

# Stress and the Forensic Psychiatrist: A Pilot Study

Larry H. Strasburger, MD, Patrice Marie Miller, EdD,  
Michael Lamport Commons, PhD, Thomas G. Gutheil, MD, and Juan LaLlave, MA

What are the sources of perceived occupational stress, and how troublesome are they to forensic psychiatrists? To examine these questions 1,800 90-item questionnaires were sent to the membership of AAPL. The questions explored what experiences forensic psychiatrists found most stressful and the degree of stress experienced. Three hundred seventy-two questionnaires were returned. On average, individuals rated the stress in their overall forensic practices as relatively low. Certain situations, however, were found to be highly stressful. Five of the most stressful aspects of forensic practice in this sample were: (1) fear of not being able to defend an opinion during cross-examination (63%); (2) fear of the prospect of disclosure of one's own content-related personal history (53%); (3) working with short deadlines (49%); (4) testifying while physically ill (43%); (5) stress from a retaining attorney's attempts to coerce an opinion (43%). An awareness of these matters may give guidance to people who are considering becoming forensic psychiatrists and may facilitate the management of stress.

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Studies report that occupational stress is on the rise.<sup>1</sup> The problem is a significant one, affecting productivity, as well as mental health. Stress is intensified by the number of choices individuals must make, and by diminishing family, social, and occupational relationships that might typically furnish a platform of support. Beyond the general aspects of modern life that might be stressful lie indications that certain occupations, or certain activities within occupations, are more stressful than others. To our knowledge, no empirical studies have been concerned with stress

experienced by forensic psychiatrists. In this study, we focused on stress experienced by forensic psychiatrists, asking what are the sources of occupational stress in forensic psychiatry, and how troublesome are these stressors?

Psychiatrists, despite their involvement in improving the mental health of others, are not immune to stress and burnout. Swearingen<sup>2</sup> concludes that although "Precise data on impaired psychiatrists is lacking. . .the evidence suggests significant prevalence due to mental illness, substance abuse and personality disorder" (Ref. 2, p 10). Impairment has been found in both junior (less experienced) and senior (more experienced) psychiatrists, although junior psychiatrists were found to use more positive coping strategies.<sup>3</sup> Perhaps the aging person's coping strategies narrow, and habits become less effective. This same study also found gender differences in the likelihood of experiencing stress, with female psychiatrists being more likely to report being stressed. Other studies have found increasing evidence that "mental health professionals by the nature of their work are particularly vulnerable to stress with all of its detrimental effects on service delivery and quality of care."<sup>4</sup>

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Dr. Strasburger is Assistant Clinical Professor of Psychiatry, Harvard Medical School and McLean Hospital, Belmont, MA. Dr. Miller is Associate Professor of Psychology, Salem State College, Salem, MA, and Research Associate, Program in Psychiatry and the Law, Massachusetts Mental Health Center, Boston, MA. Dr. Commons is Assistant Clinical Professor of Psychiatry, Harvard Medical School, Boston, MA. Dr. Gutheil is Professor of Psychiatry, Harvard Medical School, Boston, MA, and Codirector, Program in Psychiatry and the Law, Massachusetts Mental Health Center, Boston, MA. Mr. LaLlave is Research Associate, Program in Psychiatry and the Law, Massachusetts Mental Health Center, Boston, MA. This article was adapted from the Presidential Address delivered at the Annual Meeting of the American Academy of Psychiatry and the Law, Newport Beach, CA, October 24, 2002. Address correspondence to: Larry Strasburger, MD, Assistant Clinical Professor of Psychiatry, Harvard Medical School/McLean Hospital, 527 Concord Avenue, Belmont, MA 02478. E-mail: larry.strasburger@strasburger-md.com

## Stresses on Forensic Psychiatrists

On the basis of anecdotal evidence, personal experience, and common sense, it seems that forensic psychiatry and, in particular, expert witness work could be stressful. Any of the following events could create stress for forensic psychiatrists: (1) public disrespect (stigma) for psychiatry in general and forensic psychiatry in particular; (2) lack of public understanding of the role of forensic psychiatrists, stereotyping them as “getting off” people with mental state defenses; (3) involvement in life and death decisions; (4) travel, without the support of home and office, to examine evaluatees; (5) the intense public scrutiny of the forensic psychiatrist’s thinking; (6) the sometimes violent or sociopathic nature of the clientele; (7) personal and professional attack in the courtroom; (8) the court’s ambivalence toward testimony, with a need for and a rejection of testimony; (9) time pressure on decision-making; (10) the polarizing nature of the adversarial legal system; (11) the fear of reprisal; (12) the absence and/or limited control over process and outcome; and (13) the inability to control scheduling. Finally, forensic decisions by forensic psychiatrists are frequently made in isolation with no collegial support. A legitimate inquiry might be why so few succumb to stress. A review of the literature, however, reveals that nothing has been written about stress and the forensic psychiatrist. It was the goal of this study, therefore, to explore the extent to which stress is experienced in forensic work and what particular aspects within it provide that stress.

## Study Method

### Research Participants and Limitations of the Study

After review and approval by the Human Studies Committee of the Massachusetts Mental Health Center, questionnaires were mailed to 1,800 members of the American Academy of Psychiatry and the Law (AAPL). An additional 48 questionnaires were collected at an AAPL workshop and from members of the Program in Psychiatry and the Law at Massachusetts Mental Health Center. There was a potential overlap in these latter parts of the sample. Although unlikely, as many as 18 subjects could have completed the questionnaire twice.

Of the total of 1,848 questionnaires distributed, 372 were returned, a 20.1 percent return rate. Our return rate does not insure that the sample was rep-

resentative of all forensic psychiatrists, including those who responded as well as those who did not. The 18 percent rate and our scanting extensive demographic data and professional practice information preclude wide-ranging conclusions. Thus, this investigation necessarily represents a pilot study.<sup>5,6</sup>

Of the respondents, 97.2 percent ( $n = 338$ ) were psychiatrists and 2.8 percent ( $n = 10$ ) were not. Of the psychiatrists, 88.9 percent were board certified in general psychiatry (7.6% or 28 did not respond), and 62.9 percent were certified specifically in forensics (14.4% or 53 did not respond). Sixty-nine percent of the respondents ( $n = 255$ ) were men, and 24.4 percent ( $n = 90$ ) were women (27 did not volunteer their gender). The respondents’ gender significantly correlated with years of forensic practice:  $345 = .197, p < .017$ . Older individuals were more likely to be men. The sample had been practicing forensic psychiatry on average for 14.9 (SD = 10.04) years and estimated working on a mean of 82.5 (SD = 208.9) cases per year, with a median of 30 cases per year. The difference between the mean and the median indicates the likelihood that subjects had very different practices, some working in hospitals or prisons where they perform large numbers of brief evaluations, others involved in extensive preparation for work as expert witnesses. The supplied examples sketch a vivid spectrum of experiences reflecting perceived stress. Finally, no data are available on the differences between responders and nonresponders.

## Materials

We assessed the degree of stress that forensic psychiatrists were subject to by developing a questionnaire that was specific to the experiences of forensic psychiatrists, drawing on actual and expected stressful situations. The questionnaire consisted of 90 questions about stressful experiences and 17 questions about the respondent’s background. The questions were derived from interviews with forensic psychiatrists regarding stress and on suggestions from members of the Program in Psychiatry and the Law. Individuals were asked to rate their experiences from one (not at all stressful) to six (extremely stressful). In a few cases, the questions were phrased a bit differently. Participants were asked “the extent to which” they found certain experiences stressful. Again, one meant not at all, and six meant extremely stressful.

**Procedure**

The questionnaires were mailed (January 2002) directly to individuals who were on the AAPL mailing list. In addition to the questionnaire, a covering letter explaining the purpose of the study, and an unstamped return envelope addressed to the Program in Psychiatry and the Law were enclosed. No particular inducement to participate was offered, other than the possible utility of gaining knowledge about stresses experienced by forensic psychiatrists.

**Results**

The results will be presented in three parts. The first part summarizes the results of a factor analysis that was calculated from the data. The second part presents mean ratings on items related to stressful situations. To highlight which situations were most stressful, we report percentages of the sample that recorded high to extreme stress. Finally, there is an inquiry into some of the factors that influenced how much stress various individuals in the sample experienced.

**Table 1** Questions About Stress

Question	Mean Rating	SD	t	p	Factor Loading
Over prospect of not being able to defend own opinions during cross-examination	4.69	1.17	19.02	<.0001	.565
At prospect of revelation of own content-related history during trial	4.35	1.38	11.06	<.0001	.558
From working on very short deadlines	4.33	1.24	12.69	<.0001	.666
From giving testimony in cases of gross miscarriage of justice	4.23	1.35	9.90	<.0001	.625
Due to doubts about own opinion in a case	4.18	1.14	11.12	<.0001	.562
From being cross-examined by opposing attorney	4.15	1.25	9.80	<.0001	.718
From testifying while physically ill	4.14	1.26	9.38	<.0001	.501
From retaining attorney's lack of preparedness	4.13	1.14	10.44	<.0001	.605
From retaining attorney's attempts at coercing an opinion	4.06	1.35	7.75	<.0001	.661
From working on very high profile cases	3.92	1.39	5.71	<.0001	.732
From talking to members of the news media in high profile cases	3.89	1.43	4.92	<.0001	.613
From talking with a litigious examinee	3.68	1.23	2.81	<.005	.676
Upon realizing one's personal history resonates with a case	3.60	1.31	1.42	=.158	.618
From opposing attorney's attempts at coercing an opinion	3.58	1.48	1.06	=.292	.639
From cases that raise moral issues	3.36	1.35	-1.89	=.059	.664
Extent to which has experienced anxiety in connection with forensic practice	3.36	1.23	-2.11	.036	.569
During trial preparation	3.32	1.29	-2.69	=.008	.751
During direct testimony	3.32	1.32	-2.60	=.010	.669
During long, drawn-out cases	3.13	1.32	-6.07	<.0001	.584
During deposition preparation	3.09	1.26	-5.95	<.0001	.710
From negotiating with attorneys AFTER performing evaluation	3.04	1.44	-7.79	<.0001	.620
Long distance, multi-day cases	3.03	1.46	-5.90	<.0001	.564
From talking with a severely traumatized plaintiff	2.95	1.33	-7.79	<.0001	.649
Upon being interrogated by trial judge	2.94	1.37	-7.74	<.0001	.669
While talking to a criminal defendant in a horrible crime	2.89	1.36	-8.44	<.0001	.616
During report preparation	2.85	1.21	-10.27	<.0001	.627
In usual forensic practice	2.65	1.08	-14.91	<.0001	.697
Under demand for innovative decision-making	2.65	1.18	-13.69	<.0001	.528
From negotiating with attorneys before performing evaluation	2.50	1.27	-14.91	<.0001	.657
In usual clinical practice	2.45	1.14	-17.64	<.0001	.509
From talking to a criminal defendant	2.44	1.20	-16.65	<.0001	.629
From talking to a traumatized plaintiff	2.40	1.16	-17.73	<.0001	.644
During other side's testimony	2.30	1.12	-19.86	<.0001	.620
From talking with a disabled plaintiff	2.13	1.08	-23.93	<.0001	.623
From talking with a civil defendant	2.04	0.94	-28.97	<.0001	.625
From engaging in casual discussions or unplanned encounters with other side during court breaks	1.79	0.43	-12.45	<.0001	.598
While testifying in defense of someone accused of a horrible crime	1.70	0.46	-2.14	=.03	.65

Questions are listed in order from highest to lowest mean rating, along with factor loading, if any. Questions were phrased: "Level or degree of stress experienced. . . ." unless otherwise indicated.

### Summary of Factor Analysis

Within the limits of this small sample, the authors identified an anxiety factor, a somatization factor, and a desensitization factor, all three accounting for 37.5 percent of the variance. These items are shown in Table 1 and will be discussed further below. All data are expressed as the mean (standard deviation).

### Mean Ratings on Items

How stressful did subjects find the experiences they were asked about? How much did they somatize? Are there indications that some clinicians might have become desensitized?

One way to answer these questions is to examine the average ratings that the participants gave to each of the variety of experiences described in the questionnaire. In this analysis, the average rating on each question was compared with the midpoint of the rating scale (3.5). On a scale of one to six, the midpoint would indicate moderate stress. Eleven questions were found to be rated as significantly higher than the midpoint. This meant that individuals in this limited sample experienced significantly more than a moderate amount of stress in these situations.

The highest rated item on the questionnaire was the amount of stress participants judged would impair their performance (mean (M) = 5.37, SD = 0.82,  $t(345) = 42.26$ ,  $p < .0001$ ). In other words, only stress that was close to the most extreme level<sup>6</sup> was considered to be an impairment. This impairment level will be used as a reference point throughout the remainder of the discussion of mean ratings.

By contrast, participants rated stress experienced within their usual clinical practice at a mean level of 2.45 (SD = 1.13;  $t(358) = -17.638$ ,  $p < .000$ ), and stress experienced in their usual forensic practice at a mean level of 2.65 (SD = 1.08;  $t(360) = -14.908$ ,  $p < .000$ ). Both of these were significantly lower than the moderate stress level of 3.5. In fact and of importance, 64 percent of respondents reported enjoying the challenge of their clinical practice either "very highly" or "completely" (M = 4.68, SD = 0.97;  $t(359) = 23.0$ ,  $p < .0001$ ) with even more (78%) reporting that they enjoyed the challenge of their forensic practice (M = 4.99, SD = 0.84;  $t(360) = 33.85$ ,  $p < .0001$ ).

### What Situations Are Stressful for Forensic Psychiatrists?

Based on relatively low stress ratings, the participants in this limited study appear to have been a psychologically hardy group. It cannot be concluded, however, that forensic practice is not stressful. Although 49.3 percent of respondents reported little to no stress as forensic psychiatrists, the remaining 49.6 percent reported at least moderate amounts of stress. The 0.1 percent of individuals who did not answer this question accounts for the remainder.

A group of specific situations was considered more than moderately stressful—that is, they carried a mean rating that was significantly higher than 3.5, although none of them produced a level of stress that was considered an impairment (5.7). (Because of the large number of  $t$  tests that were calculated, probabilities were corrected using the Bonferroni procedure of multiplying the obtained probability (for those comparisons reported as significant, that was a value of at most  $p < .0005$ ) by the number of comparisons (62), resulting in the reported  $p = .031$ .) These are the first 11 items listed in Table 1 (in descending order of their mean ratings). All also loaded on Factor 1. In general, these responses reflect a concern about adequacy of performance in certain forensic activities.

#### Stressful Aspects of Testifying

A number of the questionnaire items specifically dealt with being on the witness stand and testifying under various difficult situations. These items throw the problem of being unable to cope into high relief. For example, the item that was rated as the most stressful was being unable to defend opinions during cross-examination. The average rating on this item was more than 1.5 points above a moderate stress level. In percentage terms, 58 percent of the respondents found this situation to be highly to extremely stressful.

Next, the degree of stress at the prospect of revelation of some aspect of one's personal history was also high, although in this case only 28 percent of individuals found this to be highly to extremely stressful. Individuals were highly stressed when they had doubts about their opinions in a particular case (41% considered this to be highly or extremely stressful), when they were being cross-examined (44%), when they had to testify while physically ill (39%), or when they were confronted with the prospect that

their own attorney was unprepared (39%). Testifying in a case in which the forensic psychiatrist feels that there is a “gross miscarriage of justice” was also highly stressful (43.%).

Room was allowed at the end of the questionnaire for respondents to report on specific experiences. Despite the length of the questionnaire, many (319 individuals) jotted something down. Here is some of what they said about the situations we have mentioned. Statements are direct quotations. Numbers are those assigned sequentially to respondents to maintain their anonymity.

**A. The stresses of cross-examination:**

81: Cross-examination in a case I was highly prepared for—in a Family Court setting—but Judge allowed an absurd degree of (almost abusive) behavior by the opposing attorney, despite objection by (my) attorney.

74: Having a former professional partner sitting with opposing counsel, writing questions for him to use in cross examination—needless to say, they were framed in a very challenging and antagonistic way. It was a double whammy.

51: During a guardianship hearing, the opposing counsel started to ask me about a pending malpractice claim against me involving an unrelated matter. Great tactic. I can laugh about it now but at the time it really threw me off.

**B. The prospect of revealing one’s personal history:**

143: Offering opinions in a sexual harassment case knowing that I have been previously sued for sexual harassment. (My case settled prior to depositions.)

52: Being asked in deposition if I had a social relationship with the Senior Partner of the firm I was retained by. I did have a close friendship with him and his wife, yet I know that it didn’t affect my opinion.

**C. Unprepared attorneys:**

48: Testifying in a contested insanity defense where the issue was a complicated legal one and the attorney was ill prepared even for direct.

89: Finding out on cross that my attorney had not given me old records to review that the cross-examining attorney made long and damaging use of.

328: When discovering on the stand that a defense attorney withheld info the D.A. had that would alter the opinion of supporting an NGRI [not guilty by reason of insanity] defense.

**D. Doubts about one’s own opinion(s):**

71: During deposition medical records appear on cross that you had never seen before, that contradict your opinion.

139: Improper preparation, feeling I don’t have enough experience to understand consequences or implications—What stresses me the most is not knowing—and not knowing if I “should” know.

**E. Testifying while ill:**

81: I testified hours after passing kidney stone—stressed by physical limitations of illness but obligation to present evaluation to Court. Not fun.

88: Testifying with flu and a high fever; I developed laryngitis and could not speak above a whisper. I forgot part of my testimony and cost the retaining attorney his case.

327: My children get sick and are up all night the night before I need to testify in an important case and I feel uncomfortable leaving them with the babysitter but must. This is a six-plus stressful event for me—I really can’t think of anything more stressful.

**F. Gross miscarriage of justice:**

57: I was testifying for the defense in an NGRI plea on a charge of assault with intent to murder. Just before the trial, I was shown some bloody photographs of the crime scene and the alleged victim. The pictures gave me pause as I realized my testimony was likely to result in the alleged perpetrator being found not responsible (however justly) for a very violent assault on another human being.

87: Being involved in any high profile criminal case where innocent man could go to jail if testimony is not effective.

**G. High profile case: Thirty-eight percent found it highly to extremely stressful to work on high profile cases. A smaller percentage (24.1%) found it stressful to talk to the media in high profile cases.**

356: In a very high profile event the public and media were very much against the father in a custody case. I had to stand for what I knew to be right despite the attitude of the public and media. It was so high profile the father still is in the paper periodically.

60: High profile local (small community) murder case, testifying that the defendant was “insane” (by state definition of standard, and knowing an NGRI acquittal would not be received favorably by community.

342: Listening to a tape made by a murder victim an hour before the murder while she was with her assailant and trying to get away.

**H. Time pressures: Working on very short deadlines led to feelings of high or extreme stress in 50% of the participants.**

71: Being simultaneously subpoenaed to testify in two different trials in two different courthouses, and trying to work out the timing with multiple lawyers and judges.

*Less Stressful Situations*

What situations are not very stressful for forensic psychiatrists? Toward the bottom of Table 1, the 10 least-stressful items, which also loaded on Factor 1, are shown. Each of these situations elicited a lower than moderate amount of stress. These particular

questionnaire items earned a mean rating of 2.54 or even lower.

Talking with clients was reported as not particularly stressful. Predictably, the variation depended on how traumatic the client's experience had been. Only 1.4% of the participants reported high to extreme stress from speaking to a civil defendant. The percentage of individuals experiencing high to extreme stress increased as respondents described talking with disabled plaintiffs (3.8%), with traumatized plaintiffs (5.7%), and with criminal defendants (5.7%). Talking with a severely traumatized plaintiff was found to be highly or extremely stressful by a somewhat higher percentage of respondents (14.7%).

A second set of situations found not very stressful included dealing with either the retaining attorney or the opposing side in certain low-contact and "farther from the court" situations. The mean ratings on these situations, as shown in Table 1, ranged from a low of 1.79 to a high of 2.50. Engaging in casual discussions or unplanned encounters with the other side during court breaks was given one of the lowest mean stress ratings ( $M = 1.79$ ,  $SD = 0.43$ ) and was seen as highly to extremely stressful by only 7 percent. Merely listening to the other side's testimony was experienced as highly to extremely stressful by 3.2 percent of the sample. Negotiating with attorneys before performing evaluations also did not receive a very high stress rating (and only 7.1% found it to be highly to extremely stressful). A fourth situation, coaching an attorney's cross-examination of a principal witness, was rated by only 8.4 percent as highly to extremely stressful. The mean stress rating for this item was 2.33 ( $SD = 1.34$ ;  $t(328) = -15.87$ ,  $p < .031$ ). Perhaps coaching an attorney is the kind of activity a physician, well versed in the medical teaching model, performs easily, with assurance.

These items can be contrasted with others involving higher levels of contact with attorneys, and "closer to the court" situations. For example, negotiating with attorneys after performing an evaluation was found to be highly to extremely stressful by 18.9 percent of participants, more than double the number that found it to be stressful before performing the evaluation ( $M = 3.04$ ,  $SD = 1.44$ ;  $t(349) = -7.79$ ,  $p < .031$ ), although the rating was still significantly below the midpoint. During direct testimony, 19.8 percent of participants reported high to extreme stress ( $M = 3.32$ ,  $SD = 1.32$ ; not significantly dif-

**Table 2** Stress That Could Impair Performance

Question	Mean (SD)	<i>t</i>
Stomach pain	1.34 (0.84)	-48.78
Nightmares	1.37 (0.83)	-48.27
Taking medication to cope with stress	1.48 (1.06)	-36.58
Headache	1.66 (1.08)	-32.16
Despondency	1.70 (1.01)	-34.00
Difficulties in concentrating	1.78 (0.97)	-33.48
Feeling that stress has biased testimony	1.84 (0.94)	-33.44
Doing meditative exercises to cope with stress	2.04 (1.52)	-18.31
Forms of insomnia	2.18 (1.30)	-19.12
Feeling that stress has ever impaired testimony	2.22 (1.06)	-22.82
Problems in falling asleep	2.31 (1.24)	-18.13

Mean (standard deviations) and *t* values for variables that asked to what extent and in which ways stress might have impaired the respondent's performance as a forensic psychiatrist, on a scale from 1 (not at all) to 6 (extremely). All values are significantly less than the midpoint, at  $p < .0001$  or less.

ferent from the midpoint). This situation was clearly considerably less stressful than being cross-examined.

The other area of professional activity that the questionnaire investigated concerned administrative tasks associated with being a forensic psychiatrist. Report preparation, as shown in Table 1, was seen as significantly lower in stress than other tasks; however, it was still found to be stressful by about one in ten of the respondents (9.5%). Another administrative task, not shown in the table because it did not load on Factor 1, was justifying billing amounts. This was seen as generally less stressful than the midpoint ( $M = 2.48$ ,  $SD = 1.44$ ;  $t(348) = -13.28$ ,  $p < .031$ ), but again roughly 10 percent of the sample found it to be highly to extremely stressful (11.4%).

**The Effects of Stress**

The physical and psychological effects of stress and the degree to which they affected performance are depicted in Table 2. Ratings were again compared with a moderate level of stress. For example, if the question was "In connection with your forensic practice, have you ever had stomach pain?", participants could answer one (never) through six (regularly).

The ratings of this limited sample tend to show the group to be physiologically and psychologically resilient. Participants reported low levels of physical and psychological symptoms and low levels of having had stress impair their performance. Among these participants, less than five percent reported having stomach pain, having nightmares, taking prescription medication, having headaches, being despondent, having difficulty concentrating, or feeling that stress

had either biased or impaired their testimony. Particularly striking for these items was the large number of respondents who reported that they have never experienced any of these reactions. For example, 78 percent never experienced stomach pain (related to their forensic work), 75.6 percent never had nightmares, 76.6 percent had never taken medication to cope with stress related to their forensic practice, 61.8 percent had never had headaches related to their practice, 56.1 percent had never been despondent about their practice, and 46.3 percent had never had difficulty concentrating, although the scores suggested that a slight majority may have had some difficulty.

A somewhat different pattern can be seen in three items in Table 2, even though they also had relatively low mean ratings. A small percentage of the sample reported forms of insomnia (7.9% reported high to extreme levels) and problems falling asleep (7.3% reported high to extreme levels). Finally, 11.7 percent of the sample reported that they used meditative exercises (often routinely) to cope with their stress, though 57.5 percent of the sample reported never using meditative exercises.

### Regression Analysis

What factors in this sample were related to experiencing greater amounts of stress? As noted at the outset, this initial investigation did not collect data on a large number of background variables. Because of the length of the questionnaire, we scanted detailed inquiry about support systems: spouse, colleagues, and others. Many of the background variables that were asked about, such as educational level, showed, as expected, uniformity. There were four variables, however, that were asked about that may show some influence on how much stress an individual experienced: (1) the number of years of forensic practice, (2) the number of cases undertaken in a year, (3) gender, and (4) the extent to which the participants “enjoyed feeling stressed.”

A regression analysis studied the possible influence of these four variables together. The variable that was to be predicted was an overall measure of how stressed a respondent was. This measure consisted of the sum of the ratings on all the items that loaded on Factor 1. Someone who had a higher score on this variable would have rated more of these items toward the higher end of the stress scale (or would have reported being more stressed). The model accounted

for 14 percent of the variance in the data, which was significant ( $F(4,208) = 8.77, p < .0001$ ). Only two of the variables significantly predicted how stressed the respondent was: the more years of experience respondents had, the less they felt stressed ( $\beta = -.264; t(208) = -3.97, p < .0001$ ) and male respondents experienced less stress ( $\beta = -.225; t(208) = -3.395, p < .0001$ ).

The variables that loaded significantly on Factor 2 were added together to form a somatization variable. An individual with a higher score on this variable would be more likely to have experienced headaches, sleep difficulties, and other somatic effects, and would also have been more likely to have used meditation to cope with the stress of symptoms. The model accounted for only a very small, though significant, percentage of the variance ( $r^2 = .054; F(4,278) = 3.97, p < .004$ ). Men were less likely than women to have high scores on the somatization index ( $\beta = -.174; t(278) = -2.90, p < .004$ ). Years of experience was found to have no effect on this variable.

### Discussion

Judging from personal anecdotes, it might be expected that the level of stress among forensic psychiatrists would be high. The results of this study suggest a more complex picture in which, on the one hand, forensic psychiatrists reported enjoying the challenge in their usual forensic practices but on the other hand reported that a number of specific situations were highly stressful.

Most of these highly stressful situations involved actually testifying or fears about testifying. In particular, they involved the difficulties of adversarial situations: fearing what can happen under cross-examination; fearing disclosure of one's personal history; and being forced to work under short deadlines or when physically ill. There are several possible reasons why the adversarial system may be a stressful place for a psychiatrist to work. Psychiatrists are trained in alliance building, not in adversarial jousting. Further, skills such as empathy, compassionate care, and standing in the patient's shoes—skills that took a long time to hone—are no longer paramount.<sup>7</sup>

There is some indication that public scrutiny also causes stress. The forensic psychiatrist must perform in a public forum, subject not just to scrutiny, but to possible ridicule and humiliation. When he or she is under attack in the public arena, the psychiatrist's

deficiencies are there for all the world to see. The process of making mistakes and learning from them is a hazard to self-esteem if it occurs in an environment in which an opposing attorney is deliberately attempting to diminish the stature of the forensic psychiatrist. Anecdotal remarks from nonforensic psychiatrists frequently take the form of "I would never do what you do."

The less public aspects of the occupation, however, do not seem to be particularly stressful for most in the study. Other aspects of forensic practice that were more distant from the courtroom, such as dealing with different types of plaintiffs or defendants outside the courtroom, preparing reports, or justifying fees, were not seen as very stressful. Further, there was not much indication that participants responded to whatever stress there was by somaticizing, taking medication, or using other measures such as meditation. Only a very small proportion of the sample reported such behavior.

Finally, although the overall level of stress in the group appeared to be moderate, there were some individuals who were experiencing higher levels of stress. From the regression analyses, it appeared that pressures seem to weigh particularly heavily on relative novices to the field, a large proportion of whom, in our sample, were women. Do women working in a previously male-dominated field have a special vulnerability? Is the buffeting of the adversary system more severe for women than for men? This question deserves further inquiry. It is not clear from our data whether the people who have been in the field for a longer time are somehow different from recent arrivals, or whether just building experience in the work will lead over time to the forensic psychiatrist's feeling less stress.

It could be that the only real remedies to these stresses are time, education, and experience; however, there may be usefulness just in naming situations commonly stressful. There may also be some measures that more experienced forensic psychiatrists could use to guide the less experienced. Among such measures are mentoring and peer consultation. One notable finding of this study was that the frequency of consulting with one's peers was just at the midpoint ( $M = 3.53$ ,  $SD = 1.52$ ). About a third of the sample (29.7%) rarely or never consulted with their colleagues, whereas another third or so (31.4%) reported consulting often or routinely.

As noted, our sample was limited, and there are many aspects of a forensic psychiatrist's work that were not investigated. These include other possible responses to stress, in particular forensic psychiatrists' use of nonprescription drugs, alcohol, and exercise or the relationship of stress to absenteeism and productivity. Certainly, the nature of a particular case, the context in which it is played out, the personas of the participants, all these are important determinants of the stress involved. There are definitely other emotion-laden situations that are stressful, and the following anecdotes, spontaneously supplied by respondents, illustrate some of these additional sources of stresses. Some of this unstructured commentary suggested that these situations, which we had not specifically asked about, were in fact quite stressful. These include:

Capital cases:

62: Testifying and preparing in death penalty cases. Participating in child custody cases.

100: Testifying for defense in a capital sentencing trial. Defense attorney is poorly prepared, despite my spending 5 hours reviewing my testimony with him. Prosecutor objects to my narrative, claiming the jury is confused by the lack of questions from defense counsel. Judge agrees (but was wrong—jury was attending raptly). Defense counsel is ordered to ask more questions. [Owing] to poor preparation, he cannot do so and simply sits down. My testimony is unfinished. Defendant is sentenced to death.

Threats:

63: Threat of malpractice suit as result of evaluation.

64: A threat against the safety of a loved one.

140: Being sued for defamation and malpractice by litigant who sexually abused his child, when I testified as to what the child told me about the abuse.

Problems with judges:

78: In a recommitment hearing of a patient of mine, the judge was sarcastic, demeaning, provocative and I had not yet opened my mouth.

Violent, upsetting defendant:

216: Evaluating an 18-year-old who executed his own grandmother when he was 15. He told me he loves to kill and wants to be a "legal assassin for the CIA" if he ever got out of prison. He also told me he knew I couldn't help him because he knew very well he wasn't insane at the time of the murder.

246: On another occasion, I had just finished examining a defendant pretrial when he pressed me for my opinion, blocking the door to my office. "Do you think I'm crazy?" he asked. I demurred. He then took off his shoe and handed me the knife he had concealed there, "In case you got me wrong!"

The anecdotes from this study give a flavor of some of the challenges faced by the forensic psychiatrist. Conflict and confrontation are routine and they are dealt with. They go with the territory. It might be expected that forensic psychiatrists should be relatively resilient in the face of possible stressors. Medical and psychiatric training provide plenty of opportunities to manage stress, and opting to take on forensic work is a self-selection for stress. How can the reported hardiness and adaptability of these respondents be reconciled with expressions of stress and burnout reported for other practitioners? How can it be that forensic psychiatrists report so little stress when general psychiatrists join with the public in saying they could never bear the pressure of what we do? Does the field attract people with a macho streak who characterologically seek challenge? To what extent is self-reporting reliable? Do forensic psychiatrists underreport stress, either because they consider it part of the job or because they are defended against it? How do we learn to manage stress? Is resilience bought at the price of desensitization, a factor that these statistics hint at? If so, how does it function to produce coping and what are the consequences of this adaptation?

This study represents a first step from the anecdotal to the empirical, but the numerical data as well as the subjects' comments show the spectrum of ex-

periences of perceived stress. Further inquiry into this area could be productive, aiding in our understanding of the phenomenon of resilience, helping us better navigate the potholes of our courtroom work, and helping AAPL develop more specific supports for its members, supports especially for women entering a previously male-dominated field. Finally, such inquiry might increase our knowledge of each other and ourselves.

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