

Chapter #5

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

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ABSTRACT

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 and data was analysed according to Repertory Grid procedures. 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 reflective practice and render clinical and counselling psychologists aware of their less desirable personality traits and motivations for practicing the profession. 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, reflective practice.

1. INTRODUCTION

Research on the personality and motivations of clinical and counselling psychologists has 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 current study seeks to emphasise the importance of practitioners considering these traits in their reflective practice and addressing them in their own psychotherapy and supervision. This encourages practitioners to be self-critical and ethical in their clinical practice (Dallos & Stedmon, 2009), thus enhancing their personal growth and professional development, in line with the aims of this volume.

The present chapter builds on a previous study, presented at the conference entitled “Breaking Barriers”, held at the University of Malta (Catania & Darmanin Kissaun, 2018). For the purpose of this preliminary study, the focus of which was the importance of interdisciplinary perspectives on the study of personality, five participants were interviewed and the data was not formally categorised. For the current study the number of participants was extended to ten, and the data was analysed in accordance with Repertory Grid procedures (Lemke, Clark, & Wilson, 2011).

2. BACKGROUND

Rogers (1951; 1961) laid down the ideal characteristics of psychotherapists (i.e. non-judgmental, genuine, and able to view their clients with unconditional positive regard) as being the necessary conditions of psychotherapy and the key movers of change within the client. Wampold and Carlson (2011) summarised qualities and actions of effective therapists as consisting of verbal fluency, interpersonal perception, affective modulation and expressiveness, warmth and acceptance, empathy, and focus on others. In a similar vein, the United States Bureau of Labor Statistics' Occupational Outlook Handbook outlined seven traits and skill sets which are considered necessary for an aspiring psychologist. These are analytical skills, communication skills, integrity, interpersonal skills, observational skills, patience, and problem-solving skills (Bureau of Labor Statistics, 2018). Other authors however have pointed out that this emphasis on the positive aspects of psychologists' personalities, which they often actually possess, has led to a neglect of less positive qualities. This has probably led to what Maroda (2005) referred to as the common perception of psychologists as intellectually, spiritually and morally superior. Although psychologists regularly claim that their primary motivation in choosing their profession is to help people, there is a body of knowledge that 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. Trivers (1991) stated that self-deception is also a personality trait which is deeply rooted in human nature that could, according to Sussman (2007), result in psychologists not being fully conscious of the motivations for their choice of profession. Norcross and Farber (2005) claimed that the motivation for choosing a career in mental health may arise from a need to resolve personal psychological issues and childhood struggles by means of practicing a caring profession. Sussman (2007) identified motives stemming from instinctual aims, motives related to narcissism and the development of the self, and motives involving object relations underlying psychologists' choice of profession. 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 (Lutz, Leon, Martinovich, Lyons & Stiles, 2007; Wampold, 2006; Wampold & Brown, 2005). It appears, therefore, that psychologists, unlike other professionals, depend on their personhood to provide a good service to clients, rendering self-awareness of paramount importance. Increased self-awareness is one of the aims of reflective practice, that has become an essential component of training and best practice for many professionals (Dallos & Stedmon, 2009), including clinical and counselling psychologists.

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 wholistic understanding of phenomena. We therefore deemed it necessary to provide a complementary emic perspective, which sheds light on the 'inside' perspectives of psychologists themselves.

3. METHOD

We deemed the repertory grid technique, 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. The repertory grid technique was developed by Kelly (1963) as a method of eliciting personal constructs, which he defined as frames of reference that are derived from individuals' upbringing and experiences. These constructs drive human beings' understanding of the world. Kelly (1955) posits that: "A construct is a way in which some things are construed as being alike and yet different from others" (p. 105). A distinctive feature of personal constructs is that they are dichotomous – e.g. an individual may perceive others as being good or bad, friendly or hostile, strong or weak, etc. (Kelly, 1955; 1963). Although essentially cognitive, constructs also have motivational and emotional qualities. This technique has also been shown to be useful in eliciting tacit knowledge (Polanyi, 1958), such as the knowledge professionals have about their own profession, which they are not necessarily conscious of. 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, a defence mechanism whereby the existence of unpleasant thoughts, impulses, and aspects of the self are attributed to others (Breuer & Freud, 1893). In sum, this research instrument allows participants to refer to their own unconscious traits and motivations whilst consciously referring to those they believe belong to their fellow professionals.

Ethical approval for the study was granted by the Research Ethics Committee of the University of Malta. Ten Maltese clinical/counselling psychologists who practice psychotherapy were recruited by means of convenience sampling. We therefore deploy the terms "psychologist" and "psychotherapist" interchangeably throughout this chapter. Their informed consent and permission for the researchers to write down their responses in the grid were also obtained. Participants were fully aware of their rights to remain anonymous and to withdraw from the study without providing justification. Furthermore, participants were asked to assign pseudonyms to the psychologists they referred to during the interviews, in order to safeguard their identities. The duration of each interview was between 60 and 90 minutes. In order to elicit constructs, participants were asked to identify differences and similarities among the various exemplars (e.g. "the most empathic psychologist you are aware of", "the psychologist who has the best communication skills", etc.). Each exemplar was then rated on this construct using a seven-point scale, with the number one representing the person mostly resembling the emergent pole of the construct and the number seven denoting the person mostly resembling the opposite pole. Results were recorded in the first row of a repertory grid. This procedure was repeated using various combinations of exemplars until no new constructs were generated. 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. Data was analysed following a procedure adapted from Lemke et al. (2011). The 50 unique constructs that emerged were recorded on cards. Both authors coded the constructs 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 below.

4. FINDINGS AND DISCUSSION

*Table 1.
Categories and sample constructs.*

Categories	Sample Constructs	
Motivations	<ul style="list-style-type: none"> • Driven by financial gain • Egotistic motivation • Puts self before clients • Inflated sense of self • Power issues, manipulative • Self-absorbed • Violates boundaries • Breaches therapeutic frame 	<ul style="list-style-type: none"> Driven by a wish to make the world a better place Altruistic motivation Puts clients' wellbeing first Insecure Aware of power issues, not manipulative Other-oriented Keeps adequate boundaries Adheres to therapeutic frame
Ethical attitudes and behaviour	<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

4.1. Motivations

In line with the research regarding the motivators for choice of profession (Hill et al., 2013; Wampold & Carlson, 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 affirmation from others, that have been considered less frequently in the literature. This is in line with Sussman’s (2007) proposal that psychologists possess unconscious motives for their choice of profession, those which lead them to satisfy narcissistic needs and the wish for affirmation from others. Other motivators included the quest for power, prestige and financial gain, consonant with Ng, Tam and Shue’s (2011) study that found that persons with narcissistic tendencies possessed an attitude towards money characterised by the need for social power. Several authors have suggested a vast gamut of subtypes of narcissistic individuals, who do not necessarily fulfil the diagnostic criteria for Narcissistic Personality Disorder of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR, American Psychiatric Association, 2022). Authors have distinguished the grandiose/overt subtype characterised by a heightened sense of self-worth, from the vulnerable/covert type, that is recognised in the clinical literature by a lack of self-worth, feelings of helplessness, inadequacy and shame, anxiety-provoking threats to the

self, a hypersensitivity to rejection, and covert grandiose expectations for oneself and others (Caligor, Levy, & Yeomans, 2015; Gabbard, 1989; Luchner, Mirsalimi, Moser, & Jones, 2008). The DSM-5-TR classification, which coincides with the grandiose type (Caligor et al., 2015), describes narcissistic individuals as characterised by grandiosity, need for admiration, and a lack of empathy. On the other hand, it has also 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 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 psychologist". Those clinicians who have covert narcissistic reactions or tendencies might seek to fulfil needs for admiration and acceptance through their relationships with clients. Moreover, Ng et al., (2011) found that both covert and overt narcissism predicted the power-prestige dimension of money attitude, mediated by the need for social power. The relationship with covert narcissism was also mediated by the fear of negative social evaluation, confirming its socially vulnerable and hypersensitive features. In the absence of awareness, this might render the therapeutic process problematic. Luchner et al. (2008) list a number of consequences of this, among which are boundary violations and absence of the therapeutic frame, transgressions that are in line with the constructs elicited by the participants in the study. These difficulties increase the danger of ruptures in the therapeutic alliance, client drop-out, and burn-out in the therapist (Guy, Poelstra, & Stark, 1989).

4.2. 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 renders 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 in contrast to those who are "ethically, or healthily attached". This would also have implications for the conscious regulation of attachment patterns in accordance with the particular client's needs, a skill that Mallinckrodt (2010) considered to be essential. The relationship between the local culture, as measured by Hofstede's dimensions (Hofstede, 1980, 2001) and the propensity to engage in unethical behaviour has been noted in previous studies (Catania, 2014). It is therefore troubling that practitioners in the fields under consideration, where unethical behaviour can have such severe consequences on the lives of individuals, have identified ethical attitudes and behaviour as an area of concern in their colleagues.

4.3. Congruence and Authenticity

Participants mentioned genuineness, authenticity and congruence as factors affecting the therapeutic relationship. This is congruent with a number of studies that demonstrated that therapist characteristics are important determinants of effectiveness of short and

long-term psychotherapy (Ackerman & Hilsenroth, 2003; Heinonen, Lindfors, Laaksonen, & Knekt, 2012; Heinonen & Nissen-Lie, 2020). Contrarily, some clinical and counselling psychologists were described as shady, shifty, scheming and backstabbing, and participants noted 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. Practitioners' personal attributes such as honesty, respect, trustworthiness, warmth, and openness were found to contribute positively to their relationships with clients and colleagues (Ackerman & Hilsenroth 2003). Contrarily 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.

4.4. Self-care and Work-Life Balance

Excessive stress has been found to have a variety of negative effects on workplace performance and is associated with impaired declarative memory (Kirschbaum, Wolf, May, Wippich, & Hellhammer, 1996), reduced attention and concentration (Skosnik, Chatterton, Swisher, & Park, 2000), and impaired decision-making skills (Klein, 1996). It has also been found to decrease practitioners' ability to build strong relationships with clients (Enochs & Etzbach, 2004) which has implications for clinical and counselling psychologists' effectiveness. A growing body of evidence suggests 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). Graduate trainees in psychology also report high levels of stress and emotional distress (El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012; McKinzie, Burgoon, Altamura, & Bishop, 2006; Myers et al., 2012). These research findings suggest that elevated stress may have detrimental effects on both the 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 personal distress decreased the quality of care they gave their patients. All these studies strongly point to the need for psychologists to recognise the importance of self-care, which can be defined as engaging in self-initiated practices that advance health and well-being (Posluns & Gall, 2020). Indeed, another category of constructs emerging from the participants' statements referred to self-care and work-life balance. Participants emphasised a difference between the effectiveness of clinical and counselling psychologists who give importance to self-care, and those who do not. 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, and thus safeguard their clients.

5. IMPLICATIONS FOR THE TRAINING AND CLINICAL SUPERVISION OF PSYCHOLOGISTS

5.1. Reflective Practice as a Means of Promoting Self-Awareness and Self-Care

The tendency of appearing defensive, as opposed to being "free and open", was seen as a negative factor by one participant. Other participants distinguished between psychologists who were genuinely interpretative and those who were mainly "...acting out", possibly because of a lack of self-awareness. The degree of investment in the psychologists' own therapy and supervision was seen as important here, given that it increases the psychologists' reflective skills. A number of authors have emphasised the need for

psychologists to be aware of their own motivations for pursuing the profession. Without awareness of the particular historical and interpersonal dynamics that fuel motivation to become psychotherapists, clinicians may repeatedly attempt to resolve unconscious emotional and developmental conflicts by means of their profession. Grosch and Olsen (1994) exhort against the perils of unawareness of the need for admiration and affection from clients, and claim that these can lead to burnout, withdrawal, job dissatisfaction, and overworking. Other consequences of unawareness cited by these authors include 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.

Fouad et al. (2009) claimed that reflective practice implied professional self-awareness, awareness of competencies and appropriate self-care. Carmichael, Rushworth, and Fisher, (2020) further added that it involves the critical analysis of practitioners' own actions with the goal of improving their professional practice. Reflective practice is increasingly being 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). Reflective practice is recognised by the Health and Care Professions Council (HCPC, 2015) and the British Psychological Society (BPS, 2017) as a core clinical competency. The reflective practitioner model has in fact been integrated into the training programmes of clinical psychology (Carmichael et al., 2020).

In order to counter the inherent difficulties involved in practicing the profession, Jordaan, Spangenberg, Watson, and Fouche (2007) proposed coping programmes for psychologists and encouraged them to practice emotional self-care by means of psychotherapy and support groups. The Australian Psychological Society's Code of Ethics (APS, 2007) provides further support for the importance of psychologists recognising their need for self-care. This code stipulates that psychologists must ensure that "their emotional, mental, and physical state does not impair their ability to provide a competent psychological service" (p. 19). Barnett and Cooper (2009) claim that self-care should be emphasised at every stage of a psychologist's career, while Pakenham and Safford-Brown (2012) and Theriault and Gazzola (2006) recommend that self-care is specifically integrated into psychologists' training programmes from their inception. However, these authors and others (e.g. Vally, 2019) contend that self-care is usually presented to the trainee as an individual responsibility, rather than being taught directly in training programmes. Similarly, in Malta, although the necessity for self-care is recognised, courses addressing self-care are, to date, not integrated into the professional training programmes for psychologists offered by the University of Malta.

5.2. Promoting Ethical Awareness

This study has also raised concerns regarding the ethical attitudes and behaviour of psychologists in the light of the particular cultural context described above. These could be partially addressed by the creation of a Situational Judgement Test (Motowidlo, Dunnette, & Carter, 1990) that can be applied to the assessment of values and personality, and adopted in the recruitment process of psychology trainees.

6. CONCLUSION

This research sheds light on motivations and personality traits of clinical and counselling psychologists which so far have been neglected in the literature. These include the need for self-affirmation, power, and financial gain that, when compounded by a lack of awareness, could lead to unethical attitudes and behaviour. Additionally, results underscore the existence of traits such as an inflated sense of self and difficulties with empathy. Boundary violations, the breaching of the therapeutic frame, and an inability to exercise self-care could potentially interfere with the outcome of psychotherapy. Therefore, the results of this study underscore the relevance of reflective practice and the importance of promoting self-awareness in psychologists' own psychotherapy and supervision. This could shed light not only regarding their motivations to exercise the profession, but 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. The results also have implications for the selection, training and supervision of clinical and counselling psychologists and could prove useful when prospective psychologists are considering entry into the profession.

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