

## THE THERAPIST'S THERAPIST: A REPLICATION AND EXTENSION 20 YEARS LATER

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*How do mental health professionals choose their own psychotherapists? This study replicates and extends a 1987 national survey of psychotherapists regarding the selection criteria and sociodemographic characteristics of their personal therapists; 608 psychologists, counselors, and social workers participated. Therapists' therapists tended to be middle aged and White (94%) but equally female and male. Their most frequent theoretical orientations were integrative, eclectic, cognitive, and psychodynamic (but rarely behavioral or systemic). Psychology was their most prevalent profession, followed by social work, counseling, and psychiatry. Topping the list of therapist selection criteria were competence, warmth, experience, openness, and reputation. The prototypical positive features of personal treatment that therapists repeated with their own patients all concerned cultivation of the therapeutic relationship. The 2007 results are tentatively compared with*

*those obtained in 1987, thus chronicling the evolution of therapists' therapists over the years.*

**Keywords:** psychotherapy, personal therapy, person of the therapist, psychotherapists

In the 1970s, Burton (1973, p. 96) lamented that "the whole question of how one selects a healer is so tenuous and so evanescent that little objectively can be said about it." In the 1980s, Fleischer and Wissler (1985, p. 587) observed,

In this light, the apparent lack of study given to the process of psychotherapy with the psychotherapist is remarkable. The taboo against open examination of the therapist's own treatment may reflect certain mutually protective dynamics with which therapists and patients struggle, and implicitly collude to ignore.

Even now, relatively little is known about the process by which psychotherapists select their own psychotherapists (Norcross & Grunebaum, 2005).

We sought to extend the meager previous research regarding the selection process and the sociodemographic characteristics of psychotherapists' personal therapists. Building on research 20 years old (Norcross, Strausser, & Faltus, 1988), this study probes more deeply into factors affecting choice of a psychotherapist, including gender and race/ethnicity, and examines the positive features that clinicians attempt to repeat with their own patients and the negative features they try to avoid.

Over the past 2 decades, seismic changes have occurred in both the demographic and the professional characteristics of mental health professionals. Demographically, more women and ethnic minorities have entered the field (National Science Foundation, 2006; Pion et al., 1996). Pro-

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professionally, the number of psychotherapy providers has proliferated (Manderscheid & Henderson, 2004), with licensed counselors leading the way. They held 635,000 jobs as of 2006, with a projected increase in related positions of 21% over the next decade (Bureau of Labor Statistics, 2007). Because members of these professions are care seekers as well as care providers, we were curious to discover whether (and how) these changes affected whom therapists choose for their own psychological treatment and why they choose them. We also addressed other questions in this replication and extension, several of which were posed for future research 20 years ago. Does race or ethnicity factor strongly into therapist selection? How has the ascendancy of nonmedical psychotherapists affected selection of personal therapists? Do psychotherapists try to consciously repeat features of their own therapy with their clients? If so, which lessons and in what manner?

## Method

Our study's questionnaire, method, and participants are detailed in the companion article (Bike, Norcross, & Schatz, 2009) and are summarized here. We mailed the questionnaire to 2,100 randomly selected U.S. mental health professionals: 700 psychologists from the *National Register of Health Service Providers in Psychology*, 700 social workers from the National Association of Social Workers *Register of Clinical Social Workers*, and 700 counselors from the American Counseling Association. A follow-up mailing was sent 1 month later. We received usable returns from 727 psychotherapists: 261 psychologists, 234 social workers, and 232 counselors (response rate = 35%). Analyses revealed that our samples were representative of their respective populations in terms of gender, age, race or ethnicity, geographical location, and highest degree.

Our participants were primarily White (93%) and female (68%), ranging from 25 years to 89 years of age ( $M = 52.8$  years,  $SD = 10.97$ ,  $Mdn = 55.0$ ) and representing all 50 states and the District of Columbia. The majority held master's degrees (54%)—an expected shift since 1987 because this study replaced psychiatrists with counselors—followed by PhDs (36%) and PsyDs (6%). Forty-five percent worked in independent practice, 10% in community clinics, 8%

in university settings, and 7% in hospitals. The rest worked in other settings, such as HMOs, Veterans Affairs medical centers, and medical schools. Predominant theoretical orientations were integrative/eclectic (24%), cognitive (24%), and psychodynamic (12%).

Of the 727 respondents, 608 (84%) reported at least one personal therapy episode in response to the question "How many times (discrete episodes) have you sought psychotherapy in your life?" They are the sample of interest for this article.

## Results

### *Therapist Selection Criteria*

*Previous studies.* In the 1987 study, the top-five criteria for selecting a personal therapist were competence, clinical experience, professional reputation, warmth and caring, and openness. Examined by theoretical orientation, behavioral therapist–patients were least concerned with theoretical orientation and professional reputation, and psychoanalytic therapist–patients were least concerned with openness and with everything being attributed to transference. In studies conducted since 1987, selection criteria remain centered around therapists' personal qualities (e.g., warmth, caring, and openness) and the quality of the therapists' work (e.g., professional credentials, reputation for a specific therapy, assurance of confidentiality; Deacon, Kirkpatrick, Wetchler, & Niedner, 2000; Gilroy, Carroll, & Murra, 2001).

*Present study.* Participants rated 20 factors potentially influencing the choice of their most recent or only therapist on a 5-point Likert-type scale (on which 1 = *not at all important*, 3 = *somewhat important*, 5 = *very important*). We used all 16 factors from the original study (Norcross, Strausser, & Faltus, 1988) and added 4 more (age, race or ethnicity, religion, and gender) because of the changing face of psychotherapy (National Science Foundation, 2006; Pion et al., 1996) and the increased focus on cultural and gender considerations across the represented fields (American Counseling Association, 2005; American Psychological Association, 2002; National Association of Social Workers, 1996).

Table 1 summarizes, in descending order, the mean ratings of the 20 factors. The top-five cri-

TABLE 1. Therapist Selection Criteria

| Criterion                                       | Mean rating | Rank order    |  |                        |
|---|-------------|---------------|--|------------------------|
|   |             | Present study | Norcross, Strausser, & Faltus (1988) study | Grunebaum (1983) study |
| Competence                                      | 4.84        | 1             | 1  | 1 (tie)                |
| Warmth and caring                               | 4.51        | 2             | 4  | 1 (tie)                |
| Clinical experience                             | 4.37        | 3             | 2  | NR                     |
| Openness  | 4.12        | 4             | 5  | 6                      |
| Professional reputation                         | 3.99        | 5             | 3  | 1 (tie)                |
| Active therapeutic style                        | 3.77        | 6             | 10   | 1 (tie)                |
| Flexibility                                     | 3.69        | 7             | 8  | 9                      |
| Theoretical orientation                         | 3.66        | 8             | 6  | NR                     |
| Not attributing everything to transference      | 3.50        | 9             | 9  | 8                      |
| Success with similar patients                   | 3.45        | 10            | 14   | NR                     |
| Lack of criticism                               | 3.41        | 11            | 11   | 7                      |
| Being outside of my social-professional network | 3.35        | 12            | 13   | 1 (tie)                |
| Specific profession or discipline               | 3.18        | 13            | 12   | NR                     |
| Cost per session                                | 3.13        | 14            | 15   | NR                     |
| Reputation as a therapists' therapist           | 3.10        | 15            | 7  | NR                     |
| Gender  | 2.69        | 16            | NR   | NR                     |
| Age   | 2.59        | 17            | NR   | NR                     |
| Religious affiliation                           | 1.81        | 18            | NR   | NR                     |
| Ethnic/racial background                        | 1.76        | 19            | NR   | NR                     |
| Research productivity                           | 1.65        | 20            | 16   | NR                     |

Note. NR = not reported.

teria remained virtually the same as in 1987: competence, warmth and caring, clinical experience, openness, and professional reputation. The research productivity of the potential therapist emerged as the least important criterion (20th of 20), as in the previous study (16th of 16), which included psychiatrists, not counselors.

Overall, the salience of most factors remained stable over time, but there were changes as well. The four new selection criteria—gender, age, religious affiliation, ethnicity/race—received low mean ratings. Such ratings, all below somewhat important, would suggest that they exercised only modest impact on selection. Were this to be the case, however, one would presume that men and women would be about as likely to choose a male or female therapist, that White and non-White therapists would be about as likely to seek therapists of any racial or ethnic background, and that young and old respondents would similarly seek therapy from any generation. Our findings did not support this pattern.

We found, instead, significant relations between the gender, race/ethnicity, and age of therapist-patients and that of their personal therapists, as we discuss later. Because respondents' and therapists' religious affiliation was not re-

ported, we cannot report on this potential relationship.

The 20 selection criteria were empirically evaluated across respondent characteristics. Table 2 summarizes statistically significant differences resulting from gender, race/ethnicity, profession, and theoretical orientation. Significant between-groups differences are indicated by the greater than (>) symbol. Meaningful gender differences include women's stronger preference for warm and caring, flexible, open, and uncritical therapists. Ethnic minority therapists were more concerned with racial or ethnic background, flexibility, and cost. As in 1987, psychologists were less concerned with their therapists' warmth, openness, active style, and cost than those of the other professions. They were more concerned with their therapists' reputation as a therapist's therapist; the opposite was true for social workers 20 years ago. With regard to self-identified orientation, psychoanalysts rated clinical experience and theoretical orientation as significantly more important in their selection of a personal therapist than did therapist-patients from other theoretical orientations. Psychoanalysts were least concerned with their therapists' openness and "attributing everything to transference."

TABLE 2. Statistically Significant Differences in Selection Criteria Related to Gender, Race/Ethnicity, Profession, and Theoretical Orientation

| Criterion                                       | Gender    | Race or ethnicity | Profession  | Theoretical orientation |
|---|-----------|-------------------|-------------|-------------------------|
| Competence                                      | <i>ns</i> | <i>ns</i>         | <i>ns</i>   | All > BEH**             |
| Warmth and caring                               | W > M*    | <i>ns</i>         | SW, C > P*  | HU > all**              |
| Clinical experience                             | <i>ns</i> | White > EM*       | <i>ns</i>   | PA > all**              |
| Openness  | W > M*    | <i>ns</i>         | SW, C > P** | All > PA**              |
| Professional reputation                         | <i>ns</i> | <i>ns</i>         | <i>ns</i>   | <i>ns</i>               |
| Active therapeutic style                        | W > M**   | <i>ns</i>         | SW, C > P** | HU > PA**               |
| Flexibility                                     | W > M**   | EM > White*       | <i>ns</i>   | <i>ns</i>               |
| Theoretical orientation                         | W > M**   | <i>ns</i>         | <i>ns</i>   | PA > all**              |
| Not attributing everything to transference      | <i>ns</i> | <i>ns</i>         | <i>ns</i>   | All > PA**              |
| Success with similar patients                   | <i>ns</i> | <i>ns</i>         | <i>ns</i>   | COG > HU**              |
| Lack of criticism                               | W > M**   | <i>ns</i>         | <i>ns</i>   | <i>ns</i>               |
| Being outside of my social-professional network | <i>ns</i> | <i>ns</i>         | <i>ns</i>   | <i>ns</i>               |
| Specific profession or discipline               | <i>ns</i> | <i>ns</i>         | <i>ns</i>   | COG > HU**              |
| Cost per session                                | W > M*    | EM > White**      | SW, C > P** | <i>ns</i>               |
| Reputation as a therapist's therapist           | M > W*    | <i>ns</i>         | P > SW, C** | <i>ns</i>               |
| Gender  | W > M**   | <i>ns</i>         | <i>ns</i>   | <i>ns</i>               |
| Age   | <i>ns</i> | White > EM**      | <i>ns</i>   | <i>ns</i>               |
| Religious affiliation                           | W > M*    | <i>ns</i>         | <i>ns</i>   | <i>ns</i>               |
| Ethnic-racial background                        | <i>ns</i> | EM > White**      | <i>ns</i>   | <i>ns</i>               |
| Research productivity                           | <i>ns</i> | <i>ns</i>         | SW, C > P** | <i>ns</i>               |

Note. W = women; M = men; EM = ethnic minority; P = psychologist; SW = social worker; C = counselor; PA = psychoanalytic; HU = humanistic; COG = cognitive; BEH = behavioral.

\*  $p < .05$ . \*\*  $p < .01$ .

### Therapist Gender

*Previous studies.* In the 1987 study, both male and female therapists mainly selected male personal therapists (82% and 67%, respectively). In that study, young women were more likely to choose women as therapists than were older women (43% vs. 31%), hinting at a generational trend toward choosing same-gender therapists. In the few studies since then that have assessed gender preference, more female practitioners in the United States were selected by graduate students of both genders (Holzman, Searight, & Hughes, 1996), whereas psychotherapists in the United Kingdom exhibited no gender preference (Williams, Coyle, & Lyons, 1999).

*Present study.* Respondents' most recent or only personal therapists were as likely to be women (52%) as men (48%). As shown in Table 3, male therapists were more likely,  $\chi^2(1, 590) = 4.53$ ,  $p < .001$ , to have sought therapy from a male therapist (69%), and female therapists were more likely to have sought therapy from a female therapist (61%). Despite this same-gender preference for both genders, results indicate that the proportion of both male and female mental health professionals receiving psychotherapy from a female

therapist is nearly double that of 1987. Specifically, 61% of women chose female therapists in 2007 as compared with 33% in 1987, and 31% of men chose women as compared with just 18% in 1987.

The strong tendency for women therapists to seek personal treatment from women, the opposite of what was seen in the 1987 cohort, seems to conflict with our results on selection criteria. Respondents ranked gender as the fifth-lowest factor influencing their therapist selection (see Table 1), but their behavior suggests otherwise. Respondents were more likely to select a therapist of the same gender. We found, however, that therapists selecting a female therapist rated gender as more

TABLE 3. Gender—Choice of Personal Therapist

| Therapist's gender | Respondent's gender, % |                  |
|--------------------|------------------------|------------------|
|                    | Male (n = 182)         | Female (n = 408) |
| Male               | 69 (82)                | 39 (67)          |
| Female             | 31 (18)                | 61 (33)          |

Note. Percentages in parentheses are from the 1987 study (Norcross, Strausser, & Faltus, 1988).

important,  $F(1, 584) = 38.78, p < .001$ , than did those selecting a male therapist.

Gender preferences were also expressed differentially across race or ethnicity, age, profession, and theoretical orientation. Regarding race or ethnicity, ethnic minority therapist–patients chose female therapists (65%) significantly more than they chose male therapists (35%,  $\chi^2(1, N = 594) = 2.97, p < .05$ ). Regarding profession,  $\chi^2(2, N = 595) = 3.13, p < .001$ , more psychologists saw male therapists (63%), whereas proportionally more social workers (63%) and counselors (58%) saw female therapists. Regarding theoretical orientation,  $\chi^2(1, N = 574) = 13.14, p < .05$ , psychoanalytic respondents more frequently saw male therapists (61%), and behavioral therapist–patients more frequently saw female therapists (60%). Cognitive, humanistic, and psychodynamic therapist–patients were equally as likely to choose a male therapist as they were to choose a female therapist.

#### *Therapist Race or Ethnicity*

*Previous studies.* In 1987, the primary racial background of respondents' personal therapists was White (92%). Although 50% of African American respondents sought therapy from a non-White counselor, few respondents from other racial or ethnic backgrounds did.

*Present study.* In 2007, respondents' personal therapists were, again, overwhelmingly White (94%). Asian American therapists were seen by 1.7% of our respondents, African American and Latino therapists by 1.3% each, and multiracial therapists by 1.2%.

A comparison of therapist–patients' ethnicity by their therapist's ethnicity revealed that only 5% of White respondents saw an ethnic minority therapist. No Latino respondents in our sample saw a personal therapist of an ethnic minority group. Comparatively, 15% of African American, 20% of Asian American, and 20% of multiracial respondents saw a racial minority clinician for personal treatment.

We found no significant differences in the chosen therapist's race or ethnicity along therapist–patients' gender, profession, or theoretical orientation. However, there were differences resulting from race or ethnicity,  $\chi^2(1, N = 601) = 7.01, p = .02$ . White therapist–patients were more likely to seek therapy from a White psychotherapist (95%) than were ethnic minority therapist–

patients (85%). Recall that White therapists rated their personal therapist's race as being of lower importance than did ethnic minority therapist–patients,  $F(1, 590) = 8.83, p < .01$ .

#### *Therapist Age*

*Previous studies.* The 1987 study did not report information about the age of personal therapists. In the United Kingdom, 83% of counseling psychologists chose personal therapists who were of a similar age or just slightly older than themselves (Williams et al., 1999).

*Present study.* The age of our participants' therapists ranged from 25 to 80. The mean age was 49.1 ( $SD = 9.64$ ) with a median of 50.0. In our sample, 80% of psychologists, counselors, and social workers chose personal therapists who were older than themselves. (At the time that they received their most recent or only therapy, respondents' ages ranged from 14 to 63 [ $M = 35.8, SD = 10.28, Mdn = 35.0$ ].) The correlation between respondent age at time of therapy and their therapist's age was .28 ( $p < .001$ ). We discerned no significant differences in the average age of chosen psychotherapists resulting from therapist–patients' gender, race/ethnicity, or theoretical orientation, but there were differences resulting from profession,  $F(2, 578) = 7.59, p < .001$ . Psychologists chose older therapists ( $M = 51.0$ ) on average than did both social workers ( $M = 48.6$ ) and counselors ( $M = 47.4$ ).

#### *Therapist Profession*

*Previous studies.* In 1987, psychologists were as likely to seek personal treatment from psychiatrists (35%) as they were to seek it from psychologists (36%). Social workers rarely sought therapy from their counterparts (19%), instead preferring psychiatrists (46%) and psychologists (25%). In another study, marriage and family therapists saw psychologists (49%), followed by marriage and family therapists (37%), psychiatrists (31%), and social workers (21%; Deacon et al., 2000).

*Present study.* In 2007, our respondents mainly saw psychologists (39%), followed by social workers (21%), professional counselors (19%), and psychiatrists (12%). At the same time, the majority of respondents chose personal therapists from their own profession, as seen in Table 4. Psychologists in our sample most commonly sought psy-

TABLE 4. Therapists' Therapists by Respondent's Profession

| Therapist variable        | Respondent's profession   |                            |                        | Total<br>(N = 602) |
|---------------------------|---------------------------|----------------------------|------------------------|--------------------|
|                           | Psychologist<br>(n = 219) | Social worker<br>(n = 192) | Counselor<br>(n = 191) |                    |
| Profession, %             |                           |                            |                        |                    |
| Psychologist              | 56                        | 28                         | 30                     | 39                 |
| Psychiatrist              | 21                        | 9                          | 4                      | 12                 |
| Social worker             | 8                         | 38                         | 19                     | 21                 |
| Counselor                 | 9                         | 13                         | 37                     | 19                 |
| Other                     | 6                         | 13                         | 10                     | 7                  |
| Average age, years        | 51                        | 49                         | 47                     | 49                 |
| Gender, %                 |                           |                            |                        |                    |
| Female                    | 37                        | 63                         | 58                     | 52                 |
| Male                      | 63                        | 37                         | 42                     | 48                 |
| Race, %                   |                           |                            |                        |                    |
| White                     | 96                        | 93                         | 93                     | 94                 |
| Asian American            | 1                         | 3                          | 2                      | 2                  |
| African American          | <1                        | 2                          | 2                      | 1                  |
| Latino/Hispanic           | 1                         | 1                          | 2                      | 1                  |
| Multiracial/other         | 1                         | 1                          | 2                      | 1                  |
| Therapists in training, % | 6                         | 7                          | 12                     | 8                  |
| Psychoanalysts, %         | 25                        | 18                         | 12                     | 19                 |

chotherapy from fellow psychologists (56% vs. 36% in 1987). Social workers saw their counterparts most frequently (38% vs. 19% in 1987) and saw psychologists second most frequently (30% vs. 25% in 1987). Counselors, though not surveyed in 1987, also demonstrated professional loyalty. They selected other counselors as their personal therapists most frequently (37%), followed by psychologists (30%) and social workers (18%).

This pattern represents a marked departure from psychologists' and social workers' overwhelming preference for psychologists and psychiatrists as personal therapists 20 years ago (Norcross, Strausser-Kirtland, & Missar, 1988). Twice as many of today's social workers chose a therapist from their own profession as did those in 1987.

Profession of choice for one's personal therapist also varied somewhat by respondent gender and orientation, but not by race or ethnicity. Men overwhelmingly chose psychologists (49%), followed by psychiatrists (16%), counselors (14%), and social workers (13%). This differed from the women,  $\chi^2(8, N = 597) = 2.76, p < .001$ , who saw psychologists (34%), social workers (25%), and counselors (21%), respectively. Therapist-patients ascribing to psychodynamic or psychoanalytic orientations were more likely,  $\chi^2(6, N = 548) = 5.13, p < .01$ , to choose a psychologist (52%) or a psychiatrist (26%) than were

therapist-patients with a cognitive-behavioral or humanist theoretical orientation (41% and 5%, respectively).

### Theoretical Orientation

*Previous studies.* In 1987, the most prevalent theoretical orientation of therapists' therapists was psychoanalytic (35%), followed by psychodynamic (18%), humanistic (17%), integrative/eclectic (12%), cognitive-behavioral (6%), and systems (4%). Only psychoanalytic therapist-patients tended to choose therapists of the same orientation: 90% of psychoanalytic respondents in 1987 selected psychoanalytic therapists.

Studies since have indicated that both graduate students and licensed practitioners prefer psychodynamic and integrative therapists (Deacon et al., 2000; Gilroy et al., 2001; Holzman et al., 1996; Liaboe, Guy, Wong, & Deahnert, 1989). Studies across the United States and Europe have repeatedly found that relatively few psychotherapists, including behavioral therapists, seek behavioral therapy for themselves (e.g., Darongkamas, Burton, & Cushway, 1994; Lazarus, 1971; Norcross & Grunebaum, 2005; Norcross & Prochaska, 1984).

*Present study.* In 2007, the predominant theoretical orientations of therapists' therapists were integrative/eclectic (20%), cognitive

(15%), and psychodynamic (15%). Psychotherapy was sought least often from behavioral (3%) and systems (5%) therapists. This pattern reflects a profound difference from the 1987 study, with integrative and cognitive therapists increasing in popularity and psychoanalysis decreasing in popularity. Although possibly due to cohort differences (2% of our counselors saw psychoanalysts as compared with 16% of psychiatrists in 1987), the reduced selection of psychoanalytic therapists by half in both psychologists (11% in 1987 and 5% in 2007) and social workers (11% in 1987 and 5% in 2007) would indicate otherwise.

We investigated the theoretical orientations of the therapist's therapists as a function of the respondent's orientation. These results are presented in Table 5. The italicized numbers on the diagonal represent the percentage of same-orientation matches among respondents and their personal therapists. Respondents of most orientations preferred working with same-orientation colleagues. Specifically, 28% of cognitive, 32% of humanistic, 32% of integrative, 45% of psychodynamic, and 70% of psychoanalytic respondents saw therapists with the same theoretical orientation—a pattern only observed in psychoanalytic therapist–patients 20 years ago. Although psychoanalytic therapist–patients again exhibited the most theoretical loyalty, that percentage has declined: The 70% in 2007 was markedly lower than the 90% seen 20 years ago. This difference may be attributable to sample disparity (psychiatrists in 1987 and counselors in 2007), historical shifts, or both.

At the other end of the spectrum, behavior and family systems therapists in our sample were least loyal to their theoretical brand,  $\chi^2(25, N = 513) = 25.63, p < .001$ . Behavior therapist–patients were as likely to seek therapy from fellow behaviorists (17%) as they were from cognitive (19%) or integrative (19%) therapists. Similarly, systems therapist–patients were as likely to seek therapy from their counterparts (16%) as from integrative (16%) or psychoanalytic therapists (15%).

We did not discover any significant impact of respondents' gender or race/ethnicity on the theoretical orientation of their therapists. There were differences across the professions, however. Social workers and counselors were more likely,  $\chi^2(10, N = 529) = 5.19, p < .001$ , to choose a therapist with an integrative (22%) or cognitive (19%) approach, whereas psychologists most commonly chose therapists with a psychodynamic (23%) or psychoanalytic (17%) orientation.

*Trainees and Psychoanalysts*

Respondents indicated whether their therapist was in formal training at the time of their personal treatment. Only 8% were. There was no difference across respondent profession or gender, but an interesting difference as a function of theoretical orientation emerged,  $\chi^2(2, N = 569) = 11.60, p < .01$ . Only 5% of humanistic and 7% of cognitive–behavioral therapist–patients saw therapists in training as compared with 16% of psychodynamic–analytic therapist–patients.

TABLE 5. Theoretical Orientation—Choice of Personal Therapy

| Therapist's orientation         | Respondent's orientation, % |               |               |                 |             |             |              |                | Total (N = 593) |
|---------------------------------|-----------------------------|---------------|---------------|-----------------|-------------|-------------|--------------|----------------|-----------------|
|                                 | BEH (n = 47)                | COG (n = 129) | INT (n = 142) | EX/HUM (n = 56) | PA (n = 27) | PD (n = 83) | SYS (n = 55) | Other (n = 54) |                 |
| Behavioral (BEH)                | 17                          | 3             | 2             | 2               | 4           | 0           | 4            | 2              | 3               |
| Cognitive (COG)                 | 19                          | 28            | 11            | 16              | 7           | 5           | 13           | 15             | 15              |
| Integrative (INT)               | 19                          | 19            | 32            | 18              | 4           | 10          | 16           | 17             | 20              |
| Existential–humanistic (EX/HUM) | 13                          | 15            | 11            | 32              | 0           | 5           | 13           | 7              | 12              |
| Psychoanalytic (PA)             | 4                           | 3             | 6             | 4               | 70          | 25          | 15           | 6              | 11              |
| Psychodynamic (PD)              | 15                          | 8             | 14            | 4               | 7           | 45          | 7            | 11             | 15              |
| Systems (SYS)                   | 0                           | 0             | 7             | 4               | 4           | 1           | 16           | 9              | 5               |
| Unknown                         | 0                           | 9             | 3             | 2               | 0           | 0           | 4            | 3              | 3               |
| Other                           | 13                          | 15            | 14            | 18              | 4           | 9           | 12           | 30             | 16              |

Note. Italicized numbers on the diagonal represent the percentage of same-orientation matches among respondents and their personal therapists.

We also asked respondents whether their therapist was a psychoanalytic institute-trained psychoanalyst. Nineteen percent responded affirmatively. Women and men and White and ethnic minority respondents were equally as likely to have seen a psychoanalyst. Psychologists were more likely,  $\chi^2(2, N = 568) = 11.43, p < .01$ , to have seen a psychoanalyst (25%) than were social workers (18%) and counselors (12%). Those who saw a psychoanalyst tended to hail from humanistic (43%), psychodynamic (31%), and psychoanalytic (16%) orientations. Behavioral (4%) and cognitive (5%) therapist-patients were the least likely to have consulted an institute-trained analyst.

### Repeating With Patients

As suggested by Geller, Norcross, and Orlinsky (2005), we asked our participants to identify one positive feature of their personal therapy that they attempt to repeat with their own patients and one negative feature of their personal therapy that they try to avoid repeating. Respondents generated a total 587 positive features and 555 negative features. Two trained undergraduates constructed 38 mutually exclusive categories of positive features and 34 categories of negative features (both including an "other" category). The coding process entailed reviewing all responses, creating and revising categories, and obtaining 90% or better intercoder reliability on each feature.

The most frequent positive features, presented in Table 6, all concerned the interpersonal relationship. Psychotherapists largely try to repeat a therapeutic relationship characterized by warmth, empathy, acceptance, equality, positive regard, and good listening with their own patients.

The modal response to negative features of personal therapy avoided with their own patients was no negative feature at all: Of 555, 134 found their own treatment experience so positive that they could not or did not identify a negative feature. From there, 29 respondents sought to avoid too much self-disclosure, 20 to avoid boundary violation or a dual relationship, 19 to avoid sparse feedback, 17 to avoid manifestation of unhelpful countertransference, 16 to avoid intolerance or judgment, and 14 to avoid making premature assumptions.

TABLE 6. Positive Features of Personal Therapy Repeated With Own Patients

| Positive feature                        | Frequency, % |
|---|--------------|
| Cultivation of the relationship         | 87           |
| Empathy and understanding               | 67           |
| Acceptance and equality                 | 61           |
| Warmth and positive regard              | 57           |
| Active listening and good communication | 32           |
| Normalizing feelings                    | 21           |

### Discussion

To whom do psychotherapists turn for their own personal treatment? Primarily older, middle-aged White therapists of integrative/eclectic, cognitive, and psychodynamic persuasions. They are as likely to be men as women, although a strong same-gender preference prevails. Therapists' therapists tend to be psychologists or of the same profession as the therapist-patient.

Interestingly, psychologists' personal therapists differed from social workers' and counselors' along every measured characteristic except ethnic or racial background. Proportionally more psychologists chose older, male psychologists as their personal therapists, whereas social workers and counselors tended to select younger, female social workers and counselors. Psychologists were more likely to seek therapy from psychodynamic or psychoanalytic therapists, whereas social workers and counselors preferred integrative or cognitive therapists.

How do mental health professionals explain the selection of their personal therapists? Primarily on interpersonal qualities and professional competence, and rarely on the basis of research productivity and therapist demographics, despite the overwhelming pattern of therapists' actually having chosen therapists of the same gender, age, race, theoretical orientation, and profession. To echo Grunebaum's (1983, p. 1338) conclusion,

What we have learned that may be useful in conducting psychotherapy is that these therapist-patients seek a personal relationship with therapists—one in which they feel affirmed, appreciated, and respected by another human being whom they like, appreciate, and respect.

That this holds true for psychologically sophisticated patients, as it has been shown to be for laypeople, corroborates the centrality of the therapeutic relationship in effective psychological treatment.

Mental health professionals' selections of personal therapists are probably influenced by avail-



ability and familiarity. They are unlikely to select as a therapist someone with whom they are highly familiar (e.g., good friends or close colleagues), and they are unable to select certain demographics if there are few or none available outside of their social and professional network. Thus, many respondents 20 years ago could not select women and minorities because comparatively few were available. In 2007, female and ethnic minority psychotherapists were probably able to exercise their therapist selection preferences in a manner previously afforded largely to men and Whites (because of their market saturation 20 years ago). It will be interesting to track this trend among future generations of psychotherapists as diversity within the profession continues to increase (Maton et al., 2006). Future studies could investigate these trends among graduate students—the psychotherapists of tomorrow.

What do mental health professionals attempt to repeat from their psychotherapy in treating their own patients? They seek to establish a strong and facilitative relationship, one characterized by empathy, acceptance, egalitarianism, and active listening. At the same time, they seek to avoid the excessive self-disclosure, boundary violations, and countertransference experienced in their own therapy. Research has lent strong support to the conclusion that many psychotherapists (especially those in training) construct and rely on mutual representations of their own therapist as models to be imitated (Geller, 2005). Indeed, findings indicate that one out of five therapists rely on internalized representations of their therapists when conducting treatment with their own patients to make moment-to-moment decisions (Geller & Farber, 1993).

What has changed in the past 20 years? For one, the theoretical orientations of therapists' therapists. In 1987, the predominant theoretical orientations were psychoanalytic, psychodynamic, and humanistic; in 2007, they were integrative, cognitive, and psychodynamic. For another, the professions of therapists' therapists have changed. Respondents in the current study overwhelmingly chose therapy with psychologists, followed by social workers, counselors, and psychiatrists. This represents a marked departure from the near-exclusive preference for seeking personal therapy with psychologists and psychiatrists 20 years ago (Norcross, Strausser-Kirtland, & Missar,

1988). For still another, the gender of therapists' therapists has changed markedly. In this study, 68% of the respondents were women as compared with only 40% of the 1987 respondents. Fully 52% of our mental health professionals consulted female therapists as compared with 24% of respondents then—more than doubling in 20 years. In fact, 61% of women chose a woman therapist.

What has been slow to change? Despite accelerating diversity within the mental health professions, the percentage of therapists' therapists who are ethnic minority practitioners appears to be stagnant. In both 1987 and 2007, only 6% to 8% of respondents saw an ethnic minority clinician for their personal treatment. Although the percentage of ethnic minority respondents seeing an ethnic minority therapist was higher, it was still not high—only 20% or so. This disquieting pattern reminds us that much of cultural diversity in mental health remains in aspiration and in the training pipeline, not in clinical practice (Maton et al., 2006).

We are obliged to reiterate that the present study was wholly restricted to the United States and entirely dependent on self-reports. In both this study and its predecessor, we relied on self-selection for participants. Self-selection can be problematic because respondents may differ in some ways from nonrespondents, although the professionals sampled were representative of their respective organizations in age, gender, race/ethnicity, profession, geographical location, and academic degree. Also, because different cohorts were compared 20 years apart, we cannot conclusively determine whether differences between the present study and the 1987 study are attributable to genuine changes in the phenomenon, sample differences, or other factors.

The selection of a personal therapist—like that of a mate—may not be wholly conscious, and the reasons may be accessible only after many years of reflection (or personal treatment). It may be, as Burton (1973, p. 96) asserted, that “the selection of a healer by healers is made on a dynamically preconscious or unconscious basis and then rationalized in terms of a few qualities.” Whether this is true will only be known through additional research and probing discernment into the complex process of therapists selecting a personal therapist.

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