ORIGINAL CONTRIBUTION

Humans First, Professionals Second: Impact of Psychological Distress on Counselling Self-efficacy and Empathy of Trainee Clinical Psychologists

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Abstract— The current study aimed to find the relationship between the Psychological Distress (PD) of trainee clinical psychologists with their Counseling Self-Efficacy (CSE) and how this relationship may impact their empathy. It was hypothesized that (i) There will be a significant relationship between PD with CSE and empathy of trainee clinical psychologists, (ii) There will be a significant impact of the relationship between PD and CSE on the empathy of trainee clinical psychologists. A purposive convenient sampling technique was used to gather a sample of trainee clinical psychologists who have at least 1 month to 36 months of experience in client dealing and who are currently working in the field. A total sample of 103 (M = 25.92, SD = 2.73) was collected, including both males (5.8%) and females (94.2%). Participants of the study were provided an online form consisting of self-reported measures including the Kessler PD Scale (K10), Counselor Activity Self-Efficacy Scales (CASES) (Lent, Hill, & Hoffman, 2003), and Interpersonal Reactivity Index (IRI; Davis, 1980, 1996). Statistical analysis was done using Statistical Package for Social Sciences (SPSS) to interpret and further analyze scores. Pearson product-moment correlation showed a significantly weak positive correlation of PD with CSE (p-value < 0.05) and empathy (p-value < 0.01). Regression Analysis (R^2=0.07) represented the variance caused by PD and CSE on empathy. This research is a base to appreciate the efforts of the clinical psychologists under training as well as a means to encourage them to accept their distress and seek help for it.

Index Terms— Psychological distress, Counseling self-efficacy, Empathy, Trainee clinical psychologists.
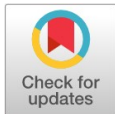
Introduction

PD is a term that is generally used to describe feelings or emotions that are unpleasant and, therefore would harm the functioning level of individuals. Suppose one is exposed to any stressful event in life which posits a threat to physical or mental health. In that case, one's inability to cope effectively with the certain stressor and the resulting turmoil due to ineffective coping are what is described as the outlining features of PD according to the stress-distress continuum for psychologists given by The board of professional affairs advisory committee on colleague assistance at the American Psychological Association (APA) (Advisory Committee on Colleague Assistance, APA Services Inc., 2008). It is a vigorous model explaining how stress can spiral out of control and become distressed if it is not successfully managed.

While extensive research is done on the topic of PD with the general public, data are scarce regarding the PD of mental health service providers, and hence little is known about their mental health. It has been known for decades as well that this is likely to create difficulties

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for psychologists in identifying any personal psychological problems that they may have (Patterson-Hyatt, 2016). This has created a culture that has left the members of this community viewing their mental health problems as a weakness, making them think that they should be more mentally resilient and have the ability to cope with their mental health problems on their own (Tay, 2018). These assumptions and high professional expectations of invulnerability give birth to high expectations for personal efficacy and make psychologists more vulnerable to impairment (Arvidsdotte, 2016).

Even with the given discourse regarding professional expectations, it is suggested that the nature of work in which clinical psychologists are involved predisposes them to certain problems such as compassion fatigue, burnout, vicarious traumatization, and counter transference which takes a heavy toll on their mental health (Bearse, 2013). In addition, trainees in mental health-related fields must manage different tasks of academic training, conducting research, and polishing their clinical skills while engaging in introspection during supervision. There is rich research showing that postgraduate students experience a range of distressing emotions during their training which is enough to impair their functioning and their learning experience as reported by 58% of trainees in the United Kingdom and 70% in the United States. Furthermore, evidence suggests that these experiences of distress during training are strongly correlated with impairment in professional functioning at later stages of their career (Vally, 2019).

The current study aims to explore how the distress of psychologists would lead to impairment by exploring the relationship of PD with two notable and essential variables in psychological counseling and therapy, namely CSE and empathy.

The notion of self-efficacy became prominent through the social cognitive theory given by renowned behavior therapist Albert Bandura (Yıldırım, 2010). The theory emphasizes the self-referent thought process that happens between knowing what one has to do and executing that (Larson, 1998). According to the theory of Bandura, human beings are in charge of their thought processes, motivation, and actions which is what self-efficacy is based on (Bandura, 1986).

The concept of psychological CSE can be described as the judgment and belief of a counselor in their abilities to effectively use their skills to deal with their clients shortly (Daniels & Larson, 2001). According to research done by Curry (2007), effective counseling is based on the counselor's knowledge and skills and their belief in their counseling capabilities. As described in the Social Cognitive Model of Counselor Training (SCMCT), a key factor causing counseling actions to be impactful is CSE (Jaafar, 2011). The SCMCT explains the complex interaction of a counselor's variables (personal agency) affecting performance, e.g., counselor anxiety (Bandura, 1986).

According to Bandura, self-efficacy consists of four sources that interact with each other. These are previous successes, indirect experiences, verbal conviction, and lastly, a person's emotional state in a given situation (Demirel, 2013). By way of explanation, if an individual is in a positive emotional state when beginning to perform an activity, this can enhance their self-perception to perform that task, known as self-efficacy (Ümmet, 2017).

Besides impacting the clinician's performance, CSE has been testified to indirectly impact positive client outcomes. As seen in Larson and Daniels (1998), less anxiety related to counseling performance, more positive self-evaluations, and more positive client outcomes were seen to be linked with CSE. As reported that anxiety is related to decreasing levels of clinician's judgment and performance, it can be established that increasing CSE, which results in decreasing clinical anxiety, is essential for positive client outcomes. Although researches are present on the influences of CSE, seemingly there needs to be more work done to evaluate it (Schiele, 2014). Studies on client outcomes suggest two crucial skills necessary for successful counseling: the ability to maintain an attentive presence in the counseling session and the ability to empathize effectively with the client (Greason, 2009).

It is suggested that counseling skills are influenced by CSE. Since empathy is one of the crucial skills in counseling and therapy, the current study aimed to see if PD and CSE would impact empathy.

As per literature, empathy is defined as a process with multidimensions in which first, there is an affective response (e.g., a gut feeling of anxiety) followed by a cognitive response (e.g., reflective feeling). One also has to let go of any judgment and bias and instead have the ability to walk in another person's shoes to be empathic. To successfully abandon one's feelings of judgment and understand the world of the client, the counselor should be able to endure the difficult feelings of a client and, per se, the difficult feelings that may arise in themselves as well, rather than subsiding them (Thomas, 2013).

A recent meta-analysis on 82 independent samples and 6,138 clients showed that empathy is a moderately stronger predictor of client outcome. According to research, client outcomes are largely determined by the counselor who provides the treatment. However, despite providing a standardized treatment that is guided by a manual, the effectiveness is often greatly varied due to the therapist. As originally formulated by Carl Rogers, accurate empathy is a therapeutic skill that accounts for a substantial percentage of variance in the therapeutic alliance and treatment outcomes (Elliot, Bohart, Watson, & Murphy, 2018).

Adults with low regulation of emotions and coping skills are associated with dispositional personal distress. It may also be linked to professionals' capacity to connect well with those they serve, along with the regularity rate of clinical errors made by practicing professionals and their speed of recognizing those errors. The nature of empathic responding may be influenced by several situational and dispositional variables, including the empathizer's current emotional state and preexisting dispositional arousal and regulatory tendencies, contextual appraisal of the person and circumstances, and the empathizer's relationship with the person observed (Decety & Lamm, 2009).

There has been a limited empirical examination of the effect of empathy on the professional quality of life. Popular belief is that it puts social workers and other helpers at a higher risk of stress and other stress-related disorders (Thomas, 2013). However, some researchers suggest otherwise. Khan et al. (2017), in their research, showed a significantly positive relation between affective empathy and symptoms of anxiety, while Schreiter et al. (2013) reported finding no links between depressive symptoms and empathic concern (Powell, 2018). These inconsistencies show that the relationship between empathy and distress is not linear, thus highlighting the need for the current study.

Building on the links found among the three variables, the proposed theory in this research hypothesizes that there will be a significant relationship between PD with CSE and empathy.

The globally available literature is scarce when it comes to the mental health of those who deal with the mental health of others which is of noticeable concern given the fact that playing the role of a helper in society and dealing with mental health related issues of others makes psychologists more prone to distress. Especially in Pakistan, where the topic of mental health care is relatively new in the limelight, it is expected that the mental health of psychologists is not something that could be affected as any normal person does.

According to research, low mood can cause one to feel incompetent, significantly impacting their work performance. Since empathy is the key skill to be used in counseling and therapeutic sessions, it can be greatly impacted.

Hence, to raise awareness of the distress of psychologists and to bridge the gap between how their distress would lead to impairment, the objective of this study is to examine the impact of PD and CSE on empathy among trainee clinical psychologists.

Literature Review

Psychological Distress

The general population's mental health using surveys of people in public health, or in clinical trials, as well as intervention and epidemiological studies, is measured through the widely used indicator of PD. However, there still needs to be more clarity regarding this concept and the professional impairment that it may cause (Drapeau, 2012).

Even though there is substantial data present related to the epidemiology and symptomology of PD, there is still a lack of research that focuses mainly on the actual living experiences and conditions of people having PD. Hence, the understanding of this largely used indicator of the mental health of populations remains vague nonetheless. Five distinguishing features of people living with PD were identified through a review of the literature on the topic. These include: perceived inability to cope, changes in emotional status, discomfort, communication of discomfort, and harm. A study was conducted in which 179 Quebecians were interviewed. Based on the analysis, it was found that six general idioms perfectly describe the experiences of life with PD. "(1) Demoralization and pessimism towards the future, (2) Anguish and stress, (3) Self-depreciation, (4) Social withdrawal and isolation, (5) Somatization, and (6) Withdrawal into oneself" (Greason, 2009; Hairudinor, Muspiron, Tampubolon & Humaidi, 2017).

In the literature, many researchers have highlighted the need to increase the awareness and understanding of mental illness, PD, and impairment among clinical psychologists in the field to prevent or care for mental health impairment. In their research, Good Khairallah and Mintz recognized that mental health practitioners do not develop immunity to the wide range of biological and psychological illnesses they encounter even after rigorous training, research knowledge, and insight gained through therapy (Ahmad-Ur-Rehman, Haq, Jam, Ali, & Hijazi, 2010; Good, 2009).

There is a requirement of collecting more information about the impairment of psychologists to convince those in the profession of psychology regarding the fact that there is an unmet need to make relevant interventions more accessible. The current available empirical literature on the distress and impairment of mental health professional consists of some problems. These include issues in the methodology and inconsistent or incomparable findings. However, the results are still interesting nonetheless. A review of research shows findings that demonstrate the reason for concern. A study was conducted to measure the psychological health of both therapist and client using four scales of MMPI. Results indicated that the personal adjustment of the therapists is positively related to positive changes in the MMPI in clients (Garfield & Bergin, 1971).

More research has been done to assess the interference caused by personal problems of mental health professionals on their work functioning. Survey-based research conducted on psychologists in practice showed that approximately 60% testified of having practiced therapy when they were "too distressed to be effective" (Pope, Tabachnick, & Keith-Spiegel, 1987). In another study, 36.7% of allegedly distressed professional psychologists revealed that the quality of care that they provide to their clients has decreased due to their distress (Guy, 1987).

A set of resources (self-efficacy, optimism, hope, and resilience) used by a psychologist to help improve job performance and success rate is referred to as Psychological Capital. Exceptional challenges are faced by professionals who deal with children with autism. This leads to an increase in fatigue, stress, PD, and other psychological or physical health complications and, thus a decrease in psychological well-being. A study conducted in Lahore, Pakistan, showed that professionals with a healthy psychological capital had no risk of

poor mental health and were also able to escape burnout. However, those individuals working with children with autism who had poor psychological capital were prone to burnout and experienced problems such as anxiety, depression, and psycho physiological problems. Hence, this study highlighted the psychological problems experienced by mental health professionals working in autism resource centre in Lahore, Pakistan. The importance of psychological capital and the role of mental health in influencing the burnout of professionals is also stressed in this study (Rafaq, 2020).

Counseling Self-Efficacy (CSE)

Albert Bandura (1986), is the pioneer of the term CSE. It is an intercessor between what a person knows about their counseling abilities and, if they will, in reality, be able to bring those beliefs into action in the near future in certain counseling situations (Jaafar, 2011). Because of the significance of counselors' opinions on their counseling abilities and their performance and success, self-efficacy has been a major focus of counseling research and practice. However, there is a scarcity of data on the elements that influence CSE.

The research was conducted to measure the relationship between CSE and the university climate and its components. 109 students enrolled in an undergrad program were selected from three different universities in Malaysia. All of them belonged to counseling education programs and practicum and are currently in the final year of their program. When data was analyzed, it was found that the CSE of students is directly and strongly correlated with the university climate and its components. A significantly high correlation was also present between students' CSE and social support: friends, university environment, university facilities, and supervision. Hence the study concluded that an amalgamation of various factors in the university climate accounts for the development of self-efficacy among students (Bagheri, 2012; Waheed, Kaur, Ain, & Sanni, 2015).

Another study was conducted on the self-efficacy of psychological counselors. It was done to research the structural relationships between CSE, general self-efficacy, and positive-negative emotions. 250 counselors consisting of 194 females and 56 males were randomly selected from six universities. The students belonged to the psychological counseling and guidance departments and were in the senior year of their degree program. Statistical analysis of the data showed that positive affect had the most influence in determining the level of CSE in psychological counselors. This was also found to be the most significant variable affecting general self-efficacy. Moreover, the study also reported that general self-efficacy played a statistically significant mediating role between positive affect and CSE (Ümmet, 2017).

One research to determine the influence of dispositional mindfulness and personal distress on CSE was conducted on 162 counseling students, including 140 female and 14 male students. The students were targeted from multiple races and ethnicity residing in the United States. More specifically, all students were currently enrolled in a CACREP-accredited counseling program at the master's level. Results of this research reported that significant variance was seen in CSE caused by dispositional mindfulness and personal distress. This shows that how a person is feeling due to their difficulties and anxieties in life has a great influence on how much they believe in their counseling abilities (Gutierrez, 2018).

Larson conducted a study that significantly predicted a positive relationship between the performance of the counselor and CSE along with anxiety. This has only been one study of the kind to predict a positive relationship. All other research done in this area has predicted a negative relationship between the two variables. It was explained that the positive relationship could be because the people with higher CSE might be viewing their anxiety as something challenging and use it to create self-aiding thoughts related to counseling and supervision, and set realistic and moderately stimulating goals for themselves (Larson, 1998).

Empathy

The nature of empathy along with the notion that whether or not the ability to share and comprehend other people's emotions distinguishes humans from other creatures has been long debated by philosophers and social and developmental psychologists.

Empathy can lead to an experience of pity and sympathy (perception, understanding, and reaction to the distress or need of another life form) if and when there is a violation of boundaries between the self and the other. It can even lead to personal distress (a negative, self-centered emotional reaction to anticipation or awareness of another's emotional state or condition, such as anxiety, concern, or discomfort). Knowledge of empathic conduct is necessary for developing an understanding of human social and moral growth. A broad range of psychotherapeutic approaches also emphasizes the prominence of empathy in the clinic as a critical component of treatment (Decety & Lamm, 2009).

As a result of their work overload, medical residents face both personal and professional distress. The distress that they experience affects the level of empathy they show to their patients. Research was done to explore the potential mediating effect of Psychological Capital on the relationship between distress and empathy and how it may be of help to healthcare professionals to inhibit their empathy level to decrease because of distress. A survey was completed by a total of 537 residents and the initial analysis revealed that as the residents got more and more distressed, the level of their empathy significantly decreased (Jin, 2020).

A research was conducted in which a new meta-analysis was done to study the relationship between the different empathy measures and the outcome of psychotherapy from three different points of view, namely that of the counselor, the client, and the silent observer, along with the variables that most likely intervene this relationship. The client and the observer having an impression that the therapist can understand the internal experiences of the client are greatly related to the outcome of therapy (Greenberg, 2001). This leads to showing how important it is that therapists make attempts to understand their clients and that this understanding should be displayed regularly through responses that satisfy the client's needs, as seen by the client.

Another study was done to examine the relationship between the mood of the therapist before the session and the session evaluations by the clients with intellectual empathy (the accuracy of the counselor in perceiving client emotions) and empathic emotion (similarity of emotions between therapist and client). The result of a survey done on fifty-eight therapist-client pairs before and after a mid-treatment counseling session indicated that the counselor's positive mood before the session was negatively related to empathic emotion while a positive relation was seen between the counselor's pre-session anxiety and intellectual empathy (Duon, 2012).

Two experiments were conducted to investigate whether having previously experienced a need would increase empathy for a person who is currently experiencing that need. In one experiment, women who had no prior experience with shocks but were prepared to receive them reported more empathy as compared to men after observing a same-sex peer receive mild yet uncomfortable shocks. In another experiment, participants read a transcript of an upsetting life experience by a same-sex adolescent. Women who had experienced something similar in adolescence reported more empathy compared to women who had not, while no difference was seen in the empathy among men. Empathy was increased with prior experience of the need among women but not men (Batson, 1996).

Methodology

This research is based on a Quantitative Correlational Design using a survey method to collect data. The predictor variable is PD and the criterion variables are CSE and empathy. A sample of 103 clinical psychologists under training who were currently working in the field and had working experience ranging from 1 month to 36 months, were gathered through a purposive convenient sampling technique.

Measures

K10

The K10 was developed in 1992 and named after its author Ronald C. Kessler from Harvard University. The K10 is a 10-item self-administered brief screening questionnaire designed to yield a general distress score based on questions regarding symptoms of anxiety and depression that may be experienced in the past 4 weeks (Kessler, 2002). It is an extensively used yet simple instrument with five-point Likert scale responses ranging from one 'none of the time' to five 'all of the time'. The scores are then calculated with 10 being the minimum score and 50 being the maximum an individual can score. Low scores on the test score spectrum indicate low levels of PD while high scores on the test indicate high levels of PD. Cronbach's alpha for internal consistency for the K10 scale was originally reported to be 0.91 (Kessler, 2003). It is included in all the national surveys by the World Health Organization's World Mental Health (Furukawa, 2003) and is included in the current study to measure the distress of the participants.

Cases

CASES developed by Lent, Hill, and Hoffman, evaluate the self-efficacy of counselors in three general areas into which the test is divided (Lent, 2003). The three subscales in total contain 41 items, the score of which indicates the overall CSE. The participants attempt the questionnaire based on how confident they feel in their abilities to perform various tasks with most clients in the coming week. Each item is responded to a 10-point Likert scale ranging from 0 (no confidence at all) to 9 (complete confidence). The first part of the scale is to test the perceived ability to execute relatively structured general helping skills and this part is called Helping Skills Self-efficacy. It consists of 15 helping skill items. The second part which is called Session Management Self-efficacy assesses the counselor's efficacy to handle a more consolidative yet timely counseling session process. It consists of 10 items about perceived capabilities to effectively manage the counseling sessions. The last part of the test evaluates the efficacy to cope with relatively advanced and challenging counseling situations and is called Counseling Challenges Self-efficacy. This subscale consists of 16 items (Pamukcu, 2011). Psychometric properties of CASES show reliability scores for each subscale ranging from 0.79 for Exploration Skills to 0.94 for Session Management and Client Distress subscales. An estimate of a .97 reliability index was reported for overall counseling self-efficacy. The total score of the test was measured and worked within the current study, the reliability of which was found to be .96 for overall counseling self-efficacy.

Interpersonal Reactivity Index (IRI)

The interpersonal reactivity index shortly known as IRI is a widely researched and comprehensive multidimensional tool of empathy designed to assess it in social situations (Cliffordson, 2002). It is a self-report measure consisting of 28 items which are divided into four subscales. The item responses range from 1 (does not describe me) to 5 (describes me well). Different aspects of empathy are catered to by four different subscales which are Perspective Taking, Empathic Concern, Fantasy, and Personal Distress. For 2 months, the ranges for test-retest reliability were from .62 to .71; while the internal consistency reliabilities range of the mentioned four subscales, according to what researchers have found, are from .70 to .82. The most advanced levels of empathy can be measured through the subscales of Perspective Taking and Empathic Concern. Cognitive empathy is measured through Perspective Taking and affective empathy is measured through Empathic Concern. As the most representative of multidimensional empathy can be achieved through Perspective Taking and Empathic Concern, these two subscales were used in the current study to get a total score of empathy. The combined items of these two subscales represent 14 of the total 28 items. The compound calculation of reliability for the IRI total score in this study sample was .96 (Davis, 1980).

Procedure

This study was led as per the ethical codes of conducting research given by the APA. Firstly, before officially using the scales permission was taken from the authors of the scales respectively. All participants were provided with a consent form before the actual survey. This was to ensure the confidentiality of the information that was shared in the demographic form. An online survey using Google forms was then formed containing the Informed Consent form, demographic information form, K10, CASES, and IRI. The online form was sent to the relevant participants through various social media groups specifically for the target population. After receiving consent, the survey would then move forward to asking for their demographic information followed by questions from the research scales. Lastly, Statistical Analysis was performed through the SPSS 20th version.

Results

To analyze the data gathered and substantiate the research hypotheses, quantitative analysis was performed using the SPSS 20th version. To test the relationship among variables, Pearson product-moment correlation was performed to get the predictive analysis. The results of the performed statistical analysis support the hypotheses that were formed as there is a significant relationship between PD, CSE, and empathy. Moreover, to discover the impact of PD and CSE on empathy, the data gathered was assessed through linear regression analysis and the results were in line with the established hypothesis that there is a significant impact of PD and CSE on empathy.

Table I
Correlations among PD, CSE, and empathy in trainee psychologists (N=103)

Variables	PD	CSE	Empathy
PD		0.41**	0.16*
CSE			0.26**
Empathy			

Note: **$p<0.01$, **$p<0.05$

To check the impact of the variables on one another, first, the nature of their relationship must be found for which pearson product-moment correlation was applied to the data. The above-mentioned Table I is a representation of the relationship among the variables under study. The Table denotes a significant weak positive relationship between PD with both CSE and empathy. Furthermore, a significantly weak positive relationship is also seen between CSE and empathy.

Table II
Multiple linear regression showing predicting role of PD and CSE on empathy

	B	Sig	R	R^2	ΔR^2	95% CI	
						LL	UL
PD	0.06	0.51	0.27	0.07	0.07	-0.13	0.25
CSE	0.23	0.02				0.004	0.06

Note: PD = PD, CSE = CSE, β = standardized regression coefficient $R^2 = R$ square, $\Delta R^2 = R^2$ change, CI = confidence interval, LL = lower limit, UL = upper limit

The above Table II shows the multiple linear regression. It was conducted to find out the impact that PD and CSE would have on empathy. The results revealed that only 7% variance is caused by PD in the presence of CSE on empathy. This could be linked to the weak correlation that was seen among variables in the previous table. As PD has a significantly weak correlation with CSE and empathy, it also did not create a significant change in the empathy of trainee clinical psychologists.

Discussion

This research aims to find out the relationship between PD with CSE and empathy, and how might PD and CSE impact the empathy of trainee clinical psychologists. Two hypotheses were put under the test for this objective.

Firstly, it was hypothesized that PD would have a significant relationship with CSE and empathy. The findings suggest that the relationship between PD with these two variables exists which verifies the hypothesis, even though the relationship is a significantly weak positive one. This means that whenever the distress of a psychologist increases their CSE would increase and so will their empathy but to a minimal degree. The second hypothesis was made to see the impact of PD on empathy in the presence of CSE. The resulting value indicated that the combined impact of PD and CSE on empathy is limited to only 7%.

Even so, the positive relationship between the variables is contradictory to the previous literature. One of the plausible reasons for it could be the need to create a positive impression by denying the effects of distress, or another reason could be the possibility of not realizing the effects of distress on professional life due to the high expectations or the stigma of psychologists experiencing distress. These could be acting as confounding variables in this study.

A web survey was conducted anonymously on 678 UK-based clinical psychologists to assess the commonness of mental health problems among them, the self, external, and perceived stigma along with stigma-related concerns when it comes to self-disclosure and seeking help. The results revealed that almost two-thirds of participants had personally experienced mental health problems and their perceived stigma was higher than actual external and self-stigma. Their shame and concerns about negative consequences for self and career acted as barriers and prevented them from speaking about their problems or seeking help for them (Tay, 2018).

The stigma could be a possible reason for hiding their distress also because of fear of being perceived as incompetent or violation of confidentiality as in the case of psychologists, both the helper and the one being helped, or in the case of this research both the researcher and the participant, belong from the same professional community. A study was conducted to review evidence regarding the prevalence and choices of disclosure of PD by mental health professionals within the workplace. According to this research, three studies focusing on the hypothetical disclosure of mental health problems reported that mental health professionals would be more likely to disclose mental health related problems within their social circles as compared to their work circles, and one study focusing on actual disclosure of mental health problems revealed that mental health professionals reported greater negative experiences relating to disclosing their problems to their employers, than to their friends or family members (Zamir, 2022).

An online survey was conducted in Australia on a sample of 98 mental health professionals and clinicians in training to assess their help-seeking intentions and past behavior, problems in accessing care for their mental health, and concerns regarding opening up about their mental health problems. While 89% of the total participants claimed that they would seek help if they were dealing with distress, 57% admitted that in the past there had been a time when they were distressed and seeking help would have benefited them but they did not do so. According to them, the barriers faced by them to seeking help included wanting to deal with the problem themselves, fear about their colleagues finding out, and potential consequences related to the mandatory report requirement by the Australian Health Practitioner Regulation Agency (AHPRA), whereby it is the need of the agency to be aware of any practitioner is experiencing a mental health problem that may cause a negative impact on their practice (Edwards, 2017). Due to the reasons stated there is a chance of the participants not being truthful in answering the questions regarding their CSE and empathy to portray themselves positively.

Since most psychologists are natural empaths then it is also possible that instead of focusing on their problems, they become more understanding towards those of others as what makes you suffer is also what makes you more empathetic.

A survey was conducted on about 1,000 psychologists to assess the notion that psychologists tend to be in disbelief about the impact of their diagnosable emotional problems on their practices. The answers to the survey revealed that the emotional issues of psychologists gave them more empathy for their clients. Yet they felt a decrease in their energies and were unable to concentrate on their relationships with their clients. There was also an increased feeling of isolation from their colleagues (Gilroy, 2002).

Another study was conducted with mental health practitioners who identify as having a mental illness to explore their experiences living with it including perceived prejudice and discrimination in the workplace, revealing versus concealing one's mental illness on the job, and how having a mental illness impacts one's identity as a professional. The results of the study highlight that regardless of whether the therapists did any kind of self-disclosure with the clients, most of them put emphasis on the fact that having a first-hand experience with a mental illness increased their capacity of empathy and helped them empathize more with their clients, even though at times, they reported, empathy could be a trigger for their symptoms (Elliot & Ragsdale, 2020).

The reason for a positive relationship between distress with empathy could be a cultural thing as well given that Pakistan is a faith-based culture and the people here are generally devoted to helping others, they likely become more empathetic when personally experiencing distress. A study was conducted to examine the relationship between the attitudes of Pakistani muslims with standardized measures of religious orientation and with self-reported empathy. Results indicated that emotional empathy correlated positively with perspective-taking and personal distress (Khan, 2005).

Another study was done to investigate the role of empathy and learned optimism in distress tolerance among female medical practitioners. The results of this study showed that empathy and learned optimism positively predict distress tolerance. In addition to that, the female practitioners who were assigned to work in the psychiatric ward displayed higher levels of distress tolerance compared to those assigned to work in the surgical and emergency wards (Sajid, 2020).

Overall, the results of the current study are contradictory to the available literature. Due to a lack of recent research regarding the distress of psychologists and a scarcity of data in the Pakistani context more investigation in this area is required especially in the Pakistani culture to account for its effects.

Conclusion

This study was conducted to raise awareness regarding the PD of psychologists and to see how it may impact their client dealing. This was done by first analyzing the relationship of the variables and then PD and CSE were combined to check their impact on empathy. Unlike what most literature suggests, the results of this study indicated a weak positive relationship between variables suggesting that in the presence of PD, psychologists tend to put in extra effort and push themselves in the therapy room, rather than letting their morale down or showing a lack of empathy. This could be a cultural thing as being a collectivist and faith-based culture, the people of Pakistan whenever in the dilemma of 'us or them', usually tend to give importance to others over themselves and hence sideline their problems to be there for others and try best to not lack in it. However, this could also be an indication of creating a positive impression considering that as psychologists we do not like to see ourselves as those who require help, but rather as the best helpers and healers despite going through PD ourselves. Nevertheless, the literature indicates that continuous practice of it without dealing with one's distress is likely to lead to compassion fatigue and burnout.

Since distress is seemingly a motivator, especially for psychologists, this study is an appreciation for all those psychologists who put in extra effort to meet the needs of their clients. Conversely, since such practice may lead to compassion fatigue and burnout in the long run, therefore, it is crucial to understand the day-to-day struggles that these warriors deal with all alone as the literature suggests that psychologists tend to not open up about their problems either due to professional shame or judgment by their colleagues. Henceforward, this research can be used as a base to debunk the myth of psychologists being immune to distress and create awareness of the fact that they are in actuality more prone to it given the demands of their profession yet continue to serve by putting in more effort. They should be encouraged to seek help and speak about their problems without the fear of judgment to avoid a great number of competitive therapists being prey to compassion fatigue or burnout.

Due to the data of this study being collected during the pandemic, it was difficult to reach a maximum number of people, therefore, the sample size is relatively small. The sample is also not an equal representation of gender nor diverse in terms of training and skill development as it is only based on trainee clinical psychologists belonging to Karachi. In the future, a large sample may be gathered to increase the generalizability of the study, equal data of all genders may be collected to see the impact that it may have, and the research could also be extended geographically including trainee clinical psychologists from different cities and regions of Pakistan for comparative analysis. Moreover, the factor of showing immunity to the effects of distress as a psychologist and creating a positive impression could be possible. Future researchers should take this confounding variable into account to minimize its effects and effectively replicate the study, as well as include supervisor support as a moderator variable to further extend the research.

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