

MARCIN RZESZUTEK

University of Finance and Management in Warsaw
Faculty of Management and Finance

BURNOUT SYNDROME IN MALE AND FEMALE GESTALT AND COGNITIVE-BEHAVIORAL PSYCHOTHERAPISTS

The objective of this article is to investigate gender differences in the level of professional burnout among male and female Gestalt and cognitive-behavioral psychotherapists according to the length of professional experience as a covariate. The study was conducted on 200 participants: 100 Gestalt psychotherapists and 100 cognitive-behavioral psychotherapists. The results show a positive relationship between the length of professional experience and the level of burnout in the whole group of psychotherapists. Additionally, it has been shown that the level of burnout in the male psychotherapists' group was significantly higher than the intensity of symptoms in the female group. The difference in the intensity of burnout symptoms between the Gestalt therapists and cognitive behavioral therapists was not statistically significant.

Keywords: burnout syndrome, gender, Gestalt psychotherapy, cognitive-behavioral psychotherapy.

Burnout syndrome is described as the experience of long-term emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment, which can be especially observed among people who work with other people in a special manner (Maslach, 2001). Burnout is very frequent in those professions that require close and involved contact with another person. The results of different studies show that psychotherapists are particularly vulnerable to burnout (e.g. Ackerley, Burnell, Holder, & Kurdek, 1988; Patsiopoulos & Buchanan, 2011; Lee, Yang, & Lee, 2011). The causes of burnout syndrome among psychotherapists include the long-lasting process of psychotherapy, often without

measurable therapeutic success (Farber & Heifetz, 1982), transferring patients' problems to one's own private life (Rosenberg & Pace, 2006), the burden of interaction with some categories of patients (Perseus et al., 2007), as well as the length of experience (Figley, 2002).

There is a shortage of studies investigating the level of burnout among psychotherapists representing different therapeutic approaches. Some authors underline the fact that the type of therapeutic relationship, which varies in the intensity of contact between the client and the therapist, is important (Gelso, Carter, 1985; Gelso, Hayes, 1998). In Gestalt psychotherapy, the therapeutic relationship is one of the most important healing factors, which implies the therapist's readiness to be wholly committed to contact with the patient during the session "here and now" (Houston, 2003; MacKewn, 2004; Yontef, 2005). By contrast, in cognitive-behavioral therapy (CBT), where therapeutic relationship is an important but insufficient condition of effecting a change in the patient, the therapist strives for a relationship not because a relationship based on mutual trust and respect has a healing value in itself but because the client's trust allows the therapist to apply various techniques considered to be essential in the therapeutic process (Butler, Chapman, Forman, & Beck, 2006; Gilbert, & Leahy, 2007). Due to substantial differences between Gestalt and CBT psychotherapists in the intensity of the therapeutic relationship, these two groups were compared in this study in terms of burnout.

The problem requiring further exploration is gender differences in the level of professional burnout among psychotherapists. Some authors point out that male psychotherapists are more prone to symptoms of lack of professional involvement, whereas female psychotherapists experience the symptoms of emotional burnout more intensely (e.g. Rupert, & Kent, 2007). However, some studies fail to show gender differences in the intensity of burnout among psychotherapists (e.g. Lim, Kyoung, Hyunjung, Yang, & Lee, 2010).

The objective of this article is to investigate gender differences in the level of professional burnout among male and female Gestalt and cognitive-behavioral psychotherapists according to the length of professional experience as a covariate. Given the explorative character of Polish studies in this area and the lack of unequivocal data in the literature concerning the existence of gender differences in the intensity of professional burnout among psychotherapists, this article did not advance any hypotheses.

METHOD

Participants

The study included 200 psychotherapists: 100 Gestalt and 100 cognitive-behavioral therapists. They were selected from professional organizations for Gestalt and cognitive-behavioral psychotherapists in Poland (Polish Association for Gestalt Psychotherapy and Polish Association for Behavioral and Cognitive Therapy). The study was conducted on Gestalt therapists practicing in large cities in Poland – Cracow and Warsaw, and on cognitive-behavioral therapists from Warsaw only. All the therapists who participated in this study worked full time in private practices and worked under supervision. Both the Gestalt and cognitive-behavioral psychotherapists were certified and practicing professionals. There were 89 men and 111 women, aged 26 to 60 years ($M = 35.94$, $SD = 8.05$). The average number of years in the profession was 6.69 ($SD = 5.77$) for Gestalt therapists and 7.65 ($SD = 6.60$) for cognitive-behavioral psychotherapists.

Participation was entirely voluntary and anonymous. Data was collected by delivering study questionnaires to psychotherapy centres in Cracow and Warsaw. The questionnaire return rate was relatively high, almost 80%.

Materials

In order to assess burnout syndrome symptoms among Gestalt and cognitive-behavioral therapists, the 16-item Oldenburg Burnout Inventory was used (OLBI; Demerouti et al., 2001). This tool comprises two core dimensions: exhaustion and disengagement (from work). The exhaustion dimension refers to emotional, cognitive, and physical symptoms of burnout as a result of intense prolonged exposure to stressors at work. Disengagement from work refers to a state of distancing oneself from work, especially to losing identification with the workplace and willingness to continue in the same occupation. Usually, the full scale of burnout is used, which is the sum of all items of the OLBI scale. This was also the case in the present study. Participants indicate their agreement or disagreement with the statements on a four-point Likert-type scale. Possible endorsements are: agree (1), somewhat agree (2), somewhat disagree (3), and disagree (4). Negative items need to be reversed. Scale scores are obtained by adding up item responses (sum scores). The reliability of the OLBI scale is high and varies from $\alpha = .82$ to $\alpha = .87$ (Bakker et al., 2003). The reliability of OLBI

scales for the current study was the following: $\alpha = .79$ for the exhaustion scale, $\alpha = .82$ for the disengagement scale, and $\alpha = .88$ for OLBI total scale.

RESULTS

In order to investigate gender differences in the level of burnout among male and female Gestalt and cognitive-behavioral psychotherapists, two-way analysis of covariance was conducted (2: therapist' gender x 2: therapeutic approach), where the dependent variable was the general burnout index (full scale of burnout, which is the sum of all items of the OLBI scale). Length of professional experience was a covariate in the analysis.

The results showed a positive relationship between the length of professional experience and the level of burnout in the group of all psychotherapists, $F(1, 195) = 4.14$; $p < .05$. They also showed a significant main effect of therapist's gender, $F(1, 195) = 5.80$; $p < .05$, and the lack of statistical significance of interaction between therapist' gender and therapeutic approach, $F(1, 195) = 0.29$; *ns*. It has been shown that the level of burnout in the group of all male psychotherapists was significantly higher ($M = 37.09$; $SD = 10.40$) than the intensity of symptoms in the female group ($M = 33.48$; $SD = 7.58$). The difference in the intensity of burnout between Gestalt and cognitive behavioral therapists was not statistically significant, $F(1, 195) = 0.11$; *ns*.

DISCUSSION

It is worth emphasizing that the OLBI questionnaire used in this study broadens the definition of burnout components in comparison to formerly used questionnaires. For example, in comparison to the understanding of the components of professional burnout in the MBI questionnaire (*Maslach Burnout Inventory*, Maslach & Jackson, 1981) or the MBI-GS questionnaire (*Maslach Burnout Inventory – General Survey*, Maslach, Jackson & Leiter, 1996), the burnout scale in the OLBI questionnaire relates not only to the emotional, but also to the cognitive and physiological symptoms of burnout resulting from intensive long-term exposure to stressors at work (Halbesleben & Demerouti, 2013). This broad definition of exhaustion enables the exploration of burnout intensity in professions that put not only emotional but also physical and cognitive pressures on individuals. Additionally, whereas the depersonalization scale used in the MBI

questionnaire describes emotional distancing from service recipients, the disengagement scale used in the OLBI questionnaire deals with the general distancing from workplace, in particular the loss of workplace identity and the reluctance to stay in the current profession. Given the multidimensional determinants of burnout among psychotherapists, this research draws upon a burnout measurement tool that is less known in Poland. The average levels of burnout among male and female psychotherapists in this study are comparable to the average levels achieved in other populations measured with the OLBI questionnaire (e.g. Demerouti et al., 2001; Halbesleben & Demerouti, 2013).

Saxe and Wolfe (1999) point out that gender differences in coping with chronic stress can be affected by gender-specific patterns of behavior. Culture factors (e.g. gender stereotypes) contribute to the fact that it is easier for women to avail of social support than it is for men, and this support is usually more accessible for them. In this context, the above-mentioned chronic stress that often results from being a psychotherapist (see: introduction) can be more easily neutralized among women through the use of adequate social support sources that are not necessarily derived from job support (see: supervision, own psychotherapy) but resulting from a more natural social support network. The awareness that one has many close friends around is probably a stronger protective factor counteracting burnout symptoms among female psychotherapists in comparison to male psychotherapist. Other authors (e.g. Benecke, 2012; Emery, Tracey, & McLean, 2009) have already written about the positive role of natural social support networks in counteracting burnout symptoms among psychotherapists.

A higher level of burnout symptoms among male therapists in comparison to the females can also be explained via the self-efficacy concept. Numerous studies (e.g. Brouwers, Evers, & Tomic, 2001; Aftab, Shah, & Mehmood, 2012) have pointed out that self-efficacy is a protective factor against the burnout syndrome in many professions. Although the data on gender differences in the self-efficacy levels are not consistent, some studies have shown a positive relationship between the level of self-efficacy and sex-typed occupations (Maslach & Jackson, 1985). Some authors point out that the higher level of burnout among male psychotherapists in comparison to their female counterparts can be attributed to the label that the society attaches to their profession as being more feminine, which results in their lower self-efficacy (Nelson, 2003; Purvanova & Muros, 2010).

These studies have shown lack of differences in the level of burnout among Gestalt and CBT therapists. Most likely, the differences in the therapeutic rela-

tionship between Gestalt and CBT therapists mentioned in the introduction do not have any effect on the level of burnout. This result needs to be confirmed in further studies with larger groups of subjects, as some data point to differences in the level of burnout among psychotherapists of different schools (Gelso & Hayes, 1998; Raquepaw & Miller, 1989).

Lastly, a positive relationship between the length of professional experience and the level of burnout was observed in the whole group of studied psychotherapists. This was not surprising as the number of years served as a psychotherapist turned out to be a statistically significant predictor of the intensity of burnout in many other studies (e.g. Figley, 2002; Raquepaw & Miller, 1989; Benbow & Jolley, 2002).

Burnout is a more common phenomenon in numerous professions, especially in social occupations such as psychotherapy. Prevention of and dealing with burnout in psychotherapists as well as further exploration of this issue will benefit both the profession and the patients.

REFERENCES

- Ackerley, G. D., Burnell, J., Holder, D., & Kurdek, L. A. (1988). Burnout among licensed psychologists. *Professional Psychology: Research and Practice, 19*(6), 624-631.
- Aftab, N., Shah, A., & Mehmood, R. (2012). Relationship of self efficacy and burnout among physicians. *Academic Research International, 2*, 539-548.
- Baka, Ł., & Cieślak, R. (2010). Zależności między stresorami w pracy a wypaleniem zawodowym i zaangażowaniem w pracę w grupie nauczycieli: Pośrednicząca rola przekonań o własnej skuteczności i wsparcia społecznego. *Studia Psychologiczne, 48*(3), 5-18.
- Benbow, S., & Jolley, D. (2002). Burnout and stress amongst old age psychiatrists. *International Journal of Geriatric Psychiatry, 17*, 710-714.
- Benecke, C. (2012). *Burnout – Wer gewinnt mit dieser Diagnose?* Lecture during Lindaurer Psychotherapiewochen: “Alles Burnout – oder was?”. Lindau, Germany, 22-27 April, 2012.
- Brouwers, A., Evers, W., & Tomic, W. (2001). Self-efficacy in eliciting social support and burnout among secondary-school teachers. *Journal of Applied Social Psychology, 31*(7), 1474-1491.
- Butler A. C., Chapman J. E., Forman E. M., & Beck A. T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychology Review, 26*(1), 17-31.
- Demerouti E., Bakker, A. B., Nachreiner F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology, 86*(3), 499-512.
- Emery, S., Tracey, D., & McLean, S. (2009). Associations among therapist beliefs, personal resources and burnout in clinical psychologists. *Behaviour Change, 26*(2), 83-96.
- Farber, B. A., & Heifetz, L. J. (1982). The process and dimensions of burnout in psychotherapists. *Professional Psychology, 13*(2), 293-301.
- Figley C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *Psychotherapy in Practice, 58*(11), 1433-1441.
- Gelso, C. J., & Carter, J. A. (1985). The relationship in counseling and psychotherapy: Components, consequences and theoretical antecedents. *The Counseling Psychologist, 13*, 155-243.

- Gelso, C. J., & Hayes, J. A. (1998). *The psychotherapy relationship: Theory, research and practice*. New York, NY: John Wiley & Sons.
- Gilbert, P., & Leahy, R. (2007). *The therapeutic relationship in the cognitive behavioral psychotherapies*. London, UK: Sage Publications.
- Halbesleben, J. R. B., & Demerouti, E. (2013). The construct validity of an alternative measure of burnout: Investigating the English translation of the Oldenburg Burnout Inventory. *Work & Stress: An International Journal of Work, Health & Organisations*, 19, 208-220.
- Houston, G. (2003). *Brief Gestalt Therapy*. London, UK: Sage Publications.
- Lee, J., Lim, N., Yang, E., & Lee, S. (2011). Antecedents and consequences of three dimensions of burnout in psychotherapists: A meta-analysis. *Professional Psychology: Research and Practice*, 42(3), 252-258.
- Lim, N., Kyoung, E., Hyunjung, K., Yang, E., & Lee, S. (2010). Individual and work-related factors influencing burnout of mental health professionals: a meta-analysis. *Journal of Employment Counseling*, 47, 86-96.
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior*, 2, 99-113.
- Maslach, C., & Jackson, S. E. (1985). The role of sex and family variables in burnout. *Sex Roles*, 12, 837-851.
- Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach burnout inventory manual* (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.
- Maslach, C. (2001). What have we learned about burnout and health? *Psychology & Health*, 16, 607-611.
- McKewn, J. (2004). *Developing Gestalt counselling*. London, UK: SAGE Publications.
- Nelson, T. D. (2003). *Psychologia uprzedzeń*. Gdańsk, GWP.
- Patsiopoulos, A. T., & Buchanan, M. (2011). The practice of self-compassion in counseling: A narrative inquiry. *Professional Psychology: Research and Practice*, 42(4), 301-307.
- Perseus, K., Kaver, A., Ekdahl, S., Asberg, M., & Samuelson, M. (2007). Stress and burnout in psychiatric professionals when starting to use dialectical behavioral therapy in the work with young self-harming women showing borderline personality symptoms. *Journal of Psychiatric & Mental Health Nursing*, 14(7), 635-643.
- Purvanova, R., & Muros, J. (2010). Gender differences in burnout: A meta-analysis. *Journal of Vocational Behavior*, 77(2), 168-185.
- Raquepaw, J., & Miller, R. (1989). Psychotherapist burnout: A componential analysis. *Professional Psychology: Research and Practice*, 20(1), 32-36.
- Rosenberg, T., & Pace, M. (2006). Burnout among psychotherapists: Special considerations for the marriage and family therapist. *Journal of Marital and Family Therapy*, 32, 87-99.
- Rupert, P., & Kent, J. (2007). Gender and work setting differences in career-sustaining behaviors and burnout among professional psychologists. *Professional Psychology: Research and Practice*, 38, 88-96.
- Saxe, G., & Wolfe, J. (1999). Gender and posttraumatic stress disorder. In P. Saigh, & J. D. Bremer (Eds.). *Posttraumatic stress disorder: A comprehensive text* (pp. 160-179). Boston, MA: Allyn & Bacon.
- Yontef, G. (2005). Gestalt therapy theory of change. In A. Woldt, & S. Toman (Eds.). *Gestalt therapy, history, theory, and practice* (pp. 81-100). London, UK: Sage Publications.