

The significance of the personality traits of schizophrenic patients and their therapists for the therapeutic relationship

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Summary

Aim. To analyse: 1) the associations between the therapists' and patients' assessments of the relationship, 2) the relationship between the personality traits of the therapists the personality traits of the patients and their assessments of the relationship, 3) the relationship between age, sex and the personality traits of both groups and their assessment of the relationship.

Methods. 34 patients in long-term psychotherapy and their 11 therapists were investigated. The Dyadic Therapist-Patient Relationship Questionnaire, The Costa and McCraee's NEO-FFI Personality Inventory, Pearson coefficients of correlation and the regression analysis were used.

Results. The therapists' sense of professionalism was associated with the patients' acceptance of them ($p = 0.032$). Therapists in whom the traits of Extroversion and Openness were more prominent accepted their patients more often ($p = 0.006$; $p = 0.041$), felt more professional ($p = 0.000$; $p = 0.023$) and more rarely felt uncertain in the relationship ($p = 0.013$; $p = 0.048$). Patients in whom the trait of Conscientiousness was more prominent more rarely rejected therapists ($p = 0.004$) or perceived them as uncertain ($p = 0.007$). A higher level of Neuroticism in patients was associated with greater uncertainty in the relationship on the part of therapists ($p = 0.039$).

Conclusions. 1) Extroversion and Openness of therapists are associated with their attitude to patients 2) Conscientiousness and Neuroticism of patients are associated with their perception of therapists as well as with therapists' experience of the relationship 3) There is a positive influence on the therapeutic relationship when the patient is younger and the therapist older and female.

Key words: therapeutic relationship, personality, schizophrenia

Introduction

The amount of attention given to the relationship between patients and therapists in the therapeutic process has varied according to the concerned school of psychotherapy. But it is now thought, irrespective of the theoretical approach or techniques applied, that the formation of a therapeutic relationship is a necessary condition for psychotherapy to take place and that it is one of the factors that plays a significant role in the process of change throughout the therapy [1–4]. At the same time – given the manifold methodological difficulties – it is a constant challenge for the researcher to investigate and arrive at a considered view of a phenomenon that is as difficult to operationalize as the therapeutic relationship. The therapeutic relationship is a multifaceted construct. At its core, on the one hand, is that which is comparatively constant in the communication between two people in different roles where one considers themselves competent to help and the other is suffering and seeking positive change. On the other hand, there is the relational dimension of psychotherapy: the feelings and attitudes therapist and patient hold for each other and the mental bond connecting them that rests on these feelings and attitudes [3].

Numerous researchers have worked to define the therapeutic relationship, which is also known as the therapeutic alliance, the working alliance and the helping alliance. Horvath and Luborsky [1] and Artido and Rabellino [5] describe its development with reference to Freud's psychodynamics, the Rogerian, client-oriented approach and the pan-theoretical concept of Bordin. Bordin proposes a quite broad understanding of the therapeutic alliance as the positive cooperation between the patient and therapist in the joint effort to overcome the suffering and self-destructive behavior of the patient. The three components of the alliance are tasks, bonds and goals. The tasks must be acknowledged by both parties to the relationship as important and achievable, while the goals of the intervention should be mutually recognized as valuable. Bordin describes the bond as the positive personal rapport between the client and therapist that is based on mutual trust and acceptance.

Studies of the therapeutic relationship do not usually concern patients with psychotic disorders. Hersoug et al. [6] investigated therapist characteristics as possible pre-treatment predictors of the quality of the working alliance in psychotherapy. 270 patients receiving outpatient care were studied. The exclusion criteria were psychosis, drug abuse and mental retardation. The number of psychotherapeutic sessions was specified at forty. In the assessment of the patients, the therapeutic experience, education and continuing professional development of the therapist had no significant influence on the relationship. However, the therapists' training and skill were positively associated with the therapists' own assessment of the alliance. Both patients and therapists assessed the interpersonal 'warm-cold' dimension as having a moderate influence on the relationship. Further, similar studies by the Norwegian group [7] concerned the influence of the therapists' mode of practice on the quality of the alliance in long-term psychotherapy. Ratings were given by both the therapists and the patients. It was found that traits in therapists such as being 'distanced', 'disconnected' or 'indifferent' had a negative influence on the therapeutic alliance as gauged by both therapists and

patients, while better 'maternal care' had a positive impact on patients' assessment of the alliance [7].

Szymczyk and Cierpiałkowska established that therapists' interpersonal skills as rated by patients with personality disorders – especially empathy and kindness – are associated with positive therapeutic outcomes when measured by subjective (quality of life) and objective (general assessment) indicators [8].

The importance of the therapeutic relationship in the therapy of patients with schizophrenic psychoses

Therapy for schizophrenia patients often lasts for many years. The rapport with the therapist is a necessary condition for motivation, will to change and sustaining satisfactory relationships. We are familiar with the thinking of such experts and outstanding clinicians as Benedetti [9], who writes of the unegotistic presence of the therapist providing a sense of security, and Scharffeter [10], who asserts that the impact of therapists treating schizophrenic patients depends less on their professional education and more on the therapist as a person. In a broad evaluation of psychosocial interventions in schizophrenia, McGlashan [11] states that the interpersonal bond with the therapist is 'central to treatment'. It is expected of therapists that they will remain immune to patients' endeavors to engineer an immature intimacy, that they will be flexible and avoid polarization in thought, that they will be realistic, tolerant of psychopathology and retain their optimism and that they will respect patients' privacy, autonomy and need for distance. Kępiński [12] stresses the importance of naturalness and an atmosphere of warmth and respect in the relationship with the patient, while for McWilliams [4], writing almost forty years later, emphasis is placed on showing trust, patience, an acceptance of hostility, emotional openness and honesty. McWilliams [4] takes the view that by partial self-disclosure, and through education and normalization, therapists can build a sense of security in the relationship and also bring order to the cognitive disorientation patients can experience. In her reflections on contact with people suffering from schizophrenia, Namysłowska [13] identifies similar traits in referring on the one hand to Kępiński's philosophy of dialogue founded on empathy, respect for the patient, the accentuation of the category of freedom and humility on the part of the therapist and on the other – in placing greater emphasis on the importance of 'containing the feelings' of the patient and creating a 'therapeutic symbiosis' or 'maternal environment' in the relationship – to psychoanalytic thought [13].

Research into the therapeutic relationship between therapists and people suffering from schizophrenia has been in progress for many years [14–18]. McCabe and Priebe [17] investigated 90 first-admitted, 72 long-term hospitalized and 41 outpatients with a diagnosis of schizophrenia and compared them with a group of 249 alcoholic and 42 depressive inpatients. The therapeutic relationship was rated using a simple, three-item scale. There were significant differences in its assessment. The most positive ratings were given by alcoholic patients and the least positive by schizophrenia patients. An association was observed between the intensification of objectively-assessed symptoms

and a poorer assessment of the therapeutic relationship in all of the studied groups. However, the group of long-term hospitalized patients was an exception.

Other studies have indicated that a positively-assessed therapeutic relationship in a group of patients diagnosed with schizophrenia is associated with better cooperation in pharmacological treatment [17, 19, 20]. Priebe and Gruyters [21] had drawn similar conclusions twenty years earlier in their assessment of the influence of cooperation (the helping alliance) between patients and case managers in long-term community care. The cooperation was assessed by 72 patients with psychotic disorders. It was found during a 20-month follow-up study that some of the aspects of the cooperation that were rated positively were connected with lower numbers of hospitalizations and positive changes in the patients' working situation. In a review conducted in London embracing nine earlier studies of the therapeutic relationship, Priebe et al. [18] demonstrated that there is a significant association between that relationship and the results of complex psychiatric treatment of mentally ill people. A positive relationship was associated with better outcomes as measured by a lower number of hospitalizations, lower levels of symptoms and improved social functioning. Sosnowska et al. [22] investigated the therapeutic relationship in a community care setting. Of the group of 67 studied people, half had been diagnosed with schizophrenia while the remainder had affective and schizoaffective conditions. The foremost finding is that their previous experiences of other relationships in life have a significant influence on patients' positive assessment of the therapeutic relationship. It was also found that therapists gave a better assessment of relationships with male patients, with more self-reliant and independent patients and with those in acute crises. Positive cooperation was found to lower symptom levels.

Wojnar et al. [15] studied a group of 25 patients with schizophrenia diagnoses and their 6 therapists with the aid of the Dyadic Therapist-Patient Relationship Questionnaire. It emerged that the reciprocal assessments of the patients and therapists were accordant in the dimensions of acceptance, professionalism and uncertainty. These are results that remain a relevant and valuable resource in everyday therapeutic work. In a further exploration Cechnicki et al. [16] found a significant correlation of psychopathological state, the therapeutic context and the therapist's education with the subjective assessment of the therapeutic relationship given concurrently by patients and therapists. They investigated patients in Occupational Therapy Workshops (OTW) and outpatients in long-term, individual maintenance therapy. In both therapeutic contexts the most important dimension turned out to be mutual acceptance. An increase in negative symptoms reduced the acceptance of patients by therapists irrespective of the context, but in everyday contact in the OTWs it was positive symptoms that increased the tendency of therapists to rejection. The educational background of the therapists was unimportant to the patients. The group that felt the most competent was that of the occupational therapists, while long-serving nurses were the least uncertain. The present study represents a continuation of the earlier explorations of the therapeutic relationship and the psychotherapeutic process undertaken over the last twenty years by the Krakow Schizophrenia Research Group [15, 16, 23–25].

Research aim

Four research aims were identified:

1. To analyze the association between therapists' and patients' assessment of the relationship;
2. To analyze the relationship between the personality traits of therapists and the assessment of the relationship from the point of view of patients and therapists;
3. To analyze the relationship between the personality traits of patients and the assessment of the relationship from the point of view of therapists and patients;
4. To analyze the relationship between age, sex and the personality traits of patients and therapists and patients' and therapists' assessment of the relationship.

The study was conducted in Krakow within the context of a psychosocial treatment system for patients suffering from schizophrenic psychoses. Patients with clinically-confirmed diagnoses of schizophrenia according to ICD-10 and their therapists – where the therapeutic relationship had been in progress for at least six months – were included in the study.

Description of the studied groups

The research involved 34 patients (18 men and 16 women) diagnosed with schizophrenia according to the ICD-10 criteria. The average age of the patients was 37.4. The patients had had their illnesses for between one year and fifteen years. The patients were studied in Krakow in the Outpatient Clinic for Psychosis Rehabilitation and Therapy in one of the institutions forming a part of the complex treatment program for people suffering from schizophrenic psychoses. At the time of the study they were in long-term, individual, maintenance psychotherapy. The therapeutic relationships had been in progress for between six months and eight years. There was a concurrent investigation of 11 therapists (3 men and 8 women) who were in stable therapeutic relationships with these patients. Among the therapists there were five doctors, four psychologists and two nurses. The average age of the studied therapists was 40.3. In this group six people were certified therapists, three had completed a course in psychotherapy and two had no formal training. Among the therapists two people had been practicing for five years and the other nine had more than ten years' experience of psychotherapeutic work. The therapists were working within the terms of the integrative approach.

Research tools and methods

In view of the experimental nature of the study, we decided to employ a personality-questionnaire method. The used tool is based on Paul T. Costa and Robert McCrae's five-factor model of personality [26, 27], which was devised in the 1980s and 1990s. The questionnaire we used examines personality in five separate dimensions, which its authors regarded as base traits, that is, traits that meet the criteria for repeatability in

inter-cultural studies, show associations with biological – or even genetic – properties, that are corroborated in meta-analyses and can be articulated in a hierarchic model of personality [27]. The Polish version of Costa and McCrae's shortened, sixty-item NEO-FFI personality inventory [27] was used to assess the personality of the patients and therapists in the study. The questionnaire is composed of the 'big five' factors of personality, each of which has six components:

1. Neuroticism – determines the emotional adjustment, that is, susceptibility to experiencing negative emotions. Neurotic people are prone to irrationality, have poor control of their drives and find it difficult to manage stress. The components of neuroticism are anxiety, aggressive hostility, depression, impulsiveness, oversensitivity and excessive self-criticism.
2. Extroversion – the quality and quantity of social interactions, the level of activity and of energy, the capacity to feel positive emotions. Extroversion is associated with optimism, a propensity for fun and play, a preference for being in the company of others and a cheerful mood. The components of extroversion are gregariousness, warmth, assertiveness, sensation seeking, stimulation seeking and positive emotionality.
3. Openness – the tendency to seek and to value life experiences, receptiveness to the new, intellectual curiosity, broad horizons and an aptitude for learning. Fantasy, esthetics, feelings, action, ideas and values are also components of this dimension.
4. Agreeableness – being positively disposed to others and considerate of them, altruism and trust. The components of agreeableness are trust, altruism, compliance, modesty, straightforwardness and tender-mindedness.
5. Conscientiousness – organization, perseverance and motivation, reliability in work and punctuality. The components of conscientiousness are competence, order, dutifulness, achievement striving, self-discipline and deliberation [27].

Cechnicki and Wojnar's [23] Polish version of the Dyadic Therapist-Patient (T-P) Questionnaire, which is based on Stark's questionnaire [14], was used to investigate the subjective perception of the reciprocal relationship between patients and their therapists. It is regarded as reliable and valid [23]. It is composed of two separate scales: one for patients and one for therapists.

The patient scale is composed of five factors:

1. Acceptance – this concerns the personal traits of the therapists;
2. Professionalism of the therapist as identified by the patient and expressed in their trust in the therapist's knowledge and skill;
3. Uncertainty of the therapist as perceived by the patient;
4. Dominance by the therapist as felt by the patient;
5. Rejection of the therapist articulated by the patient.

Four factors are distinguished in the questionnaire for the therapists:

1. Acceptance – this concerns the personal traits of the patients;
2. Professionalism – this concerns therapists' sense of their own competence;

3. Uncertainty – this concerns therapists’ personal and professional uncertainty;
4. Rejection of patients by therapists.

Pearson’s coefficient of correlation was employed. A value of $p \leq 0.05$ was adopted as statistically significant for the statistical analyses. A regression analysis was also conducted, whose dependent variables were the factors of the Therapist-Patient questionnaire and whose predictors were the results obtained from the NEO-FFI scales by the patients and the therapists, the sex of the patient, the sex of the therapist, the age of the patient and the age of the therapist.

Results

Analysis of the relationships between the patients’ and therapists’ assessments

The first research aim involved analyzing the relationships between the results of the therapeutic relationship questionnaire for the patients and the results of the therapeutic relationship questionnaire for the therapists (Table 1).

Table 1. Relationships between the results of the therapeutic relationship scale from the point of view of patients and therapists

Therapists	Patients				
	Acceptance	Professionalism	Uncertainty	Dominance	Rejection
Acceptance					
Professionalism	0.368 ($p = 0.032$)				
Uncertainty					0.300 ($p = 0.084$)
Rejection					0.296 ($p = 0.089$)

The correlations were calculated using Pearson’s correlation coefficient

It was found that the therapists’ sense of professionalism was significantly correlated with their patients’ acceptance of them ($p = 0.032$). Two interesting tendencies requiring further research were revealed below the required level of statistical significance:

1. Uncertainty on the part of therapists is associated with patients’ tendency to rejection;
2. The rejection of therapists by patients, and of patients by therapists, is symmetrical.

Analysis of the relationship between the therapists’ personality traits and the assessment of the relationship from the point of view of the patients and therapists

The first step in examining the second research aim was to assess the relationships between the results obtained by the therapists on the different scales of the personality questionnaire, and the assessment of the relationship from the therapists’ perspective based on the results of the T-P questionnaire. A number of significant results indicating the nature of this relationship were obtained (Table 2).

Table 2. **The relationship between the therapists' personality traits and their assessment of the therapeutic relationship**

Therapists' personality	Therapists' assessment of the T-P relationship			
	Acceptance	Professionalism	Uncertainty	Rejection
Neuroticism				
Extroversion	0.458 ($p = 0.006$)	0.566 ($p = 0.000$)	0.422 ($p = 0.013$)	
Openness	0.352 ($p = 0.013$)	0.388 ($p = 0.023$)	0.342 ($p = 0.048$)	0.288 ($p = 0.099$)
Agreeableness				
Conscientiousness		0.292 ($p = 0.094$)		

The correlations were calculated using Pearson's correlation coefficient; correlations above $p = 0.05$ but below $p = 0.10$ are italicized

1. Therapists with a greater level of extroversion more often accept their patients ($p = 0.006$);
2. Therapists with a greater level of extroversion feel more professional ($p = 0.000$);
3. Therapists with a greater level of extroversion feel uncertain more rarely ($p = 0.013$);
4. Therapists with a greater level of openness more often accept their patients ($p = 0.041$);
5. Therapists with a greater level of openness feel professional to a greater degree ($p = 0.023$);
6. Therapists with a greater level of openness more rarely feel uncertain in the relationship ($p = 0.048$).

Two interesting tendencies requiring further research were revealed below the required level of statistical significance:

1. Therapists with a greater level of openness have a lower tendency to reject their patients;
2. Therapists with a greater level of conscientiousness feel more professional more often.

The next stage of the study involved evaluating the relationships between the therapists' personality traits and the patients' assessment of the relationship. A statistically significant result was not obtained in this case. Only a tendency (-0.317 ; $p = 0.067$) indicating that therapists with a greater level of openness are rejected more rarely by patients was observed.

Analysis of the relationship between patients' personality traits and patients' and therapists' assessments of the therapeutic relationship

The next table (Table 3) sets out an analysis of the relationship between the results on the scales of the personality questionnaire obtained by the patients and their results in the T-P questionnaire.

Two statistically significant results were obtained:

1. Patients who are conscientious (persevering and motivated) do not perceive their therapists as uncertain (-0.455 ; $p = 0.007$);
2. These same patients reject their therapists more rarely (-0.483 ; $p = 0.004$).

Table 3. **The relationship between patients' personality traits and their assessment of the therapeutic relationship**

Patients' personality	Patients' assessment of the T-P relationship				
	Acceptance	Professionalism	Uncertainty	Dominance	Rejection
Neuroticism					
Extroversion		<i>0.313 ($p = 0.072$)</i>			
Openness			<i>0.329 ($p = 0.057$)</i>		
Agreeableness	<i>0.329 ($p = 0.057$)</i>				
Conscientiousness		<i>0.298 ($p = 0.087$)</i>	-0.455 ($p = 0.007$)		-0.483 ($p = 0.004$)

The correlations were calculated using Pearson's correlation coefficient; correlations above $p = 0.05$ but below $p = 0.10$ are italicized

Two interesting tendencies requiring further research were revealed below the required level of statistical significance:

1. The more extrovert patients perceive their therapists as professional more often;
2. Patients who are open perceive their therapists as uncertain more rarely;
3. Patients who are agreeable accept their therapists more often;
4. Patients who are conscientious more often regard their therapists as professional

Analysis of the relationship between patients' personality traits and therapists' assessments of the therapeutic relationship

The study then turned to an assessment of the relationship between the results on the scales of the personality questionnaire obtained by the patients and the therapists' perception of the therapeutic relationship (Table 4).

Table 4. **The relationship between patients' personality traits and therapists' assessments of the therapeutic relationship**

Patients' personality	Therapists' assessment of the T-P relationship			
	Acceptance	Professionalism	Uncertainty	Rejection
Neuroticism			0.355 ($p = 0.039$)	
Extroversion		<i>0.291 ($p = 0.096$)</i>		
Openness				
Agreeableness				
Conscientiousness		<i>0.290 ($p = 0.096$)</i>		

The correlations were calculated using Pearson's correlation coefficient; correlations above $p = 0.05$ but below $p = 0.10$ are italicized

It was established that patients with greater levels of Neuroticism induce a greater feeling of Uncertainty in therapists (0.355; $p = 0.039$). Two interesting tendencies requiring further research were revealed below the required level of statistical significance:

1. Therapists perceive themselves as more Professional in relationships with patients who are more Extrovert;
2. Therapists perceive themselves as more Professional in relationships with patients who are more Conscientious.

Relationship between the age, sex and personality traits of patients and therapists and their assessments of the therapeutic relationship

To deepen the study of the correlations that were carried out, the next set of analyses were performed using a stepwise regression with account taken of the therapists' and patients' age and sex in the group of prognostic factors. The dependent variable in the first analysis was the assessment of the therapeutic relationship from the therapists' perspective. The table below presents only the results that are statistically significant (Table 5).

Table 5. Stepwise regression of the relationship of demographic factors and patients' and therapists' personality traits with therapists' assessment of the therapeutic relationship

Dependent variables	% of explained variance (adjusted R ²)	p-level	Significant predictors
Properties of the therapeutic relationship N = 34			
Therapists' acceptance of patients (greater)	30%	0.003	Therapists' extroversion (greater) Patients' neuroticism (greater)
Therapists' self-assessed professionalism (greater)	42%	< 0.001	Therapists' extroversion (greater)
Therapists' self-assessed uncertainty (smaller)	53%	< 0.001	Therapists' openness (greater) Therapists' conscientiousness (greater) Patients' conscientiousness (greater) Patients' openness (smaller)
Rejection of patients by therapists	20%	0.041	No significant predictors

30% of therapists' acceptance of patients was explained by greater extroversion in therapists and greater neuroticism in patients. Greater Extroversion in therapists explained 42% of their good opinion of their own professionalism. 53% of smaller uncertainty in therapists was explained by greater openness and conscientiousness in therapists and by greater conscientiousness and smaller openness in patients.

An analogous association concerning the therapeutic relationship was then analyzed from the point of view of the patients (Table 6).

Table 6. Stepwise regression of the relationship of demographic factors and patients' and therapists' personality traits with patients' assessment of the therapeutic relationship

Dependent variables	% of explained variance (adjusted R ²)	p-level	Significant predictors
Properties of the therapeutic relationship N = 34			
Patients' acceptance of therapists (greater)	23%	0.048	No significant predictors
Patient-assessed professionalism of therapists (greater)	40%	< 0.001	Age of patient (younger) Sex of therapist (female) Patients' extroversion (greater)
Therapists' uncertainty as assessed by patients (smaller)	31%	0.005	Patients' conscientiousness (greater) Patients' openness (smaller)
Therapists' dominance as assessed by patients (smaller)	25%	0.009	Age of patient (younger) Age of therapist (older)
Rejection of therapists by patients (smaller)	34%	0.004	Age of therapist (older) Therapists' openness (greater)

40% of patients' assessment of greater professionalism in therapists was explained by the younger age of the patient, the female sex of the therapist and greater extroversion in the patient. 31% of therapists' uncertainty was explained by greater conscientiousness and smaller openness in patients. 25% of therapists' lower level of dominance as rated by patients was explained by the younger age of the patient and the older age of the therapist. 34% of a lower level of rejection of therapists by patients was explained by older age and greater openness in therapists.

Discussion and summary of research results

The foremost finding of the present study analyzing the associations between the therapeutic relationship as assessed by patients and therapists and their personality traits, age and sex is the relationship between therapists' sense of professionalism and their acceptance by patients. This result partly confirms research done by our team in the 1990s, which established a significant relationship between mutual acceptance, professionalism and uncertainty [15]. Another study observed that the experience of mutual acceptance between patients and therapists arises irrespective of the therapeutic context the research was conducted in [16]. Czabała [2] refers to Orliński's study in which one of the deciding factors in the effectiveness of psychotherapy was the patient's acceptance of the therapist. The therapist's feeling of certainty was also ranked high in the cited study, which means that it could be of major significance for the outcomes of psychotherapy. Two trends requiring further investigation were noted when evaluating the questionnaires concerning the relationship: uncertainty on the part of therapists is linked with a tendency to rejection on the part of the patients,

while rejection of therapists by patients and of patients by therapists, is symmetrical in nature.

In considering the results concerning the relationship between the therapists' personality and their perception of the therapeutic relationship it became evident that extroversion and openness in therapists are the two most important traits associated with a positive attitude of acceptance of patients, a sense of professionalism in the relationship and lower uncertainty. Therapists of greater openness are more rarely rejected by patients. Therapists' conscientiousness is an inherent element of their feeling of certainty in the relationship. This result is supported by the findings of the numerous experts in the field cited earlier and borne out by everyday clinical experience. Interestingly, the results fully accord with the theoretical foundations of the NEO-FFI, whose authors identify precisely the openness and extroversion of the professionals as of most significant in the therapeutic relationship [27]. The importance for the relationship of these traits is fully depicted by their components: positive emotionality is dominant, warmth, the tendency to seek and to value life experiences, receptiveness to the new, intellectual curiosity and an aptitude for learning. It would appear that people suffering from schizophrenic psychoses, who open up to new relationships with difficulty and whose bonds with their environment are fragile and few, could feel more secure in a relationship with a therapist who possesses precisely these traits. In experiencing positive identification with their therapist they are able – themselves supported by a stable relationship – to risk greater openness and new experiences. The uncommon sensitivity of the ill people, their deep mistrust towards the world, often results from very early negative experiences in relationship with their relatives. Because of that, building a relationship in which the patient will feel safe is the first and foremost task of the therapist. Sometimes, the process takes very long, but unrelenting commitment and openness of the therapist create the possibility for entering therapeutic alliance and cooperation in treatment.

Our findings concur with the studies carried out by Hersoug et al. [6], in which patients had negative experiences with neutral therapists who kept their distance from them while responding positively to the 'maternal care' stance. Though these investigations did not concern people diagnosed with schizophrenic psychoses, the confirmation of their importance for the therapy of this group of people could be taken as obvious by experienced therapists. As many clinicians from Kępiński [12] to McWilliams [4] have emphasized, the therapist's warmth, openness, emotional sincerity, and even partial self-disclosure, are needed to build the above mentioned trust and a feeling of security in the relationship with the patient.

It was found that the therapists' personality was not especially significant in the patients' perception of the therapeutic relationship. We observed only the tendency that therapists who are more open are rejected by patients more rarely. The reason for the absence of a significant correlation between the therapists' personality traits and the experience and perception of the relationship by the patients could be that the group selected for study was too small and too uniform. This result is difficult to interpret because it concerns patients who are in long-term maintenance psychotherapy, where it can be supposed that the therapeutic relationship is stable and the

personality traits of the therapists are influencing the relationships with the patients and being perceived by them. It is possible that the duration of the relationship is not that important. This result corresponds with research done into the therapeutic alliance by Horvath and Luborsky [1], who found no relationship with the length of the therapeutic relationship. It was their analysis that – averaged across cases – the strength of the relationship remains stable over time, but that it fluctuates within the individual treatment process.

The results concerning the relationship between patients' personality and their perception of the therapeutic relationship indicate the significance of traits such as extroversion and conscientiousness. Patients with a greater level of extroversion experienced their therapists as more professional, while those with a greater level of conscientiousness experienced them as less uncertain and rejected them more rarely. Conscientiousness is identified with organization, perseverance and motivation, reliability at work and punctuality. As we know, these traits are often weakened in people suffering from schizophrenia, which means that therapeutic programs should aim to reinforce them. In turn, a higher level of openness in patients was associated with perceiving therapists as more uncertain, while the therapists working with these patients felt uncertain. Once again, therefore, there appears the phenomenon of symmetry in mutual perception.

Next analyses showed that some of the patients' personality traits were connected with therapists' experience of the relationship. In this way – even though they were accepted more by therapists – patients with a greater level of neuroticism evoked a greater feeling of uncertainty in them. Neurotic people are prone to irrationality, have poor control of their drives and find it difficult to manage stress. They experience greater anxiety and aggressive hostility, and are more often depressive and impulsive, which was reflected in their relationships with therapists.

Definite trends were visible in some of the patients' traits: the more agreeable of them accepted their therapists more often, while those of pronounced conscientiousness regarded their therapists as professional more often. A further trend of interest is the observation that therapists perceive themselves as more professional with patients who are more extrovert and conscientious. In 2003, Akdag et al. [28] published research that applied (amongst other tools) NEO-FFI to a group of people suffering from schizophrenia and to a group of healthy controls to compare (amongst other things) the personality profiles of these two groups. The results regarding the personality profiles indicated that the group suffering from schizophrenia differed from the control group by having a higher level of neuroticism, lower level of conscientiousness and lower level of agreeableness. Reno and Rochelle [29], meanwhile, observed that traits of agreeableness were more strongly pronounced in patients diagnosed with schizophrenia when compared to patients with addictions and those with personality disorders. Therapeutic programs designed to reinforce the components that make up conscientiousness could lead to a strengthening of the therapeutic relationship and thereby to more positive treatment outcomes.

Traits such as conscientiousness and extroversion in patients suffering from schizophrenic psychoses assist in building a positive relationship with therapists in

long-term maintenance therapy. According to patients, similar traits in therapists are less significant for establishing stable, positive relationships. According to the therapists, though, they do have an influence on the way they experience the relationships – especially extroversion and openness. When therapists possess these traits they feel more certain, more competent and are more accepting of their patients. Tomalski [30], reflecting on the phenomena influencing the therapeutic relationship, underlines the need for knowledge, maturity and the appropriate skills in therapists conducting psychotherapy in psychosis cases. The research we have set out here attempts to operationalize these clinical intuitions and points to the importance of regular personal therapy in psychotherapists' training programs.

A broad range of the percentage of explained variation – between 23% and 53% – was obtained in both analyses of the relationship of the prognostic factors of age, sex and personality with the therapeutic relationship. What is striking is that there is no correlation with age and sex in the assessment of the relationship from the therapists' perspective, while the age of the patient and therapist, and the sex of the therapist, are of significance when the relationship is evaluated by patients. Less uncertainty and dominance of the therapist, the less feelings of rejection by the patient, but also the greater professionalism of the therapist in the evaluation of the patient are associated with the age of the patient (younger) and with the age (older) and sex (female) of therapists. The beneficial association observed for younger patients with older, more experienced female therapists is confirmed by our clinical experience, in which a 'maternal' environment and the need for a 'good mother' are of vital importance for a stable, warm and positive relationship that is helpful in overcoming trauma and stress and in encouraging the healing process. However, in the process of psychotherapy, the therapist should be attentive to the signs of a drive towards greater autonomy and independence of the patient.

All of the results and trends set out here require further research: the next step would be to search for and identify the relationships with treatment outcomes. This is particularly difficult in the treatment of people suffering from schizophrenic psychoses, which is usually complex and which includes a variety of interventions and interactions in different periods of illness and recovery. The most important element of treatment in this complexity remains, however, a long-term, positive and stable therapeutic relationship. The study was limited by the comparatively small and homogeneous group of patients, who had been suffering from the illness for many years, while its value lay in its valid and reliable tools and in its investigation of both patients and therapists.

Conclusions

1. The professionalism of therapists is associated with greater acceptance on the part of the patients.
2. Extroversion and openness as personality traits of therapists are associated with their attitude towards patients, but are not associated with the way patients experience the therapeutic relationship.

3. Conscientiousness and neuroticism as personality traits of patients are associated with their perception of the therapist in the relationship and also with the therapist's experience of the relationship.
4. The age of patients (younger) combined with the age (older) and sex (female) of therapists is associated with patients' positive experience of the relationship.

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