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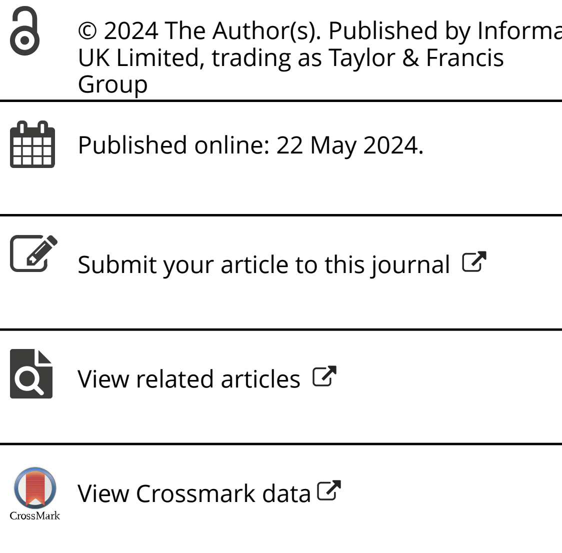
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RESEARCH ARTICLE

Development of the Psychotherapist Character Virtues (PCV) Interview

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Abstract
Objective: To develop an interview-based rating method for assessing therapists' beneficial character traits and evaluate its reliability and validity.
Method: The semi-structured Psychotherapist Character Virtues (PCV) interview and evaluation method, based on Erik Erikson's and Heinz Kohut's writings on 16 virtues or abilities and achievements of an adult self, was administered to 68 psychodynamic and solution-focused therapists. Inter-rater reliability was assessed based on 20 videorecorded interviews, rated by two evaluators. In a mixed-methods design, validity was investigated against (i) therapist's questionnaire-based self-reported professional and personal background characteristics and (ii) a qualitative content analysis of emotional atmosphere in the interview.
Results: Interrater reliability for individual 16 virtues was acceptable (median correlation .72). From individual virtues, three principal components (Creative Will, Empathy, and Love/Care) emerged with good/excellent internal consistency (component determinacies .95, .85, and .90, respectively) and criterion validity with self-reported professional and personal characteristics. Cluster analysis of therapists' component scores yielded six different therapist character profiles. In qualitative analysis, character profiles meaningfully differed in their impact on the interview's emotional atmosphere.
Conclusion: PCV appears promising for evaluating therapists' character virtues, posited to undergird therapists' sensitive attunement and responsiveness. Further research is needed on PCV's predictive validity for therapeutic relationships and outcomes.

Keywords: psychotherapist characteristics; psychotherapist training/supervision/development; therapist effects; responsiveness; assessment

Clinical or methodological significance of this article: Little is known of the determinants of therapists' appropriate responsiveness: i.e., how do effective therapists "do the right thing", meeting patient needs in a professional yet human way? To bridge the spheres of therapists' professional and personal functioning that may account for between-therapist outcome effects, this study presents a method for assessing therapists' character virtues and initial evidence for its reliability and validity.

Introduction

Recent meta-analyses have convincingly shown psychotherapists to differ in their effectiveness (e.g., Baldwin & Imel, 2013; Johns et al., 2019). Yet the therapist characteristics underlying those differences remain little known. Relatively easily and objectively measurable professional and personal characteristics

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—such as professional background and experience, or age and gender—have failed to explain variation in therapist outcomes (Lambert, 2013; Staczan et al., 2017; Wampold & Brown, 2005). Accordingly, research interest has turned to more subjective and inferable therapist qualities as predictors of therapy outcomes.

While still nascent, this emerging research has suggested a number of promising qualities for explaining therapist effects (Heinonen & Nissen-Lie, 2020). A recent systematic review (Heinonen & Nissen-Lie, 2020) observed as especially noteworthy the recent findings on performance-based evaluation of professional interpersonal skills, as elicited in challenging situations. For instance, in a series of studies (Anderson et al. 2009; Anderson, Crowley, et al., 2016; Anderson, McClintock, et al., 2016) assessed clinicians' immediate responses to videotapes of challenging patients, rating the responses for verbal fluency, emotional expressiveness, persuasiveness, warmth, positive regard, hopefulness, empathy, and capacity to form and repair alliances. Further, they showed these qualities to predict better outcomes of experienced therapists, trainees, and both therapist and non-therapist doctoral students. Likewise, Schöttke et al. (2017) showed therapist trainees a therapy video intended to provoke debate, and subsequently assessed the following group discussion for trainee qualities such as clarity and positivity of communication, empathy, attunement, respect and warmth, management of criticism, and willingness to cooperate—again showing these trainee qualities to predict better treatment outcomes several years afterwards.

However, also qualities related to therapists' personal lives, as assessed through interview measures, have predicted therapeutic outcomes (Heinonen & Nissen-Lie, 2020). For instance, having a secure attachment style was especially beneficial for therapists when dealing with challenging clients (Schauenburg et al., 2010). Likewise, high reflective functioning (i.e., a capacity to conceptualize, identify, and understand one's own and others' mental states) was particularly important for counterbalancing therapist's own potential vulnerabilities, such as insecure attachment, to produce good therapeutic outcomes (Cologon et al., 2017).

In brief, the little extant literature suggests that the core of the "therapist effect" may lie at the intersection between psychotherapists' professional and personal functioning (Heinonen & Orlinsky, 2013). What connects these spheres of professional capacities and personal attributes might accordingly be suggested to be a well-developed, balanced, and stable—or "virtuous", in the ethical tradition; see Aristotle (350 B.C.E./2011)—character, allowing appropriate responsiveness to patient's needs in a professional yet human way. This then leads to the question: What exactly does such a virtuous character consist of? In essence, what are the character strengths that form the basis for the observer-rated empathic, persuasive, and responsive communications that have predicted better outcomes, such as in the Anderson's and Schöttke's studies mentioned above?

This question has actually plagued psychotherapy researchers for close to a century. As Saul Rosenzweig (1936) presciently noted, very different therapeutic approaches appear to have comparable successes—later confirmed by decades of research (see Barkham & Lambert, 2021, for a recent review)—and a key underlying factor may be the "indefinable effect of the therapist's personality". Yet, as Rosenzweig (1936) remarked, even description of the personal qualities of the good therapist is elusive.

After Rosenzweig, two possible delineations of such characteristics were put forward by two central authors of their own times, Erik H. Erikson and Heinz Kohut, when formulating a constellation of characteristics that describe a mature adult personality. In Erikson's essay, "A Schedule of Virtues" (1964), he sketched a sequence of basic human character strengths and virtues that start forming in early childhood through positive experiences of hope, will, purpose, and competence. They henceforth develop sequentially from adolescence onwards to capacities for fidelity, love, care, and wisdom. In the course of adulthood, they manifest in successful balancing of closeness versus isolation, generativity versus stagnation, and integration versus despair, as outlined in his broader theory of psychosocial development (Erikson, 1950). In Kohut's somewhat different conceptualization, as outlined in his essay "Forms and Transformations of Narcissism" (1966), he saw the central achievements and attitudes of a mature personality to include creativity, empathy, recognizing and accepting life's limits, humor, and (also) wisdom. These kinds of characteristics would expectably be especially important for the practice of psychotherapy, where sustained work with complex psychological problems calls for stability of values and attitudes, mastering one's narcissistic motives and desires, and accepting one's human limits (Freud, 1964; Greenson, 1967; Kohut, 1984, 1985).

Indeed, the virtues outlined by Erikson and Kohut are ones that would plausibly facilitate therapist's appropriate *responsiveness*: another elusive concept that has been suggested to underlie different therapies' largely equal outcomes (Stiles et al., 1998). Responsiveness has been defined as "doing the

right thing at the right time" (Kramer & Stiles, 2015) in response to emerging circumstances of the unique therapy situation, overriding rigid prescriptions of therapy manuals and dogmas. According to Kramer and Stiles (2015), responsiveness is not a specific behavior nor a common "factor"—but rather a therapist capacity reflecting a "generic and ubiquitous principle of interpersonal regulation and attunement". While appropriate responsiveness has proved particularly challenging for therapy researchers to operationalize because of its complexity (Kramer & Stiles, 2015), plausibly the sensitive, creative, and well-meaning attunement it embodies would be facilitated by the kinds of mature, well-balanced qualities that Erikson and Kohut described. It may be noted that some recent qualitative studies have explored, albeit from different theoretical perspectives and conceptualizations, the structure of similar individual constructs such as therapist wisdom (Levitt & Piazza-Bonin, 2016) and (professional) sense of stagnation (Rønnestad & Skovholt, 2003). Also, retrospective self-report studies have investigated individual factors such as humor and creativity as predictors of therapeutic outcome (Yonatan-Leus et al., 2018). Yet Erikson's and Kohut's exceptionally broad conceptualizations have not been investigated systematically and empirically among therapists—despite their theoretical appeal as comprehensive constellations of the effective therapist's person that enable bridging the professional and personal aspects of therapy work.

From a methodological point of view, it should be further noted that to identify and investigate these character strengths or virtues, therapist self-reports may have their limitations. Recent therapy outcome studies suggest therapists' greater confidence in their abilities may not correlate with their actual treatment outcomes (Constantino et al., 2023; Nissen-Lie et al., 2013; Ziem & Hoyer, 2020). Rather, some studies suggest that professional self-doubt may actually predict better outcomes (Nissen-Lie et al., 2017), which has been interpreted by the authors as indicating a positive virtue of "humility". Although this research is still inconclusive (Heinonen & Nissen-Lie, 2020), these studies —together with the findings on performance- and interview-based evaluations of therapists discussed above (e.g., Anderson, Crowley, et al., 2016; Anderson, McClintock, et al., 2016; Schöttke et al., 2017)—suggest that observers may capture some aspects of therapists better than they can themselves. Further, this might especially be so in the case of complex constructs such as virtues, or when self-serving biases may be present for one reason or another (Bond, 2004; Vazire, 2010). It should also be noted that while there are numerous interview-based measures for assessing the general matureness of patients' personality (e.g., Clarkin et al., 2007; Weinryb & Rössel, 1991), they have been devised to gauge the clinical range of psychiatric and psychological problems. Thus, they are likely not suitable for assessing the treating clinicians themselves.

Therefore, the present mixed-method study was initiated to develop an interview-based measure for assessing therapists' character virtues, based on Erikson's and Kohut's theoretical conceptualizations as they were seen compatible and complementary to each other: the former putting more emphasis on a life course perspective and the latter more on the therapist's internal world. Further, the study sought to investigate the measure's reliability and factor structure, and thereby where Erikson's and Kohut's conceptualizations might converge. Thirdly, the study aimed to delineate therapists' different character profiles, based on the distribution of the individual virtues in a clinician sample representing different therapeutic approaches. Finally, as a pilot investigation into the validity of the character profiles; the operationalization of Erikson's and Kohut's concepts; and their implications for therapeutic interaction, the study investigated qualitatively the initial transferential reactions of an experienced clinician to these therapists.

Methods

The present study was conducted as part of the Helsinki Psychotherapy Study (HPS), a randomized clinical trial initiated to study the effectiveness of short- and long-term psychotherapies representing different approaches in the treatment of depressive and anxiety disorders. Further details are described in Knekt and Lindfors (2004).

Recruitment of Therapists

Psychotherapeutic societies representing the treatments of interest were contacted via mail and personal networks and informed of the HPS research plan in the initial stages of the study, including the aim to study therapist characteristics and their contribution to therapy process and outcome. Although the specific focus of the therapist research had not yet been formulated, face-to-face meetings were held to offer interested clinicians the opportunity to discuss and ask questions about the general study plan. This led to a purposive sampling of 118 therapists volunteering to participate in the study. Eligible therapists had to have at least 2 years of work experience in the specific form of therapy after their training. A contract of participation describing the terms and conditions of

the study was signed by 112 eligible therapists. The majority of them, 107 therapists, were recruited via consecutive sampling in 1994–1995, after which a sufficient number of therapists for patients was evaluated as having been reached. After signing the contract of participation, a total of 32 therapists withdrew due to not being able to take any new patients. Patients were also not assigned to 9 therapists due to various reasons such as change of place of residence or demise of the therapist. Thus, a further 5 therapists needed to be recruited in 1997–1998.

Study Population

Altogether 68 psychotherapists of the 71 who provided treatments in the HPS participated in the study. The excluded three comprised one therapist who missed baseline assessment due to starting treatments considerably later than the other therapists and the other two being known to the interviewer. The theoretical orientation of the therapists was psychoanalytic (41.2%), psychodynamic (50.0%), or solution-focused (8.8%). Forty-seven therapists (69%) were female. The youngest therapist was 31, and the oldest 67 years of age. Forty-nine therapists were psychologists, 12 psychiatrists, and seven therapists either specialized nurses or social workers. Fuller therapist details are presented in Heinonen, Lindfors, et al. (2014).

Ethics

The study conforms to the World Medical Association Helsinki Declaration. The protocol of the study was approved by Helsinki University Central Hospital's ethics council. Informed consent was obtained from all therapists who participated in the study.

Development of the Interview Procedure

The Psychotherapist Character Virtues (PCV) interview and the assessment method based on it were initially developed and tested in the early 1990s in a pilot study of the HPS with eight therapist trainers, chosen from four different training communities (cognitive behavioral and solution-focused and two different psychoanalytic training institutes) (Lehtovuori, 2003). The interview questions were developed by the lead author and refined based on feedback from the interviewed therapists and the HPS research group involved in planning the general study, comprising 11 psychiatrists and 4 psychologists. The rating scales were likewise refined by the lead author based on feedback from the research group and a senior psychoanalyst who also rated the pilot therapists but was not involved in the later main study.

During the piloting, the interview structure was found to be acceptable to the therapists, and the ratings of altogether 16 therapist characteristics (described more fully below), carried out by two independent raters, indicated generally moderate inter-rater reliability (>0.60) and enabled characterization of different therapist profiles by cluster analysis. Accordingly, the refined therapist interview and rating procedure was included in the HPS outcome study which was initiated in 1994. The finalized interview and rating procedure is described briefly below and presented in detail in Appendices 1–2 (Lehtovuori, 2018). The aim was to develop an interview-based assessment to complement the therapist self-rated Development of Psychotherapists Common Core Questionnaire (DPCCQ) questionnaire (Orlinsky & Rønnestad, 2005), and thus extend the scope and depth of evaluating therapist characteristics expected to be central for a positive working alliance and treatment outcome (Heinonen et al., 2012; Heinonen, Knekt, et al., 2014; Heinonen, Lindfors, et al., 2014).

The semi-structured therapist interviews took approximately two hours and were videotaped. All interviews were conducted face-to-face at the Helsinki University Central Hospital's Psychiatric Clinic, according to the same basic structure developed during the pilot by the lead author (Appendix 1). The same person interviewed all the therapists. All interviews were conducted in a single take without incident. The interview questions related to both the "objective" and "subjective" features of therapists' lives (Beutler et al., 2004; Heinonen & Nissen-Lie, 2020) and were formulated to solicit information on areas seen as relevant by Erikson and Kohut to the virtues' present manifestation (e.g., current relationships, future expectations) as well as their development (i.e., early childhood). The ordering of the questions started deliberately with professional themes and thereafter moving onto more personal areas *Objective features* comprised here professional career/work history, family background (childhood family and present family), interpersonal relationships (at childhood and at present), and personal interests (at present). *Subjective features*, the focus of this study, comprised broader and more abstract domains such as capacity and propensity for intimacy vs. isolation (covered by questions related to emotional atmosphere at childhood, separation/individuation issues, and experience of one's gender identity), generativity vs. stagnation (view of life, memories/

images of one's childhood, personal and professional identity, self-image), and ego integrity vs. despair (evaluation of one's life history, present life situation, and overall professional goals). The therapists' responses for covering the above-mentioned areas were used to assess the altogether 16 specific character virtues based on Erikson's and Kohut's theoretical conceptualizations, as outlined in further detail below.

Assessment of Therapist Characteristics

The formulation of the 16 psychotherapist character virtues in the PCV (Appendix 2) was based on qualities outlined in theorizations of Erik H. Erikson (hope, will, purpose, competence, fidelity, love, care, intimacy, generativity, integrity, and wisdom) and Heinz Kohut (creativity, empathy, acceptance of life's limits, humor, and—synonymously with Erikson—wisdom). These characteristics describe in detail developmentally constructed key aspects of human capacities, ego strengths and "basic virtues" (Erikson, 1964) and relational attitudes and achievements of adult personality (Kohut, 1966), and were considered to be valuable when working as a psychotherapist regardless of therapy orientation. Based on Erikson's and Kohut's discussion of these qualities, the lead author constructed anchored assessment scales for their interview-based measurement, with feedback from the HPS research group during its piloting (see above).

As noted briefly in the introduction, eight of the characteristics described by Erikson in his essay "A Schedule of Virtues" (1964) are based on his theorizations of the developmental roots of basic human qualities or ego strengths which he called virtues. In his model, *hope*, *will*, *purpose*, and *competence* are seen as rudiments of virtues, developed in childhood. *Fidelity* is seen as an ego strength emerging in adolescence, and *love*, *care*, and *wisdom* as central virtues emerging after adolescence. All these interrelated qualities can be traced from child- into adulthood through a stagewise developmental process. As outlined in his broader psychosocial model of development, maturity in adulthood specifically manifests as the self's capacities for intimacy, generativity, and integration (1950). The virtuous characteristics based on Kohut's discussion in his paper, "Forms and Transformations of Narcissism" (1966) of so-called healthy narcissism consist of creativity, empathy, recognizing and accepting life's limits, humor, and, synonymously with Erikson, wisdom. Thus, both Erikson and Kohut saw wisdom as the ultimate virtue at the end of life, with convergences but also slightly different emphases: for Erikson, wisdom comprised a detached concern for life and the next generation (hereafter "detached wisdom"), and for Kohut an integration of accepting life's limits together with a capacity for humor and stable values (hereafter "integrated wisdom").

Each characteristic was rated on a scale from 1 (very low/deficient) to 7 (very high/excessive), where the rating of 4 signified an evenly balanced amount of the characteristic (Appendix 2). To illustrate, a person with very low values (1–2) of the characteristics of (i) hope, (ii) will, (iii) purpose, and (iv) competency, would respectively indicate a relatively pervasive tendency to have (i) a distrustful, pessimistic attitude toward life; (ii) a lack of capacity for making decisions and autonomous activity to reach one's goals; (iii) difficulty in taking responsibilities; and (iv) a tendency to undervalue one's capacities and competency, leading to inability to finish tasks. On the contrary, a person with very high values (6–7) of these same characteristics would respectively indicate (i) a pervasive tendency to be overly, even naively trustful; (ii) to stubbornly and shamelessly drive one's own ideas, disregarding ideas of others; (iii) great eagerness to take on responsibilities and difficulty in setting boundaries; and (iv) a tendency to overvalue one's capacities and competencies and proneness to consider oneself a "virtuoso". Intermediate values (3–5) in these characteristics would instead be reflected in turn as relatively good basic trust; a generally relaxed attitude toward life; the capacity to be concerned and not trust everything; and finally, a capacity for balanced willfulness, purposefulness, and competent action, without over- or undervaluing one's own or others' autonomy, capacity, and boundaries.

Assessors and Assessor Agreement

Two experienced, psychoanalytically trained clinicians (first and second author]) participated in the study on the reliability of the PCV ratings. Both were theoretically acquainted with the writings of Erikson and Kohut, relevant for this study. To familiarize both the assessors with the PCV interview assessment procedure, all the 16 items were first discussed theoretically and after that in relation to two randomly selected videorecorded interviews (2 hours each) which were independently rated. These ratings and their inconsistencies were then discussed to reach consensus in the rating principles, but further modification of the rating scheme was not deemed necessary at this point. Thereafter, both clinicians rated independently a sample of 20 videorecorded interviews of the therapists (consecutively

approximately every third interview) from a total of altogether 68 therapist interviews, to evaluate interrater reliability (reported in fuller detail below) after which rest of the therapist interviews were rated by the first author.

Reflexivity

Three of the four authors were psychotherapists with doctoral degrees in psychology and collective experience in researching various models of psychotherapy. The first and second authors were trained as psychoanalysts, the first author additionally as children's psychotherapist trainer, and the last author was trained in emotion-focused therapy. The study was initiated by the first author, whose clinical observations and personal experiences as therapist and training analyst largely determined the focus of the research, i.e., on the apparently great importance of therapist's personal characteristics and relational competencies. The theoretical model of this study—based on Kohut's and Erikson's ideas—emerged from her literature review on the development of adult personality, in its aspects presumed relevant for an optimally working therapeutic relationship. The two authors trained as psychoanalysts, and who were responsible for rating the therapist character virtues, had been private practitioners, clinical trainers, and supervisors for several decades, besides their research work. Both were inclined to emphasize the importance of relational aspects of psychotherapy, e.g., creating a lively, genuine, healing relationship with the patient, in addition to facilitating insight. However, there were no specific expectations of certain characteristics being more important than others. The third author, a statistician, had no clinical experience or background in psychotherapy.

Statistical Methods

The interrater reliability of evaluating individual therapist characteristics was assessed, firstly, by testing the means between the raters for each characteristic (paired t-tests). Secondly, each rater's variance for assessing each therapist characteristic was calculated to estimate whether the raters differed in how similar or dissimilar the raters saw the therapists relative to each other, with difference in variance between the two raters evaluated using bootstrapping (1000 iterations) with the Mplus-program (version 7.3). Thirdly, Pearson correlations were used to assess the raters' concordance. A principal components analysis was carried out on the first assessor's (first author) ratings of the total therapist sample, using varimax rotation (orthogonal components) to obtain a clearly interpretable solution. Respective component scores were calculated for all therapists based on the solution. The association of component scores and therapists' demographic and professional characteristics, with Bonferroni correction for multiple comparisons (if statistically significant), was tested with analysis of variance. After that, a cluster analysis was performed to group therapists based on their factor scores into homogenous groups, using the hierarchical Ward method and square of Euclidean distance (Ward, 1963), and inspection of the resulting visual dendrogram to identify the potential number of clusters (Everitt et al., 2011)

Qualitative Methods

The statistically identified therapist clusters, presented more fully below, were further described and evaluated with the aid of content analysis (Neuendorf, 2018). The content analysis was based on the interviewer-formulated (i.e., first author's) descriptions of the emotional atmosphere of the original interviews via a systematic application of a psychoanalytic, reflexive, reverie-informed method (Holmes, 2019) in response to the question: "What kind of an atmosphere did the therapist create in the interview situation?". These descriptions were formulated after watching the videorecorded interviews but before rating the individual therapist character virtues and managed in Microsoft Word. The descriptions were based on the interviewer's assessment of the therapist's relationship to her/himself as well as to others and the interviewer's own possible countertransference reactions, the usage of which the interviewer had long experience in as a psychoanalyst and training analyst. Accordingly, both the verbal content and the felt sense of what was verbally and non-verbally expressed in the interview was acknowledged in formulating the description. Central to the assessment was the interviewer's evaluation of the therapist's observations of his/her own characteristics, experiential contact with them, and relational presence. In the content analysis (Neuendorf, 2018), repeating similar atmospheric descriptions within a cluster were classified into content categories, informed by the theories of Erikson and Kohut. Data saturation was not an issue as all the therapists in the HPS were evaluated nor was a coding tree required to manage the number of emerging categories. For characterizing each cluster, categories that applied to at least half of the therapists in each cluster were used.

Table I. Means (M) and standard deviations (SD) of therapist characteristics evaluated by two raters.

	Rater 1		Rater 2				
Therapist characteristics[1]	*M*	*SD*	*M*	*SD*	*p*[2]	*r*[3]	*p*[4]
Hope (E)	3.15	1.14	3.20	0.95	.75	.80	.22
Will (E)	3.75	1.45	3.45	1.28	.16	.78	.23
Purpose (E)	3.40	1.19	3.90	1.41	.01	.81	.13
Competence (E)	3.70	1.38	4.40	1.10	.02	.54	.14
Fidelity (E)	3.65	1.42	4.10	1.08	.11	.58	.01
Love (E)	3.35	1.31	3.65	1.31	.25	.63	1.0
Care (E)	3.85	1.57	4.40	1.19	.09	.52	.01
Generativity (E)	3.45	1.47	3.55	1.15	.67	.72	.01
Integrity (E)	3.85	1.23	3.85	1.14	1.0	.81	.35
Intimacy (E)	2.95	1.19	3.30	1.08	.05	.79	.45
Creativity (K)	3.50	1.70	3.45	1.50	.77	.90	.03
Empathy (K)	3.45	1.50	4.40	1.35	.02	.37	.41
Acceptance of transience (K)	3.50	1.28	3.55	1.15	.79	.77	.25
Humor (K)	3.05	1.23	3.05	1.32	1.0	.65	.67
Integrated Wisdom (K)	3.65	1.27	3.40	0.99	.23	.70	.10

[1]E: Erikson's character virtues; K: Kohut's character virtues.
[2]*p* for difference between raters in means.
[3]Pearson correlation between raters.
[4]*p* for difference between raters in standard deviations.

Results

Interrater Reliability of the PCV

The first aim of this study was to evaluate the interrater reliability of therapist characteristics posited in Erikson's and Kohut's theories. As shown in Table I, the means of the rated characteristics ranged between 2.95 and 4.40. The raters differed statistically significantly from each other in rating four of the sixteen characteristics (purposefulness, competence, intimacy, and empathy), on which rater 2 gave on average higher values. The standard deviations of assessed characteristics ranged between 0.95–1.70, and the first rater had statistically significantly greater deviation in the rating of four characteristics (fidelity, care, generativity, and creativity). On all characteristics, all possible values of the scales (i.e., 1–7) were endorsed. The median correlation between raters was 0.72, ranging from an individual low of 0.35 (empathy) to a high of 0.90 (creativity), with all correlations except one above 0.50. With the exception of "empathy", all correlations were statistically significant.

Table II. Pearson correlations between therapist character virtues.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	1.00															
2	0.60	1.00														
3	0.60	0.79	1.00													
4	0.52	0.61	0.64	1.00												
5	0.68	0.36	0.47	0.44	1.00											
6	0.42	0.39	0.37	0.34	0.68	1.00										
7	0.40	0.25	0.36	0.26	0.52	0.68	1.00									
8	0.55	0.63	0.58	0.52	0.51	0.55	0.50	1.00								
9	0.65	0.70	0.62	0.66	0.53	0.40	0.41	0.55	1.00							
10	0.73	0.53	0.50	0.51	0.58	0.41	0.38	0.54	0.61	1.00						
11	0.56	0.32	0.29	0.38	0.68	0.64	0.50	0.45	0.52	0.57	1.00					
12	0.55	0.75	0.65	0.60	0.41	0.43	0.38	0.57	0.82	0.44	0.39	1.00				
13	0.34	0.27	0.23	0.22	0.41	0.33	0.18	0.31	0.21	0.45	0.48	0.23	1.00			
14	0.72	0.61	0.55	0.55	0.62	0.50	0.32	0.59	0.70	0.68	0.51	0.68	0.38	1.00		
15	0.34	0.30	0.28	0.18	0.26	0.31	0.25	0.36	0.28	0.35	0.30	0.35	0.31	0.39	1.00	
16	0.65	0.53	0.43	0.52	0.53	0.44	0.34	0.70	0.59	0.59	0.48	0.55	0.33	0.73	0.33	1.00

Note. 1 = hope, 2 = will, 3 = purpose, 4 = competence, 5 = fidelity, 6 = love, 7 = care, 8 = detached wisdom, 9 = generativity, 10 = integrity, 11 = intimacy, 12 = creativity, 13 = empathy, 14 = acceptance of one's transience, 15 = humor, 16 = integrated wisdom. When the correlation is greater than .25 then $p < .05$, greater than .31 then $p < .01$ and greater than .39 the $p < .001$.

Table III. Varimax rotated loadings of principal component analysis of therapists' character virtues.

Character virtues	Component 1	Component 2	Component 3
Will (E)	**0,87**	0,19	0,09
Creativity (K)	**0,83**	0,14	0,22
Purpose (E)	**0,81**	0,12	0,20
Generativity (E)	**0,80**	0,23	0,27
Competence (E)	**0,75**	0,18	0,15
Detached Wisdom (E)	**0,60**	0,29	0,42
Hope (E)	**0,59**	0,54	0,27
Integrated Wisdom (K)	**0,56**	0,50	0,24
Empathy (K)	0,02	**0,80**	0,11
Integrity (E)	0,48	**0,64**	0,23
Humor (K)	0,20	**0,51**	0,12
Care (E)	0,21	0,03	**0,87**
Love (E)	0,23	0,25	**0,84**
Fidelity (E)	0,30	0,48	**0,63**
Intimacy (E)	0,18	0,57	**0,60**

Note. Character virtues belonging to the same principal component noted in bold.

Associations Between the Items and Principal Component Analysis

The intercorrelations (Pearson correlations) of the characteristics are reported in Table II. Given numerous high correlations, principal component analysis (PCA) was carried out to distil unifying dimensions of the characteristics. PCA based on the original 16 character virtues yielded a solution of three principal components (PC) with good to excellent internal consistency evaluated best in terms of both content validity and interpretability and explaining 69.1% of the variance (Table III). PC 1 was named Creative Will (component score determinacy .95), comprising will, creativity, purpose, stagnation-generativity, competence, and acceptance of one's transience. PC 2 was named Empathy (component score determinacy .85), comprising empathy, despair-integrity, and humor. PC 3 was named Love/Care (component score determinacy .90), comprising love, care, fidelity, and isolation-intimacy.

Association of Factor Scores with Therapists' Demographic and Professional Characteristics

Solution-focused therapists were statistically significantly higher in Creative Will than psychodynamic therapists ($F(2, 65) = 4{,}05$, $p = 0.02$). Psychodynamic therapists were higher in Empathy than solution-focused therapists ($F(1, 66) = 4{,}30$, $p = 0.04$). Therapists living alone with one or more underage children were lower in Love/Care than therapists living together with spouse with or without underage children ($F(1, 66) = 7{,}77$, $p = 0.007$).

Clustering of Therapist Characteristics

To yield insight to the different character profiles of therapists, a cluster analysis was performed based on their component scores on the three PCs. Based on the dendrogram, the possible number of clusters was determined to be between four and seven (Figure 1). Based on a content evaluation of the clusters, a six-cluster solution was determined as optimal in identifying meaningfully distinct clusters. Figure 2 presents the component score means of the six clusters (total sample average = 0, SD = 1).

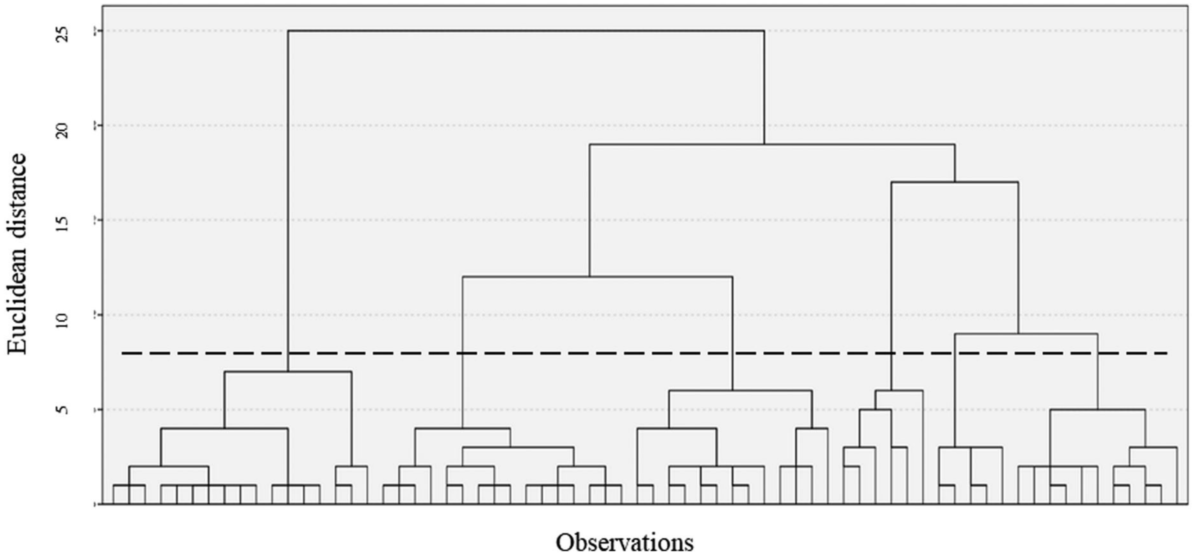

Figure 1. Dendrogram using Ward method with euclidean distance.

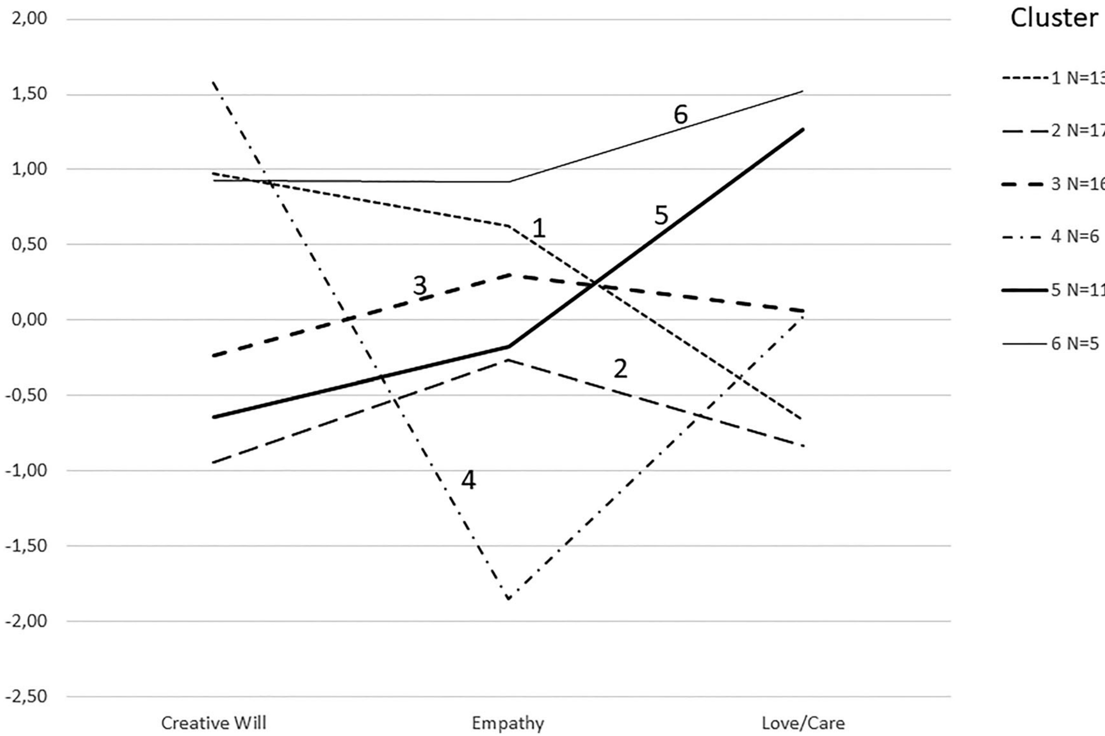

Figure 2. Component scores of therapist clusters (relative to each other) and number of therapists in each cluster.

Content Analysis of Interviewee Reactions Within Clusters

Content analysis of interviewee reactions within clusters are presented in Table IV, with examples of the raw qualitative data in the right-most column. Most of the formed categories within a cluster (middle column) applied to all or virtually all therapists in the cluster.

Discussion

In a pioneering operationalization of therapist character virtues, this study developed an interview-based method for evaluating characteristics theorized by Erik H. Erikson and Heinz Kohut to reflect the mature capacities of a healthy personality and posited to have central implications for beneficial therapeutic interaction. The reliably observer-rated sixteen individual virtues formed three internally consistent principal components, which further demonstrated criterion validity with therapist self-reported characteristics. The therapists' component scores clustered to form six different therapist profiles which, in a qualitative analysis, linked meaningfully with the therapist-created emotional atmosphere in an interview setting. Below, we elaborate on the findings and discuss their implications.

Interrater reliability

The reliability of the character virtues ranged between good and fair. This was noteworthy especially given the virtues' relative abstractness. Arguably the interview model that combined both concrete and deeper questions afforded rich data which enabled, together with the point-anchoring system, reliably operationalizing Erikson's and Kohut's concepts. Nevertheless, Kohut's important concept of "empathy" was one exception with poor inter-rater reliability. In retrospective evaluation, the anchoring system was seen to lack explicitly mentioning Kohut's notion of empathy including also the ability to put one's own needs aside—i.e., not just understanding another person cognitively and affectively. Unfortunately, this aspect of empathy did not come up when raters established initial consensual rating using the two random interviews drawn from the sample. Most likely this omission led the raters to assess this characteristic in different terms, the first author being more faithful (as the study initiator) to Kohut's original conceptualization, and the second rater being more faithful to the anchoring system. In further development of the rating scale, this aspect of Kohut's definition should be explicated in the anchoring system. Nevertheless, since the PCA was based solely on the first author's ratings that encompassed the total sample, the poor inter-rater reliability related to this one characteristic fortunately

Table IV. Cluster-wise categories of interview's emotional atmosphere, based on content analysis of interviewer's post-interview initial reactions.

Cluster profile	Content category and number of therapists in category	Examples of reactions from interviewer's notes
1. cluster (n = 13)		
High Creative Will High Empathy Low Love and Care	reserved self-reflection (12/13) fragile connection in the interview (11/13) a tendency to dominate in a devaluing way (8/13) a tendency to dominate in a charming way (7/13)	"reflects to himself rather than inviting along" "easy on surface", "distanced and reserved in more personal themes" "controlling in a subtle way" "easy on the surface", "trying to win me over"
2. cluster (n = 17)		
Low Creative Will Average Empathy Low Love and Care	concealed aggressiveness (15/17) anxiousness (15/17) loneliness and distance (13/17)	"uptightness, bitter jokes" "tense chuckling", "fear of helplessness⍰⍰⍰, "fear of loss" "sparse description of relationships, not fully alive", "emptiness"
3. cluster (n = 16)		
Average Creative Will Average Empathy Average Love and Care	absence of difficult emotions, lack of enthusiasm (15/16) peaceful self-reflection (13/16)	"lack of negative emotions", "half-hearted" "relaxed, balanced", "reflects without prompting", "reflects openly on oneself and relational issues"
4. cluster (n = 6)		
High Creative Will Low Empathy Average Love and Care	difficulty in facing difficult emotions (6/6) weak empathy and sense of connection (6/6) trying to get under skin (5/6)	"distance from affect, esp. intimacy and rage", "provokes irritation" "pronounced rationality, weak empathy", "flimsy relationality" "controlling, reserved, intrusive", "trying to get under skin"
5. cluster (n = 11)		
Low Creative Will Intermediate Empathy High Love and Care	calmness, matter-of-factness, pronounced easiness (11/11) absence of emotion, esp. aggression; passive aggression (9/11) unhurried monologue (8/11) dependency-oriented warmth in relationships (6/11)	"easy to be with", "neutrality", ⍰⍰⍰calm atmosphere" "distancing", "controlling, overly calm", "too kindly peaceful" "leisurely and pondering", "gave initially short answers, sleepy atmosphere", "surveying" "dependency-oriented warmth in relationships", "clinging togetherness", "difficult to separate from children, binding"
6. cluster (n = 5)		
High Creative Will High Empathy High Love and Care	aliveness, openness; willing to engage, even overflowingly (5/5) somewhat overflowing positivity (5/5) close relationships meaningful but symbiotic (5/5)	"alive, engaging, issues emerge without asking", "charming, matter-of-fact", "open but circles widely" "easy-to-empathize-with inner world, in touch with oneself, but overflowing at times", "besserwisserish – possible issue of keeping boundaries at work?", "exhausting monologue" "separated from children only when they moved out", "symbiotic relationships with adult children" "superficial positivity but capable of contact"

did not contaminate the other quantitative or qualitative analyses.

Factor structure of characteristics and their criterion validity

The 16 character virtues defined by Erikson (1964) and Kohut (1966) formed three internally consistent principal components. The fact that both Erikson's and Kohut's concepts loaded on two of the three components spoke to a possibly meaningful convergence of these theories. The first PC was termed "Creative Will" (factor score determinacy .95), as it seemed to largely comprise characteristics central to purposeful striving, i.e., will, creativity, purpose, generativity, competency, and hope (if also tempered by sense of one's transience and wisdom). Therapists with different background characteristics did not differ on this PC statistically significantly.

The second PC was termed "Empathy" (factor score determinacy .85), based on the strongest-loading item, followed by the two other items, i.e.,

ego integrity and humor. The association of these three qualities is conceptually understandable, as it requires a relatively balanced personality (i.e., ego integrity) to empathically attune to another's inner world without distorting it (Erikson, 1950, 1959); and humor (for Kohut) comprised transcending one's own narcissism (Kohut, 1966), thus also allowing for greater empathy towards others. Psychodynamic therapists were found to be significantly more empathic than solution-focused therapists, which would fit with psychodynamic training having traditionally focused on fostering the capacity to enter a patient's internal world—an ability that is based also on deeply understanding and knowing oneself (McWilliams, 2004).

The third PC was termed "Love/Care" (factor score determinacy .90), as it seemed to mainly comprise characteristics relating to capacity for close personal relationships: i.e., care, love, fidelity, and intimacy. Therapists higher on this PC were expectably more likely living with a spouse. This PC consisted solely of Erikson's character virtues and those which emerge from adolescence onwards, related to interpersonal relationships. Their loading on the same PC, in this sample of roughly middle-aged therapists, supported their posited (stagewise) developmental connection with each other (Erikson, 1950).

Cluster Analysis: What are the Profiles of Therapists and Their Possible Clinical Implications?

The cluster analysis of therapists' component scores yielded an optimal solution of six clusters. Validity of the clusters was analyzed qualitatively against the interviewer's immediate atmospheric descriptions of the interview situation, including her countertransference feelings (Holmes, 2019). The data which is based on the interviewer's reflexive descriptions of the interviewee obviously do not allow for generalizing these immediate reactions to what other interactants, such as these therapists' clients, might feel. Nevertheless, the quantitative character profiles that were scored considerably later, using the structured assessment scales, were strikingly often and meaningfully linked with the interviewer's immediate reactions. Moreover, it was the combination of characteristics—i.e., the overall pattern of component scores—that appeared determinative of the interviewer's reactions. These are further summarized below, along with their potential clinical implications. As these characteristics have yet to be explored as predictors of therapy process and outcome, we underline these should be taken as hypotheses to be investigated—albeit ones supported by prior theoretical, clinical, and empirical observations on similar characteristics' importance.

First, a combination of high Creative Will and high Empathy but low Love/Care was associated with impressions of therapist capacity for self-reflection and relatedness. Nevertheless, these were tinged with reservedness and a liability to withdraw at times, especially when the interview approached more personal domains (Table IV). Further, they were often accompanied by the interviewer's experience of being dominated in either a devaluing or seductive manner by the therapist. Thus, while the first two therapist characteristics (high Creative Will, high Empathy) might be expected to benefit therapy, their combination with low Love/Care might be associated with therapists' liability to either keep their distance or perhaps help in intrusively empathic ways. In terms of possible clinical pitfalls, one wonders whether these therapists might have trouble in meeting their patients authentically and genuinely (Stern, 2004) and/or responsively regulating distance and closeness to fit each patient's needs (Schauenburg et al., 2010; Wiseman & Atzil-Slonim, 2018).

Second, a pattern of low Creative Will and low Love/Care, together with average Empathy, was associated with a sense of passive-aggressiveness, anxiousness, loneliness, and distance. The combination of low Creative Will and low Love/Care presumably inhibited an engaged and relaxed interview atmosphere. It might plausibly also hinder building therapeutic relationships. Especially affected might be patients with early traumas, for whom a sensitively attuned and responsive therapist is paramount (Erskine, 1998); and whose lack of secure and comforting internalized other(s) may also trigger the therapist's own vulnerabilities and anxieties, if the clinician has not worked through them in personal therapy (Geller et al., 2005; Saakvitne, 2002).

Third, true to its profile, a combination of average Creative Will, average Empathy, and average Love/Care was associated with a lack of extreme reactions in the interviewer. Rather, the interview's atmosphere was somewhat ambivalent and mixed: characterized by a sense of therapist's peaceful self-reflection, but also by a marked absence of enthusiasm, as well as an apparent reluctance in exploring more difficult emotions. To the degree such an "average" profile avoids unhelpful extremities, these therapists might predict relatively average outcomes in therapy. Yet the interview's lukewarm emotional aftertaste also begs the question of whether these clinicians could be sufficiently emotionally engaged and generate therapeutic momentum for patients with severe needs and

vulnerabilities in emotion regulation, personality structure, and early development (McWilliams, 2011; Schauenburg et al., 2010).

Fourth, a combination of (extremely) high Creative Will, (extremely) low Empathy, and average Love and Care was associated with fragile connection and empathy; apparent discomfort with negative emotions; and perceived attempts at getting under the interviewer's skin. The combined extremities of high Creative Will and low Empathy would be expected to be reflected in the therapist's pronounced focus on him- or herself which, in the most optimal clinical situation, might model autonomy to clients in solving their problems (Rubino et al., 2000). However, it might just as well leave patients to their own devices, craving a deeper emotional connection, and predisposing patients to inventing overly rationalized fixes to please or accommodate the therapist (Kohut & Wolf, 1978).

Fifth, a combination of low Creative Will, average Empathy, and (extremely) high Love and Care was associated with, firstly, somewhat disproportionate calmness and easiness in the interview situation; and, secondly, warmth with marked dependency in it. Especially these therapists might struggle with letting go of their clients and allow clients to talk somewhat boundlessly (Dinger et al., 2009). Equally, an "overcaringly" warm style might feel intrusive and put off patients who are self-protectively reserved, provoking feelings of anger and disappointment (Blatt & Shahar, 2004; Horney, 1945).

Sixth and finally, a combination of high Creative Will, high Empathy, and (extremely) high Love and Care was associated with aliveness, positiveness, and closeness, although sometimes slightly overbearingly so. While these highly engaged therapists might be expected to be very effective, one possible caveat would be in how well they can tolerate their patients' need to individuate and separate from the therapist (Davies, 2005).

Summary of findings

To sum up the above findings, this study demonstrated that (despite a failure to specify one of the 16 virtues' rating criteria precisely) Erikson's and Kohut's rather abstract concepts can be largely assessed reliably. Moreover, rating of the concepts formed interpretable components into which these virtues can apparently be distilled into, and which then can be used to profile therapists. Further, the quantitative therapist character profiles were meaningfully associated with the qualitative evaluations of the interviewer of the emotional atmosphere created by the therapist.

Methodological Considerations

Some methodological strengths and limitations of the study should be noted. First, for the initial investigation of a new therapist measure, especially an interview-based one, the relatively large sample size should be noted. Second, the sample comprised clinicians representing two very divergent therapeutic approaches (in addition to its initial piloting also including cognitive–behavioral therapists), supporting the applicability of the measure across therapeutic orientations. Third, having only one interviewer, who conducted the interviews in a standardized manner, maximized the consistency of the procedure, although coming with the caveat of not being able to differentiate between performance of the interview versus that of the interviewer. Fourth, the interview procedure as well as the character virtues rating criteria were documented explicitly for further refinement and replication studies. Fifth, using countertransference in the qualitative evaluation of the therapists was justified, given that the interviewer had long-standing experience as a psychoanalyst and training analyst in sensitively utilizing such reactions. Finally, feedback on the interview was systematically collected from the therapists, who noted its atmosphere typically to be positive, confidential, and providing sufficient space to describe themselves, supporting the internal validity of the findings.

The study also involved some obvious limitations. These include, first, that the sample consisted of relatively experienced therapists, thereby limiting the generalizability to more novice therapists. Second, while the number of therapists was considerably large for an interview-based study, the stability of the PCA solution nevertheless remains to be confirmed by further investigations Third, the interview procedure should be carried out in the future by different interviewers to ensure its replicability. Third, despite the generally fair to good interrater reliability, especially the rating scale for the individual virtue of "empathy" was insufficiently described, leading to low interrater reliability for that virtue: as stated earlier, its definition should be broadened to encompass the ability to put one's own needs aside, not merely to understand another person cognitively and affectively. In addition, the rating scales should be further elaborated to enhance their interrater reliability especially if used by non-psychodynamic raters, in which further explication of the rating criteria through focus groups might be helpful (Willig & Rogers, 2017). Fourth, standards of normative behavior change with time and place. Therefore, we would expect that how therapist characteristics are expressed and assessed also vary with cultural

context similarly as do concepts applied to patients, such as those rated by, e.g., the Psychodynamic Diagnostic Manual (PDM) (Lingiardi & McWilliams, 2017). Despite these inevitable variations, we believe it is the customary expertise of the clinician to assess these characteristics in their cultural context. Fifth, a long semi-structured interview is liable to a host of potential unknown biases, due to both interviewee and interviewer characteristics, which cannot be fully controlled for. More specifically and relatedly, while the qualitative analysis of the interviewer's reactions makes no attempt at generalizing these results to what other interactants with these therapists might feel (most obviously, their patients), such investigations could provide further important validity to the present scheme (Levitt, 2021). Sixth, as the qualitative analysis focused on recognizing common themes in a relatively large number of clusters which were identified for the first time, the present study could not explore more minor themes. Finally, for the participating therapists, being an object of study may obviously have contributed to what they offered of themselves. Thus, the interview situation cannot be assumed to be a replica of the therapy session but rather calls for further investigations into actual treatment processes.

Implications for Further Research and Practice

While therapists are known to differ in their effectiveness, there is still little knowledge of the effective therapist's characteristics. Even if it appears that both professional and personal characteristics make a difference, cumulative and replicated findings have generally been elusive (Heinonen & Nissen-Lie, 2020). One particular source of difficulty in identifying the characteristics that matter for outcomes may hinge on them being rooted in the effective therapist's appropriate responsiveness (Heinonen & Nissen-Lie, 2020). Thus, the search for these characteristics may be unfruitful unless the concepts themselves are rooted in responsiveness. Yet a precise definition of therapist responsiveness—"doing the right thing at the right time"—let alone its operationalization has been among the most persistent challenges of psychotherapy research (Kramer & Stiles, 2015), Indeed, many even today might agree with Rosenzweig's (1936) remark that "even the personal qualities of the good therapist elude description for, while the words *stimulating, inspiring,* etc., suggest themselves, they are far from adequate."

To partially address this challenge, the present study developed a new measure, based on the theoretically comprehensive notions of Erik Erikson and Heinz Kohut on the dimensions and development of a healthy, stable, and mature personal character, which plausibly undergird the interpersonal flexibility and sensitivity in professional practice shown recently to predict therapy outcomes (Anderson et al., 2009; Anderson, Crowley, et al., 2016; Anderson, McClintock, et al., 2016; Schauenburg et al., 2010). The notion of character virtues—or excellence of character—fits well to cross this bridge between professional and personal spheres of therapists' functioning, as they go beyond discrete professional skills in performing a particular action, and rather involve a whole orientation to life and other people, enabling creative and fitting responses to specific situations (Aristotle, 350 B.C.E./2011). Further, the notions of virtues and responsiveness converge in both emphasizing the importance of "the right amount". In virtue ethics, the "excellent" character does not stop short, nor go too far, but rather gets things just right in his thoughts, feelings, and behavior towards others; similar to the responsive therapist who can evaluate the unique complexity of a given patient situation to determine, "What is called for exactly in this situation?" (Kramer & Stiles, 2015). Thus, the notion of character virtues provides a useful conceptual piece to explain what can inform the "excellent" therapists' responsive actions, albeit one that still needs to be empirically validated by close process and outcome studies.

Apart from the future empirical task of investigating whether these character virtues predict better working alliances and therapeutic outcomes, it would be important to examine how PCV corresponds to other therapist assessment methods, from patients', supervisors', close others', or the therapists' own viewpoints (Heinonen & Nissen-Lie, 2020). It would also be pertinent to investigate all sources of potential bias in the interviews. From personality research, it is known that some characteristics it may be easier to rate by oneself than others, and vice versa (Vazire, 2010). Further, while Erikson and Kohut hypothesized how these character virtues are developed based on their own theoretical and clinical observations, a longitudinal study could investigate empirically the life historical determinants of these characteristics, complementing recent retrospective investigations (Orlinsky, 2022). Finally, to the degree that Erikson's and Kohut's virtues cluster together similarly in other therapist samples —and prove meaningfully predictive of therapy process and outcome—theoretical analysis of where they unite and diverge would be called for (Castonguay et al., 2015; Eubanks et al., 2019).

Clinically, it is still too early to make recommendations. However, if these reliably rated qualities do ultimately prove predictive of therapeutic alliance

and outcome (cf. Anderson et al., 2009; Anderson, Crowley, et al., 2016; Anderson, McClintock, et al., 2016; Schöttke et al., 2017), then several implications are possible. To the degree these characteristics appear longstanding and very little modifiable, perhaps psychotherapist candidates should be selected for training based on these characteristics. To the degree these characteristics are amenable to modification, e.g., through effective personal therapy, perhaps training therapy outcomes could be evaluated in terms of these characteristics. And thirdly, perhaps trainers and supervisors could make use of the PCV measure for evaluating trainees' strengths and development areas (Knox & Hill, 2021).

Conclusions

The concept of character virtues offers a framework to bridge the professional and personal spheres of therapy work and shed light on the potential factors underlying therapist responsiveness. This study gave initial proof that therapists' character virtues can be assessed with an interview method. Further study is needed to investigate the reliability of the interview process, carried out by other interviewers, and the predictive validity of the measure. In the long-term, in-depth interviews can hopefully be developed to support psychotherapists and psychotherapist trainers in recognizing different aspects of important therapist qualities and how these impact the process of psychotherapy; as well as to enable the nurturing of characteristics found beneficial.

Notes

[1] The descriptions of virtues – based closely on Erikson's and Kohut's texts – have been somewhat abbreviated and streamlined for purposes of exposition. Also some tautological/redundant expressions have been removed or clarified for readability of the English translation.

[2] For a complete list of auxiliary questions if not covered by the interviewee, contact Pirjo Lehtovuori (pirjo.lehtovuori@kolumbus.fi).

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Appendices

Appendix 1. Psychotherapist Character Virtues (PCV) Interview

Prior to the PCV and serving as a primer to the interview, the therapists had filled the comprehensive 392-item Development of Psychotherapist's Common Core Questionnaire (DPPCQ) (Orlinsky & Rønnestad, 2005): a self-report questionnaire enabling therapists to describe themselves professionally and in personal life, as well as reflect on the factors that have facilitated or hindered their professional development. The semi-structured PCV interview was designed to allow therapists to elaborate and deepen on these topics as well as cover areas not addressed by the DPCCQ. According to the format, the interviewee asked therapists do describe and reflect on the significance and related experiences of each professional and personal theme. The interviewer would ask additional follow-up questions only if a certain theme or question had not already been brought up spontaneously by the therapist[2]. The setting was arranged to provide a relaxed and calm atmosphere for concentrating on each theme for as long as needed and to elaborate on the questions in a free and personal manner. The interview deliberately started with professional themes, thereafter moving onto more personal areas. Also, therapists were told they can decide how much to disclose about each topic. The interviews lasted for approximately two hours on average. Therapists had given written informed consent to participate and were reminded of the confidentiality of the interviews at the beginning.

Interview structure

Themes and subthemes are numbered (1., 1.1., 1.1.1.). The opening question(s) of each subtheme are in italics. Themes covered by the interviewer—if not brought up spontaneously by the interviewee—are in square brackets.

1. **External factors**

1.1. Work career and professional background

1.1.1. ***Psychotherapeutic training.*** *What is your basic training? How [when and in what institute] have you been trained as a psychotherapist?*

1.1.2. ***Current professional tasks and activities (clinical and other).*** *What do your current professional tasks consist of? [public or private sector, other professional activities, reason for the present choice of tasks, activity in professional studying, writing, research]*

1.1.3. ***Experience as a supervisor and trainer.*** *Do you act as a supervisor for psychotherapists or other professionals? [extent and mode of supervision (individual/group), activity as a trainer, other activities in training institute]*

1.1.4. ***Own supervision.*** *Do you currently receive supervision for psychotherapy? [frequency, experiences, future plans to attend supervision]*

1.1.5. ***Own psychotherapy.*** *What is the significance of your own psychotherapy for you? [for your work/ in general, when and how did you attend it, future plans to attend psychotherapy]*

1.1.6. ***Being a psychotherapist/Other professional interests.*** *Why did you choose to be trained as a psychotherapist? [other professional interests, positive/negative experiences in conducting psychotherapy, what do you get out of your work?]*

1.2. Family background

1.2.1. ***Childhood family (parents, siblings).*** *Where is your family from? Could you describe your childhood family and relationship with your parents/siblings? [members of your childhood family, socio-economic status, parents' life satisfaction, family atmosphere]*

1.2.2. ***Current family.*** *Could you tell me about your current family? [relationship status and quality, children (grandchildren) and relations with them, satisfaction with the present situation, possible major changes (e.g., divorce, losses)]*

1.3. Interpersonal relationships. *Could you tell me about your relationships with your friends? [at present, during childhood]*

1.4. Personal interests and hobbies. *What do you enjoy in your free time? [hobbies, interests; at present; during childhood]*

2. **Internal factors**

2.1. Intimacy, isolation, and their balance

2.1.1. ***Emotional atmosphere at childhood (asked only if not covered by responses to previous questions).*** *Was it easy to get emotionally close to your parents? [how were tenderness, love, and anger expressed; emotional expression in general; parents' relationship with each other; family's relationships with neighbourhood; cultural background]*

2.1.2. ***Separation / individuation.*** *How was it like to separate from your parents? [at what age did you feel that happen]*

2.1.3. ***Experience of gender identity.*** *How do you experience your gender?*

2.2. Generativity, stagnation, and their balance

2.2.1. ***View of life.*** *Do you have some guiding principles or ideas in your life?*

2.2.2. ***Memories and images of childhood.*** *What are your earliest memories? [childhood memories in general, relationship with nature]*

2.2.3. ***Self-image.*** *What is your self-image? [as a professional, as a person, major changes in self-image, relationship to own limitations, relationship to feeling needed]*

2.3. Integration, despair, and their balance

2.3.1. ***Global assessment of one's life history, present life situation, and professional identity and goals.*** *How do you see your life as having been up to the present moment? [prospects and expectations for future, relationship to aging and dying]*

Appendix 2. Description of character virtues and guidelines for their rating[1]

Descriptions were as close as possible to the original formulations of Erikson (1964) and Kohut (1966), while articulating and concretizing them for ratability

based on the interview (e.g., vis-à-vis life history, therapy work). Each virtue was rated based on all relevant material in the interview rather than based on any specific question.

1. **Basic character virtues based on Erikson (1964)**

1.1. Hope. Most indispensable of life's basic forces, built in close early interactions with caregivers and preserved throughout life.

When optimal: (4) ability to maintain hope as an underlying characteristic. Enables positive mental representations and creativity as well as their use in, e.g., work and relationships. A fundamentally positive, steady approach to life not shaken by reasonable adversity. A good enough balance between trusting and doubting.

When deficient/excessive: (1) a withdrawing, desperate, suspicious attitude toward oneself, others, and life in general; (7) blind trust in everyone and everything

Continuum: withdrawal—mistrust—equilibrium—trust—blind trust.

1.2. Will. Determination for exercising free will and restraint, despite unavoidable experiences of shame and doubt in early childhood. Founded on caregivers' internalized notions of rights and responsibilities.

When optimal: (4) ability to make independent decisions. Familiarity with one's limits, e.g., making realistic plans and complying with communal rules and guidelines. A good enough balance between being independent and experiences of shame, insecurity, and doubt.

When deficient/excessive: (1) Obsessive rule-following. (7) Obstinate pushing of one's own ideas and thoughts, without listening to others.

Continuum: obsessive rule-following, compulsive neuroticism—shame, doubt, insecurity—equilibrium—selfishness—shamelessness and insolence

1.3. Purpose. Courage to set and pursue goals, not unduly restrained by childlike defeatist fantasies or fear of punishment; practice of skills that brings joy. Founded on example learned in one's family.

When positive: (4) ability to set long-term plans in work and private life; not unduly discouraged by adversities but capable of finding new and meaningful alternatives. A good-enough balance between initiative and guilt.

When deficient/excessive: (1) guilt that prevents determined personal action, taking responsibility, and making amends; (7) ruthless sense of purpose.

Continuum: inhibition—guilt—equilibrium—initiative—ruthlessness.

1.4. Competence. Free exercise of skills and intellect to finish tasks, not inhibited by childlike feelings of inferiority. Founded on model set by adults and via collaborating with peers.

When positive: (4) responsible, sustained, and timely carrying through of tasks to which one has committed (e.g., therapy work). A good enough balance between sense of industriousness and inferiority.

When deficient/excessive: (1) making various unheld commitments, leading to inhibiting feelings of powerlessness and inferiority (7) compliance and formalism (e.g., following exclusively extrinsic criteria of therapy), focusing on narrow virtuosity

Continuum: powerlessness—feeling of inferiority—equilibrium—diligence—narrow-minded formalism and virtuosity

1.5. Fidelity. Ability to sustain loyalties committed to of one's own free will, despite unavoidable contradictions in value systems; a cornerstone of identity, receiving inspiration in youth from confirming adults and affirming peers.

When positive: (4) readiness to take one's role within a certain system (e.g., family, educational, or occupational), faithfully committing to a chosen lifestyle and ideology. A good-enough balance between identification and identity diffusion.

When deficient/excessive: (1) lack of courage to commit to anything, e.g., relationships or communities; (7) entrenching fanatically in one's narrow point of view, where everything around is considered hostile and harmful (e.g., family, society, therapeutic community).

Continuum: resistance, rejection—identity diffusion—equilibrium—self-identity—bigotry, fanaticism.

1.6. Love. Mutual commitment and devotion, the foundation of ethical care. Transformation of the love received pre-puberty from one's caregivers to loving others in adult life and caring for one's children.

When positive: (4) ability to form reciprocal relationships, that enable sexual, erotic, and spiritual connection. A good-enough balance of closeness and distance.

When deficient/excessive: (1) insulated and isolated, with no room for reciprocal relationships, long-term romantic relationships, nor nurturing offspring; (7) reckless sexuality and clinging, boundless

intrusiveness to, e.g., spouse, friends, children, patients; unselective and unstable relationships.

Continuum: insulated—isolated—equilibrium—intimate—reckless sexuality and boundless intrusiveness.

1.7. Care. Care and concern for what has been produced through "love, necessity, or accident"; overcoming ambivalence regarding obligations; adult need and longing for being needed. Founded on the worldview and companionship parents transfer to their child.

When positive: (4) being needed as a partner, parent, teacher, therapist. Actively nurturing and caring for the life of the next generation in, e.g., work and family contexts. A good-enough balance of generativity and stagnation.

When deficient/excessive: (1) curling into oneself, becoming one's own "pet"; rejecting taking leadership, division of labor, and being needed; (7) selfish and unlimited conduct of one's own life without considering others, focus on oneself and one's own theories, experiencing leadership as being domineering.

Continuum: denial—stagnation—equilibrium—generativity—overexpansiveness.

1.8. Wisdom. Detached concern with life itself, in the face of death itself; maintaining integrity of experience in spite of the decline of bodily and mental functions; passing on accumulated knowledge, judgment, and heritage to the next generation.

When positive: (4) experiencing one's finiteness so that life can still be imagined as worth living despite the diminishing of one's powers. A good-enough balance of integration and despair.

When deficient/excessive: (1) despairing depression over decline of life, which may lead to contempt and condescension; (7) boundless planning of new projects without regard to waning strength and increasing helplessness.

Continuum: contempt, condescension—despair—equilibrium—integration and integrity—arrogance, indifference.

1.9. Intimacy. Basic challenge of adulthood: ability to face the fear of losing oneself, e.g., in a sexual relationship, orgasm, but also in close friendships and collaborations. Avoiding such situations can lead to stereotypical relationships that conceal isolation.

When positive: (4) balance of intimacy and isolation; enables spontaneity and withstanding a patient's individuation from oneself.

When deficient/excessive: (1) aloofness that excludes professional interaction and reciprocity and which may be, e.g., misunderstood as analytic neutrality; (7) intruding into patient's personality and life either mentally or concretely; not leaving intermediate space where shared meanings and images are co-created.

1.10. Generativity. Desire and ability to give birth to and guide the next generation. Accepting being needed, division of labor, and leadership.

When positive: (4) balance of generativity and stagnation; able to take on responsibility for transferring one's own valuable experience to, e.g., children or future therapists, respecting their individuality.

When deficient/excessive: (1) smugly curling up into oneself and one's achievements, denying being needed; (7) constant planning and implementation of new ideas without considering others, focus on oneself and own theories.

1.11. Integrity. Desire and possibility to find a sense of balance, accepting one's life as something that had to be the way it was. Enables enduring feelings of envy toward younger people.

When positive: (4) a balance of integration and despair; allows enduring feelings of envy toward younger people.

When deficient/excessive: (1) desperate self-loathing and self-contempt; (7) omnipotent delusion of immortality, arrogant and uncaring, continuing to work and make new plans without acknowledging the decline of one's own powers or making space for younger generations.

2. Basic character virtues based on Kohut (1966)

2.1. Creativity. Typical of artists and scientists. Childlike more than motherly; unclear boundaries between self and others, between self and surroundings. Volatile swings between feeling valuable and things going well versus feeling worthless. Characterized by hunger for acclaim and narcissistic vulnerability

When positive: (4) some desire for acclaim, healthy or balanced narcissistic vulnerability, capacity for childlike enthusiasm and fluctuating feelings of success and failure. Includes nevertheless a realistic evaluation of one's own strengths and capacities in creative work (e.g., scientific research, writing, development of new methods and theories) and staying in contact with surroundings (e.g., giving and taking), even if it is more modest at times.

When deficient/excessive: (1) a rigid sticking to familiar, safe, narrow-minded solutions; cannot stand admiration or attention. (7) limitless invention of

new ideas (e.g., related to arts and sciences) that do not, however, become finished; constant creativity detached from surroundings, no capacity for reciprocal relations.

2.2. Empathy. The ability to access information about another (thoughts, feelings, and complex psychological states) that is not directly observable. Founded on early internalization of our caregivers' feelings, actions, and behavior: preparing for recognizing that the basic inner experiences of others remain similar to our own.

When positive: (4) under positive conditions, the ability to empathize develops so that it can be used for long periods if necessary, choosing between empathic and non-empathic (non-psychological) modes of observation, depending on realistic requirements and environmental factors, enabling, e.g., giving enough space to the patient.

When deficient/excessive: (1) purely rational observation based on so-called facts, objectifying people. (7) abundant boundless empathy for others, making inferences and judgments from almost non-existent clues without considering the person's overall situation; no ability to limit empathy based on external reality.

2.3. Acceptance of one's transience. Ability to recognize the finiteness of existence without becoming depressed, understanding that death is an intrinsic part of life.

When positive: (4) recognizing one's life's limits without becoming depressed; recognizing the past, present, and future of close others so that these can be present simultaneously in work with patients as well.

When deficient/excessive: (1) curling up in despair, where the future and life's limits are frightening (e.g,. the fear of death is so incapacitating that there is only emptiness and hopelessness, without past and future). (7) sense of limitlessness, e.g., in terms of one's strengths, abilities, time, and projects, in which no past or future exists but everything seems possible now and always. No recognition of decline in one's own strength.

2.4. Humor. Ability to relate to oneself and close ones with forgiving humor. Also includes the capacity to seriously face the pains and labors of everyday life, as well as one's demise, with a sense of undenied melancholy yet inner peace.

When positive: (4) ability to treat oneself and close ones with forgiving humor. Daring to use humor with close ones and patients, so that crying and laughter can be present simultaneously.

When deficient/excessive: (1) approaches things utterly seriously and meticulously. Lives rigidly, bound by formulas. No capacity for joy or to laugh at oneself. (7) approaches everything, work, people and life in general with excessive humor, making a joke of everything. Can conceal a denied, disavowed depression.

2.5. Wisdom. Comprised together of accepting the limits of one's physical, intellectual, and emotional powers while maintaining capacity for ideals and humor. Characterized by stable values and approach to life and world.

When positive: (4) the ability to accept the limits of one's own physical, intellectual, and emotional powers, allowing one to accept also the different resources and limits of others. Courage to value oneself and, through this, one's close others and appreciating their dissimilarity from oneself.

When deficient/excessive: (1) inability to accept limitations of physical, intellectual, and emotional abilities. Prevailing, all-encompassing hopelessness. (7) delusions of immortality and omnipotence in one's being, doing and living, in terms of physical, intellectual, and emotional powers.