THE IMPACT OF PERSONALITY AND TRAUMA ON BECOMING A COUNSELOR

Michael L. Slavkin, PhD, LMHC, NCC[1]

[1]*Director of Master's of Counseling Program, Department of Psychological Science and Counseling, Marian University*

Abstract

In their seminal work on the subject of personality and career development; Farber, Manevich, Metzger, and Saypol (2005) examined past literature that examined what led individuals to become psychotherapists. The authors performed an extensive literature review to systematically consider what motivated individuals to join the field. They also suspected that there were environmental "themes" that could influence the selection of career paths. In the current investigation the author seeks to systematically examine whether today's helping professionals are guided by personality factors or childhood experiences that lead them to be helping professionals. While the notion of exploring career choices based on either personality factors or childhood influences seems to explore a "nature versus nurture design," it is believed that both may have influences on helping professionals. By systematically examining personality factors as well as adverse childhood experiences, this study investigated which influences career selection more, and whether there are differences between helping professionals; including counselors, social workers, nurses, teachers, public health professionals and others in fire/police service.

Keywords

Counselor Development, Career Choice, Personality, Childhood Trauma, Helping Professionals

Introduction

In their seminal work on the subject of personality and career development; Farber, Manevich, Metzger, and Saypol (2005) examined past literature that examined what led individuals to become psychotherapists. The authors performed an extensive literature review to systematically consider what motivated individuals to join the field. They also suspected that there were environmental "themes" that could influence the selection of career paths. In particular, the authors were interested in exploring whether gender, cultural marginalization, and a psychologically minded way of understanding self/others could influence the decision to work as a counselor. The authors posit that whereas some studying the field of career selection believe that personality factors dictate the selection of professional career, others consider childhood experiences to be most likely to lead to the choice to join the psychotherapy field.

Although the authors provide both personality factors and environmental experiences that might mitigate the decision to become a counselor, ultimately the authors leave it to their readers to make the final determination. The authors are particularly interested in the childhood experiences of psychotherapists, indicating that many in the field have experienced significant trauma as youth, which leads to a framework of seeing "therapists as wounded healers," having suffered traumatic experiences that lead them to want to help provide others with support. Yet, no clear picture is determined as to whether these psychotherapists are guided by personality factors that show a sense of healing versus experiences that shape us to be healers.

In the current investigation the author seeks to systematically examine whether today's helping professionals are guided by personality factors or childhood experiences that lead them to be helping professionals. While the notion of exploring career choices based on either personality factors or childhood influences seems to explore a "nature versus nurture design," it is believed that both may have influences on helping professionals. By systematically examining personality factors as well as adverse childhood experiences, this study will investigate

which influences career selection more, and whether there are differences between helping professionals; including counselors, social workers, nurses, teachers, public health professionals and others in fire/police service. Understanding why individuals select the fields that they do can assist in ensuring that training programs assist professionals in understanding what led them to select their fields and the impact of past experiences on present career decision making. Examining career selection from a position of personality factors versus early childhood experiences can influence how career counseling occurs in schools and the work that school counselors and career counselors take in assisting youth in transitioning through K-12 education into higher education. It is hoped that by exploring these helping professions we can better provide resources and support to advancing the fields.

Statement of the Problem

Career decision making is based on two general approaches: the common-elements approach and the specific-factors approach (Farber et al, 2005); whereas the common-elements approach examines whether early experiences influence career choices, the specific-factors approach suggests that there are multiple paths toward a profession that come from demographics based on the current zeitgeist of the field. While studies such as these have questioned whether there are common factors that determine outcome of career choice, it is believed that internal motivations connect with experiential influences to guide people into a helping profession.

In their seminal work on why people join the therapeutic profession, Henry, Sims, and Spray (1971, 1973) conducted extensive interviews of mental health professionals. After nearly 4,000 surveys and 283 interviews, the authors determined that there were a number of key determinants that influenced why professionals joined the field in the 1960s and 1970s. Specifically the authors were surprised to discover that a high number of psychotherapists of the time were Jewish, of Eastern European heritage, and grew up in larger cities. The authors also suggest that many of these individuals have experiences feeling socially awkward or culturally marginalized at some point during their development. While the authors point to these factors as guiding individuals to be intellectually minded and focused on morality and personal responsibility, it is unknown if individuals before this time or after have had similar backgrounds (Henry et al., 1971).

Similarly, Goldberg (1986) explored what led individuals into the field and discussed that individuals in the field often struggled with intimacy in early relationships. The author suggests that those in the psychotherapy field often seek to understand relationships without the hurt and disappointment felt in early relationships. Mental health professionals seem to want relational support from others without the fear of rejection that may have come from earlier relational plight and drama felt. Maeder (1989) similarly found that therapists and counselors come to the field seeking self-worth through helping others. As early caretakers for members of their families, they tend to gravitate toward the feeling of authority they feel in the positions of control the yield through the client-therapist relationship.

Sussman (1992) believed that the unconscious drive that guides counselors to the field comes from a desire to be affirmed by others and the desire to feel connected to others. While Sussman largely asserted that these needs were designed in passive-aggressive and sexually reactive unconscious drives from an "aggrandized ego ideal" (p. 108), he also suggests that therapists seek a "self-image of an altruistic healer." The author also found that many therapists have a number of adverse childhood experiences, and thus come from dependency and a need for intimacy that can be found in the therapeutic relationship between therapist and client; by creating a structured environment where they hold power and can engage in frequent meetings to address their earlier psychic issues and emotional problems by helping clients with their trauma.

The ability to act as problem solvers and use personal power to overcome past trauma does seem familiar when examining the role of therapists in their practice. Numerous studies have shown that mental health professionals come from dysfunctional families of origin (see Elliot & Guy, 1993; Orlinsky & Ronnestad, 2005; Skovholt & Jennings, 2004; Skovholt, Jennings, and Mullenback, 2004). Most of these studies identified that early childhood factors, family of origin trauma, socioeconomic issues, and issues with intimacy and trauma led to a greater awareness of personal suffering and the need for self-examination in addressing personal problems. Ultimately Farber et al. (2005) suggest that individuals join the helping professions because (1) they have experienced cultural and social marginalization, (2) they struggled with adverse childhood experiences (aka, the wounded healer theme), (3) they have a high degree of psychological-mindedness in investigating human behavior, (4) they have previous experience with therapy and were mentored by someone who acted as a confidant, (5) need to help other people, (6) need to understand others, (7) need for autonomy, (8) need for (safe) intimate relationships, (9) need for intellectual stimulation, and (10) require self-growth and healing. While many of these criteria relate back to the common-elements theme, it is also clear that individuals in today's field may have come to the profession through other means.

Research Questions/Hypotheses

The current study seeks to investigate the early life experiences and personality factors that seem to influence the decision making of individuals who join the helping professions. Do individuals who decide to become helping practitioners do so due to some common childhood experience, or are they more motivated by underlying personality

factors that have an affinity to the field? It is believed that adverse childhood experiences guide individuals to want to support others as helping professionals, but that specific personality factors lead individuals into specific career choices as helpers; such as therapists, social workers, teachers, nurses, or health professionals. It is believed that different career decisions will be determined based on alignment with factors discussed in Farber et al. (2005) such as the presence of (1) a high degree of psychological-mindedness in investigating human behavior, (2) the need to help other people, (3) the need to understand others, (4) the need for autonomy, (5) the need for (safe) intimate relationships, (6) the need for intellectual stimulation, and (7) a desire for self-growth and healing.

Methods

Participants

The current study asked 232 individuals about their decisions to become helping professionals. Individuals were identified through cluster sampling, including seeking involvement from a Midwest social media support group for therapists and social workers. The survey used a snowball design, allowing individuals to forward the survey to peers and friends who were engaged in a helping profession. Additional participants also were identified from samples of professionals in nursing, business, and teaching from social media as well. Finally, members of professional teaching, nursing, and mental health organizations in Indiana were surveyed. Participants who were not considered helping professionals were removed from inclusion, but were utilized as a control comparison group.

Data was gathered using a Qualtrics online survey to administer the Sixteen Personality Factor Questionnaire (Conn & Rieke, 1994) and the Family Health History and Health Appraisal Questionnaire (Felitti et al., 1998). Additionally, the survey prompted the participants to report demographic information; including their age, sex, race, ethnicity, place of employment, occupation setting, experience with virtual/telehealth modalities, specific mental health occupation title, and level of experience/time spent working in their present field. A personal electronic device of the participants choosing was used to complete the survey.

The 16 Personality Factor Assessment (16PF).

The Sixteen Personality Factor Questionnaire (16PF) is a self-report personality test developed over several decades of empirical research by Raymond B. Cattell, with additional norming work performed by Maurice Tatsuoka and Herbert Eber. The 16PF provides a measure of normal personality, and was developed for use by mental health professionals as a clinical instrument to help diagnose psychiatric disorders, plan for career development, and help with prognosis and therapy planning. The 16PF has a long-standing history of providing professionals information relevant to the counseling process, such as an individual's capacity for insight, self-esteem, cognitive style, internalization of standards, openness to change, capacity for empathy, level of interpersonal trust, quality of attachments, interpersonal needs, and attitude toward authority, reaction toward dynamics of power, frustration tolerance, and coping style. This personality test consists of 164 statements about self, for each indicate how accurate it is on the scale of (1) disagree (2) slightly disagree (3) neither agree nor disagree (4) slightly agree (5) agree. The assessment takes most people around ten minutes to complete. The instrument provides practitioners in the helping professions with a normal-range measurement of anxiety, adjustment, emotional stability and behavioral problems. It also be used within other areas of psychology, such as career and occupational selection. Because the instrument has a long-standing use in the fields of counseling, social work, nursing, and education, its design and utility to the exploration of why individuals choose work in the helping professions. Cronbach's alpha scores for each scale were identified, ranging from 0.81 to 0.90.

Family Health History and Health Appraisal Questionnaire.

The Family Health History and Health Appraisal questionnaires were used to collect information on child abuse and neglect, household challenges, and other socio-behavioral factors in the original CDC-Kaiser ACE Study. The Family Health History and Health Appraisal Questionnaire (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, & Marks, 1998) is a 17-item scale that measures the degree to which individuals were exposed early in life to adverse and abusive childhood experiences. The study is considered one of the most significant in exploring childhood trauma and its implications on development in public health research. Because of the number of previous studies which have alleged that individuals in the helping professions struggled with trauma as youth, this questionnaire was used to verify early exposure as potential factors that influence future career choices. The authors of the questionnaire used three categories of childhood abuse: psychological abuse (2 questions), physical abuse (2 questions), or contact sexual abuse (4 questions) to determine evidence of abuse. Four categories of exposure to household dysfunction during childhood were included: exposure to substance abuse (defined by 2 questions), mental illness (2 questions), violent treatment of mother or stepmother (4 questions), and criminal behavior (1 question) in the household. Respondents were defined as exposed to a category if they responded "yes" to 1 or more of the questions in that category. The measure of childhood exposure that was used was the sum of the categories with an exposure; thus the possible number of exposures ranged from 0 (unexposed) to 7 (exposed to all categories).

Research Design
The present study utilized a quasi-experimental, quantitative research design. The goal was to examine the relationship between personality factors and prior adverse childhood experiences with the decision to work in the helping professions. A MANOVA factorial design was used to investigate whether an individual's personality characteristics and past childhood adverse experiences had implications for their decision to work as helping professionals.

Procedure
The Qualtrics survey used was sent to participants through social media links for professionals working in the health professions. Initial requests for participation were made with individual members of state professional agencies for counselors, school counselors, social workers, teachers and nurses in the State of Indiana. Participants were informed to complete the survey to the best of their ability and that their information would be kept confidential. Upon completion of the survey, data was gathered the Qualtrics system. The data collected was transferred to the SPSS data analysis program.

In order to explore the various forms of adverse childhood trauma suffered by professionals, four subscales were constructed to demonstrate different forms of trauma that could be identified.

Substance use. A substance use subscale was constructed from three items from the Family Health History and Health Appraisal Questionnaire. Specifically, evidence of substance use issues in a participant's family of origin was identified from confirmation on questions related to the presence of problematic alcohol use, the presence of street drugs in the home, and the presence of drug use in a parent or guardian. A Cronbach's alpha of 0.87 was found for this scale.

Family structure issues. A family structure issue subscale was constructed from four items from the Family Health History and Health Appraisal Questionnaire. Specifically, evidence of family structure issues in a participant's family of origin was identified from confirmation on questions related to parent's divorce or remarriage, the presence of a stepfather in the participant's home, the presence of a stepmother in the participant's home, or experience with foster care. A Cronbach's alpha of 0.67 was found for this scale.

Mental health issues. A mental health issue subscale was constructed from four items from the Family Health History and Health Appraisal Questionnaire. Specifically, evidence of mental health issues in a participant's family of origin was identified from confirmation on questions related to the presence of a parent with mental health issues, if the participant remembers ever being asked about household problems as a child, and the participant or the sibling having memories of running away. A Cronbach's alpha of 0.84 was found for this scale.

Abuse issues. An abuse issue subscale was constructed from four items from the Family Health History and Health Appraisal Questionnaire. Specifically, evidence of abuse issues in a participant's family of origin was identified from confirmation on questions related to participants confirming that they were physically abused, emotionally abused, verbally abused, or sexually abused. A Cronbach's alpha of 0.77 was found for this scale.

Cultural marginalization. A cultural marginalization scale was designed to explore whether participants had experienced cultural and social marginalization as children, and was constructed from seven items from the Sixteen Personality Factor Questionnaire. Specifically, questions examined if individuals felt like outsiders, keep in the background, and feel uncomfortable around others. A Cronbach's alpha of 0.70 was found for this scale.

Psychological mindedness. A psychological mindedness scale was designed to explore whether participants were particularly interested in people, the need to understand others, and "what makes others tick" in looking at human behavior, and was constructed from six items from the Sixteen Personality Factor Questionnaire. Specifically, questions examined if individuals tend to analyze things, are quick to judge others, start conversations, and cannot do without the company of others. A Cronbach's alpha of 0.66 was found for this scale.

The need to help others. The need to help other people was explored using five items from the Sixteen Personality Factor Questionnaire. Specifically, questions examined if individuals take time out for others, cheer people up, and feel others' emotions. A Cronbach's alpha of 0.63 was found for this scale.

The need for autonomy. The need for autonomy scale was designed to explore whether participants were particularly interested in holding personal power, and was constructed from six items from the Sixteen Personality Factor Questionnaire. Specifically, questions examined if individuals try to take control of things, like being in charge, and prefer to do things by myself. A Cronbach's alpha of 0.81 was found for this scale.

The need for intimate relationships. Intimacy and having (safe) intimate relationships constructed from four items from the Sixteen Personality Factor Questionnaire. Specifically, questions examined if individuals try to forgive and forget, trust others, and make friends easily. A Cronbach's alpha of 0.74 was found for this scale.

The need for intellectual stimulation. The need for intellectual stimulation is a cornerstone of helping professions, and was organized around nine items from the Sixteen Personality Factor Questionnaire. Specifically, questions examined if individuals like to get lost in thought, use their brains, make insightful remarks, and love to think up new ways of doing things. A Cronbach's alpha of 0.65 was found for this scale.

The need for self-growth. Some helping professionals have been found to require self-growth and healing. A self-growth scale was designed to explore whether participants were particularly interested in exploring themselves and seeing to improve, and was constructed from six items from the Sixteen Personality Factor Questionnaire. Specifically, questions examined if individuals are willing to talk about themselves, are comfortable with themselves, and show their feelings. A Cronbach's alpha of 0.69 was found for this scale.

Results

Exploratory findings showed no significant differences on adverse childhood experiences based on gender, race, ethnicity, education level, work setting, or age. An unexpected, but not altogether unsurprising finding was demonstrated in that significant differences in adverse childhood experiences were discovered when comparing participants who self-identified as heterosexual in comparison to LGBTQ ($\underline{F}$ (4, 101) = 2.68, $\underline{p}$ = .04). These individuals were more likely than those self-identifying as heterosexual to come from families of origin with significant mental health issues ($\underline{F}$ (4, 101) = 4.31, $\underline{p}$ = .003). Another surprising finding was that individuals from single parent and divorced households of origin also were likely to find themselves divorced as well ($\underline{F}$ (4, 105) = 3.15, $\underline{p}$ = .02).

The current study examined the notion that individuals working as helping professionals may have experienced different levels of trauma when compared with individuals in other fields of work. It would appear that this perspective was substantiated, as helping professionals showed higher adverse childhood experience scores than non-helping professionals ($\underline{F}$ (4, 101) = 4.74, $\underline{p}$ = .002). Post-hoc analyses were performed, which showed that counselors and social workers were more likely than other health or non-health professionals to have experienced significant trauma as youth. Although all professionals seemed to struggle with similar levels of mental health issues and trauma from abuse in their families of origin, counselors and therapists were more likely to have experienced parental substance use ($\underline{F}$ (4, 101) = 4.74, $\underline{p}$ = .002) along with family of origin trauma ($\underline{F}$ (4, 101) = 4.55, $\underline{p}$ = .002). Teachers and non-helping professionals did not appear to have the mental health issues or substance use issues in their families of origin when compared to counselors and social workers.

Exploratory findings showed no significant differences in personality factors based on gender, race, sexual identification, ethnicity, work setting, or age. The different types of helping professionals did not see any differences across personality factors such as a desire for autonomy, cultural marginalization, intellectual stimulation, the search for intimate relationships, psychological mindedness or a desire for self-growth. One spurious finding with personality factors occurred when examining how marital status aligns with autonomy and intimacy. Those who were divorced and single had significantly higher incidents of assertiveness and seeking power in their lives when compared with married individuals ($\underline{F}$ (4, 87) = 4.85, $\underline{p}$ = .01). Also, those who were married or living with a partner showed higher values with a desire for safe, intimate relationships ($\underline{F}$ (4, 87) = 2.98 $\underline{p}$ = .02). Another finding that demonstrates some content validity for the scales under investigation was that those with higher educational backgrounds had higher results on their desire for intellectual stimulation ($\underline{F}$ (4, 85) = 2.89, $\underline{p}$ = .03).

However, helping professionals did show personality differences in terms of a desire to help others, with counselors and social workers showing significantly different results from other helping professionals and non-helping professionals ($\underline{F}$ (4, 86) = 6.60, $\underline{p}$ = .001). Those individuals who had significant numbers of adverse childhood experiences also showed greater issues with seeking intimate relationships, with higher ACES scores aligning with greater trust issues and fear of intimacy ($\underline{F}$ (10, 79) = 2.01, $\underline{p}$ = .04). Scores on intimacy seemed to be specifically impacted by early childhood experiences with divorce and remarriage, as low intimacy scores were aligned more often with individuals who experienced family related issues as children ($\underline{F}$ (4, 86) = 2.42, $\underline{p}$ = .05). No differences in personality factors were found due to family of origin issues with substance use or mental health issues. Yet, individuals who were high in stating that they had experienced physical, emotional, verbal, or sexual abuse also shared high scores on cultural marginalization ($\underline{F}$ (4, 85) = 3.08, $\underline{p}$ = .02) and issues with intimacy as children ($\underline{F}$ (4, 86) = 3.83, $\underline{p}$ = .01).

Discussion

It appears that Farber et al.'s (2005) assertion that mental health professionals have experienced environmental factors that guided them toward a helping profession. The authors originally suggested that gender, cultural marginalization, and a psychologically minded way of understanding self/others could influence the decision to work as a counselor. The authors' position that personality is impacted by adverse childhood experiences holds merit, as it would appear that counselors and social workers showed significant differences in comparison with other helping professionals and non-helping professionals alike. While most demographic factors did not reveal any significant results between helping and non-helping professionals, an interesting finding revealed that participants from the LGBTQ community had significantly more adverse childhood experiences in comparison to those self-identifying as heterosexual. Anyone working with this community would recognize the challenges of growing up gay in America; as such, this result was not surprising. That similar discrepancies in adverse experiences were not found due to race or ethnicity is only likely to be the case because participants from these groups were not adequately represented by the current study. The current study's results did not suggest that helping professionals have experiences feeling socially awkward or culturally marginalized at some point during their development. The only evidence of differences in cultural marginalization was that participants discussed greater evidence of physical, verbal, emotional, and sexual abuse if they were not of majority status. Other studies have previously shown that greater disparities in adverse childhood experiences occur in marginalized, impoverished, and BIPOC communities. That this study did not show these results is principally due to the homogeneous sample under study.

Counselors and social workers were more likely than other health or non-health professionals to have experienced significant trauma as youth. Results clearly showed that mental health professionals have experienced significant trauma as youth, both having experienced parental divorce, remarriage, and substance abuse more so than other professionals surveyed. The idea of "therapists as wounded healers" holds merit, as these individuals were found to have suffered more familial traumatic experiences. Clearly, therapists, social workers, and human services professionals studied indicated that these early childhood experiences led that them to provide others with support in struggling with trauma. Those who work as psychotherapists in the mental health field also appear to be guided by personality factors that show a sense of healing versus experiences that shape us to be healers. Counselors, social workers, and human services professionals showed higher personality trait responses in a need for autonomy and intimacy.

The results supported Goldberg's (1986) findings that individuals in the helping professions often struggled with intimacy in early relationships. Participants showed that those who were divorced and single had significantly higher incidents of assertiveness and seeking power in their lives when compared with married individuals. It is unclear if these traits were present in these individuals early in life, but are central in the work performed in their fields; mental health professionals spend much of their time working with individuals in seeking personal power, gaining a greater sense of efficacy, and an ability to find control in safe intimate relationships. It seems logical that those who find success working as helping professionals would have experienced trauma in their lives that pushed them to find ways of improving through personal power and relational satisfaction. It also makes sense that those same people would want to guide others to find personal success in both of these ways as well.

Sussman (1992) indicated that many therapists have a number of adverse childhood experiences, and thus come from dependency and a need for intimacy that can be found in the therapeutic relationship between therapist and client; the current study found that when counselors and social workers create a structured environment where they hold power and address their earlier emotional problems by helping clients with their trauma. Based on the findings that counselors seek autonomy and safe intimate relationships, Sussman's assertions appear to be justified. Maeder (1989) similarly found that therapists and counselors come to the field seeking self-worth through helping others. As early caretakers for members of their families, they tend to gravitate toward the feeling of authority they feel in the positions of control the yield through the client-therapist relationship. When compared with other professionals, participants indicated that they seek out greater autonomy and relational control in their personal and professional lives. In comparison with other helping professionals, the desire for safe relationships through helping others is demonstrated by these findings.

The ability to act as problem solvers and use personal power to overcome past trauma does seem familiar when examining the role of therapists in their practice. The results of the current study aligns with other representative studies that show that mental health professionals come from dysfunctional families of origin, yet this study found that participants from helping professions don't show significant differences when compared to non-helping professions. Early childhood factors, family of origin trauma, socioeconomic issues, and issues with intimacy and trauma lead helping professionals to a greater awareness of personal suffering, and in some cases, the need for self-examination in addressing personal problems. It may be that these early traumatic situations guide individuals to select the fields that they do. Career counselors would do well to discuss those powerful, early individual experiences that have meaning in guiding people to the helping professions. School counselors and educators can advance growth in helping professions training programs if they better understanding what led youth to select these fields. As the current study results suggest, the impact of past traumatic and family of origin experiences on present career decision

making is powerful. By exploring what led some workers towards involvement in mental health helping professions, we hopefully can better provide resources and support to advancing the fields of counseling, social work, and human services.

References

Backfield, J. (1996). Mentoring relationships: Patterns of influence on the career-span development of psychotherapists. *Dissertation Abstracts International, 57*, 5B (University Microfilms International No. 3399).

Barlow, S. (2017, September 18). Understanding the healer archetype. *Thresholds,* https://susannabarlow.com/on-archetypes/understanding-the-healer-archetype/

Bryant, M.T. (2006). Wounded healers: Resilient psychotherapists. *Dissertation Abstracts International*, Capella University, 3213411.

Bugental, J.F.T. (1964). The person who is the psychotherapist. *Journal of Consulting Psychology, 28*, 272–277.

Burrelli, J. (2004). *Science and engineer doctorate awards* (NSF 05–300). Arlington, VA: National Science Foundation.

Burton, A., & et al. (1972). *Twelve therapists: How they live and actualize themselves*. San Francisco: Jossey-Bass.

Cattell, R.B. (1949): *The sixteen personality factor questionnaire*. Champaign, IL: Institute for Personality and Ability Testing.

Cattell, R. B. (1978). *Use of factor analysis in behavioral and life sciences*. New York: Plenum.

Cattell, R. B. (1957). *Personality and Motivation Structure and Measurement.* New York: World Book.

Cattell, H.E.P. & Mead, A.D. (2008). *The Sixteen Personality Factor Questionnaire* (16PF). In G.J. Boyle, G. Matthews, & D.H. Saklofske (Eds), *The Sage handbook of personality theory and assessment: Vol. 2, Personality Measurement and Testing.* Los Angeles, CA: Sage.

Conn, S.R., & Rieke, M.L. (1994). *The 16PF Fifth Edition technical manual.* Champaign, IL: Institute for Personality and Ability Testing, Inc.

Elliott, D.M., & Guy, J.D. (1993). Mental health professionals versus non-mental-health professionals: Childhood trauma and adult functioning. *Professional Psychology: Research and Practice, 24,* 83–90.

Elton, C.F. (1967). Male career role and vocational choice: Their prediction with personality and aptitude variables. *Journal of Counseling Psychology, Vol 14*(2), 99-105.

Farber, B.A. (1985). The genesis, development, and implications of psychological-mindedness inpsychotherapists. *Psychotherapy, 22,* 170–177.

Farber, B.A., & Golden, V. (1997). Psychological mindedness in psychotherapists. In M. Mc-Callum & W.E. Piper (Eds.), *Psychological mindedness*. Hillsdale, NJ: Erlbaum.

Farber, B.A., & Heifetz, L.J. (1981). The satisfactions and stresses of psychotherapeutic work: A factor analytic study. *Professional Psychology: Research & Practice, 12,* 621– 630.

Farber, B.A., Manevich, I., Metzger, J., & Saypol, E. (2005). Choosing psychotherapy as a career: Why did we cross that road? *Journal of Clinical Psychology, 61(8),* 1009-1031.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. American Journal of Preventative Medicine, 14(4), 245-258. doi: 10.1016/s0749-3797(98)00017-8.

Fussell, F.W. (1990). A comparative study of childhood experiences of psychotherapists and physicians: Implications for clinical practice. *Psychotherapy, 27*, 505–512.

Geller, J.D., Norcross, J.C., & Orlinsky, D.E. (Eds.). (2005). *The psychotherapist's own psychotherapy: Patient and clinician perspectives.* New York: Oxford University Press.

Goldberg, C. (1986). *On being a psychotherapist: The journey of the healer.* New York: Gardner.

Hanna, A., & Rounds, J. (2020). How accurate are interest inventories? A quantitative review of career choice hit rates. *Psychological Bulletin, 146*(9), 765-796.

Henry, W.E. (1966). Some observations on the lives of healers. *Human Development, 9*, 47–56.

Henry, W.E., Sims, J.H., & Spray, S.L. (1971). *The fifth profession: Becoming a psychotherapist.* San Francisco: Jossey-Bass.

Henry, W.E., Sims, J.H., & Spray, S.L. (1973). *Public and private lives of psychotherapists.* San Francisco: Jossey-Bass.

Holt, R.R., & Luborsky, L. (1958). *Personality patterns of psychiatrists*. New York: Basic Books.

Howard, A., Pion, G.M., Gottsfredson, G.D., Flattau, P.E., Oskamp, S., Pfafflin, S.M., et al. (1986). The changing face of American psychology: A report from the Committee on Employment and Human Resources. *American Psychologist, 41,* 1311–1317.

Jung, C. (1961). *Memories, dreams, reflections.* New York, NY: Random House.

Jung, C. (1985). The psychology of the transference. In *The practice of psychotherapy: Collected works* (Vol. 16, pp. 163–22). Princeton, NJ: Princeton University Press. (Original work published 1954).

Kramen-Kahn, B., & Hansen, N.D. (1998). Rafting the rapids: Occupational hazards, rewards, and coping strategies of psychotherapists. *Professional Psychology: Research and Practice, 29,* 130–134.

Lawson, G., & Venart, B. (2005). Preventing counselor impairment: Vulnerability, wellness, and resilience. In G. R. Walz & R. Yep (Eds.), *Vistas: Perspectives on counseling 2005* (pp. 243–246). Alexandria, VA: American Counseling Association.

Lazarus, A.A. (1971). Where do behavior therapists take their troubles? *Psychological Reports, 28*, 349–350.

Lee, S. M., Cho, S. H., Kissinger, D., & Ogle, N. (2010). A typology of burnout in professional counselors. *Journal of Counseling and Development*, *88*(2), 131–138.

Leitão, M., Guedes, Á., Yamamoto, M.E., & Lopes, F.A. (2013). Do people adjust career choices according to socioeconomic conditions? An evolutionary analysis of future discounting. *Psychology & Neuroscience, 6*(3), 383-390.

Mahoney, M. (1997). Psychotherapists' personal problems and self-care patterns. *Professional Psychology: Research and Practice, Vol. 28.*

Maeder, T. (1989, January). Wounded healers. *Atlantic Monthly*, 37– 47.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, *52*, 397–422.

Miller, A. (1981). *The drama of the gifted child* (R. Ward, Trans.). New York: Basic Books.

Murray, B. (1995, August). Psychology students often "caretakers" at home. *American Psychological Association Monitor*, p. 40.

McAdams, C. R., & Keener, H. J. (2008). Preparation, action, recovery: A conceptual framework for counselor preparation and response in client crises. *Journal of Counseling and Development*, *86*(4), 388–398.

Norcross, J.C., & Grunebaum, H. (2005). The selection and characteristics of therapists' psychotherapists: A research synthesis. In J.D. Geller, J.C. Norcross, & D.E. Orlinsky (Eds.), *The psychotherapist's own psychotherapy: Patient and clinician perspectives* (pp. 201–213). New York: Oxford University Press.

Norcross, J.C., Strausser-Kirtland, D.J., & Missar, C.D. (1988). The processes and outcomes ofpsychotherapists' personal treatment experiences. *Psychotherapy: Theory, Research, Practice, Training, 25*, 36– 43.

Nützi, M., Trezzini, B., Medici, L., & Schwegler, U. (2017). Job matching: An interdisciplinary scoping study with implications for vocational rehabilitation counseling. *Rehabilitation Psychology, 62*(1), 45-68.

Orlinsky, D.E., & Rønnestad, M.H. (2005). How psychotherapists develop: A study of therapeutic work and professional growth. Washington, DC: American Psychological Association.

Racusin, G.R., Abramowitz, S.I., & Winter, W.D. (1981) Becoming a therapist: Family Dynamics and career choice. Professional Psychology: *Research and Practice, 12*, 271–279.

Rudick, C.D. (2012). Therapist self-care: Being a healing counselor rather than a wounded healer. In L.L. Lever's (Ed.) *Trauma Counseling: Theories and Interventions* (551-565). New York, NY: Springer Publishing Company.

Reik, T. (1948). *Listening with the third ear.* New York: Farrar, Straus & Giroux.

Roe, A., & Lunneborg, P.W. (1990). Personality development and career choice. In D. Brown & L. Brooks (Eds.), *Career choice and development* (pp. 68–101). San Francisco: Jossey-Bass.

Safi, A., Bents, H., Dinger, U., Ehrenthal, J.C., Ackel-Eisnach, K., Herzog, W., Schauenburg, H., & Nikendei, C. (2017). Psychotherapy training: A comparative qualitative study on motivational factors and personal background of psychodynamic and cognitive behavioural psychotherapy candidates. *Journal of Psychotherapy Integration, Vol 27*(2), 186-200.

Schuerger, J.M. (1995). Career assessment and the Sixteen Personality Factor Questionnaire. *Journal of Career Assessment, 3*, (2): 157-175.doi:10.1177/106907279500300204. S2CID 143342751

Skovholt, T.M., & Jennings, L. (2004). *Master therapists: Exploring expertise in therapy and counseling.* Boston: Pearson.

Skovholt, T.M., Jennings, L., & Mullenbach, M. (2004). Portrait of the master therapist: Developmental model of the highly functioning self. In T.M. Skovholt & L. Jennings (Eds.), *Master therapists* (pp. 125–146). Boston: Pearson.

Skovholt, T.M., & Rønnestad, M.H. (1992). *The evolving professional self: Stages and themes in therapist and counselor development.* New York: Wiley.

Snyder, C.R., McDermott, D.S., Leibowitz, R.Q., & Cheavens, J. (2000). The roles of female clinical psychologists in changing the field of psychotherapy. In C.R. Snyder & R.E. Ingram (Eds.), *Handbook of psychological change* (pp. 640– 659). New York: Wiley.

Stevanovic, P., & Rupert, P.A. (2004). Career-sustaining behaviors, satisfactions, and stresses of Professional psychologists. *Psychotherapy: Theory, Research, Practice, and Training, 41,* 301–309.

Sullivan, H.S. (1953). *The interpersonal theory of psychiatry.* New York: Norton.

Sussman, M.B. (1992). *A curious calling: Unconscious motivations for practicing psychotherapy.* Northvale, NJ: Jason Aronson.

Sussman, M.B. (1995).*A perilous calling: The hazards of psychotherapy practice*. New York: Wiley.

Task Force. (1995). *Report of the task force on the changing gender composition of psychology*.Washington, DC: American Psychological Association.

Winnicott, D.W. (Ed.). (1960). Ego distortion in terms of the true and false self. In *The maturational processes and the facilitating environment* (pp. 140–152). London: Hogarth Press.

Zerubavel, N., & O'Dougherty Wright, M. (2012). The dilemma of the wounded healer. *Psychotherapy: Theory, Research, Practice. 49(4),* 482-491.