Motivations to become psychotherapists: beyond the concept of the *wounded healer*

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ABSTRACT

Motivations to become psychotherapists have long been associated with the concept of the wounded healer, which posits that practitioners entering the field of mental health often do so as a result of their own personal struggles and challenges. Early difficulties and wounds are seen as a source of healers' capacity to comprehend and promote the processes of recovery, fostering a deeper connection between the healer and the person seeking support. Nevertheless, other factors not directly linked with early adversities have been posited to have an influence on the development of motivations towards pursuing a career in the psychological field. The present work aimed to review available empirical literature on the motivations to become psychotherapists, encompassing the concept of the wounded healer as well as other possible factors shaping practitioners' career choice. Three main domains of motivations have been addressed within the wounded healer framework: dysfunctional caregiving, negative personal experiences in the family of origin, and other early relational issues. Additionally, two other main domains, namely self-oriented and altruistic motivations, have been identified, and the concept of the healing healer was proposed to underline both the self-oriented healing process that a person may undergo while becoming a therapist, as well as the altruistic attitude in providing healing care towards others. Results were discussed addressing possible links between conscious and unconscious motivations to become therapists as well as in terms of clinical implications for practitioners in the field of clinical psychology.

Key words: wounded healer, therapists' motivation, psychologists' motivation, career choice.

Introduction

Over the past decade, there has been a noteworthy surge in work requests for psychologists and psychotherapists. The American Psychological Association has highlighted how both a decline in stigma toward mental health issues and the consequences of the COVID-19 pandemic could have significantly expanded the demand for psychology expertise across diverse fields, including political and policy sectors, tech companies, the entertainment industry, and sports (Ahmed *et al*., 2023; Angermeyer *et al*., 2014; Evans-Lacko *et al*., 2014; Pappas, 2022; Vostanis & Bell, 2020; Santomauro *et al*., 2021). This surge in demand reflects a growing recognition of the relationship between psychological well-being and societal functioning, drawing more individuals to pursue a career in psychotherapy. However, becoming a therapist involves a significant commitment of time, effort, and financial resources, making the journey both challenging and expensive. The associated costs encompass tuition, books, and living expenses, with doctoral and training programs often demanding a considerable financial and time investment (Doran *et al*., 2016; Wilcox *et al*., 2021). Additionally, while rewarding, the field of psychology

often comes with its own set of stressors for practitioners, with literature being consistent in showing high degree of work-related stress in psychotherapists, especially concerning emotional exhaustion and risk for burnout and compassion fatigue (Van Hoy & Rzeszutek, 2022). Furthermore, research has shown that burnout interferes with clinical effectiveness, in some cases even contributing to misconducts (Simionato *et al*., 2019), and that burnout risk is significantly influenced by personal factors (Simionato & Simpson, 2018). A question, then, arises: what motivates individuals to become psychotherapists?

The concept of the *wounded healer,* which encapsulates the idea that those who enter the field of mental health often do so because of their own personal struggles and challenges, can offer compelling insights in this regard. Originating from ancient Greek mythology (*i.e.,* through the figure of Chiron) and later adopted by several authors in the psychotherapeutic field (*e.g.*, Farber, 2016; Guggenbühl-Craig, 1971; Jung, 1951; Jung & Jaffé, 1961; Martin, 2011), the wounded healer archetype suggests that individuals who have experienced emotional pain, trauma, or adversity may be uniquely equipped and driven to empathize with and understand the suffering of others. The healer's own wounds are seen as source of their therapeutic capacity and as possessing transforming properties, crucial to comprehend and promote the processes of recovery (Nouwen, 1979; Sedgwick, 1994). This shared experience of vulnerability and healing can enhance the therapeutic relationship, fostering a deeper connection between the healer and the person seeking support (Gelso & Hayes, 2007; Zerubavel & Wright, 2012). Not surprisingly, a large proportion of therapists (75-87%) have undergone therapy, compared to 25% of the general population. Although some have done so to fulfil training requirements, several have reported that they underwent psychological treatment driven by personal reasons, including the need to address personal or interpersonal problems (Norcross & Conner, 2005; Orlinsky *et al*., 2011). Zerubavel and Wright (2012) have drawn a fundamental distinction between wounded healers and impaired professionals. Such distinction lies in the way practitioners navigate and utilize their personal struggles within their professional realm. Wounded healers are individuals who have faced personal challenges and have found a way to harness their own healing journey to empathize and connect with others. They use their wounds as a source of insight and compassion, turning their experiences into tools for helping others. On the other hand, impaired professionals are those whose unresolved emotional issues negatively impact their clinical work. Their struggles interfere with their ability to provide effective care, potentially causing harm to their patients via several mechanisms including higher rates of countertransference, vicarious traumatization, and burnout (Newcomb *et al*., 2015).

Nevertheless, as observed by Farber *et al*. (2005), not everyone who experiences childhood trauma goes on to become a healer, and not everyone who does so has experienced severe wounds. Beyond wounding experiences, other factors have been posited to have an influence on the development of motivations towards pursuing a career in the psychological field. It has been suggested that mentors, teachers, and family members may play an influential role in shaping the development of motivations to become a psychologist (Hill *et al*., 2013; Safi *et al*., 2017; Skovholt & Rønnestad, 1992). They may serve as role models, offering insights into the challenges and rewards of the profession while fostering curiosity, critical thinking, and a deep appreciation for the complexities of human behavior and mental health. Guidance, support, and expertise can therefore significantly influence aspiring psychologists' career trajectories and motivations. An-

other notable factor is *psychological mindedness* (Farber *et al*., 2005; Lingiardi & McWilliams, 2017), that is, an individual disposition and willingness to engage in self-reflection and introspection, reflecting a deep-seated curiosity about the intricacies of human behavior, emotions, and cognition. Individuals with a propensity for psychological mindedness possess a natural inclination to explore the underlying motivations, patterns, and dynamics that shape our experiences. This innate curiosity may drive them to seek answers to profound questions about the human mind and behavior, propelling them towards the field of psychology. Psychological mindedness may also enhance therapists' ability to understand and assist their patients effectively. Intellectual curiosity can further fuel this motivation, as individuals are drawn to the study and critical analysis of psychological theories, research findings, and therapeutic methodologies. Such curiosity can thus not only expand their theoretical and practical grasp of the field but also ensure continuous professional development.

It appears that, in addition to the concept of the wounded healer, other variables that are not intelligibly linked to early adverse experiences may play a role in shaping individuals' motivation towards becoming a psychotherapist. However, the nature and the extent of such motivational factors as well as the possible ways in which different motivations interact in career choice in the psychological field have not been extensively examined, with most of the literature focusing on narrative reports and clinical vignettes (Gerson, 2013; Orlinsky, 2022; Sussman, 1992). Given these premises, the present work aimed at reviewing the available empirical literature on the motivations to become psychotherapists, encompassing the concept of the wounded healer as well as other possible factors shaping practitioners' career choice. The sole inclusion of empirical studies in the present work is warranted to ensure a robust examination of motivations to become therapists through systematically collected data and methodological rigor, thereby enhancing the reliability and validity of the findings.

Literature search

To ensure a thorough and impartial selection of literature, the following methodology was implemented: a) literature search was conducted in on three major databases in the field of health and social sciences, (*i.e.,* Scopus, PsycInfo and PsycArticles,) using key terms such as *psychologist, psychotherapist, therapist, psychoanalyst, psychotherapy, therapy* and *career choice*, *vocation motivation, wounded-healer*. b) The search strategy was further refined by consulting retrieved literature from the previous initial step. c) Qualitative and quantitative studies that addressed therapists' career motivations were selected; quantitative studies were *qualitized*, that is, a transformation into textual descriptions or narrative interpretation of the quantitative results (Lizarondo *et al*., 2020). Narratives and clinical vignettes were not included to ensure a robust examination of the topic through systematically collected data and methodological rigor, thereby enhancing the reliability and validity of the findings. d) Results were clustered in accordance with the content or the type of motivations that were analyzed in each retrieved study.

The wounded healer

In line with the wounded healer perspective, past research has focused on the impact of therapists' adverse childhood experi-

ences. From a comprehensive review of the existing empirical literature, several are the experiences that have been considered. They could be organized into three main domains: dysfunctional caregiving, negative personal experiences in the family of origin, and other early relational issues.

Dysfunctional caregiving

The domain of dysfunctional caregiving includes subjective perceptions of lack of nurturance and care from caregivers as a child, as well as experiences of parent-child role reversal and parentification. For instance, Racusin *et al.* (1981) evaluated the recalled experiences regarding family of origin of 14 therapists primarily involved in clinical work in both public and private settings. Participants underwent a structured interview, consisting of 10 questions inquiring about the family of origin and the role of childhood experiences in the decision to become a psychotherapist. Results showed that all participants reported having at least one close family member with a medical or behavioral difficulty, possibly derived from psychological factors. Furthermore, all participants reported that their parents had limited capacity for age-appropriate emotional expression and maintained only a moderate level of connection in their relationship, as evaluated through the therapists' perception of their parents' marital bond. Due to the difficulties associated with employment and financial stability, as well as the deterioration in relationship functioning, the marital relationship was described by the participants as being extremely stressful. With only one separation and no divorces, parents did, however, tend to maintain these difficult marriages. Given these circumstances, half of the therapists reported feeling that their primary role in the family of origin was to provide parenting and care, and to be responsible for family functioning or nurturing. Moreover, 3 other participants felt that they had to take on the role of mediator in their family, *i.e.*, to be aware of the family's emotional climate, to provide advice and counsel, be in charge of settling disputes, and ease family tensions. Thus, a total of three-quarters of the therapist interviewed reported having had a caregiving role toward their parents. Similarly, Fussell and Bonney (1990) compared the family backgrounds of 42 psychotherapists and 38 physicists to identify possible differentiating factors that may have influenced career choice. The authors found that, compared to physicists, psychotherapists described their family of origin as less healthy in terms of communication clarity, personal responsibility, respect for other family members, and openness to others in the family. Additionally, parent-child role reversal was significantly higher among psychotherapists, who reported feelings of being responsible for the emotional well-being of their family as children, as well as being more concerned with the responsibility of assuming a caregiving role toward their parents and the whole family.

Beside experienced therapists, the potential impact of dysfunctional caregiving on career choice has also been investigated among trainees. DiCaccavo (2002) explored the role of parentification (*i.e.*, the extent to which children may take on the role of caregiver, mediator, and/or domestic helper to satisfy their parents' practical and emotional care needs) in a sample of counselling psychology trainees and art students. Findings showed that while counselling psychology trainees reported higher levels of self-efficacy with respect to their caregiving abilities, they also reported significantly lower levels of care from their mothers. Noteworthy, further examination of the factors influencing parentification revealed that participants' parentification scores were higher when their fathers showed lower levels of caring behaviors. Instead, the relationship between maternal care and parentification varied by participant gender: female participants' parentification was correlated with lack of maternal care, whereas male participants' parentification was correlated with higher levels of maternal care.

Negative personal experiences in the family of origin

Numerous studies have explored whether a dysfunctional family environment, characterized by discord, strained relationships, and unresolved conflicts, may shape the motivation to pursue a career as psychotherapist. These dynamics, often rooted in traumatic experiences within the family unit such as abuse, neglect, or unresolved mental issues among family members, are typically associated with lack of emotional support, stability, and healthy communication, contributing to a persistent cycle of distress (Fussel & Bonney, 1990; Racusin *et al.*, 1981). Elliott and Guy (1993) examined the incidence of childhood trauma, familial discord, and psychological distress among family members in a sample of 340 female mental health professionals. The study aimed to contrast these findings with a broader group of women from a variety of professions, totaling 2623 participants. Among the mental health professionals, psychotherapists reported higher levels of physical abuse, experiences of sexual harassment, parental struggles with alcoholism, a history of parental psychiatric hospitalization or severe mental illness, bereavement due to the loss of a family member, and overall higher levels of family dysfunction than women in alternative occupations. In adulthood, despite their earlier exposure to higher levels of childhood trauma and family dysfunction, psychotherapists displayed lower levels of anxiety, depression, dissociation, sleep disturbances, and difficulties in interpersonal relationships compared to women in occupations outside the mental health field. This shed new light on the initial findings, suggesting a potential divergence in how mental health professionals navigate and cope with the psychological repercussions of their childhood adversities. Indeed, despite their difficult backgrounds, psychotherapists seemed to exhibit a greater degree of resilience, or they possibly benefited from their professional knowledge and skills, which might have aided them in managing and mitigating the effects of their past experiences more effectively than women in non-mental health professions. In addition, 78% of the therapist sample had received psychological treatment, pointing to a greater insight and a more complete resolution of their early traumatic experiences. In a study by Murphy and Halgin (1995), a detailed survey, developed to explore the motivations behind choosing a career in psychotherapy, was administered to 56 clinical psychologists and 53 social psychologists. The authors identified three pivotal factors influencing career selection: notably, among these, *Troubled Family Experiences* emerged as the one differentiating between clinical and social psychologists. Clinical psychologists were characterized by higher history of distress in their families of origin, reporting higher levels of family conflict, physical or mental illness in family members, and experience of substance abuse in their family.

Similar themes emerged from a survey conducted by McBeath (2019) on 540 psychotherapists. The findings of this study revealed that family mental health issues, personal distress, trauma, or bereavement significantly influenced the decision to become a psychotherapist. This study parallels findings from Messina *et al.* (2018), who investigated personal background and

motivation to become a therapist among 135 post-graduate psychotherapy trainees with different theoretical approaches (psychodynamic, systemic, and cognitive-behavioral). Results showed that trainees commonly cited their personal experiences as a driving force behind their decision to pursue psychotherapy training, often stemming from adverse events during childhood. These included conflictual family relationships, dysfunctional family dynamics, the presence of psychological disorders in a family member, parental conflicts, or divorce, as well as a lack of open communication and emotional closeness within the family unit. Notably, no differences according to the preferred theoretical approach emerged.

Other early relational issues

Early relational issues, particularly difficulties in relationships with peers, can significantly influence one's path toward becoming a psychotherapist. Struggling with peer relationships could foster a deep empathy for others' difficulties and a desire to facilitate healing in interpersonal connections. Messina *et al.* (2018) highlighted that, beyond family influences, psychotherapy trainees mentioned additional life experiences as pivotal in their choice to pursue psychotherapy. Notably, in these instances, the majority of participants reported adverse experiences, including negative encounters in educational settings or challenges in relationships with partners or friends. Similar findings were reported by Holliday *et al.* (2018) in their research with tutors of a child and adolescent psychotherapeutic counseling program. Participants were interviewed about the motivations behind their career choice, and the presence of relational adversity in childhood or adolescence emerged as a key factor. They consistently emphasized that their interactions with others during development were challenging (*e.g.*, bullying experiences) and had a significant impact on their self-perception and emotional well-being, often resulting in feelings of isolation, shame, or loneliness. Notably, however, they also emphasized the role of positive experiences in their interpersonal relationships. For most participants, these restorative relationships were associated with a specific individual, whether a peer or a more experienced influential figure. In other cases, they reported that the affiliation to new positive group contexts (*e.g.*, volunteer training, team games, religious community) played a soothing, motivational role.

Notably, in the study conducted by Racusin *et al.* (1981), the majority of therapists expressed a stronger sense of intimacy with their siblings than with either parent. Nonetheless, only a quarter of the therapists who had siblings experienced a deep sense of closeness with them – suggesting that even within sibling relationships intimacy was limited. Dynamics experienced with other family members can influence the way psychotherapists interact with their patients, shaping the therapeutic relationship. For instance, as observed by Skowrońska (2018) not only highly competitive or conflictual, but also highly nurturing interactions with siblings can translate into the therapist's approach to understanding and managing transference and countertransference issues in therapy. The relational patterns established with one's brother(s) or sister(s) can resurface in therapeutic setting, providing both challenges and opportunities for growth and understanding. Moreover, half of the therapists in the study by Racusin *et al.* (1981) identified other family members as having a significant influence on their emotional or physical well-being; such influence was deemed predominantly positive. Many of these influential figures were aunts or grandparents, noted for their role in providing substantial compensatory

parental support and care. Finally, in a study conducted by Murphy and Halgin (1995), another factor emerged as having a substantial role in career choice. This was labeled *Experiences of Strong, Interpersonal Alliances*, referring to early experiences of being a confidant to peers, having a positive relationship with a family member or someone outside the family, and having had a role model (*e.g.*, a teacher, a mentor, a psychotherapist).

A complex interplay

The results discussed so far underscore a vital aspect: the profound influence of both adverse and nurturing relationships. Although existing literature has primarily focused on the influence of childhood traumatic experiences on the motivation to choose a career in psychotherapy, the data reviewed thus far also highlight (albeit less prominently) the role of positive interpersonal experiences. Some individuals choose a helping profession due to various forms of adversities, comprising the presence of physical or psychological severe suffering within one's own familial context. Such context may have driven therapists to develop a heightened sensitivity to interpersonal stress and a desire to exert some degree of agency over their relationships, fostering a drive to understand (*i.e.*, mentalization abilities/psychological mindedness) and alleviate one's own and significant others' suffering. For instance, the presence of adverse events could particularly stimulate future therapists' mentalized affectivity, that is, their ability to assign meaning to their own affective experiences, both past and present, through the lenses of self-reflection and autobiographical memory (Jurist, 2018), thus learning to better identify, regulate, and express their emotions. Choosing a career in psychotherapy may thus serve as a mechanism to cope with adverse early dynamics. As Miller (1979) noted, children growing up in environments characterized by significant issues may be expected to act as a healer for the afflicted family member, in response to the latter needs. Other than reactive, this motivation could also encompass elements of altruism, as it involves a profound commitment to the well-being of others, often reflecting an internalized drive to repair and nurture. It can, however, pose risks: therapists may become disconnected from their own needs and find it challenging to form intimate relationships with people who do not require their care.

Conversely, positive relationships (*e.g.*, with mentors, teachers, or significant others – including one's psychotherapist) could during early years could offer models of healthy interactions based on emotional support, instilling a deep appreciation for their transformative power in terms of emotional healing and motivating individuals to tend to those needs (both their own and of others) that had been neglected. By doing so, it can illuminate aspects of the self and one's interpersonal experiences that were previously shadowed. Such positive encounters could significantly impact another capacity recently posited as pivotal to our understanding of the psychotherapeutic process: epistemic trust (Fonagy & Allison, 2014; Fonagy *et al.*, 2019). The experience of forming a strong bond with a figure able to show interest into one's mental states – to read them, mirror them, and sensitively respond to them – could repair the disruptions in epistemic trust associated by traumatic experiences (*e.g.*, Benzi *et al.*, 2023; Campbell *et al.*, 2021; Liotti *et al.*, 2023). In other words, it could reopen one's *epistemic superhighway* (Fonagy & Campbell, 2023), thus restoring faith in interpersonal processes and allowing the individual to utilize the information transmitted within them in a transformative manner. Such experiences can serve as a *corrective emotional experience*, opening the minds of future psychotherapists to learning

and self-transformation and enabling them to foster the same process with others in the future. In synthesis, a dynamic interplay between challenges and support may not only shape future therapists' professional identities but also their capacity to promote healing processes in others, highlighting the intricate connections between personal history and professional choices in the field of psychology.

The healing healer

While early adversities have been extensively studied for their role in shaping individuals' motivations, research has shown that several other elements also contribute significantly to the decision to become a psychotherapist. These motivations can be conceptualized into two main domains: self-oriented and altruistic motivations. To subsume these domains in a unifying construct, we propose the concept of the *healing healer*. The term *healing* was chosen to underline the duality characterizing the journey to become a psychotherapist: that is, both the healing process that a person may undertake and actively pursue during the development of their career identity (*i.e.,* self-oriented motivations), and the attitude in providing healing care to others (*i.e.,* altruistic motivations). Self-oriented and altruistic motivations appear as conscious and more accessible reasons stated by therapists when asked about why choosing a career in the psychological field. Although it is reasonable that the construct of the healing healer may stem and develop from the concept of the wounded healer, such distinction is proposed to better highlight that, while early adverse experiences hold significance, they may be not the only determinant in shaping career aspirations within the field of psychotherapy.

Self-oriented motivations

Self-oriented motivations for choosing a career as a psychotherapist have been posited to stem from personal growth aspirations and a desire for self-understanding. Individuals drawn to this field are thought to possess an intrinsic curiosity about human behaviors, emotions, cognitions, and their convolutions: in other words, they may exhibit high levels of psychological mindedness and mentalization. They may seek to expand their own self-awareness, introspection, and personal growth through the process of helping others navigate their psychological challenges. Becoming a psychotherapist can provide an avenue for individuals to explore their own emotional landscapes, enhance their interpersonal skills, and foster a profound sense of fulfilment by contributing to the well-being and growth of others while simultaneously advancing their own journey towards self-discovery and self-improvement. Murphy and Halgin (1995) identified three main factors related to self-oriented career choice motivations among clinical and social psychologists: *Vocational Achievement and Opportunities, Personal Growth and Inquisitiveness,* and *Personal Problem Resolution*. The *Professional Achievement and Opportunities* factor encompasses elements related to professional realization, status, and the opportunities available in one's career choice; these include desire for recognition, professional independence, financial stability, diverse job roles, collaboration with other professionals, and a wish to engage in teaching roles. The *Personal Growth and Inquisitiveness* factor revolves around an individual's innate desire for self-enhancement, development, and continuous learning; this factor en-

capsulates motivations such as the longing to comprehend individuals better, the aspiration to delve into the complexities of interpersonal connections, the drive to enhance self-awareness, the desire for close and meaningful interpersonal relationships with patients or others, and the yearning for intellectual stimulation and challenges; it emphasizes the intrinsic motivations that drive individuals toward personal growth, self-discovery, and a deeper understanding of human behavior and relationships within the realm of psychology. Finally, the *Personal Problem Resolution* factor indicates a career choice driven by a desire to address or alleviate personal challenges; it encompasses motivations such as the aspiration to resolve one's own personal problems or distress, to gain a deeper understanding of emotional expression, as well as the desire to hold a position of influence or power, and the wish to explore intimate aspects of people's lives. The presence of such motivations highlighted how some individuals are drawn to the field of psychology as a means of addressing their own issues, gaining insights into emotional expression, seeking empowerment, and exploring the complexities of human lives within their professional pursuits. Interestingly, clinical psychologists attributed higher importance to the Vocational Achievement and Opportunities and the Personal Problem Resolution factors than social psychologists, whereas no differences were observed for the Personal Growth and Inquisitiveness Factor.

Self-growth has been recognized as the second most influencing motivation also by the sample evaluated by McBeath (2019); in this case, it has been conceptualized as the acknowledgment that both personal growth and the pursuit of new knowledge and comprehension are esteemed goals, relevant to both therapist and patients. The results of the study highlighted that there exists a genuine interactive process where the therapist gains insights from the patient, and in turn, the patient benefits from the therapist's improved self-development and heightened self-awareness, fostering a dynamic relationship where learning occurs mutually between therapist and patient, contributing to their respective growth. Personal development was designed as a motivation contributing to career choice also by a sample of psychotherapy trainees interviewed by Safi *et al*. (2017), along with other self-oriented motivations including future occupational possibilities (in terms of remuneration and flexibility of working hours and workload). Analogously, a sample of counsellors surveyed by Barton (2023) reported the desire for self-fulfillment and personal satisfaction as relevant motivations to pursue their career.

Similar motivations were also reported by the sample of psychotherapy trainees surveyed by Messina *et al*. (2018). Among the predominant motivations cited for pursuing a career as psychotherapist, respondents highlighted their interest and curiosity, particularly in understanding the workings of the human mind and human relationships. Additionally, there was a significant emphasis on personal development, with trainees expressing eagerness to understand their own functioning and growth as individuals, as well as motivations related to enhancing professional skills and abilities. The role of self-oriented motivations was also highlighted by Hill *et al*. (2013), who interviewed and asked to write self-reflection papers to 10 female psychology students. Qualitative analysis revealed a complex interplay of self-oriented and altruistic motivations. These included a desire for personal healing, finding therapy enjoyable and rewarding, seeking to have a societal impact, and deriving personal meaning from work. Similarly to what has been found by Safi *et al*. (2017), the study also highlighted elements such as enjoying interactions with people and valuing the flexibility in work hours and workload.

Altruistic motivations

It has been argued that therapists may be drawn to the field of psychotherapy by a profound desire to contribute to the well-being of others, offering support, empathy, and guidance to help individuals navigate their difficulties and lead more fulfilling lives. Their commitment to helping others often extends beyond personal gratification, reflecting a deep-seated belief in the importance of fostering positive change and promoting mental health in the lives of those they aim to assist. Enhancing patients' growth has been designated as the most popular motivation to become psychotherapist in the survey conducted by McBeath (2019). Similarly, Messina *et al.* (2018) found that altruistic motivations – including the wish to help others and a desire to be emotionally close to them – covered the second most frequently selected set of motivations to start a psychotherapy training. Murphy and Halgin (1995) individuated professional altruism as a critical factor influencing psychologists' career choice and paths. This encompasses a desire and inclination to assist others, whether on a personal or societal scale, aiming to encourage growth and transformation and contribute to the betterment of society. Notably, professional altruism was equally present both in clinical and social psychologists' groups, although the former more often referred to a desire to help individuals, whereas the latter typically alluded to a desire to change society. Altruistic motivations were identified also in the sample of psychotherapy trainees recruited by Safi *et al.* (2017), where they were described as a set of drives to help others, try to make improvements possible, and ease the severity of their symptoms. Similarly, Barton (2023) observed that, among the surveyed counsellor sample, altruism (*i.e.,* desire to help people and promote change in their lives) was a predominant motivation contributing to career choice. Moreover, DiCaccavo (2002) reported that trainee counselling psychologists perceived their levels of self-efficacy toward caring for others – that is, the set of beliefs and confidence in their abilities to effectively support and care for their patients – as significantly higher than a group of art students, which could foster an altruistic motivation to become therapists. Additionally, Hill *et al.* (2013) showed that psychology students are motivated toward their career as psychotherapist by two typical altruistic motivations: the desire to help those who had undergone similar kind of painful experiences lived by oneself in the past, and the need to help or serve others in order to contribute to the wellness of society.

The results discussed so far well describe the dual nature of construct of the *healing healer*. They reveal the multifaceted motivations driving individuals toward psychotherapy, where the conduit for self-enhancement and fulfilment (*i.e.*, self-oriented motivations) is strictly intertwined with the desire to help others and contribute meaningfully to their lives (*i.e.*, altruistic motivations). The presence of altruistic motivations among those who want to pursue careers as a psychotherapist highlights the mutual benefit that the therapeutic relationship can have for both poles of the dyad – an aspect which seems to be better reflected in the concept of the healing healer than in that of the wounded healer. Moreover, the demanding nature of the psychotherapist's role, which often involves the risk of emotional exhaustion and burnout, highlights an important role that altruistic motivations can play as resilience factors with respect to the aforementioned risks, and in ensuring that therapy remains a compassionate, mindful, and patient-centered process.

A larger framework: conscious and unconscious motivations and clinical implications

While the concept of the wounded healer remains significant in the debate on the motivations for choosing a career in psychotherapy, other types of motivation arose from the reviewed literature. Here, the figure of the healing healer has been proposed to subsume a series of self-reported motivations stemming from individual needs. Such needs included both self-oriented (*e.g.*, vocational achievement, personal growth, personal problem resolution, learning about other people) and altruistic (*e.g.*, enhancing patient growth, professional altruism) motivations.

The wounded healer concept offers a compelling perspective on the transformative power of personal healing. Positive effects that are frequently mentioned include improved empathy for patients, a deeper comprehension of one's adverse experiences, an increased awareness of how challenging therapy can be, increased tolerance and patience for slow-paced progress, and a stronger belief in the therapeutic process. (Gelso & Hayes, 2007; Gilroy *et al.*, 2001). On the other hand, research evidence has also highlighted possibly negative effects, including a diminished capacity for emotional presence, poorly controlled countertransference, overidentification, projection, as well as being more susceptible than others to experiencing trauma from the clinical work itself (Gil, 1988; Salston & Figley, 2003). For instance, Cvetovac and Adame (2017) reported a series of therapists' concerns about the impact of their wounds on clinical work, including struggles in being present in their interactions with patients and colleagues, feeling overwhelmed, difficulties in concentration as well as effort in examining their own reactions in terms of countertransference and identification with their patients, in order to prevent harm in their clinical work: in other words, the wounded healer might become a wounding healer (Farber, 2016). Zerubavel and Wright (2012) acknowledged that experiences following a wound vary according on its type, degree, and duration (*e.g.*, temporary or permanent challenges, a physical or psychological problem, a guarded or benign prognosis). Furthermore, the stigma attached to specific kinds of adversities may have a significant impact on how comfortable therapists feel about disclosing their wounds and how other professionals treat them when they do. Trajectories following the healer's woundedness may therefore vary to some extent. In addition, since the healing process is not often straight-forward or, once it occurs, permanent, determining the state of recovery for a wounded healer can be challenging. Woundedness may lead either to chronic dysfunction and relapse or to recovery and posttraumatic growth trajectories (Zerubavel & Wright, 2012). The former are mostly fostered by therapists' concerns about the extent to which their wounds may affect clinical functioning and, thus, their therapeutic work; the latter, on the other hand, are characterized by a use of woundedness as catalyst for healing within the therapeutic process, helping in understanding the patient's perspective and in the construction of a strong therapeutic alliance by adopting appropriate self-disclosure.

It is important to remember that not every psychotherapist aligns with the wounded healer archetype. As suggested by Farber *et al.* (2005), it is possible to plot the level of emotional discomfort that therapists experienced as children on a continuum, with some having suffered severe injuries, others going through just mild emotional turmoil, and a large number going through challenging, although not outwardly traumatic, childhood experiences. Fur-

thermore, reviewed literature suggested that the story of how one's own adverse early experiences inspired a profession in psychology is only one aspect of the larger picture of motivations. Some are driven by self-oriented motivations, wanting to learn more about the human psychology and advance their own personal development. Some are driven by altruistic motivations, a genuine desire to improve society, or the desire to help others develop resilience and mental health.

Nonetheless, it is reasonable to posit that overt motivations for career choices in therapy may be underpinned by deeper, unconscious drivers. McBeath (2019) reports that the vast majority of therapists acknowledge unconscious factors influencing their professional decisions, and that many align with the concept of the wounded healer. However, substantial disagreement persists among therapists concerning their awareness of the motivations underlying their job choice. Some scholars, for instance, have identified narcissistic needs and wounds as significant yet unconscious motivations for pursuing careers in psychology (Hammer, 1972; Sussman, 1992). Others psychoanalytic authors have posited that therapists struggle with narcissistic conflicts around voyeurism and exhibitionism (*e.g.*, Aron 1996; Strean 1993; Kuchuck 2013). Furthermore, Barnett (2007) revealed that motivation to become a therapist may arise from two major themes: experiences of early loss and deprivation, and unmet narcissistic needs during infancy. Adverse events, such as loss or separation from primary caregivers, neglect, or family disruption, can hinder the fulfilment of narcissistic needs due to the lack of a *good-enough* caregiving environment; the consequences of such events may obliquely carry over into adulthood, leading to traits of grandiosity, intolerance for failure, and craving for love and attention. Shame and insecurity, two other common results of the non-fulfilment of narcissistic needs, can also be directly related to the need to care for others: just as they had been forced to prioritize their parents' (or siblings) demands, therapists may become excessively self-sacrificing with their patients. Self-oriented motivations may thus be somehow linked to the satisfaction of unconscious narcissistic needs for success, validation, and recognition. In a similar vein, altruistic desire to help others may be connected to the necessity to be somehow needed by patients, as well as to an attitude of being able to work with any issue and any patient. Such feelings of omnipotence and importance could be an attempt to make up for earlier feelings of neglect, humiliation and shame, or they could be a front for one's inherent fragility. Notably, higher rates of narcissistic injury among trainee counselling psychologists, compared to other types of postgraduate students, have been observed (Halewood & Tribe, 2003). From this perspective, unconscious reactive and reparative responses to early unsatisfied needs (*e.g.*, due to dysfunctional caregiving or the exposure to negative experiences in the family of origin) may be linked to conscious self-oriented or altruistic motivations. Although literature on the topic is lacking, it is reasonable to speculate that several factors may play a role in moderating the relationship between early experiences and motivations to become a psychotherapist, as well as in one's personal style as such. For instance, literature addressing defense mechanisms in therapists and in other helping professions highlighted that motivations to help others may be associated with patterns of superior and adaptive defense style, involving altruism and self-observation mechanisms (Popescu *et al.*, 2015), as well as more immature or neurotic defenses, including self-sacrificing (Adams & Riggs, 2008) and pseudo-altruism (Hurşitoglu *et al.*, 2019). From a theoretical standpoint, it has also been posited (Lingiardi, 2018) that psychotherapists can employ various defense mechanisms to pro-

tect themselves from their own and others' suffering, fatigue, frustration, conflictual affects, and feelings of helplessness – and may do so both in an adaptive or maladaptive manner. A balanced use of intellectualization and isolation, for instance, can help them manage emotional exposure to their patients' difficulties, but over-reliance on these mechanisms may lead to adopt a cold, technical stance, reducing patients to mere "cases" and compromising therapists' sensitivity and ability to "heal". Similarly, projection can cause clinicians to blame a patient for the difficult emotional states experienced during therapy without recognizing their own underlying issues; denial to disavow aspects eliciting unmanageable anxiety or distress; and rationalization to justify poor practice with specious excuses.

When the drive to become a psychotherapist originates from the narcissistic needs of one's significant others, it may lead to neglect or deny one's own needs, and/or to find fulfilment and establish intimacy with persons different from one's patients (Farber, 2016; Miller, 1979). After interviewing psychotherapists regarding their motivations to pursue their career, Sussman (1995) found that practicing psychotherapy can hinder the ability to establish healthy, gratifying intimate relationships when patients become the only source of realization — an aspect that can heighten therapists' risk to develop various forms of psychological suffering. Moreover, in addition to the motivations explored in this paper (*i.e.*, self-oriented and altruistic), a third dimension that poses potential risks in the healing profession must be considered: power. Patients (from the Latin *patiens*, present participle of *patior*, "to suffer, endure") are individuals in a state of vulnerability who need someone to alleviate their suffering and take care of them. To fulfill this role, the healer must possess appropriate knowledge, tools, and status; thus, implicitly, power. The psychotherapeutic relationship is inevitably an asymmetric one (Guggenbuhl-Craig, 1971). This asymmetry must be carefully guarded and monitored, making it vital for therapists to be aware not only of the psychological foundations of their professional motivations, but also of the complex dynamics inherent in their relationships with patients.

The link between unconscious and conscious motivating forces is still unknown, for several reasons. First, literature on motivations to pursue a career in psychology is rather scarce, mostly based on narrative reports, with only few empirical research articles to date available. A second aspect deals with difficulties in delving into therapists' personal motivations due to either participants' reluctance to share deeper (even painful) motivations with interviewers, or lack of self-awareness (Hill *et al.*, 2013). Nevertheless, the exploration of motivations (both conscious and unconscious, as well as of their interplay) to become therapists may yield particularly significant clinical implications. Firstly, it may enhance the development of therapist's self-awareness, which has been extensively considered as a fundamental component of effective psychotherapy (Knapp *et al.*, 2017). Encouraging therapists' self-awareness of their own motivations may prevent the risk of projecting negative feelings onto their patients; similarly, self-awareness may be of help to practitioners in taking distances from one's own world perspective and discriminating patients' point of view from therapists' personal lenses. In the same vein, understanding how personal experiences may affect their motivations can further foster therapists' self-awareness and promote effective interventions, as they may contribute to the therapists' emotional responses, countertransference and relational patterns within the therapeutic setting (Colli *et al.*, 2014; Shafranske & Falender, 2008). Moreover, therapists who remain unaware of their underlying motivations may be at risk of unintentionally

abusing their patients to satisfy their own unfulfilled or undiscovered needs (Sussman, 1992). Lastly, monitoring personal motivations towards psychotherapy may help therapists in keeping being engaged and satisfied with their own job. It has been suggested that therapist's motivations may vary over time (McBeath, 2019); thus, a periodic re-evaluation of why one has entered the field of psychotherapy may prevent from negative effects on patients' well-being, as well as promote therapists' self-care (Farber *et al.*, 2005). Therapists' loss of motivation and disengagement can be detrimental to the therapeutic process. Indeed, it has been observed that therapists' disengagement is associated with poorer therapy outcomes (Delgadillo *et al.*, 2018). Therefore, it becomes crucial to understand the factors motivating individuals to embark on a career in psychotherapy, understanding how these might shape one's approach to practice and contribute to therapeutic effectiveness, resilience against burnout, as well as to the potential for professional fulfilment. Another implication derives from the empirical observations that different psychotherapeutic interventions have comparable positive outcomes and that psychotherapy outcomes are rather mostly affected by the therapist effect – that is, the therapist's ability to form a strong alliance with their patients (Cuijpers *et al.*, 2021; Del Re *et al.*, 2021). Therapist's effectiveness has been extensively associated with intra- and inter-personal characteristics that, while professionally developed, are probably derived from their personal experiences and attachment histories, such as empathy and the ability to establish and repair alliances (for a review, see Heinonen & Nissen-Lie, 2020). In other words, as suggested by McBeath (2019), what really matters in psychotherapy is the therapist and their intra- and inter-personal characteristics, including their motivations toward being a therapist. These observations point to the need for more research delving into the therapist's personal characteristics, which may complement research into therapeutic outcomes (Orlinsky & Rønnestad, 2005). Particularly, there is an urge in the exploration of variables reflecting therapists' obstacles and needs to know oneself better, to accept oneself or paradoxically change oneself. One example might be provided by the therapists' sexual identity; in their quest for self-awareness, self-acceptance, and personal growth, therapists may encounter obstacles in fully knowing and embracing their authentic selves. This process can entail navigating internalized biases, societal expectations, and professional norms and, paradoxically, while striving for self-acceptance, therapists may also feel compelled to initiate personal changes to align with societal or professional expectations, adding complexity to their journey of self-discovery and authenticity (Moore & Jenkins, 2012; Ward & Winstanley, 2005). From this perspective, helping others might serve and motivate to help oneself. Indeed, exploring these variables could facilitate a paradigm shift, from the concept of the wounded healer to that of the healing healer, embracing its dual significance. This transition could help therapists to protect against personal risks and malpractices in their profession, thereby ensuring the safeguard and well-being of both them and their patients. Also, career and work motivations change over historical periods as well as within individuals' life phases (Schröder, 2023). Although it is not possible to draw a firm trajectory of how motivations to become psychotherapists and their scientific exploration may have changed throughout the decades, it is reasonable to hypothesize that, as historical times and cultural movements follow one another, and as a person naturally grows and develops, these factors may exert influence on individuals' aspirations to pursue a career in psychology. Future studies are thus warranted to address cultural and developmental factors in the exploration of and changes in psychotherapists' motivations. For instance, exploring how motivational factors vary across different cultural contexts and on the basis of individual differences such as gender or age could provide valuable insights for our understanding of why individuals choose this helping profession. It is also reasonable to hypothesize that different types of motivation may be correlated with specific professional risks. For example, self-centered motivations might be linked to an increased risk of burnout; at the same time, identifying potential protective motivational factors could help mitigate such risks. Therefore, further studies in this field are essential. It would also be valuable for future research to investigate the dimensions of mentalized affectivity and epistemic trust in therapists. These constructs could help us understand how they have processed their negative experiences and—potentially through the mediating effect of positive encounters with figures such as teachers, mentors, or their own psychotherapists—become motivated to pursue a career in this field. Indeed, research shows that both mentalized affectivity and epistemic trust are associated with characteristics such as empathy, reflective functioning, emotional regulation, and overall psychological well-being (Benzi *et al.*, 2023; Greenberg *et al.*, 2017; Jurist *et al.*, 2023; Liotti *et al.*, 2021), all of which play a pivotal role in one's ability to effectively practice psychotherapy and respond to the challenges this profession entails.

This review has shown that motivations underlying the choice of becoming a psychotherapist encompass autobiographical elements which can, at times, be a source of conflict — both resolved and not. The decision to pursue such a career may fostered by a necessity to reckon and process one's own need to be helped and cared for; however, it can also be influenced by a tendency to minimize it. It might represent the search for an "antidote" against representations, perhaps formed during childhood, of oneself as weak, vulnerable, or in danger. We often neglect such aspects, envisioning the psychotherapist figure through idealized lenses—as healthy, balanced, well-adjusted. While somewhat necessary, this also make us blind to some truths. It prevents us from seeing the fragility of the healer and, more generally, the shadow of this helping profession (Jung, 1951; Jung & Jaffé, 1961). Recognizing, understanding, and processing those aspects of the healer's personality that have remained hidden, rejected, even dreaded, means that they will no longer haunt us.

A few limitations must be acknowledged. The main weakness of the present work deals with the paucity of empirical research on motivations to pursue a career in the psychological field. Although the use of narrative reports and clinical vignettes may provide detailed insights into therapeutic processes and psychotherapists' experiences, their subjective nature and context-specific details can limit the generalizability of the findings to broader populations. Future research is warranted to integrate both qualitative and quantitative methodologies, to further address the role of the therapist's motivations within the therapeutic process, thereby enhancing the robustness and applicability of psychotherapy research. A second limitation concerns the emphasis on the role that negative experiences may have played in shaping the decision to become psychotherapists, potentially overshadowing the role of positive influences in career choice. Such emphasis reflects the trend observed in the retrieved articles, in which positive life events are barely taken into consideration when discussing motivations to become therapists. Further research addressing the potential role of positive experiences throughout the therapist's life course in promoting and shaping a motivation toward such career choice are mandatory to provide additional insights on the topic.

In conclusion, the motivations to become a psychotherapist form a complex and multifaceted landscape. Whether rooted in

personal healing, self-discovery, or altruism, each motivation contributes to the dynamic and evolving nature of the profession. As the field continues to embrace diversity and explore the intersections of personal and professional growth, we should remain committed to the fundamental goal of fostering mental health and well-being. The manifold nature of motivations underlying choosing the healing profession invites future exploration, ensuring that the field adapts and thrives in the multifaced branch of psychological practice.

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