

Changes Experienced by Psychologists in Their Personal Lives

Dolce Advani^{1*}

ABSTRACT

Psychologists help people with their day to day problems, and also with severe mental disorders, however, people are unaware of what effects does practicing as a psychologist are, and if those effects are mostly positive or negative. The following study, is an interview search study, and it focuses on how psychologist maintain a boundary between their personal and professional lives, deal with the daily stresses, clients and the changes that take place in their behaviour and thoughts after coming into practice. The data is collected from two psychologists, one with less experience in the field, and the other with experience of more than 7 years. A semi structured interview was prepared which covered all dimensions to be asked. Both the participants were interviewed, and the data has been collected, recorded, transcribed. The data was analysed using thematic analysis technique, where major themes and their codes are discussed. We find that the psychologists have experienced change in their lives, and are able to cope with it using different coping strategies, however, there is no change in their personality. Dealing with stress becomes better with time and experience, and the development of a boundary that has to be maintained between personal and professional lives becomes strong.

Keywords: Psychologists, Stresses, Boundary, Professional, Personal

Health professionals study, diagnose, treat and prevent human illness, injury and other physical and mental impairments in accordance with the needs of the populations they serve. They serve a very basic necessity for each living being, even animals. There are various types of health professionals, which practice a particular interest in their respective fields. For example, Medical Doctors, Nurses, Dentists, Pharmacists, and Public Health Doctors.

In this research, we focus on one particular type of Allied health professionals, i.e., Mental health professionals. A mental health professional is defined as a health care practitioner or community services provider who offers services for the purpose of improving an individual's mental health or to treat mental disorders. There are various types of mental health professionals, which practice in public and/or private settings. For example, Psychiatrist, Clinical Psychologist, School Psychologist, Occupational Therapist, Counsellor, Social Worker, etc.

¹Student, Department of Psychology, University of Delhi, New Delhi, India

*Corresponding Author

Received: April 20, 2021; Revision Received: May 05, 2021; Accepted: May 20, 2021

Changes Experienced by Psychologists in Their Personal Lives

Each of them has a different scope of practice, and it may sometimes overlap. Sometimes, most of them work together in a case which requires additional help from all perspectives.

Under this list of mental health professionals, our research talks about the lives of Psychologists, in particular. Psychologists focus on treating mental health problems by evaluating patients and providing psychotherapy. They do not prescribe medicines (like the psychiatrists do). They use a number of therapeutic interventions and techniques which are (usually) driven from the originally developed schools/perspectives of mental disorders/behaviours: Psychodynamic, Humanistic-Existential, Cognitive-Behavioural. Along with practicing and applying therapy in sessions with clients, they also administer and interpret personality tests (MMPI, Rorschach Inkblot Test).

Research suggests an existence of both enhancers and stressors after taking up this profession. They say that both positive and negative spillover (stressors and enhancers) played significant role in mediating relationships between work and family domains. (e.g., Stevanovic, Pedja, Rupert & Patricia, 2009; Hunley, 2009). Further, it said that men and women psychologists experience burnout differently depending on the work setting. Hunley's (2009) research indicated that family support was important for well being at work.

Family therapists tend to have a significantly greater number of enhancers than stressors in their marital and/or family life. Their years of therapy practice, number of marital therapy clients, and their self-rating ability differ than those who are not family therapists. This helps them to grow and enhance in their marriage, as they have a better outlook and understanding towards how a partner should respond under circumstances (Wetchler & Piercy, 1986).

However, when it comes to having a better marital adjustment, in one research, psychotherapists (as a couple) were predicted to have higher marital adjustment scores than the couple who were non-psychotherapists (Murstein & Mink, 2004).

There has been given very little attention to what the effect of their profession has on themselves and on their families. The possible effects of practice on a psychologist's personal lives were studied by Zur (1994). It focused on promoting possibilities for enhancing the positive and preventing the negative effects of their careers on themselves and their connections. Apart from this, World Health Organisation has also highlighted the poor mental health of healthcare workers.

Intensive contact with severely ill patients, organisational change, task characteristics (uncertainty about a partial client, low support, inadequate feedback), are a few factors which contribute towards the psychological draining of the mental health experts.

The Present Study

Do people ever wonder if psychologists have all the control of their lives? Do we ever need to wonder if psychologists ever face difficulties, stress situations? If so, how do they cope with it? Being a mental health expert, should they not be the happiest persons since they have the solutions to every possible problem?

What can be the possible limitations or advantages a psychologist (especially in clinical practice) is bound to face in his/her personal life and relationships after taking this profession?

Changes Experienced by Psychologists in Their Personal Lives

Generally, most budding psychologists would overrule all the criticisms towards being a psychologist, believing that there aren't any. They look forward to helping people and earn great money, and claim this to be the main reason for choosing this profession.

However, dealing with patients/clients can be stressful and draining. It may not have occurred to any of them before, but it does affect their personal lives. How do these professionals maintain a gap between their personal and professional lives? How hard or easy is it for them to not psychologically drain in the traumatic incidents of the clients?

Did they have to change a set of attributes or attitudes towards people and/or life in general after practicing as a psychologist? When we, as laymen, listen to a person's traumatic incidents in life, it becomes hard for us to move on and continue with our daily routine, just right after. How hard or easy is it for psychologists to not indulge any sort of negativity from their clients into their relationships and personal lives?

In our research, we will conduct a qualitative interview on two psychologists. One of them would have been a psychologist, for 5- 10 years or more. The other would be new to this field. Hence, there will be a difference in their work experiences, so as to understand the different experiences of both the participants as a psychologist, and to understand how, if, overtime, changes and adjustments take place in their personal and professional lives.

This study's implications are targeted towards the younger population who wish to opt for psychology as a profession. Being fearful of change, psychologically draining themselves, losing track of their own life, are thoughts which might hinder their decision of taking up this profession. These thoughts might also make them overlook the greater number of advantages of practicing psychology.

METHODOLOGY

Interview as a research method

Interviewing may be defined as a conversation, with a purpose. It is a common tool to gain information about something. It follows a very easy procedure, since there is just a respondent, an interviewer and a set of questions which can be asked in a close or open-ended format (preferably open). There needs to be an innate quality possessed by a good interviewer. Hence, interviewing is seen more as an art rather than a process of science (Fontana & Frey, 1998; Grobel, 2004). In early times, interviewing has also been described as a game where both the interviewer and interviewee participate and receive rewards for doing so (Benny & Hughes, 1956; Holmstrom, cited in Manning, 1967). However, now, anyone can be instructed on how the basics of how to conduct an interview following a procedure. We should not confuse a research interview with a journalistic one, since in the latter, the participant has a defined agenda and information to provide. Also, it is up to the researcher to see what interview design/layout fits in for the particular interview, for e.g., it can be scripted or improvisational. This is conducted to yield in-depth information following a semi structured procedure. Here, the belief is that knowledge is contextual and situational. Qualitative interviewing involved the construction or reconstruction of knowledge more than the excavation of it (Mason, 2002)

Interview is an obvious form of research. People always want to be heard, and hence, most likely are honest at such interviews. People speak straight up and appear to be natural. Interviews generally have less observer or participant bias. There is room for flexibility. The interviews are usually low cost and can be easy to interpret. The non verbal cues can be

Changes Experienced by Psychologists in Their Personal Lives

easily captured, during the interview. (Steber, 2016: The pros and cons of face to face interviews). However, interviews can be time consuming for both, the interviewer and the participant. Often, there are negative reactions on part of the interviewer shown to the respondent's responses. Also, the analysis of the data may lack objectivity (Whorton, 2016: Qualitative interview pros and cons). There are things people don't want to share. This, thus, generates incomplete and false information for the data. Also, a self reported data is not very reliable. Separate respondents who have similar experiences to share may have different interviews, which eventually makes it difficult to aggregate the data. The qualitative interview normally does not lend itself to quantitative analysis methods, which again, might be a drawback.

Qualitative interviewing

The various types of interviews are as follows:

- **Standardised interviews.** As the name suggests, these are more formally structured, there is a proper question order. Even the wording of each question is exactly the same. Here, usually no clarifications regarding the answers of questions of the interview is provided. These are more frequently used on very large research projects.
- **Unstandardised interviews.** In contrast, these interviews are completely structured, and the questions have no set order. Wording of questions is not set and flexible, and the interviewer may adjust his/her level of language. The interviewer may probe in between subsequent subjects. Loosely structured interviews are sometimes used during the course of field research to augment field observations. In situations, where the respondent suggests a wide variety of responses, such interviews are the most optimal to use.
- **Semi standardised interviews.** It is loosely structured, and the wording of questions is flexible. Also, the language level may be adjusted by the interviewer. This can be located somewhere between the extremes of the completely standardized and the completely unstandardized interviewing structures. (Gubrium & Holstein, 2003).

Designing a qualitative interview is a tough task. First, we need to decide upon the structure and flow of the interview. The structured sequence of questions (or unsequenced) have to be worked upon. The qualitative interviewer has to prepare themselves to be able to 'think on their feet' in the interview itself. (Holstein and Gubrium, 1995). A great deal of intellectual preparation is required, since it cannot be pulled off by asking a scripted set of questions and overlooking the social dynamics. Hence, to make on the spot decisions about the scope, study, style of the interview, one requires intellectual and social skills. As a researcher, we need to be clear about organising what we are interested in, to be able to judge what we want from the interview.

Research conceptualisation and development— It is difficult to generalise how research ideas develop. Hence, it is important to have a clarity regarding the research objective and purpose. Preparation of the interview guide— A blueprint/ outline of interview should be prepared beforehand. This can include all the topics to be covered and questions to be answered. This should not be only focus of the interviewer. Suitability of the sample for qualitative interviewing— There might be difficulty faced while conducting the interview on young children, not enough knowledgeable participants, participants that may have different language usage (language barriers). Interview trialling (piloting)— Here, we try out the interviewing style and procedures beforehand. This can involve a number of practice interviews. Inter-Interview comparison— The interviewer should be aware of the interviews

Changes Experienced by Psychologists in Their Personal Lives

that his/he colleagues have done. Communication between interviewers—The developments are to be communicated between the interviewers. Sample recruitment and selection—The researcher should employ an appropriate sampling technique for recruiting the participants for his/her study. He/she should know how and why a certain someone or organisation can be prepared to help them in an any way. Participant management — It is important to keep the participants on-board during and before the interview appointment. The preparation /selection of the interview location—There are many potential location. However, this section s based on the participants, and also the length of the interview (Wiggins, D., 2008)

A good qualitative interview needs the interviewer to be highly involved. He/she has to make quick choices regarding probing, been knowledgeable about the topic and focusing on the aim of research at most places. During the conducting of the interview stage, following should be kept in mind (Potter, 2003)

Recording the interview— To produce good quality transcriptions, recording the interview is very important. Orientation stage of the interview— The first impression matters the most, hence the introduction stage, and engaging the interviewee into the process matters the most. What qualitative researchers ‘do’ when interviewing— The interviewer does not normally take detailed notes, interrupt the respondent’s replies and does a lot of talking during the interview. He/she should be able to use silence effectively, and try to creat a mental picture of the interview as it progresses. Bringing the interview to a conclusion— At this point, some important information, which might not also be relevant to the topic may emerge, hence, the recorder should not be turned off. At the end, the interviewee should be thanked for his/her participation, and a debriefing should occur, for any questions.

The analysis of the qualitative data depends on the type of the conversation. For e.g., if the conversation is a natural one, then conversation analysis and discourse analysis can be used. According to Rapley (2001), interviews are relatively conversational in nature. Apart from all this, a number of analytic procedures to analyse data from qualitative interviews are, Grounded theory : This is somewhat a generic method, unlike conversational and discourse analysis, Thematic analysis: This seeks the dominant/ major themes of the researcher’s interest in the content, Interpretative phenomological analysis: This approach is appropriate if the interview focuses on topic such a how the individual perceives something about him/her, Narrative analysis: This method is appropriate when the researcher is taking a life history/narrative of the participant. (McAdam’s, 1993)

Participants

Two participants have been chosen for their research. The participants have to differ in their experience time of practicing psychology and hence, age. The first participant, is 24 years old, a female, and has been practicing as a Counselling psychologist for a few months now. She resides in New Delhi, and has her own clinic in Defence Colony, where she sees the clients. The second participant, is 28 years old, a female, and has been practicing as a Counselling psychologist since 8 years now. She resides in New Delhi, and practices at Fortis Hospital, Shalimar Bagh.

The participants have been selected through a non-probability sampling procedure: convenience sampling and purposive sampling. Convenient sampling was used since it was then easier to locate the more accessible participants, which would then help us in the successful completion of the survey. Purposive sampling was used, since our research’s objective focuses more on the psychologists who have been in this profession since quite a

Changes Experienced by Psychologists in Their Personal Lives

lot of time and those who have just started practicing. Here, we get an idea of the differences in their experiences as a psychologist. Hence, we had to select our sample with a purpose of which population may fit in it very well, to achieve a good result.

Semi structured Interview

The interview used for our research, is a semi structured interview. As discussed above, a semi structured interview consists of flexible questions, where the level of language of the interviewer may also be adjusted. Our interviews questions' main focus is on imbibing knowledge on how the participants (psychologists) had experienced change in their personal lives and how (if they do) cope with the stresses faced on a daily basis. Such a knowledge had to be constructed at each step, and for this, the questions had to be formulated in a way, which allowed probing and open-ended questions.

The questions, like any other interview, were started with a brief introductory stage, that engages participant in the process. Initially, his/her demographic details were asked, followed by their reasons to take up this profession. He/she then provided with some background information, from scratch, about his/her career. The interview was then progressed, by focusing on the major themes such as the amount of stress (if) faced by participants during practice, their application of professional/psychological knowledge in their personal lives, their transition of being/not being anxious to being used to different types of patients, their behaviour outside therapy practice, how their personality has changed after coming into this profession, what facts had motivated them to take up this profession, how do they handle the traumatic instances of the different clients on a daily basis, etc.

Procedure

After the construction of the interview, A mock interview was conducted in the class with a classmate, before the actual interview, to have an idea of the flow, style, structure of the interview and on the spot questioning. The interview was then conducted, to collect the data. One interview (for the experienced psychologist) took place at the her Clinic (the hospital), so it was more or less formal, and was conducted with ease. The second interview (for the less experienced psychologist) was conducted over a Skype video call, due to the unavailability of the participant in person. The questions were asked, and probed with both the participants and the entire interview was recorded on a cell phone, for transcribing later for a thematic analysis. The participants' consent was taken to record their interview for analysis. After the conduction, both the psychologists were thanked for providing their valuable time for participation in the research.

The data collected from both the participants, will be analyzed using a thematic analysis technique. The interviews were transcribed and a thematic analysis is done.

RESULTS

Thematic analysis is a widely used qualitative analytic method used in psychology. It is seen as a foundational method to analyse (Holloway and Todres, 2003). It provides flexibility. Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes the data set in (rich) detail. (Boyatzis, 1998). It is widely used, however there is no clear agreement about it actually is and how it is used. Thematic analysis involves a number of choices which are often not made explicit, but which need explicitly to be considered and discussed. A theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set. The 'keyness' of a theme is not

Changes Experienced by Psychologists in Their Personal Lives

necessarily dependent on quantifiable measures but rather on whether it captures something important in relation to the overall research question. The process of thematic analysis involves transcription the data, coding, analysis and then, the overall report (Ely et al., 1997).

A good thematic analysis needs to make sure that the interpretations of the data are consistent with the theoretical framework (Holloway and Todres, 2003).

Table 1. Themes, codes and Verbatim P1

THEMES	CODES	VERBATIM
DAILY BASIS COPING	<ul style="list-style-type: none"> • Enjoys watching therapy/hospital related shows. • Coping/distressing by having a cup of tea • Has a neutral view of showing anger as an emotion • Focuses on being a better psychologist each day • Works better while amongst friends/likes to hang out with colleagues 	<ul style="list-style-type: none"> • in greys anatomy when they have a very difficult case as they fight for it. ‘I want to be on this case’. • if I feel it is a very heavy session for me, I go have a cup of tea. so that’s my way of letting it go. That just relaxes me, actually so. and if I confidently know that I’ve had a very heavy session, I would go out for a cup of tea (laughs). so that’s my so that’s how I do it. it can be different for Everybody • I think if you’ll understand psychology better, you’ll understand that anger is a very normal emotion that all of us have and it is something u can’t get rid off but how you manage it is up to you. Anger is very normal. • came in a profession where I have to keep myself updated to various things around me otherwise I will not be a good psychologist that is for sure. • I’m able to work better as a psychologist... because I have some within the team members I have so many friends. I can go and talk to them about anything as well so we all sit down together... sit for lunch or we ca all just go a for a walk and come back.
CHANGES (OUTLOOK AFTER PRACTICIN G)	<ul style="list-style-type: none"> • Used to a behaviour, yet still, intimidated • Experiences a major low Acceptance • Understands the clients positions • Thinks patients’ stories are mostly grieving • Claims to be the 	<ul style="list-style-type: none"> • but then you eventually get used to if Right.. but you’re still scared of such patients • I’ve been kicked by the psychotic patient itself. In the OPD area. Yes (pauses). • You can’t do anything. • Otherwise, how will they ever trust you with anything because every patients comes with something that is very grieving. • There are lots of stories going on in your mind.. ‘what’s happening in this persons life’ ‘why is this persons life so hard’ and all of that. It’s very normal, and it can be projected on different people. so in the beginning it is very

Changes Experienced by Psychologists in Their Personal Lives

THEMES	CODES	VERBATIM
	<p>same personality but more knowledgeable as a psychologist</p> <ul style="list-style-type: none"> • Faced stresses in the beginning of her therapy journey • Overtime, handled stress better • Has become patient • Has probably gained an insight to herself • Believes in a switch on- switch off while practicing therapy 	<p>normal to have such kind of issues.</p> <ul style="list-style-type: none"> • eventually you do understand of handling it in a better way. so, what I do after each therapy session. • be ready to take in a lot of things which you might not be aware about yourselves but which you'll become aware when during the process an insight into you will also happen. • I've become very patient, because you know. Through a session. a person can keep on ranting and ranting and ranting and ranting and ranting and that's normal and you have to understand that that's what the person is and don't let yourself get rattled about that. • I was not a different personality. But uh I have learnt a lot of things through this. Personality is how it used to be. But how I handle the situations is very different from how I used to handle it before. Because I feel like I have become more knowledgeable. because this is a career where you have to continue to study. because each patient is a different patient. even though with the same diagnosis. Both the people can. being the simple severity, plus the. what we call as the extraneous factors that they have in their lives are very different. so same theory yet. Does apply. but you have to learn and read a lot more. to help that person in the time of need. So as that these are the things which you have to switch off yourself from when you come in the room. So you can't. see in the beginning it will be very difficult for you to switch off when you enter your first therapy session. but then you do know that. that if you don't exercise it in your life. so, you eventually start switching off. So, there are sessions which I've had...where I've had crying. and lots of traumatic issues and family issues and all that stuff. but outside the room, I will not do anything about it, and I will not let it affect myself. So, the 'switch on/switch off' is very difficult. there is a very thin line between it, but over a period of time it happens. and it takes. its different for the different personalities.
<p>BEHAVIOUR AS A CONCERNED</p>	<ul style="list-style-type: none"> • Confident about her viewpoints • Disappointed about 	<ul style="list-style-type: none"> • so of course, there are two views. what the world thinks, and what we actually are • So of course, they don't view as us somebody

Changes Experienced by Psychologists in Their Personal Lives

THEMES	CODES	VERBATIM
PSYCHOLOGIST IN PRACTICE	<p>the worlds view of psychologists</p> <ul style="list-style-type: none"> • Ethical • Prefers newness and varieties in symptoms • Concerned about family involvement in a case • Ethical/empathic, concerned about family • Finds 'learning' an important tool • Experiences moments of sadness/crying <p>Believes in growth of better boundaries overtime</p>	<p>they require. So, when I go to see patients in IPD. because we have health psychology happening in IPD here. so. they say "we don't need you".</p> <ul style="list-style-type: none"> • and of course, we don't disclose any patients names or anything. • the individual had this this problem and oh my God it was these symptoms which I have only read and not seen. • specifically in terms of when it is a family situation so how one member is not willing to bring about a change and the other one really desperately wants to. • we always tell them 'if it's going to be harmful for your life. we feel that. • be up for learning. you should be up to grab on new things. • I haven't had a breakdown but yes, there have been times when I felt SO sad. that I thought I would cry. • everything you do would develop a better boundary. and you would develop better coping skills for yours
NOTIONS/OUTLOOK ABOUT CLINICAL PRACTICE	<ul style="list-style-type: none"> • Not happy about some patients behaviour • Concerned about people's attitudes towards therapy • Realises the problem of lack of awareness • Belief in a sense of togetherness <p>Finds therapy a task</p>	<ul style="list-style-type: none"> • They say .."we don't need you"...okay. • because the moment they come hesitant in reaching out is when the problem becomes even more than what it is... so we have people coming to us. when the conditions have worsened to a level where the intensity has become much more than the disorder say.. would have been few months back. • So, to build up an insight in yourself that you require it. is something very courageous, something very difficult only when you're aware that this could be a problem. • because the team is very integrated. And the team is amazing to work with we all go out together we all have lots of stuff happening together. • Every patient is a challenge actually. I have session after you also..so I know it's going to be a challenge. (laughs)
HIGH FAMILY SUPPORT	<ul style="list-style-type: none"> • Academically oriented • Suitability of psychology proposed by family 	<ul style="list-style-type: none"> • I can start with my education. • 2 members in my family thought that psychology would be something that would 'suit' me. • I was interested in psychology because my

Changes Experienced by Psychologists in Their Personal Lives

THEMES	CODES	VERBATIM
	<ul style="list-style-type: none"> • Peer influence Mother's influence 	<p>friends had it class 12th.</p> <ul style="list-style-type: none"> • why don't u do this.
EMOTIONAL INTELLIGENCE	<ul style="list-style-type: none"> • Seemed curious and keen • Good communication, interactive skills of understanding others • Lack of future planning • Belief in societal differences <p>Aware of her emotions, in control of her emotion, emotionally intelligent</p>	<ul style="list-style-type: none"> • I found it interesting, I would ask them what it is. • my mother said that. that is something that you will.. do.. be well at.. because I was very good at connecting with people.. literally going in new circles and actually talking to people. She found that confidence in me.. • because I had never really thought ahead of what I wanted to do when I was in class 12th..uh.. • In India society works a little differently. • I know I can't do that.. that's not me .. that's not what my profession does to.. You have to be aware of your own emotions as well.. it's very important to understand that.

Table 2. Themes, Codes, Verbatim P2

THEMES	CODES	VERBATIM
NOTIONS/OUTLOOK OF CLINICAL PRACTICE	<ul style="list-style-type: none"> • Keen interest from the start • Feels the need for awareness about psychologists in general • Clean, ethical and organised • Feeling satisfied when client is satisfied • Follows the idea of being carefree • Gets affected after a heavy session • Expects a feedback for her performance • seeks expert help on serious matters • defined boundary between her personal and professional life • afraid that she might deal with something traumatic in the future <p>Considers the possibility of influencing factors other than</p>	<ul style="list-style-type: none"> • So when I started reading about it then I thought it's VERY interesting. • I feel that people don't really understand what you do, so like you have to constantly be explaining your job. like you know like if I was like a.. if was doing something like.. I don't know like.. marketing. I feel like I wouldn't be explaining my job as much because people keep asking 'what is a therapist' 'what is a psychologist' 'what is a psychotherapist'. • usually clients they don't tell you. and you know... it takes for them time to process how the session goes and for you to get the immediate feedback about the session. so it's a lot like. • like sometimes I'll have a knot in my stomach or I feel

Changes Experienced by Psychologists in Their Personal Lives

THEMES	CODES	VERBATIM
	therapy	<p>like a little or I don't know what it is and then I reach home and then I sit with myself and then I think...oh what is that feeling...and I feel anxious like you know its a lot for me also, I'm just 24 and its just been a few months since I've actually started so you know, it's like I'm also still learning and processing but yeah it does affect me to be honest, but I don't get attached to it..I deeply care...but I don't get attached to it... because if i would get attached to it..then it would be a problem I feel when you can visibly see that the client is relieved after a session..or I'm the happiest when somebody just exhales, you know just like a sigh of relief..and then you know that there body is destressing because they let out their feeling that they've bottled up since like a week or more...and it's just..just a lot of small small happy moments.</p> <ul style="list-style-type: none"> • so like, I think I would take it to supervision and get like, more perspective on it, in a context or such a situation, but like I'm generally a very ethical person so...I like keeping stuff like. clean and ethical and not 'hochpoch' • so I have a supervisor that I go to. and I think that if something like this ever comes up, I would take it to supervision...because she's like a senior therapist...so she would have more knowledge. • I'm a therapist to my clients

Changes Experienced by Psychologists in Their Personal Lives

THEMES	CODES	VERBATIM
		<p>... but to my personal life, I'm a person.... like you know. It definitely helps in certain situations but it's not something that you should pressurise yourself to hold to your expectations because then it would be a very big burden to carry ki you know you can only be understanding and cannot get mad. Because there will be days where you will want to get mad, and that's also healthy....so that's okay</p> <ul style="list-style-type: none"> • no, thankfully I haven't uh..got anybody like you know, that it's affected me • because you want to help the other person..but then there are so many other factors.. like how receptive they are to it and stuff like that.. so low points were self doubt, because I think you just have to believe in yourself
INVESTED IN ISSUES OF SELF	<ul style="list-style-type: none"> • Unsure view of oneself/ lack of self knowledge • Observant nature • Interested in human mind and behaviour • Belief in helping others • Being helpful/empathic: childhood traits • priorities are straight • Motivational/ inspirational • Finds it difficult to detach but is aware of her emotions • puts self and self needs first • Insecurity/ has trust issues with oneself • strong familial bonds (with mother) • lack of motivation/shows less responsible behaviour 	<ul style="list-style-type: none"> • and about myself I don't know what to say (laughs) • so one was like I found it very interesting like in high school then I thought like you know this is something like how the mind works • like I wanted to create an impact even though if you know it's a small impact • like since I've been a kid you know. either it's animals or some like kids or you know... I will be drawn to people with people. because I would like to you know, help.. so that was my need also.. they are the priority • if you have the gift...of being able to relate to somebody...like get into their

Changes Experienced by Psychologists in Their Personal Lives

THEMES	CODES	VERBATIM
	<ul style="list-style-type: none"> • diplomatic in nature is spiritual 	<p>frame of reference...like if I feel like if you have that, because it's like an art and if you have that seed in you, you know, pursue it and nurture it, and yeah, you're doing something worthwhile.</p> <ul style="list-style-type: none"> • the second thing was to like detach, like you know someday I would feel anxious, and it would affect me personally and I wouldn't realise that at that point but after a session..like a heavy session...I can go meet my friends like you know...go out.. because I wasn't in the headspace...but then I realise that it's affecting my life, and you can't really pour from an empty cup...so if I myself I'm in distress, so the my session the next day..you know it's gonna have an affect on it.. • so even I had this expectation from myself, that I should be understanding, I should be kind, I should be empathetic, I should be there for everybody but it started taking a toll on me... because ultimately I'm also human...like.. before being a therapist.. I'm also a human being. • I've been finding challenging to believe in myself.. that you know the trust like.. how I feel the session went. Because like. Sometimes it's just you know, you just keep wondering how was it for them.. • so even if it's like my relationship with my mother, for example, so even like if

Changes Experienced by Psychologists in Their Personal Lives

THEMES	CODES	VERBATIM
		<p>it's an interpersonal relationship, things like communication, like you know, how to communicate. Even things like that really helped.</p> <ul style="list-style-type: none"> • looking at the larger picture really helps me.. • and ultimately the consequences are not in my control and my responsibility is to do the best I can do. Beyond that, ultimately I'm meeting someone for an hour or week, so I also have to be aware like, that I can't accept it to be a life changing process in a short span of time. You know it takes it own pace • spirituality has really helped me, like, I'm into Buddhism, Buddhist chanting and stuff like that. So it really helps me looks at the bigger picture like I said.
<p>LIFE CHANGES AFTER PRACTICING</p>	<ul style="list-style-type: none"> • Patient when it comes to dealing with people's judgements • feels a balance in emotions • understands and accepts the difficulties faced during practice • understands the reality of working in a professional field versus the illusion of it • Realises the differences in her thoughts before and after practice • Accepts her major low point • aware about personality traits • understands own and others emotions; has become emotionally intelligent 	<ul style="list-style-type: none"> • but I feel like people are receptive once you explain it to them because everybody has a mind. like you know there is some level of relatability... but ya.. it is.. it is challenging also at the same time. • there are good days and there are bad days otherwise I feel like about this profession that. it's a little.. there's no tangible product at the end of the therapy session. Like you know I'm not making a painting where there's a finished product for me to see.. • then once you start working you realise that there's not going to be a glad you know, which is going to be waving

Changes Experienced by Psychologists in Their Personal Lives

THEMES	CODES	VERBATIM
	<ul style="list-style-type: none"> • Being more empathic/ aware and compassionate attributed to psychology • always prepared • attributes changes in personality to age/growth factors ad not psychology acceptance of facing troubles like everyone 	<p>in front of your face that says ‘you’ve made an impact’ ‘you’ve changed the world’...it doesn’t work like that. Like you don’t really know what impact you’ve made on the client, and how they perceive it and then few hours later that perception can change and 5 years later their perception may be that they feel differently about the session</p> <ul style="list-style-type: none"> • and like when I was in my undergrad, I really romanticised the idea of therapy that like I thought that I’m going to change this persons life or like I’m going to change the world. It was a very umm...you know when you are young and empowered and you feel like you can really make a difference, • I can say that the intensity of the anger I can still control because I know how to now, but it’s not like I won’t ever get affected or ever get angry or won’t get upset because and also like uh when you’re listening to a Third persons problems, you’re not personally affected by it, so it’s easier to be understanding.. • so, this was one low point. That self-doubt. • more understanding, but I don’t know about less aggressive. • but ya it has definitely made me more aware...like I’m more aware of things like ring compassionate to people...because now I like. Know what happens...like

Changes Experienced by Psychologists in Their Personal Lives

THEMES	CODES	VERBATIM
		<p>what are the effects and how people can feel...so now I feel like a more aware person. It makes me more empathetic and you know, I'm more touch with like stuff.</p> <ul style="list-style-type: none"> • But like, it's there, at the back of my mind. it's something till now, that I've been able to keep under check • I mean I would'nt say that, you know because when I started studying at undergrad, I was 18. and now I'm 24. so I've anyway changed you know, like I've been growing up and these are like crucial years where you know where you are finding yourselves and forming your personality and identity... so I can't say that I've changed because of psychology like it's not like my life is perfect or anything. It's not. I have the same struggles as everybody else. it's just that I'm aware about how I could cope with it.
<p>CONSTANT APPLICATION OF PSYCHOLOGY IN PERSONAL LIFE</p>	<ul style="list-style-type: none"> • Emotional understanding/emotionally drawn towards the world • Pragmatic and optimistic about situations • accepts and deals with anger as a ver normal emotion • Values little things/moments • Realises how her emotional draining will impact others • Believes in her willpower • Believes in the power of yoga/ the concept of here and now 	<ul style="list-style-type: none"> • even if you touch one life. So that's what drew me to it. you know that I'll be like helping people and it wasn't totally noble or anything like you know that I want to help people. • you know ultimately, I'm doing the best I can and like, to know, that you just have to be good enough. There's no best or like amazing therapist. It has to be a good enough therapist. for the person in front of you • but I've started applying it more recently and consciously do it.

Changes Experienced by Psychologists in Their Personal Lives

THEMES	CODES	VERBATIM
	<ul style="list-style-type: none"> • does not feel sad/bad after a heavy session • realises the fact that she applies her knowledge has gained psychological knowledge to apply in real life 	<ul style="list-style-type: none"> • but you know there are days where my immediate reaction is to snap at my mom for example • but it's just like small small things, • I have to draw like a strong boundary and try to leave work at word. It's not like I don't care. But I just can't let it affect me...because that's like a downfall for everybody involved...so just boundaries basically.. • believing in myself, that I've done a good enough job, like, the best of my capacity, and even though there's no flag waving in front of me, I can still believe in myself, so ya • I feel like a little mindfulness or yoga. Or just like general self-care really helps me like coming back to myself and not dwell about the client • there are some sessions where people are just going to be sad. And they're just going to cry for the entire session...and you help as much as you can and ultimately like I can't wave a magic wand like you know. ya ya, it's basically taught me a lot about people. So, I feel like. so basically, till like 2 years back I couldn't't apply it...like I knew it theoretically. But I didn't't know how to apply it, but now like after my masters and stuff, I've learnt like, you know small ways of applying things to my life. and I've actually started doing it. so then I see it working also. so

Changes Experienced by Psychologists in Their Personal Lives

THEMES	CODES	VERBATIM
		these things very consciously I have to do.

DISCUSSION

This interview research is about the changes experienced by psychologists in their personal lives, i.e. after becoming a psychologist and coming into practice, we have observed the basic changes in the psychologist's personal and professional lives. Also, how does becoming a psychologist helps one cope better with their surroundings, stress, family problems, etc. The method used to study this research is qualitative interviewing. Interview is an obvious form of research. People always want to be heard, and hence, most likely are honest at such interviews. People speak straight up and appear to be natural. A lot of things had to be kept in mind while constructing our semi structured interview and its questions. The interview used for our research, was a semi structured interview. It consists of flexible questions, where the level of language of the interviewer may also be adjusted. Our interviews questions' main focus is on imbibing knowledge on how the participants (psychologists) had experienced change in their personal lives and how (if they do) cope with the stresses faced on a daily basis. Two participants had been chosen for their research. The participants have to differ in their experience time of practicing psychology and hence, age. One of them has an experience of less than a year, and the other for more than 7 years. After the construction of the interview, A mock interview was conducted in the class with a classmate, before the actual interview. Later, both the interviews were conducted with the participant to collect the data, and then, transcribed, and coded for a thematic analysis technique. The results are as follows:

Insights from the experienced psychologist:

Out of the two participants, the first psychologist chosen for this study is an experienced psychologist, i.e., he/she has worked in this profession for more than 7-8 years. Ms. Chitwan Singh, is 28 years old, a female, and has been practicing as a Counselling psychologist since 8 years now. She resides in New Delhi, and practices at Fortis Hospital, Shalimar Bagh. An experienced psychologist has been chosen to understand the long-term changes, the transition, and daily basis coping after coming into therapy.

The first theme that emerged was "Daily basis coping". After looking at the codes, it is quite evident that the participant has many coping strategies, which helps her deal with the world outside of therapy, and also during therapy sessions. For example, she enjoys watching therapy/hospital related shows. This indicates that she has her ways of having fun while practicing. In one study conducted on male and female psychologists, it was seen that, female respondents were more likely to endorse behaviors that were relational or educational in nature, such as participating in personal therapy, spending time with friends, discussing work frustrations with colleagues, seeking case consultation, maintaining regular contact with referral networks, participating in continuing-education programs, reflecting on positive experiences, and engaging in quiet leisure activities. (Rupert, Pedja, Stevanovik, 2004). After a heavy session, she distresses herself by having a cup of tea. She says "*if I feel it is a very heavy session for me, I go have a cup of tea. so that's my way of letting it go. That just relaxes me, actually*". There are more than just personal factors that have helped her cope and work better, i.e., she works better amongst friends, and likes to hangout with colleagues, during her free time. This indicates that she has her ways of having fun and relaxing outside of therapy. She is seen focusing on being a better psychologist everyday,

Changes Experienced by Psychologists in Their Personal Lives

hence, she now knows to cope better everyday. She believes that anger is a normal emotion for human beings, and this shows how she has a control over emotions, in every stressful situation.

The second theme that emerged was Changes (outlook) after practicing. Overtime, the participant has become used to a behaviour shown by the clients, but is still intimidated at times. She talks about her experience of a major low, where she says *“I’ve been kicked by the psychotic patient itself..in the OPD area..yes”*. With time, she believes, that she gotten used to such behaviour and accepted it in her stride. Research suggests an existence of both enhancers and stressors after taking up this profession. They say that both positive and negative spillover (stressors and enhancers) played significant role in mediating relationships between work and family domains. (e.g., Stevanovic, Pedja, Rupert & Patricia, 2009; Hunley,2009). She has gained a better understanding of the clients position, in every case. With more number of cases she sees, she has started to understand the world from their point of view. However, she says *“because every patients comes with something that is very grieving.”*, this suggests that she thinks that patients’ stories are mostly grieving. One study suggested that psychologists who experienced a patient's suicide, 49% reported intrusive symptoms of stress in the weeks after the suicide (Chemtob et al., 1988). Psychologists may or may not face personality changes, and it depends on the individual differences and behaviour in practice. She claims to be the same personality, but, more knowledgable as a psychologist. The participant has faced stresses in the beginning of her therapy journey, however overtime, has handles stress better. She has become more patient with her clients, as a psychology has to sit through a session and listen to stories. Not only has she gained an insight about psychology and her patients, but also about herself. Learning is a very important tool in this profession, and she believes that with each case, there is something different learn about the world, about yourself, and about the patient. Psychologists also have set boundaries between their personal and professional lives. This participant believes in a switch on- switch off while practicing therapy, i.e., she tries to switch off her personal matters, keep them aside and focus and pay full attention to the client during the therapy. Otherwise, she switches off from the therapy set up, and tries to live her routine.

The third theme that emerged was behaviour as a concerned psychologist in practice. As a psychologist, our participant feels that she is very confident about her viewpoints. She is constantly engaging in what is happening around. She is observant and hence sometimes, gets disappointed about the worlds view of psychologist. This shows that she is not only focused on her work, but also concerned about how other people should perceive mental health, in general. She prefers newness and varieties in symptoms, as she said *“the individual had this this problem and oh my God it was these symptoms which I have only read and not seen”*. She always seems to be concerned about family involvement in a case. She has this fact in mind that family plays a great role in a person’s mental health development. She is concerned whether the family cares about the patients mental health. She is clean with her rules in therapy and follows them neatly, i.e., she is ethical. *“specifically in terms of when it is a family situation so how one member is not willing to bring about a change and the other one really desperately wants to.”*, here, her moments of sadness in therapy are reflected, hence she is very empathic as a psychologist. As discussed above, along with being concerned, she has set her boundaries while practicing, so that therapy doesn't affect her personal life, and also these boundaries develop better overtime.

The fourth theme that emerged was Notions/outlook about clinical practice. Every psychologist sees and perceives their clinical practice differently. Despite the happy and

Changes Experienced by Psychologists in Their Personal Lives

relaxed moments, she does not seem happy about some patients behaviour. This is shown when she says “*They say...we don't need you*”. She is concerned about their behaviour and also concerned about people’s attitudes towards therapy in general. Mental health as a concept, is not a very well thought of concept in India, hence, psychologist seem to be concerned about people’s attitudes toward therapy. She realises that there is a lack of awareness regarding psychology, psychologists and therapy. Overall, she finds therapy a task because of the way she describes therapy and calls it a “task” at a few places. Therapists' work as practitioners may be emotionally stressful but it may also enrich their lives. (Mahoney, Radeke, 2000)

The fifth theme that emerged was ‘High family support’. The participant seems to be very family oriented. She is greatly influenced by her mother, and taking up psychology as a career is also a decision which was influenced by her family (especially her mother). She agreed with her family’s thoughts on her being “suitable” for psychology. In one study, psychologists have reported that intimate relationships, family, and friendships brought the most personal meaning to their lives (Kerner & Kinnier, 2007).

The sixth theme that emerged was ‘Emotional Intelligence’. The participant has become more emotionally intelligent since the time she has come into practice. Since the start of her academic career, she has always been curious and keen to know about certain things. She has good communication, and an understanding of others. As she grew in this profession, she has become more aware of her emotions, and in control of her emotions, i.e., emotionally intelligent. We see psychologists becoming pragmatic rather than emotional after dealing with certain cases, however she has gained a better insight in her emotions.

Insights from the new psychologist

The second psychologist chosen for this study has less experience in terms of professional clinical practice as compared to our first participant. This is to understand the major transitional effects of therapy practice, and how the psychologist deals with them. The participant is 24 years old, a female, and has been practicing as a Counselling psychologist for a few months now. She resides in New Delhi, and has her own clinic in Defence Colony, where she sees the clients.

The first theme that emerged was Notions/Outlook of Clinical Practice. As a psychologist with less experience, she has a lot of notions about practicing in this field which are very based on her experience. She has always had a keen interest from the start in psychology. Hence, one of the reasons for her to enter into this profession was that, she has always felt the need for awareness about psychologists in general. She is clean/ethical and organised about her approach to practice therapy. She reported that she keeps in mind factors that influence the therapy other than the therapy itself. She also gets satisfied, when her client is relieved. She takes joy, and sigh of relief when she sees her patients happy because of her. This indicates that she prefers client satisfaction rather than dissatisfaction. Any sort of confusion, and grey area disappoints her. A group of psychologists indicated that helping others live more satisfying lives was the most important aspect of their professional work (Kerner & Kinnier, 2007). She sometimes gets affected after a very session, and is afraid that she might deal with something traumatic in the future, and hence tries to contemplate. However, she is carefree when it comes to clinical practice. Although new to the profession, she believes in the idea of being carefree, as being attached to anything would harm her and her surroundings. This indicates that she is also trying to maintain a boundary between her personal and professional life. For all these issues that seem new to her, and are sometimes

Changes Experienced by Psychologists in Their Personal Lives

hard to cope with, she seeks expert help. She seems not ready to deal with serious matters, for e.g., suicide, and hence, she prefers seeking expert help. Also, this behaviour of hers makes her expect a feedback from very patient, or else she seems to feel insecure about her performance with the client.

The second theme that emerged was 'Invested in issues of self'. The participant seems to talk a lot about herself and her emotions in general. Eventually, all her opinions and viewpoints lead to her talking about self. She seems have unsure view, and a lack of knowledge at some points., where at the start she says "*and about myself.. um I don't know what to say*". She has quite an observant nature. and seems very interested in human mind and behaviour. Her belief in helping others, and making an impact, has remained from the start of her childhood, it also contributes as a reason towards her taking up this profession. While in therapy, she speaks about how her clients are always a priority, i.e. her priorities are straight. She puts self, self needs and expectations first, and seems concerned at times when she is not able to detach from a specific case. The realisation of insecurity and trust issues makes her have anxious thoughts. She spends her time following Buddhism, Yoga, and other spiritual things, which she says have helped her a lot to become a better person, and a better psychologist. One research suggests that religious and spiritual orientation affects clinical psychologists' attitudes as well as their therapeutic interventions, which may in turn impact on the process and outcome of psychotherapy (Malony & Shafranske, 1990) These spiritual things must help her find her inner peace during times of confusion and indecisiveness with a client. In one study psychologist have highlighted self-awareness and monitoring; support from peers, spouses, friends, mentors, therapists, and supervisors; values; and a balanced life, including vacations as stress-reducers (Milton, Janet and Coster, 1997). All these attributes make her focused, concerned, invested in self.

The third theme that emerged was 'Life changes after Practicing'. In one study, 522 practicing psychologists (52.2%) completed a mail survey on distress and impairment. It was found that various life events and work factors were associated with different amounts of distress and impairment, with personal relationship problems and work with difficult clients being particularly troublesome (Thelen & Sherman, 1998). Research has also suggested that therapists are changed by their work, but it has not been clear whether these changes are the same for research psychologists and practitioners. (Mahoney, Radeke, 2000) Since she has dealt with a clinical set up/being a psychologist for only a few months, she has dealt with some transitional changes, in her personal life. However, she claims to be the same personality. She might not have been patient while dealing with people and their opinions, but now, she says "*people are receptive once you explain it to them, because everyone has a mind. you know*". She understands the depth of a problem, and has now become patient. We see that she has started to realise the differences in her thoughts before and after practice, she says that "then once you start working you realise that there's not going to be a glad you know, which is going to be waving in front of your face that says '*you've made an impact*'". We wanted to see if a psychologist becomes more understanding and less aggressive, however in this case, she has become more empathic, compassionate. One research states that psychologists have supported the belief that the meaning of life is to love, help, or show compassion for others (Kernes & Kinnier, 2007). All these changes were attributed to her growing up, and not studying psychology. As human beings, we learn something each day and hence grow with it. Attributing all changes after a coming to practice, to the study of psychology, does not make quite a lot of sense. She has had ups and downs and we see that she become aware of her personality. An insight of emotion seems to have occurred after practicing therapy.

Changes Experienced by Psychologists in Their Personal Lives

The fourth theme that emerged was ‘Constant Application of psychology in personal life’. While the changes that emerged in her life helped in her professional life, and in changing herself, these changes and knowledge of psychology has also helped her apply it to certain daily life tasks. Working 7 hours a day of your life, each day would definitely help you understand some things better, especially if you are a psychologist! We see that she suggests dealing with all situations pragmatically and in an optimistic manner. She also, realises how attachment to certain things harms oneself and others around her. Her spiritual behaviour might also provide her an enlightenment on how to detach. She confirms that she has gained psychological knowledge to apply in the real world, by saying “*but I’ve started applying it more recently and consciously do it*”. She seems to have adopted a minimalistic approach towards her life, where she says she values and enjoys the little things in life.

Comparing Case 1 and Case 2, we find that both the psychologists have experienced changes in their life after coming into this profession. In a research conducted on merican psychologists A total of 74.3% reported experiencing “personal distress” during 3 years; of those, 36.7% indicated that it decreased the quality of patient care, and 4.6% admitted that it resulted in inadequate treatment. A variety of factors were found to be associated with the experience of personal distress encountered, its impact on treatment, and the treatment interventions used (Stark, Poelstra, Guy, 1989). In this study, both the cases have had different factors that motivated them to enter to this profession, which also explains the difference in their investment in self and in their clients. Case 1 had a lot to share about her outlook towards clinical practice, and how overtime, she believes in the development of better boundaries, whereas, Case 2, still seems to have figuring out her relationship with her clients and seems to have fragile boundaries. This indicates that time has a great role to play in their professional lives. With time, we expect Case 2, to handle the work and client stress better. We see that both of them have different views towards looking at all things, for example, Case 1 seems to have a nuanced and more diplomatic approach, whereas Case 2 is a bit more idealistic. Case 1 believes that she has a life to live outside of her therapy, and seems to enjoy the company of her friends more, however, we see Case 2 is usually concerned about her clients’ life even after the session is over, and sometimes prefers some alone time rather than going out. Hence, we conclude that the difference in their experience of practice also reflects in their behaviour, thoughts, emotions, life applications and how they cope with stress.

CONCLUSION

We conclude that both the participants (Case 1 and Case 2) have experienced a change in their life, but they are still, more or less the same personality. They have attributed the changes in their personality to growth factors more rather than to practicing psychology. The psychologist with more experience handles stress better and also has a different outlook towards clinical practice in general. Both their self and emotions vary, however both the cases show signs of being emotionally intelligent, emotionally aware, and ethical. Different strategies are adopted by both participants to cope with their daily stresses. We find that, Case 2 to deal with more chaos and dilemmas during practice, however, Case 1 (experienced) always looks forward to face challenges during practice. Overall, we conclude that being a psychologist provides one with insights and knowledge about oneself and others, each day, and rather than changing to a great degree, psychologists seem to become more aware of their changes and emotions, which benefits them as they apply this knowledge in the real world.

Changes Experienced by Psychologists in Their Personal Lives

Limitations and directions for future research

In our study, we have studied about the changes experienced by psychologists in their personal lives. This is one way to conceptualise the study. It has not focused on specific domains such as school psychologists, sports psychologists or psychologist working in other special fields. For future research, this study can be conducted in a different manner.

Both the participants chosen for this research are females. Hence, we have viewpoints of female psychologists, and this might have affected the results. For future research, to accommodate both the viewpoints for this research, male participants as psychologists can be studied.

Both the participants of this interview research reside and practice in new Delhi, a cosmopolitan city in India. This study could have been more diverse, as it could include psychologists from India and from abroad. For future research, psychologist from different part of the world can be interviewed.

The method used for this research is qualitative interviewing. Its is a time-consuming method, and large sample cannot be collected with this method. For future research, a survey research can done to save time and collect large number of data from participants.

REFERENCES

- Chemtob, Claude M.,Hamada, Roger S.,Bauer, Gordon,Torigoe, Rodney Y.,Kinney, Barry
Professional Psychology: Research and Practice, Vol 19(4), Aug 1988, 416-420
- Shafranske, E. P., & Malony, H. N. (1990). Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 27(1), 72-78
- Sherman, M. D., & Thelen, M. H. (1998). Distress and professional impairment among psychologists in clinical practice. *Professional Psychology: Research and Practice*, 29(1), 79-85
- Coster, Janet S.,Schwebel, Milton Professional Psychology: Research and Practice, Vol 28(1), Feb 1997, 5-13
- Rupert, Patricia A.,Kent, Jamie Scaletta Professional Psychology: Research and Practice, Vol 38(1), Feb 2007, 88-96
- Stevanovic, Pedja,Rupert, Patricia A. Psychotherapy: Theory, Research, Practice, Training, Vol 41(3), Fal 2004, 301-309
- Colaizzi, P.F. (1978). Psychological research as the phenomenologist views it. In R. S. Valle & M. King (Eds.), *Existential-phenomenological alternatives in psychology* (pp. 48-71)
- Grimm, D.W. (1994). Therapist spiritual and religious values in psychotherapy. *Counseling and Values*, 38, 154-164
- Hobbs, N. (1962). Sources of gain in psychotherapy. *American Psychologist*, 17, 742-748
- Redinbaugh EM, Schuerger JM, Weiss LL, Brufsky A, Arnold R. Health care professionals' grief: a model based on occupational style and coping. *Psychooncology*. 2001;10(3):187-198
- Radeke, JoAnn T.,Mahoney, Michael J. Professional Psychology: Research and Practice, Vol 31(1), Feb 2000, 82-84
- Chemtob, Claude M.,Bauer, Gordon B.,Hamada, Roger S.,Pelowski, Susan R.,Muraoka, Miles Y. Professional Psychology: Research and Practice, Vol 20(5), Oct 1989, 294-300
- Handelsman, Mitchell M.,Gottlieb, Michael C.,Knapp, Samuel Professional Psychology: Research and Practice, Vol 36(1), Feb 2005, 59-65

Changes Experienced by Psychologists in Their Personal Lives

- Norcross, J. C. (2000). Psychotherapist self-care: Practitioner-tested, research-informed strategies. *Professional Psychology: Research and Practice*, 31(6), 710-713.
- Gilroy, P. J., Carroll, L., & Murra, J. (2002). A preliminary survey of counseling psychologists' personal experiences with depression and treatment. *Professional Psychology: Research and Practice*, 33(4), 402-407
- Jordan, Augustus E., Meara, Naomi M. *Professional Psychology: Research and Practice*, Vol 21(2), Apr 1990, 107-114
- Hatcher, S. L., Kipper-Smith, A., Waddell, M., Uhe, M., West, J. S., Boothe, J. H., Frye, J. M., Tighe, K., Usselman, K. L., & Gingras, P. (2012). What therapists Learn from Psychotherapy Clients: Effects on Personal and Professional Lives. e Qualitative Report, 17(48), 1-21
- Orlinsky, D. E., Rønnestad, M. H., Gerin, P., Davis, J. D., Ambühl, H., Davis, M. L., ... Schröder, T. A. (2005). The development of psychotherapists. In D. E. Orlinsky & M. H. Rønnestad (Eds.), *How therapists develop: A study of therapeutic work and professional growth* (pp. 3-13)
- Skovholt, T. M., & McCarthy, P. R. (1988). Critical incidents: Catalysts for counselor development. *Journal of Counseling & Development*, 67(2), 69-130.
- Stahl, J. V, Hill, C. E., Jacobs, T., Kleinman, S., Isenberg, D., & Stern, A. (2009). When the shoe is on the other foot: A qualitative study of intern-level trainees' perceived learning from clients. *Psychotherapy: Theory, Research, Practice, Training*, 46(3), 376-389

Acknowledgement

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Advani D. (2021). Changes Experienced by Psychologists in Their Personal Lives. *International Journal of Indian Psychology*, 9(2), 914-937. DIP:18.01.096.20210902, DOI:10.25215/0902.096