Research in Psychotherapy: Psychopathology, Process and Outcome

Research in Psychotherapy: Psychopathology, Process and Outcome 2026; 29:898
doi:10.4081/ripppo.2026.898

Relational skills and self-awareness outcomes in psychotherapy trainees

Elitsa Tilkidzhieva,[1] Salvatore Gullo,[2] Jutta Fiegl,[1] Andrea Jesser,[1] Omar Carlo Gioacchino Gelo[1,3]

[1]Department of Psychotherapy Science, Faculty of Psychotherapy Science, Sigmund Freud University, Vienna, Austria; [2]Department of Psychology, Educational Sciences and Human Movement, University of Palermo, Italy; [3]Department of Human and Social Sciences, University of Salento, Lecce, Italy

Abstract

Relational skills and self-awareness are important aspects of psychotherapy training, shaping how trainees relate to clients, reflect on their experiences, and develop professionally. Despite their importance, little research has examined how these aspects are related during training. This cross-sectional study investigated the associations between relational skills and self-awareness outcomes in psychotherapy trainees and explored whether these variables differed according to stages of training, age, engagement in personal therapy, and self-reported mental health difficulties. The sample included 105 trainees (75.2% female, *M* age=29.71 years, *SD*=10.77), of whom 46% were in the beginning stage and 54% in the advanced stage of training. Relational styles were identified using exploratory factor analysis, and associations were examined using Pearson correlations and analyses of variance. Self-awareness outcomes were assessed with the Self-Awareness Outcomes Questionnaire (SAOQ). Exploratory factor analysis identified four relational styles: *Warm*, *Guarded*, *Directive*, and *Intense*. *Warm*, *Directive*, and *Intense* styles were positively associated with several self-awareness outcomes, whereas *Guarded* was associated with higher emotional costs of self-awareness. Older trainees (43+) reported greater emotional engagement, lower emotional strain, and higher scores on the Intense style than trainees aged 18-24. Trainees engaged in personal therapy tended to report lower emotional costs of self-awareness. Self-reported mental health difficulties were associated with higher emotional costs and more guarded, less warm relational styles. The results contribute to an understanding of how relational styles, self-awareness outcomes, and personal factors are interconnected in psychotherapy trainees and may help inform psychotherapy training by emphasizing individual differences in relational functioning.

Key words: psychotherapy trainees, therapist development, relational skills, self-awareness outcomes.

Correspondence to: Omar Carlo Gioacchino Gelo, Department of Human and Social Sciences, University of Salento, Complesso Studium 2000, Via di Valesio, 73100 Lecce, Italy. E-mail: omar.gelo@unisalento.it

Introduction

Relational skills and self-awareness are crucial for effective psychotherapy (Gelso & Hayes, 1998; Heinonen & Nissen-Lie, 2020; Jennings & Skovholt, 1999; Rønnestad & Skovholt, 2013). The way therapists relate to themselves and others, and how they make sense of their own and others' feelings, behaviors, and needs (for a relational account, see Gergen, 2009), is widely considered central to the therapeutic relationship (Orlinsky *et al.*, 1994; Orlinsky *et al.*, 2004; see also Gelo *et al.*, 2016). These competencies are closely interconnected and are frequently described as relevant to the therapist's ability to navigate emotional dynamics and engage with clients in a meaningful way (Norcross & Lambert, 2018; Rønnestad & Skovholt, 2013). Despite their central role in clinical practice, relatively little is known about how relational skills and self-awareness develop and relate to one another during psychotherapy training. Although recent qualitative work has begun to explore trainees' experiences of developing relational competence (Trimoldi *et al.*, 2026), empirical studies examining how different patterns of relational functioning are associated with self-awareness outcomes remain limited.

Relational skills are defined as a set of interpersonal characteristics that support how individuals relate to others, including the ability to form empathic bonds, attune to emotional experiences, communicate effectively, and manage conflicts and ruptures (Eubanks *et al.*, 2018) – capacities that are widely considered to be central aspects of therapeutic work (Anderson *et al.*, 2009; Anderson *et al.*, 2016; Gelso & Hayes, 1998; Orlinsky *et al.*, 1994; Orlinsky *et al.*, 2004; Rønnestad & Skovholt, 2013). These skills are discussed in the literature in relation to the development of trust within the therapeutic relationship, which has consistently been identified as a key predictor of therapeutic outcomes (Ackerman & Hilsenroth, 2003; Elliott *et al.*, 2018; Flückiger *et al.*, 2018; Horvath *et al.*, 2011). Therapists' empathy and emotional attunement have been widely described as contributing to a sense of safety and openness in therapy, which in turn has been associated with clients' engagement and treatment outcomes (Gelso & Hayes, 1998; Podolan & Gelo, 2024). Beyond their relevance to clients, relational skills have also been described as important for the therapist's personal and professional development, particularly in relation to self-awareness, resilience, adaptability, and reflective practice (Orlinsky & Rønnestad, 2005; Rønnestad & Skovholt, 2013). Existing conceptualizations of relational skills describe a range of interpersonal characteristics (*e.g.*, Ackerman & Hilsenroth, 2003;

Heinonen & Orlinsky, 2013; Nissen-Lie *et al.*, 2013; Orlinsky & Rønnestad, 2005; Rønnestad & Skovholt, 2013). Although these conceptualizations overlap, they differ in the particular characteristics they emphasize, reflecting the complexity of relational functioning. Self-awareness is considered to be one of the main qualities of effective psychotherapists (Knapp *et al.*, 2017). It is fundamental for growth, crucial for self-regulation, one of the main tools in treatment, and essential for positive therapy outcomes and well-being (Fenigstein *et al.*, 1975; Sutton, 2016). Self-awareness is broadly defined as the ability to understand and be aware of one's internal states, as well as one's relationships with others (Sutton, 2016; Trapnell & Campbell, 1999). Higher levels of self-awareness have been associated with better emotional regulation and reduced negative countertransference (Andela *et al.*, 2014; Bhola & Mehrotra, 2021), factors that have been linked to therapeutic presence and positive client outcomes (Geller *et al.*, 2010; Hayes *et al.*, 2011). By contrast, when self-awareness is limited, therapists may project personal biases, respond reactively, or fail to fully engage with the client's experience (Gelso & Hayes, 1998; Sutton, 2016). Although self-awareness is commonly discussed as a core therapeutic capacity, its direct measurement poses significant methodological challenges (DaSilveira *et al.*, 2015). As a result, research has often focused on the subjective outcomes associated with self-awareness, such as increased reflection, changes in professional functioning, or emotional costs related to self-reflection (Sutton, 2016). The present study, therefore, examines self-awareness through its reported outcomes, focusing on how self-reflective processes are experienced by the psychotherapy trainees.

Psychotherapy training is often described as a formative period for both relational skills and self-awareness (Bennett-Levy, 2006; Evers *et al.*, 2022; Hill *et al.*, 2007; Messina & Trimoldi, 2024; Robinson *et al.*, 2019). It is characterized by intense reflection on emotional states and relational patterns, alongside questioning and revision of less adaptive ways of relating (Rønnestad & Skovholt, 2003). Within this context, supervision, experiential learning, and personal therapy are highlighted in the literature as central components of this developmental process (Gelso & Hayes, 1998; Lohani & Sharma, 2023; Messina & Trimoldi, 2024; Mikulincer & Shaver, 2019; Rønnestad & Skovholt, 2003).

Among these, personal therapy has been described as an important component of therapist development, particularly regarding both relational skills and self-awareness (Macran & Shapiro, 1998; Malikiosi-Loizos, 2013; Norcross, 2005; Orlinsky *et al.*, 2011). Personal therapy offers a space for trainees to explore unresolved emotional issues, deepen self-reflection, and become more attuned to their emotional experiences – abilities considered essential for effective therapeutic practice (Macran *et al.*, 1999; McWilliams, 2004). Von Haenisch (2011) reported that trainees who engaged in personal therapy tended to exhibit heightened emotional awareness and relational competence, capacities closely linked to therapeutic effectiveness (see also Strauß & Taeger, 2021). However, empirical findings on the benefits of personal therapy are not entirely consistent. While some studies suggest that personal therapy is associated with higher self-awareness outcomes and relational skills among therapists (Bike *et al.*, 2009; McWilliams, 2004), other research indicates that these associations may vary depending on trainees' level of engagement, the quality of the therapeutic relationship, and the specific therapeutic approach (Chigwedere *et al.*, 2021; Gelso & Hayes, 1998). These mixed findings highlight once again the need to better understand the link between personal therapy, self-awareness outcomes, and relational skills during training.

Additionally, the literature suggests that individual differences – such as personality traits, prior relational experiences, and psychological well-being – are related to both self-awareness and relational skills (Gelso & Hayes, 1998). For example, traits such as emotional stability, openness to experience, and conscientiousness have been linked to greater self-reflection, emotional regulation, and empathy – capacities that are closely connected to how individuals understand themselves and relate to others (Gelso & Hayes, 1998; Mikulincer & Shaver, 2019). In contrast, higher levels of neuroticism, emotional reactivity, and psychological distress have been associated with difficulties in emotional regulation and aspects of clinical functioning (Bearse *et al.*, 2013; Giordano *et al.*, 2025; Norcross & Lambert, 2018). This suggests that trainees' psychological difficulties may also influence how they understand themselves and relate to others. Beyond these factors, age may also play a role, as differences in maturation and life experience can shape how trainees reflect on themselves and relate to others (Arnett, 2000; Erikson, 1968; Levinson, 1986).

Taken together, these theoretical perspectives suggest that relational skills and self-awareness are not static characteristics but are closely interconnected and develop within the reflective and experiential nature of psychotherapy training. These capacities are closely linked to trainees' professional development and broader self-concept, including emotional intelligence, resilience, and authenticity in both personal and professional contexts (Bennett-Levy, 2019; Fouad *et al.*, 2009; Hill *et al.*, 2016; Mikulincer *et al.*, 2013; Orlinsky *et al.*, 2024; Tilkidzhieva *et al.*, 2019). Recent longitudinal research further suggests that relational skills follow distinct developmental trajectories during training, with some trainees reporting temporary declines in self-perceived competence – particularly in early stages of training – before later stabilization (Schöttke *et al.*, 2017; Tilkidzhieva *et al.*, 2026).

Although relational skills and self-awareness are central in theoretical models of therapist development, relatively little empirical work has examined how they are interconnected in psychotherapy trainees (Longley *et al.*, 2023; see also Gennaro *et al.*, 2019). For example, Hatcher (2015) notes that key aspects of relational functioning, such as appropriate responsiveness, remain insufficiently conceptualized or studied, particularly in relation to their development during training. Similarly, although self-awareness is recognized as a central aspect of therapist development, little research exists on its development during training (Orlinsky & Rønnestad, 2005; Rønnestad & Skovholt, 2003).

To address these gaps, the present study provides a cross-sectional examination of the association between relational skills and self-awareness outcomes in psychotherapy trainees. In addition, it explores whether these associations differ according to stages of training, age, engagement in personal therapy, and self-reported mental health difficulties. By clarifying these associations, the study contributes to a more differentiated understanding of relational and reflective capacities in psychotherapy training.

Research questions

Given the limited empirical research on these associations in trainee populations, the present study takes an exploratory approach (van Rijn *et al.*, 2011; see also Gelo *et al.*, 2020a, 2020b) to examine how relational skills and self-awareness outcomes are connected among psychotherapy trainees, and whether they vary across stages of training, age, engagement in personal therapy, and self-reported mental health difficulties.

Research Question 1: What is the association between relational skills and self-awareness outcomes in psychotherapy trainees?

Research Question 2a: Do relational skills and self-awareness outcomes differ across the different stages of training?
Research Question 2b: Are relational skills and self-awareness outcomes associated with age?
Research Question 2c: Do relational skills and self-awareness outcomes vary according to engagement in personal therapy?
Research Question 2d: Are relational skills and self-awareness outcomes associated with trainees' self-reported mental health difficulties?

Materials and Methods

Participants

The study was conducted at the Sigmund Freud University in Vienna, Austria, where psychotherapy training is integrated into the university setting and includes structured training across several therapeutic orientations. In Austria, psychotherapy training can be pursued as a primary profession without prior education in psychology or medicine. The training is organized into two stages: a beginning stage (*Propädeutikum*), including general theoretical coursework, self-awareness training, and supervision without direct client work, followed by an advanced stage (*Fachspezifikum*), which involves orientation-specific training, personal therapy, and supervised clinical practice.

The sample of this study comprised 105 psychotherapy trainees at different stages of training. Of these, 46% (n=48) were in the beginning stage, and 54% (n=57) were in the advanced stage of training. At the time of the study, 47.6% (n=50) of participants reported being engaged in personal therapy, while 52.4% (n=55) were not. The mean age of the participants was 29.71 years (SD=10.77), ranging from 18 to 71 years. The majority of the sample was female (75.2%, n=79).

Instruments and measures

This research was conducted as part of a larger cross-sectional study. Data were collected using self-report measures assessing relational skills and self-awareness outcomes.

Relational skills were measured using a set of interpersonal characteristics drawn from previous psychotherapy research, particularly the constructs of Relational Agency and Relational Manner (Heinonen & Orlinsky, 2013; Orlinsky *et al.*, 2020). These describe relational skills as comprising both active characteristics, such as being directive, determined, or effective, and characteristics reflecting how one relates to others, such as being warm, receptive, or nurturing. Across the literature, various sets of characteristics describing these constructs can be found. To reflect this, we used an expanded list of attributes describing relational skills in the present study.

Participants rated their relational skills on a 4-point Likert scale. Although these constructs are often discussed within a therapeutic context, assessing them in close relationships allowed us to explore relational skills more broadly. This also enabled us to include trainees from both the beginning and advanced stages of training, as those in the earlier stage did not yet have clinical experience.

The assessed characteristics included: Accepting, Authoritative, Cold, Cautious, Committed, Challenging, Critical, Demanding, Detached, Determined, Directive, Effective, Energetic, Friendly, Guarded, Involved, Intense, Introspective, Intuitive, Nurturing, Optimistic, Receptive, Protective, Organized, Pragmatic, Private, Reserved, Skillful, Skeptical, Subtle, Tolerant, and Warm.

Given the broader item list and the exploratory nature of this study, we conducted an exploratory factor analysis to examine how these attributes cluster within our sample. The aim of this analysis was to identify meaningful patterns in the data, not to develop or validate a new scale.

Self-awareness outcomes were measured using the Self-Awareness Outcomes Questionnaire (SAOQ; Sutton, 2016), a 38-item self-report instrument designed to assess subjective outcomes associated with self-awareness processes in everyday life.

Participants rated each item on a 5-point Likert scale. The SAOQ consists of four validated subscales:

i) Reflective self-development (11 items): assesses ongoing self-reflection and conscious learning from experience.
ii) Acceptance of self and others (11 items): captures self-acceptance, confidence, and openness toward others.
iii) Proactive functioning in work (9 items): reflects perceived impact of self-awareness on professional behavior and engagement.
iv) Emotional costs of self-awareness (7 items): measures challenging emotional experiences associated with self-reflection, such as guilt, vulnerability, and fear.

Stages of training were determined based on the semester in which participants were enrolled at the time of data collection. Students in the first four semesters were classified as being in the beginning phase of training, whereas those beyond the fourth semester were categorized as being in the advanced phase.

Participants reported their age in years. For group comparisons, age was categorized into four groups (18-24, 25-28, 29-42, and 43+). The first two groups reflect the structure of psychotherapy training in Austria, where trainees can begin specialized psychotherapy training only after the age of 24 and become eligible for professional licensure after the age of 28. The remaining groups distinguish between middle-aged and older trainees.

Engagement in personal therapy was assessed by a dichotomous item indicating whether participants were currently in therapy (yes/no).

Mental health difficulties were measured through multiple items on a self-rated 4-point Likert scale. These variables were included as exploratory indicators of trainees' self-perceived psychological difficulties. Participants were asked if they had experienced changes in the frequency of selected psychological and psychosomatic symptoms over the past year. The item list included sleep difficulties, perceived psychological stress, psychosomatic complaints, anxiety symptoms, mood disturbances, depressive states, substance-related as well as non-substance-related addictive behaviors, and relationship difficulties. At the end, an open response option allowed participants to report additional concerns not captured by the listed items.

Data analysis

Given the conceptual inconsistencies in the literature regarding relational skills, an exploratory factor analysis was conducted to identify the underlying subcomponents of relational skills within our sample. Sampling adequacy was assessed using Bartlett's test of sphericity and the Kaiser-Meyer-Olkin measure. Considering a correlation greater than .32 to be sufficient (Brown, 2009), a Principal Axis Factoring with Promax rotation was employed to identify the underlying factor structure. Items were retained and assigned to their respective latent constructs based on their highest factor loading, with a minimum threshold requirement of 0.35. Finally, the latent constructs were named based on the variables with the highest factor loadings.

Based on these factors, distinct relational styles were derived. Subsequently, the association between relational styles and self-awareness outcomes was explored.

To investigate the relationship between self-awareness outcomes and other variables, the four subscales of the SAOQ were analyzed in relation to stages of training, age, engagement in personal therapy, and self-reported mental health difficulties. One-way analysis of variance was conducted to examine group differences across these variables, particularly in relation to stages of training, age, and engagement in personal therapy. Additionally, Pearson's correlation analysis was used to assess the associations between self-awareness outcomes, relational skills, and mental health difficulties.

All analyses were performed using the IBM SPSS 22.0 package. All study variables were preliminarily tested, and distributions were considered approximately normal when skewness and kurtosis values ranged from −1 to +1 and from −2 to +2, respectively.

Results

Before addressing the research questions, we conducted a series of preliminary analyses. Specifically, the Relational Agency scales showed skewness and kurtosis comprised between −0.52÷−0.22 and 0.86÷1.66, respectively; the Relational Manner scale showed skewness and kurtosis comprised between −0.18÷0.69 and 1.14÷1.86, respectively; while the SAOQ scales showed skewness and kurtosis were comprised between −0.54÷0.77 and 0.99÷1.77, respectively.

An exploratory factor analysis was performed to examine the factor structure of the relational skills within our sample. Bartlett's test of sphericity was significant, $\chi^2(496)=1651.13$, $p<.001$, indicating that the correlation matrix was suitable for factor analysis. The Kaiser-Meyer-Olkin measure of sampling adequacy was 0.767, suggesting a moderate level of shared variance among the variables.

Table 1. Factor loadings of relational skills.

Relational skills	F1: Warm	F2: Guarded	F3: Directive	F4: Intense
Accepting	**.557**	.068	−.211	−.052
Authoritative	−.146	−.064	**.603**	−.302
Cold	−.342	**.565**	.156	.064
Cautious	.265	**.787**	.068	−.334
Committed	**.512**	−.239	.115	−.062
Challenging	−.075	.144	**.536**	.046
Critical	−.013	.273	**.354**	.068
Demanding	−.144	.103	**.943**	−.190
Detached	−.310	**.663**	.007	.336
Determined	.184	−.032	**.399**	.143
Directive	−.014	.137	**.494**	.041
Effective	.337	.028	.276	.226
Energetic	.312	−.217	.262	.046
Friendly	**.743**	−.074	−.044	−.020
Guarded	.304	**.861**	−.005	−.303
Involved	**.613**	−.046	.227	.116
Intense	.294	.011	.195	**.405**
Introspective	**.590**	.267	.023	.110
Intuitive	.229	−.026	−.170	**.558**
Nurturing	.297	−.089	−.046	**.572**
Optimistic	.304	−.132	.215	.271
Receptive	**.666**	−.050	.030	.048
Protective	**.397**	.100	.195	.225
Organized	.281	−.062	**.505**	−.201
Pragmatic	−.025	−.030	**.405**	.190
Private	**.710**	.030	.139	−.008
Reserved	.019	**.609**	−.055	.262
Skillful	.210	−.067	.146	.197
Skeptical	.045	**.580**	.169	.009
Subtle	**.522**	.285	−.013	.108
Tolerant	**.703**	.277	−.238	.057
Warm	**.795**	−.088	−.225	.073

Factor loadings ≥.35 are shown in bold.

Parallel analysis supported the retention of four factors, which were extracted and interpreted accordingly (Table 1). Reliability was assessed using the mean inter-item correlation, adopting a target range of .15 to .50 as evidence of unidimensionality (Clark & Watson, 2019). Cronbach's alpha was computed for the three larger factors (*Warm*, *Guarded*, and *Directive*), while it was omitted for factor 4 (*Intense*) due to its limited number of items.

The four factors were labeled as follows:

i) *Warm* (accepting, committed, friendly, involved, introspective, receptive, protective, private, subtle, tolerant, and warm): this factor reflects a relational style characterized by warmth, acceptance, and emotional involvement, combined with introspective qualities. All inter-item correlations between the 11 items ranged between 0.32 and 0.41, with a mean of 0.38; Cronbach's alpha was .762 for this factor.

ii) *Guarded* (cold, cautious, detached, guarded, reserved, and skeptical): this factor captures a more emotionally reserved and distanced relational style. All inter-item correlations between the 6 items ranged between 0.18 and 0.35, with a mean of 0.28; Cronbach's alpha was .784 for this factor.

iii) *Directive* (authoritative, challenging, critical, demanding, determined, directive, organized, and pragmatic): this factor represents a structured and goal-oriented relational style, marked by assertiveness. All inter-item correlations between the 8 items ranged between 0.19 and 0.42, with a mean of 0.35; Cronbach's alpha was .801 for this factor.

iv) *Intense* (intense, intuitive, and nurturing): this factor reflects an emotionally engaged and perceptive relational style with a focus on care and support. Correlation between the 3 items ranged between 0.27 and 0.31 with a mean of 0.28.

Research Question 1: What is the association between relational skills and self-awareness outcomes in psychotherapy trainees?

In order to address the primary objective of the study, we first examined the relationship between relational styles and self-awareness outcomes in psychotherapy trainees (Table 2).

The *Warm* style showed significant positive correlations with *Acceptance of self and others* (r=.290, p=.003) and *Proactivity at work* (r=.380, p<.001), as well as a marginally significant positive correlation with *Reflective self-development* (r=.175, p=.074). However, there was no significant correlation with *Emotional costs* (r=−.060, p=.545).

For the *Guarded* style, a significant positive correlation was found with *Emotional costs* (r=.195, p=.047), suggesting that individuals with this style may experience higher emotional costs. There were no significant correlations between the *Guarded* style and *Reflective self-development*, *Acceptance of self and others*, or *Proactivity at work*.

The *Directive* style showed significant correlations across various dimensions, indicating its broad patterns of associations. Individuals with this style tend to exhibit higher *Reflective self-development* (r=.226, p=.020), suggesting greater introspection. They also show more *Acceptance of self and others* (r=.201, p=.040), despite their high standards, which might reflect a balance of critique and tolerance. The positive correlation with *Proactivity at work* (r=.385, p<.001) indicates a strong drive to take initiative and pursue goals. Additionally, the negative correlation with *Emotional costs* (r=−.245, p=.012) suggests they experience lower emotional strain, possibly due to their structured and goal-oriented approach. Overall, the *Directive* style appears to be associated with self-reflection, initiative, and emotional resilience while maintaining high standards.

Finally, the *Intense* style showed significant positive correlations with *Reflective self-development* (r=.255, p=.009), *Acceptance of self and others* (r=.196, p=.045), and *Proactivity at work* (r=.263, p=.007). This suggests that individuals with an intense style demonstrate openness and tolerance, and are inclined to engage deeply in self-awareness and take initiative in various situations.

To investigate the study's second aim, we explored associations among relational styles, self-awareness outcomes, and other variables (stages of training, age, engagement in personal therapy, and self-reported mental health difficulties).

Research Question 2a: Do relational skills and self-awareness outcomes differ across stages of training?

No significant differences were found between the beginning and advanced stages of training in relational styles and self-awareness outcomes.

Research Question 2b: Are relational skills and self-awareness outcomes associated with age?

Relational styles: a significant difference across age groups was found in the *Intense* relational style (F(3,101)=2.86, p=.04). Participants aged 43 years and older reported significantly higher scores (M=3.31) than those aged 18-24 (M=2.78). No significant age differences were found in the *Warm*, *Guarded,* and *Directive* styles.

Self-awareness outcomes: significant age differences were found in the *Emotional costs of self-awareness* (F(3,101)=3.49, p=.02). *Post hoc* comparisons indicated that participants aged 18-24 reported significantly higher *Emotional costs of self-awareness* (M=2.41) than those aged 43 and older (M=1.86).

Research Question 2c: Do relational skills and self-awareness outcomes vary according to engagement in personal therapy?

Relational styles: significant group differences were found for the *Warm* and *Guarded* styles. Trainees currently in personal therapy reported higher scores on both the *Warm* style (M=3.35 *vs.* M=2.91,

Table 2. Bivariate correlations between relational styles and dimensions of self-awareness.

Relational styles	Acceptance of self and others	Proactivity at work	Reflective self-development	Emotional costs
Warm	.290*	.380**	.175	−.060
Guarded	−.070	−.108	.084	.195*
Directive	.201*	.385**	.226*	−.245*
Intense	.196*	.263*	.255*	−.028

*p<.05; **p<.001.

$F(1,103)=5.15$, $p=.025$), and the *Guarded* style ($M=2.65$ *vs.* $M=2.18$, $F(1,103)=4.07$, $p=.046$). No significant differences were observed for the *Directive* or *Intense* styles.

Self-awareness outcomes: no significant differences were found between trainees currently in therapy and those not in therapy for *Reflective self-development*, *Acceptance of self and others*, or *Proactivity at work*. A marginally significant difference was observed for *Emotional costs of self-awareness*, $F(1,103)=3.26$, $p=.074$, with trainees in therapy reporting lower emotional costs ($M=2.0$) than those not in personal therapy ($M=2.4$). Although not statistically significant, the direction of the effect suggests a pattern that may be worth examining in larger samples.

Research Question 2d: Are relational skills and self-awareness outcomes associated with trainees' self-reported mental health difficulties?

Relational styles: significant associations were found between the *Warm*, *Guarded*, and *Directive* styles and self-reported mental health difficulties. No significant correlations were observed for the *Intense* style (Table 3).

The *Warm* style showed significant negative correlations with sleep difficulties ($r=-.287$, $p=.003$), eating problems ($r=-.201$, $p=.040$), non-substance addiction ($r=-.329$, $p=.001$), and anxiety ($r=-.264$, $p=.007$). These results suggest that higher levels of these difficulties are associated with lower levels of acceptance, friendliness, warmth, being tolerant, committed, involved, introspective, private, subtle, receptive, and protective in their interpersonal interactions.

The *Guarded* style was positively correlated with sleep difficulties ($r=.271$, $p=.005$), stress ($r=.303$, $p=.002$), psychosomatic symptoms ($r=.192$, $p=.049$), anxiety symptoms ($r=.240$, $p=.014$), mood disturbances ($r=.225$, $p=.021$), depressive states ($r=.271$, $p=.005$), eating problems ($r=.333$, $p=.001$), non-substance addiction ($r=.338$, $p<.001$), and relationship difficulties ($r=.275$, $p=.005$). These results suggest that higher levels of these difficulties are associated with being colder, more cautious, more detached, more guarded, more reserved, and more skeptical in how one relates to others.

The *Directive* style showed significant negative correlations with stress ($r=-.248$, $p=.011$) and non-substance addiction ($r=-.201$, $p=.040$), indicating that higher levels of these difficulties were associated with being less authoritative, challenging, critical, demanding, determined, directive, organized, and pragmatic.

Self-awareness outcomes: significant associations were found between *Acceptance of self and others*, *Proactivity at work*, *Emotional costs of self-awareness*, and various self-reported mental health difficulties. No significant correlations were observed for *Reflective self-development* (Table 4).

Acceptance of self and others was negatively correlated with sleep difficulties ($r=-.250$, $p=.010$) and eating problems ($r=-.215$,

Table 3. Bivariate correlations between relational styles and self-reported mental health difficulties.

Mental health difficulties	Warm	Guarded	Directive	Intense
Sleep difficulties	−.287*	.271*	−.192	.005
Stress	−.095	.303*	−.248*	.078
Psychosomatic symptoms	−.182	.192*	−.070	−.070
Anxiety symptoms	−.264*	.240*	−.186	−.038
Mood disturbances	−.134	.225*	−.156	−.038
Depressive states	−.130	.271*	−.188	.009
Eating problems	−.201*	.333**	−.147	.037
Substance abuse	−.076	.124	−.048	−.002
Non-substance addiction	−.329**	.338**	−.201*	−.092
Relationship difficulties	−.143	.275*	−.126	.146

*p<.05; **p<.001.

Table 4. Bivariate correlations between dimensions of self-awareness and self-reported mental health difficulties.

Mental health difficulties	Acceptance of self and others	Proactivity at work	Reflective self-development	Emotional costs
Sleep difficulties	−.250*	−.259*	−.087	.180
Stress	−.146	−.083	−.004	.499**
Psychosomatic symptoms	−.061	.025	.162	.331**
Anxiety symptoms	−.095	.071	.079	.445**
Mood disturbances	−.134	−.155	.025	.337**
Depressive states	−.123	−.062	.018	.429**
Eating problems	−.215*	−.123	−.114	.353**
Substance abuse	.093	.135	.050	.187
Non-substance addiction	−.149	−.163	−.048	.289*
Relationship difficulties	−.183	−.214*	−.116	.054

*p<.05; **p<.001.

p=.028), indicating that higher levels of these difficulties were associated with lower acceptance of oneself and others.

Proactivity at work was negatively correlated with sleep difficulties (r=−.259, p=.008) and relationship difficulties (r=−.214, p=.028), indicating that higher levels of these difficulties were associated with lower levels of proactivity at work.

Emotional costs of self-awareness showed significant positive correlations with stress (r=.499, p<.001), psychosomatic symptoms (r=.331, p=.001), anxiety (r=.445, p<.001), mood disturbances (r=.337, p<.001), depressive states (r=.429, p<.001), eating problems (r=.353, p<.001), and non-substance addiction (r=.289, p=.003). This suggests that participants experiencing higher levels of self-reported mental health difficulties report higher emotional costs of self-awareness.

Discussion

This exploratory study had two primary goals: first, to understand how relational skills and self-awareness outcomes are connected among psychotherapy trainees, and second, to explore how these variables vary across stages of training, age, engagement in personal therapy, and self-reported mental health difficulties. The results show patterns of association between relational skills and self-awareness outcomes, as well as variation across the variables studied within the present sample.

The main objective of this study was to examine the association between relational skills and self-awareness outcomes in psychotherapy trainees. Although the relational characteristics included in this study were drawn from previous conceptualizations of relational skills, the exploratory factor analysis indicated that they clustered in four distinct relational styles: *Warm*, *Guarded*, *Directive*, and *Intense*. The identified relational styles made it possible to examine how different patterns of relating were associated with self-awareness outcomes in psychotherapy trainees.

The *Warm* relational style, characterized by warmth, acceptance, and receptivity, was positively associated with *Acceptance of self and others* and *Proactivity at work*. In this study, trainees who described themselves as warmer also reported greater acceptance and professional initiative. These findings are consistent with theoretical perspectives that emphasize the role of emotional accessibility and interpersonal warmth in therapeutic relationships (Norcross & Lambert, 2011; Orlinsky *et al.*, 2020; Orlinsky & Rønnestad, 2005).

The *Guarded* style, marked by emotional distance and skepticism, was associated with higher *Emotional costs of self-awareness*. In our sample, trainees who described themselves as more reserved and distant also tended to report higher emotional strain related to self-awareness processes. This pattern is consistent with theoretical perspectives linking interpersonal guardedness to heightened emotional vulnerability and may suggest that a more reserved way of relating is associated with greater difficulty connecting with clients on a deeper emotional level (Mikulincer & Shaver, 2019; Orlinsky *et al.*, 2020; Orlinsky & Rønnestad, 2005). Although the present study did not directly investigate therapeutic relationships, the findings suggest that trainees with a more guarded relational style may find self-reflection more emotionally demanding.

The *Directive* style, characterized by directiveness, structure, and pragmatism, was positively associated with *Acceptance of self and others*, *Reflective self-development*, and *Proactivity at work*, and negatively associated with *Emotional costs of self-awareness*. This suggests that trainees who described themselves as more structured and goal-oriented reported higher initiative, stronger engagement in self-reflection, and lower emotional strain. This pattern is consistent with research showing that, during training, the formation of a clear professional orientation is often accompanied by increased reflection (Orlinsky & Rønnestad, 2005).

The *Intense* style was positively correlated with *Reflective self-development*, *Acceptance of self and others*, and *Proactivity at work*. This may indicate that trainees who described themselves as emotionally engaged also reported greater self-reflection, higher acceptance, and stronger professional initiative. Given that this style combined emotional intensity with intuition and nurturance, it may reflect an active emotional engagement with both oneself and others. This pattern is consistent with research highlighting the importance of emotional engagement in therapeutic practice (Geller & Greenberg, 2012; Greenberg & Pascual-Leone, 2006).

Taken together, these findings suggest that different relational styles were associated with different aspects of self-awareness. This is in line with previous research where relational skills have been described using a broad range of interpersonal characteristics rather than a single set of therapist qualities. Although the identified relational styles need to be replicated in larger samples, they suggest that considering broader patterns of interpersonal functioning may be useful when studying relational skills in psychotherapy trainees. This interpretation also resonates with recent qualitative findings highlighting that trainees experience relational competence as a multidimensional process rather than a single interpersonal capacity (Trimoldi *et al.*, 2026).

The second objective of the study was to explore whether relational styles and self-awareness outcomes differed across several variables.

Stages of training: previous research shows that as training progresses, trainees encounter more complex clinical situations that require greater relational sensitivity and emotional engagement (Orlinsky & Rønnestad, 2005). In the early stages of training, trainees often rely on more structured and directive approaches to manage the uncertainty of clinical work, with a gradual shift toward the emotional and relational aspects as they gain experience (Hill *et al.*, 2007). At the same time, the increasing complexity of clinical work may be associated with experiences of self-doubt, vulnerability, or guardedness among some trainees (Orlinsky & Rønnestad, 2005; Rønnestad & Skovholt, 2003). In the present study, however, no significant differences were found across the different stages of training. A possible explanation may be found in the specific context of our sample, where trainees in the beginning stage of training had little clinical exposure and advanced trainees had likely begun clinical practice only recently, resulting in relatively similar levels of experience. Another possible explanation relates to the heterogeneous nature of therapist development. Previous research suggests that trainees develop therapeutic competencies in different ways and at different rates (Hill *et al.*, 2007; Messina & Trimoldi, 2024; Orlinsky & Rønnestad, 2005; Rønnestad & Skovholt, 2003). From this perspective, the absence of differences between training stages does not necessarily indicate an absence of development. Instead, trainees may go through periods of growth, stability, or temporary decline at different stages of training. As a result, individual developmental changes may not always be captured in cross-sectional comparisons. This is also consistent with recent longitudinal findings, which showed distinct developmental trajectories in trainees' relational skills over the course of psychotherapy training (Tilkidzhieva *et al.*, 2026).

Age: the findings suggest that age may be linked to differences in relational styles and self-awareness outcomes. Younger participants (aged 18-24) reported higher emotional costs and scored significantly lower on the *Intense* relational style compared to participants aged 43 and above. This may reflect differences in emotional regulation and increasing life experience across adulthood (Charles & Carstensen, 2010; Kunzmann & Grühn, 2005; Zimmermann & Iwanski, 2014).

Engagement in personal therapy: only small differences were observed between trainees who were in therapy and those who were not. No significant differences were found for *Reflective self-development*, *Acceptance of self and others*, or *Proactivity at work*, although there was a slight tendency for lower *Emotional costs of self-awareness* among those in therapy. Trainees in therapy also scored higher on both the *Warm* and *Guarded* styles. Although these findings may appear contradictory at first glance, they may reflect different aspects of relational development. Personal therapy may foster greater openness and emotional engagement, while also increasing awareness of personal boundaries, vulnerabilities, and interpersonal patterns (Mikulincer & Shaver, 2019). The relatively small differences between trainees who were and were not currently engaged in personal therapy are also in line with previous research suggesting that the value of personal therapy may depend less on participation itself than on what trainees take away from the experience (Messina *et al.*, 2018). This may explain why simply comparing trainees based on whether they were currently engaged in personal therapy revealed only modest differences.

Self-reported mental health difficulties: the findings indicate that higher levels of stress, anxiety, or depressive states were associated with greater *Emotional costs of self-awareness* and higher scores on the *Guarded* relational style; only anxiety was negatively associated with the *Warm* style. This suggests that psychological distress may be linked to both increased emotional costs of self-awareness and a more reserved relational stance. Previous work has shown that such challenges may also become part of trainees' reflective and professional development when appropriate support is available – for example, through supervision or personal therapy (Mikulincer & Shaver, 2019; Orlinsky & Rønnestad, 2005). The present findings are also consistent with previous research highlighting the close relationship between trainees' psychological well-being and their professional development (Heinonen *et al.*, 2022). Together, these findings suggest that psychological well-being forms an important part of trainees' relational and professional development rather than representing a separate aspect of the training process.

Limitations

Several limitations should be noted. First, the cross-sectional design does not allow us to make causal conclusions or to explore changes over time. Second, the study relied solely on self-report measures, which may make the findings susceptible to social desirability and response bias (Podsakoff *et al.*, 2003). In addition, the SAOQ (Sutton, 2016) assesses outcomes related to self-awareness rather than self-awareness itself. Another limitation concerns the exploratory factor analysis. Although the resulting relational styles were interpretable, the sample was relatively small given the number of relational characteristics included in the analysis (MacCallum *et al.*, 1999). Finally, mental health difficulties were included for exploratory purposes and were assessed using brief self-report items rather than validated measures.

Future research would benefit from longitudinal designs to examine how relational skills and self-awareness outcomes develop over the course of training. In addition, it might be valuable to explore these processes with more sensitive assessment strategies that do not rely solely on self-report, including observer-based, multi-method approaches, as well as qualitative, mixed-methods, or more complex quantitative approaches (de Felice *et al.*, 2019; de Felice *et al.*, 2020; Dennhag & Ybrandt, 2013; Evers *et al.*, 2019; Gelo *et al.*, 2009; Kuyken *et al.*, 2003; Orlinsky *et al.*, 2015). It would also be valuable to examine the relational styles identified in this study in larger and independent samples and to evaluate their factor structure using confirmatory factor analysis. Finally, future studies could use validated measures of mental health to examine whether the associations observed here can be replicated. Further work could also explore how different aspects of psychotherapy training, such as supervision and personal therapy, contribute to the development of relational skills and self-awareness.

Conclusions

In summary, this exploratory study contributes to a growing understanding of how relational styles and self-awareness outcomes are connected in psychotherapy trainees. The findings suggest that different ways of relating are associated with distinct patterns of reflective engagement and professional initiative, and point to the role of trainees' psychological experiences in shaping these processes. In this sense, relational styles and self-awareness outcomes appear closely connected to trainees' experiences of themselves during training. The findings also suggest that trainees may differ not only in the level of their relational skills, but also in their ways of relating. Paying attention to these differences during supervision, personal therapy, and experiential learning may help support trainees' relational development and self-awareness throughout psychotherapy training.

References

Ackerman, S. J., & Hilsenroth, M. J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review*, *23*(1), 1–33. doi: 10.1016/s0272-7358(02)00146-0

Andela, M., Auzoult, L., & Truchot, D. (2014). An exploratory study of self-consciousness and emotion-regulation strategies in health care workers. *Psychological Reports*, *115*(1), 106–114. doi: 10.2466/20.16.PR0.115c17z4

Anderson, T., Crowley, M. E. J., Himawan, L., Holmberg, J. K., & Uhlin, B. D. (2016). Therapist facilitative interpersonal skills and training status: A randomized clinical trial on alliance and outcome. *Psychotherapy Research*, *26*(5), 511–529. doi: 10.1080/10503307.2015.1049671

Anderson, T., Ogles, B. M., Patterson, C. L., Lambert, M. J., & Vermeersch, D. A. (2009). Therapist effects: Facilitative interpersonal skills as a predictor of therapist success. *Journal of Clinical Psychology*, *65*(7), 755–768. doi: 10.1002/jclp.20583

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, *55*(5), 469–480. doi: 10.1037/0003-066X.55.5.469

Bearse, J. L., McMinn, M. R., Seegobin, W., & Free, K. (2013). Barriers to psychologists seeking mental health care. *Professional Psychology: Research and Practice*, *44*(3), 150–157. doi: 10.1037/a0031182

Bennett-Levy, J. (2006). Therapist skills: A cognitive model of their acquisition and refinement. *Behavioural and Cognitive Psychotherapy*, *34*(1), 57–78. doi: 10.1017/S1352465805002420

Bennett-Levy, J. (2019). Why therapists should walk the talk: The theoretical and empirical case for personal practice in therapist training and professional development. *Journal of Behavior Therapy and Experimental Psychiatry*, 62, 133–145. doi: 10.1016/j.jbtep.2018.08.004

Bhola, P., & Mehrotra, K. (2021). Associations between countertransference reactions towards patients with borderline personality disorder and therapist experience levels and mentalization ability. *Trends in Psychiatry and Psychotherapy*, *43*(2), 116–125. doi: 10.47626/2237-6089-2020-0025

Bike, D. H., Norcross, J. C., & Schatz, D. M. (2009). Processes and outcomes of psychotherapists' personal therapy: Replication and extension 20 years later. *Psychotherapy: Theory, Research, Practice, Training*, *46*(1), 19–31. doi: 10.1037/a0015139

Brown, J. D. (2009). Choosing the right type of rotation in PCA and EFA. *Shiken: JALT Testing & Evaluation SIG Newsletter*, *13*(3), 20–25.

Charles, S. T., & Carstensen, L. L. (2010). Social and emotional aging. *Annual Review of Psychology*, *61*, 383–409. doi: 10.1146/annurev.psych.093008.100448

Chigwedere, C., Bennett-Levy, J., Fitzmaurice, B., & Donohoe, G. (2021). Personal practice in counselling and CBT trainees: The self-perceived impact of personal therapy and self-practice/self-reflection on personal and professional development. *Cognitive Behaviour Therapy*, *50*(5), 422–438. doi: 10.1080/16506073.2020.1846608

Clark, L. A., & Watson, D. (2019). Constructing validity: New developments in creating objective measuring instruments. *Psychological Assessment*, *31*(12), 1412–1427. doi: 10.1037/pas0000626

DaSilveira, A., DeSouza, M. L., & Gomes, W. B. (2015). Self-consciousness concept and assessment in self-report measures. *Frontiers in Psychology*, *6*, 930. doi: 10.3389/fpsyg.2015.00930

de Felice, G., Giuliani, A., Gelo, O. C. G., Mergenthaler, E., De Smet, M. M., Meganck, R., Paoloni, G., Andreassi, S., Schiepek, G. K., Scozzari, A., & Orsucci, F. F. (2020). What differentiates poor- and good-outcome psychotherapy? A statistical-mechanics-inspired approach to psychotherapy research, part two: Network analyses. *Frontiers in Psychology*, *11*, 788. doi: 10.3389/fpsyg.2020.00788

de Felice, G., Orsucci, F. F., Scozzari, A., Gelo, O., Serafini, G., Andreassi, S., Vegni, N., Paoloni, G., Lagetto, G., Mergenthaler, E., & Giuliani, A. (2019). What differentiates poor and good outcome psychotherapy? A statistical-mechanics-inspired approach to psychotherapy research. *Systems*, *7*(2), 22. doi: 10.3390/systems7020022

Dennhag, I., & Ybrandt, H. (2013). Trainee psychotherapists' development in self-rated professional qualities in training. *Psychotherapy*, *50*(2), 158–166. doi: 10.1037/a0033045

Elliott, R., Bohart, A. C., Watson, J. C., & Murphy, D. (2018). Therapist empathy and client outcome: An updated meta-analysis. *Psychotherapy*, *55*(4), 399–410. doi: 10.1037/pst0000175

Erikson, E. H. (1968). *Identity: Youth and crisis*. W.W. Norton & Company.

Eubanks, C. F., Muran, J. C., & Safran, J. D. (2018). Alliance rupture repair: A meta-analysis. *Psychotherapy*, *55*(4), 508–519. doi: 10.1037/pst0000185

Evers, O., Schröder-Pfeifer, P., Möller, H., & Taubner, S. (2019). How do personal and professional characteristics influence the development of psychotherapists in training: Results from a longitudinal study. *Research in Psychotherapy: Psychopathology, Process and Outcome*, *22*(3), 389–401. doi: 10.4081/ripppo.2019.424

Evers, O., Schröder-Pfeifer, P., Möller, H., & Taubner, S. (2022). The competence development of German psychotherapy trainees: A naturalistic, longitudinal and multidimensional outcome study. *Psychotherapy Research*, *32*(4), 539–553. doi: 10.1080/10503307.2021.1950939

Fenigstein, A., Scheier, M. F., & Buss, A. H. (1975). Public and private self-consciousness: Assessment and theory. *Journal of Consulting and Clinical Psychology*, *43*(4), 522–527. doi: 10.1037/h0076760

Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy*, *55*(4), 316–340. doi: 10.1037/pst0000172

Fouad, N. A., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutchings, P. S., Madson, M. B., Collins, F. L., Jr., & Crossman, R. E. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology*, *3*(4 Suppl.), S5–S26. doi: 10.1037/a0015832

Geller, S. M., & Greenberg, L. S. (2012). *Therapeutic presence: A mindful approach to effective therapy*. American Psychological Association.

Geller, S. M., Greenberg, L. S., & Watson, J. C. (2010). Therapist and client perceptions of therapeutic presence: The development of a measure. *Psychotherapy Research*, *20*(5), 599–610. doi: 10.1080/10503307.2010.495957

Gelo, O., Braakmann, D., & Benetka, G. (2009). "Quantitative and qualitative research: Beyond the debate": Erratum. *Integrative Psychological and Behavioral Science*, *43*(4), 406–407. doi: 10.1007/s12124-009-9107-x

Gelo, O. C. G., Lagetto, G., Dinoi, C., Belfiore, E., Lombi, E., Blasi, S., Aria, M., & Ciavolino, E. (2020a). Correction to: Which methodological practice(s) for psychotherapy science? A systematic review and a proposal. *Integrative Psychological and Behavioral Science*, *54*(1), 249–250. doi: 10.1007/s12124-019-09502-6

Gelo, O. C. G., Lagetto, G., Dinoi, C., Belfiore, E., Lombi, E., Blasi, S., Aria, M., & Ciavolino, E. (2020b). Which methodological practice(s) for psychotherapy science? A systematic review and a proposal. *Integrative Psychological and Behavioral Science*, *54*(1), 215–248. doi: 10.1007/s12124-019-09494-3

Gelo, O. C. G., Ziglio, R., Armenio, S., Fattori, F., & Pozzi, M. (2016). Social representation of therapeutic relationship among cognitive-behavioral psychotherapists. *Journal of Counseling Psychology*, *63*(1), 42–56. doi: 10.1037/cou0000104

Gelso, C. J., & Hayes, J. A. (1998). *The psychotherapy relationship: Theory, research, and practice*. John Wiley & Sons Inc.

Gennaro, A., Gelo, O. C. G., Lagetto, G., & Salvatore, S. (2019). A systematic review of psychotherapy research topics (2000–2016): A computer-assisted approach. *Research in Psychotherapy: Psychopathology, Process and Outcome*, *22*(3), 464–477. doi: 10.4081/ripppo.2019.429

Gergen, K. J. (2009). *Relational being: Beyond self and community*. Oxford University Press.

Giordano, F., Guidotti, S., Salerno, C., Pruneti, C., & Gelo, O. C. G. (2025). Impact of personality traits, coping styles, and anger on psychological symptoms of patients with arterial hypertension. *Research in Psychotherapy: Psychopathology, Process and*

Outcome, 28(2), 867. doi: 10.4081/ripppo.2025.867

Greenberg, L. S., & Pascual-Leone, A. (2006). Emotion in psychotherapy: A practice-friendly research review. *Journal of Clinical Psychology*, *62*(5), 611–630. doi: 10.1002/jclp.20252

Hatcher, R. L. (2015). Interpersonal competencies: Responsiveness, technique, and training in psychotherapy. *American Psychologist*, *70*(8), 747–757. doi: 10.1037/a0039803

Hayes, J. A., Gelso, C. J., & Hummel, A. (2011). Managing countertransference. *Psychotherapy*, *48*(1), 88–97. doi: 10.1037/a0022182

Heinonen, E., & Nissen-Lie, H. A. (2020). The professional and personal characteristics of effective psychotherapists: A systematic review. *Psychotherapy Research*, *30*(4), 417–432. doi: 10.1080/10503307.2019.1620366

Heinonen, E., & Orlinsky, D. E. (2013). Psychotherapists' personal identities, theoretical orientations, and professional relationships: Elective affinity and role adjustment as modes of congruence. *Psychotherapy Research*, 23(6), 718–731. doi: 10.1080/10503307.2013.814926

Heinonen, E., Orlinsky, D. E., Willutzki, U., Rønnestad, M. H., Schröder, T., Messina, I., Löffler-Stastka, H., & Hartmann, A. (2022). Psychotherapist trainees' quality of life: Patterns and correlates. *Frontiers in Psychology*, *13*, 864691. doi: 10.3389/fpsyg.2022.864691

Hill, C. E., Sullivan, C., Knox, S., & Schlosser, L. Z. (2007). Becoming psychotherapists: Experiences of novice trainees in a beginning graduate class. *Psychotherapy: Theory, Research, Practice, Training*, *44*(4), 434–449. doi: 10.1037/0033-3204.44.4.434

Hill, K., Wittkowski, A., Hodgkinson, E., Bell, R., & Hare, D. J. (2016). Using the repertory grid technique to examine trainee clinical psychologists' construal of their personal and professional development. *Clinical Psychology & Psychotherapy, 23*(5), 425–437. doi: 10.1002/cpp.1961

Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy*, *48*(1), 9–16. doi: 10.1037/a0022186

Jennings, L., & Skovholt, T. M. (1999). The cognitive, emotional, and relational characteristics of master therapists. *Journal of Counseling Psychology*, *46*(1), 3–11. doi: 10.1037/0022-0167.46.1.3

Knapp, S., Gottlieb, M. C., & Handelsman, M. M. (2017). Enhancing professionalism through self-reflection. *Professional Psychology: Research and Practice*, *48*(3), 167–174. doi: 10.1037/pro0000135

Kunzmann, U., & Grühn, D. (2005). Age differences in emotional reactivity: The sample case of sadness. *Psychology and Aging*, *20*(1), 47–59. doi: 10.1037/0882-7974.20.1.47

Kuyken, W., Peters, E., Power, M. J., & Lavender, T. (2003). Trainee clinical psychologists' adaptation and professional functioning: A longitudinal study. *Clinical Psychology & Psychotherapy*, *10*(1), 41–54. doi: 10.1002/cpp.350

Levinson, D. J. (1986). A conception of adult development. *American Psychologist*, *41*(1), 3–13. doi: 10.1037/0003-066X.41.1.3

Lohani, G., & Sharma, P. (2023). Effect of clinical supervision on self-awareness and self-efficacy of psychotherapists and counselors: A systematic review. *Psychological Services*, *20*(2), 291–299. doi: 10.1037/ser0000693

Longley, M., Kästner, D., Daubmann, A., Hirschmeier, C., Strauß, B., & Gumz, A. (2023). Prospective psychotherapists' bias and accuracy in assessing their own facilitative interpersonal skills. *Psychotherapy*, *60*(4), 525–535. doi: 10.1037/pst0000506

MacCallum, R. C., Widaman, K. F., Zhang, S., & Hong, S. (1999). Sample size in factor analysis. *Psychological Methods*, *4*(1), 84–99. doi: 10.1037/1082-989X.4.1.84

Macran, S., & Shapiro, D. A. (1998). The role of personal therapy for therapists: A review. *British Journal of Medical Psychology*, *71*(1), 13–25. doi: 10.1111/j.2044-8341.1998.tb01364.x

Macran, S., Stiles, W. B., & Smith, J. A. (1999). How does personal therapy affect therapists' practice? *Journal of Counseling Psychology*, *46*(4), 419–431. doi: 10.1037/0022-0167.46.4.419

Malikiosi-Loizos, M. (2013). Personal therapy for future therapists: Reflections on a still debated issue. *The European Journal of Counselling Psychology*, *2*(1), 33–50. doi: 10.5964/ejcop.v2i1.4

McWilliams, N. (2004). *Psychoanalytic psychotherapy: A practitioner's guide.* The Guilford Press.

Messina, I., Gelo, O. C. G., Sambin, M., Bianco, F., Mosconi, A., Fenelli, A., Curto, M., Gullo, S., & Orlinsky, D. (2018). Trainees' self-evaluation of their development as psychotherapists: An Italian contribution to an international collaborative study on psychotherapy training. *Clinical Psychology & Psychotherapy*, *25*(2), 338–347. doi: 10.1002/cpp.2165

Messina, I., & Trimoldi, G. (2024). Shaping psychotherapy trainees' potential: insights from training program directors. *Research in Psychotherapy: Psychopathology, Process and Outcome*, *27*(2), 799. doi: 10.4081/ripppo.2024.799

Mikulincer, M., & Shaver, P. R. (2019). Attachment orientations and emotion regulation. *Current Opinion in Psychology*, *25*, 6–10. doi: 10.1016/j.copsyc.2018.02.006

Mikulincer, M., Shaver, P. R., & Berant, E. (2013). An attachment perspective on therapeutic processes and outcomes. *Journal of Personality*, *81*(6), 606–616. doi: 10.1111/j.1467-6494.2012.00806.x

Nissen-Lie, H. A., Monsen, J. T., Ulleberg, P., & Rønnestad, M. H. (2013). Psychotherapists' self-reports of their interpersonal functioning and difficulties in practice as predictors of patient outcome. *Psychotherapy Research*, *23*(1), 86–104. doi: 10.1080/10503307.2012.735775

Norcross, J. C. (2005). The psychotherapist's own psychotherapy: Educating and developing psychologists. *American Psychologist*, *60*(8), 840–850. doi: 10.1037/0003-066X.60.8.840.

Norcross, J. C., & Lambert, M. J. (2011). Evidence-based therapy relationships. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed., pp. 3–21). Oxford University Press. doi: 10.1093/acprof:oso/9780199737208.003.0001

Norcross, J. C., & Lambert, M. J. (2018). Psychotherapy relationships that work III. *Psychotherapy: Theory, Research, Practice, Training*, *55*(4), 303–315. doi: 10.1037/pst0000193

Orlinsky, D. E., Grawe, K., & Parks, B. K. (1994). Process and outcome in psychotherapy —Noch einmal. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behaviour change* (4th ed., pp. 270–376). John Wiley & Sons Inc.

Orlinsky, D. E., & Rønnestad, M. H. (2005). *How psychotherapists develop: A study of therapeutic work and professional growth*. American Psychological Association. doi: 10.1037/11157-000

Orlinsky, D. E., Rønnestad, M. H., Hartmann, A., Heinonen, E., & Willutzki, U. (2020). The personal self of psychotherapists: Dimensions, correlates, and relations with clients. *Journal of Clinical Psychology*, *76*(3), 461–475. doi: 10.1002/jclp.22876

Orlinsky, D. E., Rønnestad, M. H., Willutzki, U., Schröder, T. A., Heinonen, E., Löffler-Stastka, H., Messina, I., Pirke, J., &

Hartmann, A. (2024). Healing involvement and stressful involvement experienced by psychotherapy trainees: Patterns, correlates and perceived development. *Counselling and Psychotherapy Research, 24*(4), 1442–1453. doi: 10.1002/capr.12788

Orlinsky, D. E., Schofield, M. J., Schroder, T., & Kazantzis, N. (2011). Utilization of personal therapy by psychotherapists: a practice-friendly review and a new study. *Journal of Clinical Psychology*, *67*(8), 828–842. doi: 10.1002/jclp.20821

Orlinsky, D. E., Strauss, B., Rønnestad, M. H., Hill, C. E., Castonguay, L. G., Willutzki, U., Hartmann, A., Taubner, S., & Carlsson, J. (2015). A collaborative study of development in psychotherapy trainees. *Psychotherapy Bulletin*, *50*(4), 21–25.

Podolan, M., & Gelo, O. C. G. (2024). The role of safety in change-promoting therapeutic relationships: An integrative relational approach. *Clinical Neuropsychiatry*, *21*(5), 403–417. doi: 10.36131/cnfioritieditore20240505

Podsakoff, P. M., MacKenzie, S. B., Lee, J.-Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: A critical review of the literature and recommended remedies. *Journal of Applied Psychology*, *88*(5), 879–903. doi: 10.1037/0021-9010.88.5.879

Robinson, N. L., Schweitzer, R. D., & O'Connor, E. L. (2019). Early reflections on becoming a therapist: Development of reflective practice in clinical training programmes in an Australian context. *Counselling and Psychotherapy Research*, *19*(4), 388–398. doi: 10.1002/capr.12255

Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, *30*(1), 5–44. doi: 10.1023/A:1025173508081

Rønnestad, M. H., & Skovholt, T. M. (2013). *The developing practitioner: Growth and stagnation of therapists and counselors.* Routledge.

Schöttke, H., Flückiger, C., Goldberg, S. B., Eversmann, J., & Lange, J. (2017). Predicting psychotherapy outcome based on therapist interpersonal skills: A five-year longitudinal study of a therapist assessment protocol. *Psychotherapy Research*, *27*(6), 642–652. doi: 10.1080/10503307.2015.1125546

Strauß, B., & Taeger, D. (2021). Untersuchungen zur „Wirkung" von Selbsterfahrung in der Psychotherapieausbildung – Ein systematisches Review [Effects of personal therapy during psychotherapy training—A systematic review]. *Psychotherapie, Psychosomatik, Medizinische Psychologie*, *71*(12), 489–498. doi: 10.1055/a-1499-8115

Sutton, A. (2016). Measuring the effects of self-awareness: Construction of the Self-Awareness Outcomes Questionnaire. *Europe's Journal of Psychology*, *12*(4), 645–658. doi: 10.5964/ejop.v12i4.1178

Tilkidzhieva, E., Gelo, O. C. G., Gullo, S., Orlinsky, D. E., Mörtl, K., & Fiegl, J. (2019). Self-concept of relational skills in psychotherapy trainees: A pilot study. *Counselling and Psychotherapy Research*, *19*(3), 311–320. doi: 10.1002/capr.12217

Tilkidzhieva, E., Gullo, S., Fiegl, J., & Gelo, O. C. G. (2026). Trajectory of change of relational skills in psychotherapy trainees: A longitudinal study. [Manuscript in preparation].

Trapnell, P. D., & Campbell, J. D. (1999). Private self-consciousness and the five-factor model of personality: Distinguishing rumination from reflection. *Journal of Personality and Social Psychology*, *76*(2), 284–304. doi: 10.1037/0022-3514.76.2.284

Trimoldi, G., Sambin, M., Spataro, P., Gagliardini, G., & Messina, I. (2026). Developing relational competence in psychotherapy training: a qualitative study of trainees' perspectives. *Research in Psychotherapy: Psychopathology, Process and Outcome*, *29*(1), 890. doi: 10.4081/ripppo.2026.890

van Rijn, B., Wild, C., Fowlie, H., Sills, C., & van Beekum, S. (2011). Impact of transactional analysis psychotherapy training on self-awareness and ability for contact. *International Journal of Transactional Analysis Research & Practice*, *2*(1), 16–24. doi: 10.29044/v2i1p16

von Haenisch, C. (2011). How did compulsory personal therapy during counselling training influence personal and professional development? *Counselling and Psychotherapy Research*, *11*(2), 148–155. doi: 10.1080/14733145.2010.485693

Zimmermann, P., & Iwanski, A. (2014). Emotion regulation from early adolescence to emerging adulthood and middle adulthood: Age differences, gender differences, and emotion-specific developmental variations. *International Journal of Behavioral Development*, *38*, 182–194. doi: 10.1177/0165025413515405

Received: 30 April 2026; Accepted: 24 July 2026.

Citation: Tilkidzhieva, E., Gullo, S., Fiegl, J., Jesser, A., & Gelo, O. G. G., (2026). Relational skills and self-awareness outcomes in psychotherapy trainees. *Research in Psychotherapy: Psychopathology, Process and Outcome, 29*(2), 898. doi: 10.4081/ripppo.2026.898

Contributions: Elitsa Tilkidzhieva: conceptualization, data curation, formal analysis, investigation, methodology, visualization, writing – original draft, writing – review & editing; Salvatore Gullo: conceptualization, data curation, formal analysis, investigation, methodology, supervision, visualization, writing – original draft, writing – review & editing; Jutta Fiegl, Andrea Jesser: conceptualization, investigation, writing – review & editing; Omar Carlo Gioacchino Gelo: conceptualization, data curation, formal analysis, investigation, methodology, project administration, supervision, writing – original draft, writing – review & editing. All authors have read and approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

Conflict of interest: the authors declare that they have no conflict of interest.

Ethics approval and consent to participate: this study was approved by the Ethics Committee of Sigmund Freud University, Vienna. All participants provided informed consent prior to participation.

Availability of data and materials: the data supporting the findings of this study are available from the corresponding author upon reasonable request.