

THE PERSONAL STYLE OF THE THERAPIST IN CHILEAN AND ITALIAN PROFESSIONALS

EL ESTILO PERSONAL DEL TERAPEUTA EN PROFESIONALES CHILENOS E ITALIANOS

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Abstract

The Personal Style of the Therapist (PST) is a multidimensional construction that is present in every therapeutic process. Aim. Study the differences between Italian and Chilean cognitive post-rationalist therapists in the therapist's style. Method: A cross-sectional analysis was conducted to compare therapists in the five dimensions of PST-Q. For this purpose, a t-test was applied. The PST-Q questionnaire was administered to a total sample of 63 cognitive post-rationalist therapists of both nationalities. Results. Statistically significant differences were found between the age of the therapists in the expressive ($p < 0.05$) and involvement ($p < 0.05$) functions. Conclusion: In the five functions evaluated by PST, only significant differences were found for the expressive function, when compared by nationality.

Keywords: Personal style of the therapist, Cognitive post-rationalist psychotherapy, research, culture.



Resumen

El estilo personal del terapeuta (PST) es una construcción multidimensional que está presente en cada proceso terapéutico. Objetivo. Estudiar las diferencias entre los terapeutas cognitivos post-racionalistas italianos y chilenos en el estilo personal del terapeuta. Método. Se realizó un análisis transversal para comparar terapeutas en las cinco dimensiones de EPT. Para este propósito, se aplicó una prueba t. El cuestionario EPT-C se administró a una muestra total de 63 terapeutas cognitivos post-racionalistas de ambas nacionalidades. Resultados. Se encontraron diferencias estadísticamente significativas entre la edad de los terapeutas en las funciones expresiva ($p < 0.05$) e involucración ($p < 0.05$). Los terapeutas italianos mostraron una media significativamente mayor en la función expresiva. Conclusión. En las cinco funciones evaluadas por ETP solo se encontraron diferencias significativas para la función expresiva, cuando se comparó por nacionalidad.

Palabras clave: Estilo personal del terapeuta, psicoterapia Cognitiva Post-racionalista, investigación, cultura.

Introduction

We currently have research and significant findings on the variables involved in the process and the outcome of psychotherapy. A set of knowledge that has been achieved through various studies: focused on the therapist, the patient, and the therapeutic relationship (Beutler et al., 2004; García and Fernández-Alvarez, 2007; Orlinsky, Grawe, & Parks, 1994; Orlinsky and Howard, 1986; Quiñones, Ceric, Ugarte, & Pascale, 2017; Quiñones, Ceric, & Ugarte, 2015; Quiñones, Melipillán, & Ugarte, 2012; Quiñones, Ugarte, Ceric, García, & Santibáñez, 2019; Wampold, 2015; Wampold and Imel, 2015).

It is crucial to understand and assume that psychotherapy is carried out in a given culture. Culture refers to the common ways in which individuals interpret the meaning of themselves and their possible worlds (Bruner, 1988, 1991; La Roche and Christopher, 2009). Members of the same culture share knowledge, music, values, beliefs, customs, rituals, and history, among other things. All this dynamic of cultural elements creates a shared sense of identity and common and public meanings. More specifically, Marsella and Yamada (2010), in their effort to discern the link between culture and human behaviour, defined culture as follows:

Culture is shared learned behavior and meanings that are socially transmitted for purposes of adjustment and adaptation. Culture is represented externally in artifacts (e.g., food, clothing, music), roles (e.g., the social formation), and institutions (e.g., family, government). It is represented internally (i.e., cognitively, emotionally) by values, attitudes, beliefs, epistemologies, cosmologies, consciousness patterns, and notions of personhood. Culture is coded verbally, imagistically, proprioceptively, viscerally, and emotionally resulting in different experiential structures and processes (2010, p.105).

Added to the above, it is also essential to emphasize that the content of cognition is always intersubjective and, in this sense, the cultural sensitivity of Homo Sapiens is of the most considerable relevance in meaning expressed mainly through narratives and being with others in the construction of meaning (Quiñones, 2013). As an example of how culture influences the processing of information and meaning, Cai et al. (2007) stress that there is a consensus on the nature of cultural differences in self-esteem; the authors indicate the following facts: (a) people all over the world strive to feel good about themselves; (b) cultures dictate what qualities people should have to feel good about themselves; (c) Asian people score lower on self-esteem scales than Westerners; (d) these differences arise because Asians assess their characteristics less positively, not because they like them less than Westerners; and (e) cultural differences in self-assessments depend, at least in part, the cultural differences in the standards of modesty. In such a context of cultural differences, we are interested in the study of the therapist and how possible differences can affect his style of work in psychotherapy.

The focus of our research is the personal style of the therapist. The Personal Style of the Therapist is a multidimensional construct and is a component of all

therapeutic process (Fernández-Álvarez, García, Lo Bianco, & Corbella, 2003; Fernández-Álvarez, García, & Schreb, 1998):

The construct is defined by Héctor Fernández Álvarez et al. (11): “The personal style of the therapist (PST) has been defined as a set of singular conditions which lead a therapist to operate in a particular way in his/her work (Fernández-Alvarez, in press). This refers to the normal characteristics which each therapist imprint on his work as a result of his peculiar way of being, regardless of the work focus he uses and the specific requirements demanded by his intervention” (p. 353).

Today, there are about 48 publications that have used the PST-Q questionnaire (Fernández Álvarez & García, 2019). Moreover, according to the guidelines, the research shows the following:

- a) Psychoanalyst therapists present lower scores in the attentive and operational dimensions (open care and less patterned treatments) and low scores in the expressive dimension (less close) (Fernández-Álvarez, García, Lo Bianco, & Corbella, 2000) and involvement dimension (Casari, Albanesi, & Maristany, 2013; Castañeiras, Ledesma, García, & Fernández-Álvarez, 2008; Fernández-Álvarez et al., 2000).
- b) Cognitive therapists (rationalists) would be more directive in their style and more emotionally distant (Vides-Porras, Grazioso, & García de la Cadena, 2012). Sample of 101 therapists, in which 13.9% were identified as cognitive, and 7.9% were classified as cognitive-humanist. They do not include post-rationalist oriented therapists.
- c) Systemic therapists present higher scores in the style of involvement and preference for less standard treatments (Vides-Porras et al., 2012).
- d) In a sample of 60 therapists of three orientations: 20 psychoanalysts, 20 cognitive and 20 integrative. However, the small sample size of the groups reported a profile with significant differences, and therefore characteristics, according to therapists, are cognitive, integrative, or psychoanalytic (Vázquez and Gutiérrez de Vázquez, 2015).
- e) In a sample of 67 therapists compared post-rationalist and systemic orientation (Quiñones et al., 2019). A t-test of mean comparison (bilateral) was performed to determine whether there are significant differences in the scores of both groups in the various functions of the PTS-Q. The analysis showed that post-rationalist and systemic therapists present statistically significant differences in two functions. Attentive function ($t = -2.541$; $p < 0.05$ and a size of the effect $r = 0.296$) and operative function $t = -2.253$; $p < 0.05$ and a size of the effect $r = 0.267$). In both cases, a small effect size is evident. In the other functions, there are slight differences in the scores that are not enough to be significant.

In this context, it is noteworthy that the PST-Q questionnaire is validated in different languages, which shows good sensitivity of the psychometric instrument

(Da Silva, Tellet, Fernández-Álvarez, & García, 2006; García y Fernández-Álvarez, 2007; Lee, Neymar, & Rice, 2013; Prado-Abril et al., 2019; Vides-Porra et al., 2012). Added to the above, we find only one reference that addresses a multicultural comparison with PST-Q presented at a congress and which has not been published to date (García, Castañoerias, Rial, & Fernández-Álvarez, 2005).

This study will evaluate the differences between the functions of PST-Q between Chilean and Italian therapists. This is based on the fact that emotional expression is situated in a cultural setting. Emotional expression in Italy is different from the expression of emotions in Chile. While it is true, according to our database search, there are no studies that show a comparison of emotional expression between Chileans and Italians. In our view, the possible difference has to do with the fact that the expressive dimension of PST-Q should reflect this difference.

The objective of this research was to evaluate whether there are differences in the functions of the Personal Style of Therapist (PST-Q), according to the sex, age, and nationality of Chilean and Italian Cognitive Post-rationalist therapists.

The central research hypothesis that led to this paper was that there are differences in the expressive function of the Personal Style of the Therapist.

Lastly, it is noteworthy that this research, as revised in different databases (WoS, ScieLo, Psychoinfo, MEDLINE, EBSCO), is the second study that investigates therapists of the cognitive post-rationalistic school in the construct style Therapist, using the PST questionnaire. Notably, the first published study is a comparison of two schools, post-rational therapists and systemic therapists (Quiñones et al., 2019). In the same way, this study is the first one that investigates the same psychotherapeutic school in two countries with different languages: Italy and Chile.

Method

For this study, a comparative analysis of descriptive-correlational scope was carried out through a non-experimental and cross-sectional design. The sampling was not probabilistic of an intentional type.

Participants were selected according to the following inclusion criteria: a) psychologists who exercise psychotherapy; b) they have the training, and they are called belonging to the cognitive Post-rationalist orientation. All participants were volunteers and followed standard protocols of ethics, such as signing informed consent.

Instruments

The personal style of the therapist was evaluated with the version of the evaluation questionnaire of the Personal Style of the Therapist –PST-Q (Fernández-Álvarez and García, 1998; Fernández-Álvarez et al., 2003) validated in Chile by Quiñones et al. (2010). PST-Q is a self-administered instrument consisting of 36 items presented as assertions to which each therapist must respond according to their degree of agreement on a Likert scale, ranging from 1 (*totally disagreeable*)

to 7 (*totally agree*). The 36 items are grouped into the following five functions:

- a) Instructional function [flexibility-rigidity]: This refers to the establishment of the therapeutic framework and the professional's attitude towards limits.
- b) Expressive function [distance-proximity]: This refers to emotional expressiveness. It shows the emotional intensity of the emotional exchanges that occur in the psychotherapeutic process.
- c) Involvement function [lower degree-higher degree]: This refers to the degree of commitment that the psychotherapist experiences with his work and the relationship with the rest of the vital areas.
- d) Attentive function [broad-focused]: Related to the search for information that can be focused or open.
- e) Operative function [spontaneously-scheduled]: It refers to the actions carried out by the therapist to specific therapeutic interventions. It allows differentiating professionals with a directive attitude versus spontaneous attitude in relation to the interventions.

The questionnaire presented adequate reliability and temporal stability (4-month test-retest) for the five functions (Fernández-Álvarez et al., 2003).

Specifically, in terms of reliability, the original version created in Argentina (Fernández-Álvarez et al., 2003) presented adequate levels, with Cronbach's Alfa values among .69 (instructional function) to .80 (attentional function). In Chilean therapists, the reliability values, according to Alfa de Cronbach, were equal to or greater than .75, except for the involvement function, which obtained an alpha of .68 (Quiñones et al., 2010). Finally, in Italian therapists, the reliability oscillated between the values .61 (attention function) to .74 (expressive function) (Cimbolli, Quiñones, Ugarte, & Ceric, 2017).

Sociodemographic and vocational training questionnaire: An ad hoc questionnaire was created for the present research, both in Spanish and Italian, through which data were recorded such as age, sex, years of experience, academic degree, and therapeutic approach, the context of professional exercise and accreditation as a clinical psychologist.

Procedure

First, a form was made with the names of the therapists known to researchers who were trained in the Post-rationalistic cognitive approach. In the second place, an invitation was sent in Spanish and Italian through e-mails to psychotherapists in Chile and Italy. In the Spanish and Italian e-mail, the investigation was described, and they were provided with the link containing informed consent, a “demographic questionnaire, and vocational training” and the PST-Q validated questionnaire in Chile (Quiñones, et al., 2010) and adapted in Italy (Cimbolli et al., 2017). The answers evacuated in the online form are received automatically in an Excel spreadsheet. Once received the answers of the therapists, the Excel spreadsheet was passed to the statistical software SPSS v. 21 to proceed to its debugging and statistical analysis.

Statistical analysis

First, the descriptive analyses of the instrument and the sample under study were performed. Also, the internal consistency of the PST-Q functions for this sample was analyzed. The variables were described as normal. The Student t-test was then used to analyze the sex relationship and functions of PST-Q. To analyze the relationship between the age of therapists and the functions of PST-Q, Pearson's correlation was applied, and finally, to study the relationship between nationality (cultural aspect) and the functions of PST-Q, a t-test was performed.

Result

Descriptive statisticians

The study involved a total of 63 therapists, of which 62% ($n = 39$) were women and 38% ($n = 24$) men, with an age range of 27 to 72 years, with an average of 44 years ($SD = 11.09$), with an age range between 27 and 72 years. 54% of therapists were Chilean ($n = 34$).

The 63 therapists are of post-rationalist cognitive orientation. As for the level of experience, the average of years the professional practice group of post-rationalist Chilean therapists was 12.01 years ($SD = 9.98$), and 14.93 years ($SD = 10.78$) in Italian therapists.

The 67.6% ($n = 23$) of the group of post-rationalist cognitive therapists in Chile exercise mostly in private care and the rest in the public sector. For the group of Italian post-rationalist therapists, it is evident that 72.4% ($n = 21$) do so in private care (See table 1).

Table 1. *Sample description.*

Group	<i>n</i>	Age M(DE)	Sex (% woman)	Years of practice M(DE)	Post-rationalist training	Practice (% private)	Qualification %
Italians	29	47.55 (10.37)	76%	14.93 (10.78)	100%	72.4%	65%
Chileans	34	42.98 (11.85)	50%	12.01 (9.98)	100%	67.6%	24%

The reliability of the instrument for the present sample was evaluated using Alfa by Cronbach, obtaining alpha of 0.613 for the attentional function, 0.646 for the expressive function, 0.669 for the instructional function, 0.626 for the involvement function, and 0.636 for operational function. The statistics for the instrument are presented in table 2.

Table 2. *Descriptive of the instrument.*

PST-Q functions	Min.	Max.	M	DE
Instructional	18	48	32.57	6.70
Attentional	6	27	18.01	4.32
Expressive	23	63	42.65	9.07
Involved	13	40	26.14	6.10
Operative	8	40	22.41	6.54

Sociodemographic variables and functions of ETP-C

It was evaluated if there were significant differences in the functions of PST-Q by sex, a t-test was used. The results show no significant differences in the five functions of PST-Q by sex (see table 3).

Table 3. *Student t-test by sex of post-rationalist therapists.*

PST-Q functions	Men M (DE)	Woman M(DE)	t(p)
Instructional	31.70 (7.5)	33.10 (6.1)	-.799 (.42)
Attentional	18.41 (5.3)	17.76 (3.5)	.522 (.60)
Expressive	43.54 (9.1)	42.10 (9.0)	.608 (.54)
Involved	26.04 (6.8)	26.20 (5.6)	-.102 (.91)
Operative	23.37 (6.8)	21.82 (6.3)	.914 (.36)

On the other hand, the relationship between the functions of PST-Q and the age of the therapists was evaluated; for this, the Pearson correlation was applied. The analyses showed that age was directly and significantly associated with the expressive function ($r = .26$; $p = .040$) and inversely and significantly to instructional function ($r = -.289$; $p < .022$) (see table 4).

Table 4. *Correlations between age and PST-Q functions.*

Variables	1	2	3	4	5	6
1. Age	1					
2. Instructional	-.289*	1				
3. Attentional	.061	.259*	1			
4. Expressive	.260*	-.252*	-.170	1		
5. Involved	-.022	-.126	-.150	.448**	1	
6. Operative	-.150	.319*	.465**	-.190	-.271*	1

Note: * $p < 0.05$; ** $p < 0.01$.

Comparison of groups according to 5 constituent functions of the PST-Q

A t-test was performed to compare averages and determine if there are significant differences in the scores of both groups in the different functions of the PST-Q (see table 5 and figure 1). This analysis showed significant differences, only for the expressive function ($t = -3.02$ and $p = 0.004$), where the Italian therapists present an average higher than the Chilean ($M = 46.17$ vs. $M = 39.64$).

Table 5. *The t-test according to the nationality of post-rationalist therapists.*

Variable	Italians therapist M (DE)	Chileans therapist M(DE)	t(p)	d (r)
Instructional	31.5 (4.22)	33.4 (8.21)	-1.21 (.25)	-
Attentional	17.3 (2.39)	18.5 (5.44)	1.14 (.26)	-
Expressive	46.1 (7.72)	39.6 (9.16)	-3.02 (.004)	.7 (.35)
Involved	27.7 (5.39)	24.7 (6.42)	-1.94 (.057)	-
Operative	21.2 (4.47)	23.3 (7.83)	1.33 (.18)	-

On the other hand, it is noted that the involvement function showed a difference close to the statistical significance between the groups.

As shown in figure 1, the differences in means are observed in the functions: directive attitude, attentive, expressive, involved, and operative.

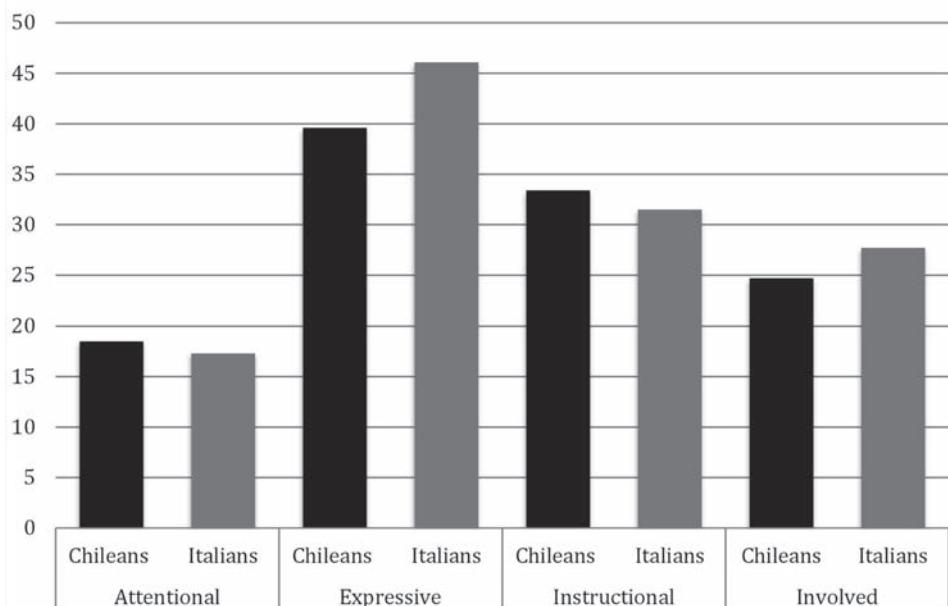


Figure 1: Averages by a function of PST-Q.

Discussion

The general objective of the research was to determine if there are differences in the functions of the Personal Style of Therapist (PST) according to the sex, age, and nationality of Chilean and Italian Cognitive Post-rationalist psychotherapists.

Concerning differences in PST-Q functions by sex, our results show no significant differences in the five PST-Q functions. It is noteworthy that our results do not coincide with what was reported by Castañeiras et al. (2008), who found that male therapists present more focused attention (attention function).

In terms of differences in PST-Q functions by the age of therapists, our results show that age was directly and significantly associated with the expressive function ($r = 0.26$; $p = 0.040$) and inversely and significantly associated with the instructional function ($r = -.289$; $p < 0.022$). These results do not coincide with what was reported in Castañeiras et al. (2008) since they reported that the age was related to a minor of the attention and operational functions.

About the differences in the functions of PST-Q and the nationality of the therapists, our results show significant differences only for the Expressive function ($t = 3.02$ and $p = 0.004$), where the Italian therapists presented an average superior to the Chilean. This result confirms the research hypothesis that there are differences in the expressive function of the Personal Style of the Therapist.

Our research also points to the importance of considering the cultural variable. In particular, it supports that psychotherapy is carried out in a given culture and should incorporate sensitivity and perspective of cultural differences in the processing of information and construction of meaning. So our research shows that cultural differences can affect the therapist's style. In this sense, the results show us how the construct behaves in two samples of therapists who ascribe to the same training school. While it is true, this is not generalizable. Our results have a theoretical value that gives a renewed perspective to analyse how culture is involved in the exercise of psychotherapy.

A first limitation to consider of the present research is that the composition of the sample is 62% female. Today we know that emotional processing and gender difference must be considered as it is a subject that remains open to research and debate in the light of evidence (Staczan et al., 2017).

A second limitation to consider is the size of the sample and the type of sampling. The latter implies that our results can be applied only to the sample analyzed and cannot be generalized.

And finally, as for the lines of future research, it is visualized as relevant to continue making comparisons of the Personal Style of the Therapist construct in different cultures, together with the evaluation of other constructs that may be moderating possible differences, such as personality traits.

Conflicts of interest

The authors declare that there are no conflicts of interest.

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