EPISTEMOLOGY AS A PREDICTOR OF PSYCHOTHERAPISTS' SELF-CARE AND COPING

By

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The present study examines whether the strength of psychotherapists' epistemic leanings

predicts the number of self-care strategies and coping mechanisms engaged in by experienced

therapists. Self-care is seen as a preventative measure against stress, while coping is viewed as

an individual's adaptive response to stress or difficulties. This study puts forward the following

hypotheses: (1) stronger constructivist epistemic leanings will be more likely to predict a greater

number of self-care strategies among psychotherapists; (2) greater constructivist epistemic

leanings will be associated with the coping strategies of positive reframing and seeking social

support for emotional reasons; and (3) greater rationalist epistemic leanings will be associated

with the coping strategies of planning, seeking social support for instrumental reasons and

rational/cognitive coping.

Our results showed evidence confirming the first hypothesis that those with stronger

constructivist epistemic commitments report engaging in a more frequent utilization of self-care

strategies. The results did not show consistent support for the hypotheses regarding differential

coping styles. These findings are discussed in relation to the contemporary literature on the

translation of epistemology into practice; limitations and future directions of this work are noted.

CHAPTER 1
INTRODUCTION

The aim of this study is to examine whether different epistemological positions predispose therapists to different levels of self-care and different methods of coping. In order to pave the foundation for the present study, a review was conducted on the existing literature on epistemic style, self-care and coping.

Epistemic Style

Epistemic style can be thought of as an individual's prevailing set of assumptions about the way in which knowledge is acquired, organized and developed. Another way to conceptualize epistemology is the philosophical assumptions that underlie how people construe reality and test the validity of their beliefs (Neimeyer, Prichard, Lyddon & Sherrard, 1993). Royce's (1964) taxonomy of epistemic styles suggests that there are three different styles of knowing, which are referred to as rational, metaphorical and empirical. A rational style involves relating to the world using one's rational and analytic skills or conceptual cognitive abilities. A metaphorical style reflects relating to the world through symbolic representation or using symbolizing cognitive abilities. Lastly, an empirical style involves interacting with the world using one's senses and observations or perceptual cognitive abilities. Individuals are likely to use all epistemic styles, although one specific epistemic style will tend to be dominant.

Epistemic style has been associated with personality characteristics of psychotherapists, with how a therapist conceptualizes and practices psychology, as well as the impact of conducting psychotherapy on the therapist. Epistemic style has been shown to correlate with several different therapy-related variables (Johnson, Germer, Efran, & Overton, 1988; Lyddon, 1989; Mahoney & Gabriel, 1987; Neimeyer et al., 1993). Previous studies have found that epistemic styles correlate with preferences for specific counseling approaches. Those with

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dominant rational epistemologies tend to prefer rationalist counseling approaches, such as Rational Emotive Behavior Therapy (Lyddon, 1989, Neimeyer et al., 1993). On the other hand, therapists with dominant metaphorical epistemologies tend to prefer constructivist counseling approaches, such as Personal Construct Therapy (Lyddon, 1989, Neimeyer et al., 1993). As such, in the recent psychotherapy literature it has become common to refer to epistemology through the dichotomy of rationalism and constructivism (Mahoney, 1991).

A rationalist epistemology assumes that individuals passively perceive an independently existing real world, which is universal, stable and potentially knowable. Conversely, a constructivist epistemology posits that each individual actively creates his or her own reality. This unique and individual reality is created as a byproduct of personal and social interaction processes. Consequentially, it can only be known indirectly and cannot be separated from the reality of what a particular individual perceives (Neimeyer, et al., 1993). Although both rationalist and constructivist approaches are commonly considered within the rubric of cognitive therapy, there are several differences in the way practitioners of each approach conceptualize and implement the practice of psychotherapy. In rationalist therapy approaches, the therapist is assumed to perceive reality more accurately than the client and therefore corrects the client's "cognitive errors." In contrast, the focus in constructivist therapy approaches is centered on the process, emotion and meaning behind the client's feelings, rather than on changing client cognitions (Winter & Watson, 1995).

Self-Care & Coping

Self-care describes the degree to which an individual maintains his or her health through proper diet, exercise, personal hygiene, or various other health promoting activities. Additionally, self-care can describe the pursuit of a range of activities, running the gamut from pleasure reading, hobbies, vacations, and recreations, to participation in personal therapy or

meditation (Mahoney, 1997). Self-care can be seen as a preventative measure to defend against the deleterious effects of stress. It is very important for all individuals to embrace multiple self-care strategies, no matter which theoretical orientation dominates or is preferred (Norcross, 2000). Therapists must realize that in many cases, "Possessing a particular skill in one's arsenal is less important than having a variety of self-change skills" (Norcross, 2000, p. 711).

While self-care can help prevent stress or mitigate the effects of such, coping can be seen as a person's response to stress or difficulties. A large number of coping methods exist, which include planning, positive reframing, seeking social support for instrumental reasons, seeking social support for emotional reasons, active coping, denial, venting, rational/cognitive coping, wishful thinking, humor and multiple additional coping styles (Carver, 1997, Folkman & Lazarus, 1985). The following five coping strategies evaluated in this study, functionally defined below, were chosen because of their relevance to mental health professionals: (1) The first coping method, seeking social support, can be delineated into two specific categories, according to Carver (1997). Social support sought for emotional reasons is based on receiving sympathy or emotional support from another. (2) In comparison, seeking social support for instrumental reasons involves the intention to receive assistance, information, or advice from others about an optimal response or course of action. (3) Another common coping modality is planning, where an individual responds by developing an implementation plan on how to best confront the stressor. (4) The coping style of positive reframing involves optimism, and readdressing a stressor to extract the good from the situation, while viewing the event in a more favorable light. (5) Finally, an individual may choose to dissect, comprehend, and use their cognitive skills to solve a stressful situation, which is labeled the rational/cognitive approach to coping (Osipow & Davis, 1988).

For the purpose of this study self-care was defined as a preventative measure against stress, while coping was defined as a response to stress, although the dichotomy is not always this clear cut. It is important to note that it is possible for self-care and coping to function as both preventative and/or responsive to stress dependent on the circumstances. For example, meditation is defined as a type of self-care activity, but just as meditation can be a behavior engaged in prior to feeling stressed, it can also be a way to cope with stress.

CHAPTER 2
LITERATURE REVIEW

Mahoney (1997) found that in terms of how psychotherapists engage in self-care, the most commonly reported activities included pleasure reading, exercise, hobbies, and vacations. Peer supervision, prayer or meditation, and volunteer work were the second predominant group of activities. Nondoctoral therapists were more likely to have engaged in personal therapy in the preceding year, with women participating significantly more frequently than men. Overall, the study shows that psychotherapists are generally happy, healthy, and regularly engage in various forms of self-care. However, this study did not address the relationship of theoretical orientations or epistemologies to overall self-care.

This same study (Mahoney, 1997) also addressed psychotherapists' personal problems and concomitant self-care patterns. The results indicated that the most commonly reported issues for therapists were emotional exhaustion and fatigue, precursors to burnout. Burnout is a type of prolonged response to chronic interpersonal and emotional stressors on the job. More specifically, it is a condition of emotional exhaustion, depersonalization, and reduced personal accomplishment (Maslach & Goldberg, 1998). Stress that is not dealt with effectively can lead to burnout, which can present with symptoms including overworking (along with delaying or canceling vacations), chronic fatigue, irritability, social withdrawal, declining sense of humor, increased physical complaints, changes in job performance or even self-medication. The lack of proper self-care can increase an individuals risk for burnout (Patrick, 1981).

Other studies have found that a large percentage of psychotherapists, between 79 and 82 percent, had, in fact, reported experiencing psychological distress within the three years prior to the survey (Prochaska & Norcross, 1983; Norcross, Prochaska & Diclemente, 1986). A nationwide survey of 318 psychotherapists found that 74.3% indicated experiencing personal

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distress in the last three years prior to the study. Of those who reported a distressing episode, 36.7% stated that it had lowered the quality of client care, and 4.6% admitted that it resulted in deficient treatment (Guy, Poelstra, & Stark, 1989). The inability to cope with stress effectively can contribute to a decreased energy level, performance failures, and health problems (Long, 1988). Mahoney's (1997) work also revealed that doctoral level psychotherapists reported less overall satisfaction with their sleep than nondoctoral therapists.

Self-care and coping are important ways of addressing, treating, and preventing therapist burnout. Moreover, self-care can replace negative coping strategies, such as substance abuse, psychophysiological illness, escape, avoidance and other maladaptive defense mechanisms often used to battle burnout (Muldary, 1983).

Burnout can even become an ethical issue if it produces symptoms that threaten ethical therapeutic practice (Wityk, 2002). The American Psychological Association code of ethical principles and conduct explicitly states, "psychologists have an obligation to be alert to signs of, and to obtain assistance for, their personal problems at an early stage, in order to prevent significantly impaired performance" (APA, 1992, 1.13.b). Self-care protects the client by reducing risks associated with ethical violations of practice while promoting and modeling personal growth and well being, which can further serve to enhance therapy. Additionally, it provides protection for the therapist from occupational hazards including burnout (Porter, 1995). Although a matter of seemingly equal importance, the issue of the therapists' welfare and well-being seems to be left out of the APA ethical code. It appears that therapists who are trained to care for others frequently overlook their own need for self-care (O'Halloran & Linton, 2000). "Although understandable and explicable on many levels, the paucity of systematic study on psychotherapists' self-care is unsettling" (Norcross & Brown, 2000, p.710).

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There is a heightened awareness towards self-care in constructivist psychotherapies. In *Constructivism in Psychotherapy*, Neimeyer and Mahoney (1991) highlight the psychological demands of being a constructivist therapist, as well as the central priority of self-care for practitioners. Additionally, in constructivist therapies, the therapist is seen as an instrument of inquiry for the client and it therefore logically follows that that instrument needs to be cared for in order for the therapist to give ideal care (Guy, 1987).

Feminist theory, which is based on the deconstruction and reconstruction of broader relational patterns, can be conceptualized as a constructivist theory.   In the past 30 years, feminism and social constructionism have achieved a dovetailing of goals based on their joint challenges of assumed social truths about sex and gender, which stem from an objectivist psychological perspective (Guyer & Rowell, 1997). Feminist therapy has a solid foundation of awareness and guidelines for self-care and coping incorporated into the theory. Self-care is built into the feminist therapy code of ethics, which discusses the importance of preserving self-care in terms of both the personal and professional consequences for the therapist.

> A feminist therapist engages in self-care activities in an ongoing manner outside the work setting. She recognizes her own needs and vulnerabilities as well as the unique stresses inherent in this work. . . . She is also willing to self nurture in appropriate and self-empowering ways. (Feminist Therapy Institute, 2000, IV.E.)

Feminist therapy emphasizes that therapists take proper care of themselves in their personal lives in order to prevent harming clients, but does not neglect the fact that therapist's personal needs are equally important to balance so as to achieve the most positive therapeutic environment. At this point, feminist therapy has proven to be the only theory which explicitly states in its ethical code the importance of self-care for the well-being of the therapist. (Porter, 1995; Faunce, 1990).

This study is largely exploratory as prior studies have not measured the relationship between epistemology, self-care and coping. Therefore, predictions in the present study are conceptually rather than empirically based. This study proposes that epistemic styles may predict or guide particular styles of coping because proponents of each may be predisposed to approach and deal with stress in differing ways; furthermore to cope in the ways that they teach others to cope. For example, an epistemic style that promotes rationalism may predispose a therapist to cope with feelings through logical analysis, rational disputation, or emotional distancing in an effort to minimize the impact of powerful negative emotions experienced in the course of conducting therapy. Constructivist leanings, by comparison, might predispose the therapist towards greater emotional attunement, looking for the "meaning behind the feelings", talking with others to gain perspective on the feelings, or even amplifying the feelings to understand the nature of the messages they may carry regarding relational aspects of the emotion between the client and himself/herself (Mahoney, 1991).

To date there is no empirical evidence that links different epistemic styles to varying levels of self-care or different ways of coping. Therefore, the first aim of this study is to assess whether the strength of epistemic leanings, constructivist or rationalist, will predict the utilization of self-care strategies among psychotherapists. The present study hypothesizes that greater constructivist epistemic leanings will predict the more frequent utilization of a variety of self-care strategies. The second aim of this study is to determine if the strength of epistemic leanings, constructivist or rationalist, predicts qualitatively different ways of coping. The second hypothesis predicts that greater constructivist epistemic leanings will be associated with the coping strategies of positive reframing and seeking social support for emotional reasons. The third hypothesis of this study posits that greater rationalist epistemic leanings will be associated

with the coping strategies of planning, seeking social support for instrumental reasons and rational/cognitive coping.

In conclusion, the importance of using multiple self-care strategies is clear. This study has implications for the training of therapists in all theoretical approaches/orientations. Future directions include the possibility of facilitating greater awareness of and training for self-care and effective coping being built into different theoretical approaches.

CHAPTER 3
MATERIALS AND METHODS

Participants

Participants came from a database with the email addresses of 10,000 psychotherapists from across the United States. Approximately 855 of the emails bounced back, so in total it went out to about 9,115 people. The sample consisted of 151 participants, 85 females and 66 males. The average age was 47, but ranged from 27 to 72. The racial, ethnic breakdown was 93.4% white/Caucasian, 2% black, 2% Multiracial, 1.3% American Indian/ Native American .7% Asian American / Pacific Islander and .7% Hispanic/Latino. The average experience level for this sample was 15 years of practice as a psychotherapist, and the participants reported working with an average of 16 clients weekly. Eighty-four percent of the sample was comprised of doctoral level practitioners with the remainder being masters level therapists. The primary employment setting of this sample was private practice (39.3%), followed by university academic departments (14.7%), University service delivery department (12.7%), Hospitals (10.7%), with the remaining participants spread between mental health care, community center, schools and research settings. The theoretical orientation breakdown was 32% Cognitive Behavioral, 20.4% Integrative, 19% Psychodynamic, 10.9% other, 9.5% Interpersonal, 4.1% Humanistic, 2% Constructivist, 1.4% Existential, and .7% Rational/Emotive.

Measures

Occupational Stress Inventory-Revised (Osipow, 1998). The rational/cognitive coping and self-care subscales of the OSI-R were utilized. Each subscale has 10 items rated on a 5 point Likert-type scale with 1 = rarely or never and 5 = most of the time. The rational/cognitive subscale measures the extent to which the person possesses and uses cognitive skills in the face of work related stresses; only 2 questions were selected from this subscale based on their

relevance. A sample item is "When faced with a problem I use a systematic approach." The self-care subscale measures the extent to which the person engages in activities for health purposes, such as diet, exercise, sleep, meditation and relaxation etc. A sample item is "I exercise regularly." Internal consistency of these subscales are shown with Cronbach alpha coefficients equal to .78 and .73 respectively. Validity of the OSI-R was shown by correlations ranging from .63 to .9 when compared to the OSI, the previous version. Furthermore, the OSI-R was related in predictable ways to data examining the Employee Assistance Program Inventory and the Career Attitudes and Strategies Inventory which confirm its convergent validity. Cronbach alpha's were calculated for this data and found to be .713 for the self-care subscale and .591 for rational/cognitive coping subscale.

Previous-year self-care patterns. This is a 10 item subscale from the measure developed by Mahoney for his (1997) study titled Psychotherapists' Personal Problems and Self-care Patterns. This scale assesses potential self-care activities such as recreation, vacations, hobbies, and personal therapy. A sample item includes questions such as, "in the previous year have you been a client in personal therapy." The Cronbach alpha was calculated from this data and was found to be .701.

The Brief COPE (Carver, 1997). The Brief COPE has 14 subscales with 2 items each, each measuring a different way of coping. Each item is rated on a 4 point Likert-type scale with 0 = I haven't been doing this at all and 3 = I've been doing this a lot. Only the subscales of 1) positive reframing, 2) planning, 3) social support for instrumental reasons and 4)social support for emotional reasons were used in this study. Some sample items are "I've been trying to come up with a strategy about what to do" and "I've been trying to see it in a different light, to make it seem more positive." The Brief COPE has shown internal reliability with alpha scores of the

subscales ranging from .6 to .9. Also, exploratory factor analysis showed a factor structure that was generally consistent with the full COPE, confirming the validity of the scale. From the current data, the following Cronbach alphas were calculated for each way of coping, with social support for emotional reasons netting .856, instrumental reasons .838, positive reframing .760 and planning at .797.

Perceived Stress Scale (Cohen, Kamarck & Merlmestein, 1983). The PSS is a 10 item measure designed to assess the degree to which one's life situations and circumstances are perceived as stressful. Each item is rated on a 5 point Likert-type scale, with 0 = Never and 4 = very often. A sample item is "In the last month, how often have you felt confident about your ability to handle your personal problems." The PSS has shown internal reliability with alpha coefficients ranging from .84 to .86. Validity is shown through its correlates with physical and depressive symptomatology which were measured between .52 and .70, and .65 and .76, respectively**. The Cronbach alpha for the data from this study was .077.**

Therapist Attitude Questionnaire Short-Form (Neimeyer & Morton, 1995). The TAQ-SF is a 16 item measure, with 8 questions measuring rationalist epistemic leanings and 8 questions measuring constructivist epistemic leanings. Each question is measured on a 5 point Likert-type scale with 1 = strongly disagree and 5 = strongly agree**.** A sample item from the rationalist subscale is "psychotherapists should encourage emotional experience, expression, and exploration." A sample item from the constructivist subscale is "it is best for psychotherapists to focus treatment on clients' personal problems and the elimination or control of these problems". The validity of this measure has been shown as it correlates with transcribed adjective descriptions of rationalist and constructivist identification. Reliability of the TAQ-SF has been verified by Cronbach alpha coefficients of .72 for the rationalist scale and .64 for the

constructivist scale. Cronbach alpha coefficients were calculated from the data in this study and found to be .723 for rationalism, and .671 for constructivism.

Procedure

An email was sent out to all psychotherapists in the database soliciting their participation. The email had a hotlink that forwarded participants to a website where they completed the survey. Participants first completed the informed consent. Then, they completed the survey, demographics questionnaire, and finally the debriefing.

CHAPTER 4
RESULTS

A difference score was created to capture the differences in commitment to either

rationalist or constructivist epistemic styles. It was calculated by subtracting rationalist scores

form constructivist scores; therefore a higher positive number reflected a stronger constructivist

commitment and a higher negative number reflected a stronger rationalist commitment. This

difference variable was used as the independent variable in all subsequent analyses.

Exploratory analyses were conducted through a correlation matrix including self-care, each

way of coping, the difference variable, years of experience and perceived stress. Significant

correlations were found between the difference variable and Mahoney's self-care scale (r =

.204), Osipow's self-care scale (r = .239) and social support for emotional reasons (r = .222).

Social support for emotional and instrumental reasons were also highly correlated with each

other (r = .589). Additional relationships are depicted in Table 1.

The first hypothesis that greater constructivist epistemic leanings would predict more

frequent utilization of a variety of self-care strategies was examined using two separate linear

regressions. A Bonferroni adjusted alpha level of .025 was applied to these analyses to protect

from the accumulated familywise error associated with running serial analyses. The first

regression which utilized the difference scores as the predictor and the overall score on

Mahoney's self-care scale as the outcome variable was significant (r^2 = .042, F = 6.458,

p = 0.12). Since the outcome variable had a positive beta weight (b = .202) we know that those

with a higher commitment to constructivism engaged in the more frequent utilization of self-care

strategies. The second regression between the same difference score predictor with the overall

score on Osipow's self-care scale as the outcome variable was also significant (r^2 = .057, F =

9.047, p = .003). Again, the outcome variable had a positive beta weight (b= .240) showing that

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higher constructivist commitments were predicting more frequent use of self-care. All means and standard deviations are given in Table 2.

For the second and third hypotheses regarding coping styles, five linear regressions were performed with the difference variable as the predictor for each and one of various ways of coping as the outcome variables. A Bonferrroni adjusted alpha level of .01 was applied to these analyses. The first regression using social support for instrumental reasons as the outcome variable was not significant ($r^2 = .032$, $F = 4.851$, $p = .029$). The next regression examined positive reframing as the dependent variable and also did not reach significance ($r^2 = .033$, $F = 5.035$, $p = .026$). The third regression looked at planning and was also not significant ($r^2 = .002$, $F = .274$, $p = .601$). And the fourth regression evaluated rational/cognitive coping and also was not significant ($r^2 = .011$, $F = 1.608$, $p = .207$). Finally, the fifth and last regression utilized social support for emotional reasons as the outcome variable and it was significant ($r^2 = .049$, $F = 7.697$, $p = .006$). Social Support for emotional reasons had a positive beta weight thus this finding confirms that those with higher constructivist commitments are more likely to use this as a coping style.

For a post hoc analysis, social support for instrumental reasons was combined with social support for emotional reasons into a total social support variable. A regression was performed on this total social support variable and found to be significant ($r^2 = .049$, $F = 7.676$, $p = .006$) with a positive beta weight, indicating that those with higher constructivist commitments were more likely to engage in overall social support as a coping mechanism.

Table 4-1. Intercorrelations between subscales

Subscale	1	2	3	4	5	6	7	8	9	*10*
1. Difference variable	__	.204	.239	.178	.222	.181	-.043	-.103	.107	.173
2. Self-care (Mahoney)		__	.373	.289	.318	.208	.074	.125	.149	.188
3. Self-care (Osipow)			__	.178	.249	.213	.052	.221	.153	-.026
4. Social support instrumental				__	.589	.412	.459	.175	-.293	.140
5. Social support emotional					__	.399	.225	.181	-.153	.115
6. Positive reframing						__	.401	.209	-.073	.124
7.Planning							__	.377	-.244	.145
8.Rational/cognitive coping								__	-.030	.164
9.Years of experience									__	-.064
10. Perceived stress level										__

Table 4-2. Means and standard deviations for variables

Variable	Mean	Standard deviation
Constructivism	33.93	3.35
Rationalism	21.03	5.15
Self-care (Mahoney)	27.24	6.9
Self-care (Osipow)	32.62	6.82
Social support instrumental	5.6	1.64
Social support emotional	6.53	1.41
Positive reframing	6.25	1.43
Planning	6.38	1.53
Rational/cognitive	8.11	1.52
Years of experience	14.9	10.8
Perceived stress level	16.7	2.74

CHAPTER 5
DISCUSSION

Based on the results of this study, it appears that epistemic styles do seem to translate to self-care strategies, as those with stronger constructivist epistemic leanings report engaging in a more frequent utilization of self-care. These results provide evidence that the fundamental importance given to self-care in constructivist therapies does seem to translate to the perceived behavior of practitioners. These findings have important implications for the avoidance of therapist burnout, a common complaint of practitioners, wherein it appears that those with constructivist epistemic leanings are more likely to practice more frequent self-care, essential to burnout prevention. Burnout is a serious issue for the well-being of both the therapist and client (Wityk, 2002). These findings also have applications for the training of psychotherapists. Specifically, it points to the need for training programs with different theoretical and epistemological orientations to specifically target an awareness of the need to practice self-care to avoid burnout and minimize the effects of stress.

The results with regard to coping style revealed that there was a higher likelihood for those with stronger constructivist epistemic leanings to use social support. Interestingly, it was found that constructivists were more likely than rationalists to use social support for both emotional and instrumental reasons. It was hypothesized that those with higher rational epistemic commitments would be more likely to use social support for instrumental reasons, when in fact the opposite was found to be true. This finding highlights the fact that social support in general may be an important coping mechanism for those who are high in constructivist epistemic commitment.

There are several possible explanations for the lack of other coping style effects. One likely factor involves the fact that the average overall score on the Perceived Stress Scale was relatively low (a mean of 16.8), as the majority of subjects were endorsing responses of "almost

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never" to "sometimes" on questions regarding their level of perceived stress. Consequently, it seems that on average this sample was not experiencing significant stress. In the absence of significant stress, the utilization of coping strategies may not be as critical, and therefore the hypothesized effects of differences would be more difficult to detect, washed out by circumstances where very few in the sample needed to perform coping behaviors. High stress situations might be more likely to require the utilization of coping strategies, and for that reason those contexts might better reflect the differential utilization of different forms of coping as a function of different epistemological orientations.

In order to test this possibility, individuals with the lowest overall stress scores were eliminated, to see if our coping effects would be more robust with those experiencing stress at higher levels. To identify which scores to eliminate, a mean score was calculated along the Perceived Stress Scale (M = 16.8), and all scores below the mean (i.e., 15 or lower) were removed from the analyses. With this change, the regression analysis using positive reframing as the dependent variable became significant (r^2 = .068, F = 7.989, $p < .006$), in addition to the significant effects noted above for Social Support (Instrumental and Emotional). The positive beta weight associated with this finding (b = .053) confirms that among those experiencing higher levels of stress, those with higher constructivist commitments were more likely to use positive reframing as a coping style. This provides some tentative support for the likelihood that the relationship between epistemological commitments and coping styles may become more pronounced under conditions of higher levels of stress. Future work might be directed to replicating and generalizing this effect in relation to more severely stressed psychotherapists.

Notwithstanding these positive effects, it is still the case that stronger rationalist leanings were not associated with distinctive coping styles. Contrary to predictions, level of cognitive

coping and planning, for example, were not predicted by rationalist commitments. A number of interpretations are possible in this regard. First, it is possible that rationalist epistemic styles do not translate to coping styles, regardless of the therapists' overall levels of stress. Past research has shown that epistemology is associated with various therapy-related variables, regarding relationships and interactions within the therapeutic context (Johnson et al., 1988; Lyddon, 1989a; Mahoney & Gabriel, 1987; Neimeyer et al., 1993), but this may not extend to the personal behavior of the therapist. In other words, rationalist epistemic styles may affect the therapeutic relationship and interactions, but may not carry over to the self.

On the other hand, since only five coping styles were explored in this study out of the universe of possible coping styles, it is possible that relationships in the predicted direction may exist for other coping strategies, behaviors or mechanisms that are more clearly tied to features of rationalist epistemology. That is, it is possible that the lack of significant results may just be a function of the subset of specific coping styles chosen for this study. Another possibility is that the particular measures utilized were not sensitive enough to detect differences in coping styles between therapists holding constructivist versus rationalist styles. Or perhaps the scales chosen identified coping styles in a general rather than example specific way, which minimized the likelihood of finding effects. For example, one of the rational/cognitive coping questions was, "when faced with a problem I use a systematic approach," which could clearly be interpreted in many different ways and therefore easily endorsed by therapists from a wide variety of orientations. It is recommended that future researchers in this domain utilize survey questions with much more specific examples, which could help to more accurately capture predicted differences between epistemic styles. Additionally, it is possible that differences may exist along other dimensions, and these questions require further investigation.

In sum, a growing literature has associated, epistemologies with personality characteristics of psychotherapists, how a therapist conceptualizes and practices psychology, as well as the impact of conducting psychotherapy on the therapist (Johnson et al., 1988; Lyddon, 1989a; Mahoney & Gabriel, 1987; Neimeyer et al., 1993). The findings of the current study add to this expanding body of literature on the translation from epistemology to practice. This research represents the beginning of examining how epistemic styles may affect behavioral outcomes like therapist self-care and coping.

It is important to note that the data are correlational in nature and thus preclude direct evidence that constructivist epistemic leanings are specifically causing differential use of self-care. Another important limitation of this study is the use of self-report measures and concomitant lack of any behavioral indicators. That is, how do we know that therapists were actually engaging in the self care behaviors as claimed, or at the frequency reported. Additionally, the methodology involved an online sampling technique and therefore lacked control over the setting in which participants completed the survey. Furthermore, it is likely that the sample may be biased to those who are more computer savvy, or those who have enough free discretionary time to voluntarily participate in a research survey. The latter could very well skew the sample to those who are less stressed (i.e., less busy), as therapists who are very busy are more likely to be more highly stressed and less likely to have the time or energy to participate in a study of this type. This is counterbalanced by the fact that in an online survey, the anonymity may make participants feel more comfortable disclosing personal information (Gosling et. al., 2004).

Furthermore, this study could have benefited from the addition of more measures or indicators of stress level and burnout as well as measures of stress hardiness characteristics (to

parcel out a potential covariate) so that the relationship between self-care, coping and stress could have been better understood.

 In conclusion, within the context and limitations, this study contributes to a growing body of literature on the translation of epistemology to aspects of professional practice. Self-care and burnout are extremely important issues for therapeutic practice and deserve more attention in current research. The hope of this research is to spur both further and more specific investigation into the benefits of self-care practices and their relationship to epistemology.

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