


ORIGINAL ARTICLE

Self-concept of relational skills in psychotherapy trainees: A pilot study

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Abstract

Background: Personal characteristics and relational skills represent central aspects of the psychotherapist's work, and yet, little is still known about them in the context of psychotherapy training.

Objective: This paper presents a preliminary exploration of the self-concepts of relational skills in psychotherapy trainees. Changes in the self-concept in $N = 131$ psychotherapy trainees were explored through analysis of self-image ideal-self and self/ideal-self discrepancy in two stages (beginning vs. advanced).

Method: Data were collected with a modified version of the self-rated instruments Trainee Background Information Form and Trainee Current Practice Report (Orlinsky et al., 2015), and analysed with analyses of covariances for each dependent variable.

Results: Expected differences in the self-image of beginning versus advanced trainees were not detected. However, differences in trainees' ideal-self and in self/ideal-self discrepancy were found. Some gender and age differences were also detected.

Conclusions: The results suggest possible changes in the self-concept of relational skills, indicative of self-development processes such as discovering a realistic sense of self and self-boundaries, managing intensive emotional interactions and developing regulatory interpersonal mechanisms. An in-depth and more refined future exploration of various aspects of the self-concept in the context of psychotherapy training is needed to help understand the complex processes of forming an integrated self of psychotherapists.

KEYWORDS

developmental processes, psychotherapy trainees, psychotherapy training, relational skills, self-concept

1 | BACKGROUND

Psychotherapy training is often associated with intense processes of self-exploration and self-development (Carkhuff, 1976; Hill et al., 2015; Pascual-Leone, Rodriguez-Rubio, & Metler, 2013). Yet, little is known about what exactly changes—what hinders and nourishes this development, how trainees' personal lives are affected,

and how the undergone changes predict the way of work and outcome as therapists (Dennhag, 2012; Orlinsky & Rønnestad, 2005; Rønnestad & Skovholt, 2013). A considerable amount of literature provides evidence that the personal characteristics of practitioners and their "interpersonal capacities" (Nissen-Lie, Havik, Høglend, Monsen, & Rønnestad, 2013, p. 2) represent a central aspect of therapeutic work and comprise one of "the most reliable predictors" of

therapy outcome (Dennhag, 2012; Fiegl, 2016; Hill, Sullivan, Knox, & Schlosser, 2007; Messina et al., 2018; Nissen-Lie et al., 2013, p. 2; Orlinsky & Rønnestad, 2005; Orlinsky, Rønnestad, & Willutzki, 2011; Pascual-Leone et al., 2013; Pauza, 2012; Rønnestad & Skovholt, 2013; Strauss & Kohl, 2009). Moreover, recent studies show that the ability to form a genuine, *real relationship*, marked with authenticity, positive valence and realism is crucial for the development of a healing, therapeutic relationship (Budge & Wampold, 2015; Gelso, 2011; Gelso, Pérez Rojas, & Marmarosh, 2014; Orlinsky et al., 1996; Wampold & Budge, 2012).

Stimulated by these and other findings in the area, we were interested in exploring changes in trainees' relational skills during psychotherapeutic training. Relational skills refer to the ways one relates to oneself and others and, therefore, are fundamental for self-development and an intrinsic part of the self-concept. Self-concept is a multifaceted phenomenon encompassing "images, schemas, conceptions, prototypes, theories, goals or tasks" about the self (Markus & Wurf, 1987, p. 301; Marsh & Shavelson, 1985). It describes the way one perceives oneself when relating to oneself and others, and is considered "one of the most significant regulators of (intra- and interpersonal) behaviour" (Arens & Hasselhorn, 2014; Markus & Wurf, 1987, p. 300; Marsh & Hattie, 1996; Rogers, 1961; Wylie, 1979). Self-concept is an active structure of self-representations (positive, negative; referring to past, current or future experiences; based on what the self is, wants to be, could be, ought to be or is afraid to be), including "all aspects of social information processing" (Markus & Wurf, 1987, p. 301)—personal characteristics, feelings, social roles, images and others (Myers, 2009; Rogers, 1961; Wylie, 1979). These self-representations are generally considered to reflect the self-image (cognitions, beliefs and attitudes one has of oneself); and the ideal-self (valued attributes and ideals one wants to possess) (Markus & Wurf, 1987). Being a central compound of the self-concept, self-representations are not only formed through relational skills involved in intra- and interpersonal processes—by means of observations and evaluation of one's own values, attitudes, emotions, thoughts and behaviour, perceptions and physiological reactions to and from others—but also inform these in return (Markus & Wurf, 1987; Myers, 2009; Rogers, 1961; Wylie, 1979). In the literature, a discrepancy between these self-representations is described as resulting in discomfort, manifested in the form of mood changes, anxiety states, negative shifts in self-esteem, in self-presentation, excessive social comparisons and others (Markus & Wurf, 1987; Myers, 2009; Rogers, 1961; Wylie, 1979). By contrast, a congruency between self-image and ideal-self brings a sense of continuity of the self, of self-efficacy and self-acceptance, and is marked with a positive affective valence (Markus & Wurf, 1987; Myers, 2009; Rogers, 1961; Wylie, 1979).

As relational skills (the way one relates to oneself and others) prove to be crucial for the formation and the active re-adjustment of the self-concept, it is of interest to see how these change in the course of therapeutic training. Indeed, therapeutic training fosters intense self-exploration, personal development, continual confrontation with one's values and beliefs, and encourages "shaking

off" previous social roles, old patterns of functioning and perception, illusory aspects of the self and "finding of the self" (Carkhuff, 1976; Hill et al., 2015; Pascual-Leone et al., 2013; Philippson, 2001, p. 9; Wegscheider, 2014). Besides being fundamental for self-development, these are necessary processes for developing the ability to authentically relate to oneself and others: being able to form *real relationships*, marked with "positive and reality-based feelings towards each other," and giving space for whatever there is to emerge—features, essential not only for fulfilling personal relationships but also for the therapeutic ones (Gelso et al., 2014, p. 124).

In psychotherapy research, Rønnestad and Skovholt (2013) developed a comprehensive six-phase developmental model of psychotherapists' careers, which traces change in various aspects of the self-concept of psychotherapists, involving emotional maturation as well as professional growth (Harrison & Westwood, 2009; Jennings & Skovholt, 1999; Pascual-Leone et al., 2013). The first few phases in the model—*lay helper*, *novice* and *advanced student*—describe training development, while the subsequent three phases—*novice*, *experienced* and *senior professional*—describe post-training development. Together, they encompass early career experiences, mastering of the profession and late professional developments (Dennhag, 2012; Rønnestad & Skovholt, 2013). Based on extensive qualitative research, this model offers an understanding of the complex change processes of the trainee's self-concept (self-image and ideal-self) not only during training but throughout the professional career (Dennhag, 2012; Rønnestad & Skovholt, 2013).

In the present pilot study, we focus on the first two phases of psychotherapist development described by Rønnestad and Skovholt (2013). The first phase—*lay helper* phase—is characterised by authenticity, strong involvement, intuition, eagerness to help and provide emotional support (Rønnestad & Skovholt, 2013). However, this period is also marked by strong identification and over-involvement (Rønnestad & Skovholt, 2013). The second stage relevant to the current study is the *novice student* phase, which describes the intense period around the first client contact. This stage is characterised by immense learning processes—acquiring knowledge, competencies, skills, techniques and social roles but also by feelings of disillusionment, self-doubt and self-criticism (Rønnestad & Skovholt, 2013).

Besides studying trainees' relational skills in regard to self-concept (self-image, ideal-self and self/ideal-self discrepancy), we were also interested in exploring possible gender and age differences regarding these characteristics. In their extensive study of psychotherapists' development, Orlinsky and Rønnestad (2005) showed that being female is a significant predictor of effective practice, whereas younger (<35 years of age) and middle-aged (35–50 years of age) male therapists are at "risk for distressing practice" (p. 90). Exploration of the self-concept research literature (Jackson, Hodge, & Ingram, 1994; Marsh, 1989; Wylie, 1979) showed a consistency of gender differences with gender stereotypes: "both genders score higher on self-concept dimensions that are typically associated with their gender" (Jackson et al., 1994, p. 615). In the process of gender socialisation, women typically develop a self-concept emphasising the importance of connectedness to others, morality and likeability,

whereas men develop a self-concept emphasising independence, separateness, invulnerability, power and giftedness (Jackson et al., 1994; Marsh & Hattie, 1996; Stake, 1992; Wylie, 1979).

Regarding the relationship between age and self-concept, the literature is inconclusive, with some studies finding no association, others reporting an increase in various aspects of the self-concept with age, and still, others detecting diminishing aspects like self-regard and self-image with age (Marsh, 1989; Myers, 2009; Wylie, 1979). However, some connection between the two exists as role change is typically a function of age, and role identity is a core element of self-concept (Marsh & Hattie, 1996; Myers, 2009; Wylie, 1979). Yet, some studies show that age and self-concept are not that simplistically connected—inaccurate self-appraisal seems to grow with experience and age, even if there is no evidence for growth in competency (Dawes, 1996; Tracey, Wampold, Lichtenberg, & Goodyear, 2014). Additionally, it seemed worth exploring the interactions between relational skills and gender, while also controlling for age—as a questioning of values and standards, facing of fears and of alienated parts of the self and new identification and role changes, typically occur during the training process.

1.1 | Research questions

The following research questions were formulated to explore relational aspects of the self-concept when controlling for age and gender:

1. *Self-image*. Do Advanced psychotherapy trainees perceive themselves as having better relational skills than do Beginning trainees?
2. *Ideal-self*. Is the aspirational ideal-self of Advanced psychotherapy trainees less idealistic and more realistic than the ideal-self of Beginning trainees?
3. *Self/ideal-self discrepancy*. Is the self/ideal-self discrepancy smaller among Advanced psychotherapy trainees than among Beginning trainees?

We expected that Advanced trainees would assess themselves as having developed better relational skills, a more realistic ideal-self and more congruent self-concept (less discrepancy between self-image and ideal-self) than Beginning trainees. Additional research questions included:

4. *Gender*. Is there a gender difference in the self-assessment of relational skills of psychotherapy trainees, within the bounds of training stage and age?
5. *Age*. Is there an age difference in the self-assessment of relational skills trainees, within the bounds of training stage and gender?
6. *Interaction*. Are there significant interactions between training level and gender?

We expected to detect differences in respect to gender and age, but did not have specific expectations regarding the direction. Age

was treated as a continuous variable and inserted in the analyses as a covariate controlling for its effect.

2 | METHOD

2.1 | Setting

The study was conducted at Sigmund Freud University (SFU) in Vienna, Austria. SFU is a unique institution in Europe, for first introducing psychotherapy training as a part of university education, as distinct from independent, orientation-affiliated post-graduate institutes and for providing specialised training in various therapy schools (psychoanalysis, individual psychology, transactional analysis, person-centred therapy, existential analysis, integrative Gestalt therapy, systemic family therapy and behavioural therapy).

According to the Austrian psychotherapy law, psychotherapy can be exercised as a first profession (for instance, prior training in psychology, medicine or other psychosocial education is not necessary in order to pursue training in psychotherapy). The psychotherapy training in Austria and at SFU, accordingly, is divided into two parts: *Propädeutikum*—general part, and *Fachspezifikum*—orientation-specific part. The *Propädeutikum* takes about 2 years to complete, includes extensive theoretical knowledge, self-awareness, first psychosocial experience and supervision, but not supervised practice with clients. This part of the training corresponds to the lay helper phase in the six-phase developmental model by Rønnestad and Skovholt (2013). After its completion, the *Fachspezifikum* training starts. It takes about 3–4 years to complete, covers in-depth study of literature, theories, treatment methods and techniques of a specific psychotherapeutic approach, as well as group self-awareness, personal therapy and psychotherapeutic practice with intensive supervision. This part corresponds to the novice and advanced student phases in the six-phase developmental model by Rønnestad and Skovholt (2013). However, in the present study, the participants in *Fachspezifikum* were in the first 2 years of orientation-specific training and, thus, in the novice student phase according to Rønnestad and Skovholt (2013) classification. Yet, to ensure clarity for the reader, we used the distinction between beginning (*Propädeutikum*) and advanced (*Fachspezifikum*) trainees to differentiate between the training stages.

2.2 | Procedure

The participants were recruited on a voluntary basis during lectures at SFU. Self-rated questionnaires were distributed, with the instructions that this is a cross-sectional study on development of psychotherapy trainees; students were informed that the data would be treated strictly confidentially for research purposes only. Each volunteer was given a paper-and-pencil questionnaire and enough time to fill it in at the end of the classes. The participants were asked to submit the filled-in questionnaires into a box to ensure their anonymity.

2.3 | Participants

Table 1 shows the distribution of participants by training level, gender and age. About two-thirds (62.6%, $n = 82$) were Beginning trainees (from *Propädeutikum*), while the rest (37.4%, $n = 49$) were Advanced trainees (from *Fachspezifikum*), for a total $N = 131$. Most participants (68%; $n = 88$) were Austrian, and 14% ($n = 18$) believed they would be considered as part of a minority group.

Overall, the sample was disproportionately female 77.1% ($n = 101$), with less than a quarter being men 22.9% ($n = 30$). Although men were clearly outnumbered by women at both training levels, men were a smaller proportion of the Beginning trainees (18.3%) than of the Advanced trainees (30.6%). As might be expected, the Beginning trainees had a mean age of 24.98 ($SD = 6.26$), with a greater proportion of <24 years old (57.3%), whereas the mean age of the Advanced trainees was 35.26 ($SD = 10.54$), with a greater proportion >30 years old (62.2%). All in all, the distribution by age was 38.2% ($n = 50$) under 24 years of age, 28.2% ($n = 37$) between 24 and 29 years of age, and 30.5% ($n = 40$) 30 years or older.

Table 2 extends the description of participants to prior education and clinical experience. Overall, almost half of the participants (45.0%, $n = 59$) came directly to psychotherapy training having had no prior university education (which is possible under the Austrian psychotherapy law), as did more than half (52.4%, $n = 43$) of the Beginning trainees. Overall, most (75.6%, $n = 99$) also had some prior clinical experience. It is noteworthy that even among Beginning trainees, two-thirds (67.1%, $n = 55$) had already experienced some kind of clinical contacts, showing the practical orientation of the psychotherapy training.

Among the Beginning trainees, more women than men (50.7% vs. 33.3%) had a prior university education and also had previous clinical experience (70.1% vs. 53.3%). By contrast, among Advanced trainees more men than women had a prior university education (86.7% vs. 58.8%) and also had some clinical experience (100.0% vs. 85.3%).

2.4 | Instruments and measures

2.4.1 | Instruments

We used a modified version of two questionnaires on therapist development that were devised by the Society for Psychotherapy Research

TABLE 1 Participants by training level, gender and age

	Beginning ($n = 82$, 62.6%)	Advanced ($n = 49$, 37.4%)
Male	18.3% ($n = 15$)	30.6% ($n = 15$)
Female	81.7% ($n = 67$)	69.4% ($n = 34$)
Age	24.98 ($SD = 6.26$)	35.26 ($SD = 10.54$)
	Total ($n = 131$)	
Male	22.9% ($n = 30$)	
Female	77.1% ($n = 101$)	
Age ^a	28.62 ($SD = 9.40$)	

^aMissing data: three female and one male participants did not indicate their age.

Interest Section on Therapists Training and Development (Orlinsky et al., 2015): the Trainee Background Information Form (TBIF) and the Trainee Current Practice Report (TCPR), both drawn largely from the Development of Psychotherapist Common Core Questionnaire (Orlinsky & Rønnestad, 2005). The TBIF contains items about socio-demographic factors, family of origin, conditions when growing up, previous training experience, professional identity, current personal life and self-perception in close personal relationships. The TCPR focuses on the trainee's current therapeutic practice settings, experiences with clients, in-session feelings, clinical skills, difficulties, coping strategies, relationships with patients, supervision, overall perceived career development and well-being, as well as experiences in personal therapy.

However, the TCPR was initially constructed for trainees already engaging in clinical work, which is not the case for Beginning trainees at SFU. Fortunately, at the time of the study, the instruments were not yet finalised, which allowed us to slightly tailor them to SFU's context. All changes were discussed with and approved by SPRISTAD Steering Committee members (D. Orlinsky, B. Strauss, M.H. Rønnestad, and U. Willutzki), and included German translation, rearrangement, omission and addition of certain items.

2.4.2 | Measures

Relational skills were operationalised and measured with the help of two already existing scales in the instrument—Relational Agency and Relational Manner, representing two complementary “facets of therapeutic work experience” (Orlinsky & Rønnestad, 2005, p. 55). We decided to use these two scales, as they are already validated in the psychotherapy literature and provided us a well-established starting point of our pilot endeavour. Relational Agency was originally defined as the agentic properties of the therapist, necessary to form a therapeutic bond, and is comprised by the multi-item scales for being “Invested” (items: *involved*, *committed* and *intuitive*) and being “Efficacious” (items: *skilful*, *organised*, *effective* and *subtle*). Relational Manner represents the therapists’ “perceptions of their characteristic contribution to the therapeutic bond: how they typically relate to patients on a person-to-person basis” (Orlinsky & Rønnestad, 2005, p. 55). It includes multi-item scales for being “Affirming” (items: *warm*, *accepting*, *friendly* and *tolerant*) and being “Reserved” (items: *detached*, *guarded* and *reserved*).¹ All items were rated on a 4-point Likert scale (0 = not at all, 3 = very much).

Relational Agency and Relational Manner were originally developed to assess relational aspects of the *self-image* of therapists while working with clients in a clinical context. In order to capture a little broader aspect of the relational skills, these were reformulated with a focus on the trainee's self-image of personal characteristics and interpersonal skills, not limited to the therapeutic context. Relational Agency was redefined as the ability to form, maintain and actively influence relationships in general and Relational Manner as trainees’ perceptions of how they generally form interpersonal bonds and establish meaningful contact with others (Orlinsky & Rønnestad, 2005). The same scales were used to assess the relational aspects of the *ideal-self*. Finally, the *self/ideal-self discrepancy* was assessed

TABLE 2 Training level, gender, university education and prior clinical experience

Training level	Sex	University Educated	Prior clinical experience		
			None	<1 year	1+ year
Beginning (n = 82)	Male (n = 15)	33.3% (n = 5)	46.7% (n = 7)	33.3% (n = 5)	20.0% (n = 3)
	Female (n = 67)	50.7% (n = 34)	29.9% (n = 20)	55.2% (n = 37)	14.9% (n = 10)
	Total	47.6% (n = 39)	32.9% (n = 27)	51.2% (n = 42)	15.9% (n = 13)
Advanced (n = 49)	Male (n = 15)	86.7% (n = 13)	0.0% (n = 0)	53.3% (n = 8)	46.7% (n = 7)
	Female (n = 34)	58.8% (n = 20)	14.7% (n = 5)	47.1% (n = 16)	38.2% (n = 13)
	Total	67.3% (n = 33)	10.2% (n = 5)	49.0% (n = 24)	40.8% (n = 20)
Total (n = 131)	Male (n = 30)	60.0% (n = 18)	23.3% (n = 7)	43.3% (n = 13)	33.3% (n = 10)
	Female (n = 101)	53.5% (n = 54)	24.8% (n = 25)	52.5% (n = 53)	22.8% (n = 23)
	Total	55.0% (n = 72)	24.4% (n = 32)	50.4% (n = 66)	25.2% (n = 33)

as the difference between self-image and ideal-self; the more alike they are, the more congruent the self-concept is (Rogers, 1961). Thus, the 14 constituent item scales were employed twice, first to assess Relational Agency and Relational Manner for self-image, and again to assess ideal-self.

2.5 | Data analysis

Following our aims, analyses of covariance (ANCOVAs) were performed to explore differences on the relational skills. The study conditions (beginning vs. advanced) and gender (female vs. male) were

independent variables whereas age was a covariate. A two-way multivariate analysis of covariance (MANCOVA) was performed to explore differences on the measures of skills (*Relational Agency* and *Relational Manner*), followed up by separate ANCOVAs for each dependent variable (all the scales that composed the *Relational Agency* and the *Relational Manner*). For MANCOVA, Box's *M* test of homogeneity of covariance was evaluated using an alpha of 0.001. Wilk's criterion (Λ) was used as the omnibus test statistic at an alpha of 0.05. For all ANCOVA analyses, Levene's test was evaluated using an alpha of 0.001. The effect size was estimated by the partial eta squared (η^2).

TABLE 3 Descriptive statistics for training levels and gender and analyses of covariance's post-hoc

	Training Levels		Gender	
	BT	AT	Male	Female
	M (SD)	M (SD)	M (SD)	M (SD)
Relational agency				
Invested	(n = 72)	(n = 44)	(n = 25)	(n = 91)
Self-image	2.38 (0.48)	2.37 (0.45)	2.16 (0.56)	2.44 (0.42)
Ideal-self	2.27 (0.47)	2.40 (0.47)	2.15 (0.56)	2.37 (0.44)
Self/ideal-self discrepancy	-0.11 (0.41)	0.03 (0.58)	-0.01 (0.58)	-0.07 (0.39)
Efficacious	(n = 74)	(n = 44)	(n = 25)	(n = 93)
Self-image	1.85 (0.51)	1.79 (0.63)	1.82 (0.68)	1.83 (0.52)
Ideal-self	2.26 (0.43)	2.21 (0.68)	2.28 (0.58)	2.23 (0.53)
Self/ideal-self discrepancy	0.43 (0.57)	0.43 (0.58)	0.46 (0.73)	0.42 (0.51)
Relational manner				
Affirming	(n = 74)	(n = 44)	(n = 25)	(n = 93)
Self-image	2.47 (0.43)	2.40 (0.41)	2.28 (0.47)	2.49 (0.40)
Ideal-self	2.52 (0.38)	2.55 (0.41)	2.40 (0.48)	2.57 (0.36)
Self/ideal-self discrepancy	0.05 (0.39)	0.15 (0.49)	0.13 (0.56)	0.08 (0.40)
Reserved	(n = 72)	(n = 44)	(n = 25)	(n = 91)
Self-image	1.40 (0.58)	1.49 (0.43)	1.54 (0.54)	1.41 (0.52)
Ideal-self	1.43 (0.57)	1.38 (0.58)	1.55 (0.65)	1.38 (0.54)
Self/ideal-self discrepancy	0.02 (0.65)	-0.07 (0.58)	0.01 (0.68)	-0.02 (0.61)

Notes. AT: Advanced trainees; BT: Beginning trainees.

TABLE 4 Two-way analyses of covariance results

	Training			Gender			Training × gender			Age		
	F	P	η^2	F	p	η^2	F	p	η^2	F	p	η^2
Relational agency												
Invested												
Self-image	0.22	0.64	0.00	11.76^a	0.001	0.10	0.11	0.73	0.00	6.85	0.010	0.06
Ideal-self	8.21^b	0.005	0.07	5.49^a	0.021	0.05	2.53	0.12	0.02	0.19	0.661	0.00
Self/ideal-self discrepancy	12.05^b	0.001	0.10	1.31	0.261	0.01	1.59	0.21	0.01	10.36	0.002	0.09
Efficacious												
Self-image	2.35	0.130	0.02	0.06	0.82	0.00	0.08	0.78	0.00	7.72	0.006	0.07
Ideal-self	2.03	0.161	0.02	0.18	0.67	0.00	1.73	0.19	0.02	1.33	0.254	0.01
Self/ideal-self discrepancy	0.08	0.773	0.01	0.26	0.61	0.00	0.82	0.37	0.01	3.33	0.070	0.03
Relational manner												
Affirming												
Self-image	0.06	0.810	0.00	5.27^a	0.024	0.05	2.00	0.160	0.02	0.015	0.903	0.00
Ideal-self	1.56	0.224	0.01	4.10^a	0.045	0.04	0.36	0.552	0.00	0.53	0.472	0.01
Self/ideal-self discrepancy	0.67	0.417	0.01	0.13	0.723	0.00	0.60	0.442	0.01	0.49	0.488	0.00
Reserved												
Self-image	0.81	0.370	0.01	1.05	0.314	0.01	0.00	0.95	0.00	0.61	0.434	0.01
Ideal-self	4.60^c	0.034	0.04	1.61	0.211	0.01	2.33	0.13	0.02	3.96	0.195	0.03
Self/ideal-self discrepancy	7.07^c	0.008	0.06	0.64	0.801	0.01	1.83	0.18	0.02	5.81	0.018	0.05

Notes. AT: Advanced trainees; BT: Beginning trainees.

^aM < F. ^bBT < AT. ^cBT > AT.

Bold indicates significant values

3 | RESULTS

Box's *M* test of homogeneity of covariance was non-significant for the set of all dependent variables ($p = 0.329$). After controlling for age, MANOVA revealed significant main effects of training level (Wilks' $\Lambda = 0.83$, $F(8,104) = 2.73$, $p = 0.009$, partial $\eta^2 = 0.174$) and gender group (Wilks' $\Lambda = 0.86$, $F(8, 104) = 2.08$, $p = 0.044$, partial $\eta^2 = 0.138$; data not shown in Table).

Before conducting ANCOVAs, homogeneity of variances was assessed and confirmed by Leven's test (p range 0.07–0.88), and test of homogeneity of slopes revealed non-significant effects of covariate cross product, as showed by the omnibus test (F range: 0.51–0.30; p range: 0.77–0.52).

The descriptions are presented in Table 3, for training levels and gender groups, respectively. Results of ANCOVAs are presented in Tables 3 and 4. Each dependent variable (Relational Agency, Relational Manner) is presented separately, and the results are presented successively for self-image, ideal-self and self/ideal-self discrepancy.

3.1 | Research question 1: Self-image

Do Advanced psychotherapy trainees perceive themselves as having better relational skills than do Beginning trainees? The overall ANCOVA model was significant only for the "Invested" scale ($F(4,116) = 4.47$, $p = 0.002$, $\eta^2 = 0.14$) but none of the four *self-image* comparisons between the Beginning and Advanced trainees

were significant with respect to the component scales ("Invested," "Efficacious," "Affirming," "Reserved").

3.2 | Research question 2: Ideal-self

Is the aspirational ideal-self of Advanced psychotherapy trainees less idealistic and more realistic than the ideal-self of Beginning trainees? The overall ANCOVA model was significant for the "Invested" scale ($F(4,119) = 3.30$, $p = 0.014$, $\eta^2 = 0.10$) and two of the four *ideal-self* comparisons between the Beginning and Advanced trainees were also significant. Controlling for age and gender, Advanced trainees perceived their ideal-self as more "Invested" (*involved, committed, intuitive*) and less "Reserved" (*detached, guarded and reserved*) than did Beginning trainees ($p = 0.005$, $\eta^2 = 0.07$; $p < 0.03$, $\eta^2 = 0.04$, respectively). No differences in ideal-self were seen with respect to being "Efficacious" and "Affirming."

3.3 | Research question 3: Self/ideal-self discrepancy

Is the self/ideal-self discrepancy smaller among Advanced psychotherapy trainees than among Beginning trainees? The overall ANCOVA model comparing Beginning and Advanced trainees was significant for the "Invested" scale ($F(4,116) = 4.16$, $p = 0.004$, $\eta^2 = 0.13$) and for the "Reserved" scale ($F(4,116) = 2.20$, $p = 0.006$, $\eta^2 = 0.07$). Advanced trainees were significantly more congruent than Beginning trainees

with respect to being “Invested” (*involved, committed, intuitive*), but were significantly less congruent than Beginning trainees with respect to being “Reserved” (*detached, guarded and reserved*). Again, there were no significant differences with respect to being “Efficacious” in Relational Agency or being “Reserved” in Relational Manner.

3.4 | Research question 4: Gender

Is there a gender difference in the self-assessment of relational skills of psychotherapy trainees when training level and age are controlled? The main effect for gender reached significance for being “Invested” and “Affirming,” with respect to both self-image ($p < 0.001$, $\eta^2 = 0.10$; $p < 0.02$, $\eta^2 = 0.05$, respectively) and ideal-self ($p < 0.02$, $\eta^2 = 0.05$; $p < 0.05$, $\eta^2 = 0.04$, respectively). Overall, the women perceived themselves as more “Invested” (*involved, committed, intuitive*) and more “Affirming” (*warm, accepting, friendly and tolerant*) in their relationships. No gender differences in self-image, ideal-self or self/ideal-self discrepancy were found with respect to being “Efficacious” or “Reserved.”

3.5 | Research question 5: Age

For the purpose of this study, age was treated as continuous variable and inserted in the analyses as a covariate control. However, age was positively associated with being “Invested” and “Efficacious” in trainee’s self-image, ($p = 0.01$, $\eta^2 = 0.06$; $p < 0.006$, $\eta^2 = 0.07$, respectively), and with the trainee’s self/ideal-self discrepancy in the “Invested” and “Reserved” scales ($p = 0.002$, $\eta^2 = 0.09$; $p < 0.02$, $\eta^2 = 0.05$), respectively. In other words, older trainees perceived themselves as more *involved, committed, intuitive, more skilful, organised, effective and subtle*, and were more self-congruent.

3.6 | Research question 6: Interactions

Are there significant interactions between training level, gender and age group? Table 4 shows a series of two-way interactions between the independent variables of training level and gender, controlling for age effect. The training level \times gender interaction term was not significant in any of the self-image scales, the ideal-self scales and the self/ideal-self discrepancy scores.

4 | DISCUSSION

We expected that we would be able to detect some changes in the self-concept of psychotherapy trainees by exploring self-reports on relational skills in relation to self-image and ideal-self. However, contrary to our expectations and research in the area (Hill et al., 2015; Pascual-Leone et al., 2013; Rønnestad & Skovholt, 2013), we could observe only several significant differences with regard to the way of relating to oneself and others.

Our results show that the self-image between trainees in beginning and advanced stages does not change. A possible explanation for this may be that the self-concept, though being a dynamic

structure, refers to relatively stable characteristics of the self (Markus & Wurf, 1987; Marsh & Hattie, 1996; Rogers, 1961; Wylie, 1979). Furthermore, Tracey et al. (2014) point out that professional experience does not necessarily mean increased skills and question the accuracy of appraisals of therapists’ own competences. The latter point is a conclusion also from the large scale study conducted by Orlinsky and Rønnestad (2005), showing that psychotherapists, in general, tend to rate themselves highly in respect to socially accepted, expected and desirable relational characteristics. Moreover, the same relational scales, as in the present study, were analysed by Orlinsky et al. (1996) where the authors concluded that the such scales (especially the positive ones) encompass highly desirable qualities from psychotherapists—being involved, committed, intuitive; warm, accepting, tolerant; skilful, organised, effective and subtle (Orlinsky et al., 1996).

However, that does not mean that changes in the relational skills do not occur during training. Pascual-Leone et al. (2013, p. 587) describe such important self-development processes, which lay the foundation for creating and sustaining real relationships to oneself and others: trainees being able to better understand themselves, being more emotionally aware, experiencing “positive growth as a person,” acquiring “a new view of themselves, of their needs and difficulties,” becoming less critical to themselves, “more sensitive and expressive,” experiencing “personal growth in relationships,” “improvement of their love life,” “articulate better their personal needs and emotions” (Gelso et al., 2014). We thought that, despite the quantitative nature of our study, we would still be able to capture changes in the way trainees perceive, form, maintain and establish real, meaningful relationship with themselves and others. But as noted earlier, the changes of the self-concept usually take very subtle forms (in changes of attitude, mood, perception), which we were probably unable to grasp with the used instrument (Markus & Wurf, 1987).

This last idea is supported by our results concerning the ideal-self and self/ideal discrepancy. Advanced trainees seem to aspire (ideal-self) for being significantly more “Invested” (*involved, committed and intuitive*) than do Beginning trainees. In Addition, Beginning trainees experienced themselves as more “Invested” than they believed they should be (ideal-self), contrary to our expectations that at the beginning of training the self-image will be rather humble and the ideal-self would be unrealistically high. A possible explanation of this tendency is that Beginning trainees are possibly “overly involved” which is in accordance with the “lay helper” phase, described by Rønnestad and Skovholt (2013). This phase is characterised by authenticity of feelings, sympathy (rather than empathy), strong identification and advice-giving based on personal experiences rather than expertise. The search for identity in this phase may result in over-involvement and potential crossing of personal boundaries (Dennhag, 2012; Rønnestad & Skovholt, 2013).

Advanced trainees, on the other hand, were more congruent in their self-concept (lower difference between self-image and ideal-self) in regard to being “Invested” (*involved, committed, intuitive*), but less congruent with respect to being “Reserved” (*detached, guarded and reserved*). The latter means that Advanced trainees experienced a

greater gap between self-image and ideal-self, reflecting probably the difficulty of regulating personal involvement, readjusting the way of relating to oneself and others, facing and dealing with one's own vulnerability and limitations. These challenging processes prove to be inevitable on the way of becoming a psychotherapist and necessary for creating a congruent self-concept, as described in the novice student phase in the developmental model of Rønnestad and Skovholt (2013) (Hill et al., 2007; Nissen-Lie et al., 2013; Orlinsky et al., 1996; Pascual-Leone et al., 2013; Rogers, 1961). This is a phase during which trainees are highly motivated to absorb knowledge and social roles, but are also challenged and overwhelmed by the vast information, first client contact, pressure to demonstrate competence and need to handle their "intense emotional reactions" (p. 56; see also Denhag, 2012).

Several significant main effects were also observed between male and female trainees. The women in our study experienced both their self-image and ideal-self as more "Invested" (*involved, committed, intuitive*) and "Affirming" (*warm, accepting, friendly, tolerant*) in personal relationships than men. This finding is consistent with a comprehensive body of research on gender differences in self-concept (Jackson et al., 1994; Wylie, 1979), showing that females perceive themselves as highly committed to connectedness and relatedness to others, which also represent stereotypical traits.

Statistical significance was detected on several scales in regard to age, showing that age, as well as training level, plays a role in the development of self-concept. Older trainees perceived themselves (self-image) as more "Invested" (*involved, committed, intuitive*) and more "Efficacious" (*skilful, organised, effective, subtle*) in comparison to younger trainees, and were more congruent in their self-concept (self/ideal-self) in regard to being "Invested" (*involved, committed, intuitive*) and "Reserved" (*detached, guarded and reserved*). Even though research on age-related changes in the self-concept is inconclusive, there is some evidence suggesting that self-concept becomes more differentiated with age (Arens & Hasselhorn, 2014; Marsh, 1989; Wylie, 1979). However, as mentioned earlier, evidence exists regarding inaccurate self-appraisal of competence in psychotherapists, which tends to increase with experience even when there is lack of expertise, meaning that what we interpret as congruence of the self-concept (little difference between self-image and ideal-self) might not be indicative of more accurate self-appraisal in respect to competence (Dawes, 1996; Tracey et al., 2014).

4.1 | Limitations of the study

One limitation of this preliminary study is the cross-sectional design employed. Because of this, the comparisons between the Beginning and Advanced trainees must be interpreted with caution. Future investigations would replicate this study with a longitudinal design like that planned for the SPRISTAD study itself (Orlinsky et al., 2015), which would allow careful observation of developmental and change processes taking place during psychotherapy training. A second limitation is that training level was treated as a binary categorical variable, disregarding the fact that trainees in the multi-year *Propädeutikum* were not at the same level, nor were all

trainees in the multi-year *Fachspezifikum*. Third, our sample was unevenly distributed in regard to gender and age, becoming a source of possible type I and type II error. Fourth, we focused on only two relational aspects of trainees' self-concept (Relational Agency and Relational Manner). Exploration of other aspects of the self-concept of psychotherapy trainees might be more compelling—self-identity and self-schemas, self-awareness and self-knowledge, self-esteem and self-worth, attitudes and dispositions, values and roles are all fascinating fields, especially in the context of counselling and psychotherapy professionals. Moreover, the depth of exploration was limited due to the nature of the used instrument. Further exploration of changes in the self-concept with other instruments and methods would add to the meaningfulness of this study.

5 | CONCLUSION

In the present study, it was possible to observe some tendencies of potential changes in the self-concept of relational skills in psychotherapy trainees, indicative of self-development processes, like discovering a realistic sense of oneself, one's self-boundaries, managing intensive emotional interactions and developing regulatory interpersonal mechanisms. However, an in-depth and more refined future exploration of various aspects of the self-concept in the context of psychotherapy training is needed to help understand the complex processes of forming an integrated self of psychotherapists.

ENDNOTE

- ¹ Items for a third Relational Manner scale of being "Directive" were inadvertently omitted from the SFU version of the TCPR.

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David Orlinsky, born 1936, PhD University of Chicago 1962, taught 50 plus years there as a professor. Co-authored/co-edited: *Varieties of Psychotherapeutic Experience*, *How Psychotherapists Develop*, *The Psychotherapist's Own Psychotherapy*; and many widely-cited journal articles, book chapters, influential research reviews. Co-founded the *Society for Psychotherapy Research (SPR)* 1968, and SPR Interest Sections on Culture and Psychotherapy and on Therapist Training and Development. Awards received from American Psychological Association, Illinois Psychological Association, international Society for Psychotherapy Research, Freud Prize (City of Vienna); and honorary doctorate (University of Oslo).

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