Stressors that Affect Psychotherapists' Therapeutic Functioning

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Stressors that affect psychotherapists’ therapeutic functioning

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Andrews University, 1992
Andrews University
School of Education

STRESSORS THAT AFFECT PSYCHOTHERAPISTS’
THERAPEUTIC FUNCTIONING

A Dissertation
Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

by
Donald E. Wallace
August 1992
STRESSORS THAT AFFECT PSYCHOTHERAPISTS' THERAPEUTIC FUNCTIONING

A dissertation presented in partial fulfillment of the requirements for the degree Doctor of Philosophy

by

Donald E. Wallace

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6/30/72

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ABSTRACT

STRESSORS THAT AFFECT PSYCHOTHERAPISTS' THERAPEUTIC FUNCTIONING

by

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Title: STRESSORS THAT AFFECT PSYCHOTHERAPISTS' THERAPEUTIC FUNCTIONING

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Problem

The purpose of this study was to look at the stressors psychotherapists experience in their work to determine those that are positive and those that are negative. In addition, this study looked at stressors viewed as positive and negative by several subgroups of psychotherapists based on personality characteristics, gender, age, educational training, level of experience, preferred therapeutic school, and marital status.
Method

The Stressors Check List, Myers-Briggs Type Indicator, and a demographic sheet were given to a sample of 244 psychotherapists employed at 12 comprehensive mental health centers in the State of Indiana. Statistical analyses included t-tests, one-way analyses of variance, and Tukey’s Honestly Significant Difference Test.

Findings

Eleven stressors were found to be positive, 1 stressor was found to be negative, and 7 stressors were found to be neutral by the total sample of psychotherapists. Significant differences were found between the following groups in their perceptions of which stressors were positive and negative: psychotherapists with extroverted and introverted personality characteristics, psychotherapists with thinking and feeling personality characteristics, younger and older psychotherapists, and psychotherapists from differing therapeutic schools. There was near significance between male and female psychotherapists, between psychotherapists based on their educational training, and between psychotherapists based on their level of experience.
Summary

This study revealed that psychotherapists are exposed to positive and negative stressors at their workplace. In addition, personality characteristics, gender, age, type of educational degree, experience, and preferred therapeutic school have an impact on their perception of positive or negative stressors.
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CHAPTER I

INTRODUCTION

Background

Often the term stress has a negative connotation. However, Selye (1973, p. 693) noted that "complete freedom from stress is death." Therefore, stress is a normal and natural part of daily life. According to Tanner (1976), a moderate amount of stress will improve an individual’s performance. However, it must be remembered that large differences exist in people’s ability to tolerate various levels of stress (Petri, 1981).

Burnout, a term first used by Fruedenberger (1974) to describe the symptoms of emotional and physical exhaustion of persons working in alternative healthcare institutions, appears to be a direct result of high levels of stress. (Moracco, 1981) defined burnout as an inadequate coping mechanism used consistently by an individual to reduce stress. According to Maslach (1976), the burned-out helping professional becomes unsympathetic and develops a cynical attitude toward his clients and their problems.

The general consensus among those studying the
effects of stress upon individuals in various occupations and work settings is that stress affects every aspect of a person’s life. Numerous studies have been completed looking at stress levels and their effect on job performance, job satisfaction, and various other job related variables (Gillespie & Cohen, 1984; Jayaratne & Chess, 1984; Watmough, 1983; Zastrow, 1984). These studies have found significant differences and relationships between stress and job-related variables.

Numerous categories of stressors have been identified through research and include the following: psychotherapist demographic variables, personal stressors, interpersonal stressors, and organizational stressors (Beemsterboer & Baum, 1984; Farber, 1980; Gillespie & Cohen, 1984; Moracco, 1981; Nash, Norcross, & Prochaska, 1984; Sturgess & Poulsen, 1983; Taylor-Brown, Johnson, Hunter, & Rockowitz, 1981; Watmough, 1983).

Statement of the Problem

Although stress has been linked to job performance, job satisfaction, and burnout, it has not been established conclusively which variables are positive or negative. This study looked at the stressors psychotherapists experience in their daily lives to determine those that are positive and those that are negative. In addition, this study looked at
stressors viewed as positive and negative by several subgroups of psychotherapists based on personality characteristics, sex, age, educational training, level of experience, preferred therapeutic school, and marital status.

The Purpose of the Study

The purpose of the study was to answer the following questions:

1. What stressors are positive as viewed by psychotherapists?

2. What stressors are negative as viewed by psychotherapists?

3. Is a psychotherapist’s gender related to his/her perception of which stressors are viewed as positive or negative?

4. Is a psychotherapist’s age related to his/her perception of which stressors are viewed as positive or negative?

5. Is a psychotherapist’s personality type related to his/her perception of which stressors are viewed as positive or negative?

6. Is a psychotherapist’s educational training related to his/her perception of which stressors are viewed as positive or negative?

7. Is a psychotherapist’s level of experience related to his/her perception of which stressors are
viewed as positive or negative?

8. Is a psychotherapist’s preferred therapeutic school related to his/her perception of which stressors are viewed as positive or negative?

9. Is a psychotherapist’s marital status related to his/her perception of which stressors are viewed as positive or negative?

Hypotheses

The following experimental hypotheses were formulated for investigation.

**Hypothesis 1.** There is a significant difference between psychotherapists with extroverted personality characteristics and psychotherapists with introverted personality characteristics, as measured by the Myers-Briggs Type Indicator (MBTI), as to which stressors are viewed as positive or negative.

**Hypothesis 2.** There is a significant difference between psychotherapists with sensing personality characteristics and psychotherapists with intuitive personality characteristics, as measured by the MBTI, as to which stressors are viewed as positive or negative.

**Hypothesis 3.** There is a significant difference between psychotherapists with thinking personality characteristics and psychotherapists with feeling personality characteristics, as measured by the MBTI, as to which stressors are viewed as positive or negative.
Hypothesis 4. There is a significant difference between psychotherapists with judging personality characteristics and psychotherapists with perceptive personality characteristics, as measured by the MBTI, as to which stressors are viewed as positive or negative.

Hypothesis 5. There is a significant difference between male and female psychotherapists as to which stressors are viewed as positive or negative.

Hypothesis 6. There is a significant difference between psychotherapists 35 years of age and younger and psychotherapists over 35 years of age as to which stressors are viewed as positive or negative.

Hypothesis 7. There is a significant difference between psychotherapists with master’s degrees in counseling and in clinical psychology, with master’s degrees in social work, and with doctoral degrees in clinical or counseling psychology as to which stressors are viewed as positive or negative.

Hypothesis 8. There is a significant difference between psychotherapists with 5 years of experience or less, with 6 through 15 years of experience, and with 16 or more years of experience as to which stressors are viewed as positive or negative.

Hypothesis 9. There is a significant difference between psychotherapists who view themselves primarily as behavioral, existential-humanistic, interpersonal relationship, psychoanalytic, rational
emotive/cognitive, Rogerian-client centered, eclectic, gestalt, reality, social learning, and systems oriented as to which stressors are viewed as positive or negative.

**Hypothesis 10.** There is a significant difference between psychotherapists who are single, married, separated/divorced, and widowed as to which stressors are viewed as positive or negative.

**Importance of the Study**

The results of the study are important in the following ways:

1. It provides information about the stressors which are actually seen as positive or negative by psychotherapists.

2. This information enables administrators at mental health centers to work toward increasing positive stressors and decreasing the negative stressors that affect psychotherapists.

3. Psychotherapists already in the field and those entering the field can identify the types of stressors they are encountering or will encounter in the work setting.

4. Educators can make this information known to their students prior to the completion of graduate programs in counseling or social work.

5. Individuals in other helping professions are
benefited by increasing their understanding of how personality types and different stressors can impact an individual’s effectiveness in the work setting.

6. This research may stimulate similar research to determine positive and negative stressors in other helping professions.

**Definition of Terms**

The following terms are defined in order to understand their use in this study:

**Psychotherapist.** Psychotherapists are those individuals with master’s degrees in counseling, clinical psychology, social work, and related behavioral science fields, and those with doctorates in clinical or counseling psychology.

**Comprehensive Mental Health Center.** A comprehensive community mental health center is a center that provides outpatient services to individuals, couples, and groups, and is the primary mental health provider for a specified area as designated and funded by the State of Indiana.

**Positive Stressors.** Positive stressors are those factors that increase concentration and the capacity to accomplish physical and mental tasks (Zastrow, 1984).

**Negative Stressors.** Negative stressors are those factors that decrease concentration and the
capacity to accomplish physical and mental tasks.

**Personality Characteristics.** Personality characteristics include extroversion and introversion, sensing and intuition, thinking and feeling, and judging and perception as measured by the *Myers-Briggs Type Indicator*.

**Personality Types.** Personality types are defined according to the *Myers-Briggs Type Indicator*.

**Limitations**

Psychotherapists who participated in this study may not have been experiencing excessive stress or burnout, which could have positively skewed the results. This limitation was reduced by allowing psychotherapists to participate anonymously and by assuring them that individual results would not be reported.

The high percentage of psychotherapists with Master of Social Work degrees who participated in this study may have an impact on generalizations that can be made from the results. It is felt that individuals choose to pursue Master of Social Work degrees in Indiana because it is preferred over other degrees. Many insurance companies, Medicaid, and Medicare reimburse for services provided by psychotherapists with Master of Social Work degrees, but not for services provided by psychotherapists with other master’s degrees. It is felt that this limitation is reduced.
because some individuals, who might have preferred to seek a master’s degree in counseling or clinical psychology, chose Social Work strictly to increase their employability and not because they especially wanted to be Social Workers.

**Delimitations**

This study was delimited to psychotherapists who work in comprehensive mental health centers in the State of Indiana. Thus, generalizations are only applicable to populations similar to that from which the sample was taken.

Psychotherapists were delimited to individuals with master’s degrees in counseling, clinical psychology, social work, and related behavioral science fields, and with doctorates in clinical or counseling psychology.

Stressors used in constructing the Stressors Check List were delimited to those stressors previously identified by researchers as having some influence on the behavior of subjects in various work settings. This influence can be positive, negative, or neutral.

**Assumptions**

The following assumptions are made:

1. The responses of the psychotherapists reflect their accurate and honest opinions.

2. There are actually positive and negative
stressors experienced by individuals in general and specifically by psychotherapists.

3. Individuals have different perceptions of stress.

Organized of the Study

Chapter 2 reviews the theory of stress, examines literature related to stressors as experienced by individuals, and examines related personality studies with an emphasis on those using the Myers-Briggs Type Indicator.

Chapter 3 presents details regarding the population and sample, variables, instrumentation, procedures, hypotheses, and methods of data analysis.

Chapter 4 presents the data and analysis.

Chapter 5 contains the summary, findings, discussion, implications, and recommendations.
CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Over the years many studies have addressed stress as it pertains to workers and the work environment. Virtually every type of worker and work environment has been subjected to the scrutiny of researchers. The present review of literature will look at various stress producing factors, demographic variables, and personality factors that relate to stress. But first, the theory of stress will be discussed and two commonly used terms in stress literature will be defined.

Theory of Stress

Petri (1981, p. 74) defined the stress response:

as an adaptive behavior that attempts to return the body to its normal state. As such, stress is a homeostatic mechanism. Either systemic or psychological stress, then, can be viewed as an adaptive response designed to return the individual to a more optimal condition.

In general terms, stress occurs "when the body is forced to cope with or adapt to a changed situation, which may be either good or bad" (Petri, 1981, p. 74). Systemic stress refers to challenges to the physical body that
may be due to bacteria, viruses, heat, cold, or other factors. In therapeutic situations psychological stress results from worry related to situations such as an overabundance of paperwork or too few clients (Petri, 1981). According to Tanner (1976), a moderate amount of stress seems to be necessary to improve performance.

A three-stage response to stress was developed by Selye (1956) which is termed the General Adaptation Syndrome (GAS). The three stages are the alarm stage, the stage of resistance, and the stage of exhaustion. During the alarm stage, the body recognizes the stressor and prepares for fight or flight. In the stage of resistance, the body attempts to return to homeostasis or its normal functioning level. When the body remains in high stress for a long period of time, the stage of exhaustion occurs. If the stress level remains high, the individual is apt to develop various stress-related diseases including ulcers, hypertension, and arthritis (Selye, 1956).

Symptoms of stress can be divided into four classifications: physiological, psychological, behavioral, and psychosomatic.

1. Physiological symptoms include headaches, increased respiration, ulcers, hypertension, and heart attack (Moracco, 1981; Schuler, 1982)

2. Psychological symptoms include tension, anxiety, depression, boredom, psychological fatigue,
anger, low morale, and hostility (Moracco, 1981; Schuler, 1982).

3. Behavioral symptoms include absenteeism and job change, loss of appetite, weight gain or loss, increased alcohol use, and social withdrawal (Moracco, 1981; Schuler, 1982).

4. Psychosomatic symptoms include asthma and spastic colitis (Moracco, 1981).

Moracco (1981, pp. 2-3) defined counselor stress as:

an adverse response that is often associated with pathogenic physiological and biochemical changes as a consequence of aspects of the counselor’s work, and mediated by the appraisal that demands made upon the counselor present a threat to his/her self-worth and that current coping mechanisms are inadequate to diminish the perceived threat.

However, others have indicated that stress can be positive and beneficial in addition to having negative aspects (Petri, 1981; Schuler, 1982). Zastrow (1984, p. 144) stated, "Much stress is beneficial. Stress increases our concentration and enhances our capacities to accomplish physical tasks." Ardell (1981, p. 6) stated, "Stress is generally presented as a silent but pervasive hazard. It is usually considered a major factor if not the primary cause of dozens of gruesome diseases." However, stress does not need to be viewed exclusively in negative terms. Ardell (1981, p. 7) concludes "that the positive facet of this stress
phenomenon is ever so much more attractive and useful than the prevailing negative connotation."

**Definition of Related Terms**

Two terms related to stress research will be defined before discussing them in the context of the literature. The terms to be defined are burnout and job satisfaction.

**Burnout**

According to Moracco (1981, p. 4), "counselor burnout is thought of as a collective term for a set of ineffective mechanisms to deal with stress." More specifically, Freudenberger (1983, p. 85) defines burnout as:

> a process of wearing down or becoming exhausted by continuing to make excessive demands on our strength, energy, creativity, and resources. It suggests a sense of having failed in our desire for accomplishment and a feeling of "no matter what I do, it won't be enough."

A similar definition is provided by Forney and Wiggers (1984, p. 35) which states that burnout is "an attitudinal and behavioral phenomenon involving a significant loss of motivation, enthusiasm, and energy, along with distinct changes in behavior." Farber (1980) attributes burnout to nonreciprocated attentiveness, giving, and responsibility demanded by the therapeutic relationship. Kestnbaum (1984) says that burnout is a self-made phenomenon in that it is based on perceived
rather than actual failure.

Symptoms of burnout include depression, loneliness, futility, cynicism, loss of vitality and authenticity, anger, frustration, psychosomatic symptoms, chronic fatigue, sleeplessness, and poor interpersonal relationships (Freudenberger, 1983). The symptoms of burnout can be divided into the following categories: cognitive, affective, behavioral, and physical. Cognitive symptoms are manifested in an alteration of the individual's typical cognitive style. For example, a person who was once accepting and tolerant may adopt a rigid form of thinking and functioning (Watkins, 1983). Affective symptoms include a variety of disturbing and conflicting emotions which include depression, guilt, boredom, irritability, helplessness, a loss of control, and the inability to have an effective influence on one's life (Watkins, 1983). Behavioral symptoms include chronic clock watching, increased risk-taking behaviors, alcohol and drug abuse, doing less work than normal, work being done in a less efficient manner, and withdrawal from people (Watkins, 1983). Physical symptoms include a general feeling of exhaustion, little enjoyment and enthusiasm, feeling chronically tired, and higher susceptibility to illnesses such as colds, viral infections, and migraine headaches (Watkins, 1983).

Forney and Wiggers (1984) have identified three
types of burnout:

1. Trait burnout is the all-pervasive form in which the person is completely depleted.

2. State burnout is the periodic or situational type that occurs during certain times of the year.

3. Functional burnout occurs when a person is involved in a certain task or job.

It should be noted that the symptoms of stress and burnout are similar. This is likely because, as Moracco (1981) suggested, burnout is the result of prolonged exposure to chronically high levels of stress.

Job Satisfaction

Job satisfaction research touches on stressors and burnout and has been defined as "an attitude individuals hold about their work, consisting of a general or a global factor of satisfaction as well as a collection of specific factors related to sources of work reinforcement" (Solly & Hohenshil, 1986, p. 119).

Stress-producing Factors

Many factors that produce stress have been identified through research. It must be recognized that most of the research has been devoted to identifying negative factors and identifying techniques and methods to reduce their impact on the individual. Generally the factors can be divided into three broad categories: personal stressors, interpersonal stressors, and
Personal Stressors

Personal stressors are those factors that relate to the individual and include such things as the feeling that he/she does or does not have the skills or ability to do the job adequately (Taylor-Brown, Johnson, Hunter, & Rockowitz, 1981). Six categories of personal stressors have been defined by researchers: qualitative overload, role ambiguity, responsibility for people, role conflict, countertransference, and professional independence and autonomy.

Qualitative Overload: Qualitative overload occurs when a person does not feel qualified to do his/her job, and the level to which a person feels overloaded is directly related to feelings of burnout (Cummings & Nall, 1983; French & Caplan, 1972; Gillespie & Cohen, 1984; Huebner & Huberty, 1984; Matteson & Ivancevich, 1982a; Taylor-Brown et al., 1981).

Role Ambiguity: Role ambiguity refers to situations where job expectations are not clear to the individual. Lack of clarity about what a worker is expected to do results in increased stress, less job satisfaction, and increased symptoms of burnout (Cherniss & Egnatios, 1978; French & Caplan, 1972; Gentilini, 1982; Gray-Toft & Anderson, 1985; Huebner & Huberty, 1984; Jayaratne & Chess, 1984; Matteson &
Responsibility for People: The helping professional’s goal is to help people take responsibility for their lives; however, in doing this the professional must make decisions that can have an impact and literally shape lives. This is a major responsibility for the helping professional to bear (French & Caplan, 1972). Taylor-Brown et al. (1981) have expanded this responsibility for people to include not only clients, but also the responsibility of being a role model for co-workers in addition to clients, as well as the responsibility of being a supervisor for co-workers.

Role Conflict: Kahn, Wolfe, Quinn, Snoek, and Rosenthal (1964, p. 19) defined role conflict as "the simultaneous occurrence of two (or more) sets of pressures such that compliance with one would make more difficult compliance with the other." Being placed in a situation where there are conflicting demands is stressful and if allowed to persist can lead to symptoms of burnout (French & Caplan, 1972; Gray-Toft & Anderson, 1985; Huebner & Huberty, 1984; Jayaratne & Chess, 1984; Matteson & Ivancevich, 1982a; Pierson & Archambault, 1984; Sears & Navin, 1983; Taylor-Brown et al., 1981; Thompson & Powers, 1983).
Countertransference: "Countertransference refers to the emotional reactions and projections of the counselor toward the client" (Brammer & Shostrom, 1968, p. 246). Brammer and Shostrom (1968, p. 246) go on to say, "we view countertransference broadly to include conscious and unconscious attitudes of the counselor toward real or imagined client attitudes or behavior." If left unresolved, countertransference issues can result in increased stress and eventual job burnout (Meyer, 1982; Savicki & Cooley, 1982; Taylor-Brown et al., 1981).

Professional Independence and Autonomy: A major source of satisfaction and/or dissatisfaction among those in the helping professions is professional independence and autonomy or the lack of it (Nash et al., 1984; Ott, 1986; Sinclair, 1984).

Interpersonal Stressors

Interpersonal stressors include factors that involve relationships with others including co-workers and clients (Taylor-Brown et al., 1981). For the purpose of this review, interpersonal stressors will be divided into two groups: client-related stressors and co-worker related stressors.

Client-Related Stressors: A major source of negative and positive stress comes from the helping professional’s relationship with clients. Working with
clients with certain specific diagnoses has been found to be highly stressful. Some of the more difficult diagnoses include homicidal (Farber & Heifetz, 1982), suicidal (Farber & Heifetz, 1982; Maslach, 1978), depressed (Farber & Heifetz, 1982), and psychotic (Maslach, 1978) clients. Other general types of clients have also been found to create stress for the helping professional and include chronic cases (Maslach, 1978), involuntary clients (Taylor-Brown et al., 1981), emergency/crisis cases (Taylor-Brown et al., 1981), resistent clients (such as alcoholics who are in denial) (Farber & Heifetz, 1981, 1982), clients with overtly psychopathological symptoms (such as agitated anxiety and paranoid delusions) (Farber & Heifetz, 1981), and serious abuse/neglect cases (Maslach, 1978; Taylor-Brown et al., 1981). Taylor-Brown et al. (1981) indicated that the helping professional's separation from a client can produce stress whether it be planned or unplanned. Quattrochi-Tubin, Jones, and Breedlove (1982, p. 74) stated, "what most likely 'fuels' burnout is the emotional drain that can accompany an intimate counseling relationship." Generally speaking, frequency, duration, intensity, and the kind of contact made by staff members with clients are important factors in the level of burnout experienced (Rubington, 1984).

"It is when psychotherapeutic work is particularly frustrating and only minimally successful
... that disillusionment and burnout occur" (Farber, 1980, p. 9). In contrast, one of the most satisfying aspects of psychotherapeutic work is in promoting and seeing growth and change in clients (Farber & Heifetz, 1981, 1982; Nash et al., 1984). Other researchers have made interesting discoveries about psychotherapeutic work, including the fact that job satisfaction does not increase with a reduction in the degree of client pathology and improvement in behavior (Buffum & Konick, 1982). One reason social workers leave their profession has to do with the belief that social work is ineffective in helping people (Herrick, Takagi, Coleman, & Morgan, 1983). Working with clients with a poor prognosis for improvement has been found to be very stressful (Maslach, 1978). Furthermore, many therapists may not be able to recognize when they are actually doing well (Kestnbaum, 1984).

**Staff-Related Stressors:** As with all stressors, staff-related stressors can be both positive and negative. Taylor-Brown et al. (1981) indicated that staff changes and turnover is an important source of stress. Conflicts between and among staff members and treatment teams that are not resolved can be a source of negative stress (Quattrochi-Tubin et al., 1982; Roseman, 1984; Taylor-Brown et al., 1981).

Several researchers identified the lack of communication as a major source of stress in the work
setting (Cherniss & Egnatios, 1978; Gillespie & Cohen, 1984; Matteson & Ivancevich, 1982a, 1982b; Taylor-Brown et al., 1981). Matteson and Ivancevich (1982b) found lack of communication to be the second most frequently identified stressor, and they found that it was first in terms of intensity as rated by their sample of medical technologists.

Supervision and the relationship to the supervisor can be an area of either positive or negative stress. The workers' relationship with supervisors and supervisory style have been found to be major sources of stress and burnout (Edelwich & Brodsky, 1980; Herrick et al., 1983; Jerrell, 1983; Matteson & Ivancevich, 1982a; Ott, 1986; Quattrochi-Tubin et al., 1982; Roseman, 1984). Leeson (1981), in a study of hospital social workers, found that the relationship they had with their supervisors had a significant influence on burnout levels. High burnout was found to occur where supervisors were inaccessible and undependable, while less burnout was noted where there were closer relationships with supervisors. Stout (1984) studied the relationship between a supervisor's structuring (task orientation) and consideration (relationship orientation) behaviors and the job satisfaction, stress, and health problems of rehabilitation workers in a mental health setting. He found that supervisors with higher structure and higher consideration were most
effective in producing the highest level of job satisfaction, the lowest levels of stress, and the fewest health problems.

A final staff-related stressor is support received from co-workers in general. Brady, Kinnaird, and Fredrich (1980) found the level of job satisfaction was clearly influenced by the perceptions of the social climate of the work environment. Swiatynski (1988) found that social support is related to workers' perceptions of their personal accomplishment at work and emotional exhaustion. The greater the perceived accomplishment at work, the less the emotional exhaustion felt; and the greater the overall support, the greater the perceived accomplishment at work. Dannett (1986) found that support from supervisors and colleagues resulted in lower levels of burnout. Huebner and Huberty (1984) indicated that professional isolation was reported as a major factor for rural school psychologists in their study. They found that co-workers can provide technical help, comfort, insight, comparison, rewards, and escape, which in turn decreases the level of burnout. Other researchers have found that support systems are an important factor in reducing stress and burnout (Cases & Furlong, 1980; Farber & Heifetz, 1982; Jerrell, 1983; Savicki & Cooley, 1982).
Organizational Stressors

Organizational stressors are factors related to the organization in which the individual works (Taylor-Brown et al., 1981). Numerous organizational stressors have been identified by researchers studying stress, burnout, and job satisfaction. These stressors have been divided into four categories for this review: work-related stressors, employment stressors, financial stressors, and administrative stressors.

Work-Related Stressors: Three work-related stressors have been identified by researchers: quantitative overload, direct service versus paperwork demands, and finding that a job is different from what is expected. Quantitative overload refers to having more work than can realistically be done (Sears & Navin, 1983). Researchers have sometimes referred to this as quantitative overload (Matteson & Ivancevich, 1982a; Taylor-Brown et al., 1981), heavy or excessive workloads (Freudenberg, 1983; Herrick et al., 1983; Jayaratne & Chess, 1984; Moracco & McFadden, cited in Moracco, 1981; Nash et al., 1984; Roseman, 1984), and uncertain, heavy, and excessive case loads (Dannett, 1986; Kremer & Owen, 1979; Maslach, 1976; Nash et al., 1984; Reiner & Hartshorne, 1982). Matteson and Ivancevich (1982b) found that scheduling and workload problems were rated the fourth most frequently encountered stressor and the fourth most intense stressor experienced by medical
technologists. Farber and Heifetz (1982) indicated that excessive workloads were a major source of stress for psychotherapists. They found that over 60% of the psychotherapists in their study felt that a caseload of 4 to 6 clients per day is optimal, that about 18% percent felt that 7 or 8 clients is optimal, and that less than 8% felt that 9 or 10 clients is an optimal number of clients to see per day.

Direct service versus paperwork demands is a second major work-related stressor. Counselor trainees value work settings in which there is a high level of client contact (Lambert, Bass, Brown, Criss, & Padrino, 1986). Psychotherapists find that achieving an intimate helping involvement in the lives of clients and promoting growth and change are two of the most satisfying aspects of their profession (Farber & Heifetz, 1981). While client contact appears to be a positive factor, paperwork requirements result in increased stress and higher levels of burnout (Beemsterboer & Baum, 1984; Freudenberger, 1983; Gentilini, 1982; Parker, 1982). Increased paperwork demands are partially the result of an increase in malpractice claims against helping professionals (Taylor-Brown et al., 1981).

The third major work-related stressor is that of helping professionals who find their jobs different from what had been expected. Unrealistic pre-employment
expectations can cause increased stress, lowered morale, and higher levels of burnout for professionals (Kestnbaum, 1984; Leeson, 1981; Meyer, 1982).

**Employment Stressors:** The employment stressors include availability of suitable jobs, job security, status incongruity, and the opportunity for growth, advancement, recognition, support, and appreciation. Herrick et al. (1983) found that social workers felt that suitable or acceptable jobs were not available, and this contributed to some individuals leaving the profession. Job security and status incongruity are two career development stressors that have a negative impact on a helping professional (Taylor-Brown et al., 1981).

An area of high negative stress for helping professionals is related to not feeling support and appreciation for their work (Beemsterboer & Baum, 1984; Edelwich & Brodsky, 1980; Reiner & Hartshorne, 1982). Lack of recognition by supervisors and administrators for efforts made by workers has been found to be a major source of stress (Gillespie & Cohen, 1984; Moracco & McFadden, cited in Moracco, 1981; Roseman, 1984). In addition, lack of advancement opportunities is extremely frustrating and stressful (Jayaratne & Chess, 1984; Quattrochi-Tubin et al., 1982; Solly & Hohenshil, 1986).

**Financial Stressors:** The two major financial stressors are compensation and budget considerations. Numerous researchers have identified financially related
stressors including economic uncertainty (Nash et al., 1984), financial concerns (Kremer & Owen, 1979), compensation (Roseman, 1984; Taylor-Brown et al., 1981), salary (Herrick et al., 1983; Jerrell, 1983; Solly & Hohenshil, 1986), financial rewards (Jayaratne & Chess, 1984), and pay (Beemsterboer & Baum, 1984; Edelwich & Brodsky, 1980; Quattrochi-Tubin et al., 1982). Solly and Hohenshil (1986) indicated that salary was a major predictor of overall job satisfaction among the school psychologists included in their study.

Organizational budget considerations (Farber, 1985) is another financial stressor. Farber (1985) found that 59.7% of the clinical psychologists he surveyed were at least moderately frustrated by budget considerations. Cutbacks in funding (Freudenberger, 1983) and budget cuts (Taylor-Brown et al., 1981) are always a source of frustration and stress for helping professionals. Sometimes the funding is inadequate for the purpose for which it is to be used (Edelwich & Brodsky, 1980; Herrick et al., 1983), or it is lacking altogether (Moracco & McFadden, cited in Moracco, 1981).

Administrative Stressors: The final group of organizational stressors comes under the heading of administrative stressors. The first of these is organizational policies and goals. Researchers have found conflicts with organizational policies and goals to be a source of stress that can eventually lead to
burnout (Farber & Heifetz, 1982; Meyer, 1982; Solly & Hohenshil, 1986). Taylor-Brown et al. (1981, p. 95) stated, "Policies affecting social workers are frequently changed by hospital administration, with the social workers left to implement them." This can lead to lower job satisfaction and high stress and frustration.

Some researchers have found that the lack of decision-making involvement results in increased stress and burnout (Gentilini, 1982; Moracco & McFadden, cited in Moracco, 1981). Edelwich and Brodsky (1980) indicated that many helping professionals enter their profession with the unrealistic idea that they can change bureaucracies to be more responsive to the clients. This attitude leads to higher levels of burnout when they find that this is not always possible. Watmough (1983) suggests that feelings of powerlessness occur when the psychologist loses control over events that matter.

Freudenberger (1983) found that institutionally-based psychotherapists have to deal with local and/or state politics in addition to all of the other stressors they must face. However, their response to burnout does not differ from independent practitioners.

The leadership style of organizational administrators has been found to be either a positive or
negative stressor. According to Cummings and Nall (1983), authoritarian leadership was negatively related to counselors’ self-perception, whereas counselors, in a setting with a participative leader, consistently viewed their jobs in more positive ways. Cummings and Nall (1982) in an earlier study indicated that counselors who perceived leadership as authoritarian reported significantly higher levels of burnout than those who perceived leadership to be participative. Kremer and Owen (1979) indicated that stress from threat is created when there are few instances of positive reward from authority figures, and Savicki and Cooley (1982) indicated that confidence and communication with leadership are key factors in counselor burnout. Solly and Hohenshil (1986) found that supervision was a significant predictor of overall job satisfaction for school psychologists in a rural work setting. In addition, they discovered that job satisfaction increased as the supervisor’s level of training reached or exceeded that of the psychologist.

Several researchers have identified difficulties within an organization’s structure as sources of stress. Meyer (1982) and Savicki and Cooley (1982) indicated that frequently the organizational structure does not give administrative support to professionals. Beemsterboer and Baum (1984) found flaws inherent in poor organizational design to be a factor causing
burnout. Solly and Hohenshil (1986) and Farber and Heifetz (1981) discovered that difficult working conditions have an impact on the satisfactions and stresses experienced by school psychologists and psychotherapists.

Administrative red tape has been found to be a negative stressor for psychologists and social workers in their attempts to help clients (Farber, 1985; Herrick et al., 1983). Farber (1985) found approximately 48% of the clinical psychologists practicing in an institutional setting were at least moderately frustrated by administrative red tape.

A rather disturbing stressor related to burnout is sexism within organizations (Edelwich & Brodsky, 1980). According to Edelwich and Brodsky (1980), sexism exists throughout the helping professions; but it is especially evident in professions where women work under the authority of men, such as nurses in hospital settings. However, Watmough (1983) contends that there is no evidence to support sexism among psychologists.

Another administrative stressor is the physical layout of the office. Parker (1982) indicated that school counselors felt that the quality of physical facilities was least stressful for them as opposed to too much paperwork, which was the greatest source of stress for them. However, Leeson (1981) found that social workers in a hospital setting experienced higher
levels of burnout when their office space was limited, too noisy, or unattractive.

A final administrative stressor is the pressure to publish articles and engage in other activities that are not directly related to direct services (Kremer & Owen, 1979). Publishing is a stressor generated from the challenge to do something as opposed to stress generated from harm or loss.

Demographic Variables

Various demographic variables have been related to stress, burnout, and job satisfaction. However, researchers have obtained varying results in regard to the significance of these variables. These variables include age, sex, ethnic background, marital status, number of children, level of training, work experience, theoretical orientation, and seasons of the year.

Age

Some researchers failed to find a connection between age and perceived stress, burnout, and job satisfaction (Gentilini, 1982; Reiner & Hartshorne, 1982; Sears & Navin, 1983), but others have found significant differences related to age (Buchette, 1983; Johnson, 1983; Matteson & Ivancevich, 1982a). Several researchers found higher levels of burnout among younger therapists (Heckman, 1981; Johnson, 1983; Udovich, 1983). Mead (1985) found that public school counselors,
35 and younger, experience higher levels of burnout.

**Sex**

Johnson (1983) and Mead (1985) found that male therapists were more susceptible to burnout than their female counterparts. Other researchers agree, in general, that there are differences between the helping professional’s sex and stress, burnout, and job satisfaction (Matteson & Ivancevich, 1982a). Conversely, some researchers failed to find relationships or differences related to the gender of the helping professional (Gentilini, 1982; Maslach & Jackson, 1985; Reiner & Hartshorne, 1982; Sears & Navin, 1983).

**Ethnic Background**

There is a lack of agreement relative to the helping professional’s ethnic background and job burnout. Buchette (1983) found that ethnic background is a factor in burnout, but Gentilini (1982) did not find a correlation between race and burnout.

**Marital Status**

Marital status has been found to be a significant variable in stress and burnout (Buchette, 1983; Johnson, 1983; Matteson & Ivancevich, 1982a). Parker (1982) in her study of school counselors in the State of Michigan found that single counselors

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experienced higher levels of stress than their married counterparts. In addition, she found that separated and divorced counselors were less satisfied with their jobs than were widowed counselors. Maslach and Jackson (1985) found that married helping professionals experienced less burnout than those who were unmarried. Jayaratne, Chess, and Kunkel (1986) looked at the effects of work stress on the family relations of 75 female child welfare workers and their husbands. They concluded that stress at work exacerbates stress in the marriage, and conversely, marital conflict negatively effects job performance. Regardless of these findings supporting the relationship between stress and burnout and marital status, Sears and Navin (1983) did not find a relationship between marital status and stressors in school counselors.

Number of Children

The number of children in the family has been found to be a nonwork related stressor (Matteson & Ivancevich, 1982a). Parker (1982) found in her study looking at stress as related to school counselors, that the stress level among counselors with more children was lower than the stress experienced by counselors with fewer children. Maslach and Jackson (1985) found that those helping professionals with children experienced less burnout than those without children.
Level of Training

The level of training has been found to be a significant determinant of job satisfaction. Gray-Toft and Anderson (1985) surveyed 159 nursing personnel at a large private hospital to identify organizational stress and to develop a model for diagnosis and prediction. An important result of their study was that the level of training was found to have a direct effect on the nursing personnel's rating of job satisfaction. Phillips and Hays (1978) found that workers with more education seemed less satisfied than those with less education; whereas Jerrell (1983) found that doctoral level psychologists were significantly more satisfied than individuals having master's degrees. Leeson (1981), in a study of 49 mental hospital social workers, found that those with master's degrees suffered from higher burnout rates.

Experience

The amount of actual work experience, or the number of years actually working as a psychotherapist, has been found by some researchers to be a significant area of stress that results in job burnout (Cummings & Nall, 1982; Heckman, 1981; Mead, 1985; Ott, 1986; Udovich, 1983); but others have not found experience to be a significant factor (Reiner & Hartshorne, 1982; Sears & Navin, 1983). Some have found that less
experienced psychologists, psychotherapists, or counselors suffer more burnout than their more experienced peers (Cummings & Nall, 1983; Heckman, 1981; Udovich, 1983). Ott (1986), however, found that less experienced recent graduates had higher job satisfaction perceptions than veteran psychologists. Mead (1985), in a study of 67 public school counselors, found that public school counselors with less than 3 years of work experience and those with more than 10 years of work experience reported higher levels of burnout.

**Theoretical Orientation**

The theoretical orientation of the psychotherapist may be a factor in his/her response to stressors. Heckman (1981), in a study of psychologists, found that therapists who identified themselves as humanistic reported significantly greater burnout than either therapists who identified themselves as psychoanalytic or cognitive-behavioral. Ott (1986) reviewed job satisfaction literature, but was unable to find a conclusive relationship between the theoretical orientation of the therapist and job satisfaction.

**Seasons of the Year**

A final demographic stressor identified in research is the season of the year. Farber (1980) and Farber and Heifetz (1982) found that psychotherapists are most vulnerable to burnout during the winter months,
with spring and summer following far behind.

**Personality Factors**

Researchers have looked at the individual's personality factors and their relationship to stress, burnout, and job satisfaction. Wiggins (1984) concluded from his study that examined the relationship of personality and demographic variables to the job satisfaction of school counselors, that dissatisfaction with counseling may be a mismatch between personality and environment. Edelwich and Brodsky (1980) indicated that helping professionals are dedicated and committed individuals and that this trait in its extreme form has been identified in the initial stages of the burnout syndrome.

Type A behavior has been linked to stress and burnout (Matteson & Ivancevich, 1982a). A person possessing Type A behavior is a hard-driving individual who is concerned about time urgency. Type A persons are impatient, competitive, and hostile and perceive environmental events as challenging, stressful, and threatening (Nowack & Hanson, 1983).

The **Myers-Briggs Type Indicator** (MBTI), an instrument based on Jung’s theory of psychological types, has been extensively used in studies to identify personality characteristics of various populations (Dowell, 1985; Lemkau, Purdy, Rafferty, & Rudisill, 1985).
The MBTI reports a person’s preferences on four scales which represent two opposite preferences (Myers, 1987). The four scales are Extroversion-Introversion (EI), Sensing-Intuition (SN), Thinking-Feeling (TF), and Judgment-Perception (JP). The MBTI has been used in studies of both burnout (Hughes, 1987; Lemkau et al., 1988) and job satisfaction (Dowell, 1985; Plessman, 1985).

Lemkau et al. (1988) looked at the relationship between personality types and burnout in 67 family practice residents. Their results suggested that personality factors are more important than background or situational variables in understanding burnout. In addition, intuitive, feeling, and perceptive residents reported lower burnout and more comfort in their chosen medical specialty.

Hughes (1987), in a study of 118 graduate students in educational psychology, looked at the relationship of personality types and burnout. He found that there are predictive associations between teacher stress and personality type, demographics, and perceptions of the self. Teachers with higher self-concepts and extroverted and sensing personality types were more resistant to stress, while teachers with a feeling and perceptual personality types were more apt to suffer from stress.
Plessman (1985), in a study of marketing teachers, looked at the relationship between personality types and job satisfaction. She found that marketing teachers, as a group, fall in the average satisfaction range. In addition, introverted, intuitive, perceptive types were found to be less satisfied with teaching than were all other types.

Dowell (1985) sampled teachers enrolled in graduate classes at a state university in Texas to determine if a relationship existed between teacher personality types and job satisfaction. Her results indicated that a statistically significant relationship existed between certain personality types and job satisfaction in the following groups of teachers: teachers in middle schools with less than 10 years experience, female teachers in middle schools and secondary schools, and teachers between the ages of 22 and 44 in middle schools.

**Summary**

It is apparent from this review of the literature that many research studies have been completed dealing with stress, burnout, and job satisfaction, and personality traits, types, and characteristics. Most of the stress literature focuses on the negative aspects of stress as opposed to the positive aspects. As was stated earlier, much of the
stress experienced by individuals is beneficial and can increase concentration and the capacity to accomplish tasks (Zastrow, 1984).

Previous studies used the Myers-Briggs Type Indicator to focus on comparing personality types with the general areas of burnout (Hughes, 1987; Lemkau et al., 1988) and job satisfaction (Dowell, 1985; Plessman, 1985). However, no studies were found that focused on identifying positive and negative stressors and investigated their relationship to psychologists’ personality characteristics.
CHAPTER III

METHODOLOGY

Introduction

The purpose of this study was to answer the following questions:

1. What stressors are positive as viewed by psychotherapists?

2. What stressors are negative as viewed by psychotherapists?

3. Is a psychotherapist’s personality type related to his/her perception of which stressors are viewed as positive or negative?

4. Is a psychotherapist’s gender related to his/her perception of which stressors are viewed as positive or negative?

5. Is a psychotherapist’s age related to his/her perception of which stressors are viewed as positive or negative?

6. Is a psychotherapist’s educational training related to his/her perception of which stressors are viewed as positive or negative?

7. Is a psychotherapist’s level of experience related to his/her perception of which stressors are
viewed as positive or negative?

8. Is a psychotherapist’s preferred therapeutic school related to his/her perception of which stressors are viewed as positive or negative?

9. Is a psychotherapist’s marital status related to his/her perception of which stressors are viewed as positive or negative?

This chapter describes the following aspects of the study: the population and sample, the dependent and independent variables, procedures, instrumentation, hypotheses, and data analysis. The instrumentation section contains a lengthy discussion of the two instruments used in the study: The Myer-Briggs Type Indicator (MBTI), a standardized instrument, and The Stressors Check List, an instrument designed especially for this study. Much of the discussion focuses on the development of The Stressors Check List.

Population and Sample

The initial population for this study was psychotherapists employed in the 30 comprehensive mental health centers in the State of Indiana; however, only 12 centers agreed to participate in the study. From the 12 centers, a total population of 244 psychotherapists was identified. Because this was a relatively small number, and since a larger sample size decreases the standard error and increases power, the entire population of
psychotherapists in the 12 centers which agreed to participate was surveyed. This was treated as the sample for this study.

The Variables

The dependent variables for this study were the three scales of The Stressors Check List, which measured positive and negative stressors. The three scales were Client Demographic Characteristics, Client Diagnostic Categories, and Psychotherapist Relationships with Individuals and Organizations. Client Demographic Characteristics included items that deal with the client’s age bracket, sex, and types of issues they are dealing with. Client Diagnostic Categories included items that deal with psychotic, chronic, suicidal, depressed, involuntary, and overtly psychopathological clients (i.e., agitated anxiety, paranoid delusions). Psychotherapist Relationships with Individuals and Organizations included items that deal with peer supervision, the supervisor, being a role model, having open and honest communication with staff members, working with other community agencies and organizations, and dealing with governmental rules and regulations.

The independent variables for this study were as follows:

1. psychotherapists’ personality characteristics as measured by the Myers-Briggs Type
Indicator

2. psychotherapists' sex
3. psychotherapists' age
4. psychotherapists' level of educational training
5. psychotherapists' level of experience
6. psychotherapists' preferred therapeutic school
7. psychotherapists' marital status.

Procedures

Administrative personnel at the 30 comprehensive mental health centers in Indiana were contacted by letter to gain their written approval to survey psychotherapists on their staffs. Each mental health center was asked to provide either a list of the names of qualified psychotherapists or the number of qualified psychotherapists to be included in the population for this study. They were also asked to provide the name of a staff member for the researcher to contact who would encourage psychotherapists to participate in the study. Since only 12 mental health centers agreed to participate in the study, it was determined that all psychotherapists in those 12 centers would be surveyed, since the identified population was limited in size.

Psychotherapists were either contacted individually by letter or the materials were distributed.
by an individual at the mental health center, assigned by the administrator.

The materials included in this research study were a letter from the researcher briefly explaining the study and how to return the completed materials (a self-addressed stamped envelope was included for those psychotherapists contacted individually), a consent form, a demographic sheet, The Stressors Check List, and the MBTI. Psychotherapists were encouraged to participate in the following manner: (1) they were given the opportunity to participate anonymously, (2) they were told in the attached letter that the study concerned group results, not individual results, and (3) they were offered a copy of their MBTI results and a summary of the results of the study, if a self-addressed envelope was included in their completed packet.

Instrumentation

One standardized instrument and a researcher-designed survey were used in this study. The Myers-Briggs Type Indicator (MBTI) was used to identify psychotherapists’ personality characteristics. The Stressors Check List, a specially designed survey, was used to identify specific positive and/or negative stressors.
The Myers-Briggs Type Indicator

The **Myers-Briggs Type Indicator (MBTI)** is based on Jung’s theory of psychological types. The MBTI consists of four scales with two opposite preferences (Myers, 1987). The four scales are Extroversion/Introversion (E/I), Sensing/Intuition (S/N), Thinking/Feeling (T/F), and Judgment/Perception (J/P).

**Extroversion:** This type focuses on the external world, the people, and the environment. They receive energy from what goes on in the external world. They prefer to communicate by talking and they must experience the world in order to understand it. These people are action oriented (Myers, 1987).

**Introversion:** This type focuses more on their inner world, and they receive energy from what goes on within them. They are more interested in and happy with work that requires activity to take place in their mind. They must understand the world before experiencing it; therefore, they usually think before acting (Myers, 1987).

**Sensing:** This type uses the senses to tell what is happening on the inside and the outside. This is useful in appreciating the realities of a situation. This type of person accepts the reality of the here and now, and can be described as realistic and practical. They are good at working with and remembering numerous
facts (Myers, 1987).

**Intuition:** This type goes beyond the senses and looks at relationships and possibilities. They look at the whole picture and attempt to understand patterns. They value imagination and inspiration, and are good at seeing new possibilities and new ways of doing things (Myers, 1987).

**Thinking:** This type is objective, deciding by cause and effect, and making decisions by looking carefully at all of the evidence, both positive and negative (Myers, 1987).

**Feeling:** This type considers what is important regardless of the logic of the thing. They make decisions based on person-centered values. They usually like dealing with people and are often seen as sympathetic, appreciative, and tactful (Myers, 1987).

**Judgment:** This type prefers a planned, orderly way of life. Their pattern is to make decisions, come to closure, and then move on to something else. They like things to be structured, organized, and settled, and they may experience difficulties if this is not the case (Myers, 1987).

**Perception:** This type prefers a flexible, spontaneous way of life. Their pattern is to gather information and to keep their options open. They try to understand life, rather than control it. They would rather remain open to experience life as it happens, and
trust their ability to adapt to whatever might happen (Myers, 1987).

The MBTI Form G (Self-Scorable Edition) was used in this study. This form consists of 94 forced choice items that requires approximately 15 minutes to complete. The only difference between this form and the longer MBTI forms is that research items have been deleted, thus decreasing the time necessary to take the test. Carlson (1985) summarized research using the MBTI and concluded that, for the most part, it has been successfully applied to a wide variety of educational, clinical, business, and research settings. He found split-half reliabilities ranging from .66 to .93, and test-retest reliabilities ranging from .69 to .83 after a three month period. Overall, he felt that the internal consistency of each of the four scales was satisfactory, with the possible exception of the TF scale. Leiden, Veach, and Herring (1986) agreed, and therefore suggested that care be taken in interpreting scores on the TF scale when they are close to the midpoint. Carlson (1985) also found that the relationship between the MBTI and other personality measures was generally supported by research.

Thompson and Borrello (1986a, 1986b) performed a construct validity assessment on the MBTI and found that the four extracted factors clearly represent the four expected scales. They found that the factor adequacy
coefficients indicated that the calculated factors adequately measure the constructs that they were expected to measure. Overall, their results support the construct validity of the MBTI.

**The Stressors Check List**

The Stressors Check List is a survey that was designed for this research. The final form consisted of three scales: Client Demographic Characteristics (6 items), Client Diagnostic Categories (6 items), and Psychotherapist Relationships with Individuals and Organizations (7 items). The survey was set up on the following Likert format: strongly agree (SA), moderately agree (MA), neutral (N), moderately disagree (MD), and strongly disagree (SD). The survey is comprised of 19 items and takes about 5 minutes to complete. Scoring for each item was as follows: Strongly Agree (SA) has a value of 4 points; Moderately Agree (MA), 3 points; Neutral or Undecided (N), 2 points; Moderately Disagree (MD), 1 point; and Strongly Disagree (SD), 0 points. The following sections describe the initial scale development, the changes made as a result of the pilot study, and the changes made as a result of the research study.

**Scale development.** The original Stressors Check List consisted of 59 items that were designed to measure personal stressors (8 items), interpersonal stressors
(30 items), and organizational stressors (21 items).
The variables and stressors included on the check list were developed from an extensive literature review. To enhance the validity of the survey, the completed items were reviewed and critiqued by several psychotherapists and by individuals adept at constructing surveys. After changes were made—which included the deletion, revision, and addition of items—the instrument was presented to the Techniques of Scale Development class at Andrews University. Class members were asked to critique the instrument for clarity of instructions and items. In addition, they were asked to give input into the need to add and/or delete items. At the conclusion of this process, changes were again made in the instrument.

**Pilot study.** The survey was then distributed to over 100 psychotherapists working in the mental health field in the Michiana area of Indiana and Michigan. In addition to responding to the items on the survey, the pilot group was asked to provide input regarding the clarity of the instructions and items, and to identify any additional stressors that they felt should be included.

A total of 49 psychotherapists completed The Stressors Check List, but only 39 were included in the pilot study since 10 psychotherapists returned the survey after the analysis was completed. The pilot
study data was analyzed and the following statistics were obtained: point-multiserial correlation coefficients and probability levels, and a factor analysis. Point-multiserial correlation coefficients indicated the degree of correlation between each item and the total scale. According to Lewis (1975), test constructors consider .20 to be the lowest acceptable point-multiserial correlation coefficient for including items in a scale. A point-multiserial correlation coefficient of .31 or greater was determined to be acceptable for the pilot study. This number was chosen in an effort to eliminate weaker items. Probability refers to the likelihood that an event will take place (Schmidt, 1975). In this case, the event is a point-multiserial correlation coefficient of .31 or greater. For the purposes of this study a probability of .05 or less was determined to be acceptable. A probability of this level means that there are 5 or less chances in 100 that the obtained point-multiserial correlation coefficient occurred due to random error.

As a result of the initial analysis, 31 items were deleted because the point-multiserial correlation coefficients did not equal or exceed .31, and/or the probability level was not at the .05 level or less (see Table 1). This left 28 of the original 59 items.

According to Gorsuch (1983, p. 2), the aim of factor analysis "is to summarize the interrelationships
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</tr>
</thead>
<tbody>
<tr>
<td>Correlation</td>
<td>0.41+</td>
<td>0.52+</td>
<td>0.57+</td>
<td>0.36+</td>
<td>0.20</td>
</tr>
<tr>
<td>Probability</td>
<td>0.01*</td>
<td>0.01*</td>
<td>0.01*</td>
<td>0.02*</td>
<td>0.23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IT 31</th>
<th>IT 32</th>
<th>IT 33</th>
<th>IT 34</th>
<th>IT 35</th>
<th>IT 36</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correlation</td>
<td>0.22</td>
<td>0.11</td>
<td>0.40+</td>
<td>0.37+</td>
<td>0.30</td>
</tr>
<tr>
<td>Probability</td>
<td>0.18</td>
<td>0.49</td>
<td>0.01*</td>
<td>0.02*</td>
<td>0.07</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IT 37</th>
<th>IT 38</th>
<th>IT 39</th>
<th>IT 40</th>
<th>IT 41</th>
<th>IT 42</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correlation</td>
<td>0.58+</td>
<td>0.33+</td>
<td>-0.09</td>
<td>0.20</td>
<td>0.32+</td>
</tr>
<tr>
<td>Probability</td>
<td>0.01*</td>
<td>0.04*</td>
<td>0.58</td>
<td>0.22</td>
<td>0.05*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IT 43</th>
<th>IT 44</th>
<th>IT 45</th>
<th>IT 46</th>
<th>IT 47</th>
<th>IT 48</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correlation</td>
<td>-0.04</td>
<td>0.45+</td>
<td>0.26</td>
<td>0.33+</td>
<td>0.03</td>
</tr>
<tr>
<td>Probability</td>
<td>0.81</td>
<td>0.01*</td>
<td>0.11</td>
<td>0.04*</td>
<td>0.88</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IT 49</th>
<th>IT 50</th>
<th>IT 51</th>
<th>IT 52</th>
<th>IT 53</th>
<th>IT 54</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correlation</td>
<td>0.29</td>
<td>0.26</td>
<td>0.34+</td>
<td>-0.04</td>
<td>0.26</td>
</tr>
<tr>
<td>Probability</td>
<td>0.07</td>
<td>0.11</td>
<td>0.03*</td>
<td>0.82</td>
<td>0.11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IT 55</th>
<th>IT 56</th>
<th>IT 57</th>
<th>IT 58</th>
<th>IT 59</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correlation</td>
<td>0.23</td>
<td>0.39+</td>
<td>0.30</td>
<td>0.45+</td>
</tr>
<tr>
<td>Probability</td>
<td>0.16</td>
<td>0.01*</td>
<td>0.07</td>
<td>0.01*</td>
</tr>
</tbody>
</table>

- Items meeting the criterion for retention based upon a point-multiserial correlation coefficient of .31 or greater.

* Items meeting the criterion for retention based upon p = .05 or less.
among the variables in a concise but accurate manner as an aid in conceptualization." Basically, the process of factor analysis is to take a large number of variables and group them into factors (groups of variables) that are highly correlated with each other. Gorsuch (1983) indicated that, although no ratio of the number of subjects to variables has been determined to be safe, an absolute minimum ratio of 5:1, but not less than 100 subjects for an analysis is essential. For this pilot study, a total of 295 subjects would have been needed to satisfy Gorsuch's absolute minimum. Thorndike (1978) indicated that the absolute minimum number of subjects needed to do a factor analysis would be 10 subjects for every variable, plus 50. In this case, a total of 640 subjects would have been needed to satisfy Thorndike's minimum. He further indicated that the ideal number of subjects would be the number of variables squared, plus 50. To meet Thorndike's ideal, a total of 3,531 subjects would have been needed.

Since only 39 subjects responded to the pilot study, the factors derived through the use of factor analysis are of very limited value. In this case, the factor analysis provided support for a three-factor model as was proposed during the initial construction of The Stressors Check List. The varimax solution was used in determining the factors of this instrument. The varimax solution refers to the situation where the
"rotation position is sought where the variance is maximized across all factors in the matrix" (Gorsuch, 1983, pp. 184-185). This method is used when the assumption can be made that a general factor is not present. As a result of the factor analysis, three additional items were deleted due to low factor loadings (less than .40) and because they did not appear to belong with other items (see Table 2). Therefore, after the point-multiserial correlation coefficients, the factor analysis, and researcher judgment was used, 34 items were deleted from the original instrument and 25 items were retained.

The psychotherapists seemed to agree that the instructions and most items were relatively clear. However, the wording of two items was questioned by a number of psychotherapists; consequently, these items were revised and included in the final survey. One of these items was included in the items that remained in the instrument based on its significant point-multiserial correlation coefficient, factor loading, and researcher judgment (see Tables 1 and 2, item 16, pathological symptoms); but the second had been deleted due to a low factor loading (see Table 1, item 42, therapeutic relationship). No additional items were added as a result of psychotherapists' suggestions concerning stressors. It was determined that many of the additional stressors identified by the
TABLE 2
PILOT STUDY ROTATED FACTOR PATTERN
N=39

<table>
<thead>
<tr>
<th>Items</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Relationship Issues</td>
<td>0.75</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Peer Supervision</td>
<td>0.73</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Middle-aged adults</td>
<td>0.66</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Family Issues</td>
<td>0.63</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Role Model</td>
<td>0.62</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Stable Staff</td>
<td>0.61</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Task Oriented Supervision</td>
<td>0.61</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Older Adults</td>
<td>0.60</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Peer Supervision</td>
<td>0.53</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Neglected Clients</td>
<td>0.49</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Same Sex Clients</td>
<td>0.49</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Younger Adults</td>
<td>0.45</td>
<td></td>
</tr>
<tr>
<td>44*</td>
<td>Career Advancement</td>
<td>0.39</td>
<td></td>
</tr>
<tr>
<td>22**</td>
<td>Children</td>
<td>0.33</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Psychotic Clients</td>
<td></td>
<td>0.84</td>
</tr>
<tr>
<td>10</td>
<td>Suicidal Clients</td>
<td></td>
<td>0.79</td>
</tr>
<tr>
<td>11</td>
<td>Depressed Clients</td>
<td></td>
<td>0.68</td>
</tr>
<tr>
<td>13</td>
<td>Chronic Clients</td>
<td></td>
<td>0.66</td>
</tr>
<tr>
<td>16****</td>
<td>Pathological Symptoms</td>
<td></td>
<td>0.59</td>
</tr>
<tr>
<td>14</td>
<td>Involuntary Clients</td>
<td></td>
<td>0.56</td>
</tr>
<tr>
<td>17</td>
<td>Abusive Clients</td>
<td></td>
<td>0.55</td>
</tr>
<tr>
<td>58</td>
<td>Other Comm. Organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>Changes in Job</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>Participate in Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>Government Rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Direct Service to Clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38***</td>
<td>Relationship Oriented Sup.</td>
<td>0.42</td>
<td></td>
</tr>
<tr>
<td>42****</td>
<td>Therapeutic Relationship</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Item 44 was deleted because of a low factor loading and because it did not appear to relate to the other items in factor 1.

**Item 22 was deleted because of low factor loadings.

***Item 38 was moved to factor 1 because it related more closely with items in that factor.

****Items 16 and 42 were reworded and included in the survey.
psychotherapists had already been included in the instrument. Others did not appear to apply to the population being surveyed.

As a result of the analysis, the revised Stressors Check List was composed of 26 items which were included in three proposed scales: professional relationships, client types, and organizational issues. The professional relationships scale (14 items) was concerned with relationships with staff members and clients. The client types scale (7 items) was concerned with specific client problems that are encountered by the psychotherapist. The organizational issues scale (5 items) was concerned with work tasks and situations that are not directly related to service to clients. This revised form of The Stressors Check List was used in the actual study.

Research study. The revised form of the Stressors Check List was distributed to 244 psychotherapists working at 12 comprehensive community mental health centers across the State of Indiana. Of that number, 144 completed instruments were returned. However, 1 of the instruments was from an individual who did not meet the definition of a psychotherapist used in this study, which left a total of 143 completed instruments that were usable. The research study data were analyzed and the following statistics obtained: point-multiserial correlation coefficients and
probabilities (see Table 3), and factor analysis loadings, communalities, and variance explained by each factor (see Table 4). For retention in the instrument, an item was required to have a point-multiserial correlation coefficient of .20 or greater and a probability level of .05 or less, factor loadings .30 or greater, and communalities of .20 or greater. The communality of an item or variable is defined as that part of the variance accounted for by the common factors (Gorsuch, 1983). For example, if the communality of an item is .50, then the total variance being accounted for by the common factors would be one-half of its observed variance. The communality for each item is obtained by summing the squared factor loadings for each item. Tabachnick and Fidell (1989) imply that communalities below .20 are not adequate. Thorndike (1978) indicated that an arbitrary value of .30 is often used as a minimum cut-off value for factor loadings. The variance explained by each factor is the sum of the squared loadings for each factor.

As a result of the point-multiserial correlational analysis, two items were deleted. These items were deleted because they did not meet both criteria for retention: a point-multiserial correlation coefficient of .20 or greater and a probability level of .05 or less (see Table 3). Specifically, both items
TABLE 3
RESEARCH STUDY POINT-MULTISERIAL CORRELATIONS
N=143

<table>
<thead>
<tr>
<th>Item</th>
<th>Correlation</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.40+</td>
<td>.01*</td>
</tr>
<tr>
<td>2</td>
<td>.49+</td>
<td>.01*</td>
</tr>
<tr>
<td>3</td>
<td>.41+</td>
<td>.01*</td>
</tr>
<tr>
<td>4</td>
<td>.42+</td>
<td>.01*</td>
</tr>
<tr>
<td>5</td>
<td>.44+</td>
<td>.01*</td>
</tr>
<tr>
<td>6</td>
<td>.44+</td>
<td>.01*</td>
</tr>
<tr>
<td>7</td>
<td>.46+</td>
<td>.01*</td>
</tr>
<tr>
<td>8</td>
<td>.42+</td>
<td>.01*</td>
</tr>
<tr>
<td>9</td>
<td>.41+</td>
<td>.01*</td>
</tr>
<tr>
<td>10</td>
<td>.20+</td>
<td>.01*</td>
</tr>
<tr>
<td>11</td>
<td>.29+</td>
<td>.01*</td>
</tr>
<tr>
<td>12</td>
<td>.36+</td>
<td>.01*</td>
</tr>
<tr>
<td>13</td>
<td>.38+</td>
<td>.01*</td>
</tr>
<tr>
<td>14</td>
<td>.28+</td>
<td>.01*</td>
</tr>
<tr>
<td>15</td>
<td>.41+</td>
<td>.01*</td>
</tr>
<tr>
<td>16</td>
<td>.43+</td>
<td>.01*</td>
</tr>
<tr>
<td>17</td>
<td>.24+</td>
<td>.01*</td>
</tr>
<tr>
<td>18**</td>
<td>.16</td>
<td>.05*</td>
</tr>
<tr>
<td>19</td>
<td>.33+</td>
<td>.01*</td>
</tr>
<tr>
<td>20</td>
<td>.22+</td>
<td>.01*</td>
</tr>
<tr>
<td>21</td>
<td>.39+</td>
<td>.01*</td>
</tr>
<tr>
<td>22</td>
<td>.27+</td>
<td>.01*</td>
</tr>
<tr>
<td>23**</td>
<td>.16</td>
<td>.05*</td>
</tr>
<tr>
<td>24</td>
<td>.29+</td>
<td>.01*</td>
</tr>
<tr>
<td>25</td>
<td>.23+</td>
<td>.01*</td>
</tr>
<tr>
<td>26</td>
<td>.53+</td>
<td>.01*</td>
</tr>
</tbody>
</table>

*Items meeting the criterion for retention based upon a point-multiserial correlation coefficient of .20 or greater.

**Items that were deleted because they did not meet both criteria for retention.

*Items meeting the criterion for retention based upon p=.05 or less.
(numbers 18 and 23) had a point-multiserial correlation coefficient of less than .20. This process left 24 items in the instrument.

Since the sample size was 143, the factor analysis met the minimum requirements outlined by Gorsuch (1983) of at least a 5:1 ratio (subjects to variables) and a minimum of 100 subjects. However, it did not meet the minimum or ideal number of subjects indicated by Thorndike (1978). A total of 310 subjects would have been needed to satisfy Thorndike’s absolute minimum, and 726 subjects would have been needed to satisfy his ideal. Therefore, care should be taken in interpreting the obtained factor structure. Because of this, researcher judgment was used to place some items in the factor in which they appeared to fit best.

The resulting factor analysis and researcher judgment produced a 19-item instrument with three factors. The factors identified were Client Demographic Characteristics (6 items), Client Diagnostic Categories (6 items), and Psychotherapist Relationships with Individuals and Organizations (7 items). The Client Demographic Characteristic factor included items that dealt with age, sex, and general issues of clients (see Table 4). The Client Diagnostic Categories factor included psychotic, chronic, psychopathological, suicidal, depressed, and involuntary categories (see Table 4). The Psychotherapist
TABLE 4
RESEARCH STUDY ROTATED FACTOR PATTERN
N=143

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
<th>Communality</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Middle-aged</td>
<td>0.77</td>
<td></td>
<td>0.66</td>
</tr>
<tr>
<td>11</td>
<td>Younger Adults</td>
<td>0.70</td>
<td></td>
<td>0.50</td>
</tr>
<tr>
<td>10</td>
<td>Same Sex</td>
<td>0.65</td>
<td></td>
<td>0.48</td>
</tr>
<tr>
<td>15</td>
<td>Family Issues</td>
<td>0.61</td>
<td>0.33</td>
<td>0.49</td>
</tr>
<tr>
<td>14</td>
<td>Rel. Issues</td>
<td>0.58</td>
<td></td>
<td>0.37</td>
</tr>
<tr>
<td>13</td>
<td>Older Adults</td>
<td>0.47</td>
<td></td>
<td>0.33</td>
</tr>
<tr>
<td>16</td>
<td>Therapeutic Rel.</td>
<td>0.46</td>
<td>0.39</td>
<td>0.38</td>
</tr>
<tr>
<td>22</td>
<td>Direct Service</td>
<td>0.38</td>
<td></td>
<td>0.18</td>
</tr>
</tbody>
</table>

CLIENT DEMOGRAPHIC CHARACTERISTICS

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
<th>Communality</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Psychotic</td>
<td>0.79</td>
<td></td>
<td>0.65</td>
</tr>
<tr>
<td>5</td>
<td>Chronic</td>
<td>0.77</td>
<td></td>
<td>0.60</td>
</tr>
<tr>
<td>7</td>
<td>Pathological</td>
<td>0.70</td>
<td></td>
<td>0.49</td>
</tr>
<tr>
<td>2</td>
<td>Suicidal</td>
<td>0.64</td>
<td></td>
<td>0.42</td>
</tr>
<tr>
<td>3</td>
<td>Depression</td>
<td>0.58</td>
<td></td>
<td>0.35</td>
</tr>
<tr>
<td>6</td>
<td>Involuntary</td>
<td>0.38</td>
<td>0.31</td>
<td>0.25</td>
</tr>
<tr>
<td>25</td>
<td>Research</td>
<td>0.17</td>
<td></td>
<td>0.04</td>
</tr>
</tbody>
</table>

*Item 16 was placed in factor three with items it was more closely associated with.

**Item 22 was deleted because it did not logically fit into any of the three factors and due to a communality of less than .20.

***Item 25 was deleted due to a factor loading of less than .30 and due to a communality of less than .20.
Table 4—Continued

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
<th>Communality</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Peer Supervision</td>
<td>0.62</td>
<td></td>
<td>0.44</td>
</tr>
<tr>
<td>26</td>
<td>Comm. Agencies</td>
<td>0.57</td>
<td></td>
<td>0.40</td>
</tr>
<tr>
<td>17</td>
<td>Communication</td>
<td>0.50</td>
<td></td>
<td>0.26</td>
</tr>
<tr>
<td>24</td>
<td>Government Rules</td>
<td>0.45</td>
<td></td>
<td>0.26</td>
</tr>
<tr>
<td>1</td>
<td>Role Model</td>
<td>0.43</td>
<td></td>
<td>0.26</td>
</tr>
<tr>
<td>9*</td>
<td>Neglected Client</td>
<td>0.40</td>
<td></td>
<td>0.23</td>
</tr>
<tr>
<td>8**</td>
<td>Abusive Clients</td>
<td>0.36</td>
<td></td>
<td>0.19</td>
</tr>
<tr>
<td>21</td>
<td>Rel. Supervisor</td>
<td>0.33</td>
<td></td>
<td>0.25</td>
</tr>
<tr>
<td>20***</td>
<td>Task Supervisor</td>
<td>0.21</td>
<td></td>
<td>0.09</td>
</tr>
</tbody>
</table>

Variance Explained by Each Factor 3.26 3.14 2.70

*Item 9 was deleted because it did not logically fit into the third factor and it did not have a sufficiently high loading on either of the other two factors in this model.

**Item 8 was deleted because it did not logically fit into the third factor and due to a communality of less than .20.

***Item 20 was deleted due to a factor loading of less than .30 and a communality of less than .20.

Relationships with Individuals and Organizations factor included items that dealt with (1) agency relationships including supervision, supervisor, and communication among staff; (2) client relationships; and (3) relationships with individuals in community agencies and in dealing with governmental rules and regulations (see Table 4). Several additional factor analyses were run to determine if more than three factors might exist;
however, it was determined that the three-factor model was the most logical. A total of five items were deleted due to low factor loadings and because they did not appear to belong to the three-factor model. Specifically, two items were deleted due to low factor loadings (see Table 4, items 4 and 25) and three items were deleted because they did not appear to belong to any of the factors (see Table 4, items 8, 9, and 22). It is logical to assume that these items could belong in a model that included four, five, or more factors. Item 16 loaded on both factors one and three, but was placed in factor three because it appeared to be more closely associated with that factor.

After it was determined that the instrument would contain 19 items and the three scales were finalized, two additional analyses were performed. First, the three scales of The Stressors Check List were submitted to a correlational analysis to determine the extent to which each scale correlated with the others (see Table 5). In this case, the desire is to have low correlations between the scales of the instrument. The objective is that the scales will measure different aspects of stress. If they were highly correlated with each other, it could be said that they are measuring the same aspect; whereas low correlations support the contention that the scales are measuring different aspects of stress. The obtained correlations range from
TABLE 5
CORRELATIONAL ANALYSIS OF THE STRESSORS CHECK LIST SCALES
N=143

<table>
<thead>
<tr>
<th>Demographic Characteristics</th>
<th>Diagnostic Categories</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Demographic</td>
<td>.04</td>
<td>---</td>
</tr>
<tr>
<td>Characteristics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Diagnostic Categories</td>
<td>.04</td>
<td>---</td>
</tr>
<tr>
<td>Psychotherapist Relationships</td>
<td>.18</td>
<td>.18</td>
</tr>
</tbody>
</table>

a low of .04 to .18, which meet the criterion for low-scale correlations.

The second analysis was to obtain reliabilities for the instrument and the three subscales of the instrument. Reliability refers to:

the degree to which repeated applications of the same test (or repeated measurements with the same device) on the same individual produce the same measurement. A test is reliable if it consistently produces the same scores for the same individual (Schmidt, 1975, p. 347).

According to Grable (1986), acceptable reliabilities range from .90 to .70 for a full instrument. Ebel (1965) indicated that reliabilities for subtests are generally low. For example, Osipow and Spokane (1983) found acceptable subscale reliabilities that ranged from .56 to .94. Although not especially high, the resulting reliability of .72 for the full Stressors Check List and
the reliabilities ranging from .75 to .63 for the three scales were all within the acceptable range (see Tables 6, 7, and 8). The reliabilities for each of the three scales could have been increased if one item had been eliminated from each scale; however, it was decided to accept lower reliabilities rather than lose valuable information that the three items provide.

TABLE 6
RELIABILITY ANALYSIS FOR CLIENT DEMOGRAPHIC CHARACTERISTICS SCALE

N=137
SCALE ALPHA=.73

<table>
<thead>
<tr>
<th>Item</th>
<th>Scale Mean if Item Deleted</th>
<th>Item-Total Correlation</th>
<th>Alpha if Item Deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Same Sex</td>
<td>15.1</td>
<td>.42</td>
<td>.71</td>
</tr>
<tr>
<td>11 Young Adults</td>
<td>14.8</td>
<td>.49</td>
<td>.69</td>
</tr>
<tr>
<td>12 Middle-aged</td>
<td>14.9</td>
<td>.67</td>
<td>.64</td>
</tr>
<tr>
<td>13 Older Adults</td>
<td>15.6</td>
<td>.31</td>
<td>.75</td>
</tr>
<tr>
<td>14 Rel. Issues</td>
<td>14.8</td>
<td>.48</td>
<td>.69</td>
</tr>
<tr>
<td>15 Family Issues</td>
<td>14.8</td>
<td>.51</td>
<td>.68</td>
</tr>
</tbody>
</table>

It is also important to note that the items within each scale are highly correlated as indicated by the item-total correlations (see Tables 6, 7, and 8). Where there is a desire to see low correlations between scales there is a desire to see high correlations between items within each scale.
### TABLE 7

**RELIABILITY ANALYSIS FOR CLIENT DIAGNOSTIC CATEGORIES SCALE**

**N=137**

**SCALE ALPHA=.75**

<table>
<thead>
<tr>
<th>Item</th>
<th>Scale Mean if Item Deleted</th>
<th>Item-Total Correlation</th>
<th>Alpha if Item Deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Suicidal</td>
<td>9.4</td>
<td>.48</td>
<td>.72</td>
</tr>
<tr>
<td>3 Depression</td>
<td>8.6</td>
<td>.40</td>
<td>.74</td>
</tr>
<tr>
<td>4 Psychotic</td>
<td>9.2</td>
<td>.67</td>
<td>.66</td>
</tr>
<tr>
<td>5 Chronic</td>
<td>9.1</td>
<td>.59</td>
<td>.69</td>
</tr>
<tr>
<td>6 Involuntary</td>
<td>9.5</td>
<td>.24</td>
<td>.78</td>
</tr>
<tr>
<td>7 Pathological</td>
<td>9.2</td>
<td>.58</td>
<td>.69</td>
</tr>
</tbody>
</table>

### TABLE 8

**RELIABILITY ANALYSIS FOR PSYCHOTHERAPIST RELATIONSHIPS WITH INDIVIDUALS AND ORGANIZATIONS SCALE**

**N=137**

**SCALE ALPHA=.63**

<table>
<thead>
<tr>
<th>Item</th>
<th>Scale Mean if Item Deleted</th>
<th>Item-Total Correlation</th>
<th>Alpha if Item Deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Role Model</td>
<td>18.2</td>
<td>.39</td>
<td>.57</td>
</tr>
<tr>
<td>16 Therapy Rel.</td>
<td>17.7</td>
<td>.42</td>
<td>.57</td>
</tr>
<tr>
<td>17 Communication</td>
<td>17.5</td>
<td>.30</td>
<td>.61</td>
</tr>
<tr>
<td>19 Peer Supervise</td>
<td>17.7</td>
<td>.36</td>
<td>.58</td>
</tr>
<tr>
<td>21 Rel. Supervise</td>
<td>18.2</td>
<td>.37</td>
<td>.58</td>
</tr>
<tr>
<td>24 Government</td>
<td>20.0</td>
<td>.23</td>
<td>.64</td>
</tr>
<tr>
<td>26 Comm. Agencies</td>
<td>18.2</td>
<td>.38</td>
<td>.57</td>
</tr>
</tbody>
</table>
Tabulations and Hypotheses

Tabulations

The Stressors Check List items means were tabulated to determine which stressors are positive or negative.

Hypotheses

The following null hypotheses were tested.

Hypothesis 1. There is no difference between psychotherapists with extroverted personality characteristics and psychotherapists with introverted personality characteristics, as measured by the MBTI, as to which stressors are viewed as positive or negative.

Hypothesis 2. There is no difference between psychotherapists with sensing personality characteristics and psychotherapists with intuitive personality characteristics, as measured by the MBTI, as to which stressors are viewed as positive or negative.

Hypothesis 3. There is no difference between psychotherapists with thinking personality characteristics and psychotherapists with feeling personality characteristics, as measured by the MBTI, as to which stressors are viewed as positive or negative.

Hypothesis 4. There is no difference between psychotherapists with judging personality characteristics and psychotherapists with perceptive personality characteristics, as measured by the MBTI, as
to which stressors are viewed as positive or negative.

**Hypothesis 5.** There is no difference between male and female psychotherapists as to which stressors are viewed as positive or negative.

**Hypothesis 6.** There is no difference between psychotherapists 35 years of age and younger and psychotherapists over 35 years of age as to which stressors are viewed as positive or negative.

**Hypothesis 7.** There is no difference between psychotherapists with master’s degrees in counseling and clinical psychology, with master’s degrees in social work, and with doctoral degrees in clinical or counseling psychology as to which stressors are viewed as positive or negative.

**Hypothesis 8.** There is no difference between psychotherapists with 5 years of experience or less, with 6 through 15 years of experience, and with 16 or more years of experience as to which stressors are viewed as positive or negative.

**Hypothesis 9.** There is no difference between psychotherapists who view themselves primarily as interpersonal relationship, rational emotive/cognitive, eclectic, systems oriented, or other therapeutic school as to which stressors are viewed as positive or negative.

**Hypothesis 10.** There is no difference between psychotherapists who are single, married,
separated/divorced, and widowed as to which stressors are viewed as positive or negative.

Data Analysis

The Myers-Briggs Type Indicator and The Stressors Check List were scored. The data from The Stressors Check List were analyzed and the following statistics were obtained: (1) item means, (2) item standard deviations, and (3) proportions.

The Stressors Check List item means were tabulated to determine which stressors were identified as positive or negative by the total sample of psychotherapists. Scoring was based on the following scale: Strongly Agree (SA) equals 4 points; Moderately Agree (MA), 3 points; Neutral (N), 2 points; Moderately Disagree (MD), 1 point; and Strongly Disagree (SD) 0 points. Those items with means of 2.75 and above were considered positive stressors; those items with means of 1.25 and below were considered negative stressors; and those items with means between 1.25 and 2.75 were considered to be neutral stressors.

The Stressors Check List produced three scale scores. The three scales were: Client Demographic Characteristics, Client Diagnostic Categories, and Psychotherapist Relationships with Individuals and Organizations. Mean scores were obtained on each of the scales for all of the groups being compared.
Hypothesis 1 was examined by the following method: A series of three t-tests were used to compare mean scores of the psychotherapists on the three scales of the Stressors Check List with contrasting MBTI personality characteristics of extroversion versus introversion.

Hypothesis 2 was examined by the following method: A series of three t-tests were used to compare mean scores of the psychotherapists on the three scales of the Stressors Check List with the contrasting MBTI personality characteristics of sensing versus intuition.

Hypothesis 3 was examined by the following method: A series of three t-tests were used to compare mean scores of the psychotherapists on the three scales of the Stressors Check List with the contrasting MBTI personality characteristics of thinking versus feeling.

Hypothesis 4 was examined by the following method: A series of three t-tests were used to compare mean scores of the psychotherapists on the three scales of the Stressors Check List with the contrasting MBTI personality characteristics of judgment versus perception.

Hypothesis 5 was examined by the following method: A series of three t-tests were used to compare mean scores of male and female psychotherapists on the three scales of the Stressors Check List.

Hypothesis 6 was examined by the following
method: A series of three t-tests were used to compare mean scores of psychotherapists in two age brackets on the three scales of the Stressors Check List.

Hypothesis 7 was examined by the following method: An analysis of variance was used to compare the mean scores of psychotherapists with different levels of educational training on the three scales of the Stressors Check List.

Hypothesis 8 was examined by the following method: An analysis of variance was used to compare the mean scores of psychotherapists with different levels of experience on the three scales of the Stressors Check List.

Hypothesis 9 was examined by the following method: An analysis of variance was used to compare the mean scores of psychotherapists with different preferred therapeutic schools on the three scales of the Stressors Check List.

Hypothesis 10 was examined by the following method: An analysis of variance was used to compare the mean scores of psychotherapists who are single, married, divorced, and widowed on the three scales of the Stressors Check List.
CHAPTER IV

RESULTS

Introduction

The general purpose of this study was to determine what stressors were viewed as positive or negative by psychotherapists. More specifically the purpose was to determine if the personality type, gender, age, educational training, years of experience, preferred therapeutic school, and marital status of a psychotherapist were related to his/her perception of which stressors were viewed as positive or negative. Chapter 4 presents a description of the sample for this study and the results of the analytical procedures used to test the hypotheses formulated earlier.

Sample

The research utilized a sample of psychotherapists employed at comprehensive mental health centers in the State of Indiana. There are a total of 30 of these centers located throughout the state; however, only 12 centers, agreed to participate in the study. From these centers a total population of 244 psychotherapists was identified. Because this was a
relatively small number, and since a larger sample size decreases the standard error and increases power, the entire population of identified psychotherapists from the 12 centers were surveyed. This was treated as the sample for this study. Responses were received from 144 psychotherapists. One of the individuals responding did not meet the definition of psychotherapist, leaving a total of 143 psychotherapists who provided usable responses.

Demographic information regarding the sample is as follows:

1. Fifty-three males and 90 females responded.
2. Thirty-eight were 35 years of age or under, and 105 were older than 35 years of age.
3. Twenty-five were single, 90 were married, 27 were separated or divorced, and 1 was widowed.
4. Twenty-two had earned doctoral degrees, 40 had earned Master of Arts or Science degrees, and 78 had earned Master of Social Work degrees.
5. The years of experience as a psychotherapist ranged from less than 1 year to 46 years, with the average years of experience being 10.2 years.
6. Finally, the psychotherapists' preferred therapeutic schools were as follows: behavioral, 7; existential-humanistic, 8; interpersonal relationship, 17; psychoanalytic, 7; rational emotive/cognitive, 30; Rogerian-client centered, 5; gestalt, 6; reality, 10;
social learning, 7; systems oriented, 32; and other types, 8. The other therapeutic schools listed were: feminist, object relations, brief solution oriented, ego psychology, Satir’s family therapy technique, and psychodynamic.

Tabulations

The Stressors Check List items were tabulated to determine which stressors were identified as positive or negative by the total sample of psychotherapists. Scoring was based on the following Likert scale: SA equals 4 points; MA, 3 points; N, 2 points; MD, 1 point; and SD 0 points. The criteria for determining which stressors were positive or negative was as follows: any item with a mean equaling 2.75 or greater was considered to be a positive stressor, any item with a mean equaling 1.25 or less was considered to be a negative stressor, and any item with a mean between 1.25 and 1.75 was considered to be a neutral stressor. Of the 19 items, 11 met the criteria for a positive stressor, 1 met the criteria for a negative stressor, and 7 met the criteria for a neutral stressor (see Table 9).

For this study, positive stressors were defined as those factors that increase concentration and the capacity to accomplish physical and mental tasks (Zastrow, 1984). Conversely, negative stressors were defined as those factors that decrease concentration and
TABLE 9
POSITIVE AND NEGATIVE STRESSORS
N=143

<table>
<thead>
<tr>
<th>Items</th>
<th>Means</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like being a role model for people.</td>
<td>3.08+</td>
<td>0.83</td>
</tr>
<tr>
<td>I like working with suicidal clients.</td>
<td>1.52</td>
<td>1.06</td>
</tr>
<tr>
<td>I like working with clients with major depression.</td>
<td>2.41</td>
<td>1.05</td>
</tr>
<tr>
<td>I like working with psychotic clients.</td>
<td>1.84</td>
<td>1.29</td>
</tr>
<tr>
<td>I like working with chronic clients.</td>
<td>1.94</td>
<td>1.28</td>
</tr>
<tr>
<td>I like working with involuntary clients.</td>
<td>1.45</td>
<td>1.11</td>
</tr>
<tr>
<td>I like working with clients with overtly psychopathological symptoms (agitated anxiety, paranoid delusions).</td>
<td>1.87</td>
<td>1.20</td>
</tr>
<tr>
<td>I like working with same sex clients.</td>
<td>2.87+</td>
<td>0.75</td>
</tr>
<tr>
<td>I like working with younger adults (20-40).</td>
<td>3.23+</td>
<td>0.77</td>
</tr>
<tr>
<td>I like working with middle-aged adults (41-55).</td>
<td>3.10+</td>
<td>0.72</td>
</tr>
<tr>
<td>I like working with older adults (over 55).</td>
<td>2.38</td>
<td>1.00</td>
</tr>
<tr>
<td>I like working with clients with relationship issues (marital, divorce).</td>
<td>3.21+</td>
<td>0.89</td>
</tr>
<tr>
<td>I like working with clients with family issues.</td>
<td>3.24+</td>
<td>0.79</td>
</tr>
<tr>
<td>I like to establish strong therapeutic relationships with clients.</td>
<td>3.51+</td>
<td>0.64</td>
</tr>
<tr>
<td>I like to have open and honest communication with other staff members.</td>
<td>3.77+</td>
<td>0.47</td>
</tr>
</tbody>
</table>

Positive Stressors with item means equal to 2.75 or greater.
Table 9—Continued

<table>
<thead>
<tr>
<th>Items</th>
<th>Means</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like to participate with my colleagues in peer supervision of our cases</td>
<td>3.53+</td>
<td>0.74</td>
</tr>
<tr>
<td>I like my supervisor to be relationship oriented.</td>
<td>3.09+</td>
<td>0.87</td>
</tr>
<tr>
<td>I do not like to deal with rules and regulations set down by the government</td>
<td>1.24--</td>
<td>1.03</td>
</tr>
<tr>
<td>I like to work with other community agencies and organizations.</td>
<td>3.06+</td>
<td>0.90</td>
</tr>
</tbody>
</table>

+Positive stressors with item means equal to 2.75 or greater.

-Negative stressors with item means equal to 1.25 or less.

*Negative item was reversed scored upon data entry.

the capacity to accomplish physical and mental tasks. Psychotherapists viewed the following relationship oriented stressors as positive: open and honest communication with staff members, peer supervision, establishing a strong therapeutic relationship with clients, having a supervisor who is relationship oriented, being a role model for people, and working with other community agencies and organizations. The only negative stressor was having to deal with rules and regulations set down by the government, which was also a relationship stressor. Psychotherapists found the following client demographic types to be positive stressors: working with younger and middle-aged adults,
working with persons with marital problems and family issues, and working with clients who are the same sex as the psychotherapist. The other demographic stressor, working with older adults, was a neutral stressor. Finally, all of the client diagnostic stressors were neutral stressors, but they tended to lean toward the negative side.

Testing the Hypotheses

Each of the 10 hypotheses is stated in the null form and tested by the methods outlined in chapter 3 of this dissertation. Since all of the hypotheses involve The Stressors Check List, a review of its characteristics is considered important for understanding the testing of the hypotheses. The Client Demographic Characteristics scale and the Client Diagnostic Categories scale contain 6 items each, and the Psychotherapist Relationships with Individuals and Organizations scale contains 7 items. As was indicated earlier, item scoring is based on the following Likert scale: Strongly Agree (SA) equals 4 points; Moderately Agree (MA), 3 points; Neutral or Undecided (N), 2 points; Moderately Disagree (MD), 1 point; and Strongly Disagree (SD) 0 points. The criteria for determining which individual stressors were positive or negative was as follows: any item with a mean equaling 2.75 or greater was considered to be a positive stressor, any
item with a mean equaling 1.25 or less was considered to be a negative stressor, and any item with a mean between 1.25 and 2.75 was considered to be a neutral stressor.

To obtain the positive, negative, and neutral scale means for the Client Demographic scale and the Client Diagnostic Categories scale, the cutoff levels were multiplied by 6. Thus a scale mean of 16.5 was considered to be positive, a scale mean of 7.5 or less was considered to be negative, and a scale mean between 7.5 and 16.5 was considered to be neutral.

To obtain the positive, negative, and neutral scale means for the Psychotherapist Relationships with Individuals and Organizations scale, the cutoff levels were multiplied by 7. Thus a scale mean of 19.25 or greater was considered to be positive, a scale mean of 8.75 or less was considered to be negative, and a scale mean between 8.75 and 19.25 was considered to be neutral. The overall range of scale means for the Client Demographic Characteristics scale and the Client Diagnostic Categories scale was 0 to 24, and the overall range of scale means for the Psychotherapist Relationships with Individuals and Organizations scale was 0 to 28.

In this chapter tables are included for each hypothesis. These tables report means, standard deviations, and probabilities for t-tests and analyses of variance used to test the hypotheses. Chapter 5...
includes tables that report individual item means for each scale where significant or near significant differences were found.

**Hypothesis 1**

There is no difference between psychotherapists with extroverted personality characteristics and psychotherapists with introverted personality characteristics, as measured by the *Myers-Briggs Type Indicator* (MBTI), as to which stressors are viewed as positive or negative.

Three t-tests were performed to compare the difference between psychotherapists with extroverted and introverted personality characteristics on the three Stressors Check List scales: Client Demographic Characteristics, Client Diagnostic Categories, and Psychotherapist Relationships with Individuals and Organizations. No significant differences were found at the .05 level on the Client Demographic Characteristics scale and the Client Diagnostic Categories scale, but a significant difference was found at the .05 level between extroverted and introverted psychotherapists on the Psychotherapist Relationships with Individuals and Organizations scale (see Table 10); consequently, this hypothesis was rejected. Both extroverted and introverted psychotherapists had scores in the positive range (scale cutoffs of 19.25 or higher) on the
TABLE 10
T-TESTS FOR EXTROVERTED AND INTROVERTED PERSONALITY CHARACTERISTICS

N=143

<table>
<thead>
<tr>
<th>Personality Characteristic</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>df</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLIENT DEMOGRAPHIC CHARACTERISTICS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extroverted</td>
<td>57</td>
<td>17.95</td>
<td>3.43</td>
<td>116.3</td>
<td>0.15</td>
</tr>
<tr>
<td>Introverted</td>
<td>86</td>
<td>17.86</td>
<td>3.28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p=0.88</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CLIENT DIAGNOSTIC CATEGORIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extroverted</td>
<td>57</td>
<td>10.72</td>
<td>4.51</td>
<td>126.2</td>
<td>-0.49</td>
</tr>
<tr>
<td>Introverted</td>
<td>86</td>
<td>11.10</td>
<td>4.86</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p=0.63</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PSYCHOTHERAPIST RELATIONSHIPS WITH INDIVIDUALS AND ORGANIZATIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extroverted</td>
<td>57</td>
<td>22.00</td>
<td>2.67</td>
<td>134.8</td>
<td>2.45</td>
</tr>
<tr>
<td>Introverted</td>
<td>86</td>
<td>20.78</td>
<td>3.27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p=0.02*</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*significant at the 0.05 level or less
Psychotherapist Relationships with Individuals and Organizations scale; however, those with extroverted personality characteristics had significantly higher scores.

**Hypothesis 2**

There is no difference between psychotherapists with sensing personality characteristics and psychotherapists with intuitive personality characteristics, as measured by the MBTI, as to which stressors are viewed as positive or negative.

Three t-tests were performed to compare the difference between psychotherapists with sensing and intuitive personality characteristic on the three Stressors Check List scales: Client Demographic Characteristics, Client Diagnostic Categories, and Psychotherapist Relationships with Individuals and Organizations. No significant differences were found at the .05 level between psychotherapists with these personality characteristics on the three scales (see Table 11); consequently, the hypothesis was retained.

**Hypothesis 3**

There is no difference between psychotherapists with thinking personality characteristics and psychotherapists with feeling personality characteristics, as measured by the MBTI, as to which stressors are viewed as positive or negative.
TABLE 11
T-TESTS FOR SENSING AND INTUITIVE PERSONALITY CHARACTERISTICS

N=143

<table>
<thead>
<tr>
<th>Personality Characteristic</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>df</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIENT DEMOGRAPHIC CHARACTERISTICS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensing</td>
<td>40</td>
<td>17.98</td>
<td>3.72</td>
<td>62.4</td>
<td>0.17</td>
</tr>
<tr>
<td>Intuitive</td>
<td>103</td>
<td>17.86</td>
<td>3.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p=0.87</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLIENT DIAGNOSTIC CATEGORIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensing</td>
<td>40</td>
<td>10.83</td>
<td>5.31</td>
<td>61.9</td>
<td>-0.18</td>
</tr>
<tr>
<td>Intuitive</td>
<td>103</td>
<td>11.00</td>
<td>4.49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p=0.85</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYCHOTHERAPIST RELATIONSHIPS WITH INDIVIDUALS AND ORGANIZATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensing</td>
<td>40</td>
<td>21.43</td>
<td>3.27</td>
<td>66.5</td>
<td>0.37</td>
</tr>
<tr>
<td>Intuitive</td>
<td>103</td>
<td>21.20</td>
<td>3.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p=0.71</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Three t-tests were performed to compare the difference between psychotherapists with thinking and feeling personality characteristics on the three **Stressors Check List** scales: Client Demographic Characteristics, Client Diagnostic Categories, and Psychotherapist Relationships with Individuals and Organizations. Significant differences were found at the .05 level between psychotherapists with thinking and feeling personality characteristics on the Client Demographic Characteristics scale and the Client Diagnostic Categories scale, but no significant difference was found at the .05 level on the Psychotherapist Relationships with Individuals and Organizations scale (see Table 12); consequently, this hypothesis was rejected. Both thinking and feeling psychotherapists had scores in the positive range (scale cutoffs of 16.5 or higher) on the Client Demographic Characteristic scale, but those with feeling personality characteristics were significantly higher. However, both thinking and feeling psychotherapists had scores in the neutral range (these scores fall between the 7.5 and 16.5 cutoffs) on the Client Demographic Scale, but those with feeling personality characteristics were significantly lower.
## TABLE 12

T-TESTS FOR THINKING AND FEELING PERSONALITY CHARACTERISTICS

N=143

<table>
<thead>
<tr>
<th>Personality Characteristic</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
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<tr>
<td><strong>CLIENT DEMOGRAPHIC CHARACTERISTICS</strong></td>
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</tr>
<tr>
<td>Thinking</td>
<td>75</td>
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<td>3.53</td>
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<tr>
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<td>68</td>
<td>18.49</td>
<td>3.00</td>
</tr>
<tr>
<td>p=0.04*</td>
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<td></td>
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<td><strong>CLIENT DIAGNOSTIC CATEGORIES</strong></td>
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<tr>
<td>Thinking</td>
<td>75</td>
<td>11.88</td>
<td>5.12</td>
</tr>
<tr>
<td>Feeling</td>
<td>68</td>
<td>9.93</td>
<td>4.01</td>
</tr>
<tr>
<td>p=0.01*</td>
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<tr>
<td><strong>PSYCHOTHERAPIST RELATIONSHIPS WITH INDIVIDUALS AND ORGANIZATIONS</strong></td>
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</tr>
<tr>
<td>Thinking</td>
<td>75</td>
<td>20.81</td>
<td>3.16</td>
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<td>Feeling</td>
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<td>2.96</td>
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<td>p=0.07</td>
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</tr>
</tbody>
</table>

*significant at the 0.05 level or less
Hypothesis 4

There is no difference between psychotherapists with judging personality characteristics and psychotherapists with perceptive personality characteristics, as measured by the MBTI, as to which stressors are viewed as positive or negative.

Three t-tests were performed to compare the difference between psychotherapists with judging and perceptive personality characteristics on the three Stressors Check List scales: Client Demographic Characteristics, Client Diagnostic Categories, and Psychotherapist Relationships with Individuals and Organizations. No significant differences were found at the .05 level between psychotherapists with judging and perceptive personality characteristics on any of the three scales (see Table 13); consequently, this hypothesis was retained.

Hypothesis 5

There is no difference between male and female psychotherapists as to which stressors are viewed as positive or negative.

Three t-tests were performed to compare the difference between male and female psychotherapists on the three Stressors Check List scales: Client Demographic Characteristics, Client Diagnostic Categories, and Psychotherapist Relationships with
## Table 13

### T-Tests for Judging and Perceptive Personality Characteristics

N=143

<table>
<thead>
<tr>
<th>Personality Characteristics</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>df</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLIENT DEMOGRAPHIC CHARACTERISTICS</strong></td>
<td></td>
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<td>Judging</td>
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<td>17.81</td>
<td>3.39</td>
<td>115.5</td>
<td>-0.40</td>
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<tr>
<td>Perceptive</td>
<td>54</td>
<td>18.04</td>
<td>3.26</td>
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<td>p=0.69</td>
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<td><strong>CLIENT DIAGNOSTIC CATEGORIES</strong></td>
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<td>Judging</td>
<td>89</td>
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<td>4.88</td>
<td>119.7</td>
<td>-0.32</td>
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<td>Perceptive</td>
<td>54</td>
<td>11.11</td>
<td>4.47</td>
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<td>p=0.75</td>
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<tr>
<td><strong>PSYCHOTHERAPIST RELATIONSHIPS WITH INDIVIDUALS AND ORGANIZATIONS</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Judging</td>
<td>89</td>
<td>21.15</td>
<td>3.38</td>
<td>134.1</td>
<td>-0.63</td>
</tr>
<tr>
<td>Perceptive</td>
<td>54</td>
<td>21.46</td>
<td>2.56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p=0.53</td>
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</tr>
</tbody>
</table>

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Individuals and Organizations. No significant differences were found at the .05 level between male and female psychotherapists on any of the three scales (see Table 14); consequently, this hypothesis was retained.

**Hypothesis 6**

There is no difference between psychotherapists 35 years of age and younger and psychotherapists over 35 years of age as to which stressors are viewed as positive or negative.

Three t-tests were performed to compare the difference between psychotherapists 35 years of age and younger with those over 35 years of age on the three Stressors Check List scales: Client Demographic Characteristics, Client Diagnostic Categories, and Psychotherapist Relationships with Individuals and Organizations. The cutoff age used here was based on findings that indicated younger public school counselors, age 35 and younger, experienced higher burnout (Mead, 1985). No significant differences were found at the .05 level between the two groups on the Client Demographic Characteristics scale and the Client Diagnostic Categories scale, but a significant difference was found at the .05 level on the Psychotherapist Relationships with Individuals and Organizations scale (see Table 15); consequently, this hypothesis was rejected. Both younger and older
### TABLE 14

**T-TESTS FOR MALE AND FEMALE PSYCHOTHERAPISTS**

*N*=143

<table>
<thead>
<tr>
<th>Sex</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>df</th>
<th>t</th>
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<td><strong>CLIENT DEMOGRAPHIC CHARACTERISTICS</strong></td>
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<td>53</td>
<td>17.68</td>
<td>3.12</td>
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<td>18.02</td>
<td>3.46</td>
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<td></td>
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<td>p=0.54</td>
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<td></td>
</tr>
<tr>
<td><strong>CLIENT DIAGNOSTIC CATEGORIES</strong></td>
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<td></td>
</tr>
<tr>
<td>Male</td>
<td>53</td>
<td>11.68</td>
<td>4.94</td>
<td>102.1</td>
<td>1.39</td>
</tr>
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<td>Female</td>
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<td>10.52</td>
<td>4.55</td>
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<td><strong>PSYCHOThERAPIST RELATIONSHIPS WITH INDIVIDUALS AND ORGANIZATIONS</strong></td>
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<td>Male</td>
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<td>20.60</td>
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<tr>
<td>Female</td>
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<td>2.85</td>
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</table>
TABLE 15
T-TESTS FOR PSYCHOTHERAPISTS 35 YEARS OF AGE AND YOUNGER AND THOSE OVER 35 YEARS OF AGE

N=143

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>df</th>
<th>t</th>
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</thead>
<tbody>
<tr>
<td>CLIENT DEMOGRAPHIC CHARACTERISTICS</td>
<td></td>
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<tr>
<td>35 and under</td>
<td>38</td>
<td>17.79</td>
<td>2.64</td>
<td>87.9</td>
<td>-0.26</td>
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<tr>
<td>Over 35</td>
<td>105</td>
<td>17.93</td>
<td>3.56</td>
<td></td>
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<tr>
<td>p=0.79</td>
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<tr>
<td>CLIENT DIAGNOSTIC CATEGORIES</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>35 and under</td>
<td>38</td>
<td>10.71</td>
<td>4.41</td>
<td>71.4</td>
<td>-0.38</td>
</tr>
<tr>
<td>Over 35</td>
<td>105</td>
<td>11.04</td>
<td>4.83</td>
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<tr>
<td>p=0.70</td>
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<td>PSYCHOTHERAPIST RELATIONSHIPS WITH INDIVIDUALS AND ORGANIZATIONS</td>
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<td></td>
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</tr>
<tr>
<td>35 and under</td>
<td>38</td>
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<td>80.8</td>
<td>2.32</td>
</tr>
<tr>
<td>Over 35</td>
<td>105</td>
<td>20.94</td>
<td>3.21</td>
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<td>p=0.02*</td>
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</table>

*significant at the 0.05 level or less
psychotherapists had scores in the positive range (scale cutoffs of 19.25 or higher) on the Psychotherapist Relationships with Individuals and Organizations scale, but younger psychotherapists’ scores were significantly higher.

**Hypothesis 7**

There is no difference between psychotherapists with master’s degrees in counseling and clinical psychology, with master’s degrees in social work, and with doctoral degrees in clinical and counseling psychology as to which stressors are viewed as positive or negative.

Three one-way analyses of variances were performed to compare the differences between the three groupings of psychotherapists based on their earned educational degrees on the three Stressors Check List scales: Client Demographic Characteristics, Client Diagnostic Categories, and Psychotherapist Relationships with Individuals and Organizations. No significant differences were found at the .05 level between the three groups on any of the three scales (see Tables 16 and 17); consequently, this hypothesis was retained.

**Hypothesis 8**

There is no difference between psychotherapists with 5 years of experience or less, with 6 through 15 years of experience, and with 16 or more years of experience or less, with 6 through 15 years of experience, and with 16 or more years of experience or less.
### Table 16

**ANALYSIS OF VARIANCE FOR PSYCHOTHERAPISTS BASED ON DEGREES EARNED**

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
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<th>Mean</th>
<th>F Value</th>
<th>Probability</th>
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<td><strong>CLIENT DEMOGRAPHIC CHARACTERISTICS</strong></td>
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</tr>
<tr>
<td>Between</td>
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<td>49.15</td>
<td>24.58</td>
<td>2.26</td>
<td>0.11</td>
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<tr>
<td>Within</td>
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<td>1524.28</td>
<td>10.89</td>
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<td><strong>CLIENT DIAGNOSTIC CATEGORIES</strong></td>
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<td></td>
</tr>
<tr>
<td>Between</td>
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<td>44.99</td>
<td>22.49</td>
<td>1.01</td>
<td>0.37</td>
</tr>
<tr>
<td>Within</td>
<td>140</td>
<td>3107.67</td>
<td>22.20</td>
<td></td>
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<td><strong>PSYCHOTHERAPIST RELATIONSHIPS WITH INDIVIDUALS AND ORGANIZATIONS</strong></td>
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<td></td>
</tr>
<tr>
<td>Between</td>
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<td>53.46</td>
<td>26.73</td>
<td>2.87</td>
<td>0.06</td>
</tr>
<tr>
<td>Within</td>
<td>140</td>
<td>1304.44</td>
<td>9.32</td>
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</table>

### Table 17

**MEANS AND STANDARD DEVIATIONS FOR PSYCHOTHERAPISTS BASED UPON DEGREES EARNED**

<table>
<thead>
<tr>
<th>Scale</th>
<th>M.A/M.S. N=43</th>
<th>M.S.W. N=78</th>
<th>Ph.D/Ed.D N=22</th>
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<tbody>
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<td></td>
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<td>sd</td>
<td>Mean</td>
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<td>Demographic</td>
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<td>18.3</td>
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<td>Diagnostic</td>
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<td>4.4</td>
<td>11.2</td>
</tr>
<tr>
<td>Relationship</td>
<td>20.8</td>
<td>3.3</td>
<td>21.8</td>
</tr>
</tbody>
</table>
experience as to which stressors are viewed as positive or negative.

Three one-way analyses of variances were performed to compare the differences between the three groups based on their years of experience on the three Stressors Check List scales: Client Demographic Characteristics, Client Diagnostic Categories, and Psychotherapist Relationships with Individuals and Organizations. The cutoff levels for the three groups used in this hypothesis were arrived at after looking at a frequency distribution of the 143 psychotherapists who participated in this study. The logical divisions were 5 years or less, 6 through 15 years, and 16 or more years of experience. No significant differences were found at the .05 level between the three groups on any of the three scales (see Tables 18 and 19); consequently, this hypothesis was retained.

Hypothesis 9

There is no difference between psychotherapists who view themselves primarily as behavioral, existential-humanistic, interpersonal relationship, psychodynamic, rational emotive/cognitive, reality, social learning, systems oriented, or those adhering to some other therapeutic school as to which stressors are viewed as positive or negative.

Three one-way analyses of variances were
TABLE 18
ANALYSIS OF VARIANCE FOR PSYCHOTHERAPISTS BASED ON YEARS OF EXPERIENCE

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>F Value</th>
<th>Probability</th>
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</thead>
<tbody>
<tr>
<td>CLIENT DEMOGRAPHIC CHARACTERISTICS</td>
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<td></td>
</tr>
<tr>
<td>Between</td>
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<td>5.15</td>
<td>2.57</td>
<td>0.23</td>
<td>0.795</td>
</tr>
<tr>
<td>Within</td>
<td>140</td>
<td>1568.28</td>
<td>11.20</td>
<td></td>
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<tr>
<td>Within</td>
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<td>3021.81</td>
<td>21.58</td>
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<td></td>
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<td>17.66</td>
<td>8.83</td>
<td>0.92</td>
<td>0.400</td>
</tr>
<tr>
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<td>140</td>
<td>1340.90</td>
<td>9.57</td>
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</table>

TABLE 19
MEANS AND STANDARD DEVIATIONS FOR PSYCHOTHERAPISTS BASED ON YEARS OF EXPERIENCE

<table>
<thead>
<tr>
<th>Scale</th>
<th>5 Years or Less</th>
<th>6 Through 15 Years</th>
<th>16 Years or Less</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>sd</td>
<td>Mean</td>
</tr>
<tr>
<td>Demographic</td>
<td>18.0</td>
<td>3.2</td>
<td>17.7</td>
</tr>
<tr>
<td>Diagnostic</td>
<td>9.8</td>
<td>5.0</td>
<td>11.3</td>
</tr>
<tr>
<td>Relationship</td>
<td>21.7</td>
<td>2.5</td>
<td>21.0</td>
</tr>
</tbody>
</table>
performed to compare the differences between psychotherapists from the nine groups (based on their preferred therapeutic school) on the three Stressors Check List scales: Client Demographic Characteristics, Client Diagnostic Categories, and Psychotherapist Relationships with Individuals and Organizations. No significant differences were found at the .05 level among any of the groups on the Client Diagnostic Categories scale, but significant differences were found at the .05 level among the groups on the Client Demographic Characteristics and the Psychotherapist Relationships with Individuals and Organizations scales. (see Tables 20 and 21); consequently, this hypothesis was rejected.

Tukey’s Honestly Significant Difference Test was used to determine where the specific differences occurred between the nine psychotherapist groups on the two scales where significant differences were found. No significant differences were found at the .05 level between all possible pairs of the nine groups on the Client Demographic Characteristics scale. The largest difference was between behavioral and systems oriented psychotherapists. The score for the behavioral group fell in the neutral range (these scores fall between the 7.5 and 16.5 cutoffs), while the score for the systems oriented group fell in the positive range (a scale cutoff of 16.5 or higher) on this scale.
TABLE 20
ANALYSIS OF VARIANCE FOR PSYCHOTHERAPISTS BASED ON PREFERRED THERAPEUTIC SCHOOL

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
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<th>Mean Square</th>
<th>F Value</th>
<th>Probability</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>CLIENT DEMOGRAPHIC CHARACTERISTICS</td>
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</tr>
<tr>
<td>Within</td>
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<td>1298.79</td>
<td>10.07</td>
<td></td>
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<tr>
<td>CLIENT DIAGNOSTIC CATEGORIES</td>
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<td></td>
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<td>Between</td>
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<td>282.92</td>
<td>35.36</td>
<td>1.76</td>
<td>0.09</td>
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<tr>
<td>Within</td>
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<td>2590.08</td>
<td>20.08</td>
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<td>PSYCHOTHERAPIST RELATIONSHIPS WITH INDIVIDUALS AND ORGANIZATIONS</td>
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<td></td>
<td></td>
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<tr>
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<td>8</td>
<td>192.04</td>
<td>24.01</td>
<td>2.81</td>
<td>0.01*</td>
</tr>
<tr>
<td>Within</td>
<td>129</td>
<td>1101.12</td>
<td>8.54</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*significant at the 0.05 level or less

Significant differences were found at the .05 level between two pairs of groups on the Psychotherapist Relationships with Individuals and Organizations scale: behavioral and social learning psychotherapists, and behavioral and interpersonal relationship psychotherapists. The score for the behavioral group fell in the neutral range (this score falls between the 8.75 and 19.25 cutoffs), while the scores for the social learning and interpersonal relationship groups fell in the positive range (scale cutoffs of 19.25 or higher) on this scale.
<table>
<thead>
<tr>
<th>Therapeutic Preference</th>
<th>Demographic Mean</th>
<th>Demographic sd</th>
<th>Diagnostic Mean</th>
<th>Diagnostic sd</th>
<th>Relationship Mean</th>
<th>Relationship sd</th>
</tr>
</thead>
<tbody>
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<td>3.15</td>
<td>10.6</td>
<td>5.19</td>
<td>18.4</td>
<td>2.00</td>
</tr>
<tr>
<td>Existential-Humanistic N=8</td>
<td>16.3</td>
<td>2.25</td>
<td>11.6</td>
<td>5.10</td>
<td>22.0</td>
<td>1.85</td>
</tr>
<tr>
<td>Interpersonal Relationship N=17</td>
<td>18.1</td>
<td>3.04</td>
<td>11.2</td>
<td>3.61</td>
<td>22.8</td>
<td>2.43</td>
</tr>
<tr>
<td>Psychoanalytic N=7</td>
<td>16.9</td>
<td>5.58</td>
<td>14.7</td>
<td>4.86</td>
<td>20.0</td>
<td>4.69</td>
</tr>
<tr>
<td>Rational Emotive/Cognitive N=30</td>
<td>17.8</td>
<td>2.76</td>
<td>11.4</td>
<td>4.55</td>
<td>20.1</td>
<td>3.16</td>
</tr>
<tr>
<td>Reality N=10</td>
<td>18.6</td>
<td>3.37</td>
<td>11.0</td>
<td>5.06</td>
<td>20.9</td>
<td>3.45</td>
</tr>
<tr>
<td>Social Learning N=7</td>
<td>16.6</td>
<td>4.96</td>
<td>10.1</td>
<td>4.91</td>
<td>23.6</td>
<td>3.10</td>
</tr>
<tr>
<td>Systems Oriented N=32</td>
<td>19.4</td>
<td>2.79</td>
<td>8.6</td>
<td>4.02</td>
<td>21.4</td>
<td>2.63</td>
</tr>
<tr>
<td>Other N=20</td>
<td>17.5</td>
<td>2.86</td>
<td>11.1</td>
<td>4.70</td>
<td>21.3</td>
<td>2.61</td>
</tr>
</tbody>
</table>
Hypothesis 10

There is no difference between psychotherapists who are single, married, separated/divorced, and widowed as to which stressors are positive or negative.

Since only one psychotherapist was in the widowed category, this group was dropped, leaving three groups to be compared. Three one-way analyses of variances were performed to compare the differences between single, married, and separated/divorced psychotherapists on the three Stressor Check List scales: Client Demographic Characteristics, Client Diagnostic Categories, and Psychotherapist Relationships with Individuals and Organizations. No significant differences were found at the .05 level between the three groups on any of the three scales (see Tables 22 and 23); consequently, this hypothesis was retained.

Summary

Using item means, it was determined that 11 stressors were viewed as positive and 1 stressor was viewed as negative by the psychotherapists sampled. Using t-tests and one-way analysis of variances, 4 of the 10 hypotheses were rejected. In testing hypothesis 1, it was discovered that psychotherapists with extroverted personality characteristics differed significantly from psychotherapists with introverted personality characteristics on the Psychotherapist
TABLE 22
ANALYSIS OF VARIANCE FOR PSYCHOTHERAPISTS BASED ON MARITAL STATUS

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>F Value</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLIENT DEMOGRAPHIC CHARACTERISTICS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between</td>
<td>2</td>
<td>30.39</td>
<td>15.19</td>
<td>1.37</td>
<td>0.26</td>
</tr>
<tr>
<td>Within</td>
<td>139</td>
<td>1541.81</td>
<td>11.09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLIENT DIAGNOSTIC CATEGORIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between</td>
<td>2</td>
<td>65.36</td>
<td>32.68</td>
<td>1.49</td>
<td>0.23</td>
</tr>
<tr>
<td>Within</td>
<td>139</td>
<td>3050.81</td>
<td>21.95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYCHOTHERAPIST RELATIONSHIPS WITH INDIVIDUALS AND ORGANIZATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between</td>
<td>2</td>
<td>19.00</td>
<td>9.50</td>
<td>1.01</td>
<td>0.37</td>
</tr>
<tr>
<td>Within</td>
<td>139</td>
<td>1310.98</td>
<td>9.43</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TABLE 23
MEANS AND STANDARD DEVIATIONS FOR PSYCHOTHERAPISTS BASED UPON THEIR MARITAL STATUS

<table>
<thead>
<tr>
<th>Scale</th>
<th>Single</th>
<th>Married</th>
<th>Separated/Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=25</td>
<td>N=90</td>
<td>N=27</td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>sd</td>
<td>Mean</td>
</tr>
<tr>
<td>Demographic</td>
<td>18.8</td>
<td>3.3</td>
<td>17.6</td>
</tr>
<tr>
<td>Diagnostic</td>
<td>10.1</td>
<td>3.1</td>
<td>11.4</td>
</tr>
<tr>
<td>Relationship</td>
<td>20.9</td>
<td>3.8</td>
<td>21.6</td>
</tr>
</tbody>
</table>
Relationships with Individuals and Organizations scale of the Stressors Check List.

In testing hypothesis 3, it was discovered that psychotherapists with thinking personality characteristics differed significantly from psychotherapists with feeling personality characteristics on the Client Demographic Characteristics and the Client Diagnostic Categories scales of the Stressors Check List. In testing hypothesis 6, it was discovered that younger psychotherapists differed significantly from older psychotherapists on the Psychotherapist Relationships with Individuals and Organizations scale of the Stressors Check List.

In testing hypothesis 9, it was discovered that psychotherapists from different therapeutic schools differed significantly on the Client Demographic Characteristics scale and on the Psychotherapist Relationships with Individuals and Organizations scale of the Stressors Check List. Specifically, the largest difference was found between behavioral and systems oriented psychotherapists on the Client Demographic Characteristics scale, and significant differences were found between behavioral and social learning, and between behavioral and interpersonal relationship psychotherapists on the Psychotherapist Relationships with Individuals and Organizations scale.

In testing hypotheses 2, 4, 5, 7, 8, and 10, no
significant differences were found. However, hypotheses 5 and 7 were close to significance on the Psychotherapist Relationships with Individuals and Organizations scale and hypothesis 8 was close to significance on the Client Diagnostic Categories scale.
CHAPTER V

SUMMARY, FINDINGS AND DISCUSSION, IMPLICATIONS
AND RECOMMENDATIONS

Summary of the Study

Many studies have investigated the impact of stress on the lives of people. Selye (1973, p. 693) indicated that "complete freedom from stress is death." Tanner (1975) suggested that a moderate amount of stress will improve an individual’s performance. But it must be remembered that people have different tolerance levels for stress (Petri, 1981). Fruedenberger (1974) used the term burnout to describe the emotional and physical exhaustion of persons that appears to be a direct result of high levels of stress. Solly and Hohenshil (1986) used the term job satisfaction to describe attitudes about work and specific factors that are related to a positive attitude toward work. These researchers actually dealt with stressors that result in either job satisfaction or burnout, and for the most part they looked at negative stressors. Other researchers have looked at the relationship between various personality factors and stress. The Myers-Briggs Type Indicator (MBTI), an instrument based
on Jung’s theory of psychological types, has been used in studies of burnout (Lemkau et al., 1988) and job satisfaction (Dowell, 1985; Plessman, 1985). It has been established that stress is linked to job satisfaction and burnout; however, it has not been established conclusively what variables or stressors are positive or negative. This study looked at stressors experienced by psychotherapists in their daily lives to determine those that are positive and negative. In addition, the study looked at stressors viewed as positive and negative by several subgroups of psychotherapists based on their personality characteristics, sex, age, educational training, level of experience, preferred therapeutic school, and marital status.

Psychotherapists employed at comprehensive community mental health centers in the State of Indiana comprised the population for this study. A psychotherapist was defined as an individual with a master’s degree in counseling, clinical psychology, social work, or related behavioral science fields, or with a doctorate in clinical or counseling psychology. A comprehensive community mental health center provides outpatient mental health services to individuals, couples, and groups, and is the primary mental health provider for a specified area as designated and funded by the State of Indiana.
The questions to be answered as a result of this study were:

1. What stressors are positive as viewed by psychotherapists?

2. What stressors are negative as viewed by psychotherapists?

3. Is a psychotherapist’s gender related to his/her perception of which stressors are viewed as positive or negative?

4. Is a psychotherapist’s age related to his/her perception of which stressors are viewed as positive or negative?

5. Is a psychotherapist’s personality type related to his/her perception of which stressors are viewed as positive or negative?

6. Is a psychotherapist’s educational training related to his/her perception of which stressors are viewed as positive or negative?

7. Is a psychotherapist’s level of experience related to his/her perception of which stressors are viewed as positive or negative?

8. Is a psychotherapist’s preferred therapeutic school related to his/her perception of which stressors are viewed as positive or negative?

9. Is a psychotherapist’s marital status related to his/her perception of which stressors are viewed as positive or negative?
The Stressors Check List was developed to identify positive and negative stressors, the MBTI was used to identify personality characteristics, and a demographic sheet was developed to identify the other independent variables. The Stressors Check List is composed of three scales: Client Demographic Characteristics, Client Diagnostic Categories, and Psychotherapist Relationships with Individuals and Organizations. The Client Demographic Characteristics scale includes items dealing with age, sex, and the general issues of clients. The Client Diagnostic Categories scale includes psychotic, chronic, psychopathological, suicidal, depressed, and involuntary categories of clients.

The Psychotherapist Relationships with Individuals and Organizations scale includes items that deal with:

1. agency relationships including supervision, supervisor, and communication among staff
2. client relationships including being a role model for people and establishing strong therapeutic relationships with clients
3. other organizational relationships including relationships with individuals in community agencies and in dealing with governmental rules and regulations.

Agreement to be included in the study was granted by 12 of the 30 comprehensive community mental
health centers in the State of Indiana. From these centers, a total population of 244 psychotherapists was identified. From this group, 143 completed packets were returned.

Positive and negative stressors were identified by item means and standard deviations. The various hypotheses were analyzed using t-tests and analyses of variance. Where significance occurred on the analyses of variance, Tukey's Honestly Significant Difference Test was used to determine where specific differences occurred. In addition, item means were examined where significance and near significance occurred.

Findings and Discussion

The findings of this study are summarized by considering the positive and negative stressors individually and then each of the 10 null hypotheses. Individual item scoring for the Stressors Check List was based on the following Likert scale: Strongly Agree (SA) equals 4 points; Moderately Agree (MA), 3 points; Neutral or Undecided (N), 2 points; Moderately Disagree (MD), 1 point; and Strongly Disagree (SD), 0 points. The criteria for determining which individual stressors were positive or negative was as follows: any item with a mean equaling 2.75 or greater was considered to be a positive stressor, any item with a mean equaling 1.25 or less was considered to be a negative stressor, and any
item with a mean between 1.25 and 1.75 was considered to be a neutral stressor.

**Stressors Check List** scale means are determined to be positive, negative, or neutral by the method described as follows. The Client Demographic Characteristics scale and the Client Diagnostic Categories scale contain six items each, and the Psychotherapist Relationships with Individuals and Organizations scale contains seven items. To obtain the positive, negative, and neutral scale cutoff levels for the Client Demographic Characteristics scale and the Client Diagnostic Categories scale, the cutoff levels were multiplied by six. Thus a scale mean of 16.5 or greater was considered to be positive, a scale mean of 7.5 or less was considered to be negative, and a scale mean between 7.5 and 16.5 was considered to be neutral.

To obtain the positive, negative, and neutral scale cutoff levels for the Psychotherapist Relationships with Individuals and Organizations scale, the cutoff levels were multiplied by seven. Thus a scale mean of 19.25 or greater was considered to be positive, a scale mean of 8.75 or less was considered to be negative, and a scale mean between 8.75 and 19.25 was considered to be neutral. The overall range of scale means for the Client Demographic Characteristics scale and the Client Diagnostic Categories scale was 0 to 24, and the overall range of scale means for the
Psychotherapist Relationships with Individuals and Organizations scale was 0 to 28.

Positive and Negative Stressors

The Stressors Check List item means were tabulated to determine which stressors were identified as positive or negative by the total sample of psychotherapists. Based on the criteria outlined earlier, 11 of the 19 items met the criteria for a positive stressor, 1 met the criteria for a negative stressor, and 7 met the criteria for a neutral stressor.

Psychotherapists viewed the following six stressors from the Psychotherapist Relationships with Individuals and Organizations scale as positive: (1) having open and honest communication with other staff members, (2) having peer supervision of client cases, (3) establishing a strong therapeutic relationship with clients, (4) having a supervisor who is relationship oriented, (5) being a role model for people, and (6) working with other community agencies and organizations. None of the relationship stressors were viewed as neutral; however, having to deal with governmental rules and regulations was found to be a negative-relationship stressor.

Psychotherapists viewed the following five stressors from the Client Demographic Characteristics scale as positive: (1) working with younger adults,
(2) working with middle-aged adults, (3) working with clients with relationship issues (i.e., marital, divorce), (4) working with clients with family issues, and (5) working with clients who are the same sex as the psychotherapist. The other demographic stressor, working with older adults, was found to be a neutral stressor. None of the demographic stressors was found to be viewed as negative stressors. All six of the stressors on the Client Diagnostic Categories scale were viewed as neutral: (1) working with suicidal clients, (2) working with psychotic clients, (3) working with chronic clients, (4) working with involuntary clients, (5) working with clients with overtly psychopathological symptoms (i.e., agitated anxiety, paranoid delusions), and (6) working with clients with major depression.

The findings for the stressors included in the Psychotherapist Relationships with Individuals and Organizations scale and the Client Demographic Characteristics scale generally corresponds with previous research findings; however, the findings for the stressors included in the Client Diagnostic Categories scale is somewhat surprising. Researchers have found some of the more difficult and stressful cases to be suicidal clients (Farber & Heifetz, 1981; Maslach, 1978), depressed clients (Farber & Heifetz, 1982), psychotic clients (Maslach, 1978), chronic clients (Maslach, 1978), involuntary clients
(Taylor-Brown et al., 1981), and clients with overtly psychopathological symptoms such as agitated anxiety and paranoid delusions (Farber & Heifetz, 1981). Although the current results leaned toward the negative end of the scale, none of the means were low enough (1.25 or below) to enable them to be called negative stressors. Perhaps these results are a reflection of the requirements placed on state-funded comprehensive mental health centers from which the sample of psychotherapists was drawn. Psychotherapists at these centers are required to deal with all types of clients; therefore, it could be expected that individuals who choose to work there would be more tolerant and accepting and less negative in their perception of all clients, including the very difficult ones.

Since there were no items with means between 1.94 and 2.38 (and only two items between 1.94 and 2.87) there is a real gap between two types of stressors. Eleven stressors were found to be positive according to the 2.75 cutoff, while only one stressor was found to be negative according to the 1.25 cutoff. These results suggest that psychotherapists had no difficulty responding in a positive manner to stressors, but they seemed reticent to respond too negatively to other stressors. Perhaps psychotherapists do not feel that it is socially acceptable for them to respond too negatively to some client types, regardless of how
difficult these clients are to work with.

**Hypothesis 1**

There is no difference between psychotherapists with extroverted personality characteristics and psychotherapists with introverted personality characteristics, as measured by the *Myers-Briggs Type Indicator* (MBTI), as to which stressors are viewed as positive or negative.

This hypothesis was rejected. Although no significant differences were found on the Client Demographic Characteristics scale and the Client Diagnostic Categories scale, a significant difference was found between extroverted and introverted psychotherapists on the Psychotherapist Relationships with Individuals and Organizations scale of the *Stressors Check List*. The extroverted group produced a mean score of 22.00 and the introverted group produced a mean score of 20.78, both of which are in the positive range (scale cutoffs of 19.25 or higher). Extroverted persons focus on the external world, the people, and the environment, whereas introverted persons focus on their inner world (Myers, 1987).

When looking at specific items, it is observed that the extroverted group’s item means were all higher than the introverted group’s item means (see Table 24). Both group’s item means were very close on three of the
<table>
<thead>
<tr>
<th>Item</th>
<th>Extrovert</th>
<th>Introvert</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like being a role model for people.</td>
<td>3.12</td>
<td>3.05</td>
<td>.07</td>
</tr>
<tr>
<td>I like to establish strong therapeutic relationships with clients.</td>
<td>3.53</td>
<td>3.50</td>
<td>.03</td>
</tr>
<tr>
<td>I like to have open and honest communication with other staff members.</td>
<td>3.79</td>
<td>3.76</td>
<td>.03</td>
</tr>
<tr>
<td>I like to participate with my colleagues in peer supervision of our cases.</td>
<td>3.65</td>
<td>3.45</td>
<td>.20</td>
</tr>
<tr>
<td>I like my supervisor to be relationship oriented.</td>
<td>3.30</td>
<td>2.95</td>
<td>.35</td>
</tr>
<tr>
<td>I do not like to deal with rules and regulations set down by the government.</td>
<td>1.40</td>
<td>1.13</td>
<td>.27</td>
</tr>
<tr>
<td>I like to work with other community agencies and organizations.</td>
<td>3.21</td>
<td>2.97</td>
<td>.24</td>
</tr>
</tbody>
</table>

Positive Stressor = 2.75 or greater  
Negative Stressor = 1.25 or less  
Neutral Stressor = between 1.25 and 2.75
items: being a role model for people, establishing strong therapeutic relationships with clients, and having open and honest communication with other staff members. A larger difference was found between the groups on the other four items: participating with colleagues in peer supervision of cases, having a supervisor who is relationship oriented, dealing with governmental rules and regulations, and working with other community agencies and organizations.

It was not surprising that extroverted psychotherapists scored significantly higher than their introverted counterparts on the relationship scale. According to Keirsey and Bates (1984) extroverts have a need for sociability and are energized by people.

Talking to people, playing with people, and working with people is what charges their batteries. Extroverts experience loneliness when they are not in contact with people. (Keirsey & Bates, 1984, p. 14)

Introverts, on the other hand, are territorial and are energized by solitary activities, working alone, reading, meditating, and engaging in activities involving few or no other people (Keirsey & Bates, 1984).

This is not to say that introverts do not like to be around people. Introverts enjoy interacting with others, but it drains their energy in a way not experienced by extroverts. (Keirsey & Bates, 1984, p. 15)

In summary, the extrovert likes to have a multiplicity of relationships, while the introvert is more likely to
have a limited number of relationships (Keirsey & Bates, 1984).

**Hypothesis 2**

There is no difference between psychotherapists with sensing personality characteristics and psychotherapists with intuitive personality characteristics, as measured by the MBTI, as to which stressors are viewed as positive or negative.

This hypothesis was retained. No significant differences were found between psychotherapists with sensing and intuitive personality characteristics on any of the three Stressors Check List scales. Sensing persons use their senses to tell what is happening on the inside and the outside, while intuitive persons look beyond the senses to relationships and possibilities (Myers, 1987). Scale means for both of these groups were very close, indicating that sensing and intuitive psychotherapists have very similar views concerning the stressors included in the Stressors Check List. Therefore, it was concluded that this instrument does not include stressors that significantly differentiate between psychotherapists with these specific personality characteristics.

**Hypothesis 3**

There is no difference between psychotherapists with thinking personality characteristics and
psychiatrists with feeling personality characteristics, as measured by the MBTI, as to which stressors are viewed as positive or negative.

This hypothesis was rejected. Although no significant difference was found on the Psychotherapist Relationship with Individuals and Organizations scale, significant differences were found between thinking and feeling psychotherapists on the Client Demographic Characteristics scale and the Client Diagnostic Categories scale of the Stressors Check List. Thinking persons are objective, decide by cause and effect, and make decisions by looking at all of the evidence, while feeling persons make decisions based solely upon person-centered values (Myers, 1987).

On the Client Demographic Characteristics scale, the thinking group produced a mean of 17.36 and the feeling group produced a mean of 18.49, both of which are in the positive range (scale cutoffs of 16.5 or higher); however, the feeling group mean was significantly higher. When looking at specific items, it was observed that the feeling group’s item means were higher on all six items (see Table 25). Both groups item means were very close on three items: working with middle-aged adults (41-55), working with older adults (over 55), and working with clients with family issues. A larger difference was found between the groups on the other three items: working with clients the same sex as
TABLE 25
ITEM MEANS FOR THINKING AND FEELING GROUPS ON THE
CLIENT DEMOGRAPHIC CHARACTERISTICS SCALE OF
THE STRESSORS CHECK LIST
N=143

<table>
<thead>
<tr>
<th>Item</th>
<th>Thinking</th>
<th>Feeling</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like working with same sex clients.</td>
<td>2.73</td>
<td>3.01</td>
<td>.28</td>
</tr>
<tr>
<td>I like working with younger adults (20-40).</td>
<td>3.07</td>
<td>3.40</td>
<td>.37</td>
</tr>
<tr>
<td>I like working with middle-aged adults (41-55).</td>
<td>3.07</td>
<td>3.13</td>
<td>.06</td>
</tr>
<tr>
<td>I like working with older adults (over 55).</td>
<td>2.39</td>
<td>2.37</td>
<td>.02</td>
</tr>
<tr>
<td>I like working with clients with relationship issues (marital, divorce).</td>
<td>3.11</td>
<td>3.32</td>
<td>.21</td>
</tr>
<tr>
<td>I like working with clients with family issues.</td>
<td>3.19</td>
<td>3.29</td>
<td>.10</td>
</tr>
</tbody>
</table>

Positive Stressor = 2.75 or greater
Negative Stressor = 1.25 or less
Neutral Stressor = between 1.25 and 2.75

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the psychotherapist, working with younger adults (20-40), and working with clients with relationship issues (marital, divorce).

On the Client Diagnostic Categories scale, the thinking group produced a mean of 11.88 and the feeling group produced a mean of 9.93, both of which are in the neutral range (these scores fall between the 7.5 and 16.5 cutoffs); however, the feeling group mean is significantly lower. When looking at specific items, it was observed that the item means for the feeling group were lower on all six items (see Table 26). Item means for both groups were very close on two items: working with clients with major depression and working with involuntary clients. A larger difference was found between the groups on the other four items: working with suicidal clients, working with psychotic clients, working with chronic clients, and working with clients with overtly psychopathological symptoms (agitated anxiety, paranoid delusions).

Both groups scored in the positive range on the Client Demographic Characteristics scale, while both groups scored in the neutral range on the Client Diagnostic Categories scale. Feeling psychotherapists were more positive in their view of the Client Demographic Characteristics scale stressors, and more negative in their view of the Client Diagnostic Categories scale stressors than were the thinking
<table>
<thead>
<tr>
<th>Item</th>
<th>Thinking</th>
<th>Feeling</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like working with suicidal clients.</td>
<td>1.70</td>
<td>1.32</td>
<td>.38</td>
</tr>
<tr>
<td>I like working with clients with major depression.</td>
<td>2.44</td>
<td>2.37</td>
<td>.07</td>
</tr>
<tr>
<td>I like working with psychotic clients.</td>
<td>2.05</td>
<td>1.60</td>
<td>.45</td>
</tr>
<tr>
<td>I like working with chronic clients.</td>
<td>2.08</td>
<td>1.79</td>
<td>.29</td>
</tr>
<tr>
<td>I like working with involuntary clients.</td>
<td>1.52</td>
<td>1.38</td>
<td>.14</td>
</tr>
<tr>
<td>I like working with clients with overtly psychopathological symptoms.</td>
<td>2.23</td>
<td>1.49</td>
<td>.74</td>
</tr>
</tbody>
</table>

Positive Stressor = 2.75 or greater  
Negative Stressor = 1.25 or less  
Neutral Stressor = between 1.25 and 2.75
psychotherapists. The Client Demographic Characteristics scale stressors included three types of clients based on age, the gender of the client, clients with relationship issues, and clients with family issues. The Client Diagnostic Categories scale stressors included several difficult types of clients. Initially, when looking at the differences found between thinking and feeling psychotherapists on the Client Demographic Characteristics scale and the Client Diagnostic Categories Scale, there appeared to be some conflict. However, after further analysis this did not seem to be the case. Myers (1982) indicated that thinking persons are more analytically oriented, firm minded, and decide impersonally, whereas feeling persons like harmony and allow their decisions to be influenced by their own likes and wishes. With this in mind, it seems reasonable to expect that feeling psychotherapists, who decide based on the personal impact of the decision (Keirsey & Bates, 1984), would respond in a more extreme manner than thinking psychotherapists, who decide based on objective criteria (Keirsey & Bates, 1984).

**Hypothesis 4**

There is no difference between psychotherapists with judging personality characteristics and psychotherapists with perceptive personality.
characteristics, as measured by the MBTI, as to which stressors are viewed as positive or negative.

This hypothesis was retained. No significant differences were found between psychotherapists with judging and perceptive personality characteristics on any of the three Stressors Check List scales. Judging persons like a planned, orderly way of life, while perceptive persons prefer a spontaneous way of life (Myers, 1987). Scale means for both of these groups were very close, indicating that judging and perceptive psychotherapists have very similar views on the stressors included in the Stressors Check List. Therefore, it was concluded that this instrument does not include stressors that significantly differentiate between psychotherapists with these specific personality characteristics.

Hypothesis 5

There is no difference between male and female psychotherapists as to which stressors are viewed as positive or negative.

This hypothesis was retained. No significant differences were found between male and female psychotherapists on any of the three Stressors Check List scales. The results support previous researchers who failed to find differences based on gender (Gentilini, 1982; Maslach & Jackson, 1985; Reiner &
Hartshorne, 1982; Sears & Navin, 1983). However, the difference between the male and female groups on the Psychotherapist Relationships with Individuals and Organizations scale was very close to being significant (see Table 27). The male group produced a scale mean of 20.60 and the female group produced a scale mean of 21.66, both of which are in the positive range (scale cutoffs of 19.25 or higher). Female psychotherapists scored higher on five of seven items and were much higher on three: having open and honest communication with staff members, participating with colleagues in peer supervision of cases, and dealing with governmental rules and regulations. The means for the other four items were very close: being a role model for people, establishing strong therapeutic relationships with clients, having a supervisor who is relationship oriented, and working with other community agencies and organizations. These findings support the general consensus that females are more relationship oriented and the findings of Johnson (1983) and Mead (1985) that female psychotherapists are less susceptible to burnout.

**Hypothesis 6**

There is no difference between psychotherapists 35 years of age and younger and psychotherapists over 35 years of age as to which stressors are viewed as positive or negative.
## TABLE 27
ITEM MEANS FOR MALE AND FEMALE GROUPS ON THE PSYCHOTHERAPIST RELATIONSHIPS WITH INDIVIDUALS AND ORGANIZATIONS SCALE OF THE STRESSORS CHECK LIST

\( N=143 \)

<table>
<thead>
<tr>
<th>Item</th>
<th>Male</th>
<th>Female</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like being a role model for people.</td>
<td>3.11</td>
<td>3.06</td>
<td>.05</td>
</tr>
<tr>
<td>I like to establish strong therapeutic relationships with clients.</td>
<td>3.45</td>
<td>3.54</td>
<td>.09</td>
</tr>
<tr>
<td>I like to have open and honest communication with other staff members.</td>
<td>3.62</td>
<td>3.86</td>
<td>.24</td>
</tr>
<tr>
<td>I like to participate with my colleagues in peer supervision of our cases.</td>
<td>3.28</td>
<td>3.68</td>
<td>.40</td>
</tr>
<tr>
<td>I like my supervisor to be relationship oriented.</td>
<td>3.07</td>
<td>3.11</td>
<td>.04</td>
</tr>
<tr>
<td>I do not like to deal with rules and regulations set down by the government.</td>
<td>0.98</td>
<td>1.40</td>
<td>.42</td>
</tr>
<tr>
<td>I like to work with other community agencies and organizations.</td>
<td>3.09</td>
<td>3.04</td>
<td>.05</td>
</tr>
</tbody>
</table>

Positive Stressor = 2.75 or greater  
Negative Stressor = 1.25 or less  
Neutral Stressor = between 1.25 and 2.75
This hypothesis was rejected. Although no significant differences were found on the two client related scales, a significant difference was found on the Psychotherapist Relationships with Individuals and Organizations scale of the Stressors Check List. The 35 years of age and younger group produced a scale mean of 22.16 and the over 35 years of age group produced a scale mean of 20.94, both of which are in the positive range (scale cutoffs of 19.25 or higher). The 35 years of age and younger group’s scores were higher on six of the seven scale items (see Table 28). Means for both groups were fairly close on five of the items: being a role model for people, establishing strong therapeutic relationships with clients, having open and honest communication with other staff members, participating with colleagues in peer supervision of cases, and working with other community agencies and organizations. A larger difference was found between the groups on the other two items: liking a supervisor to be relationship oriented and dealing with rules and regulations set down by the government.

Previously, researchers found higher levels of burnout among younger therapists and counselors (Heckman, 1981; Johnson, 1983; Mead, 1985; Udovich, 1983). The current findings are contradictory in that they indicate that younger psychotherapists view relationship stressors, as a whole, more positively than
TABLE 28
ITEM MEANS FOR 35 AND YOUNGER AND OVER 35 GROUPS ON THE PSYCHOTHERAPIST RELATIONSHIPS WITH INDIVIDUALS AND ORGANIZATIONS SCALE OF THE STRESSORS CHECK LIST
N=143

<table>
<thead>
<tr>
<th>Item</th>
<th>Younger</th>
<th>Older</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like being a role model for people.</td>
<td>3.21</td>
<td>3.03</td>
<td>.18</td>
</tr>
<tr>
<td>I like to establish strong therapeutic relationships with clients.</td>
<td>3.55</td>
<td>3.50</td>
<td>.05</td>
</tr>
<tr>
<td>I like to have open and honest communication with other staff members.</td>
<td>3.76</td>
<td>3.77</td>
<td>.01</td>
</tr>
<tr>
<td>I like to participate with my colleagues in peer supervision of our cases.</td>
<td>3.63</td>
<td>3.50</td>
<td>.13</td>
</tr>
<tr>
<td>I like my supervisor to be relationship oriented.</td>
<td>3.26</td>
<td>3.03</td>
<td>.23</td>
</tr>
<tr>
<td>I do not like to deal with rules and regulations set down by the government.</td>
<td>1.61</td>
<td>1.11</td>
<td>.50</td>
</tr>
<tr>
<td>I like to work with other community agencies and organizations.</td>
<td>3.13</td>
<td>3.04</td>
<td>.09</td>
</tr>
</tbody>
</table>

Positive Stressor = 2.75 or greater
Negative Stressor = 1.25 or less
Neutral Stressor = between 1.25 and 2.75
their older counterparts. Positive stressors have been defined, for this study, as those factors that increase concentration and the capacity to accomplish physical and mental tasks (Zastrow, 1984). Consequently, a more positive outlook would reduce burnout and a more negative outlook would increase burnout.

These findings suggest that younger individuals are more interested in establishing relationships with others both within and outside of their organization than are older psychotherapists. It is likely that younger psychotherapists have higher energy levels; whereas, older psychotherapists are more interested in conserving energy by limiting outside involvements.

Hypothesis 7

There is no difference between psychotherapists with master’s degrees in counseling and clinical psychology, with master’s degrees in social work, and with doctoral degrees in clinical or counseling psychology as to which stressors are viewed as positive or negative.

This hypothesis was retained. No significant differences were found among the three groups according to their level of training on any of the three Stressors Check List scales. These results are not in agreement with previous research which indicated that the level of training is a significant predictor of job satisfaction.
and burnout (Gray-Toft & Anderson, 1985; Jerrell, 1983; Leeson, 1981; Phillips & Hays, 1978). However, these previous studies were not in agreement as to what level of training resulted in higher or lower levels of job satisfaction and burnout.

In this study the differences between the three groups was close to being significant on the Psychotherapist Relationships with Individuals and Organizations scale of the Stressors Check List. Those psychotherapists with master’s degrees in counseling and clinical psychology produced a scale mean of 20.84, those with master’s degrees in social work produced a scale mean of 21.79, and those with doctoral degrees in clinical and counseling psychology produced a scale mean of 20.23, all of which are in the positive range (scale cutoffs of 19.25 or higher).

In looking at the item means for the three groups (see Table 29) it can be seen that psychotherapists with master’s degrees in social work scored highest on all seven items, those with master’s degrees in counseling or clinical psychology scored lowest on two of the items, those with doctoral degrees in clinical or counseling psychology scored lowest on four of the items, and the master’s and doctoral psychology groups scored equally low on one item. These results suggest that psychotherapists with master’s degrees in social work are more positive than their
<table>
<thead>
<tr>
<th>Item</th>
<th>M.A.</th>
<th>M.S.W.</th>
<th>Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like being a role model for people.</td>
<td>2.95</td>
<td>3.18</td>
<td>2.95</td>
</tr>
<tr>
<td>I like to establish strong therapeutic relationships with clients.</td>
<td>3.44</td>
<td>3.58</td>
<td>3.41</td>
</tr>
<tr>
<td>I like to have open and honest communication with other staff members.</td>
<td>3.70</td>
<td>3.82</td>
<td>3.73</td>
</tr>
<tr>
<td>I like to participate with my colleagues in peer supervision of our cases.</td>
<td>3.40</td>
<td>3.63</td>
<td>3.45</td>
</tr>
<tr>
<td>I like my supervisor to be relationship oriented.</td>
<td>3.07</td>
<td>3.14</td>
<td>2.95</td>
</tr>
<tr>
<td>I do not like to deal with rules and regulations set down by the government.</td>
<td>1.19</td>
<td>1.38</td>
<td>0.86</td>
</tr>
<tr>
<td>I like to work with other community agencies and organizations.</td>
<td>3.09</td>
<td>3.10</td>
<td>2.86</td>
</tr>
</tbody>
</table>

Positive Stressor = 2.75 or greater
Negative Stressor = 1.25 or less
Neutral Stressor = between 1.25 and 2.75
counterparts with master’s and doctoral degrees in clinical and counseling psychology on the Psychotherapist Relationships with Individuals and Organizations scale.

A possible reason for the difference between the two master’s level groups may be in the training that is provided in social work programs versus counseling and clinical psychology programs. Social workers help people with their problems through direct counseling and other services, including working closely with various community agencies and organizations. They help make society more responsive to people’s needs through advocacy and policy making (U.S. Department of Labor, 1990). Social work programs emphasize the importance of practical experience which includes 900 hours of supervised field instruction or internship (U.S. Department of Labor, 1990). Whereas, the programs for the other groups are more clinical and problem oriented, and do not include as many hours of practical field work.

The difference between the social work group and the doctoral group, and to a lesser degree the other psychotherapists with master’s degrees, may be related to the type of work that is expected of employees in comprehensive mental health centers in the State of Indiana. Nearly 55% of those responding to this study were social workers, 30% were individuals with master’s
degrees in counseling or clinical psychology, and 15% were individuals with doctoral degrees.

In Indiana, there is no licensure for individuals with less than a doctoral degree in psychology, which limits reimbursement for individuals with master’s degrees. However, many insurance companies, and Medicare and Medicaid, will pay for services rendered by social workers. Consequently, the majority of the therapy staff at these centers is comprised of social workers. On the other hand, those persons with doctoral degrees are expected to do the majority of the psychological testing and assessment in the comprehensive community mental health centers, positions that are not as relationship oriented as therapy positions. In addition, individuals with master’s degrees in clinical psychology can provide this service if a licensed psychologist co-signs all of their reports. Therefore, master’s level clinicians and doctoral level clinicians trained in psychology who choose to fill these latter positions are not as likely to be relationship oriented, thus resulting in lower scores on the Psychotherapist Relationships with Individuals and Organizations scale.

Hypothesis 8

There is no difference between psychotherapists with 5 years of experience or less, with 6 to 15 years
of experience, and with 16 or more years of experience as to which stressors are viewed as positive or negative.

This hypothesis was retained. No significant differences were found among the three groups according to their years of working experience on any of the three Stressors Check List scales; however, the difference among the three groups was very close to being significant on the Client Diagnostic Categories scale. The least experienced group produced a scale mean of 9.82, the most experienced group produced a scale mean of 12.21, and the group in between (which will be referred to as the "middle group") produced a scale mean of 11.33, all of which fall within the neutral range (these scores fell between the 7.5 and 16.5 cutoffs).

Psychotherapists with 5 years of experience or less produced the lowest item means on five of the six scale items (see Table 30): working with suicidal clients, working with depressed clients, working with psychotic clients, and working with overtly psychopathological clients. Psychotherapists with 16 or more years of experience produced the highest item means on four of the six scale items: working with suicidal clients, working with depressed clients, working with psychotic clients, and working with chronic clients. The least experienced psychotherapists obtained the highest mean on one item—working with involuntary
TABLE 30

ITEM MEANS FOR GROUPS ACCORDING TO THEIR YEARS OF WORK EXPERIENCE ON THE CLIENT DIAGNOSTIC CATEGORIES SCALE OF THE STRESSORS CHECK LIST

N=143

<table>
<thead>
<tr>
<th>Item</th>
<th>Item</th>
<th>5 or less</th>
<th>6 to 15</th>
<th>16 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like working with suicidal clients.</td>
<td>I like working with clients with major depression.</td>
<td>1.44</td>
<td>1.46</td>
<td>1.76</td>
</tr>
<tr>
<td>I like working with psychotic clients.</td>
<td>I like working with psychotic clients.</td>
<td>2.06</td>
<td>2.60</td>
<td>2.67</td>
</tr>
<tr>
<td>I like working with chronic clients.</td>
<td>I like working with chronic clients.</td>
<td>1.53</td>
<td>1.89</td>
<td>2.27</td>
</tr>
<tr>
<td>I like working with involuntary clients.</td>
<td>I like working with involuntary clients.</td>
<td>1.55</td>
<td>1.42</td>
<td>1.36</td>
</tr>
<tr>
<td>I like working with clients with overtly psychopathological symptoms.</td>
<td>I like working with clients with overtly psychopathological symptoms.</td>
<td>1.62</td>
<td>2.07</td>
<td>1.97</td>
</tr>
</tbody>
</table>

Positive Stressor = 2.75 or greater
Negative Stressor = 1.25 or less
Neutral Stressor = between 1.25 and 2.75
clients; the middle group of psychotherapists obtained the highest mean on one item—working with overtly psychopathological clients; and the most experienced psychotherapists obtained the lowest mean on one item—working with involuntary clients.

These findings suggest that the least experienced psychotherapists are more negative regarding their opinions of working with difficult clients. The results support the findings of some researchers that younger, less experienced psychotherapists, psychologists, and counselors suffer more burnout than their more experienced peers (Cummings & Nall, 1983; Heckman, 1981; Udovich, 1983). One possible reason for these results is that the difference between the less experienced and the more experienced groups is accounted for by the more negative, less experienced psychotherapists leaving the work setting for one that is more to their liking—therefore the remaining psychotherapists have a more positive viewpoint.

**Hypothesis 9**

There is no difference between psychotherapists who view themselves as primarily behavioral, existential-humanistic, interpersonal relationship, psychoanalytic, rational emotive/cognitive, reality, social learning, systems oriented, or those adhering to some other therapeutic school as to which stressors are
viewed as positive or negative.

This hypothesis was rejected. Although no significant differences were found on the Client Diagnostic Categories scale, significant differences were found on the Client Demographic Characteristics scale and the Psychotherapist Relationship with Individuals and Organizations scale of the Stressors Check List. Subsequently Tukey's Honestly Significant Difference Test was employed to determine where specific differences occurred between the nine psychotherapist groups.

On the Client Demographic Characteristics scale, Tukey's test did not identify any pairs of groups that differed significantly; however, the largest difference occurred between the behavioral group and the systems-oriented group of psychotherapists. The behavioral group's scale mean was 15.43, which is in the neutral range (a score between the 7.5 and 16.5 cutoffs), while the systems-oriented group's scale mean was 19.41, which is in the positive range (a scale cutoff of 16.5 or higher).

The behavioral group was most negative about working with middle-aged adults and with older adults, with clients with relationship issues, and clients with family issues. They were most positive about working with clients the same sex as themselves (see Table 31).

On the other hand, the systems-oriented group was most
### TABLE 31

**ITEM MEANS FOR THE BEHAVIORAL AND SYSTEMS-ORIENTED GROUPS ON THE CLIENT DEMOGRAPHIC CHARACTERISTICS SCALE OF THE STRESSORS CHECK LIST**

**N=39**

<table>
<thead>
<tr>
<th>Item</th>
<th>Behavioral</th>
<th>Systems Oriented</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like working with same sex clients.</td>
<td>3.14</td>
<td>2.97</td>
<td>.17</td>
</tr>
<tr>
<td>I like working with younger adults (20-40).</td>
<td>2.86</td>
<td>3.44</td>
<td>.58</td>
</tr>
<tr>
<td>I like working with middle-aged adults (41-55).</td>
<td>2.43</td>
<td>3.28</td>
<td>.85</td>
</tr>
<tr>
<td>I like working with older adults (over 55).</td>
<td>1.86</td>
<td>2.56</td>
<td>.70</td>
</tr>
<tr>
<td>I like working with clients with relationship issues (marital, divorce).</td>
<td>2.43</td>
<td>3.50</td>
<td>1.07</td>
</tr>
<tr>
<td>I like working with clients with family issues.</td>
<td>2.71</td>
<td>3.66</td>
<td>.95</td>
</tr>
</tbody>
</table>

Positive Stressor = 2.75 or greater  
Negative Stressor = 1.25 or less  
Neutral Stressor = between 1.25 and 2.75
positive about working with clients with relationship issues and clients with family issues; and they were most negative about working with older adults.

These results seem reasonable considering that behavioral psychotherapists appear to be more interested in working with individuals with clearly definable problems so that they can focus on specific behavioral change. Although systems-oriented psychotherapists are interested in seeing behavioral change, their focus is on treating problems within relationships as these problems present themselves in systems, such as families, marriages, or organizations. Behavioral psychotherapists prefer to deal with one problem at a time, whereas systems-oriented psychotherapists seem to be energized by having to deal with the multiplicity of problems often presented in systems.

On the Psychotherapist Relationships with Individuals and Organizations scale, Tukey’s test produced significant differences between two pairs of groups: the behavioral and social learning psychotherapists, and the behavioral and interpersonal relationship psychotherapists.

The behavioral group’s scale mean was 18.43 which is in the neutral range (a score between the 8.75 and 19.25 cutoffs), while the social learning group’s scale mean was 23.57 and the interpersonal relationships group’s scale mean was 22.82, both of which are in the
positive range (scale cutoffs of 19.25 or higher).
Looking at the differences between the behavioral group, and the social learning and interpersonal relationship groups, the social learning group's item means were higher than those of the behavioral group on six of the seven items on the scale (see Table 32) and the interpersonal relationship group's item means were higher on all 7 of the scale items (see Table 33).

As was the case on the Client Demographic scale, the data suggested that the behavioral psychotherapists focus is to deal with clearly defined problems and behavioral change, whereas the other two groups are more positive about relationship issues. Although social learning psychotherapists have a behavioral orientation, their focus is on behavioral change through modeling and the interaction of people with other people. The importance of relationships is evident from the name of the other group: interpersonal relationship. The focus for these psychotherapists is change within the context of relationships between and among people. Although behavioral psychotherapists do not deny the importance of relationships, they do not see them as a necessary part of their focus on specific behavioral change.

Heckman (1981), in a study of psychologists, found that those who identified themselves as cognitive-behavioral reported significantly less burnout than those who identified themselves as humanistic. The
TABLE 32

ITEM MEANS FOR THE BEHAVIORAL AND SOCIAL LEARNING GROUPS ON THE PSYCHOTHERAPIST RELATIONSHIPS WITH INDIVIDUALS AND ORGANIZATIONS SCALE OF THE STRESSORS CHECK LIST

N=14

<table>
<thead>
<tr>
<th>Item</th>
<th>Behavior</th>
<th>Social</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like being a role model for people.</td>
<td>3.29</td>
<td>3.29</td>
<td>.00</td>
</tr>
<tr>
<td>I like to establish strong therapeutic relationships with clients.</td>
<td>2.80</td>
<td>3.71</td>
<td>.91</td>
</tr>
<tr>
<td>I like to have open and honest communication with other staff members.</td>
<td>3.43</td>
<td>4.00</td>
<td>.57</td>
</tr>
<tr>
<td>I like to participate with my colleagues in peer supervision of our cases.</td>
<td>3.29</td>
<td>3.86</td>
<td>.57</td>
</tr>
<tr>
<td>I like my supervisor to be relationship oriented.</td>
<td>2.86</td>
<td>3.43</td>
<td>.57</td>
</tr>
<tr>
<td>I do not like to deal with rules and regulations set down by the government.</td>
<td>0.43</td>
<td>1.71</td>
<td>1.28</td>
</tr>
<tr>
<td>I like to work with other community agencies and organizations.</td>
<td>2.29</td>
<td>3.57</td>
<td>1.28</td>
</tr>
</tbody>
</table>

Positive Stressor = 2.75 or greater
Negative Stressor = 1.25 or less
Neutral Stressor = between 1.25 and 2.75

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<table>
<thead>
<tr>
<th>Item</th>
<th>Behavior</th>
<th>Relation</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>I like being a role model for people.</td>
<td>3.29</td>
<td>3.59</td>
<td>.30</td>
</tr>
<tr>
<td>I like to establish strong therapeutic relationships with clients.</td>
<td>2.80</td>
<td>3.71</td>
<td>.91</td>
</tr>
<tr>
<td>I like to have open and honest communication with other staff members.</td>
<td>3.43</td>
<td>3.71</td>
<td>.28</td>
</tr>
<tr>
<td>I like to participate with my colleagues in peer supervision of our cases.</td>
<td>3.29</td>
<td>3.41</td>
<td>.12</td>
</tr>
<tr>
<td>I like my supervisor to be relationship oriented.</td>
<td>2.86</td>
<td>3.53</td>
<td>.67</td>
</tr>
<tr>
<td>I do not like to deal with rules and regulations set down by the government.</td>
<td>0.43</td>
<td>1.47</td>
<td>1.04</td>
</tr>
<tr>
<td>I like to work with other community agencies and organizations.</td>
<td>2.29</td>
<td>3.41</td>
<td>1.12</td>
</tr>
</tbody>
</table>

Positive Stressor = 2.75 or greater  
Negative Stressor = 1.25 or less  
Neutral Stressor = between 1.25 and 2.75
current findings showing that behavioral psychotherapists are less positive than systems oriented psychotherapists on the Client Demographic scale, and less positive than interpersonal relationship and social learning psychotherapists on the Psychotherapist Relationships with Individuals and Organizations scale, appear to contradict the previous research cited above.

When looking at the Client Demographic scale, it appears that behavioral psychotherapists would experience increased frustration, anxiety, and stress when having to deal with relationship and family issues in the therapeutic setting. This is because they are more comfortable working with individuals with specific clearly defined problems that lend themselves to being dealt with using concrete behavioral techniques. Family and relationship issues are difficult to define, they tend to be complex, and lend themselves to a more flexible therapeutic approach.

When looking at the Psychotherapist Relationships with Individuals and Organizations scale, it also appears that having to be involved in relationships beyond what they see as necessary may be frustrating to the behavioral psychotherapist. For example, establishing strong therapeutic relationships, dealing with governmental rules and regulations, and working with other community agencies and organizations is not nearly as important to them as it is for the more
relationship-oriented social learning and interpersonal relationship groups.

**Hypothesis 10**

There is no difference between psychotherapists who are single, married, separated/divorced, and widowed as to which stressors are positive or negative.

This hypothesis was retained. No significant differences were found among the three groups (widowed was deleted since the total sample contains only one widowed person) according to their marital status on any of the three Stressors Check List scales. This is in agreement with the findings of Sears and Navin (1983) who did not find a relationship between marital status and stressors experienced by school counselors. However, married psychotherapists did score higher on two of the three scales than either the single or the separated/divorced groups. Although no significance was found, these results provide some support for Parker (1982) who found that single school counselors experienced more stress than their married counterparts.

It should be understood that some difficulty exists in comparing the current results with that of these other researchers. The problem is that school counselors are being compared with psychotherapists working in comprehensive community mental health centers. Both of these groups are likely to be composed
of different types of people who respond differently to stressors that they encounter.

**Implications and Recommendations**

This study revealed that psychotherapists are exposed to positive and negative stressors at their workplace. In addition, personality characteristics, gender, age, type of educational degree, experience, and preferred therapeutic school have an impact on their perception of positive or negative stressors.

One factor limiting the generalizations that can be made from these results are that those individuals who participated may not have been experiencing a high degree of negative stress or burnout. A second factor limiting generalizations that can be made relates to the high percentage of psychotherapists with Master of Social Work degrees who participated in the study. Individuals often enter social work for reasons that differ from those entering counseling or clinical psychology and their training programs are inherently different.

A study using a broader spectrum of stressors and psychotherapists is suggested. This study might include not only psychotherapists working in state funded comprehensive community mental health centers, but also those in other governmental agencies, those in private group and individual practices, and those
working mainly in inpatient settings, both private and public.

A qualitative study using psychotherapists currently working in comprehensive community mental health centers and psychotherapists who have, at one time, worked in comprehensive community mental health centers is suggested. This is recommended because it was anticipated that more negative stressors would be identified as a result of the current research. It is felt that a qualitative study would provide a way to better identify both negative stressors and positive stressors.

Students can sometimes have unrealistic expectations of their future work. They often look only at the positive aspects of their chosen field, rather than looking at all aspects. In addition, they do not often consider how their various personality characteristics influence their perceptions of stressors that they will encounter. Educators can help their students to become more fully aware of the different types of stressors, both positive and negative, that they will face in different work settings and how their personality characteristics might influence their perceptions.
APPENDIX A

INSTRUMENTS

Original Demographic Sheet
Original Stressors Check List
Revised Demographic Sheet
Revised Stressors Check List
DEMOGRAPHIC INFORMATION (ORIGINAL)

Please complete the following items by placing a check mark following the correct response or by filling in the desired information.

1. Sex: Male _____ Female _____

2. Age: 35 and under _____ over 35 _____

3. Current Marital Status (check the one that best describes you)
   - Single (never married) _____
   - Married (currently) _____
   - Separated/ Divorced (currently) _____
   - Widow/Widower _____

4. Please indicate the number of years you have been working as a psychotherapist. ________________________

5. Training (fill in your specific degree, M.A., M.S.W., Ph.D., etc.) ___________________________________

6. Therapeutic School (indicate your top three choices in order - 1,2,3 - on the line to the right of each school)
   - Behavioral _____ Eclectic _____
   - Existential-Humanistic _____ Gestalt _____
   - Interpersonal Relationship _____ Reality _____
   - Psychoanalytic _____ Social Learning _____
   - Rational Emotive/Cognitive _____ Systems Oriented _____
   - Rogerian-Client Centered _____

7. What season of the year do you feel most highly motivated to do your best work? (Please indicate by placing a check on the line following one season)
   - Fall _____ Winter _____ Spring _____ Summer _____

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THE STRESSORS CHECK LIST (ORIGINAL)

Please respond to the following statements according to your level of agreement or disagreement with them on the following scale:

SA — Strongly Agree
MA — Moderately Agree
N — Neutral
MD — Moderately Disagree
SD — Strongly Disagree

1. I like working with clients with diagnoses that I am qualified to work with.  
   SA MA N MD SD

2. I like working with clients with a variety of diagnoses without regard to my specific qualifications.  
   SA MA N MD SD

3. I like to work in a setting where the psychotherapist's role is clearly defined.  
   SA MA N MD SD

4. I like being responsible for making decisions that help to shape the lives of individuals.  
   SA MA N MD SD

5. I like being a role model for people.  
   SA MA N MD SD

6. I do not like conflicting feelings of loyalty to my clients and the organization I am working for.  
   SA MA N MD SD

7. I do not mind dealing with issues related to countertransference.  
   SA MA N MD SD

8. I like to feel free to make decisions regarding my clients on my own.  
   SA MA N MD SD
9. I like working with the following types of clients (respond to each type):

a. homicidal clients SA MA N MD SD
b. suicidal clients SA MA N MD SD
c. clients with major depression SA MA N MD SD
d. psychotic clients SA MA N MD SD
e. chronic clients SA MA N MD SD
f. involuntary clients SA MA N MD SD
g. resistant clients (such as, alcohohics in denial) SA MA N MD SD
h. clients with pathological symptoms (paranoia, delusions, phobias) SA MA N MD SD
i. abusive clients SA MA N MD SD
j. abused clients SA MA N MD SD
k. neglected clients SA MA N MD SD
l. opposite sex clients SA MA N MD SD
m. same sex clients SA MA N MD SD
n. children (6-12) SA MA N MD SD
o. adolescents (13-19) SA MA N MD SD
p. younger adults (20-40) SA MA N MD SD
q. middle-aged adults (41-55) SA MA N MD SD
r. older adults (over 55) SA MA N MD SD
s. clients with relationship issues (marital, divorce) SA MA N MD SD
t. clients with family issues SA MA N MD SD
u. clients with transference issues SA MA N MD SD
v. I do not mind dealing with planned separations from clients (vacations, etc.)
11. I have difficulty dealing with unplanned separations from clients (being called away due to some type emergency, etc.)

12. I like to establish intimate therapeutic relationships with clients.

13. I like to have open and honest communication with other staff members.

14. I like the therapy staff to be stable in that changes and turnover are minimal.

15. I like to receive regular supervision of my cases by a qualified clinical supervisor.

16. I like to participate with my colleagues in peer supervision of our cases.

17. I like my supervisor to be task oriented.

18. I like my supervisor to be relationship oriented.

19. I like to maintain a moderate case-load of 4 to 6 clients per day (2 to 3 if part-time).

20. I like to maintain a heavy case-load of 9 to 10 clients per day (4 to 5 if part-time).

21. I like to provide direct service to clients.

22. I like to complete documentation of my clients' progress.

23. I do not like receiving negative feedback regarding my job performance.

24. I like having the opportunity to advance into a higher position in the organization.
25. I like to feel that my job is secure.
26. I do not like having to deal with changes in my job description.
27. I like to receive fair compensation for my services.
28. I like the organization to have adequate funding available to maintain existing treatment programs.
29. I like the organization to have adequate funding available to establish new programs when they are needed.
30. I like to participate in the organizational decision making process.
31. I do not like to deal with rules and regulations set down by the government.
32. I like having an administrator who is authoritarian.
33. I like having an administrator who is democratic.
34. Having a comfortable office to work in is important to me.
35. I like to be required to take on other responsibilities, such as (respond to each activity):
   a. giving lectures
   b. participating in research
   c. publishing articles
   d. working with other community agencies and organizations.
36. I like to attend committee meetings that are not directly related to client services.
DEMOGRAPHIC INFORMATION (REVISED)

Please complete the following items by placing a check mark after the response that best describes you or by filling in the desired information.

1. Sex: Male ____ Female ____

2. Age: 35 and under ____ over 35 ____

3. Current Marital Status (check the one that best describes you)
   - Single (never married) ____
   - Married (currently) ____
   - Separated/ Divorced (currently) ____
   - Widowed/Widowered ____

4. Please indicate the number of years you have been working as a psychotherapist. _____________________

5. Training (fill in your specific degree, M.A., M.S.W., Ph.D., etc.) __________________________

6. Therapeutic School (indicate your top three choices in order - 1,2,3 - on the line to the right of each school)
   - Behavioral _____ Eclectic _____
   - Existential-Humanistic _____ Gestalt _____
   - Interpersonal Relationship _____ Reality _____
   - Psychoanalytic _____ Social Learning _____
   - Rational Emotive/Cognitive _____ Systems Oriented _____
   - Rogerian-Client Centered _____ Other (specify) _____
THE STRESSORS CHECK LIST (REVISED)

Please respond to the following statements according to your level of agreement or disagreement with them on the following scale:

SA -- Strongly Agree
MA -- Moderately Agree
N -- Neutral or Undecided
MD -- Moderately Disagree
SD -- Strongly Disagree

1. I like being a role model for people SA MA N MD SD
2. I like working with suicidal clients SA MA N MD SD
3. I like working with clients with major depression. SA MA N MD SD
4. I like working with psychotic clients. SA MA N MD SD
5. I like working with chronic clients. SA MA N MD SD
6. I like working with involuntary clients. SA MA N MD SD
7. I like working with clients with overtly psychopathological symptoms (agitated anxiety, paranoid delusions). SA MA N MD SD
8. I like working with abusive clients. SA MA N MD SD
9. I like working with neglected clients. SA MA N MD SD
10. I like working with same sex clients. SA MA N MD SD
11. I like working with younger adults (20-40). SA MA N MD SD
12. I like working with middle-aged adults (41-55). SA MA N MD SD
13. I like working with older adults (over 55).
15. I like working with clients with family issues.
16. I like to establish strong therapeutic relationships with clients.
17. I like to have open and honest communication with other staff members.
18. I like the therapy staff to be stable in that changes and turnover is minimal.
19. I like to participate with my colleagues in peer supervision of our cases.
20. I like my supervisor to be task oriented.
21. I like my supervisor to be relationship oriented.
22. I like to provide direct service to clients.
23. I do not like having to deal with changes in my job description.
24. I do not like to deal with rules and regulations set down by the government.
25. I like to be required to participate in extra research projects.
26. I like to work with other community agencies and organizations.
APPENDIX B

CORRESPONDENCE

Request for Authorization Letter
Follow-up Request for Authorization Letter
Instruction Letter to Contact Person
Cover Letter to Psychotherapists
Dear Sir:

My name is Don Wallace and I am a doctoral student at Andrews University in Berrien Springs, Michigan. I have completed all of the class-work and the doctoral internship required to obtain a Ph.D. in Counseling Psychology, and I am currently working on a dissertation.

Recently my dissertation committee approved my proposal topic. I wanted to research a topic that has some practical value and I believe this one meets that criterion. The effects of stress on workers and in work environments has been studied extensively over the years. The majority of research has focused on identification of negative stressors. This study will take the study of stress further in identifying both positive and negative stressors experienced by psychotherapists. The results obtained will be beneficial not only to the psychotherapists, but also to the facilities in which they work.

I have limited my study to outpatient psychotherapists working in the thirty comprehensive mental health centers throughout Indiana. My definition of psychotherapist includes those individuals who have master’s degrees in counseling, clinical psychology, social work, or related behavioral science fields, and individuals with a doctorate in clinical or counseling psychology.

I am requesting three things in this letter:

1. Your written permission to include psychotherapists in your employ to be a part of this study.

2. A list of psychotherapists who primarily work in outpatient settings in your employ who meet the above definition to be included in this study.

3. Your assistance or the assistance of a staff member designated by yourself (possibly the clinical director) to assist in encouraging psychotherapists to complete two instruments (The Myers-Briggs Type
Indicator and The Stressors Check List) and a demographic sheet and return them to me.

I will gladly provide you a summary of the results of this study if you should so desire. Results will be reported in group form and will not reflect individual psychotherapist responses, thereby protecting their anonymity.

If you need further information you can reach me by writing or by telephone at 219-272-9598. Thank you for your help in this matter.

Sincerely,

Donald E. Wallace

Enclosures: Demographic Sheet and The Stressors Check List
Dear Sir:

About one month ago I contacted you concerning my research study in which I would like psychotherapists in your employ to participate. As you recall I am a doctoral student at Andrews University in Berrien Springs, Michigan, and I am currently working on completing a dissertation. Many of the thirty comprehensive mental health centers throughout Indiana have responded to my letter, but I have not heard from your center. I need a response from you as soon as possible so that I can begin surveying the psychotherapists at the centers that have agreed to participate in the study.

As indicated in the previous letter, I have limited my study to outpatient psychotherapists working in the thirty comprehensive mental health centers throughout Indiana. My definition of psychotherapist includes those individuals who have master's degrees in counseling, clinical psychology, social work, or related behavioral science fields, and individuals with a doctorate in clinical or counseling psychology.

I am requesting three things:

1. Your written permission to include psychotherapists in your employ to be a part of this study.

2. A list of psychotherapists who primarily work in outpatient settings in your employ who meet the above definition to be included in this study.

3. Your assistance or the assistance of a staff member designated by yourself (possibly the clinical director) to assist in encouraging psychotherapists to complete two instruments (The Myers-Briggs Type Indicator and The Stressors Check List) and a demographic sheet and return them to me.

I will gladly provide you a summary of the results of this study if you should so desire. Results will be reported in group form and will not reflect
individual psychotherapist responses, thereby protecting their anonymity. It should also be understood that participation will be strictly voluntary on the part of each psychotherapist.

If you need further information you can reach me by writing or by telephone at 219-272-9598. I am looking forward to your timely response.

Sincerely,

Donald E. Wallace
Dear Sir:

I would like to express my appreciation to you for allowing me to include therapists at your community mental health center in my dissertation study. Accompanying this letter are packets which include the following materials: a letter introducing myself and the study to the participating psychotherapists, a consent form, a demographic sheet, The Stressors Check List, and The Myers-Briggs Type Indicator. I am asking you to help me by doing the following:

1. Distribute the packets to the psychotherapists.

2. Collect the packets from the psychotherapists when they have completed the materials (their instructions indicate that they should return the completed materials to you in the envelope in which they received them).

3. Return the completed packets to me at the above address. I will reimburse your center for the return postage after I have received the completed materials.

Again I wish to thank you for helping me with this project.

Sincerely,

Donald E. Wallace
Dear Colleague:

You have been selected to participate in a study that will be of much value to psychotherapists. A sample of over two hundred psychotherapists from many of the thirty comprehensive mental health centers throughout the State of Indiana are being asked to participate in this study. The central purpose of this study is to determine what stressors are seen as positive or negative as perceived by psychotherapists. A positive stressor helps to increase or maintain a person’s concentration and capacity to accomplish tasks, while a negative stressor decreases that capacity. The results of this study will aid psychotherapists and potential psychotherapists to know what types of stressors are present in their chosen field of work.

I am asking you to sign the consent form and complete the enclosed demographic sheet, the *Myers-Briggs Type Indicator* (MBTI), and the *Stressors Check List*. These will take about twenty to thirty minutes to complete. The MBTI is a test that provides a personality type based on your responses. The Stressors Check List helps to identify stressors that you encounter in your work.

Please note the following items in regard to this study:

1. The consent form, the demographic sheet, the MBTI answer sheet and test booklet, and the Stressors Check List must all be completed and returned to your contact person in the envelope in which you received them.

2. This study is concerned with the results of the entire sample and not the information provided by individuals. However, there will be an identifying mark on the demographic sheet that will indicate which mental health center you are employed at. This will allow me to make comparisons between participating mental health centers.

3. You may wish to receive your MBTI results and a summary of the findings of this study. To receive
this information, simply include a self-addressed envelope when you return your completed materials (I will supply the postage).

4. Please return the completed materials, the consent form, the demographic sheet, the MBTI answer sheet and test booklet, and The Stressors Check List as quickly as possible.

I have been working in the mental health field since 1976 in both public and private settings. At the present time, I am working on a Ph.D. in Counseling Psychology at Andrews University in Berrien Springs, Michigan, and I am working as an independent contractor in a private agency located in South Bend, Indiana. I am hoping to complete requirements for my program of study by December, 1991. Therefore, I urge you to take the few minutes necessary to complete the enclosed materials. If you have any questions, please write or telephone (219) 272-9598.

Thank you very much for your time and participation.

Sincerely,

Donald E. Wallace

PS: Remember to include a self-addressed envelope if you wish to receive a copy of your MBTI and a summary of the results.
APPENDIX C

RAW DATA
The first four digits constitute an individual identification number. Digits 6 and 7 identify the comprehensive community mental health center which the subject is from.

Digits 9 through 16 constitute the demographic information:

Digit 9 = Sex
0 = Male
1 = Female

Digit 10 = Age
0 = 35 and under
1 = Over 35

Digit 11 = Marital Status
1 = Single (never married)
2 = Married (currently)
3 = Separated/Divorced (currently)
4 = Widow/Widower

Digits 12 and 13 = Years of Experience

Digit 14 = Academic Degree
1 = M.A., M.S., or Related Degree
2 = M.S.W.
3 = Ph.D., Ed.D., or Related Degree

Digits 15 and 16 = Therapeutic School
1 = Behavioral
2 = Existential-Humanistic
3 = Interpersonal Relationship
4 = Psychoanalytic
5 = Rational Emotive/Cognitive
6 = Rogerian-Client Centered
8 = Gestalt
9 = Reality
10 = Social Learning
11 = Systems Oriented
12 = Other

Digits 18 through 21 constitute the Myers-Briggs Type Indicator.

Digit 18 = Extroversion (1) or Introversion (2)
Digit 19 = Sensing (3) or Intuition (4)
Digit 20 = Thinking (5) or Feeling (6)
Digit 21 = Judging (7) or Perceptive (8)

Digits 23 through 48 constitute the Stressors Check List.

Blank spaces indicated missing data.
| 1107 | 17 | 113051 | 5 | 1458 | 423313422233334444424444124 |
| 1108 | 19 | 012202 | 9 | 1358 | 3333323323333334433442114 |
| 1109 | 19 | 111141 | 5 | 1357 | 131120302344344434040012 |
| 1110 | 19 | 012721 | 5 | 2467 | 42323121333334443443240213 |
| 1111 | 19 | 002033 | 5 | 2457 | 334422433332334444441114 |
| 1112 | 19 | 110242 | 5 | 2468 | 413133113444434434341223 |
| 1113 | 19 | 113181 | 9 | 1467 | 411111133444444444441223 |
| 1114 | 19 | 012142 | 1 | 2357 | 322100103444444442332223 |
| 1115 | 19 | 113012 | 1 | 4573 | 33244244343444444441214 |
| 1116 | 19 | 112032 | 2 | 4676 | 4413444444344444441441224 |
| 1117 | 19 | 012192 | 6 | 2367 | 3121201133332433433134213 |
| 1118 | 14 | 01219211 | 2 | 4578 | 303231212342342444232134 |
| 1119 | 14 | 113041 | 8 | 1457 | 01200003433332334443233024 |
| 1120 | 14 | 111152 | 3 | 1367 | 40302103343444344441124 |
| 1121 | 14 | 00205311 | 4 | 1457 | 31100134321344444441113 |
| 1122 | 14 | 012111 | 2 | 2468 | 311110304333233443343104 |
| 1123 | 14 | 11310212 | 2 | 4578 | 413031013222314443141121 |
| 1124 | 14 | 11222211 | 2 | 4589 | 423222233233244434343324 |
| 1125 | 14 | 11313210 | 1 | 4578 | 233110213334434443433314 |
| 1126 | 14 | 112163 | 1 | 4578 | 302101122332232343331023 |
| 1127 | 14 | 11230211 | 2 | 4578 | 3121123444444424443033 |
| 1128 | 14 | 11111211 | 4 | 4578 | 1 | 3131103334123444440214 |
| 1129 | 14 | 10202221 | 1 | 4578 | 312113132333434443233334 |
| 1130 | 14 | 012052 | 3 | 2458 | 321113323331344343333013 |
| 1131 | 14 | 102032 | 6 | 1467 | 333331133333333234231234 |
| 1132 | 14 | 102052 | 2 | 2468 | 312021123321344432432123 |
| 1133 | 16 | 111282 | 7 | 1467 | 212310102312222432331102 |
| 1134 | 22 | 102112 | 3 | 1467 | 4133301113333144440343314 |
| 1135 | 22 | 011203 | 4 | 2467 | 21333030133331130130141 |
| 1136 | 22 | 111092 | 3 | 2467 | 313131102344344444442123 |
| 1137 | 22 | 11220211 | 2 | 2468 | 2000000022223223432432432 |
| 1138 | 22 | 012011 | 9 | 2467 | 311131133333344343341023 |
| 1139 | 22 | 11317111 | 1 | 1467 | 4331100113333444442044032 |
| 1140 | 22 | 011051 | 4 | 1468 | 31110213222433340442203 |
| 1141 | 22 | 012061 | 6 | 1457 | 413333322333334344133314 |
| 1142 | 22 | 11213111 | 2 | 2467 | 3112232013233334244330204 |
| 1143 | 22 | 10104211 | 2 | 2457 | 313000033444443444433303 |


VITA

PERSONAL DATA:  Name: Donald E. Wallace  
Date of Birth: October 29, 1946  
Family Status: Married, two children  
Address: 19301 Haviland Drive  
South Bend, Indiana 46637

EDUCATIONAL BACKGROUND:

1992  Ph.D.  Counseling Psychology  
Andrews University, Berrien Springs, Michigan

1977  M.A.  Counseling and Guidance  
Walla Walla College, College Place, Washington

1975  B.S.  Major: Psychology, Minor: Religion  
Walla Walla College, College Place, Washington

1971  B.S.  Major: Bible, Minor: Pastoral Theology  
Northwest College, Kirkland, Washington

EMPLOYMENT HISTORY:

1989 to Present: Psychotherapist and Psychometrist,  
Stress Recovery Center, South Bend, Indiana

1988 to 1989: Psychotherapist, Family Learning Center,  
South Bend, Indiana

1987 to 1988: Pre-doctoral Psychology Intern, Family  
Learning Center, South Bend, Indiana

1985 to 1987: Psychotherapist, Family Service of Fulton  
County, Rochester, Indiana

1984 to 1986: Mental Health Professional, Battle Creek  
Adventist Hospital, Battle Creek, Michigan.

1982 to 1984: Program Director of the Partial Hospital  
Program, Battle Creek Adventist Hospital, Battle  
Creek, Michigan

1981 to 1983: Director of the Admissions and Evaluation  
Center, Battle Creek Adventist Hospital, Battle  
Creek, Michigan

1980 to 1984: Psychotherapist, Battle Creek Adventist  
Hospital, Battle Creek, Michigan

1978 to 1980: Program Manager, Evergreen Training  
Services, Walla Walla, Washington

1978 to 1980: Social Service Consultant, Elzora Manor,  
Milton-Freewater, Oregon

1977 to 1978: Lead Instructor, Evergreen Training  
Services, Walla Walla, Washington

1976 to 1978: Crisis Intervention Team Member, Walla  
Walla Mental Health Center, Walla Walla, Washington

1972 to 1973: Assistant Pastor, Bethel Assembly of God,  
Walla Walla, Washington

1969 to 1971: Assistant Pastor, First Assembly of God,  
Coquille, Oregon

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