

SPIRITUALITY AND BURNOUT: AS EXPERIENCED BY THERAPISTS

by

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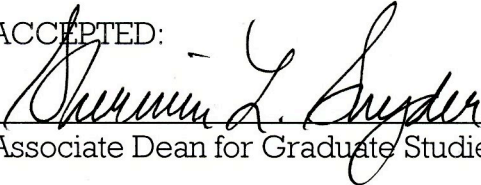
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ABSTRACT

The purpose of this study was to examine the relationship between spiritual practice and burnout as experienced by therapists and counselors in their profession. The research question asked is, 'What is the relationship between spiritual practise and burnout in the professional life of a therapist?'

The literature review looked at how the nature of the profession contributes to burnout because of the focus on problems and negative aspects of life as well as the lack of positive response regarding healing and progress by clients. The four features of burnout (physiological, behavioral, psychological, and spiritual) as well as their symptoms are discussed. There are three general themes that suggest the causes of burnout: the therapist's personality, the environments in which the therapist lives and works, and the interaction between the two. There are several ways therapists handle the symptoms of burnout. These include increased participation in wellness activities such as excercise and hobbies, changing the structure of the work environment, engaging in individual and/or group therapy and assuring that physical and medical needs are being met. These practices may lessen the symptoms for a period of time but do not permeate the interdependent nature of the therapist's personality and personal/professional environments as does the participation in spiritual practices.

A questionnaire was distributed to 128 therapists throughout Arizona and data collected from 75 respondents. The data indicated that those therapists who participated frequently in spiritual activities experienced 18 of the 22 symptoms of burnout to a lesser degree than those therapists who rarely or never participated in spiritual activities.

The development of a wellness program that encompasses spiritual growth might allow therapists to continue to provide a high quality of assistance to others while ensuring balance in their own lives, both personal and professional.

DEDICATION

This project is dedicated to my family. To my parents, Russ and Tod, for giving me life and challenging me to live it fully. To my sons, Kevin and Kyle, for their encouragement to be open to new ideas and ways of doing things. To Megan and Heather for providing diversion. And to my husband, Rich, for his prayers and encouragement to grow and be all I can be.

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CHAPTER 1

THE PROBLEM

Introduction to the Study

Professional or job burnout has long been a topic of discussion. Due to the need for money to provide basic needs, most people engage in some form of work to attain a desired lifestyle. Complaints of working long hours are often mixed with a sense of pride and dedication. This contradiction may cause people to think of work as a burden rather than as fulfilling a strong and creative need for self-satisfaction. The medical model view of burnout is tied to the idea that professional burnout is a result of overwork; therefore, less work is the primary cure. This cure is rarely an option for people in today's society, particularly in the helping profession where the demands of the profession have encouraged and honored working long hours (Grosch & Olsen, 1994).

When therapists enter the field, they often make the assumption that helping people through counseling will provide self-satisfaction and fulfillment. Then reality sets in: many clients don't get better. Counseling is hard work. The constant involvement of listening to the problems and negativity in the lives of others is psychologically, physically and spiritually draining. When the therapist does not have the inner resources to rebalance and renew him/herself, burnout happens.

Development of the Problem

Most workers experience job burnout sometime in their career. More and more people are turning to counseling as a way to manage emotional overload, exhaustion, and feelings of being overwhelmed. If therapists intend to help clients, it is necessary to be able to recognize burnout in their own lives as well as in the lives of their clients.

The term burnout, as it refers to occupation, has not been around for a long time. It was first used in the 1960s in reference to the effects of chronic drug abuse. Herbert J. Freudenberger is given credit for applying the term to occupational exhaustion in the helping professions (Grosch & Olsen, 1994). No profession is immune to burnout; however, it is a particular problem in the helping professions

. . . because therapists and other counselors often need years of training and practice to be competent enough to have an impact on their clients. Having an impact, and sensing that one does, is crucial to career satisfaction. Jobs that allow active, skillful involvement that produces tangible results are inherently sustaining and rewarding. Therapy and counseling, unfortunately, are basically passive and controlled; what tangible results are achieved are often long and slow in coming. What's more, successful outcome often occurs after the helping relationship is terminated, and ironically, therapists are only likely to hear from clients who fail to accomplish what they set out to do. (Grosch & Olsen, 1994, p. 8)

Literature has revealed several different themes that may contribute to the development of burnout. Type-A personalities, therapist idealism, as well as low self-esteem may cause the therapist to take on too much work as a way to increase his/her feelings of adequacy. Human service systems with high caseloads,

red tape, funding cutbacks, little clinical support, too much required paperwork and forms are also suggested as causes of burnout. Family of origin issues and current family situations are frequently viewed as contributing to burnout.

Shortening session time, taking a vacation, spending more time with family and friends, as well as playing harder may be helpful in the short run (Grosch & Olsen, 1994). When therapists experience burnout, the advice that is given is well intentioned but simplistic in that the causes of burnout are complex (Grosch & Olsen, 1994). The treatment for burnout can be just as complex. While it appears there is a need to treat the whole person, there are questions as to how important each of the factors are to the healing process.

Need for the Study

Several changes have taken place in the helping profession with the emergence of managed care. Most therapists have to make decisions regarding whether or not to align with an agency or work in a private practice environment, accept insurance payments and adhere to the medical model, or accept only out of pocket payment for services. Literature has shown that agency workers tend to experience burnout earlier in their careers than those in private practice with more advantaged and flexible clientele. But sooner or later burnout is experienced to some degree by all who work in the helping professions. "It has been said that the average therapist has a productive professional life span of ten years. Ten years before the burden of taking other people's troubles on one's

shoulders erodes self-confidence and the desire to go on" (Grosch & Olsen, 1994, p. x).

Therapists tend to spend most of their time with people who are experiencing problems with relationships, work, life transitions, or mental illness. Because the positive and healthy aspects of the clients' lives are seen as less relevant to the cause of the problem, the therapist rarely sees the positive aspects of the issues.

Helpers only ask about negative information often in the belief that the cause of a problem is located in some negative aspect of the person. In addition, the clients themselves often deliberately withhold positive information . . . because it might reduce the amount of funds or services that they could receive. (Maslach, 1982, p.19)

Most often when the problem goes away so does the client, to return only when the problem reoccurs or they find themselves in another problematic situation. Therapists have a need to know how helpful they were in assisting the client in solving the problem, whether they made a difference in the person's life, and whether they did a good job.

Just like anyone else, professional helpers like to get this feedback. They need the same reinforcing strokes that ordinary folk do. However, for them feedback is either nonexistent or almost exclusively negative. They don't hear much about when things are going right, but they sure hear plenty when things are going wrong. They hear complaints or criticisms about the job they are doing, they may be blamed for not giving enough help, and in some instances they are targets of hostile remarks or even threatening actions. (Maslach, 1982, p.19)

Burnout happens when therapists continue to work in an environment where their work is taken for granted and they are expected to work long hours without tangible rewards.

If the caregiver's accomplishments are expected as part of the job, then there is no need to provide positive feedback except when things fall short of these expectations Our society makes matters worse by setting very high standards for helpers, which are difficult to achieve and impossible to maintain over a long period of time. Helpers are expected *always* to be warm, giving, patient and courteous, and *never* rude, abrupt, hostile or cold. (Maslach, 1982, p.10)

There appears to be a need for therapists to seek strength outside of themselves to combat the negative aspects of the profession. The source of this strength must be personal, ongoing and easily accessible. The practice of spirituality is all of these and permeates all aspects of life.

Grosch & Olsen (1994) point out that because burnout is often defined by its symptoms, the problem frequently is not recognized until it has reached an advanced state, when the situation is so bleak that leaving one's profession may seem to be the only answer. Even at this point, burnout may not be seen as the problem. Poor job performance may be cited as the cause of the crisis due to burnout rarely being seen as the primary issue when therapists seek assistance.

A review of the literature revealed several ways therapists handle burnout. The use of co-therapists, consultations and peer support groups (Boylin & Briggie, 1987), work diversification (Farrenkopf, 1992), and increased use of stress management techniques (Bennett, 1991), are suggested as useful ways to reduce burnout. Studies showing any relationship between burnout and spirituality were

not located. Therapists take pills to combat depression and anxiety, headaches and fatigue, but what do they do to heal the wounded spirit?

Purpose of the Study

The purpose of this study was to examine the relationship between spiritual practice and burnout as experienced by therapists and counselors in their profession.

Research Question

What is the relationship between spiritual practice and burnout in the professional life of a therapist?

Definition of Terms

Spirituality "is the desire to make the daily patterns of how we live sacred. Spirituality is a drive to integrate all the realities we are capable of perceiving, from hope to despair, from ecstasy to anguish, and to bring this range of human experience into a framework that helps us make sense of our lives" (Baldwin, 1994, p.236).

Spiritual practice "is an action we do with intent to discover the sources of spiritual guidance and to help make us conscious of our relationship to the spirit" (Baldwin, 1994, p.236).

Burnout is "a progressive loss of idealism, energy, and purpose that comes to people in the helping profession because of their work. Often burnout is accompanied by feelings of futility, powerlessness, fatigue, cynicism, apathy, irritability and frustration" (Collins, 1988, p.35).

CHAPTER 2

LITERATURE REVIEW

Introduction

Burnout is experienced in various professions but seen most often in the helping profession. It is progressive and not easily recognized. There are a multitude of causes of burnout. The most effective treatment is holistic, creating a balance in all aspects of the life of the worker experiencing burnout.

What is Burnout?

Burnout is a human response to the chronic, emotional strain of working with people who are troubled and having problems dealing with their life situations. Maslach (1982) notes that job burnout has some of the same effects as other stress responses (i.e., disturbances of sleep and eating patterns, loss of energy and purpose, increased frustration and irritability), but it is unique in that it is caused by social interaction between the helper and recipient.

There are four features of burnout: physiological, behavioral, psychological and spiritual. Physical symptoms may include sleep pattern disturbances, weight loss or gain, headaches, stomach problems, and irritability. Behavioral symptoms include showing up late for work, increased rigidity, angry outbursts, working longer hours but accomplishing less, trouble making decisions and lack of

enthusiasm for normally pleasurable activities. Some may isolate from co-workers and friends, and turn to alcohol and/or drugs to soothe the pain. Psychological features may be evident as depression, guilt, shame, and self blame. Spiritual symptoms include feelings of despair, lack of courage and inspiration, loss of faith, meaning and purpose, both personally and professionally (Grosch & Olsen, 1994; Watkins, 1983). These symptoms of burnout are interrelated as are the multiple causes of burnout.

The Causes of Burnout.

Describing the symptomology of burnout in the helping professions is easier than understanding the underlying causes. Literature reveals three themes that suggest causes of professional burnout. The first theme suggests the personality of the therapist contributes to the possibility of burnout. The second theme looks at burnout as caused by unresolved systemic factors. The third theme looks at the interaction between the therapist's personality and his or her environment.

Personality: The personality of the therapist plays an important role in the therapeutic relationship with the client. It is also a contributing factor in the development of professional burnout. Freudenberger (1974, 1980) was one of the first people to discuss personality factors that contribute to burnout. Overly dedicated and committed persons are most prone to experience burnout. They are idealistic with high expectations for their success. They feel tremendous

are idealistic with high expectations for their success. They feel tremendous internal pressure to succeed. The tendency to burnout increases if they substitute work for a social life. The art of providing therapy encompasses creative expression while helping the client evaluate his or her life and put the pieces back together. The therapist must always be looking for innovative techniques to assist the client in resolving their problems. This can also cause the therapist to feel drained, particularly if the realized income from the profession does not meet expectations. Freudenberger describes the burned out therapist as a loner who may have trouble communicating his personal needs to family and friends, and as a perfectionist who is compulsive about achieving in all areas of life. Maslach agrees, and notes

The relevance of personal characteristics is especially great for people-work professions. Unlike other jobs, where only technical skills are required, these professions call for the use of interpersonal skills as well. The provider must be empathetic and understanding, calm and objective while dealing with intimate information, and ready to give help and reassurance. The provider's ability in these areas is largely a function of his or her personality and life experiences. This is especially true if there has been no explicit training in interpersonal skills. Thus, personality and other personal qualities have a significant part to play in burnout. (1982, p.57)

Unconscious grandiosity and excessive narcissism may cause the therapist to develop inappropriately high expectations for his or her successes in helping clients. Frustration develops when the need to help and rescue is thwarted. When the therapist enters the profession with the need to be needed and liked, he or she is vulnerable to certain types of clients, such as those who are ungrateful and hostile. If the therapist does not have the basic assurance that he or she is a good

person and having a positive effect on clients, then he or she is likely to experience burnout, particularly if he or she is seeking that assurance from clients (Friedman, 1985; Maslach, 1982; Farber & Heifetz, 1982). Berkowitz (1987) refers to the lack of positive response as nonreciprocated attentiveness and agrees that it plays an important role in the development of burnout.

The lack of clear and appropriate boundaries can also play a role in the development of professional burnout (Gladding, 1991).

The therapist who struggles with feelings of inadequacy and insecurity, and who needs to be liked by his or her clients, may have great difficulty with boundaries. While most therapists know intellectually about the need for clear and consistent boundaries with clients, their emotional needs sometimes overwhelm their good judgment. (Grosch & Olsen, 1994, p.18)

When the need for positive feedback leads to inappropriate self disclosure and/or the formation of relationships outside the therapeutic environment between therapist and client, the therapist is prone to burnout. And should appreciation not be forthcoming, the therapist may feel hurt and betrayed and begin to distrust and dislike his or her clients and colleagues (Maslach, 1982).

It is not only important for therapists to understand their own feelings but to understand why they have those emotions. They must know their own limits, skills and talents as well as when and why they are most vulnerable to issues presented by the clients. "All too often providers feel completely responsible for whether a client succeeds or fails, lives or dies — and are emotionally overwhelmed by this heavy burden" (Maslach, 1982, p.65). Rather than taking the responsibility for the client's healing, the therapist empowers the client to take the responsibility for

chose. When the therapist functions as a change agent there is less pressure to assume responsibility for the client making the change (Potter, 1983).

Allen (1979) speculated that self-esteem may be one of the most important contributing factors to burnout. Therapists who are actively and creatively involved in their work will feel better about themselves when having a sense of accomplishment. Although creative and effective work is thought to be one of the most basic human fulfillments, effective performance does not always look the same to others as it does to the therapist. Internal expectations play an important role in the therapist's sense of achievement (Glicken, 1983; Watkins, 1983).

Farber (1983) suggests that adult developmental stages may play an important part in the development of burnout. Therapists may be more prone to burnout at certain life stages. Suran and Sheridan (1985) suggest four professional development stages: identity versus role confusion, competence versus inadequacy, productivity versus stagnation and rededication versus disillusionment. There are certain tasks which must be mastered at each stage before moving on to the next level. Suran and Sheridan (1985) theorize that burnout results from unresolved conflict and unmastered tasks as the therapist progresses through his or her career.

The therapist who has a clear picture of who he or she is and why he or she is in the profession may be able to avert severe burnout (Boy & Pine, 1980). Maslach states, "Your own sense of who you are, and your evaluation of that unique being,

play an important role in your relations with the people around you. To know thyself and like thyself is critical for giving thyself unto others" (1982, p. 63).

Systems: In the work place, therapists are seen as autonomous individuals while working with the systemic relationships that involve the clients. Therapists often forget about the network of relationships that surround them in both their professional and personal lives. Several studies have shown that the work environment plays a key factor in the development of burnout (Clark & Vaccaro, 1987; Lavandero, 1981; Raider, 1989). High employee turnover, excessive paperwork, lack of proper equipment and furniture, and low pay are among the cited work environment factors. Unrealistic expectations with inadequate supports play a factor in the development of burnout. When supervision is inadequate or abusive, low morale and burnout are often the result (Rogers, 1987; Rosenblatt & Mayer, 1975). Another factor is the feeling of powerlessness when one is given responsibility without authority (Daniel & Rogers, 1981; MacBride, 1983). This is evident in agencies when a therapist supervises co-therapists but is not given the authority to discipline. However, those therapists who lack experience and work for agencies/ institutions tend to be more prone to burnout (Farber, 1990; Lattanzi, 1981; Raquepaw & Miller, 1989). This is frequently due to the expectations of the agency and level of client functioning, particularly if the involvement is with those in community mental health. Therapists and psychologists in private practice reported less burnout and a higher level of job satisfaction than those who worked

in the public sector (Dupree, 1995, Dupree & Day, 1995, Raquepaw & Miller, 1989).

It is possible that systemic factors that contribute to burnout may simply be due to the practice of therapy and not the result of agency practices (Bugental, 1990; Guy, 19987; Kottler, 1986). Spending all day listening to the intimate thoughts of clients and yet maintaining appropriate boundaries, while attempting to be empathically attuned to family and friends as well, is quite an undertaking. Whether one is in private practice or works in an agency, difficult patients can be a problem. Moreover, at times, hearing similar stories and struggles day after day leaves therapists flat and bored (Grosch & Olsen, 1994).

Burnout may be related to the type of therapy and techniques used by the therapist (Boy & Pine, 1983; Cooper, 1986). The therapist is bound by a therapeutic stance that attempts to combine both compassion and distance, by the particular theory from which he or she practices, and by the rules of technique such as therapeutic neutrality that stem from one's theory. The rules and theory are designed to prevent the client from rewarding the therapist, and so explicit expressions of gratitude from clients are usually interpreted as transference. When therapeutic distance is combined with isolation, therapists may find themselves bored and detached. They may end up doing a depersonalized form of therapy and relying on superficial listening skills (Grosch & Olsen, 1994).

Personality and the Environment: Why do some therapists experience burnout and others do not? Why do some therapists seem to thrive on stress and

others burn out. Literature has been presented on the relationship between the therapist's personality and burnout and the relationship between the therapist's environment and burnout. Now consider the relationship between the therapist's personality and the work environment as it relates to burnout. Raquepaw & Miller (1989) point out that the fit between the therapist and the system in which he or she works, along with how the therapist perceives the job stressors and satisfaction level plays an important role in the development of burnout.

Whether a therapist is in private practice or working for an agency, he or she must have a place to go and someone to talk with when experiencing both negative and positive feedback in the work place. When one has trouble dealing with issues in the work environment and is unable to seek the assistance of co-workers, the therapist loses a valuable resource for sharing problems, emotions and concerns or just getting a pat on the back .

If providers cannot deal directly with the feelings aroused by their work with recipients, they may find other targets on which to vent . . . Thus co-workers may engage in constant bickering, and infighting, pick arguments with each other, and make mountains out of molehills of trivial issues. (Maslach, 1982, p.42)

The availability of supervision for the therapist can often fill the need to talk about client issues and challenges with co-workers. However, supervisors can be yet another source for emotional stress and job burnout (Davis, et al, 1989).

Like a co-worker, a supervisor is yet another human being the helper must deal with constantly — and if the dealings are unsatisfactory the resulting tension and friction add their toll to the emotional overload of the job. Unlike the co-worker, the supervisor occupies a position of authority over the helper and has the power to shape and influence the nature of the helper's

relationships to the recipients, burnout by the providers can be hastened or alleviated by supervisory actions. (Maslach, 1982, p.45)

Isolation can also be a problem. Frequently it is used as a coping technique when the threat of burnout is advanced. The therapist may keep to himself or herself as a way not to have to deal with more people than necessary. "Although such withdrawal may represent an attempt to reduce the amount of interpersonal stress, it has the unintended side effect of reducing the potential for help and support that a worker can receive from his or her fellow workers" (Maslach, 1982, p.43). Maslach (1982) also notes that isolation from peers may be a hidden cost of those in private practice.

Several family systems theorists contend that family-of-origin issues are frequently revisited in the therapist's work environment (Bowen, 1978; Kerr & Bowen, 1988; Friedman, 1985; Weinberg & Mauksch, 1991). Family relationships, abuse, and other issues can contribute to burnout in the work place if the therapist has not identified and worked on his or her own issues and if there is inadequate supervision available for the therapist.

As family-of-origin conflicts get acted out in the work environment, and are compounded with the reality that work settings, like families, have specific structures, personalities, and styles of communication, the potential for burnout is dramatically increased. (Grosch & Olsen, 1994, p.28)

Family-of-origin issues play an important role in the therapist's interaction with clients and the workplace. For example, when children know that their needs are going to be met by their parents, developmentally appropriate boundaries enable them to feel secure. However, when boundaries are absent or violated,

children may find themselves providing the mirroring rather than receiving it from their parents (Beavers & Hampson, 1990). These experiences may have a great influence on the therapist's role in his or her practice. Old roles are often hard to unlearn. Adults tend to define themselves in relation to the world much as they did as children. Learning to set boundaries, say no, and set work limits are learned behaviors that may need to be revisited over time (Grosch & Olsen, 1994).

Burnout is also influenced by the relationship between the therapist's personality and his or her personal environment. The daily hassles and personal crises that occur outside the workplace play an important role in the development of burnout. When faced with increased stressors in the family environment and social situations, therapists are more likely to experience negative attitudes regarding the job, clients and themselves (Price & Spence, 1994; Murgatroyd, 1983). Daniel & Rogers (1981) go even further and point out that it is the relationship between the therapist's personality and the social and economic factors in both the work and home environment as well as the therapist's expectations of himself or herself in both the personal and professional arenas that contributes to the development of burnout.

How Therapists Deal With Burnout

Most therapists read books and attend conferences and workshops on how to deal with burnout. They are told to play harder, exercise more, and develop

hobbies. They are taught relaxation techniques and how to balance work and family. This advice is often easier to give than to follow .

Exercise, hobbies and volunteer work can be great stress relievers. However, if a therapist has difficulty setting boundaries at work, this may well transfer to similar difficulties in these areas. When one becomes compulsive about exercise and hobbies, then the solution becomes the problem. (Grosch & Olsen, 1994, Freudenberger, 1983).

Self assessment is necessary. Therapists must be able to distinguish between normal tiredness and tension and the early stages of burnout. Changing the structure of the work environment may be helpful. Reducing caseloads, flexing hours, planning regular staffing times, attending conferences and changing supervisors may aid in preventing the therapist from experiencing burnout to the point of seeing termination as the solution (Grosch & Olsen, 1994, Smith & Steindler, 1983).

Assessing family and social life is also necessary. Taking long weekends and vacations may be helpful. People in the throes of burnout don't normally bounce back after vacations. If these interventions work, then burnout may be averted (Grosch & Olsen, 1994).

Seeking individual therapy is often difficult for the general public. It is usually harder for the therapist. Frequently, therapists see themselves as weak or incompetent when needing to ask for help from others in the profession. (Maslach, 1982). It can be just as difficult to seek that assistance from a group.

To admit to having lost the inner meaning of their own message would be a confession of failure to live up to the principles for which they stand. It would mean exposing their failure to practice what they preach. Often, psychotherapists suffer from the occupational hazard of thinking they are immune from the emotional ills and assume they'll be able to cope with stress. They may forget that they have wounds and are always in need of healing themselves. Yet, the experience of their own helplessness often opens them to the discovery of some new possibility; they start to find an inner resource of self worth that is more basic than trying to be a perfect God-like person who blesses and saves everybody else. (Grosch & Olsen, 1994, p.141)

While seeking individual assistance may be difficult, support groups have been helpful for some therapists experiencing burnout. The literature notes that self esteem is frequently enhanced by membership in a group with people who share the same interests and respect each others need for support (Patrick, 1985, Spicuzza & deVoe, 1982). Studies of clergy support groups have shown that the group usually evaluates the new member more highly than the member evaluates himself or herself. The revelation of personal inadequacies is used as an unconscious ploy to lower the group's opinion, however, the result is often an increase in the group's self esteem and greater acceptance of the new member. The success of an individual in a group setting is also dependent on the relationship between public and individual esteem. There is a greater opportunity for success when the discrepancy between one's need for self esteem and the need for public esteem is not too great (Yalom, 1985). Literature also suggests that psychodrama may be more helpful than unstructured group therapy in the treatment and prevention of burnout (Thacker, 1984). Psychodrama encourages

the therapist to work with emotions derived from present or recent experiences in a realistic way rather than just processing through talk therapy (Spolin, 1963). This process allows therapists to get feedback from their peer group as to how they appear in counseling situations. It also gives therapists an opportunity to explore alternative techniques, responses and approaches to counseling situations as well as a supportive forum in which to practice them.

The holostic approach includes proper diet, adequate sleep, taking care of ones' self medically (Rosenbluh, 1984). When sleep and appetite patterns have been interrupted and physical symptoms are apparent, then medical assessment and treatment need to be considered.

Spirituality

This discussion has included a look at the physiological, behavioral and psychological aspects of burnout. But maintaining balance in one's life also includes nurturing the spirit. This is not an area that has been discussed much in literature as it relates to therapists and the prevention of burnout in their professional lives. There have been several studies conducted about spirituality and prayer and their effect on people dealing with medical ailments. A 1995 study conducted at Dartmouth-Hitchcock Medical Center concluded that the best predictor of survival among heart surgery patients was the strength they derived from their religion. Those who did not participate in religious activities had more than three times the death rate than those who did (Wallis, 1996). Thirty years of

research showed that church attenders had lower blood pressure reading than nonattenders (Wallis, 1996). Others studies have shown that elderly patients who attend religious services are less depressed and female hip fracture patients who regularly attend church services are able to walk farther upon discharge and experience less depression than those patients who did not attend church services (Wallis, 1996).

In order to provide the continuing assistance to others and prevent burnout in themselves, therapists must maintain their emotional health as well as their physical well being. However, in order to maintain emotional health, therapists need the inner resource of spiritual strength that comes from regular periods of reflection, prayer and meditation (Collins, 1988). Therapists cannot be expected to continually give of themselves in what is often a negative environment without feeling depleted of energy. Therapists work in an environment that often is one sided. They are expected to provide empathy, guidance and encouragement to others but the client is not expected to reciprocate. Therapists must find a source to fill these needs for themselves. They can't be expected to continually give to others without being replenished themselves. Grosch & Olsen (1995) use the metaphor of the therapist being a well of water that is continually being drawn out by the clients. The water must be replenished so the well does not go dry. Spiritual refreshment can prevent this from happening. Through reading, meditation and sharing with others, as well as other spiritual practices, the therapist can receive guidance, encouragement and validation.

Summary

According to the literature there are three general themes that suggest the causes of burnout: the therapist's personality, the environment the therapist lives and works in, and the interaction between the two of them. There are several ways that therapists handle the symptoms of burnout. These include increased participation in hobbies and exercise programs, changing the structure of the work environment, engaging in individual/group therapy, and making sure physical and medical needs are being met. The symptoms may lessen for a time, only to return and interfere in the therapist's life again. Because the personality of the therapist and the environment are interwoven and the symptoms of burnout are often intermittent. The treatment of burnout must be ongoing and holistic. Spirituality and spiritual practices assist in this process.

CHAPTER 3

METHODOLOGY

Introduction

The purpose of this study was to examine the relationship between spiritual practice and burnout as experienced by therapists and counselors in their professional lives. The question asked was what is the relationship between spiritual practice and burnout in the professional life of a therapist?

Research Design

A descriptive research method was used to gather information for this project. Merriam & Simpson define this method as one “used to describe systematically the facts and characteristics of a given population or area of interest” (1989, p.190). This method was used to gain information regarding opinions, attitudes, and spiritual practices of therapists and to describe the relationship between burnout and spirituality in the therapist’s professional life. This method was used because the emphasis of this study is on the relationship between burnout and spirituality and not the cause of burnout as “data gathered after the event has taken place can only indicate a relationship and give clues as to probable cause” (Merriam & Simpson, 1989, p.59).

Sample and Population

One of the sources used to identify the sample population was the Phoenix Metro telephone yellow pages. Under the heading of Counselors, a random sampling of agencies was contacted regarding their willingness to distribute the survey to their therapists. Eleven agencies were contacted and 77 surveys were sent to nine agencies. All nine agencies verified that the employed therapists were certified in the profession.

The other source was the 1995 Directory of Certified Professions that was published by the State of Arizona Board of Behavioral Health Examiners. A random sampling of persons certified as counselors and marriage and family therapists was selected. These surveys were sent without benefit of telephone call and agreement to participate. Fifty-one surveys were mailed to therapists living outside the Phoenix Metro area.

Assumptions and Limitations

The results of this study may not necessarily be generalized to the larger population of therapists in the State of Arizona. It is assumed that the participants responded honestly and to the best of their ability to the items in the questionnaire.

Instrumentation

The survey used to collect the data for this project was designed by this writer in conjunction with a professional educator who designs and utilizes

surveys, a licensed psychologist, and a Christian lay person. The instrument was designed to gather information related to therapist and counselor spiritual practices as well as their perception of impact the spiritual practices had on the treatment of burnout.

The respondents were asked twenty-two questions regarding symptoms of burnout they had experienced over the past twelve months. They were able to respond with the answers of never, rarely, occasionally or frequently. The survey also included thirteen questions regarding spiritual practice. Eight of those questions asked for a response of never, rarely, occasionally, or frequently over the past twelve months and five of them required a yes or no answer. The question that asked if the therapist felt their spirituality helped them handle burnout in a positive way, also asked for an explanation (see Appendix B).

Procedure

Seventy-seven surveys were mailed to nine agencies in the Phoenix Metro Area, and fifty-one surveys were sent to therapists outside of the Phoenix Metro Area but within the state of Arizona. The surveys that were sent to the agencies were sent to a contact person who had been contacted by telephone and agreed to distribute the surveys to therapists employed at the agency. The surveys sent to therapists outside of the Phoenix area were sent individually through the mail. The respondents were asked to return the surveys within a two week period. This was done with the assumption that the response would be faster and more complete

with a shorter deadline. The response rate was faster than had been expected the first week after the mailing of the surveys, it then slowed down. Out of the total of one hundred twenty-eight surveys which were distributed, seventy-five surveys were completed and returned for a response rate of fifty-nine percent. Eight were returned unopened due to incorrect addresses. Forty-five surveys were not returned.

A cover letter was attached to the survey (see Appendix A). It informed the respondent of who was conducting the survey, the subject and its purpose. The letter also stated that the results of the survey would not make reference to any individual or agency and the return of the completed questionnaire would serve as their consent to participate. A stamped, self-addressed envelope was included with each survey with the exception of one agency contact who wished to return the completed surveys in bulk to this writer. A telephone number was also included should the respondent decide to contact this writer with any questions regarding the survey.

Method of Analysis

Response options for questions 1-30 were coded as follows: Never A, Rarely B, Occasionally C, and Frequently D. Questions 31-35 were coded with Y or N consistent with the answers of yes or no. Responses to questions 36-45 were coded A-E depending on the number of possible responses to each question.

The frequency and percentage distribution of response were calculated for all items on the questionnaire.

The responses were then sorted according to those respondents who indicated they practiced occasional/frequent spiritual activity as well as those who indicated they never/rarely experienced spiritual activity (questions 23-30) . This data was compared to the respondents' answers to questions 1-22 which asked for their perception of their experience of burnout symptoms.

CHAPTER 4

PRESENTATION AND ANALYSIS OF THE DATA

Demographics

The survey was conducted in September 1997. Of the 128 surveys mailed, 75 were completed and returned. The demographic data indicated that 37% of the respondents were male and 60% were female. Eight-eight percent were married, and 44% reported an annual family income of more than \$55,000. The majority of responding therapists reported being between the ages of 36-45. Thirty-nine percent of those responding are in private practice, 40% are employed by agencies and 17% practice both privately and in conjunction with an agency. Sixty-five percent of the respondents hold a master's level degree and 76 % are certified in their area of expertise. The majority of respondents reported they work under 40 hours per week.

Findings

Comparisons were made between those responses indicating occasional/frequent and never/rarely participation in spiritual activities (questions 23-30) and with responses to questions 1-22 that asked the therapist's perception of their experience with symptoms of burnout over the past twelve months. The

percentages reported in this chapter have been rounded to the nearest whole number.

Therapists who reported more frequent participation in spiritual practice reported less experience of burnout in 16 of the 22 symptoms, compared to those therapists who reported low levels of participation in spiritual practice.

Therapists reporting less frequent spiritual practice reported difficulty with mental processes. Fifty-six percent of those with low levels of spiritual practice reported problems in focusing while only 29% of those respondents with high levels of spiritual practice reported having trouble focusing. Fifty percent of the therapists who reported infrequent spiritual practice indicated they experienced negative thinking as compared to 29% of those frequently participating in spiritual practices. Depression was also more frequently reported by respondents who did not participate in spiritual practice on a regular basis. Those therapists reporting higher levels of participation in spiritual practice experienced less frequent feelings of depression than those who did not, 29% versus 38%. This was also the case when comparing respondents in the area of feeling a loss of purpose: 19% of the respondents who reported a low level of participation in spiritual practice reported feeling a loss of purpose as compared to 9% of the respondents who reported a high level of spiritual practice.

While most of the symptoms of burnout are not readily recognized, the behavioral symptoms are usually more evident because of the changes in eating patterns, weight gain/loss, and sleeping difficulties. Thirty-eight percent of those

therapists with low participation in spiritual practice reported difficulty with sleep, while only 24% of the more spiritually active group reported the same difficulty. There was also a difference in the response regarding changes in eating patterns. Thirty-eight percent of those reporting lower levels spiritual practice reported experiencing this symptom, while only 15% of those with higher frequency of spiritual practice had the same challenge. This can be compared to 21% of the entire sample who reported this symptom. Fifty percent of those with low spiritual practice reported frequent headaches, while only 18% of the other respondents had this difficulty. Digestive problems were also experienced more frequently by those reporting lower levels of spiritual practice, 44% compared to 21%.

Isolation was reported as less of a problem for those therapists who participated frequently in spiritual activities. Only 15% of the more spiritually active respondents reported problems with isolation, while 31% of the less spiritual reported this symptom. There was a small difference in the area of willingness to try new things. Thirteen percent of those who reported little spiritual practice had problems in this area as compared with 15% of the more spiritually active respondents.

Several respondents took the time to explain how they felt their spirituality helped them handle burnout in a positive way. Although consultations with other therapists are helpful, several therapists also sought guidance and direction through prayer and meditation. Many indicated that as a result of their spiritual practices, they felt grounded, focused and centered in their role as a therapist. It

was clear to them that they were not in charge of the client healing process, but function in the role of change agent.

While the data generally indicates that those therapists with more frequent spiritual practice have less difficulty with burnout symptoms, the responses to four of the questions asked about burnout indicate that those reporting a lower level of spiritual practice experienced the symptoms less frequently than those reporting a high level of spiritual practice. These symptoms were decision making, inappropriate use of alcohol and drugs, and feelings of guilt and shame. The scope of this study did not allow for the gathering of data that may explain the reasons underlying these differences.

Overall, the data indicated that those therapists who reported being more frequently involved in spiritual practice experienced fewer symptoms of burnout in their profession than those therapists who indicated that they had little involvement in spiritual practice.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The purpose of this study was to examine the relationship between spiritual practice and burnout as experienced by therapists and counselors in their profession. The research question asked was, what is the relationship between spirituality and burnout in the professional life of a therapist?

The literature review discussed how the nature of the counseling profession contributes to burnout. With the focus on problems and the negative aspects of the client's lives, and lack of positive feedback regarding client progress and healing, most therapists can be expected to experience some of the symptoms of burnout. The four features of burnout (physiological, behavioral, psychological and spiritual) and their symptoms were also discussed.

According to the literature there are three general themes that suggest the causes of burnout: the therapist's personality, the environment the therapist lives and works in, and the interaction between the two of them. There are several ways that therapists handle symptoms of burnout. These include increased participation in hobbies and exercise programs, changing the structure of the work environment, engaging in individual/group therapy, and making sure physical and

medical needs are being met. The symptoms may lessen for a time, only to return and interfere in the therapist's life again. Because the personality of the therapist and the environment are interwoven and the symptoms of burnout are often intermittent, the treatment of burnout must be ongoing and holistic. Spirituality and spiritual practices assist in this process.

A questionnaire designed by this writer was distributed to 128 therapists in Arizona employed by agencies or in private practice. A few enjoyed an association with both. Seventy-five of the questionnaires were completed and returned for a response rate of 59%.

The data from the questionnaires indicated those therapists who participated frequently in spiritual activities experienced 16 out of 22 symptoms of burnout to a lesser degree than those therapist who rarely or never participated in spiritual activities.

Conclusions

The data seems to support this researcher's belief that spirituality and spiritual practices can assist the therapist in dealing with professional burnout. Changing the structure of the work environment can also be helpful as a way to provide temporary relief while the therapist looks at possible contributing factors to burnout. Seeking a change in supervision, as well as participation in individual and group therapy sessions may help in identifying family-of-origin issues that have not been addressed. It also gives the therapist an opportunity to share with

others who may have experienced similar challenges in the profession.

Awareness of sleeping and eating patterns can also be helpful as these are the behavioral symptoms most often recognized first when experiencing burnout.

Spiritual activities and practices may provide daily assistance in handling symptoms of burnout. Praying and meditating for guidance and direction was reported as helpful by several therapists who responded to the survey. Validation of one's chosen profession and purpose in life can ease anxiety and give the therapist permission to seek assistance from others without experiencing shame. Participation in spiritual activities can provide a positive atmosphere for therapists who spend much of their time hearing about the negative side of life.

Recommendations

The findings from this study indicate that it may be beneficial for therapists to develop an individual wellness program that has a spiritual component. The causes of burnout need to be identified. It is necessary to look at precipitating factors in the therapist's personal environment as well as the workplace. Changes in behaviors that may reduce or eliminate the stress and burnout can then be identified and a plan can be developed. This plan should emphasize physical, emotional and spiritual health. As burnout is a continuing process and will occur throughout the therapist's career, the plan must be one that is evolving and changing as the therapist's circumstances change. Reevaluation of where the therapist is in the process of burnout should occur on a regular basis.

The findings of this study also indicate that a spiritual component to a wellness program may have a significant effect on the therapist's ability to deal with symptoms of burnout. A further study could examine the relationship of specific spiritual activities to an individual's ability to deal with one or more specific symptoms of burnout.

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APPENDIX A

COVER LETTER

September 11, 1997

Dear

I am a graduate student at Ottawa University in Phoenix. I am conducting a research study under the direction of Assistant Professor Tom Roche. The purpose of the research is to examine the relationship between burnout and spirituality within the counseling profession.

I would appreciate your willingness to complete the enclosed survey. A self addressed stamped envelope has been included for your convenience. Please complete and return the survey by Friday, September 26, 1997.

The results of the study will be reported in narrative and statistical form. No references will be made to individuals or agencies. Returning the completed survey will be considered your consent to participate.

Please feel free to contact me with any questions regarding this project. My home phone number is 486-4924.

Thank you,

Jo Ann Nelson

APPENDIX B

RESEARCH SURVEY

MASTER'S RESEARCH SURVEY

Part 1: Please indicate how often, if at all, you have experienced the following symptoms in the past 12 months. Color in the circle..

	Never	Rarely	Occasionally	Frequently
1. Arriving late to work	A○	B○	C○	D○
2. Difficulty focusing	A○	B○	C○	D○
3. Mood swings	A○	B○	C○	D○
4. Depression	A○	B○	C○	D○
5. Negative thinking	A○	B○	C○	D○
6. Feeling loss of purpose	A○	B○	C○	D○
7. Poor sleep pattern	A○	B○	C○	D○
8. Change in eating pattern	A○	B○	C○	D○
9. Unwillingness to try new things	A○	B○	C○	D○
10. Headaches	A○	B○	C○	D○
11. Digestive problems	A○	B○	C○	D○
12. Unjustified anger/irritability	A○	B○	C○	D○
13. Rigidity in attitude	A○	B○	C○	D○
14. Difficulty making decisions	A○	B○	C○	D○
15. Inability to complete routine tasks	A○	B○	C○	D○
16. Postponing difficult tasks	A○	B○	C○	D○
17. Isolation	A○	B○	C○	D○
18. Inappropriate use of alcohol/drugs	A○	B○	C○	D○
19. Unjustified feelings of guilt	A○	B○	C○	D○
20. Lack of faith in your abilities as a therapist	A○	B○	C○	D○
21. Unjustified feelings of shame	A○	B○	C○	D○
22. Feelings of despair	A○	B○	C○	D○

Please respond to the following questions based on the past 12 months

23. How often do you attend worship services related to your faith?	A○	B○	C○	D○
24. How often do you pray/meditate?	A○	B○	C○	D○
25. How often do you contribute financially to your religious/spiritual organization?	A○	B○	C○	D○
26. How often do you participate in religious/spiritual activities other than worship?	A○	B○	C○	D○
27. How often do you read literature appropriate to your faith?	A○	B○	C○	D○
28. How often do you share your spiritual beliefs with your clients?	A○	B○	C○	D○
29. How often do you pray/meditate for your clients?	A○	B○	C○	D○
30. How often do you pray/meditate with your clients?	A○	B○	C○	D○

Part 2

31. Do you consider yourself a spiritual person? yes no
32. Do you believe there is a supreme being/creator? yes no
33. Do you believe there is an existence beyond this life? yes no
34. Do you believe human beings were created for a purpose? yes no
35. Do you feel that your spirituality helps you handle burnout in a positive way? yes no

Please explain: _____

Part 3: DEMOGRAPHICS [color in the appropriate circle]

36. How many years have you been working as a therapist/counselor?
 A 0-5 years
 B 6-10 years
 C 11-15 years
 D 16-20 years
 E 21+ years
37. Are you a therapist/counselor in:
 A private practice
 B agency
 C both
38. What is your gender?
 A Male
 B Female
39. What is your age?
 A Less than 25
 B 26-35
 C 36-45
 D 46-55
 E 56 plus
40. How many hours do you work as a therapist/counselor per week?
 A Less than 20 hours
 B 21-30 hours
 C 31-40 hours
 D 40 plus
41. How many clients do you see in an average week?
 A 0-10
 B 11-20
 C 21-30
 D more than 30
42. What is your marital status?
 A Single
 B Married
43. What is your highest level of education?
 A BA/BS/BSW
 B MA/MS/MSW
 C Ph.D.
 D MD
44. What certification/license do you currently hold?
 A Certified Counselor
 B Marriage and Family
 C Certified Independent Social Worker
 D Licensed Psychologist
 E Licensed Psychiatrist
 F Other: _____
45. What is your family income level?
 A Less than \$25,000
 B \$25,000 to \$40,000
 C \$40,001 to \$55,000
 D More than \$55,000

Thank you for your assistance!

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