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Mental Health Professionals' Tendencies towards Personal Therapy

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Abstract

Mental health professionals worldwide are exposed to high levels of stress, which puts them at risk of burnout if self-care is not adequately pursued. One way of self-care is seeking personal therapy. Personal therapy emerged after Freud emphasized its importance and recommended that psychotherapists should return periodically to their therapy without feeling ashamed about it. Nevertheless, several controversies have ensued, with various attitudes being reported in different countries. This study assessed the tendencies of mental health professionals toward seeking personal therapy. A cross-sectional design was used with a sample of 156 Egyptian mental health professionals through an online survey. Findings suggested that the experiences of personal therapy increased the therapist's practice and outcomes with their clients. Additionally, a statistically significant difference was found between professionals of Gestalt/person-centered orientation, whereas no statistically significant difference was found between professionals of psychodynamic/psychoanalytic, CBT, psychodrama, and other theoretical orientations.

To conclude, personal therapy has a positive impact on therapists' well-being and their practice. In their professional and personal development, it makes them excel in core and advanced skills and build appropriate relationships with their clients, which is required for effective practice. Further quantitative and qualitative studies are needed to determine the generalizability of the findings of the current study.

personal therapy; professionals; attitude

INTRODUCTION

Continuous development is essential for therapists. This is inevitably acquired through work experiences. However, therapists need to maximize the benefits of the experiential process by going through personal therapy. Personal therapy refers to the treatment of qualified mental health practitioners or those in training (1). Its importance in training mental health professionals began when Freud stated that personal therapy is the deepest and most non-negotiable part of clinical education (Freud, 1937/1964) (2). In this regard, he suggested that psychothera-

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pists should return periodically to personal therapy without feeling ashamed about it. Research consistently shows that the prevalence of personal therapy among both trainees and experienced therapists is high (3,4). For instance, a review of 17 studies of more than 8,000 mental health therapists reported that 72% – 75% had had at least one session of personal therapy (4). Also, Orlinsky and Rønnestad (5) found that more than 59% of a large sample of over 4,000 therapists across many countries reported more than one therapy experience.

Literature and fieldwork continue to shed light on the need for proper psychoeducation about the significance of therapists' self-care as well as the management of some ethical concerns that might arise in the process. For instance, it enhances the therapist's self-awareness by working on his/her self-reflection skill. The therapist then becomes aware of the different dynamics involved in the therapeutic process, such as transference, countertransference, and defense mechanisms like projection and identification. It also enhances a therapist's empathic abilities and relational skills and decreases the chance of professional burnout or unethical practice. (3,6,7). Additionally, a study exploring the impact of personal therapy on the Therapist's use of self-disclosure indicated both moderate and strong significant relationships between therapists' experiences as recipients of therapist self-disclosure and their use of self-disclosure with clients (8). In addition to enhancing the therapist's professional development and relational capacities, personal therapy increases therapists' personal development and well-being (3,6,7). By clarifying the reasons for both pursuing and refraining from personal therapy it has been possible to highlight the negative impact of the therapist's untreated mental health issues on the quality of the therapist-client relationship, as well as his relationship with his colleagues (3). The range of benefits includes strengthening the therapist's reliability as well as improving their skills (9).

The tendency to undertake and endorse personal therapy is partly determined by a range of factors such as professional discipline, theoretical orientation, gender, and cultural and professional regulation. Refraining from seeking personal therapy is associated with various reasons such as a sense of self-sufficiency, confidentiality issues, financial burden, time consumption, fear of exposure and stigma, and difficulty to find an appropriate psychotherapist (10,11). Other reasons refer to the dependence on personal coping strategies and the role of family and friends in providing the needed support (12). However, personal therapy has been universally approved in the field of psychotherapy practice for its evident usefulness, and most therapists who have gone through it stress its value (13,4,14).

As Kumari (1) argued, the question of the necessity of personal therapy is still at the center of a wide debate. Research continues to examine the effect of personal therapy on the therapist and the patient, yet less attention is given to the attitude of the therapist themselves toward seeking personal therapy. There is also a need to explore further the tendencies of seeking personal therapy, beyond being a requirement for accreditation. Therefore, this preliminary research was aimed at examining the tendencies of mental health professionals towards seeking personal therapy and studying the factors underlying them.

RESEARCH AIM

This research aimed to assess the tendencies of mental health professionals toward seeking personal therapy. The following research questions were explored during the study:

1. What are the factors that influence the tendencies of mental health professionals towards seeking personal therapy?
2. What are the barriers to seeking personal therapy among mental health professionals?

METHODS

Design and Data collection tool

In this study, a cross-sectional design was utilized. Data were collected through an online survey on SurveyMonkey for the convenience of sampling in terms of sample size, location, and time constraints. The online questionnaire titled "Therapists' Attitudes towards Personal Therapy" was designed by Deif and Youssef (15) based on relevant literature to assess the attitudes of mental health professionals towards seeking person-

al therapy. The questionnaire, which was in English and Arabic, consisted of a total of 30 items with 8 items covering socio-demographic (gender, age, residence) and practice-related variables (i.e., educational attainment, occupation, years of experience, theoretical orientation, weekly caseload). The other items were concerned with attitudes towards seeking personal therapy, such as reasons for seeking personal therapy or not, possibilities to seek therapy in the future, opinions on the need for personal therapy, etc. The questionnaire was reviewed by three experts in mental health for content validity.

Sample Population

The research was conducted amongst members of several research institutions whom the authors collaborated with, which comprises of professionals from various fields and countries. The initial population consisted of 236 professionals from 24 countries. However, the sample sizes were not representative of their respective countries, which led to narrowing down to only professionals from Egypt.

As a result, a sample of 156 valid responses was analyzed, including mental health professionals (psychiatrists, psychotherapists, and life coaches) all from an Egyptian pool. In this sample, life coaches were included due to their practice in offering some therapeutic practices and psychosocial support. Those included had undergone some form of training and certifications in therapeutic practices. Furthermore, the respondents were professionals who could respond in English. The ages of the respondents ranged between 20 – 80 years; 81.4% of which were females.

Ethical Consideration

An IRB approval was obtained from the American University in Cairo on April 18th, 2019; approval case # 2018-2019-124. The participants were fully informed of their rights to voluntarily participate in the survey and they were assured of confidentiality. Before responding to the questionnaires, the participants were required to provide electronic informed consent. Furthermore, the questionnaires were anonymous, and they were not obliged to respond to questions that they were not comfortable with.

Statistical Analysis

Data were statistically described in terms of mean ± standard deviation (± SD), median and range, or frequencies (number of cases) and percentages when appropriate. Numerical data were tested for the normal assumption using Kolmogorov Smirnov test. Comparison of years of experience was done using Mann Whitney test for independent samples. For comparing categorical data, Chi-square (c^2) test was performed. Exact test was used instead when the expected frequency is less than 5. Two-sided p values less than 0.05 was considered statistically significant. All statistical calculations were done using computer program IBM SPSS (Statistical Package for the Social Science; IBM Corp, Armonk, NY, USA) release 22 for Microsoft Windows.

RESULTS

Majority of the sample, 79.5%, were young adults aged 20 – 44 years and the minority of them (2.3%) were senior adults aged 60-80. The results showed a female predominance, who were 81.4% of the respondents. More than half of the studied sample (64.1%) were psychologists, 31.4% of them were psychiatrists and 4.5% had a different orientation, as life coaches. They offered some form of therapy to their clients (Table 1).

Table 1 Age, gender, and professions distribution of the studied sample (n=156)

Age	Total (n=156)	
	n	%
Young adults (20-44)	124	79.5
Middle adults (45 – 59)	28	18.2
Senior adults (60 – 80)	4	2.3
Gender		
Male	29	18.6
Female	127	81.4
Professions		
Psychologists	100	64.1
Psychiatrists	49	31.4
Others/ life coaches	7	4.5

Concerning the education degree, Table 2 shows that the majority (44.2%) of the studied sample had a master's degree, 23.7% had a bachelor's and 17.3% had a doctoral degree.

Table 2 The distribution of the studied sample according to the highest educational level.

	n	%
Highest educational degree		
Bachelor's Degree	37	23.7
Diploma	17	10.9
National Board of psychiatry	5	3.2
Master's Degree	69	44.2
Arab Board of psychiatry	1	0.6
Ph.D.	27	17.3

No statistically significant difference was found between professionals when they indicated reasons for seeking personal therapy, as shown in Table 3. Therapists sought personal therapy because of ethics and professionalism, personal issues, learning, networking, understanding how it is like to be in the client's shoes, and other reasons. However, 79.4% of the respondents thought that personal therapy influenced the one's therapeutic practice and 59.8% of the respondents thought that personal therapy influenced the outcomes of the therapeutic process. In this regard, 76.3% of the respondents were willing to seek therapy again, and 56.7% thought that they might need therapy again.

Table 3 Comparison between professions towards reasons for seeking personal therapy.

Reasons for seeking personal therapy	Professions									
	Psychiatrists				Psychologists					
	Yes		No		Yes		No		X^2	P
	N	%	N	%	N	%	N	%		
Ethically & professionally	16	32.7	31	33.7	33	67.3	61	66.3	0.016	0.527
Personal issues	6	35.3	41	33.1	11	64.7	83	66.9	0.033	0.527
Learning	7	28.0	40	34.5	18	72	76	65.5	0.389	0.354
Networking	12	30.8	35	34.3	27	69.2	67	65.7	0.160	0.425
Understand how it is like to be in the client's shoes	9	30	38	34.2	21	70	73	65.8	0.191	0.419

Level of significance at $p < 0.05$

On the other hand, the study identified reasons for not seeking therapy, as shown in figure 1. The highest reason was 'no need for personal therapy' and 'receiving support from elsewhere'. Other highly selected reasons were 'I know how to deal with my issues' and 'personal or professional relationships with practicing therapists'.

Table 4 shows that a statistically significant difference was found between psychiatrists and psychologists when it comes to their opinion on whether "Supervision is an alternative to personal therapy" (p=0.007). No other statistically significant difference was found between professions in seeking personal therapy or their belief on whether it was necessary.

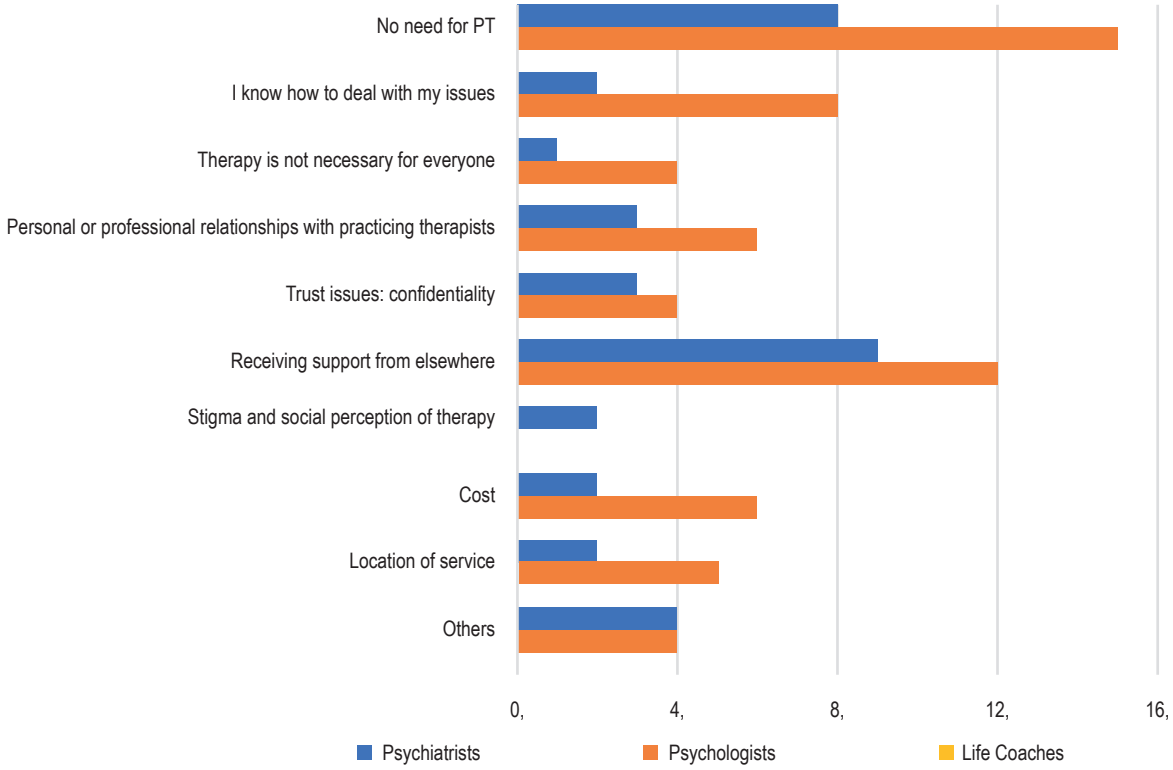

Figure 1 Reasons for not seeking personal therapy among different professionals

Table 4 Comparison of professional attitude towards personal therapy in contrast with supervision as an alternative to personal therapy

Variables	*Professions*								*Chi*	
	Psychiatrists				Psychologists					
	Yes		No		Yes		No		X^2	P
	N	%	N	%	N	%	n	%		
Necessary to seek personal therapy	36	30.3	11	50	83	69.7	11	50	3.258	0.062
Supervision is an alternative to personal therapy	19	51.4	28	26.9	18	48.6	76	73.1	7.328	0.007
Received therapy in the past	26	30.2	21	38.2	60	69.8	34	61.8	0.954	0.213

Level of significance at p <0.05

Table 5 shows that no statistically significant relationships were found between the different orientations and "It is necessary to seek personal therapy".

Table 5 Comparison between the subjective necessity to seek personal therapy in different theoretical orientations

Theoretical Orientation		Necessary to seek personal Therapy				Chi	
		No		Yes		X^2	P value
		N	%	n	%		
Psychodynamic/ psychoanalytic	No	16	69.6	100	75.2	0.325	0.368
	Yes	7	30.4	33	24.8		

CBT	No	16	69.6	71	53.4	2.082	0.111
	Yes	7	30.4	62	46.6		
Gestalt /person centered	No	21	91.3	108	81.2	1.398	0.192
	Yes	2	8.7	25	18.8		
Integrative	No	8	34.8	62	46.6	1.110	0.205
	Yes	15	65.2	71	53.4		
Psychodrama	No	23	100	131	98.2	0.350	0.726
	Yes	0	0	2	1.5		
Others	No	21	91.3	121	91	0.003	0.660
	Yes	2	8.7	12	9		

Level of significance at p <0.05

Table 6 indicates that some theoretical orientations correlate more than others to personal therapy. However, there was no statistical differences between different groups of theoretical orientation and the history of receiving personal therapy.

Table 6 Comparison between theoretical orientation and received personal therapy

Theoretical Orientation		History of receiving personal therapy				Chi	
	No		Yes		X^2	P value	
	N	%	n	%			
Psychodynamic/ psychoanalytic	No	41	71.9	75	75.8	0.278	0.365
	Yes	16	28.1	24	24.2		
CBT	No	32	56.1	55	55.6	0.005	0.539
	Yes	25	43.9	44	44.4		
Gestalt /person centered	No	50	87.7	79	79.8	1.586	0.149
	Yes	7	12.3	20	74.1		
Integrative	No	28	49.1	42	42.4	0.656	0.260
	Yes	29	50.9	57	57.6		
Psychodrama	No	57	100	97	98	1.166	0.401
	Yes	0	0	2	2		
Others	No	54	94.7	88	88.9	1.514	0.175
	Yes	3	5.3	11	11.1		

Level of significance at p <0.05

On the other hand, some orientations require personal therapy during a professional's certified training, while others seem not to. Table 7 reveals that there was a statistically significant relationship between Gestalt/person-centered orientation and "Personal therapy is a must in licensure". On the contrary, no statistically significant relationships were found between "personal therapy is a must in licensure" and other theoretical orientations.

Table 7 Comparison between theoretical orientation and personal therapy is a must in licensure

Theoretical Orientation		Personal therapy is a must in licensure				Chi	
		No		Yes	X^2	P value	
		n	%	n	%		
Psychodynamic/ psychoanalytic	No	35	83.3	81	71.1	2.428	0.086
	Yes	7	16.7	33	28.9		
CBT	No	26	61.9	61	53.5	0.877	0.226
	Yes	16	38.1	53	46.5		
Gestalt /person centered	No	40	95.2	89	78.1	6.321	0.007
	Yes	2	4.8	25	21.9		
Integrative	No	18	42.9	52	45.6	0.094	0.451
	Yes	24	57.1	62	54.4		
Psychodrama	No	42	100	112	98.2	0.746	0.533
	Yes	0	0	2	1.8		
Others	No	39	92.9	103	90.4	0.236	0.449
	Yes	3	7.1	11	9.6		

Level of significance at p <0.05

DISCUSSION

Personal therapy has a positive impact on mental health professionals in their practice and on their personal life (2). This study was conducted on mental health professionals, including psychiatrists, psychologists, and life coaches, who offered some form of therapy to their clients. Moreover, the results show several factors that influence the tendencies of mental health professionals toward seeking personal therapy. It also highlights the barriers to seeking personal therapy and highlights the trends in differences between professionals.

This section will address the results of the current study based on the previously stated questions. Specifically:

Q1 – What are the factors that determine the tendencies of mental health professionals towards seeking personal therapy?

Age: The age of the sample ranged from twenty to eighty years, with more than half (65.24%) of the studied sample being of a young age. While there was no correlational analysis done on age as a factor, other aspects of this study reveal that personal therapy may occur at all ages. This could be depicted from most of the respondents (76.3%) who were willing to seek therapy again, and 56.7% who indicated that they would need therapy again. However, some studies indicate that younger therapists seek personal therapy more, compared to older therapists. For example, Orlinsky et al. (16) reported in their study that 73% of therapists in their 20s already had or were having personal therapy. This is because personal therapy is necessary to help young trainees to acquire insight, growth, and development. It is also a beneficial tool to learn what therapy means and the issues that may arise when faced with personal difficulties (2). Nevertheless, this is contrary to other studies which indicate that young professionals have lesser tendencies of seeking help due to factors such as financial costs, being unsure of where to get professional help and preference to seek help from friends and family (17). Our findings could indicate the age of licensing in different theoretical orientations that require personal therapy. The findings could also be because of the realization of the need of personal therapy for personal reasons, or as an alternative to supervision, during one's practice. Professionals who do not undergo personal therapy at the beginning may decide to seek person-

al therapy later in their career, due to personal or professional reasons.

Gender: Females were predominant in the current study sample. While there was no correlational study conducted on this, this result would explain the results from other studies which indicate that female practitioners are more likely to seek psychological support than their male counterparts. For example, Pope and Tabachnick (18) reported that female practitioners were significantly more likely to seek personal therapy than men. Also, Norcross and Guy (4) reported that the gender of therapists has been identified in previous research as a modest factor associated with the therapists' use of personal therapy. Nevertheless, gender is still one of the factors that are yet to be sufficiently examined on how it impacts the seeking of personal therapy among psychotherapists and other mental health professionals (16).

Education: The results of this study showed that the majority had a master's degree and one-fourth of them had doctoral degrees. No correlation study was conducted but we can depict from previous studies that therapists with a greater number of years of education might face a high level of stress and need access to personal therapy to be effective and mentally well balanced compared to those with lower education. For instance, the study by Strozier and Stacey (19) investigated the prevalence of personal therapy amongst graduate-level students. In their survey of 139 social work, master's level students, 70% reported that they had received personal therapy in the past. Additionally, personal therapy may be a necessity at every level of education for the practitioners, thus increasing their possibility of attending personal therapy during higher levels of education.

Theoretical Orientation: The current study found a statistically significant difference between professions in Gestalt/Person-Centered orientation and "personal therapy is a must in licensure". Furthermore, there was no statistically significant relationship between the "Necessity to seek personal therapy" and various theoretical orientations. The results are consistent with Lundgren and Samantha (20), who found that there is no significant relationship between the participants' primary theoretical orientation and seeking personal therapy. This result could indicate the importance of some theoretical orientations as a factor that impacts the attitude towards personal psychotherapy. These results are similar to the findings of Norcross et al., (12) in a survey of 119 American mental health professionals, where the authors found that therapy and non-therapy seekers differ significantly in theoretical orientation. Such a relationship is of no statistical value when it comes to Psychodynamic/psychoanalytic, CBT, Gestalt/person-centered, Psychodrama, and other theoretical orientations. Previous studies have also emphasized that personal therapy is common in psychoanalytic and psychodynamic therapies (21).

While some theoretical orientations correlated more than others to receiving personal therapy in the past, there was no statistical differences between different groups of theoretical orientation and the history of receiving personal therapy. However, it is evident that some orientations demand that the professionals should go through personal therapy. These findings are consistent with Lundgren and Samantha (20) who revealed that there was no significant relationship between the participant's primary theoretical orientation and "I have sought personal therapy in the past". This could be because the professionals sought therapy for reasons beyond theoretical orientation, such as personal and the need to understand what it is like in the client shoes.

Pope and Tabachnick (18) in a survey of 476 psychotherapists on experience with personal therapy, report that 54% of respondents believe state licensing boards should "probably" or "absolutely" require personal therapy in licensure requirements. This result could arguably be due to the ongoing debate on whether personal therapy should be a necessity for licensure. Due to this, personal therapy is mandatory for admission into some clinical practices while others do not need it (2). Furthermore, the discrepancies on whether to seek personal therapy or not, among practitioners of various theoretical backgrounds stem from the focus of each approach. For example, psychoanalysis emphasizes dealing with the unconscious and pre-oedipal conflicts more than behavioral therapists who focus on the ego and oedipal conflicts. Additionally, some approaches recommend other forms of self-development such as self-analysis. How-

ever, the APA acknowledges the importance of the therapist's self-awareness for positive outcomes in psychotherapy (21).

Professions: The current study results revealed that there was no statistically significant relationship between professions and reasons for seeking personal therapy. This is contrary to other studies which have indicated that there is a relationship between various professions and seeking personal therapy. For instance, a study by Norcross et al. (22), indicated that psychologists sought personal therapy more than social workers and psychiatrists; a finding that is similar to that of Fortune et al. (23). However, technically, all therapists should seek personal therapy for "ethical and professional", "personal issues", "learning", "networking", "understanding how it is like to be in the client's shoes" and "other reasons". The results of this study summarized the findings of seeking personal therapy for two main reasons: personal and professional. This result is supported by Orlinsky et al. (14), who reported that professionals who had been in personal therapy reported that it was for training to facilitate personal growth or resolve personal problems.

The current study showed that there was a statistically significant difference between professions and having undertaken personal therapy in the past. As Orlinsky et al. (16) argued, this could be because several theoretical orientations do not require personal therapy for their practitioners. These results are contrary to those of Bike et al., (9) who found that 84% of the 727 psychotherapists who responded had undertaken at least one session of personal therapy. Finally, in the current study, no statistically significant difference was found among professions when it comes to the choice "It is necessary to seek personal therapy" or "Supervision is an alternative to personal therapy". In conclusion, regardless of the role of supervision as a mentoring process to provide support as well as knowledge and guidance, however, we cannot use it as an alternative to personal therapy.

Q2 – What are the barriers to seeking personal therapy?

This study identified some of the barriers and reasons why mental health professionals did not seek personal therapy. Such reasons included: "No need for therapy as a therapist", which was the highest selected, "I know how to deal with my issues", "Therapy is not necessary for everybody", "Personal or professional relationships with practicing therapists", "Trust issues/confidentiality", "Stigma and social perceptions of therapy", "Cost of therapy", "Location of service", and other reasons. These results are aligned with those of Norcross et al. (12), who sampled 2,100 randomly selected American psychotherapists and obtained a sample of 116 respondents who had never obtained personal therapy. In their study, some of the highest-rated reasons for not seeking therapy were "I dealt with my stress in other ways" and "I received sufficient support from friends, family, or coworkers". Other reasons for not seeking therapy included: coping effectively with challenges, resolving problems before therapy was undertaken, having no need for personal therapy, and cost. While there was no correlational analysis done on barriers for seeking personal therapy, it was interesting to see that the psychologists reported the highest barriers to seek therapy, yet they ought to be the advocates for seeking therapy. This result calls for further research, and perhaps a regulation on seeking personal therapy for mental health practitioners. It would also be interesting to conduct a survey on the levels of stress on the practitioners, to elaborate further some of the reasons provided as barriers to seeking personal therapy such as 'I know how to deal with my issues'. Finally, 'confidentiality' as a barrier was interesting because that is one of the qualities of a therapist!

Limitations of the study

To begin with, the final sample used by the study was made of members of only one professional association in one country. The study was conducted online so the participation rate was low. As a result, external validity does not apply to this study. There is a need for the expansion of this study, using a larger population sample and using validated tools for research. Secondly, no correlational studies were conducted to investigate the influence of demographic factors on the attitudes toward person-

al therapy. Future studies should consider this. Furthermore, the results of the current study could have been affected by the high percentage of females participating. Finally, there is a need to explore further how personal therapy influences the therapeutic process and outcomes.

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