



New Trends
in Psychology

The Psychotherapist's Personality: Myths and Realities

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Abstract: The personality of the psychotherapist represents a key factor in shaping the quality of the therapeutic relationship and the effectiveness of clinical interventions. Contrary to persistent myths portraying therapists as perfectly balanced, constantly calm, or emotionally detached, empirical evidence indicates that clinical efficacy is more strongly associated with self-awareness, emotional maturity, flexibility, and the capacity to establish authentic therapeutic relationships. Contemporary research on common factors, personality frameworks (including the Big Five, hypostatic, and experiential models), and therapist characteristics suggests that individual diversity in personal style, emotional self-regulation, and adaptability is more predictive of positive therapeutic outcomes than adherence to an idealized personality profile. This article offers a critical analysis of prevailing myths and evidence-based perspectives on therapist personality, integrating theoretical models with empirical findings from the literature. It further explores implications for professional training and development, emphasizing the role of ongoing self-reflection, supervised practice, and personal growth. By aligning personal competencies with professional skills, psychotherapists may enhance therapeutic effectiveness while ethically supporting client transformation. Overall, the findings support a conceptualization of personality as a dynamic and multifaceted construct that continuously interacts with professional roles and relational contexts, rather than as a fixed constellation of traits.

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New Trends in Psychology Vol. 8, No. 1/2026, pp. 80-94

Keywords: psychotherapist personality; myths and realities; therapeutic efficacy; self-awareness; therapeutic relationship

1. Introduction

The personality of the psychotherapist and its role within the therapeutic process has long remained a topic of sustained interest among various schools of therapy and researchers, who increasingly acknowledge the importance of this variable in initiating and maintaining therapeutic change. Understanding the impact exerted by the psychotherapist at different stages of the therapeutic endeavor has consistently represented a central concern in the field of psychotherapy. Nevertheless, empirical data derived from objective research on this topic remain limited, as the majority of studies and reviews have traditionally focused on identifying patient characteristics that facilitate the therapeutic process. These approaches have often concluded that client-related factors exert a greater influence on the restoration of psychological balance than therapist-related characteristics.

Despite this historical emphasis, contemporary psychotherapy research demonstrates a renewed interest in re-examining this fundamental variable of the therapeutic process—the personality of the psychotherapist. This emerging trend, which the present paper also seeks to address, aims to provide a comprehensive overview of the psychotherapist’s personality characteristics and to explore how these attributes influence the overall course and outcome of the therapeutic process.

The psychotherapist’s personality constitutes a key element in determining both the quality of the therapeutic relationship and the effectiveness of psychological intervention. Although numerous theoretical orientations prioritize techniques and methods, modern research indicates that the therapist’s personal traits, authenticity, and relational style exert a significant impact on client progress (Norcross & Lambert, 2011). At the same time, within the public discourse—and even among students or early-career practitioners—there persists a range of myths regarding how an “ideal” psychotherapist should be. Such misconceptions may foster unrealistic standards or generate confusion concerning professional development and identity formation.

2. Common Myths About the Psychotherapist's Personality

2.1. The Psychotherapist Must Be Perfectly Balanced and Free of Personal Problems

This myth originates from an idealized conceptualization of the therapist's role, often associated with notions of permanent emotional neutrality and constant psychological equilibrium. However, the specialized literature consistently shows that psychotherapists, like all individuals, experience personal difficulties, stress, and vulnerabilities (Guy, 1987). Professional effectiveness does not stem from the absence of personal challenges, but rather from the manner in which these challenges are recognized, managed, and integrated.

The capacity for self-reflection, awareness of one's own emotional and cognitive reactions, and a sustained commitment to self-exploration and supervision are considered essential factors in maintaining clinical competence (Ciorbea, 2010; Skovholt & Trotter-Mathison, 2016). Research on the concept of the "use of self" emphasizes that therapists are inevitably emotionally and cognitively involved in the therapeutic process, and that a conscious and responsible stance toward one's own intrapsychic processes supports ethical and effective clinical practice (Gelso & Hayes, 2007).

From this perspective, the therapist's balance should be understood as a dynamic process rather than a static state, one that is continuously constructed through ongoing efforts of self-regulation, reflective practice, and professional development.

2.2. A Therapist Must Be Calm, Gentle, and Introverted in Order to Be Effective

Research examining the correlations between personality traits and therapeutic effectiveness does not support the existence of an "ideal" psychotherapist profile (Norcross & Lambert, 2018). While certain clinical approaches may favor specific interpersonal styles, therapeutic effectiveness is determined primarily by the therapist's ability to mobilize personal resources in a manner that is congruent with the therapeutic role and responsive to the client's needs. Traits such as extraversion, vitality, cognitive flexibility, or structuring capacity may be just as valuable as empathy and calmness, depending on the client's characteristics and the intervention context (Ackerman & Hilsenroth, 2003).

The “therapist effects” model further demonstrates that therapy outcomes vary significantly as a function of each therapist’s uniqueness rather than their conformity to a standardized personality prototype (Wampold & Imel, 2015). From this perspective, diversity in therapeutic styles should be regarded as a strength rather than as a deviation from an assumed norm.

2.3. The Psychotherapist Must Not Be Emotionally Affected During Therapy Sessions

Early psychoanalytic traditions promoted an image of the therapist as a “blank screen”; however, contemporary conceptualizations increasingly acknowledge the central role of authentic emotional involvement in the therapeutic process (Hayes et al., 1998). Phenomena such as countertransference, empathic responses, and affective resonance constitute valuable sources of clinical information. Empirical studies indicate that the therapist’s ability to identify, tolerate, and constructively use their own emotional experiences is associated with more favorable therapeutic outcomes (Constantino et al., 2018).

What becomes problematic is not the presence of emotions per se, but rather a lack of awareness or inadequate regulation of these emotional processes, which may lead to impulsive reactions or boundary violations within the therapeutic relationship. From this perspective, the therapist’s emotionality is both natural and inevitable, and it can become a valuable clinical tool when it is professionally integrated and reflectively processed.

2.4. Empathy and Kindness Are Sufficient to Be an Effective Therapist

Although empathy represents a robust common factor consistently associated with positive psychotherapy outcomes (Elliott et al., 2011), the literature indicates that it is not sufficient in itself to sustain the therapeutic process. Psychotherapy requires specialized competencies, including clinical formulation, the ability to manage transference dynamics, the application of evidence-based interventions, and the maintenance of a coherent therapeutic frame (Norcross & Wampold, 2019).

A purely supportive approach, when not accompanied by appropriate interventions or a sound conceptual structure, risks becoming ineffective or even iatrogenic in certain clinical contexts (Castonguay & Beutler, 2006). Relational skills therefore

constitute a necessary foundation; however, therapeutic effectiveness ultimately derives from their integration within a coherent system of theoretical knowledge and clinical techniques.

Empathy is necessary but not sufficient; technical and conceptual expertise completes the human foundation of the therapeutic relationship.

2.5. Only Those Who Have Experienced Suffering Can Become Good Psychotherapists

The belief that personal experiences of suffering constitute a prerequisite for therapeutic practice is widespread, yet not empirically supported. Although certain life experiences may facilitate empathy and emotional sensitivity, they become therapeutic resources only when they have been adequately processed and integrated (Kottler, 2017). Professional training, personal development, supervision, and emotional maturity represent key determinants of therapeutic competence, regardless of an individual's personal history (Hill & Knox, 2013).

Moreover, empirical research suggests that unintegrated experiences of suffering may interfere with professional practice by activating uncontrolled emotional reactions or by distorting the therapist's perception of the client (Hayes et al., 2018). From this perspective, life experience may serve as a potential asset rather than a prerequisite; what ultimately matters is the level of personal integration combined with rigorous professional training.

3. Evidence-Based Realities of the Psychotherapist's Personality

3.1. Self-Awareness as a Professional Foundation

Self-awareness constitutes one of the core competencies of psychotherapeutic practice. According to classical literature, an effective therapist is one who understands their own reactions, predispositions, internal dynamics, and relational patterns, thereby minimizing unwanted interference in the therapeutic process (Rogers, 1961). Contemporary studies on therapist self-awareness further confirm that this competency predicts the quality of the therapeutic alliance and reduces the risk of unmanaged countertransference (Hill & Knox, 2013; Hayes et al., 2011).

Ongoing self-reflection, the exploration of personal vulnerabilities, and continuous engagement in supervision form part of the “professional hygiene” necessary for maintaining clinical effectiveness and a stable therapeutic presence (Skovholt & Trotter-Mathison, 2016). In this sense, self-awareness should be understood not merely as a personal attribute, but as an essential professional competency.

3.2. There Is No Single “Ideal” Personality Model for Therapeutic Effectiveness

Analyses of inter-therapist differences indicate that clinical effectiveness is not associated with a single personality pattern, but rather with the manner in which therapists authentically mobilize and utilize their personal resources (Wampold & Imel, 2015). Common factors theory emphasizes that therapeutic success is not determined by personality type per se, but by congruence, flexibility, and the ability to adapt one’s therapeutic style to the client’s needs (Norcross & Lambert, 2018).

A range of traits—including moderate extraversion, conscientiousness, emotional stability, and openness to experience—may support intervention effectiveness insofar as they are integrated into an authentic therapeutic presence (Ackerman & Hilsenroth, 2003). Consequently, diversity in therapeutic styles should be understood as a structural characteristic of the profession rather than as a deviation from an assumed norm.

3.3. Relational Capacity Is More Important Than Technique

Within the common factors model, the therapeutic relationship is regarded as one of the strongest predictors of psychotherapy outcomes. Meta-analyses conducted by Lambert and Norcross indicate that the therapeutic alliance accounts for approximately 30% of the variance in treatment outcomes, surpassing the influence of specific techniques (Lambert, 2013; Norcross & Wampold, 2019). Therapist characteristics such as empathy, authenticity, emotional stability, affect regulation capacity, and willingness to collaborate have been consistently identified as predictors of a high-quality therapeutic relationship (Elliott et al., 2011; Gelso, 2014).

From this perspective, technique functions as an instrument of the therapeutic relationship rather than as a substitute for the human dimension of the therapeutic encounter. Therapists may employ different methodological approaches—cognitive-

behavioral, psychodynamic, or experiential—yet their effectiveness depends largely on the quality of the connection established with the client.

3.4. Personal Development as an Ongoing Requirement

Training in psychotherapy extends beyond the transmission of technical knowledge; it involves a profound personal transformation that encompasses value clarification, emotional maturation, and the integration of professional identity (Ciorbea, 2010). Research on therapist development indicates that processes of ongoing formation—such as personal development work, reflective practice, supervision, and the analysis of countertransference reactions—support the growth of professional competence and help prevent professional rigidity (Rønnestad & Skovholt, 2013).

Personal development is therefore regarded as a lifelong process throughout the therapist's career, as advancing clinical experience demands an increasingly refined capacity for self-understanding and flexibility when working with human complexity (Hill & Knox, 2013). In the absence of continuous personal evolution, clinical practice may become stagnant, while the risk of burnout or maladaptive professional responses increases considerably (Skovholt & Trotter-Mathison, 2016).

4. Theoretical and Empirical Foundations

4.1. Carl Rogers' Contribution: Empathy, Congruence, and Unconditional Positive Regard

The person-centered approach developed by Carl Rogers represents one of the major theoretical foundations of contemporary research on therapist personality. Rogers (1957, 1961) proposed three necessary and sufficient conditions for an effective therapeutic relationship: empathy, congruence (authenticity), and unconditional positive regard. These characteristics are not merely human qualities, but relational competencies that shape the psychological climate in which clients are able to initiate and sustain change.

Subsequent research has confirmed that therapist empathy and authenticity function as direct predictors of positive therapeutic outcomes (Elliott et al., 2011). From this perspective, Rogers' theoretical framework laid the conceptual groundwork for understanding the therapist as an active agent of change, whose personal

characteristics support the transformational process beyond the specific techniques employed.

4.2. Norcross and Lambert: The Impact of the Therapeutic Relationship and the Importance of Therapist Characteristics

The work of Norcross and Lambert (2011, 2018) is situated within the common factors tradition and provides strong empirical evidence regarding the central influence of the therapeutic relationship on treatment outcomes. Their meta-analyses demonstrate that therapist-related variables—such as empathy, interpersonal skills, flexibility, the capacity to maintain the therapeutic alliance, and responsiveness to client characteristics—contribute more substantially to intervention effectiveness than adherence to a specific theoretical orientation.

These conclusions are further supported by Wampold and Imel (2015), who highlight that differences among therapists account for a significant proportion of variability in clinical outcomes, exceeding the contribution of specific therapeutic techniques. This conceptual framework emphasizes that therapeutic interventions operate primarily through the way they are enacted and experienced within the therapeutic relationship, rather than through formal affiliation with a particular psychotherapeutic school.

4.3. Daniel David: Rational Eclecticism and Therapist Adaptability

Recent contributions from Romanian psychological literature—particularly the work of Daniel David—support an integrative perspective in psychotherapy. The model of rational eclecticism (David, 2012) advocates for the selection and combination of therapeutic techniques based on empirical evidence and the client's individual profile, rather than on rigid adherence to a single theoretical orientation. Within this framework, the therapist's personality and adaptive capacity become essential components of effective practice, as the flexibility required to personalize interventions depends largely on emotional maturity, reflexivity, and personal stability.

Evidence-based clinical psychology research further indicates that interventions are optimally effective when they are calibrated to the client's characteristics, values, and preferences, with the therapist playing a decisive role in this process of

adjustment (David & Montgomery, 2011). Consequently, therapeutic effectiveness emerges from the dynamic interaction between professional competence, the therapist's personal characteristics, and relational adaptability.

5. Personality Models Relevant to Understanding the Therapist

5.1. The Big Five (OCEAN) Model: Relevance of Personality Traits for Psychotherapeutic Practice

The Big Five model represents one of the most empirically validated frameworks for the analysis of personality (McCrae & Costa, 2008). The five core dimensions—Openness to Experience, Conscientiousness, Extraversion, Agreeableness, and Emotional Stability/Neuroticism—serve as significant predictors of how individuals behave and relate to others. Within the psychotherapeutic context, several of these dimensions have been consistently associated with therapist effectiveness, particularly the following:

Openness to experience facilitates cognitive flexibility and the capacity to integrate diverse perspectives, which is essential when working with a wide range of clients and clinical presentations.

Conscientiousness is associated with the maintenance of the therapeutic frame, professional responsibility, and the rigor of clinical interventions.

Emotional stability supports affect regulation, tolerance of frustration, and the ability to manage challenging clinical situations.

These traits do not operate in isolation; rather, their relevance for clinical practice emerges through their integration into an authentic and adaptable therapeutic presence.

Meta-analyses indicate that traits such as agreeableness and openness predict higher levels of therapeutic alliance, while emotional stability is associated with the prevention of burnout and negative countertransference (Lingiardi et al., 2017). Consequently, the Big Five model provides a robust empirical foundation for understanding therapists' dispositional tendencies and the ways in which these traits influence the clinical process.

5.2. The Hypostatic Model of Personality (Aurel Țapu): Multifaceted Structure and Therapeutic Roles

The hypostatic model, developed by Aurel Țapu (2001), conceptualizes personality as a complex, dynamic, and multifunctional system composed of multiple hypostases or “facets” that are activated across different contexts. In psychotherapy, this model is particularly relevant, as the therapist simultaneously assumes multiple roles—observer, facilitator of change, interpreter, provider of emotional support, structuring agent, and evaluator of therapeutic progress.

The central hypothesis of the model posits that each individual possesses multiple partial identities that manifest situationally, and that effectiveness depends on the capacity to regulate transitions between these hypostases. Applied to psychotherapeutic practice, this perspective entails:

- flexibility in adapting therapeutic style to the client’s needs;
- the ability to employ different registers—cognitive, affective, and expressive—depending on contextual demands;
- awareness of the impact of one’s professional stance on the therapeutic relationship.

The hypostatic model thus offers not only a descriptive but also an explanatory conceptual framework, emphasizing that the therapist’s personality is a plural structure, continuously evolving and being negotiated within the therapeutic relationship. This framework is highly consistent with contemporary perspectives on therapist responsiveness (Norcross & Wampold, 2019), which highlight the therapist’s moment-to-moment adaptability as a core component of effective clinical practice.

5.3. The Experiential Model (Carl Rogers): Authenticity and Genuine Emotional Contact

The experiential model derived from the work of Carl Rogers places at the core of the therapist’s personality the capacity to live the relational experience authentically. Rogers (1961) argued that effective therapists engage in a genuine relationship characterized by authenticity (congruence), deep empathy, and unconditional positive regard. This model emphasizes how the therapist is present in the here-and-now of interpersonal contact, rather than relying on static personality structures.

The experiential approach is grounded in the premise that, in order to facilitate client growth, therapists must be anchored in their own lived experience and have fluid, non-defensive access to their internal emotional processes. Subsequent research indicates that therapist authenticity predicts both the quality of the therapeutic alliance and therapy outcomes (Barrett-Lennard, 2015), while empathy remains one of the most consistent predictors of clinical effectiveness (Elliott et al., 2011).

Consequently, the experiential model should be understood not only as a relational theory, but also as a conceptual framework for explaining how personal characteristics—such as openness, emotional sensitivity, and congruence—become active therapeutic instruments within the clinical process.

6. Practical Implications

6.1. Psychotherapy Training Programs: Necessary Directions for Development

The specialized literature emphasizes the need to explicitly incorporate components focused on self-awareness, personal development, and the formation of a solid professional identity within psychotherapy training programs (Hill & Knox, 2013; Rønnestad & Skovholt, 2013). Accordingly, training curricula should include the following core elements:

a. Assessment of Personality and Motivations

The selection and training of psychotherapists should extend beyond purely academic and technical criteria by integrating formative assessments of personality, relational style, and intrinsic motivations for professional practice. Validated instruments such as the NEO-PI-R or the MMPI-2 can provide valuable data regarding emotional predispositions, levels of stability, conscientiousness, and relevant interpersonal traits. Assessing motivational factors allows for the identification of elements that sustain authentic professional commitment and reduces the risk of compensatory or insufficiently reflected motivations that may negatively affect clinical practice.

b. Guided Personal Development

Personal development represents a central process in therapist training. Activities focused on assisted self-exploration—such as personal therapy, experiential groups, self-focused interventions, and reflective practices—support emotional maturation and the integration of personal vulnerabilities. Research indicates that therapists who

are actively engaged in personal development processes demonstrate a higher quality of therapeutic presence and more effective management of countertransference phenomena (Hayes et al., 2018).

c. Reflective Supervision

Supervision constitutes an essential component of continuous professional development, as it facilitates the cultivation of self-observation capacities and the integration of constructive feedback. Contemporary supervision models emphasize mutual reflection, the exploration of therapists' emotional and cognitive reactions, and relational learning, rather than focusing exclusively on technical case analysis (Watkins, 2017). Reflective supervision contributes to the prevention of therapeutic rigidity and supports the diversification and refinement of interpersonal competencies.

6.2. Personal Dimensions Psychotherapists Need to Cultivate

Beyond formal training, the literature on therapist development highlights that certain personal capacities are fundamental for professional sustainability and for the quality of clinical intervention (Skovholt & Trotter-Mathison, 2016).

a. Emotional Resilience

Psychotherapists are continuously exposed to difficult narratives, human suffering, and vulnerability. The ability to manage stress, prevent emotional exhaustion, and maintain a balanced professional stance is essential for long-term practice. Emotional resilience is developed through psychological self-care, professional support, reflective practice, and the maintenance of a healthy balance between personal and professional life.

b. Self-Regulation Within the Therapeutic Relationship

Emotional and cognitive self-regulation constitute indispensable competencies for maintaining the therapeutic frame. Therapists must be able to observe and manage their internal reactions so that these do not disrupt the therapeutic process. Mentalization capacities, tolerance of intense affect, and the ability to use countertransference constructively represent key elements of effective and ethical clinical intervention.

c. Capacity to Integrate Feedback

Adaptability and openness to feedback are core characteristics of effective professionals. Integrating feedback from supervision, from the therapeutic process itself, and even from experiences of failure represents a form of growth-oriented reflective practice. Empirical studies indicate that responsive therapists—those who adjust interventions based on client reactions and ongoing feedback—achieve superior outcomes compared to therapists who adopt rigid or overly technique-centered approaches (Norcross & Wampold, 2019).

7. Conclusion

The personality of the psychotherapist represents a central element of the therapeutic process; however, it cannot be adequately understood through myths or simplistic generalizations. A critical analysis of the specialized literature and major theoretical models demonstrates that therapeutic effectiveness does not depend on an “ideal profile,” but rather on a complex interplay of self-awareness, flexibility, emotional maturity, and the capacity to develop authentic and secure therapeutic relationships.

On the one hand, myths portraying the therapist as perfectly balanced, permanently calm, or emotionally detached are challenged by both empirical research and clinical practice. Psychotherapists are individuals with their own vulnerabilities and personal particularities; what distinguishes effective practice is the degree to which therapists are able to understand and responsibly manage their internal experiences in a professional manner.

On the other hand, evidence-based findings consistently highlight the importance of personal dimensions such as authenticity (Rogers, 1961), congruence, emotional stability, relational capacity (Wampold, 2015), cognitive flexibility, and reflective engagement. The therapeutic relationship remains a robust predictor of treatment outcomes, while therapist characteristics function as active contributors to intervention effectiveness, comparable to—or even exceeding—the influence of theoretical orientation (Norcross & Lambert, 2011).

The integration of personality models—from the Big Five framework, to the hypostatic model (Aurel Țapu), and the humanistic–experiential perspective—underscores that therapist personality is a dynamic, multifaceted construct, continuously shaped by professional roles and lived clinical experience. It is not personality traits per se that ensure effectiveness, but the manner in which therapists

cultivate, regulate, and meaningfully employ them within the therapeutic relationship.

From a practical standpoint, psychotherapy training should incorporate systematic assessment of motivations and personality characteristics, guided personal development, and reflective supervision, all of which contribute to the formation of a mature and self-regulated professional identity. Likewise, practitioners bear an ongoing responsibility to cultivate emotional resilience, relational flexibility, and openness to continuous feedback integration.

In conclusion, the personality of the psychotherapist cannot be reduced to fixed traits or professional stereotypes; rather, it should be understood as an evolving process sustained by self-awareness, continuous training, and ethical commitment. From this perspective, the personal and professional development of the therapist represents both a prerequisite for therapeutic effectiveness and a fundamental responsibility toward the client and the profession.

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