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Psychotherapy Training: A Comparative Qualitative Study on Motivational Factors and Personal Background of Psychodynamic and Cognitive Behavioural Psychotherapy Candidates

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Therapist variables have received growing attention in the context of psychotherapy research. The presented study aims at expanding the knowledge about professional development by examining motives of career choice and choice of therapeutic orientation in psychotherapy candidates. Twenty-four master's-level psychologists, who had just begun either a cognitive–behavioral (CBT; $n = 12$, all female, mean age 29.4 years) or psychodynamic (PDT; $n = 12$, 8 female, 4 male, mean age 31.8 years) therapy training program, were interviewed about their motivation to start training. Participants represented 60% of the PDT and 67% of the CBT cohort. Verbatim transcripts were analyzed based on qualitative content analysis using MaxQDA 10 software. The authors revealed that CBT candidates tended to strive for socioeconomic security and to rely on the method's scientific foundation and manual-guided processes. PDT candidates regarded biographical aspects to be more meaningful for their choice of psychotherapy training. The 2 groups differed mainly in terms of categories of biographical and personality aspects, as well as regarding the importance of research aspects. Findings suggest that different therapeutic orientations not only match the different needs of patients but also match the different therapeutic characters.

Keywords: psychotherapist training/development, psychodynamic therapy, cognitive behavior therapy, qualitative research methods

Psychotherapy research has increasingly concentrated on therapist variables including personality aspects, the individual biographical background and career (Baldwin & Imel, 2013; Beutler et al., 2004). Their relevance seems to be obvious, when keeping in mind that the psychotherapist's personality and the therapeutic relationship have been shown to be the most relevant factors among all of the modifiable variables influencing the outcome of psychotherapeutic processes. In contrast, therapeutic techniques only seem to play a subordinate role

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for therapeutic success (Spijker, 2015). From the standpoint of psychotherapy integration, research on how psychotherapists of different theoretical orientations vary, especially in terms of their motivations and skills, is of particular interest. To date, it is unclear whether or not therapist's variables come into effect and whether the influence of therapist's variables can be viewed as common factors. If this were true, therapist factors would influence the process and outcome of therapy similarly in all therapeutic schools. Conversely, it is possible that the type of therapy is a moderator for the influence of therapist factors on outcome.

In this context, potential motives that influence the decision to take up a psychotherapeutic profession and more specifically to choose a therapeutic orientation have come to the fore. Several studies have focused on the background of psychotherapists' career choices among students, psychotherapy trainees, and trained psychotherapists (Arthur, 2001; Eichenberg, Müller, & Fischer, 2007; Farber, Manevich, Metzger, & Saypol, 2005; Glaesmer, Spangenberg, Sonntag, Brähler, & Strauβ, 2010; Murphy & Halgin, 1995; Orlinsky & Ronnestad, 2005; Poznanski & McLennan, 2003; Strauβ et al., 2009; Strauβ & Kohl, 2009; Taubner, Kächele, Visbeck, Rapp, & Sandell, 2010; Tremblay, Herron, & Schultz, 1986; Vasco & Dryden, 1994). However, previous research mainly draws on questionnaire-based data (Eichenberg et al., 2007; Glaesmer et al., 2010; Murphy & Halgin, 1995; Tremblay et al., 1986; Vasco & Dryden, 1994), with only a few studies adding a limited number of open-ended questions (Taubner et al., 2010), while rigorous qualitative approaches in this field of research are lacking.

In the current literature, different motives are assumed to be meaningful regarding potential influences on the decision to become a psychotherapist. One contains the thesis of "the wounded healer," meaning that most psychotherapists might have had their own burdensome experiences, possibly leading to an unconscious need to help oneself and others (Henry, Sims, & Spray, 1971; Orlinsky & Ronnestad, 2005). On the other hand, there seem to be more conscious motives: As shown in a questionnaire study among psychological psychotherapists and social psychologists by Murphy and Halgin (1995), altruism, professional success, and job-related possibilities as well as personal growth were reported to have had an influence on their career choice (Murphy & Halgin, 1995). Farber et al. (2005) also studied career determinants and identified additional motivational factors, such as the need for intellectual stimulation and autonomy as well as the motivation to develop a psychological mindedness (Farber et al., 2005). Moreover, a questionnaire survey among German psychology students revealed that demands of psychotherapy training programs and of the future occupation, such as financial and time expenditure, have a considerable influence concerning the decision in favor of or against psychotherapy training (Glaesmer et al., 2010).

Although randomized controlled trials show comparable efficacy for different psychotherapeutic approaches, such as cognitive–behavioral (CBT) and psychodynamic therapy (PDT); Horvath, 2013; Wampold, 2011), there is no doubt that "different folks need different strokes," that is, different types of therapies are necessary in order to meet different patients' needs. Regarding influences that lead to the choice of a certain therapeutic orientation for therapists, differences in personality aspects among behavioral-, humanistic- and psychodynamic-oriented therapists have been found by Tremblay et al. (1986). Compared to psychodynamic therapists, behavioral therapists scored lower in their acceptance of personal feelings, relationship development, and cognitive flexibility (Tremblay et al., 1986). Another quantitative study among practicing psychotherapists in Portugal and the United States identified additional variables affecting the development of one's theoretical orientation, such as personal values and philosophy, clinical and biographical experience, scientific evidence of the method and supervisor's orientation (Vasco & Dryden, 1994). Two more recent studies conducted among psychology students in Germany emphasized the role of the university faculty regarding a later choice of therapeutic orientation. More precisely, the predominant orientation toward CBT of most German psychology faculties may result in a more profound knowledge in this area and therefore a preference toward later CBT training of their students (Eichenberg et al., 2007; Glaesmer et al., 2010). Similar trends toward a predominance of CBT within clinical psychology programs were also reported in the United States (Levy & Anderson, 2013).

Regarding specific personal motives, biographical experiences were found to be more important among psychodynamic-oriented students, whereas socioeconomic motives and academic recognition were more highly rated by students oriented toward behavioral therapy (Eichenberg et al., 2007). The cross-sectional study by Taubner et al. (2010) among trainees of psychoanalysis, PDT and CBT schools analyzed different "therapeutic attitudes and practice patterns." The study also included a qualitative analysis of an open-ended question asking why the trainees chose the respective therapeutic orientation, identifying 17 answer categories. Identification with the school's concepts and efficacy was found to have an identical level of importance among all three groups, while making changes possible for patients and understanding others ranked higher among psychoanalysis trainees, and future career perspectives were named mainly by CBT trainees (Taubner et al., 2010).

Most previous studies focused on quantitative questionnaire data, leading to a more categorical view on the complex topic of future psychotherapists' motivations and personal background. To our knowledge, only one study has conducted interviews and followed a qualitative approach in the analysis: Poznanski at al. interviewed practicing psychotherapists about their development of a particular theoretical orientation (Poznanski & McLennan, 2003). However, contrary to the study presented here, the interviews were not audiotaped and transcribed, and the categories were defined in a discussion between two authors instead of by performing a detailed qualitative analysis.

The current study aimed to realize a qualitative in-depth analysis of the differential choice of psychotherapy orientation by conducting semistandardized interviews among candidates of CBT and PDT schools right after the beginning of their training.

Method

Participants

Twenty-four master's-level psychologists (20 female, four male, mean age 30.6) from two different psychotherapy institutes were invited to participate in a semistandardized interview investigating motivational factors and personal background with regard to their choice of therapeutic training speciality (see Table 1). Interviews took place shortly after participants had begun their PDT and CBT training, respectively. Of 20 psychologists enrolling in the 2012 cohort at the psychodynamic institute (Heidelberg Institute for Psychotherapy; HIP), $N = 12$ participants (60%) consented to participate in this study (8 female, 4 male, mean age 31.8). Similarly, of the 18 participants enrolling in the 2012 cohort of the CBT institute (Centre of Psychological Psychotherapy, University of Heidelberg; ZPP), $N = 12$ participants (67%) agreed to participate (all female, mean age 29.4).

Setting

In Germany, a fully trained psychotherapist is a licensed health professional with similar rights and duties as physicians but limited allowances (the prescription of medication, medical interventions and referrals are restricted). Public and private health insurances usually cover treatment in three therapeutic orienta-

Table 1
Characteristics of the Two Groups of Candidates

Characteristics	PDT candidates	CBT candidates	*t*-test
Number of participants	12	12	—
Female	8	12	—
Male	4	0	—
Mean age	31.8 ± 6.6	29.4 ± 6.3	($p = .372$)
University degree completed in local city	6	6	—
University degree completed abroad	1	1	—
Years passed since exam	4.7 ± 4.6	1.2 ± .9	($p = .017$)

Note. PDT = psychodynamic therapy; CBT = cognitive–behavioral therapy.

tions: psychoanalysis, PDT and CBT. A master's degree in psychology or medicine is a prerequisite to enter in to adult psychotherapy training in any of the above mentioned orientations. After graduation, candidates apply for a 3- to 5-year training program following government regulations at a specialized institute (Hagspiel & Sulz, 2011). Similar to programs in other countries, accredited training programs in Germany are required to provide theoretical training (minimum of 600 hr), as well as practical training under supervision (minimum of 600 hr of outpatient psychotherapy under supervision, and a minimum of 1,800 hr of internship in psychiatric and/or psychosomatic hospitals). In addition, the German law for psychotherapy requires at least 120 hr of personal therapy/self experience during training (Strauβ et al., 2009). Unlike other countries, training is not associated with obtaining a doctorate. Training must be privately paid and is completed with obtaining a license after state examination enabling treatment of patients in private practices.

Development of Interview Questions

The development of the study's interview questions was performed on the basis of an in-depth literature review as well as discussion among a team of experts ($N = 6$; two female, four male, all of whom were experienced in psychotherapy training and research). The interview manual was constructed in a semistandardized manner (Flick, 2002; Helfferich, 2005; Hill et al., 2005; Knox & Burkard, 2009) containing the main open-ended questions, followed by encouraging questions and clarifying questions if required. The main open-ended questions according to Helfferich (2005) were:

1. "First of all, I would be interested to know how you made your choice for your training institute."
2. "What were your motives to start therapeutic training in the first place?"
3. "What was your motivation for the chosen training orientation?"
4. "What might the decision for this training orientation have to do with your personality?"
5. "What might the decision for this training orientation have to do with your life history?"
6. "Do you have any (previous) therapeutic experiences of your own?"
7. "How certain or doubtful are you regarding the decision for this training?"

Interview Procedure

According to the main items of the COREQ checklist (Tong, Sainsbury, & Craig, 2007), in the following, we provide further information about the interview procedure. The recruitment of the two groups of candidates took place within the first four weeks of participants' training. Participation was voluntary. The PDT candidates group was informed about the study's background, goals and course in the context of a weekly lecture. The CBT candidates group was informed with the same approach in the context of their introductory course. Interested persons were contacted afterward to make individual appointments during the following 2–3 weeks. At the beginning of the interview, questionnaires regarding sociodemographic information and previous work experience were completed by the participants. Individual face-to-face interviews were conducted by one trained interviewer, following the semistandardized interview manual, while audiotaping the dialogue. The interviewer was a female MD in the second year of her specialization in psychosomatic medicine, who had not yet begun her own psychotherapy training. The interviewer had been trained and was supervised by an experienced tutor and other colleagues who had conducted similar studies. Participants received textbooks or coupons for specialized bookstores (value 30 €) as compensation for their participation. The study was conducted following the Code of Ethics of the World Medical Association (Declaration of Helsinki). Written consent was obtained from all participants.

Qualitative Content Analysis and Quantitative Statistics

After transcribing the audio files of the 24 interviews word by word, a qualitative content analysis was performed following the principles of inductive category development (Mayring, 2000). First, we conducted an open coding of all of the 24 interview transcriptions line by line. In detail, single or few sentences were identified as a code, representing the most elemental unit of

meaning (Strauss & Corbin, 1998). Next, the codes were summarized into relevant themes for each participant, using the software MaxQDA (2010 version, VERBI GmbH, Berlin, Germany). As themes were recurrent among different participants and in both groups of candidates, themes were then compared and adapted, until a number of relevant themes for all participants of both groups could be defined. The assignment of respective codes to specific themes was conducted by two independent analyzers and subsequently discussed to reach consensus (investigator triangulation) and, if required, adjusted. In the final step, themes were consolidated into four relevant categories. In order to identify commonalities and differences between the two groups of participants, all codes for each theme were analyzed comparing the meaning and the markedness of the statements by means of profound discussion among the team of experts on the basis of the audiofiles, transcripts and additional notes taken during the interviews. Consequently, aspects which were more markedly emphasized among the CBT versus the PDT group were identified. For the sample description, descriptive statistics were computed.

Results

Participants

An equal number of participants from both institutes took part in the interviews (see Table 1). There was a wide age range in both groups. The average amount of time that had passed since participants' university degree was significantly longer among the PDT candidates compared to the CBT candidates. The CBT candidates group consisted of women only, while there were 4 male participants among the PDT candidates. There was no significant difference between the mean duration of the interviews in the two groups. Most of our participants had not started work in an outpatient setting yet. However, several participants had recently begun their internship in a psychiatric or psychosomatic hospital, as it is common in Germany to complete the required internship at the beginning of psychotherapy training.

More specifically, within the PDT group, two participants had just begun an internship in a psychiatric clinic. A further two candidates had previously completed psychotherapy trainings in orientations (systemic therapy and client-centered conversational psychotherapy) lacking health insurance accreditation in Germany. Furthermore, five candidates were working in research projects in addition to their psychotherapy training. In the CBT group, one participant had almost completed systemic psychotherapy training. Almost all (10) CBT participants had just started their internship in psychiatric hospitals and four candidates were working in research projects in addition to psychotherapy training.

Main Categories and Themes Resulting From Qualitative Analysis

With regard to the qualitative analysis of the interview transcripts, 2,164 single codes were identified. From these codes, 18 themes and four main categories were derived for both groups. The main categories included (A) motives and influences regarding psychotherapy training in general, (B) motives and influences regarding the choice of therapeutic orientation, (C) biographical aspects, including personal experience with psychotherapy, and (D) personality aspects. Each of the main categories (A to D) contained 3–5 themes (i.e., A.1 to A.5). These themes—based on the associated quotations—were compared between the two groups, and assumptions concerning commonalities and disparities between PDT versus CBT candidates were developed. For all categories and themes, both groups yielded codes. However, some themes were more pronounced in one group compared to the other. Tables 2 to 5 depict exemplary quotations from each group for main categories and themes.

Definition of Categories and Comparison of Themes Between Groups of Candidates

In the following, we provide definitions for the main categories. Subsequently, similarities and differences between the two groups of candidates are highlighted.

A. Motives and influences regarding psychotherapy training in general. The category describes different motives among the candidates as well as influences that may have led to the decision to start psychotherapy training in general. The category includes five relevant themes.

Table 2
Main Category A: Motives and Influences Regarding Psychotherapy Training in General

Theme	Statement
A.1: Altruistic motives	"Well, of course you're pleased if you can help a person and if you can see there's a change there, a positive one. And that maybe you had a little part in it, in the positive change." (PDT11)
	"I really like to have direct contact with people and erm would like to help people to develop, to overcome problems, and I know that that is a very demanding task." (CBT12)
	"Yes, it is really this inner motivation that I have when I notice: I can bring about something good there and help somebody to a certain extent to make progress." (CBT07)
A.2: Future occupational possibilities	"Well, for me it is important that a job makes me secure to a certain degree, I mean also financially. Yes, I don't have to have some great career. But just that . . . that you are to a certain degree remunerated for your job." (PDT11)
	"Yes, and of course it's also the case that you are relatively well paid, particularly when you have done the therapist training, at least I hope so."(CBT10)
	"And the approval of the health insurance companies is also an issue. I'd like to keep as many paths open as possible, so also simply to have the possibility to open a practice at some point." (CBT12)
A.3: Personal development	"Yes, and also, sure, in this area you can somehow also develop on a personal level. [. . .] I can imagine that I will also be able to come across interests which interest me in my free time, I mean in the direction of yes, culture, theories literature or something." (PDT11)
	"And otherwise, I think you have a lot of personality and many, many problems [. . .] which you also carry with you, and I think you can integrate them into the job and also resolve them, and you can see that you deal with this, and in this way somehow, yes, get to know yourself in a new way." (PDT04)
	"There, well I have the expectation, yes . . . maybe also some deficits which you have, you can iron out difficulties a bit, so that you take something away for yourself a bit as well." (CBT07)
A.4: Influence of social environment	"My family were rather sceptical [. . .] it (is) initially surprising why you study for such a long time and then do something further for another five years [. . .], so of course I heard things like: don't you want to work now or do something proper." (PDT01)
	"I have to say, my family always advised me to do behavioural therapy. So not depth psychology but behavioural therapy." (PDT09)
	"My parents really put themselves out for me, said that they see that you are somehow absorbed in it and you've done so great, and they supported me there." (CBT11)
A.5: Influence of framework conditions of the training	"That you have a fixed amount that you pay monthly and you're not faced with any unforeseeable costs, that was quite important for me" (PDT06)
	"If the training had been somewhat more expensive or more protracted, then I would have reconsidered and looked at other institutes." (CBT07)
	"So, there are some restrictions involved, it also annoys me that I still live like a student." (CBT04)

The theme "altruistic motives" (A.1) contains the motivation to help others, to try to make improvements possible and to ease the severity of symptoms. "Future occupational possibilities" (A.2) describes the motivation of an improvement of later job opportunities and the access to new areas of work through psychotherapy training, possibly leading to a better socioeconomic status and financial security. The theme "personal development" (A.3) includes expectations and wishes concerning personal growth and development, which may be facilitated in the course of psychotherapy training. In "influence of social environment" (A.4), reactions of and influences by family and other attachment figures concerning (the beginning of) psychotherapy training are summarized. Finally, the theme "influence of framework conditions of the training" highlights the importance of financial and time conditions concerning the training and their influence on the decision in favor of or against the program (A.5).

Looking at the representation of themes within the two groups, altruistic motives (A.1), such as the motivation to help others, were named among both groups. Future occupational possibilities (A.2), especially achieving socioeconomic status and financial security, were more pronounced among the CBT group. The

Table 3
Main Category B: Motives and Influences Regarding The Choice of Therapeutic Orientation

Theme	Statement
B.1: Official recognition of the method	"For me it is relevant that it is an approved procedure, because that has quite practical reasons. So I wouldn't like to only be able to bill privately later on." (PDT07)
	"So, the fact that I decided on CBT is definitely against the background that you then get a licence to practise, then you get the possibility to set up your own practice if you get a licence and if you also want that." (CBT09)
	"I believe that behavioural therapy simply has more future." (CBT02)
B.2: Scientific evidence of the method's efficacy	"I am convinced that in this construct, or in the theories [. . .] there is a lot of truth, so an intuitive thing somehow, yes, I kind of believe that this is the right way to proceed." (PDT01)
	"That was also important for my decision that the available studies clearly speak in favour of CBT, that there is scientific evidence there, which is also well grounded." (CBT06)"
	"Particularly for beginners . . . I find it important that you can draw on methods which you know are rather effective, are acknowledged, where, as a beginner, you can't do so much wrong." (CBT07)
B.3: The method's therapeutic attitude	"In psychodynamics, ultimately this following instead of leading, I just find it much more human, and it simply corresponds much more to what I want to do, so to speak." (PDT01)
	"And that is one thing that I think depth psychology has to offer compared to all other procedures. That it doesn't stop at the point when it becomes puzzling, but carries on there, or even only starts there, essentially." (PDT07)
	"For example, I find it nice that the patient also sees such an open structure: this is where we want to get and we have this number of hours available." (CBT04)
	"Then I actually decided for me that CBT is at least initially the right direction for me, where I am provided with clear tools, so have a kind of framework with which you can work." (CBT01)
B.4: The method's status at (former) university	"You sort of finish the degree and think that CBT is the ultimate, and you can forget everything else." (PDT05)
	"So, in retrospect, it was clear to me that I will do CBT because we never got to know anything else [. . .] CBT is the greatest thing in the world, so if you really wanted to form a neutral opinion you'd have to do a huge amount of active research yourself." (CBT10)
	"Depth psychology was more like . . . it was used as an example if you wanted to say how effective behavioural therapy is." (CBT04)
B.5: Candidates' critique towards respective other orientation(s)	"But I think they don't really get at these things or don't have any models or not sufficiently to make something like this explainable and then also changeable." (PDT07)
	"And only in the rarest of cases do I wish for some kind of technical-manualised procedure or can imagine that the person sufficiently benefits from it." (PDT05)
	"Such woolly constructs, where I always think: Yes, okay, that definitely also plays a role. It may well be, but it is not so tangible perhaps". (CBT01)
	"The patient does not necessarily get any further through a better understanding, I think you have to provide him with more." (CBT08)

importance of personal development in the course of training (A.3) was mentioned mostly by PDT candidates. Concerning the influence of social environment on the decision to apply for psychotherapy training (A.4), a number of CBT candidates emphasized having experienced support from family and friends, while PDT candidates reported more controversial opinions and influences from their social environment. For both groups, conditions relating to time and financial aspects (A.5), such as funding and time expenditure, played a crucial role in the process of the decision, often resulting in uncertainties regarding beginning a training program.

B. Motives and influences regarding the choice of therapeutic orientation. The second category highlights the question of why candidates chose their respective therapeutic orientation, again investigating motives as well as possible influences. There were 5 relevant themes.

Table 4
Main Category C: Biographical Aspects, Including Personal Experiences With Psychotherapy

Theme	Statement
C.1: Link between biography and decision for psychotherapy training	"There was always a person in my family who is very puzzling [. . .] and perhaps that had an influence on the fact that I, yes, am interested in what's going on in people's heads." (PDT06)
	"So my parents separated early on . . . and that is of course also something [. . .] that you never quite understand or that you struggle with, or which I am probably also still dealing with." (PDT02)
	"That I kind of wished that I had a means or a possibility to make myself understood or to put it right again. I think if I had had an unproblematic childhood I would also have studied business administration or done some kind of accountancy course or something, yes." (PDT10)
	"I have a mother, she has been depressive for as far back as I can think and has had various hospital stays and done all sorts of things, and this theme was really always present." (PDT07)
	"When I was 15/16, a good friend was diagnosed with a borderline PD, but then my decision had really already been made, so I wouldn't now say: I'm doing it because of her." (CBT06)
C.2: Role models among family and social environment	"I come from a family of doctors and yes, I think, in a way, it's in my blood. So this helping in the helping profession . . . that was actually clear to me early on, that I would go in this kind of direction." (CBT06)
	"Insofar as I—mm—I think, I have a family with a high need for harmony, and also among ourselves, particularly the women, we speak very openly about emotions, mm, so my mother above all was very caring there and also always asked: How do you feel about it?" (CBT11)
	"And . . . so I think, that is already very characteristic with my parents, both as educators . . . simply always very much in reflection, feedback, in dialogue. So, there, I think the influence was just already there." (CBT04)
C.3: Previous personal experiences with psychotherapy	"From a time when I myself utilised some support and I simply have the knowledge about how much good that kind of thing can do, to have that communication." (PDT03)
	"And now I completed one (an analysis), recently. [. . .] it did influence me to do the training here, yes, definitely. It was a good experience." (PDT10)
	"So this psychodynamic thinking probably comes from my own experience, I started with analysis when I was 18." (PDT08)
	"My parents both had therapy when I was still a child, and through that I think I got to know it as a good thing." (CBT08)

The theme "official recognition of the method" (B.1) includes the importance of the fact that the therapeutic orientation chosen is recognized by the government as well as by health insurance companies, for example, enabling candidates to see patients through the German compulsory insurance system. "Scientific evidence of the method's efficacy" (B.2) describes influencing factors regarding results and outcomes of clinical studies investigating the method as well as the assumed power of the method communicated by university lecturers and tutors. The theme "the method's therapeutic attitude" (B.3) summarizes candidates' statements regarding the therapeutic attitude associated with the method and the way in which a candidate can identify with it. "The method's status at (former) university" (B.4) describes how candidates believe their chosen orientation was represented in their former university studies, or else what the university's position toward the method may have been. Finally, the theme "candidates' critique towards respective other orientation(s)" (B.5) merges different opinions candidates expressed with regard to other orientations besides the one they had chosen, especially pointing out the reasons why they had decided against training for a respective method.

The comparison between the CBT and PDT group reveals that the importance of the method being officially recognized (B.1), for example, by the government or health insurance companies, seemed crucial for both groups. However,

Table 5
Main Category D: Personality Aspects

Theme	Statement
D.1: Interest concerning other people, curiosity	"But also a curiosity and a need for work which includes meeting people and which another person can take advantage of." (PDT02) "Well, I'm just also interested in the stories behind people, and I just find it fascinating in a way to learn a lot about a person." (PDT11) "What makes a person? Why are people like they are? What's going on in their heads?" Erm, so really, this curiosity, this interest in it." (CBT01)
D.2: Empathy	"Yes, I also think it's a kind of being touched by people, by fates." (PDT03) "Well, I also think I am an empathetic person, I am really interested in people, I can put myself in their shoes . . . I am good at sympathising with them." (CBT04) "I've just always, mm, I've always been acknowledged by my friends for being a good listener, that I always try to take different perspectives." (CBT10)
D.3: Open-mindedness and flexibility	"So this openness to new things, I mean every time a new patient is sitting there it is exciting. What he says, what he has experienced." (PDT08) "So I think I am fairly open to new experiences, and yes, also to getting to know new people and there, I can hopefully also somehow show understanding, try to somehow understand things from their perspective." (PDT11) "What perhaps might make me a good therapist is also that I am good at handling uncertainties, likelihoods, so some things are just not clear and remain vague and maybe can't be solved." (CBT08)
D.4: Questioning, self-reflection, creativity	"So I do find that a bit of a creative mind is also part of it. So I also think above all, yes, of interpretations, or of these generally, of free association and so on." (PDT06) "Well . . . I think from my basic structure I am someone who thinks very thoroughly, in fact even used to ruminate (laughs). But a person who has held onto thoughts until they've been looked at from all sides." (PDT10) "And maybe the fact that you reach a certain self-reflection and can perhaps answer questions: why am I this now or how did it happen that I became like I am?" (PDT12)
D.5: Thinking logically or pragmatically and need for structure	"The fact that you like to make things concrete and not only talk about things, but also tackle them and not so much talking, more doing." (CBT02) "I need things to be a bit more tangible, I like it to be pragmatic and I find behavioural therapy does tend to be pragmatic." (CBT03) "As I have already stressed, that it offers me a bit more structure and certainty (. . . it) is very important for me that I have, yes, a kind of framework, which perhaps bolsters, supports, restricts me a bit, whatever." (CBT11)

the importance of the efficacy of the method and its scientific evidence (B.2) was emphasized more among the CBT group. The need to identify with the future orientation's therapeutic attitude and mindset (B.3) was of roughly equal importance to both groups. CBT as compared to PDT was reported by both groups to have had a significantly higher status at their former universities (B.4). Finally, most candidates tended to regard the orientation of the respective other group of candidates (or else therapeutic methods beyond CBT or PDT) as less appropriate, tolerant or effective (B.5).

C. Biographical aspects, including personal experience with psychotherapy. This category illuminates the candidates' reports on how aspects of their life history may have influenced their decision in favor of beginning psychotherapy training. Three relevant themes could be identified.

The theme "link between biography and decision for psychotherapy training" (C.1), summarizes statements regarding possible influences on the decision for psychotherapy training through life history, for example, lifetime events, periods and experiences that might have been meaningful. Next, "role models among family and social environment" (C.2) describes whether and how candidates may regard family members or other persons as "good examples" or role models, possibly influencing their decision. The theme "previous personal

experiences with psychotherapy" (C.3) includes reports of candidates' own experiences with psychotherapy, and their meaning and influence concerning the future decision to start psychotherapy training.

When comparing the two groups of candidates, PDT candidates were more likely to establish a connection between lifetime events (e.g., family conflicts) and their later decision in favor of psychotherapy training (C.1). Among the CBT group, participants tended to describe their parents or other attachment figures as possible role models for the future profession of a psychotherapist (C.2). PDT candidates were more likely to report having experienced previous personal psychotherapy treatment, mainly psychoanalysis or PDT (C.3). These experiences were predominantly described as valuable.

D. Personality aspects. In this category, candidates reported different aspects of their personality that may have played a role in their career choice to become a psychotherapist. The category consists of five themes:

The theme "interest concerning other people, curiosity" (D.1) summarizes statements regarding a general interest in people, for example, what their thoughts are, what influences them, what history they have. The theme "empathy" (D.2) describes the ability to put oneself in somebody else's position and to feel with someone. "Open-mindedness and flexibility" (D.3) includes the ability and tendency to be open to new people and new situations, to be flexible when situations change and so forth The theme "questioning, self-reflection, creativity" (D.4) is a broad theme describing a way of questioning circumstances, tending to look at one's own themes and feelings and thinking more "out of the box" instead of more conventionally. Finally, "thinking logically or pragmatically and need for structure" summarizes a more logical and practical way of thinking as well as a need for structured working conditions and guidance (D.5).

Regarding the two groups of candidates, general interest in and curiosity toward people (D. 1), empathy (D.2), and open-mindedness and flexibility (D.3) were named with approximately equal frequency by both groups. However, the tendency to challenge aspects, self-reflection and creativity (D.4) were more pronounced among the PDT group. A logical or more pragmatic way of thinking and the need for structure (D.5) was referred to mainly by the CBT group.

Discussion

The aim of this interview study was to obtain a differentiated picture of psychological psychotherapists' personal background and motives that account for their career choice and choice of psychotherapeutic orientation. The main differences between the two researched groups of CBT candidates and PDT candidates can be seen in the observation that for the CBT group, aspects of social and socioeconomic security and scientific foundation of CBT seem to be of significant importance for future career plans, choice of therapeutic orientation as well as therapeutic work with patients itself. CBT candidates find themselves well supported by their families regarding their career choice, and university professors or tutors seem to be more relevant in the context of choosing a therapeutic orientation. On the other hand, PDT candidates emphasize much more the importance of future personal development and the role of personal experiences and life history background in their personal decision for the respective therapeutic orientation. However, both groups also share commonalities, such as a general interest in human beings and altruistic motives. Our presented qualitative approach enabled us to perform an in-depth analysis of participants' motivations reflecting their individual contexts, therefore highlighting new aspects of this topic.

Regarding participants' motives and influences behind the decision for psychotherapy training in general, we revealed that in both groups, altruistic motives were described as one of the most relevant motivational impulses, as already mentioned in quantitative questionnaire studies (Glaesmer et al., 2010; Murphy & Halgin, 1995; Norcross & Farber, 2005). Looking more closely, it seems that starting psychotherapy training is associated with a stronger feeling of security, namely through knowing what occupation one is aiming for in the future compared to working as a psychologist in other fields (e.g., in industry). The need for financial and social security, when working as a psychotherapist within the clearly defined framework of the German health care system, was much more pronounced in our interviewed CBT train-

ees, whereas PDT candidates more strongly emphasized motivations related to an individual personality development and interest in self-exploration. These aspects deepen previous quantitative research findings, indicating that biographical and personal experiences seem more important to psychodynamic-oriented students, whereas socioeconomic motives may play a more crucial role among psychology students favoring CBT (Eichenberg et al., 2007). Furthermore, our interview study revealed that during the process of deciding to start psychotherapy training, PDT candidates indicated to have had to face more critical and conflicting reactions as well as scepticism raised by their personal social environment, while their CBT colleagues predominantly reported having experienced support from family and friends. A possible explanation for this finding could be that in earlier research, practicing psychotherapists with a CBT orientation more often reported having grown up in "stable families" compared to their PDT colleagues (Poznanski & McLennan, 2003). However, one could argue that these diverse reports may also be an expression of different tendencies to evaluate one's past. That is to say, a more positive view of their life history may be present among CBT therapists compared to psychodynamic therapists (Arthur, 2000).

The participants' statements concerning the reasons why they decided in favor of one specific therapeutic orientation shed light on further important insights into participants' motivational background. One relevant aspect, which we were able to extract, can be seen in the role of scientific study results that support the efficacy related to the respective psychotherapeutic approach chosen. Although there has been a growing number of studies proving the effectiveness of both CBT (Barlow, 1997; Driessen & Hollon, 2010; Otte, 2011) and PDT (Gerber et al., 2011; Leichsenring, Abbass, Luyten, Hilsenroth, & Rabung, 2013; Shedler, 2010; Zipfel et al., 2014), both groups seemed to associate scientific foundation much more with cognitive–behavioral methods as compared to PDT. In this context, the CBT candidates predominantly described study results as being crucial in the context of their decision process. Similar results were reported by an online questionnaire study conducted by Eichenberg et al. among psychology students who favored CBT as a future orientation (Eichenberg et al., 2007). In contrast, the PDT therapy group emphasized personal intuition and experiential-based validation and decision when committing themselves to PDT as their orientation of choice. Both groups acknowledged a monoculture of CBT at their former university faculties due to the fact that in Germany, almost all psychological university faculties are known to have a cognitive–behavioral orientation. Although our CBT candidates may have followed these predominant university education-related influences, PDT candidates reported relevant endeavors or even their own experiences with personal utilization of psychotherapy as requirements in order to familiarize themselves with psychodynamic psychotherapeutic techniques. This difference in the decision process concerning the choice of one's therapeutic orientation may again be rooted in a stronger security-related approach among CBT candidates. Interestingly, this is the first study to describe that both groups tend to experience their future role as a psychotherapist as encompassing a more equal patient-psychotherapist relationship and a more respectful attitude toward the patients when compared to the respective other orientation.

With regard to biographical aspects, the collected statements revealed that a relationship between the candidate's own biography and the decision for a future career as a psychotherapist was more evident in PDT candidates. In other words, this group regards lifetime events—especially difficult experiences such as parents' divorce or personal loss—as being relevant for their later decision making. Contrary to this more personal conflict-based explanatory model, CBT candidates tended to describe the influence of university mentors or role models among family members supporting their decision. Here too, it appears that CBT candidates may have rather looked for role models in their close environment instead of choosing a more exploratory or even unknown path. While in both groups, candidates reported having their own experiences with the personal use of psychotherapeutic support, among PDT candidates, these seemed to be more pronounced and mostly took place in psychoanalytic or psychodynamic settings. A number of earlier studies summarizing quantitative results reported a link between psychodynamic orientation and

personal psychotherapy experience (Henry et al., 1971; Orlinsky & Ronnestad, 2005; Taubner et al., 2010). In our study, moreover, we were able to reveal that these experiences were regarded as very valuable by most of the participants and seemed to be an opportunity to get to know the therapeutic approach and its virtues. In PDT candidates self-reflexion as part of own psychotherapeutic experiences seems to have become a valuable and indispensable aspect of PDT candidates' own development as well as forming an important instrument in the own aspired psychotherapeutic work.

Last but not least, as a further aspect of possible personal motivations for career choice, specific personal characteristics linked to the decision to become a psychotherapist were reported by our participants, namely a distinct interest in human beings and interpersonal relationship aspects as well as a decisive capability for empathy combined with open-mindedness and flexibility. Tremblay et al. (1986) reported similar characteristics among practicing psychotherapists. In our study, differences between the groups became evident in the phenomenon that PDT candidates described a tendency to question themselves or circumstances as well as a rather creative mindset in terms of free association and the generation of new ideas. By contrast, CBT candidates described themselves as more logical and pragmatic thinkers. In addition, CBT candidates mentioned a greater need for security, guidance and structure. Considering the fact that CBT is more highly structured and uses treatment manuals to a greater extent than PDT, a wish for structured and pragmatic procedures may be better fulfilled by CBT. At this point, the main differences in motivations between our two groups may come full circle. For CBT candidates, the longing for security might also concern future career possibilities and the achievement of a certain socioeconomic status (Eichenberg et al., 2007). By contrast, as discussed at the beginning of our discussion, PDT candidates may place a stronger focus on personal experiences and future personal development. Our hypothesis is supported by the observation that among CBT candidates, the mean transition time between university studies and the beginning of psychotherapy training was more immediate (1.2 years) than that of the PDT group (4.7 years)—again being suggestive of a more security-related motivation.

Our study is limited by the number of participants, due to a qualitative method including in-depth interviews and analysis. Moreover, participation was voluntary, possibly leading to biases in our analysis. Also, our study results are not necessarily generalizable to other countries, cultural contexts and health care systems. Finally, although the qualitative content analysis was performed according to inductive category development and was verified by a second analyzer, the examination can be considered as more subjective than quantitative studies. However, because of its openness in terms of assessment technique and its use of detailed interviews and quotations, the analysis enabled us to draw a more complete picture of this multilayered topic and led to a number of new aspects that were not included in previous questionnaire surveys. In contrast to the only other interview study that has been conducted on this topic (Poznanski & McLennan, 2003), our candidates were interviewed at the very beginning of psychotherapy training and were less likely to have already been influenced by the apprenticeship or therapeutic occupation, as compared to the study conducted by Poznanski and McLennan (2003), who interviewed practicing psychotherapists. This seems especially important when taking into account previous findings emphasizing the importance of training factors in the context of preference of therapeutic orientation (Buckman & Barker, 2010). Furthermore, we were able to investigate two rather homogeneous groups of psychologists derived from comparable psychotherapy institutes located within one German city.

In summary, interviewing the two groups led to a better understanding of possible motivations and influencing aspects among future psychological psychotherapists. Security and structure were topics, which we came across several times when motivations and traits of CBT candidates were analyzed. We revealed that CBT candidates tended to start their psychotherapy training earlier, tended to be influenced and supported by family and their close environment, tended to strive for socioeconomic security and to rely on the method's scientific foundation and manual-guided processes. A more conflict-based and self-reflecting perception seemed to be apparent among PDT candidates,

namely represented by a choice of PDT psychotherapy training despite possible oppositions, by experiences with their own psychotherapy and by an interest in exploring or grappling with their own conflicts. Naturally, both groups also shared a number of similarities concerning their motivations for psychotherapy training, such as altruistic motives. In conclusion, taking into account the findings of our study, it seems reasonable that diverse methods and orientations are relevant not only to fulfil different patients' needs but also in coping with the different needs and backgrounds of future therapists. This aspect leads to important implications for psychotherapy training programs. Providing the correct mixture of structure and guidance on the one hand, and encouraging openness to deviate from manuals and the consideration of more conflicting elements, that is, through personal therapy/self-experience, on the other hand, seems to be crucial and irrespective of the therapeutic orientation. Furthermore, our findings suggest that in order to recruit potential candidates for training, psychodynamic programs might benefit by focusing on the treatment's solid research base and by improving the candidates' economic security during training. In contrast, CBT programs might benefit from a greater consideration of biographical and relationship experiences. Accordingly, we were able to show that candidates express a need to acquaint themselves with therapeutic elements from different orientations especially at the beginning of psychotherapy training.

Future studies should focus on the new aspects of motivations described above and investigate how these develop in the course of psychotherapy training, influence training success or may even still be noticeable among practicing psychotherapists of different orientations. In addition, further research should investigate differences and commonalities in other cultural contexts and health care systems.

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Entrenamiendo psicoterapeuta: Un estudio cualitativo comparativo de factores de motivación y experiencias personales de candidatos a terapeutas psicodinámicos y cognitivos-conductuales

Las elementos de los terapeutas han recibido una creciente atención en el contexto de la investigación psicoterapéutica. El presente estudio tiene como objetivo ampliar los conocimientos sobre el desarrollo profesional examinando los motivos de elección de carrera y la elección de la orientación terapéutica en los candidatos de psicoterapia. Veinticuatro psicólogos de maestría, que habían comenzado un programa de terapia cognitivo-conductual (TCC; n=12, todas mujeres, promedio de edad 29.4 anos) o psicodinámico (TPD; n=12, 8 mujeres, 4 hombres, promedio de edad 31.8 anos) fueron entrevistados acerca de su motivación por empezar el programa de entrenamiento. 60% de los participantes representaban TPD y 67% TCC. Las transcripciones verbales se analizaron sobre la base de análisis de contenido cualitativo usando MaxQDA 10 software. Los autores revelaron que los candidatos a la TCC tendieron a marcar la seguridad socioeconómica como razón para elegir la carrera y a confiar en la base científica del método y en los tratamientos manualizados. Los candidatos a TPD, consideraron aspectos biográficos a ser más significativo para su elección de entrenamiento de la psicoterapia. Los 2 grupos difirieron principalmente en términos de categorías de aspectos biográficos y de personalidad, así como en cuanto a la importancia de los aspectos de investigación. Los hallazgos sugieren que diferentes orientaciones terapéuticas no sólo coinciden con las diferentes necesidades de los pacientes, sino que también coinciden con los diferentes caracteres terapéuticos.

Entrenamiendo psicoterapeuta/desarrollo, terapia psicodinámica, terapia cognitiva-conductual, metodo de investigación cualitativo

心理治疗培训：精神动力学和认知行为心理治疗候选人的动机因素和个人背景的比较定性研究

治疗师变量在心理治疗研究的背景下受到越来越多的关注。本研究旨在通过调查心理治疗候选人的职业选择的动机以及治疗方向的选择来扩大（or 扩充）关于职业发展的知识。刚刚开始认知行为（CBT; n = 12，全部女性，平均年龄29.4岁）或精神动力学（PDT; n = 12，8名女性，4名男性，平均年龄31.8岁年）治疗培训课程的二十四名硕士级别心理学家们，就他们开始培训的动机接受了采访。参与者占PDT同届生的60％和CBT同届生的占67％。我们基于使用MaxQDA 10软件的定性内容分析来分析逐字记录。作者们透露，CBT候选人往往努力谋求社会经济保障以及依靠 CBT治疗方法的科学基础和（靠）手册引导的过程。 PDT候选人认为传记式方面对于选择（PDT）心理治疗训练更有意义。这两个组别 (or 群组)主要在传记性和个性方面的类别以及研究的重要性方面有所不同。结果表明，不同的治疗导向不仅符合患者的不同需求，而且还符合不同的治疗特征。

心理治疗师培训/发展, 精神动力疗法, 认知行为疗法, 定性研究方法

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