

The Personal Self of Psychotherapists: Dimensions, Correlates and Relations with Clients

David E. Orlinsky^a, Michael Helge Rønnestad^b, Armin Hartmann^c, Erkki Heinonen^d

& Ulrike Willutzki^e

^aUniversity of Chicago (USA), ^b University of Oslo (Norway), ^c University of Freiburg (Germany), ^d University of Helsinki (Finland), ^e University of Witten/Herdecke (Germany)

Contact information of authors:

d-orkinsky@uchicago.edu

m.h.ronnestad@psykologi.uio.no

armin.hartmann@uniklinik-freiburg.de

erkki.heinonen@helsinki.fi

ulrike.willutzki@uni-wh.de

Correspondence may be addressed to: David Orlinsky, d-orkinsky@uchicago.edu, 5555 S.

Everett Avenue, Chicago, IL, 60637

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Abstract

Objective: The *personal self* of psychotherapists, i.e., experiences of self in close personal relationships and its association with therapists' individual and professional attributes is explored. The study aimed to: (a) describe therapists' self-ratings on specific self-attributes; (b) determine their dimensionality; (c) explore demographic, psychological, and professional correlates; and (d) assess the convergence with professional self. **Method:** Data from the *Development of Psychotherapists Common Core Questionnaire* were available for >10,000 psychotherapists of various professions, theoretical orientations, career levels, and nations.

Results: Most psychotherapists described themselves in close relationships in affirming terms (e.g., warm/friendly), although a substantial minority also described themselves in negative terms. Factor analyses yielded four dimensions: Genial/Caring, Forceful/Exacting, Reclusive/Remote, and Ardent/Expressive. Being Genial/Caring was associated with life satisfaction. Among professional attributes, personal self-experiences and parallel dimensions of relationship with clients correlated strongly. **Conclusions:** Analyses of >10,000 psychotherapists revealed meaningful variations in personal self relevant to personal and professional life.

Keywords: psychotherapy; personality; social interaction; relationships; psychotherapists

Introduction

When the personal self is brought in to psychotherapy, it is that of the patient which is normally center stage, while that of the therapist is kept aside. Nevertheless the therapist's personal self remains active though muted, and plays its part from the wings—coaching, prompting, responding humanely and empathically, but regrettably also sometimes distracting, obscuring or interfering with the therapist's work. While recognition of the difference between personal self and professional self is regarded as being part of the professional role of psychotherapists, areas of congruence between them are supposed to enable psychotherapists to “be spontaneous and alive in the work of psychotherapy” (Ecklar-Hart, 1987, p. 684; Kolden, Wang, Austin, Chang, & Klein, 2018; Skovholt & Rønnestad, 1995). The complex interplay between personal and professional aspects of self has stimulated researchers' interest in therapists' personal attributes (e.g., Ackerman & Hilsenroth, 2003; Heinonen & Nissen-Lie, 2019). In this, the interpersonal qualities and competencies of therapists play a prominent role as crucial for psychotherapy (e.g., Norcross & Lambert, 2018; Orlinsky, Rønnestad & Willutzki, 2004; Wampold & Imel, 2015). The present paper empirically delineates the *personal self* of psychotherapists, examines some of its correlates, and assesses its degree of convergence with the therapist's professional self. The analyses draw on experiences of more than 10,000 therapists of different professions, theoretical orientations, and career levels from many countries—as reported via the *Development of Psychotherapists Common Core Questionnaire* (DPCCQ) (Orlinsky et al., 1999).

One section of the DPCCQ asks therapist to rate a series of items reflecting how they view themselves “in your close personal relationships.” Personal self was defined as the set of self-representations that individuals form when engaging in close personal relationships, successively and cumulative as children, adolescents and adults. Typically these close

relationships are intimate face-to-face bonds with immediate family members, close friends, mentors, partners and competitors, lovers and rivals. Over time, experiences in close relationships combine to shape the individual's *personal self*, and comprise the emotional core of personality. When core personal relationships are satisfying, life typically feels rich and meaningful; when they are full of conflict, suffering and loss, life can be miserable; and if personal relationships are scant or non-existent, life can feel empty and meaningless (e.g., Hawkey & Cacioppo, 2010).

Additionally, people bring differing innate sensitivities and proclivities to their relationships, endowing them with individuality. This 'temperament'-factor (e.g., Shiner et al., 2012) is typically seen by parents of two or more, and may give strikingly different personalities to siblings raised in the same family environment. Variations in cognitive, affective, and enactive style tend to influence how persons engage in relationships, especially in the self-expressive relationships of personal life; and so also influence individuals' self-experience in these relationships. Thus, two important facets of the *personal self* of psychotherapists will be taken into account: relational manner and temperament, as expressed in close personal relationships.

Prior Research

Studies have examined therapists' personal traits in relation to therapeutic process and outcome (e.g., Orlinsky et al., 1996; Sandell et al., 2004); the role of personality in therapists' career development (e.g., Rønnestad & Skovholt, 2003, 2013; Topolinski & Hertel, 2007); and the match between therapists' theoretical orientations and personal characteristics (e.g., Arthur, 2001). *Personal self* and its relation to *professional self* also received much attention in the study of therapists' career development. A major finding of Rønnestad and Skovholt's longitudinal research was that positive professional development across career cohorts seems to involve a

progressive integration of therapists' personal and professional selves (Rønnestad & Skovholt 2003, 2013). Reports by the most experienced therapists indicated that adult as well as early life experiences were viewed as significant influences on their professional lives and self-perceptions (Rønnestad & Skovholt, 2001).

Relevant background for the present study was provided by two theoretical models that view personality as anchored in interpersonal relations. Attachment theory has received attention as a perspective on therapists as well as patients (e.g., Black, Hardy, Turpin & Parry, 2005; Dinger, Strack, Sachsse & Schauenberg, 2009; Marmarosh et al., 2013; Rek et al., 2018; Schauenberg, Dinger & Buchheim, 2006; Steel, Macdonald & Schroder, 2018). Other models are based on variants of the interpersonal circumplex (Leary, 1957). One is Benjamin's (1974) "Structural Analysis of Social Behavior" (SASB), operationalized via the *Intrex* questionnaire (e.g., Fincke, Möller & Taubner, 2015; Nissen-Lie, Havik, Høglend, Monsen & Rønnestad, 2013; Nissen-Lie, 2017; Steel, Macdonald & Schroder, 2018; Taubner, Zimmermann, Kächele, Möller & Sell, 2013). This version of the circumplex projects orthogonal dimensions of affiliation and control on three 'surfaces': self-towards-others (*transitive*), others-towards-self (*intransitive*), and self-towards-self (*reflexive*, or 'introject'). However, the *Intrex* views social behavior as a trans-situational attribute, without differentiating between types of relationship and social context. Another circumplex-inspired model is Kiesler's (1983) Interpersonal Message Impact theory, also in recent use (e.g., Coyne et al., 2018).

The present study complements earlier SASB-based research (Nissen-Lie et al., 2013, 2017; Taubner et al., 2013) that focused on the *reflexive* facet of self, by focusing here on the *transitive* (self-towards-others) aspect of self in the specific context of the therapist's private life. It examines the therapists' *personal self*, its intersections with demographic and social

characteristics, and with professional characteristics beyond previously studied theoretical orientations (Heinonen & Orlinsky, 2013).

Research Questions

The following research questions are addressed:

1. What are psychotherapists' most and least common self-described qualities of self in close personal relationships (i.e., their *personal self*), and what are its principal dimensions?
2. What social or professional characteristics are associated with therapists' *personal self*?
3. How much does therapists' *professional self* (i.e., self as experienced in relating to patients) have in common with their *personal self*?

Methods

Measures

Personal self. The concept *personal self* was operationalized with a set of 28 adjective scales in one section of the *Development of Psychotherapists Common Core Questionnaire* (DPCCQ) as answers to the question "How would you describe *yourself* [e.g., as you are in your *close personal relationships*]?" (Orlinsky et al., 1999; Orlinsky & Rønnestad, 2005). Sixteen scales reflecting interpersonal style were derived from the standard circumplex model (Leary, 1957) whose area is defined by combinations of two orthogonal bipolar axes: Affiliation (affirm vs. reject) and 'Control' (lead vs. follow). Each octant of the circumplex was represented in the DPCCQ by two adjectives (see Orlinsky & Rønnestad, 2005, p. 44). Additionally, 12 adjective scales were selected to delineate temperament aspects of *personal self*, reflecting intensification vs. restraint in three broad areas: (a) affective-expressive style (energetic, intense, demonstrative vs. quiet, private, subtle); (b) cognitive-enactive style (organized, determined, pragmatic vs. intuitive, skeptical); (c) event-expectancy style (optimistic vs. fatalistic). The DPCCQ measure

of *personal self* thus included a total of 28 scales (rated from '0 = Not at all' to '3 = Very much').

Social characteristics. The DPCCQ also included information on therapists' age, sex, family relationship status, immigration status, minority status, and nationality.

Personal quality of life. Therapists' quality of life was assessed by two multi-item scales from the DPCCQ. A scale of *Personal Life Satisfaction* ($\alpha = .82$) involved experiences of unreserved enjoyment; free self-expression; feeling supported and cared for; emotional intimacy and rapport; and overall life satisfaction. A scale of *Personal Life Burdens* ($\alpha = .70$) involved experiences of conflict; obligation to and worry for close others; loss; and overall life stress.

Professional characteristics. Other sections of the DPCCQ described professional background, years in practice, and theoretical orientation. Multiple scales were rated to assess the latter following the question "How much is your current therapeutic approach guided by each of the following theoretical frameworks?" Using a 6-point scale for the degree of influence on current practice ('0 = Not at all' to '5 = Very much'), six orientations were rated: Analytic/psychodynamic; Behavioral; Cognitive; Humanistic; Systemic; and Other (the mean of ratings on Behavioral and Cognitive scales was used for 'Cognitive-Behavioral').

Professional self. The therapists' *professional self* (i.e., self as experienced while treating patients) was operationalized with 28 adjective scales in a separate DPCCQ section placed far from the *personal self*-scales, but rated on the same 4-point scales. The question "How would you describe yourself as a therapist—your actual style or manner with clients?" was followed by the 16 interpersonal adjective scales used to assess *personal self*, plus 5 more reflecting aspects of individual temperament that might be displayed in professional relations (determined, organized, pragmatic, intuitive, subtle), and 7 more deemed specific to therapy: *engagement*

(committed, involved vs. neutral) and *efficacy* (effective, skillful vs. confused, unhelpful).

Orlinsky and Rønnestad (2005) reported initial analysis of the *professional self* scales.

Participants

Data for this study was drawn from the cumulative database of the International Study of the Development of Psychotherapists (Orlinsky & Rønnestad, 2005; Orlinsky, Rønnestad & Willutzki, 2010). The Social Sciences Division research ethics committee of the University of Chicago approved the study. Participating psychotherapists provided data anonymously. A total $N = 12,036$ therapists completed most or all sections of the DPCCQ between 1991 and 2016. Their main demographic and professional characteristics are summarized in Table 1.

[Table 1 about here]

Demographic characteristics. Data came from more than 30 countries, 10 of which are represented by more than 400 therapists, another 15 countries by more than 100 each, plus several more countries with fewer than 100. Of these, 63% were women. Their mean age was 45 years ($sd = 11.5$; range: 21-90). Personally, 60% were married or remarried; 12% lived with a partner; 10% were separated or divorced; 71% were parents.

Professional characteristics. Nearly half (49%) of the therapists identified as psychologists; 20% as psychiatrists or medically trained; 19% as counselors; 6% as social workers, and 6% just as 'psychotherapists' or 'analysts'. Career level ranged from novices of a few months to seniors practicing for 50 years ($M = 12$ years, $sd = 9$). The leading theoretical orientation categories were Analytic/psychodynamic ($M = 2.99$, $sd = 1.7$), Humanistic ($M = 2.46$, $sd = 1.8$), and Cognitive ($M = 2.37$, $sd = 1.7$); followed by Systemic ($M = 1.98$, $sd = 1.7$) and Behavioral ($M = 1.89$, $sd = 1.6$). The combined Cognitive-Behavioral was $M = 2.13$ ($sd = 1.5$).

Data Analysis

This paper relies on item statistics for descriptive scales and exploratory factor-analysis (Principal Components extraction, Varimax rotation) for dimension reduction, computed separately for interpersonal and temperament items. Scale reliability analysis (Cronbach's α) was used to determine which factor dimensions were viable as multi-item scales. One-way ANOVAs were used (with Scheffé post-hoc tests) to explore the relation of *personal self* to categorical social and professional variables (e.g., sex and profession) and Pearson correlations were used with continuous variables (e.g., age and orientation scales).

Results

Research question 1 was: What are therapists' most and least common self-qualities in close personal relationships (i.e., their *personal self*), and what are the principal dimensions of therapists' *personal self*? The relative incidence and dimensions of *personal self*-descriptors are summarized in Table 2, first for interpersonal and then for temperament-based scales.

[Table 2 about here]

Probably like most people in relationships with family and friends, 85% to 95% of therapists reported experiencing themselves as *friendly, warm, accepting, tolerant, and nurturant*. These adjectives, along with *protective* and *receptive*, range from the octant just above the Affirming pole (affirming/leading) to the octant just below it (affirming/following). Exploratory factor analysis (EFA) revealed the presence of the circumplex in two interpersonal dimensions: Affiliation (ID-1, 19% of variance), named *Genial/Caring*, and Control (ID2, 16.4% of variance), named *Forceful/Exacting* (both with acceptable level of reliability: $\alpha = .71$). EFA also revealed a third dimension: (ID-3, 12% of variance) named *Reclusive/Remote*, reflecting the circumplex octant defined by negative Affiliation (rejecting) and negative Control (following),

loading three items (*reserved, guarded, cold*) that while not itself acceptable reliable did become sufficiently ($\alpha = .71$) combined with three correlated temperament items (noted below).

The lower section of Table 2 shows the temperament scales. Most therapists experienced themselves in close personal relationships as highly *intuitive* (84%), *optimistic* (84%), and *energetic* (76%), as well *pragmatic* (72%) and *determined* (71%). Conversely, 25% reported being highly *skeptical*—which, given the context of intimate relationships, is noteworthy. EFA indicated three temperament dimensions, but only the first (TD-1, 17.8% of variance), named *Ardent/Expressive* (defined by *intense, energetic, intuitive, demonstrative* and *determined*) showed adequate reliability ($\alpha = .64$). The third factor (TD-3, 13.9% of variance) was defined as being *skeptical, private* and *subtle*, which itself was not reliable but reached an acceptable α of .71 (noted above) with the correlated items of *Reclusive/Remote* (ID-3).

Table 3 summarizes the descriptive statistics and inter-correlations of the four reliably measured dimensions of *personal self* for the sample. Only '*Genial/Caring*' achieved a median score higher than 2.0 (i.e., between 'much' or 'very much'), but many therapists also experienced themselves as *Ardent/Expressive* with a median score of 1.80. However, judging from the *SDs*, some therapists experienced themselves as only 'somewhat' *Genial/Caring* and also only "somewhat" *Ardent/Expressive* (scoring in the range of 1.0 to 1.5).

[Table 3 about here]

Similarly, while most therapists were 'somewhat' *Forceful/Exacting*, the ratings for *directive, demanding, authoritative* and *critical* show that a significant minority experienced themselves as 'forceful' (see Table 3, % *High*). Least common of all in close relationships was experiencing oneself as *Reclusive/Remote* but the ratings for *private, subtle, reserved, guarded,* and *skeptical* (Table 3, % *High*) show that many did perceive themselves as *Reclusive/Remote*.

The right half of Table 3 shows the inter-correlations of the four dimensions. Being *Ardent/Expressive* was positively and substantially correlated with *Genial/Caring* ($r = .34$) and *Forceful/Exacting* ($r = .37$), although *Genial* and *Forceful* were negatively correlated with each other ($r = -.15$). Evidently an *Ardent/Expressive* manner can express both intense caring and insistent demand. There was also a significant negative association between being *Genial/Caring* and being *Reclusive/Remote* ($r = -.18$). Curiously, a significant positive correlation was found between *Reclusive/Remote* and *Forceful/Exacting* ($r = .27$), suggesting that the 'bossy' quality of *Forceful/Exacting* may partly compensate for an underlying impulse of anxious withdrawal.

Research question 2 was: What social or professional characteristics are associated with therapists' *personal self*? Analyses of categorical social and professional characteristics are presented in Table 4 and of continuous independent variables in Table 5. Small effects were statistically significant because of the very large sample size. Accordingly, comments are limited to scale differences above .10 and correlations above $r = .10$.

[Tables 4 & 5 about here]

Social attributes. Regarding native vs. foreign origin, Table 4 shows that immigrant therapists were slightly less *Reclusive/Remote* than the native born. Therapists who said they would be viewed as minority group members were a little more *Genial/Caring* and *Ardent/Expressive* than their mainstream counterparts. Women were also more *Genial/Caring* and *Ardent/Expressive* than men. Separated or divorced therapists scored highest on *Genial/Caring* and *Ardent/Expressive* and lowest on *Forceful/Exacting*. Single therapists were highest on *Reclusive/Remote* and lowest on *Genial/Caring*, and childless therapists (mostly single) were also slightly more *Reclusive/Remote*.

The correlations in the upper level of Table 5 show age was modestly related to experiences of personal self. Older therapists were significantly more *Genial/Caring* and *Ardent/Expressive*; younger therapists were more *Forceful/Exacting* and *Reclusive/Remote*. The largest correlations were found in relation to therapists' quality of life: the higher their Personal Life Satisfaction, the more they experienced themselves as *Genial/Caring* ($r = .42$), as *Ardent/Expressive* ($r = .31$), and as not *Reclusive/Remote* ($r = -.23$). The higher their Personal Life Burdens, the more they experienced themselves as *Forceful/Exacting* ($r = .16$) and as *Reclusive/Remote* ($r = .14$).

Professional attributes. The bottom level of Table 4 shows differences in *personal self* associated with therapist professions. Psychologists were highest and counselors lowest in being *Forceful/Exacting* in close relationships. Psychiatrists as a group were personally the least *Genial/Caring* and *Ardent/Expressive*, and the most *Reclusive/Remote*. By contrast, counselors as a group were the most *Genial/Caring* and *Ardent/Expressive*, and the least *Forceful/Exacting*. Social workers as a group matched counselors in being most *Genial/Caring* and *Ardent/Expressive*, and were also least *Reclusive/Remote*. The group of 'therapists' and 'analysts' with no other professional identity were among the most *Ardent/Expressive*.

Correlations in the lower level of Table 5 show overall very limited association of therapists' *personal self* with career level measured by years in practice (less than for age). The only correlates of *personal self* with theoretical approach that are worth noting are those for *Genial/Caring*, which were positive for all except 'analytic/psychodynamic'.

Research question 3 was: How much do therapists' *professional self* (i.e., self as experienced in relating to patients) have in common with their *personal self*? The top section of

Table 6 shows correlations between dimensions of self-experience in close personal relationships and dimensions of self-experience in therapeutic relationships.

[Table 6 about here]

Most notable are the substantial correlations in the main diagonal between corresponding dimensions of personal self and professional self. Therapists who felt *Genial/Caring* in personal relationships typically were *Affirming* with patients ($r = .52$). Being *Forceful/Exacting* in personal relations corresponded with being *Directive* towards patients ($r = .48$). Those who felt *Reclusive/Remote* in personal relations saw themselves as *Reserved* with patients ($r = .52$). who *Ardent/Expressive* therapists experienced themselves as *Effective* with patients ($r = .46$).

Off the main diagonal, therapists who were *Genial/Caring* personally viewed themselves with their patients as more *Effective* ($r = .38$) and less *Reserved* ($r = -.21$); those who were *Forceful/Exacting* personally tended to be more *Reserved* with patients ($r = .20$).

The bottom section of Table 6 replicates the on-diagonal correlations for the 10 nations with *Ns* of 400 or more, showing the same personal-professional convergence in countries as diverse as Denmark and China, Canada and South Korea.

Discussion

Research Questions: Answers and Comments

(1) Personal self: traits and dimensions. Not surprisingly, almost all therapists ($\geq 94\%$) experienced themselves as warm and friendly in close personal relationships, and most ($> 80\%$) also as accepting, tolerant, nurturant, and receptive, as well as intuitive and optimistic. Most of these traits are in octants of the interpersonal circumplex bordering the positive Affiliative axis. Such very high ratings may well be socially normative and aspirational, in addition to reflecting therapists' psychological reality. But these are measures of traits not states, and as inconstant

states surely there are times when therapists vary. Other trait views might be obtained from ratings by therapists' families and friends. Regarding the latter, however, the results of a recent meta-analysis by Kim, Di Domenico and Connelly (2019) asking whether "self-report responses may be distorted by self-protecting motives and response biases"—especially in regards to "whether people see themselves more positively than they are seen by others ... showed that self-report means generally did not differ from informant-report means" (p.129). On average their findings lend credence to our therapists' self-reports. Reinforcing this is the fact that many therapists (25%-33%) described themselves in negative terms as being reserved, guarded and skeptical, even in close relationships; and still more (36%-39%) acknowledged being directive, demanding, authoritative and critical in private life. That so many were willing to describe themselves in unflattering terms implies a creditable level of self-reflection and candor.

Exploratory factor analyses yielded three interpersonal factors and three temperament factors, four of which could be reliably scored. Two interpersonal dimensions clearly reflected the major axes of the interpersonal circumplex. Clinical support for the three interpersonal dimensions derives from their resemblance to Horney's (1950) view of basic human motivations as moving towards, against, and away from others. The fourth 'temperament' dimension reflected differences in how *Ardent/Expressive* therapists are personally: those high experiencing themselves as 'intense', those low experiencing themselves as 'easy-going'.

(2) Personal self and therapist characteristics. One-way ANOVA and correlational analyses indicated which social and professional characteristics were related to variations in therapists' *personal self*. Age, sex, and parental status appeared to be minor correlates, as were therapists' professional identity, career level, and theoretical orientation. The findings on orientation are less clear-cut than those of Heinonen and Orlinsky (2013) who concluded that

"identification with particular theoretical orientations corresponds to aspects of therapists' personalities." This likely is due in part to the fact that the present study used the DPCCQ orientation scales directly rather than as a basis for constructing distinct orientation categories as was done in the previous paper.

The main correlates of therapists' *personal self* were psychological. Being *Genial/Caring* and *Ardent/Expressive*, and not *Reclusive/Remote*, were significantly associated with therapists' Personal Life Satisfaction. Being *Forceful/Exacting* and *Reclusive/Remote* were significantly linked to therapists' Personal Life Burdens. Do therapists who are personally genial and expressive experience more life satisfactions or do satisfied therapists experience themselves as more genial and expressive? Are therapists more demanding and reclusive when feeling more heavily burdened in private life or do personally burdened therapists relate to others in demanding and reclusive ways? Our data do not show influence in one or another or possibly both directions. Interestingly, a study by Nissen-Lie and colleagues (2013) using the DPCCQ life quality measures found that therapists' personal life burdens affected patients' ratings of their working alliance, but therapists' life satisfactions affected only their own alliance ratings.

(3) Personal self and professional self. The association between therapists' *personal self* and *professional self* was studied by Heinonen and Orlinsky (2013) by creating an index of discrepancy between the personal and professional dimensions. The present study, focusing on convergences instead, supports the earlier conclusion. Strong correlations were found between parallel dimensions of therapists' experiences of *personal self* in private life and *professional self* in relating with patients. Being *Genial/Caring* personally shared 27% variance with being *Affirming* with patients; *Forceful/Exacting* personally shared 23% variance with being *Directive* towards patients; *Reclusive/Remote* in private life shared 27% variance with being *Reserved*

towards patients; being *Ardent/Expressive* personally shared 21% variance with feeling *Effective* with patients. This indicates a significant intersection of the therapist's *personal self* and *professional self*, one that may help therapists feel 'genuine'. However, the convergence also leaves room for distinctions based on the different social roles and boundaries that therapists have at home and at work. Heinonen and Orlinsky (2013, p. 727) observed that therapists "... experienced themselves as more intensively *nurturing* and *protective* in their close personal relationships, but also as more *authoritative*, *critical* and *demanding*, and rather less *accepting* or *tolerant* than when with clients" ... reflecting "the not unsurprising fact that therapists are more self-centered and less altruistic in that intimate private sphere of life ... where people typically seek satisfaction for their emotional needs." Another reflection of this divergence was described by Bernhardt et al. (2018, p. 6) as a "... tension between perceiving oneself as a helper while dealing with one's own needs for attention and care." Some boundaries are wise to preserve, as noted one senior therapist: "I hope some psychologists are not themselves with clients, because their selves are not therapeutic. [For them] it would be more important to learn to set limits on their personalities than to express them" (Rønnestad & Skovholt, 2013, p. 108).

Strengths and Limitations

The main strength of the current study is its grounding in probably the largest and most diverse collection of psychotherapists to date. How representative the data are as a statistical sample is moot, because there is no universally accepted definition of 'psychotherapist' and hence no defined population from which a representative sample can be drawn. The alternative used here was to collect and study a large heterogeneous collection of clinicians who are identified with different professions at varied stages of their careers, trained in and practicing different treatment approaches, who live and work in many different countries. The fact that meaningful

findings "emerge in spite of the potentially obscuring effect of this background variation" (Heinonen & Orlinsky, 2013, p. 728) reflects the robustness of the findings.

The main limitations of this study are its reliance on self-report data, cross-sectional design, and exploratory character. (1) Self-report that is descriptive rather than evaluative (e.g., age, sex, marital status) typically is accepted at face-value and not questioned as potentially biased. The problem with self-report data may not be as much with self-enhancement bias (cf. Kim et al., 2019, noted above) as that it represents only one of several observational perspectives (i.e., therapists, clients, and raters). Drawing on two or more perspectives provides a deeper view into a complex social reality, as for example in studies by Hartmann, Joos, Orlinsky and Zeeck (2014), Heinonen et al. (2013), and Nissen-Lie et al. (2013) that demonstrate how therapists' experience of their professional work involvement, personal stresses or interpersonal relationships may impact on the one person's, but not the other's experience of the alliance.

(2) A cross-sectional design precludes determining relations of influence between variables, such as how much therapists' personal life satisfactions and burdens may influence their *personal self* or are influenced by that. A longitudinal study could also answer questions about the relative stability of *personal self* over time.

(3) The discovery-oriented nature of this study is reflected in limitations of both design and data analysis. The DPCCQ is an instrument that surveys many aspects of therapist experience, limiting the number of items devoted to each topic. Clearly no dimensions can emerge in a factor analysis if no relevant items were included. Reliable multi-item scales can't be constructed if too few items defined a factor dimension. These and other limitations can be viewed as invitations to future research on this humanly interesting and clinically relevant topic of the psychotherapist's *personal self*.

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Table 1

Psychotherapist Sample: Professional and Demographic Characteristics

Profession	<i>N</i>	<i>%</i>
Psychology	5611	49.1
Medicine/psychiatry	2235	19.6
Counseling	2193	19.2
Social work	722	6.3
Psychotherapist	661	5.8
Total	11422	(94.9)
Missing	614	
Years in Practice	<i>M</i>	<i>SD</i>
	12.0	9.2
Range =	0.8 to 54.0	
Theoretical Orientation	<i>M</i>	<i>SD</i>
Analytic/psychodynamic	2.99	1.74
Behavioral	1.89	1.59
Cognitive	2.37	1.67
(Cognitive-Behavioral) ^a	2.13	1.51
Humanistic	2.46	1.78
Systemic	1.98	1.72
Nation^b	<i>N</i>	<i>%</i>
Norway	1678	16.6
USA	1207	11.9
Germany	1175	11.6
UK	1108	10.9
Australia	1004	9.9
Canada	600	5.9
Denmark	540	5.3
S Korea	539	5.3
China	509	5.0
Portugal	416	4.1
Sex	<i>n</i>	<i>%</i>
Women	7533	63.3
Men	4363	36.7

Marital Status	<i>N</i>	<i>%</i>
Single	1911	17.2
Living w. partner	1367	12.3
Married/remarried	6698	60.4
Separated or divorced	1114	10.0

Parental Status ^c	<i>N</i>	<i>%</i>
Non-parents	1738	29.3
Parents	4196	70.7

Age	<i>M</i>	<i>SD</i>
	45.1	11.5
Range =	21.4 to 89.8	

Note. ^a – Cognitive-Behavioral = (Cognitive + Behavioral/2).

^b – Additional countries represented include New Zealand (n = 331), Switzerland (n = 306), India (n = 277), Austria (n = 234), Israel (n = 205), plus the following each with n >100 (Belgium, Chile, France, Greece, Ireland, Malaysia, Mexico, Russia, Spain, Sweden) accounting for a further n = 1362 therapists.

^c – Based on 50% sample (n = 5934) similar to total in marital status that received this question.

Table 2

Personal Self Descriptors: Frequencies and Dimensions

Interpersonal Item Scales	Interpersonal Octant	M^a	SD	% High ^b	Dimensions ^c		
					(n = 11,041)	ID-1	ID-2
Warm	affirm	2.46	.63	94.0	.71	.04	-.19
Friendly	affirm	2.46	.61	94.8	.67	.01	-.18
Nurturant	affirm-lead	2.25	.75	85.2	.67	.12	-.09
Tolerant	affirm-follow	2.25	.67	89.0	.63	-.18	.07
Receptive	follow	2.14	.77	83.0	.60	-.08	.00
Accepting	affirm-follow	2.28	.78	88.9	.53	-.25	-.03
Protective	affirm-lead	1.85	.79	68.2	.48	.30	.25
Permissive ^e	follow	1.41	1.04	52.8	--	--	--
Directive	lead	1.32	.78	39.0	.05	.71	-.02
Demanding	lead-reject	1.26	.86	37.5	-.10	.71	.11
Authoritative	lead	1.25	.79	37.0	-.00	.67	.02
Critical	reject	1.27	.83	36.4	-.24	.64	.30
Challenging	lead-reject	1.42	.84	45.5	.02	.58	-.04
Reserved	follow-reject	1.17	.81	31.7	.02	-.08	.80
Guarded	follow-reject	1.06	.85	27.6	-.02	.10	.76
Cold	reject	0.39	.63	6.2	-.33	.21	.58
% variance =					19.0	16.4	12.0
Standardized α =					.74	.71	.60/.71 ^e
Temperament Item Scales		M^a	SD	% High ^b	Dimensions ^c		
					(n = 10,806)	TD-1	TD-2
Intense		1.69	.88	59.1	.64	-.08	.25
Energetic		2.04	.78	76.2	.60	[.41]	-.19
Intuitive		2.24	.77	83.6	.57	.05	.16
Demonstrative		1.46	.99	48.5	.57	.11	-.02
Determined		1.92	.79	71.3	.54	[.40]	.06
Quiet		1.51	.87	49.7	-.47	.40	.32
Organized		1.88	.87	66.9	.12	.74	-.06
Pragmatic		1.92	.82	71.6	.00	.69	.16
Optimistic		2.17	.72	83.6	.32	.48	-.31
Skeptical		1.03	.79	24.8	.01	-.04	.72
Private		1.49	.91	47.3	.01	-.01	.69

Subtle	1.39	.88	45.4	.27	.10	.56
		% variance =		17.8	14.7	13.9
		Standardized α =		.64	.60	<.60/.71 ^e

Note. ^a - Items rated on a 4-point scale (0 = Not at all; 1 = Some; 2 = Much; 3 = Very much).

^b - % 'High' reflects a scale rating of 2 or 3.

^c - Bold print indicates used in factor score. ID-1 = *Genial*; ID-2 = *Forceful*; ID-3 = *Reclusive*; TD-1 = *Ardent*; TD-2 = *Businesslike*; TD-3 = *Remote*.

^d - Excluded from factor analysis due to missing data.

^e - Standardized α = .71 if *reserved, guarded & cold* combined with *skeptical, subtle & private*.

Table 3

Self in Close Personal Relationships: Dimension Statistics and Intercorrelations (Pearson's r)

Dimension	Scale Statistics					Intercorrelations ^a			
	n	M^b	Med	SD	α	Genial/ Caring	Forceful/ Exacting	Reclusive/ Remote	Ardent/ Expressive
Genial/Caring ^c	11,149	2.31	2.33	.46	.74	---	-.15	-.18	.34
Forceful/Exacting ^d	11,136	1.30	1.20	.56	.71		---	.27	.37
Reclusive/Remote ^e	11,108	1.10	1.17	.52	.71			---	.06
Ardent/Expressive ^f	11,143	1.87	1.80	.54	.64				---

Note. ^a - $N > 11,000$ in all cells; all $p < .000$ due to large n .

^b - Scores reflect a 4-point scale (0 = Not at all; 1 = Some; 2 = Much; 3 = Very much).

^c - Warm, friendly, nurturant, tolerant, receptive, accepting, protective.

^d - Demanding, directive, authoritative, critical, challenging.

^e - Reserved, guarded, cold, skeptical, subtle, private.

^f - Intense, energetic, intuitive, demonstrative, determined.

Table 4

Variations in Personal Self: Categorical Measures of Therapist Characteristics

Therapist Characteristic	Personal Self Dimension ^{1,2}															
	Genial/Caring				Forceful/Exacting				Reclusive/Remote				Ardent/Expressive			
	<i>M</i>	<i>sd</i>	<i>F</i>	<i>p</i> <	<i>M</i>	<i>sd</i>	<i>F</i>	<i>p</i> <	<i>M</i>	<i>sd</i>	<i>F</i>	<i>p</i> <	<i>M</i>	<i>sd</i>	<i>F</i>	<i>p</i> <
Native born	2.26	.47	3.03	ns	1.41	.54	8.97	.003	1.23	.61	35.4	.001	1.80	.53	13.9	.001
Immigrant	2.28	.43			1.36	.54			1.11	.60			1.87	.51		
Mainstream	2.30	.46	67.8	.001	1.40	.53	9.8	.002	1.21	.60	3.0	ns	1.85	.53	203.4	.001
Minority	2.41	.45			1.45	.53			1.18	.58			2.08	.53		
Female	2.35	.44	142.9	.001	1.41	.53	2.38	ns	1.14	.60	103.6	.001	1.93	.53	273.3	.001
Male	2.25	.46			1.39	.51			1.26	.59			1.76	.52		
Single	2.27 ^{ab}	.47	9.09	.001	1.38 ^a	.54	6.78	.001	1.34 ^{abc}	.60	50.6	.001	1.86 ^a	.54	11.6	.001
Living w. partner	2.31 ^c	.45			1.44 ^{ab}	.52			1.12 ^a	.59			1.84 ^b	.52		
Married/remarried	2.32 ^a	.45			1.42 ^c	.52			1.16 ^b	.59			1.86 ^c	.54		
Separated/Divorced	2.36 ^{bc}	.45			1.36 ^{bc}	.55			1.16 ^c	.60			1.96 ^{abc}	.52		
Non-parent	2.34	.44	9.52	.002	1.34	.55	0.60	ns	1.26	.59	78.3	.001	1.93	.53	0.83	ns
Parent	2.38	.44			1.32	.51			1.11	.57			1.94	.54		
Psychology	2.32 ^{ab}	.44	85.9	.001	1.47 ^{abc}	.52	55.1	.001	1.16 ^a	.61	62.1	.001	1.87 ^{abc}	.53	86.7	.001
Psychiatry ³	2.17 ^{acd}	.49			1.34 ^{bd}	.52			1.36 ^{ab}	.60			1.70 ^{ade}	.52		
Counseling	2.41 ^{bcd}	.42			1.27 ^{ade}	.52			1.10 ^{bc}	.55			1.96 ^a	.52		
Social work	2.39 ^{ae}	.45			1.39 ^a	.30			1.08 ^{ad}	.58			1.96 ^{bd}	.52		
Therapist/analyst	2.30 ^{de}	.44			1.40 ^{ce}	.52			1.22 ^{bcd}	.56			2.00 ^{ce}	.51		

Note. 1 - Rated on 4-point scale: 0 = Not at all, 1 = Some, 2 = Much, 3 = Very much.

2 - Shared superscripts represent statistically significant subgroups based on post-hoc Scheffé analysis.

3 - Includes medically trained psychotherapists (in Germany).

Table 5

Variations in Personal Self: Continuous Measures of Therapist Characteristics (Pearson's r)

	Personal Self Dimensions			
	Genial/ Caring	Forceful/ Exacting	Reclusive/ Remote	Ardent/ Expressive
Age (years)	.11 ^{***b}	-.12 ^{***}	-.12 ^{***}	.04 ^{***}
Life Satisfaction	.42 ^{***}	.08 ^{***}	-.23 ^{***}	.31 ^{***}
Life Burdens	-.08 ^{***}	.16 ^{***}	.14 ^{***}	.09 ^{***}
<i>Practice duration</i>				
(years of therapy practice)	.07 ^{***}	-.05 ^{***}	-.07 ^{***}	.05 ^{***}
<i>Theoretical orientation</i>				
Analytic/psychodynamic	-.04 ^{***}	.03 ^{***}	.04 ^{***}	-.01
Behavioral	.09 ^{***}	.01	-.01	.01
Cognitive	.13 ^{***}	-.01	-.09 ^{***}	-.01
Cognitive–Behavioral ^a	.12 ^{***}	-.01	-.08 ^{***}	-.00
Humanistic	.10 ^{***}	-.02	-.01	.08 ^{***}
Systemic	.12 ^{***}	.04 ^{***}	-.04 ^{***}	.09 ^{***}

Note. ^a - "Cognitive-Behavioral" computed as scores for "Cognitive" + "Behavioral" divided by 2.

^b - *** - $p < .001$

Table 6

Correlations (Pearson's r) of Personal Self and Professional Self (N ~ 10,868)

Therapists' Self in Relating with Patients	Therapists' Self in Close Personal Relationships			
	Genial/ Caring	Forceful/ Exacting	Reclusive/ Remote	Ardent/ Expressive
Affirming	.52**** ^a	.04***	-.05***	.23***
Directive	-.03***	.48***	.23***	.19***
Reserved	-.21***	.20***	.52***	-.00
Effective	.38***	.15***	.02	.46***

Nation ^b	N~	Forceful x Directive	Reclusive x Reserved	Ardent x Effective
Norway	1610	.44	.46	.33
Germany	1106	.43	.35	.39
UK	1078	.35	.41	.32
USA	975	.43	.47	.31
Australia	950	.43	.36	.34
Denmark	504	.28	.30	.33
S. Korea	503	.47	.49	.51
China	450	.36	.34	.40
Canada	435	.41	.49	.50
Portugal	374	.47	.42	.42
Others	2811	.48	.47	.41

Note. ^a - *** - $p < .001$; ^b Off-diagonal correlations of Genial (Personally) and Effective (Professionally) are consistently significant but always smaller than in-diagonal correlations between Genial and Affirming; In-diagonal correlations all significant ($p < .001$)

