

THE DARKER SIDE: PERSONALITY AND MOTIVATIONS OF CLINICAL AND COUNSELLING PSYCHOLOGISTS

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Abstract

Clinical and counselling psychologists have traditionally been perceived as being helpful to others, empathic, caring, kind, trustworthy, independent, insightful, and introspective. They have also been found to possess analytical, interpersonal, observational, and problem-solving skills; patience and integrity. Research on the personality and motivations of clinical and counselling psychologists has therefore mostly focused on strengths and positive attitudes and motivations. Although theories regarding the negative traits and less desirable motivations of psychologists exist, few researchers have attempted to validate them empirically, especially in the Maltese context. The aim of the current study is to explore the personality traits and motivations of Maltese clinical and counselling psychologists, from the perspectives of their colleagues. Five clinical and five counselling psychologists were interviewed by means of the repertory grid technique, based on the tenets of Kelly's construct theory. Data was analysed following a procedure adapted from Lemke et al. (2011). Findings suggest that besides altruistic motives to pursue the profession, psychologists are also driven by "darker" motivators which have been under-researched so far. These include power, financial gain and the need for self-affirmation. Additionally, results underscore the existence of traits which could potentially interfere with the outcome of psychotherapy, such as unethical attitudes and behaviours, an inflated sense of self, and difficulties with empathy. These findings have pragmatic value in that they can inform understanding of determinants underlying clinical and counselling psychologists' choice of career. This could prove useful both when prospective psychologists are considering entry into the profession, and to inform the personal psychotherapy and supervision of existing psychologists. The results therefore have implications for the selection, training and supervision of clinical and counselling psychologists.

Keywords: *Personality, motivations, clinical and counselling psychologists, repertory grid technique.*

1. Introduction

The aim of the current study is to explore the personality traits and motivations of Maltese clinical and counselling psychologists, from the perspectives of their colleagues. It builds on a previous study, presented at the conference entitled "Breaking Barriers", held at the University of Malta (Catania & Darmanin Kissaun, 2018).

Wampold et al. (2011) listed qualities and actions of effective therapists which included verbal fluency, interpersonal perception, affective modulation and expressiveness, warmth and acceptance, empathy, and focus on others. Other authors however have pointed out that excessive emphasis on the positive aspects of psychologists' personalities has resulted in a neglect of less positive qualities that probably led, at least in part, to the common perception of psychologists as intellectually, spiritually and morally superior (Maroda, 2005). Although psychologists regularly claim that their primary motivation in choosing their profession is to help people, there is a body of knowledge which evidences that the choice of career as a helping professional is determined by multiple factors that are complex, intertwined, only partially conscious, and often not well-understood until late in the psychologist's career (Maroda, 2005; Norcross & Farber, 2005; Sussman, 2007). This indicates that perhaps psychologists might not be as aware of their "darker side" as they would like to think. Norcross and Farber (2005) also asserted that the neurotic motive for healing the self is usually balanced by the less-neurotic motive of altruism, and that unconscious motives can be restrained and could even prove helpful to psychologists as long as they are aware of them.

The personality of psychologists is considered to be fundamentally important since it influences the outcome of treatment. In a number of studies, the differences between types of treatment were found

to be negligible when compared to the differences amongst therapists in determining the effectiveness of psychotherapy (e.g. Lutz et al. 2007; Wampold, 2006). It appears, therefore, that psychologists, far more than other professionals, depend on their personhood to provide a good service to clients, rendering self-awareness of paramount importance. Although theories regarding the negative traits of psychologists exist (e.g. Sussman, 2007), few researchers have attempted to validate them empirically. Moreover, the research in the area is relatively dated and mostly focused on strengths and values. Additionally, most of the studies we encountered have taken an etic perspective, that is they studied determinants of clinical and counselling psychologist's career choice from an outsider's perspective (Luna & Forquer Gupta, 2001). We propose that etic and emic perspectives can be considered two sides of the same coin, and both are important to obtain a more holistic understanding of phenomena. We therefore deemed it necessary to provide a complementary emic perspective, which sheds light on the 'inside' perspectives of psychologists themselves.

2. Method

We deemed the repertory grid technique (Kelly, 1969), with its idiographic emphasis, to be the ideal method for this study as it is designed to help understand the nuanced differences in the manner in which psychologists view their colleagues and has also been shown to be useful in eliciting tacit knowledge (Polanyi, 1958). Clinical and counselling psychologists' perceptions of their colleagues could possibly shed light on what they consider to be ideal qualities that they aspire to. Traits which are perceived to be negative or undesirable to participants, and consequently repressed or denied in themselves, can also more easily be elicited by attributing them to others. Conscious thought is therefore bypassed by means of projection (Freud, 1893). Ten Maltese clinical/counselling psychologists who practice psychotherapy were recruited by means of convenience sampling. The duration of the interviews was between 60 and 90 minutes. Saturation was deemed to have been reached after the tenth interview, at the point when all the constructs which emerged had already been generated in previous interviews. Both authors coded the 50 unique constructs that emerged into categories individually, subsequently discussed them and finally generated an integrated classification. The constructs were classified into five main categories, with self-awareness (or the lack of it) being an underlying thread permeating all constructs. The final classification of categories is presented, together with their respective salient constructs, in the table hereunder.

3. Findings and discussion

Table 1. Categories and sample constructs.

Categories	Sample Constructs	
Motivations	<ul style="list-style-type: none"> • Driven by financial gain • Puts self before clients • Inflated sense of self • Power issues, manipulative • Violates boundaries 	<ul style="list-style-type: none"> • Driven by a wish to make the world a better place • Puts clients' wellbeing first • Insecure • Aware of power issues, not manipulative • Keeps adequate boundaries
Ethical attitudes and behavior	<ul style="list-style-type: none"> • Not ethical, not mindful of professional boundaries • Unethically detached 	<ul style="list-style-type: none"> • Ethically responsible both in theory and in practice • Ethically attached
Self-care and work-life balance	<ul style="list-style-type: none"> • Stagnant and unable to regenerate • Workaholic 	<ul style="list-style-type: none"> • Able to regenerate and care for themselves. • Good work life balance – tends towards "life" rather than "work"
Congruence and authenticity	<ul style="list-style-type: none"> • Incongruent – personal and professional lives do not match • Shady and shifty 	<ul style="list-style-type: none"> • Congruent in their personal and professional lives • Genuine and authentic

3.1. Motivations

In line with the research regarding the motivators for choice of profession (Hill et al., 2013; Wampold et al., 2011), altruistic motives, such as a genuine interest in helping people, a wish to make the world a better place, and a generous disposition, were noted as possible motivators in some instances. However, participants also described "darker" motivators, such as a need for self-affirmation from others, which have been considered less frequently in the literature. This is in line with Sussman's (2007)

proposal that psychologists possess unconscious motives stemming from narcissistic needs. Other motivators included the quest for power, prestige and financial gain, consonant with Ng et al.'s (2011) study that found that persons with narcissistic tendencies possessed an attitude towards money characterised by the need for social power. It has been postulated that, given that narcissistic individuals develop a heightened sensitivity to narcissistic injury and emotional disturbance in others, they tend to gravitate to caring professions as a choice of career (Luchner et al., 2008; Miller, 1981). Some psychotherapists possess personality characteristics associated mostly with the vulnerable/covert narcissistic type that may contribute to high levels of empathy and a capacity for attunement (Glickauf-Hughes & Melhman, 1995). The main constructs elicited from our participants included psychologists' ability to be "genuinely empathic, versus self-absorbed/seen as making space for the other, but in the service of the self". However, empathy was also construed by participants as "...sometimes excessive, to the extent of enmeshment and loss of self in the psychologists". Luchner et al. (2008) list a number of consequences of this, among which are boundary violations and absence of the therapeutic frame, issues that are in line with the constructs elicited by the participants in this study.

3.2. Ethical attitudes and behaviour

Participants perceived some of their peers as not being respectful of boundaries, and breaching confidentiality. Both these situations can be considered to be serious ethical breaches in their own right, according to most professional codes of ethics. However, they are possibly even more serious in the local context, given the small size of Malta and the closely-knit communities that characterise it (Abela & Sammut Scerri, 2010). This makes maintaining boundaries much more crucial, as dual relationships abound and psychologists are likely to come across clients or their relatives on a regular basis. Additionally, participants pointed out that some psychologists remain "unethically detached" from their clients during therapy. This would have implications for the conscious regulation of attachment patterns in accordance with the particular client's needs, a skill that Mallinckrodt (2010) proposed to be essential. The relationship between the Maltese culture and the propensity to engage in unethical behaviour has been noted in previous studies (e.g. Catania, 2014).

3.3. Congruence and authenticity

Participants mentioned genuineness, authenticity and congruence as factors affecting the therapeutic relationship, in line with a number of authors who demonstrated that therapist characteristics are important determinants of effectiveness of short and long-term psychotherapy (Heinonen et al., 2012, 2020). Contrarily, some clinical and counselling psychologists were described as shady, shifty, scheming and backstabbing, as well as demonstrating discrepancies between their personal and their professional personas. Some psychologists were also seen as being keen to share their weaknesses, knowledge and expertise with their colleagues, whilst others were construed as being more guarded. Therapists' personal attributes such as honesty, respect, trustworthiness, warmth, and openness were found to contribute positively to their relationships with clients and colleagues (Heinonen et al., 2020) whereas a lack of congruence and authenticity was considered by Rogers (1961) and, more recently, by Geller and Greenberg (2023), as an obstacle to building trust and openness in the therapeutic dyad.

3.4. Self-care and work-life balance

Research findings suggest that mental health professionals are particularly at risk for developing stress-related difficulties and burnout due to the inherently stressful nature of their role (Pakenham & Stafford-Brown, 2012). There is evidence that excessive stress may negatively impact both personal and professional functioning of psychologists. In this regard, more than one third of the clinical psychologists in Guy et al.'s (1989) study reported that their own distress negatively affected the quality of care they gave their clients. Other studies strongly emphasised the need for psychologists to recognise the importance of self-care, which can be defined as the implementation of practices aimed at advancing one's own health and well-being (Bickley, 1998). Indeed, another category of constructs emerging from the participants' statements referred to self-care and work-life balance. In fact, Posluns and Gall (2020) claim that the learning of self-care and stress-management skills is of paramount importance if psychologists are to counteract the adverse effects of stress and burnout that they are likely to experience throughout their career.

4. Implications for the training and clinical supervision of psychologists: Reflective practice as a means of promoting self-awareness and self-care

Participants mentioned the use of a variety of defence mechanisms, as opposed to being "free and open", as well as "...the possibility of acting out due to lack of reflexivity and self-awareness".

Grosch & Olsen (1994) exhort against the perils of unawareness and claim that these can lead to burnout, withdrawal, job dissatisfaction, and overworking. Other consequences of unawareness cited by these authors are ethical charges from clients and colleagues, malpractice suits, loss of licensure, an inability to practice psychotherapy, and criminal or civil litigation. Participants stated that the degree of investment in the psychologists' own therapy and supervision was important, since these increase psychologists' self-awareness and reflective skills. Reflective practice, defined as "practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care" (Fouad et al., 2009, p. 10) has increasingly been recognised as an important aspect of numerous clinical and counselling psychology graduate programmes in various countries (Cooper & Wieckowski, 2017; Gates & Senediak, 2017; Knoetze & McCulloch, 2017). In order to counter the inherent difficulties involved in practicing the profession, Jordaan, et al. (2007) proposed coping programmes for psychologists and encouraged them to practice emotional self-care by means of psychotherapy and support groups. Barnett and Cooper (2009) claim that self-care should be emphasised at every stage of a psychologist's career, while Pakenham and Stafford-Brown (2012) and Theriault and Gazzola (2006) recommend that self-care is specifically integrated into psychologists' training programmes from their inception. Furthermore, Christopher et al. (2006) affirm that self-care is usually not an essential part of graduate programmes of study, and that trainees are usually expected to practice self-care on their own initiative.

5. Conclusion

This research sheds light on motivations and personality traits of clinical and counselling psychologists which have been neglected in the literature. These include the need for self-affirmation, power, and financial gain, among others. When compounded by a lack of awareness, these could lead to unethical attitudes and behaviour, boundary violations, the breaching of the therapeutic frame, and an inability to exercise self-care. Additionally, the results of this study underscore the relevance of promoting awareness and reflective practice in psychologists' own psychotherapy and supervision. This could shed light on their motivations to exercise the profession, and on the manner in which their own personal issues can negatively impact the outcome of psychotherapy. The findings also emphasise the importance of integrating the teaching of self-care into professional training programmes.

References

- Abela, A., & Sammut Scerri, C. (2010). Managing multiple relationships in supervision: In C. Burke & G. Daniel (Eds.). *Mirrors and reflections: Processes of systemic supervision*, (289-308). London: Karnac.
- Barnett, J. E., & Cooper, N. (2009). Creating a culture of self-care. *Clinical Psychology: Science and Practice*, 16(1), 16–20.
- Bickley, J. B. (1998). Care for the caregiver: The art of self-care. *Seminars in Preoperative Nursing*, 7, 114-121.
- Catania, G. (2014). The unintended consequences of motivational techniques: Goal setting and unethical behavior in the Maltese financial services industry. *Procedia-Social and Behavioral Sciences*, 109, 1375-1385.
- Catania, G., & Darmanin-Kissaun, G. (2018). Same roots, different branches: The study of personality by researchers from different disciplines. In C. Borg Farrugia (Ed.). *Breaking Barriers* (211-224). Msida, Malta: G.F. Abela Junior College.
- Christopher, J. C., Christopher, S. E., Dunnagan, T., & Schure, M. (2006). Teaching self-care through mindfulness practices: The application of yoga, meditation, and qigong to counselor training. *Journal of Humanistic Psychology*, 46, 494–509.
- Cooper, L. D., & Wieckowski, A. T. (2017). A structured approach to reflective practice training in a clinical practicum. *Training and Education in Professional Psychology*, 11(4), 252–259.
- Fouad, N. A., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutchings, P. S., Madson, M. B., & Crossman, R. E. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology*, 3(4), 5–26.
- Freud, S. (1893). *Studies on hysteria*. Standard Edition, 2, 21-181.
- Gates, N. J., & Senediak, C. I. (2017). Neuropsychology supervision: Incorporating reflective practice. *Australian Psychologist*, 52(3), 191–197.
- Geller, S. M., & Greenberg, L. S. (2023). *Therapeutic presence: A mindful approach to effective therapeutic relationships*. American Psychological Association.

- Glickauf-Hughes, C., & Melhan, E. (1995). Narcissistic issues in therapists: Diagnostic and treatment considerations. *Psychotherapy: Theory, Research, Practice, Training*, 32, 213–221.
- Grosch, W. N., & Olsen, D. C. (1994). *When helping starts to hurt: A new look at burnout among psychotherapists*. New York: W. N. Norton & Company, Inc.
- Guy, J. D., Poelstra, P. L., & Stark, M. J. (1989). Personal distress and therapeutic effectiveness: National survey of psychologists practicing psychotherapy. *Professional Psychology: Research and Practice*, 20(1), 48–50.
- Heinonen, E., & Nissen-Lie, H. A. (2020). The professional and personal characteristics of effective psychotherapists: A systematic review. *Psychotherapy Research*, 30(4), 417–432.
- Heinonen, E., Lindfors, O., Laaksonen, M. A., & Knekt, P. (2012). Therapists' professional and personal characteristics as predictors of outcomes in short and long term psychotherapy. *Journal of Affective Disorders*, 138(3), 301–312.
- Hill, C. E., Lystrup, A., Kline, K., Gebru, N. M., Birchler, J., Palmer, G., & Knox, S. (2013). Aspiring to become a therapist: Personal strengths and challenges, influences, motivations, and expectations of future psychotherapists. *Counselling Psychology Quarterly*, 26, 267–293.
- Jordaan, I., Spangenberg, J. J., Watson, M. B., & Fouche, P. (2007). Emotional stress and coping strategies in South African clinical and counselling psychologists. *South African Journal of Psychology* 37, 835–855.
- Knoetze, J. J., & McCulloch, M. (2017). Reflections on becoming a psychologist: Professional development experiences of students in a South African psychology graduate program. *Journal of Psychology in Africa*, 27, 472–476.
- Lemke, F., Clark, M., & Wilson, H. (2011). Customer experience quality: an exploration in business and consumer contexts using repertory grid technique. *Journal of the Academy of Marketing Science*, 39, 846–869.
- Luchner, A. F. (2008). Maintaining boundaries in psychotherapy: Covert narcissistic personality characteristics and psychotherapists. *Psychotherapy: Theory, Research, Practice, Training* 45, 1–14.
- Luna, D., & Forquer-Gupta, S. (2001). An integrative framework for cross-cultural consumer behaviour. *International Marketing Review*, 18 (1), 45–69.
- Lutz, W., Leon, S. C., Martinovich, Z., Lyons, J. S., & Stiles, W. B. (2007). Therapist effects in outpatient psychotherapy: A three-level growth curve approach. *Journal of Counseling Psychology*, 54, 32–39.
- Mallinckrodt, B. (2010). The psychotherapy relationship as attachment: Evidence and implications. *Journal of Social and Personal Relationships*, 27, 262–270.
- Maroda, K. J. (2005). Legitimate gratification of the analysts' needs. *Contemporary Psychoanalysis*, 41, 371–387.
- Miller, A. (1981). *Prisoners of childhood: The drama of the gifted child and the search for the true self*. New York: Basic Books.
- Ng, H. K. S., Tam, K. P., She, T. M. (2011). The money attitudes of covert and overt narcissists. *Personality and Individual Differences* 51, 160–165.
- Norcross, J. C., & Farber, B. A. (2005). Choosing psychotherapy as a career: Beyond “I want to help people”. *Journal of Clinical Psychology/In Session*, 61, 1009–1031.
- Pakenham, J. I., & Stafford-Brown, J. (2012). Stress in clinical psychology trainees: A review of current research and future directions. *Australian Psychologist*, 47, 147–155.
- Polanyi, M. (1958). *Personal knowledge: Towards a post-critical philosophy*. Chicago: University of Chicago Press.
- Posluns, K., & Gall, T. L. (2020). Dear mental health practitioners, take care of yourselves: a literature review on self-care. *International Journal for the Advancement of Counselling* 42, 1–20.
- Rogers, C. R. (1961). *Client-centered therapy: Its current practice, implications, and theory*. London: Constable.
- Sussman, M. B. (2007). *A curious calling: Unconscious motivations for practicing psychotherapy*. Northvale, NJ: Aronson.
- Therault, A., & Gazzola, N. (2006). Feelings of inadequacy, insecurity, and incompetence among experienced therapists. *Counselling and Psychotherapy Research*, 5(1), 11–18.
- Wampold, B. E. (2006). What should be validated? The psychotherapist. In J. C. Norcross, L. E. Beutler and R. F. Levant (Eds.), *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions* (200–208). Washington, DC: American Psychological Association.
- Wampold, B. E., & Carlson, J. (2011). *Qualities and actions of effective therapists*. Washington: American Psychological Association.