therapy should occupy its rightful throne in the training enterprise as one evidence-based path toward self-development. Specifically, we hope that the profession commits to (Dearing et al., 2005; Norcross, 2005):

- Increasing the availability and affordability of personal therapy for students, such as maintaining lists of local practitioners offering reduced fees.
- Recommending enthusiastically personal treatment for their trainees in graduate program materials.
- Devoting class meetings to the research on psychologists’ personal therapy, emphasizing the impressively consistent reports of its multiple benefits and infrequent negative outcomes.
- Modeling by professors and supervisors to personal therapy and self-development not as a singular event but as a continuous lifelong process.
- Assisting practitioners in proactively seeking personal treatment (beyond programs for impaired psychologists) and publicly disputing the notion that the norm of returning to therapy constitutes “failure.”
- Advancing the cause of, and research on, personal therapy by state and national psychological associations.

- Submit ourselves, as Freud recommended, perhaps “at intervals of 5 years or so,” to psychotherapy once more—without “feeling ashamed.”

Our science and profession deserve no less than optimally functioning psychologists across the lifespan.

## Author Notes

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