

Emotional Experience of Psychotherapists: A Latent Profile Analysis

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Psychotherapists respond to clients' emotions in their daily work. However, little is known about therapists' emotional experience and how different patterns of emotional experience are related to therapist empathy. Two samples of therapists, 1 from English-speaking countries ($n = 314$) and 1 from Mainland China ($n = 589$), completed measures of emotional reactivity, emotional regulation, expressive flexibility, and empathy. Latent profile analyses identified 3 profiles of emotional experience, namely, Calm Regulators (CR), Moderate Experiencers (ME), and Emotional Feelers (EF), in both samples, although the distribution and indicator levels of profiles differed between samples. In general, CR reported the lowest levels of emotional reactivity and emotional regulation difficulty, followed by ME and EF. CR also reported greater ability to suppress emotional expression as needed compared to ME and EF. In terms of empathy, CR reported greater perspective taking and lower personal distress than ME and EF in both samples. Empathic concern was higher in CR than ME and EF in the English-speaking sample, but did not differ across profiles in the Chinese sample. In addition, CR tended to be older and had more years of clinical experience in both samples. As an exploratory analysis, Chinese therapists with the CR profile reported higher levels of self-efficacy in handling client distress and conflicts in the therapeutic relationship compared to ME and EF. Implications of findings for practice, training, and research are discussed.

Clinical Impact Statement

Question: How do psychotherapists differ in their way of experiencing emotions and how are they related to empathy, culture, and demographic variables? **Findings:** Three profiles of emotional experience were identified in two samples of therapists from different cultural background. More experienced therapists tend to experience less intense emotions and have fewer emotional regulation difficulties. Therapists who experience emotions intensely and have difficulty regulating emotions may have higher personal distress and lower perspective taking in response to others' emotions. **Meaning:** Understanding one's pattern of emotional experience may help psychotherapists to be aware of their strengths and weaknesses in empathy when working with clients. **Next Steps:** Profiles of therapist emotional experience may be studied in relation to psychotherapy process and outcome. Longitudinal studies may also be conducted to see how therapists develop over their career as they engage in emotionally laden work.

Keywords: therapist emotion, latent profile analysis, empathy, counseling self-efficacy, culture

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Working with people's emotional experience is a core part of psychotherapy across theoretical orientations (Greenberg & Safran, 1989). How well therapists perform on the job therefore depends on their ability to attend and respond appropriately to, but not overwhelmed by, clients' emotions. Nevertheless, research in

psychotherapy has thus far focused more on clients' than on therapists' emotional experience. For example, in a recent meta-analytic review on the relation between emotional expression and psychotherapy outcome, 42 studies were found on clients' emotional expression but only 13 studies were found on therapists'

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emotional expression (Peluso & Freund, 2018). Given that therapists contributes significantly to the variability in therapy outcome (Johns et al., 2019), the present study is conducted to fill the gap in research on therapists and further our understanding of therapists' emotional experience in association with other therapist characteristics.

Emotional Experience: Reactivity, Regulation, and Expressive Flexibility

In the study of emotions, emotional experience has often been conceptualized as a two-part process: Emotional reactivity and emotional regulation (Gross & Barrett, 2011; Zelkowitz & Cole, 2016). Emotional reactivity refers to how readily one experiences emotions, including the sensitivity, intensity, and duration of emotional experience (Nock et al., 2008). Emotional regulation, on the other hand, pertains to individuals influencing the emotions they experience, when they experience emotions, and how they express them (Gross & Barrett, 2011). In addition, emotional regulation may be considered as a type of competency, involving emotional awareness, acceptance of emotions, use of emotion regulation strategies, engagement in goal-directed behaviors, and impulse control (Gratz & Roemer, 2004).

Another dimension of therapist emotional experience related to emotional regulation is emotional expression. In order for dyadic regulation of emotions to bring about client change, clients need to experience their therapist's affective involvement (Fosha, 2001). Therapists therefore need to communicate their emotions to clients to impact the therapeutic process. Although emotional expression is often spontaneous, of interest here is therapists' ability to display the type and intensity of emotions that they want so that they can be intentional in their interactions and achieve therapeutic goals. For instance, if a therapist is angered by their client, the therapist may want to suppress the immediate feelings so that they do not act out their reactions and damage the alliance. In contrast, if a client breaks good news while the therapist is tired or sad, the therapist may want to enhance the level of expressed excitement compared to how they feel so that they offer sufficient empathic mirroring. The ability to enhance or suppress displayed emotions in accordance with situational demands, known as expressive flexibility, has been a subject of investigation and is associated with better psychological adjustment (Bonanno et al., 2004) and interpersonal relationships (Wang et al., 2020).

To our knowledge, no study has looked at therapists' emotional reactivity, regulation, and expressive flexibility simultaneously in therapist research. However, studies did look at different aspects of therapist emotions in relation to outcome. For instance, Lingardi et al. (2018) reported that therapist interpersonal skills, which include therapist emotional expression and empathy, showed the most direct effect on treatment outcome. Attachment, which is associated with emotional regulation (e.g., Shaver & Mikulincer, 2014) is also related to outcome through interaction with other variables, such as the alliance (Lingardi et al., 2018). Emotional regulation has also been examined as a part of emotional intelligence, which is associated with lower client dropout rates and better therapist-rated outcome (Kaplowitz et al., 2011). In process research, therapists who reported higher positive affect before sessions had higher client ratings of session quality, whereas therapists who reported higher pre-session negative affect

had lower client ratings of session quality and working alliance (Chui et al., 2016). In addition, therapist's in-session emotional expression has a medium positive effect on treatment outcome (Peluso & Freund, 2018). These studies illustrate the significance of therapist emotions in psychotherapy. However, the applied focus of the research makes it hard to see therapist emotions at a more basic level, such as how therapists differ in the different components of emotional experience.

Besides individual differences, cultural factors influence people's emotional experience. For example, Eastern cultures (e.g., Chinese) discourage open expression of emotions, particularly negative ones, to others (Leong & Lau, 2001). Compared to undergraduate students in Southern California, those in Beijing reported to experience less intense emotions and used more disengagement strategies to regulate emotions (Davis et al., 2012). The study of therapist trait emotional experience will thus be enhanced if cultural background is also taken into account.

Therapist Emotional Experience and Empathy

How may therapists' emotional experience be related to psychotherapy process and outcome? Therapists who are less comfortable or familiar with talking about emotions may have difficulty facilitating clients' exploration of feelings, which may hinder clients' processing and change regardless of therapy type or theoretical orientation (Brooks et al., 2017; Elliott et al., 2004). In addition, although a person's emotional experience may be triggered by any stimulus, empathy is a special type of emotional experience where the stimulus involves another person's emotions (Wondra & Ellsworth, 2015). Across a number of studies, empathy has a medium effect on client outcome (Elliott et al., 2018); and the effect of empathy is large when compared to other common and specific therapy factors (Wampold, 2015). Taken together, a better understanding of how therapists generally experience emotions may inform us about how therapists experience empathy in particular to facilitate therapeutic effects.

A recent study used latent profile analysis (LPA) to classify therapists into four profiles of empathy: Rational empathic, Average, Empathic immersion, and Insecure self-absorbed (Laverdière et al., 2019). To do this, therapists were recruited to complete the Interpersonal Reactivity Inventory (IRI; Davis, 1983), a widely used self-report measure of empathy that contains four subscales: Perspective Taking (PT), Fantasy (FS), Empathic Concern (EC), and Personal Distress (PD). LPA groups therapists with similar patterns of subscale scores into profiles. For instance, therapists with the Insecure self-absorbed profile had the highest PD and below-average PT, FS, and EC scores, whereas those with the Rational empathic profile had the highest PT, average EC, low FS, and the lowest PD scores (Laverdière et al., 2019). By the same token, how therapists generally feel and deal with emotions may be classified into profiles using LPA based on established measures of emotional experience. These profiles can then be examined in association with important therapist characteristics, such as empathy. For instance, based on the profiles of emotional experience, which therapists are especially good at perspective taking and which therapists are especially at risk for personal distress in response to others' emotions? In essence, the understanding of therapist empathy is extended by a better understanding of the underlying therapist emotional experience.

Present Study

Emotional experience may be studied in terms of emotional reactivity, emotional regulation, and expressive flexibility. Knowing how therapists generate, regulate, and express emotions in response to the emotions of others is a crucial part of understanding therapist functioning. With this goal in mind, profiles of therapist emotional experience were generated based on established measures of emotional reactivity, emotional regulation, and expressive flexibility using LPA, and the profiles were compared on levels of therapist-reported empathy. The profiles were also examined in terms of demographic, training, and clinical experience variables to see how these variables are associated with different emotional experiences. In addition, two studies were conducted, first using measures in English administered to a sample of therapists mainly from the West and the second using the same set of measures in Chinese administered to therapists in Mainland China, to investigate the replicability of profiles and the similarities and differences among therapists across cultures.

Study 1

Following the LPA study on therapist empathy (Laverdière et al., 2019), therapists from English-speaking regions were invited to participate in the present LPA study on therapist emotional experience. To be eligible, participants' primary job duty should be the provision of psychotherapy and counseling and they need to be able to complete questionnaires in English.

Method

Participants

To investigate the profile of emotional reactivity, emotional regulation, and emotional expression and its association with empathy, a total of 331 participants who met eligibility criteria completed the survey online. Of these, 17 (5.1%) participants failed to answer both of the attention-check items (e.g., choose option A for this item) correctly and were excluded. Thus, 314 (79.9% female; age $M = 39.4$ years, $SD = 13.2$) participants were included in the subsequent analyses. The majority of participants came from the U.S. (62.7%) and Canada (24.2%), with the remaining participants coming from other countries (e.g., Australia, United Kingdom, Italy, New Zealand, Norway). Regarding education level, 170 (54.1%) reported to have a master's degree, 118 (37.6%) with a doctoral degree, 25 (8.0%) with a bachelor's degree, and one (.3%) reported to have below a bachelor's degree. They reported an average of 10.95 ($SD = 9.99$) years of clinical experience, and saw on average 16.62 ($SD = 9.03$) clients per week. As assessed on the Theoretical Orientation Profile Scales–Revised (Worthington & Dillon, 2003; 1 = *not at all* to 10 = *completely adhere to a particular orientation*), participants most identified with and used techniques from the multicultural orientation ($M = 7.04$, $SD = 2.39$), followed by cognitive/behavioral ($M = 6.31$, $SD = 2.52$), humanistic/existential ($M = 5.92$, $SD = 2.46$), feminist ($M = 5.26$, $SD = 2.83$), psychoanalytic/psychodynamic ($M = 4.71$, $SD = 2.80$), and family systems ($M = 4.65$, $SD = 2.69$).

Measures

Emotional Reactivity. The Emotional Reactivity Scale (ERS; Nock et al., 2008) is a 21-item self-report measure of how individuals experience emotion in general. Items are rated on a scale from 0 = *not at all like me* to 4 = *completely like me*. It includes three subscales: Sensitivity, Intensity, and Persistence. However, as Nock et al. (2008) noted that a single factor provided the best data fit, the total scale was used by averaging all the item scores, with a higher score indicating a higher level of emotional reactivity. Internal consistency for the ERS was excellent in the measure development sample (Nock et al., 2008) and the Cronbach's α for the total scale was .94 in the present study. For comparison, the $M \pm SD$ score for the ERS total scale in a sample of 715 college students was $1.40 \pm .73$ (Zelkowitz & Cole, 2016).

Emotional Regulation. The Difficulties in Emotional Regulation Scale (DERS; Gratz & Roemer, 2004) is a widely used 36-item self-report measure of difficulties in emotion regulation. It consists of six subscales: Nonacceptance of Emotional Responses, Difficulties in Engaging in Goal-Directed Behavior, Impulse Control Difficulties, Lack of Emotional Awareness, Limited Access to Emotion Regulation Strategies, and Lack of Emotional Clarity. Items are rated on a Likert-type scale from 1 = *almost never* to 5 = *almost always*. The scores for the six subscales are computed by averaging the corresponding item ratings, and a higher score indicates greater difficulty in regulating one's emotions. Internal consistencies were adequate ($\alpha > .80$) for all of the subscales in the development sample (Gratz & Roemer, 2004). In this study, the Cronbach's α values for the six subscales ranged from .79 to .90. For comparison, the $M \pm SD$ subscale scores for a sample of 797 college students (Kaufman et al., 2016) were $2.00 \pm .87$ (NON-ACCEPT), $2.68 \pm .96$ (GOALS), $1.67 \pm .79$ (IMPULSE), $2.27 \pm .80$ (AWARENESS), $1.95 \pm .80$ (STRATEGIES), and $2.01 \pm .68$ (CLARITY).

Expressive Flexibility. The Flexible Regulation of Emotional Expression Scale (FREE; Burton & Bonanno, 2016) is a 16-item measure of one's flexibility in enhancing or suppressing positive and negative emotions. This scale includes two subscales, Enhancement and Suppression, with satisfactory internal reliabilities. Participants are asked to indicate to what extent they are able to be expressive (e.g., A friend wins an award for a sport that does not interest you) or to conceal their feelings (e.g., During a meeting with a supervisor, his or her phone unexpectedly begins to play an embarrassing ringtone) in hypothesized scenarios. The items are rated on a 6-point Likert scale ranging from 1 = *unable* to 6 = *very able*. The subscale scores are computed by averaging the corresponding item scores, and a higher score indicates a higher level of flexibility in enhancing or suppressing emotional expressions. In this study, the Cronbach's alpha values for the Enhancement and Suppression subscales were .85 and .75, respectively. For comparison, the $M \pm SD$ subscale scores in a sample of 310 college students were $4.00 \pm .73$ for Enhancement and $3.88 \pm .77$ for Suppression (Chen et al., 2018).

Empathy. The IRI (Davis, 1983) is a 28-item self-report questionnaire on participants' subjective level of empathy. Items are rated on a 5-point Likert scale from 0 = *does not describe me well* to 4 = *describes very well*. This scale consists of four

subscales with adequate internal reliabilities and validities (Davis, 1983). The scores of the four subscales are obtained by averaging the corresponding item ratings, with a higher score indicating a higher level of empathy. In this study, the Cronbach's α values for the Perspective Taking (PT), Fantasy (FS), Empathetic Concern (EC), and Personal Distress (PD) subscales were .75, .78, .77, and .76, respectively. For comparison, the $M \pm SD$ subscale scores for a sample of 775 psychotherapists (Laverdière et al., 2019) were $2.87 \pm .53$ (PT), $2.38 \pm .70$ (FS), $2.99 \pm .53$ (EC), and $1.18 \pm .6$ (PD).

Procedure

This study was approved by the institutional review board. Recruitment advertisement with a Qualtrics link to the survey was distributed on professional listservs and through personal contacts. Potential participants who provided informed consent after reading about the study aims, procedure, and confidentiality were taken to the survey. The survey took about 20 min to complete and participants received a gift card for their participation if they provided their e-mail address at the end of the survey.

LPA was conducted using Mplus 7.4 to identify the heterogeneous patterns of emotional reactivity, emotional regulation, and emotional expression among participants. First, the mean scores of the ERS total scale, the six subscales of DERS, and the two subscales of FREE were entered as indicators. Second, LPA models, starting from one-profile to nine-profile models, were assessed using robust maximum likelihood (MLR). To avoid Local Likelihood Maxima, these models were estimated with 200 random sets of starting values and 50 final stage optimizations (Wang & Bi, 2018). The best-fitting solution was assessed jointly by the following criteria: the consistent Akaike information criterion (CAIC), Bayesian information criterion (BIC), the sample-size adjusted Bayesian information criterion (SSA-BIC), Lo-Mendell-Rubins likelihood ratio test (LMR), bootstrap likelihood ratio test, entropy, and the prevalence and interpretability of each profile (Morin et al., 2016; Nylund et al., 2007; Tein et al., 2013). As descriptive indices, smaller CAIC, BIC, and SSA-BIC values indicate better model fit. Of note, BIC was the most effective indicator among all information criteria (Nylund et al., 2007). The LMR and bootstrap likelihood ratio test are comparison tests of model fit between the k and $k-1$ profile models, where k is the number of latent profiles generated. A significant p value (i.e., $p < .05$) indicates that the k profile model fits better than the $k-1$ profile model. The entropy reflects the clarity of classification, with a higher entropy indicating a more accurate classification. In addition, because uncommon profiles are difficult to replicate, models that include groups with low prevalence ($< 5\%$ of participants) are excluded to avoid unstable results (Nylund-Gibson & Choi, 2018). Finally, whether the generated profiles make theoretical sense is also considered.

After determining the optimal profile model, profile differences on covariates (i.e., demographics, clinical experience, and theoretical orientation) and distal outcomes (i.e., perspective taking, fantasy, empathetic concern, and personal distress) were examined using the R3STEP and BCH method, respectively (Asparouhov & Muthén, 2014a, 2014b). If the outcome variable is class membership, R3STEP is specified under the AUXILIARY command and the covariates are used as predictors. A multinomial logistic

regression analysis is conducted to test whether covariates could account for membership in the identified profiles. Results are significant if the 95% confidence interval of the odds ratio does not include one. If class membership is used to predict distal outcomes, BCH is specified in the AUXILIARY command to compare profiles on distal outcomes while taking into account unequal variances among outcome variables and potential classification errors of latent profiles (Asparouhov & Muthén, 2014a, 2014b; Wang & Bi, 2018).

Results

Descriptive Analyses

Table 1 shows the means and standard deviations of variables, and the bivariate correlations between variables. ERS had medium to large positive correlations with five subscales of the DERS (i.e., Nonacceptance, Goals, Impulse, Strategies, and Clarity) and non-significant correlation with DERS-Awareness. ERS had small negative association with FREE-Expressive Suppression, but it was not associated with FREE-Expressive Enhancement. In addition, both FREE subscales had small negative associations with all the DERS subscales, with the exception for DERS-Nonacceptance, where the associations were nonsignificant.

Latent Profiles of Emotional Experience

Table 2 shows fit indices for the LPA models between one and nine profiles. As the number of profiles increased, the BIC value decreased, reaching a minimum in the six-profile model, and then increased. This observation suggests that the six-profile model may be the optimal solution (Nylund-Gibson & Choi, 2018). However, the five- and six-profile models both had at least one profile with fewer than 5% of participants, indicating that these models may be difficult to replicate (Nylund-Gibson & Choi, 2018). In addition, the three-profile model had the only significant LMR p value among all tested solutions, suggesting that the three-profile model was a better solution than the two-profile model, but the four-profile model did not improve from the three-profile model. Given that the three-profile model also has meaningful profiles and a high entropy that indicates precision of classification, it was deemed the best solution for this sample.

With respect to the interpretation of profiles, the highest proportion (58.0%; $n = 182$) of participants belonged to Profile 1 (Figure 1(a)). These participants reported relatively low emotional reactivity and emotional regulation difficulties, and relatively high ability to suppress their emotional expression, and so Profile 1 participants were labeled as Calm Regulators (CR). Next, 108 (34.4%) participants were classified as having Profile 2 and demonstrated moderate emotional reactivity, emotional regulation difficulties, and expressive suppression ability. Hence, participants with Profile 2 were identified as Moderate Experiencers (ME). The lowest number of participants ($n = 24$; 7.6%) belonged to Profile 3. Participants with this profile showed high levels of emotional reactivity and emotional regulation difficulties, and relatively low expressive suppression ability, and so participants with Profile 3 were named as Emotional Feelers (EF). It should be noted that while we describe general differences across profiles, there are exceptions with specific indicators. In particular, the three profiles

Table 1
Descriptive Statistics and Bivariate Correlations of study Variables Among English-Speaking and Mainland Chinese Therapists

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	MI	SDI	M2	SD2
1. ERS	1	.42**	.44**	.61**	.08	.65**	.31**	-.02	-.22**	-.20**	.37**	.07	.37**	—	—	1.41	.70	1.34	.71
2. DERS_Nonacceptance	.55**	1	.38**	.52**	.38**	.72**	.60**	-.07	-.09	-.19**	.05	-.19**	.30**	—	—	1.90	.85	1.95	.72
3. DERS_Goals	.55**	.57**	1	.54**	.06	.57**	.29**	-.13*	-.19**	-.15**	.16**	-.07	.37**	—	—	2.66	.86	2.44	.75
4. DERS_Impulse	.59**	.60**	.62**	1	.19**	.72**	.46**	-.16**	-.24**	-.21**	.12*	-.16**	.38**	—	—	1.67	.62	2.03	.64
5. DERS_Awareness	-.01	.17**	.06	.09*	1	.27**	.50**	-.19**	-.12*	-.36**	-.23**	-.40**	.12*	—	—	1.86	.60	2.00	.58
6. DERS_Strategies	.65**	.70**	.69**	.65**	.12**	1	.55**	-.15**	-.20**	-.23**	.17**	-.16**	.35**	—	—	1.81	.66	2.08	.68
7. DERS_Clarity	.25**	.41**	.30**	.30**	.45**	.37**	1	-.17**	-.14*	-.21**	-.01	-.25**	.38**	—	—	1.90	.61	1.91	.52
8. FREE_Enhancement	-.02	-.06	-.09*	-.09*	-.18**	-.10*	-.12**	1	.34**	.33**	.17**	.32**	-.20**	—	—	4.39	.80	4.04	.68
9. FREE_Suppression	-.17**	-.09*	-.14**	-.18**	-.04	-.13**	-.12**	.26**	1	.25**	-.03	.08	-.26**	—	—	4.12	.80	3.88	.77
12. IRL_Perspective taking	-.25**	-.20**	-.21**	-.27**	-.27**	-.25**	-.36**	.13**	.26**	1	.19**	.45**	-.22**	—	—	2.82	.57	2.77	.48
13. IRL_Fantasy	.33**	.21**	.17**	.22**	-.12**	.24**	.11**	.08	.01	.04	1	.40**	.09	—	—	2.36	.77	2.17	.66
14. IRL_Empathic concern	.18**	.08*	.10*	.05	-.13**	.05	-.15**	.13**	.10*	.30**	.30**	1	-.11	—	—	3.04	.58	2.43	.55
15. IRL_Personal distress	.56**	.47**	.49**	.41**	.09*	.53**	.24**	-.02	-.19**	-.26**	.31**	.19**	1	—	—	1.30	.63	1.82	.59
16. CASES_Conflict	-.29**	-.18**	-.29**	-.21**	-.16**	-.27**	-.24**	.11**	.25**	.30**	.003	.06	-.32**	1	—	—	—	—	1.22
17. CASES_Client distress	-.24**	-.19**	-.23**	-.17**	-.19**	-.23**	-.21**	.05	.17**	.27**	.03	.09*	-.28**	.64**	1	—	—	—	1.47

Note. Pearson correlation coefficients above the diagonal are from the English-speaking sample ($n = 314$) and those below the diagonal are from the Mainland Chinese sample ($n = 589$). ERS = Emotional Reactivity Scale. DERS = Difficulties in Emotional Regulation Scale. FREE = Flexible Regulation of Emotional Expression Scale. IRI = Interpersonal Reactivity Index. CASES = Counselor Activities Self-Efficacy (only in the Chinese sample). MI and SDI = M and SD for English-speaking sample. M2 and SD2 = M and SD for Mainland Chinese sample. * $p < .05$. ** $p < .01$.

seem to be less differentiated on difficulties with emotional awareness and the ability to enhance emotional expression.

Covariates

The associations between demographic, clinical experience, and theoretical orientation variables and the latent profiles are illustrated in Table 3. Therapists who were older, had more years of clinical experience, and had greater number of clients seen per week were more likely to have the CR profile than the ME or EF profile. Therapists who received more education tended to have the CR or ME profile than the EF profile. Female therapists were more likely to have the CR profile than the EF profile. In addition, therapists who endorsed the psychoanalytic/psychodynamic orientation more strongly tended to have the CR profile compared to the ME profile.

Distal Outcomes

Table 4 indicates that the three profiles differed significantly on all four types of empathy based on the overall chi-square tests. When comparing between profiles, CR had higher perspective taking and empathetic concern than ME and EF. In contrast, CR had lower fantasy than EF, and the lowest level of personal distress followed by ME and EF.

Study 2

To examine whether the profiles of emotional experience obtained in Study 1 may be replicated, we administered the same set of measures on another sample and conducted LPA following the same procedure as Study 1, followed by multiple-group analysis to examine profile similarity between the two studies. In addition, the data in Study 2 were collected from therapists in Mainland China to investigate whether the profiles of emotional experience vary across cultures. Finally, besides comparing the profiles on empathy, we explored how therapists with different profiles may differ in counseling self-efficacy.

Method

Participants

A total of 667 Chinese counselors and psychotherapists who fulfilled the eligibility criteria (i.e., Chinese in ethnicity, live in Mainland China, and provision of counseling or psychotherapy as the primary job duty) completed the online survey. After excluding 78 (11.7%) participants who responded incorrectly to both of the attention-check items, 589 participants (83.7% females; age: $M = 36.3$ years, $SD = 7.7$) were included in the subsequent analyses. In terms of education level, 315 (53.5%) had a master's degree, 234 (39.7%) a bachelor's degree, 23 (3.9%) a doctoral degree, and 17 (2.8%) had vocational training. They reported an average of 6.71 ($SD = 4.69$) years of clinical experience, and see on average 6.88 ($SD = 6.41$) clients per week. As assessed on the Theoretical Orientation Profile Scales-Revised, participants most identified and used techniques from the psychoanalytic/psychodynamic orientation ($M = 6.73$, $SD = 2.56$), followed by multicultural ($M = 6.53$, $SD = 2.46$), humanistic/existential ($M = 6.20$, $SD = 2.33$), cognitive/behavioral ($M = 5.35$, $SD = 2.68$), family systems ($M = 5.05$, $SD = 2.60$), and feminist ($M = 3.13$, $SD = 2.13$).

Table 2
Model Fit Indices for the Latent Profile Models

Profile enumeration	AIC	CAIC	BIC	SSA-BIC	Entropy	LMR	BLRT	No. of profiles with $n < 5\%$ of study sample
English-speaking therapists								
One profile	6,149.542	6,235.031	6,217.031	6,159.941				
Two profiles	5,534.663	5,667.646	5,639.646	5,550.838	0.880	0.1049	<.001	
Three profiles	5,288.300	5,468.777	5,430.777	5,310.252	0.891	0.0222	<.001	
Four profiles	5,181.239	5,409.210	5,361.210	5,208.968	0.890	0.2887	<.001	
Five profiles	5,114.244	5,389.708	5,331.708	5,147.750	0.901	0.1358	<.001	1
Six profiles	5,063.526	5,386.485	5,318.485	5,102.809	0.844	0.1414	<.001	1
Seven profiles	5,030.09	5,400.543	5,322.543	5,075.150	0.853	0.7373	<.001	2
Eight profiles	4,995.376	5,413.322	5,325.322	5,046.212	0.829	0.4787	<.001	2
Nine profiles	4,963.092	5,428.533	5,330.533	5,019.706	0.865	0.2131	<.001	3
Mainland Chinese therapists								
One profile	10,784.313	10,881.125	10,863.125	10,805.981				
Two profiles	9,616.356	9,766.952	9,738.952	9,650.062	0.851	<.001	<.001	
Three profiles	9,225.797	9,430.177	9,392.177	9,271.540	0.844	0.0024	<.001	
Four profiles	9,111.271	9,369.435	9,321.435	9,169.051	0.842	0.4514	<.001	1
Five profiles	9,028.011	9,339.959	9,281.959	9,097.829	0.879	0.1372	<.001	1
Six profiles	8,958.198	9,323.931	9,255.931	9,040.054	0.862	0.5256	<.001	2
Seven profiles	8,900.685	9,320.202	9,242.202	8,994.578	0.865	0.1562	<.001	3
Eight profiles	8,849.563	9,322.864	9,234.864	8,955.494	0.859	0.5541	<.001	4
Nine profiles	8,815.670	9,342.756	9,244.756	8,933.639	0.861	0.3171	<.001	4
Cross-Cultural Similarity								
Configural	15,682.827	16,129.867	16,052.867	15,808.327	0.914			
Structural (means)	15,927.173	16,217.459	16,167.459	16,008.667	0.913			
Partial Structural (means)	15,727.215	16,122.004	16,054.004	15,838.047	0.915			
Distributional (probabilities)	15,697.453	16,132.882	16,057.882	15,819.694	0.910			

Note. AIC = Akaike information criterion; CAIC = Consistent AIC; BIC = Bayesian information criterion; SSA-BIC = sample-size adjusted BIC; LMR = Lo, Mendell, and Rubin likelihood ratio test; BLRT = bootstrap likelihood ratio test.

Measures

The Chinese version of the measures used in study 1 were administered in study 2. Details about the translated measures are provided here. In addition, we administered a counseling self-efficacy measure to explore how therapists' emotional experience profiles may differ in their self-efficacy in counseling.

Emotional Reactivity. The Chinese version of the ERS translated and validated by Yang et al. (2018) was used. Confirmatory factor analysis indicated that this scale had three subscales (i.e., Sensitivity, Intensity, and Persistence), similar to the English ERS, with satisfactory internal reliabilities and test-retest reliabilities among Chinese college students (Yang et al., 2018). The Cronbach's α for the ERS total scale in current study was .95.

Emotional Regulation. The Chinese version of DERS translated by Han et al. (2016) demonstrated adequate internal reliability among Chinese people and was used in this study. The Cronbach's α values for the subscales of Nonacceptance of Emotional Responses, Difficulties Engaging in Goal-Directed Behavior, Impulse Control Difficulties, Lack of Emotional Awareness, Limited Access to Emotion Regulation, and Lack of Emotional Clarity in this study were .86, .82, .76, .75, .85, and .72, respectively.

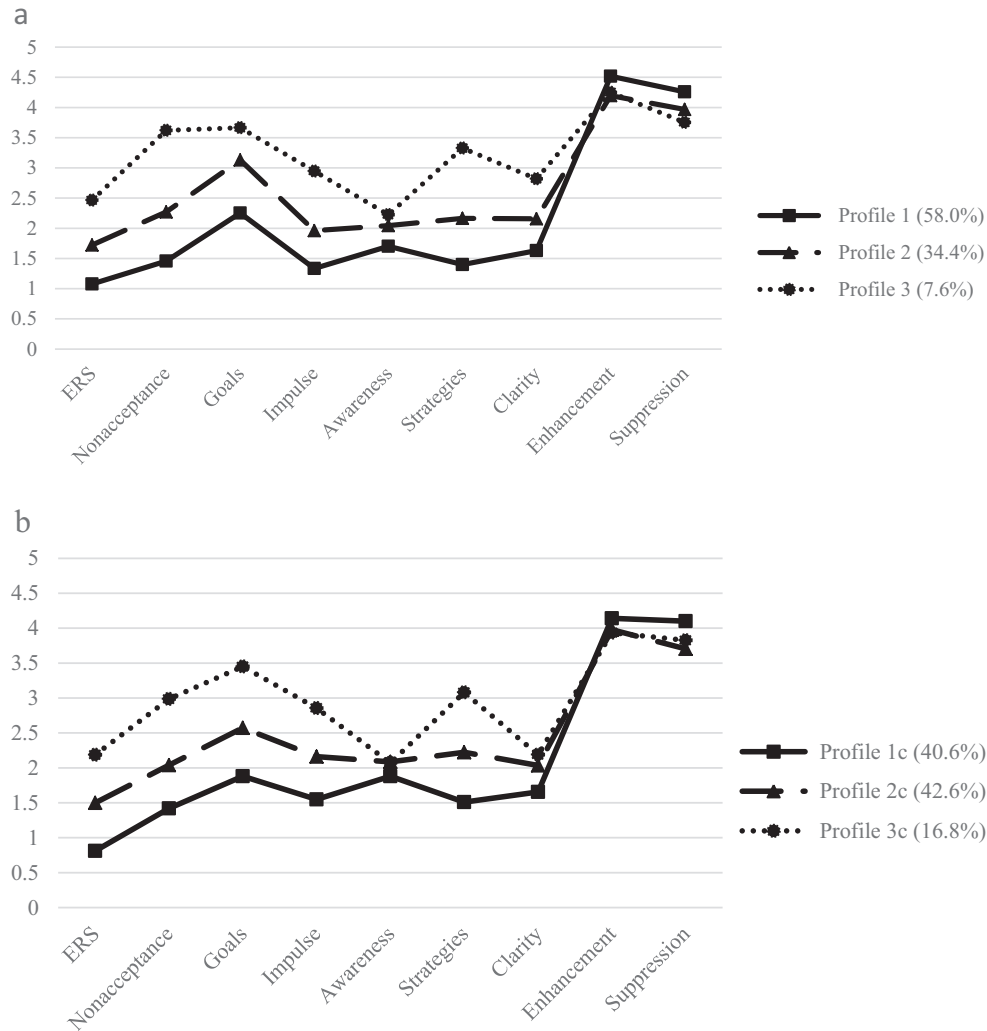
Expressive Flexibility. The Chinese version of FREE by Chen et al. (2018) had been shown to be a reliable measure with adequate psychometric properties in the Chinese culture and was used in the present study. The Cronbach's alpha values for the

Enhancement and Suppression subscales in this study were .70 and .76, respectively.

Empathy. The Chinese version of the IRI translated and validated by Siu and Shek (2005) was used. In this study, Cronbach's alpha values for the subscales of Perspective Taking, Fantasy, Empathetic Concern, and Personal Distress in this study were .69, .64, and .71, respectively.

Counseling Self-Efficacy. Two subscales (i.e., Relationship Conflict [10 items] and Client Distress [six items]) in the Counselor Activity Self-Efficacy Scales (Lent et al., 2003) were used to assess participants' self-efficacy to deal with challenging situations in counseling. Items are rated on a 10-point Likert scale ranging from 0 = *no confidence* to 9 = *complete confidence*. The scores for the two subscales are computed by averaging the corresponding item scores, with a higher score indicating more self-efficacy in handling challenging scenarios in counseling. Previous research indicated that these two scales have adequate internal reliabilities and validities among mental health professionals and trainees in the United States (Lent et al., 2003). The items were translated to Chinese by a doctoral student in psychology and then back-translated to English by another doctoral student to ensure the equivalence between the Chinese and English versions. The Cronbach's α was .85 for both the Relationship Conflict and Client Distress subscales in the present study. For comparison, the $M \pm SD$ scores were 6.27 ± 1.31 (Relationship Conflict) and 5.65 ± 1.77 (Client Distress) for a group of master's level counseling trainees at the end of practicum (Lent et al., 2003).

Figure 1
Profiles of Therapist Emotional Experience



Note. Panel (a) shows the profiles of therapist emotional experience for English-speaking therapists ($n = 314$) and Panel (b) shows the profiles of therapist emotional experience for Mainland Chinese therapists ($n = 589$). Profile 1 = Calm Regulator; Profile 2 = Moderate Experiencer; Profile 3 = Emotional Feeler. Profile 1c = Calm Regulator_Chinese; Profile 2c = Moderate Experiencer_Chinese; Profile 3c = Emotional Feeler_Chinese. Y-axes represent mean scores. On the X-axes, ERS = Emotion Reactivity Scale; Nonacceptance, Goals, Impulse, Awareness, Strategies, and Clarity are subscales of the Difficulties in Emotional Regulation Scale (DERS); Enhancement and Suppression are subscales of the Flexible Regulation of Emotional Expression Scale (FREE).

Procedure

To recruit participants, an advertisement containing a link to the survey was sent to WeChat groups (similar to Twitter) designated to counselors and therapists in Mainland China. In addition, WeChat group members were encouraged to forward the advertisement to other working counseling and mental health professionals. Similar to study 1, informed consent was sought on the first page of the link, and those who agreed to participate were taken to the next page to complete the survey. All the completed participants could enter an account number to receive a small gift of appreciation for their time and efforts.

To obtain the optimal latent profile solution, we followed the same procedure and profile enumeration criteria as in study 1. In addition, to investigate the similarity of latent profiles between English-speaking and Chinese therapists, we conducted multiple-group analysis recommended by Morin et al. (2016). First, configural similarity was examined by testing whether the same number of profiles can be identified across the two samples. Second, structural similarity was examined by imposing equality constraints on the within-profile means across groups. If configural and structural similarities could be established, dispersion, predictive, and explanatory similarities (i.e., whether the

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Table 3
Covariates of Latent Profiles of Emotional Experience Among English-Speaking and Mainland Chinese Therapists

Variable	English-speaking therapists						Mainland Chinese therapists					
	Profile 1 vs Profile 2 (Re)		Profile 1 vs Profile 3 (Re)		Profile 2 vs Profile 3 (Re)		Profile 1c vs Profile 2c (Re)		Profile 1c vs Profile 3c (Re)		Profile 2c vs Profile 3c (Re)	
	OR	95%CI	OR	95%CI	OR	95%CI	OR	95%CI	OR	95%CI	OR	95%CI
Demographic												
Age	1.05	[1.02, 1.07]	1.09	[1.02, 1.16]	1.04	[0.97, 1.11]	1.04	[1.01, 1.07]	1.07	[1.03, 1.11]	1.03	[0.99, 1.07]
^a Gender	1.70	[0.87, 3.35]	3.25	[1.21, 8.70]	1.91	[0.69, 5.29]	0.56	[0.31, 1.02]	1.40	[0.77, 2.55]	2.50	[1.26, 4.95]
^b Education level	1.35	[0.86, 2.12]	2.54	[1.28, 5.07]	1.88	[1.01, 3.52]	0.80	[0.56, 1.13]	0.72	[0.49, 1.06]	0.90	[0.60, 1.35]
Clinical Experience												
Years of experience	1.05	[1.02, 1.09]	1.07	[1.01, 1.15]	1.02	[0.95, 1.09]	1.04	[0.99, 1.08]	1.07	[1.01, 1.14]	1.03	[0.97, 1.11]
Number of clients per week	1.07	[1.03, 1.10]	1.12	[1.05, 1.19]	1.05	[0.98, 1.12]	1.01	[0.98, 1.05]	1.04	[0.99, 1.09]	1.03	[0.98, 1.08]
Theoretical Orientation												
Psychoanalytic/psychodynamic	1.1	[1.01, 1.21]	0.95	[0.81, 1.11]	0.86	[0.73, 1.01]	1.01	[0.93, 1.09]	1.05	[0.96, 1.16]	1.05	[0.95, 1.15]
Humanistic/existential	0.99	[0.89, 1.10]	1.02	[0.88, 1.20]	1.04	[0.88, 1.23]	1.09	[0.99, 1.19]	0.98	[0.87, 1.09]	0.9	[0.80, 1.00]
Cognitive-behavioral	0.99	[0.89, 1.10]	1.06	[0.92, 1.23]	1.08	[0.92, 1.26]	1.07	[0.99, 1.16]	0.99	[0.90, 1.08]	0.92	[0.84, 1.01]
Family systems	1.1	[0.99, 1.21]	0.95	[0.81, 1.11]	0.87	[0.73, 1.03]	1.07	[0.99, 1.15]	1.05	[0.95, 1.15]	0.98	[0.89, 1.08]
Feminist	1.03	[0.94, 1.14]	1.09	[0.92, 1.28]	1.05	[0.88, 1.25]	0.99	[0.89, 1.09]	0.95	[0.85, 1.06]	0.96	[0.86, 1.08]
Multicultural	1.07	[0.96, 1.19]	1.02	[0.84, 1.24]	0.96	[0.78, 1.17]	1.17	[1.07, 1.28]	1.00	[0.90, 1.12]	0.86	[0.77, 0.96]

Note. Profile 1 = Calm Regulator; Profile 2 = Moderate Experiencer; Profile 3 = Emotional Feeler; Profile 1c = Calm Regulator_Chinese; Profile 2c = Moderate Experiencer_Chinese; Profile 3c = Emotional Feeler_Chinese; Re = Reference Group; OR = odds ratio; 95% CI = 95% confidence interval. Significant results are indicated in bold.

^a Gender was coded: 1 = male, 2 = female. ^b Education level was coded: 1 = High school or below, 2 = Associate degree, 3 = Bachelor's degree, 4 = Master's degree, 5 = Doctoral degree.

indicators' variability, the predictor-profile relationships, and the profile-outcome relationships are similar across groups) would also be investigated. Finally, regardless of the presence of structural similarity, we examined distributional similarity to see whether the relative size of profiles is similar between samples (Morin et al., 2016). Because previous research suggest that CAIC, BIC, and SSA-BIC can be used to compare models when the set of profile indicators and the number of latent profiles are the same between models, a decrease in at least two of these three indices in the alternative model support the similarity of profile solutions (Morin et al., 2016).

Results

Descriptive Analyses

The ERS had large positive correlations with four subscales of the DERS (i.e., Nonacceptance, Goals, Impulse, and Strategies; Table 1), small positive correlation with DERS-Clarity, and non-significant correlation with DERS-Awareness. The ERS had small

negative association with FREE-Expressive Suppression, but it was not associated with FREE-Expressive Enhancement. FREE-Expressive Enhancement had small negative associations with all DERS subscales (except for DERS-Nonacceptance) and FREE-Expressive Suppression had small negative associations with all DERS subscales (except for DERS-Awareness).

Latent Profiles of Emotional Experience

Using the same procedure as Study 1, we conducted LPA to examine the latent profile of emotional experience among Mainland Chinese therapists. As shown in Table 2, the BIC values decreased from one- to eight-profile solutions and then increased, indicating that the eight-profile solution could be the optimal solution. However, the four- to eight-profile solutions had at least one profile with less than 5% participants, signaling possible instability of profiles (Nylund-Gibson & Choi, 2018). In contrast, the LMR value was significant in the three-profile model, indicating that the three-profile model was a better solution than the two-profile model. In addition, the magnitude of the drop in BIC values greatly reduced after the third-profile model, suggesting that the greatest gain in model

Table 4
Latent Profiles of Emotional Experience Associated With Distal Outcomes Among English-Speaking Therapists

Variable ^a	Profile 1 (n = 182)	Profile 2 (n = 108)	Profile 3 (n = 24)	χ^2	Profile 1 vs Profile 2	Profile 1 vs Profile 3	Profile 2 vs Profile 3
Empathy							
Perspective taking	2.99 (.04)	2.59 (.06)	2.65 (.10)	31.28***	27.00***	10.20**	0.28
Fantasy	2.29 (.06)	2.42 (.08)	2.63 (.09)	10.44**	1.51	10.43**	3.10
Empathic concern	3.13 (.04)	2.96 (.06)	2.80 (.14)	8.54*	4.61*	5.26*	1.07
Personal distress	1.09 (.05)	1.53 (.06)	1.80 (.11)	54.40***	29.00***	37.93***	4.95*

Note. Profile 1 = Calm Regulator; Profile 2 = Moderate Experiencer; Profile 3 = Emotional Feeler.

^a Levels of variables are presented in M (SE).

* $p < .05$. ** $p < .01$. *** $p < .001$.

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Table 5
Latent Profiles of Emotional Experience Associated With Distal Outcomes Among Mainland Chinese Therapists

Variable ^a	Profile 1c (n = 239)	Profile 2c (n = 251)	Profile 3c (n = 99)	χ^2	Profile 1c vs Profile 2c	Profile 1c vs Profile 3c	Profile 2c vs Profile 3c
Empathy							
Perspective taking	2.93 (.03)	2.69 (.03)	2.61 (.06)	38.36***	25.41***	24.95***	1.39
Fantasy	2.01 (.05)	2.21 (.04)	2.45 (.07)	28.51***	8.91**	27.13***	7.79**
Empathic concern	2.38 (.04)	2.44 (.04)	2.53 (.06)	4.79	—	—	—
Personal distress	1.44 (.04)	1.97 (.03)	2.33 (.05)	219.35***	99.52***	198.18***	30.90***
Counseling self-efficacy							
Relationship conflict	5.92 (.08)	5.22 (.08)	5.14 (.12)	44.13***	31.41***	29.05***	0.28
Client distress	5.88 (.10)	5.23 (.10)	5.00 (.15)	30.75***	18.94***	22.93***	1.50

Note. Profile 1c = Calm Regulator_Chinese; Profile 2c = Moderate Experiencer_Chinese; Profile 3c = Emotional Feeler_Chinese.

^a Levels of variables are presented in *M (SE)*.

* $p < .05$. ** $p < .01$. *** $p < .001$.

fit was associated with having two additional profiles from the one-profile model. Taken together, the three-profile model appears to be the optimal solution, similar to Study 1.

The separate latent profile analyses indicated that the three-profile model was the optimal solution for both groups, supporting the presence of configural similarity. Next, structural similarity was estimated by constraining the within-profile means of the ERS total scale, six subscales of DERS, and two subscales of FREE to be equal between the two samples. As shown in Table 2, the structural similarity model had a substantial increase in the values of CAIC, BIC, and SSA-BIC from the configural similarity model, suggesting that the means of profile indicators vary between the two groups. To examine whether there is partial structural similarity (i.e., the means of indicators in one of three profiles are equal between two groups), similarity constraints were kept for one profile and the remaining two profiles were allowed to be freely estimated. Nevertheless, the partial structural similarity model also had higher BIC and SSA-BIC values compared to the configural similarity model, suggesting the absence of partial structural similarity. As such, we did not conduct tests for dispersion, predictive, and explanatory similarity. To investigate distributional similarity, class probabilities were constrained to be equal across the two samples. The results showed higher CAIC, BIC, and SSA-BIC values when compared with the configural similarity model, suggesting a significant difference in profile probability between the two samples. Posthoc analysis with Bonferroni correction revealed that English-speaking therapists had higher percentage of CR ($p < .001$) and lower percentage of EF ($p < .001$) and ME ($p = .016$) than Chinese therapists.

Figure 1(b) illustrates the three profiles among Mainland Chinese therapists. Although we established configural similarity between English-speaking and Chinese therapists, and that the lines representing indicator levels across the three profiles appear quite similar in Figures 1(a) and 1(b), we do not have evidence for structural or distributional similarity. As such, we labeled the profiles in Figure 1(b) differently as Profile 1c: Calm Regulators_Chinese (CRC; $n = 239$, 40.6%), Profile 2c: Moderate Experiencers_Chinese (MEC; $n = 251$, 42.6%), and Profile 3c: Emotional Feelers_Chinese (EFC; $n = 99$, 16.8%).

Covariates

The associations between demographic, clinical experience, and theoretical orientation variables and the latent profiles are shown in Table 3. Therapists who were older were more likely to have the CRC profile compared to the MEC and EFC profiles.

Therapists who were female were more likely to have the MEC than the EFC profile. Therapists with more years of clinical experience tended to have the CRC profile compared to the EFC profile. In addition, therapists who endorsed a multicultural orientation more strongly were more likely to have the CRC or EFC profile than the MEC profile.

Distal Outcomes

The profile differences on empathy and counseling self-efficacy are shown in Table 5. Therapists with the CRC profile had a higher level of perspective taking compared to therapists with the MEC and EFC profiles. On the other hand, CRC had the lowest levels of fantasy and personal distress, followed by MEC and EFC. In addition, the three profiles did not differ on empathic concern. In terms of counseling self-efficacy, therapists with the CRC profile had higher self-efficacy in handling client distress and conflicts in the therapeutic relationship compared to therapists with the MEC and EFC profiles.

Discussion

In this investigation, we used LPA and uncovered three groups of therapists who differ in their patterns of emotional experience. The three groups, named Calm Regulators (CR), Moderate Experiencers (ME), and Emotional Feelers (EF), vary in their experience of emotional intensity, emotional regulation difficulty, and the ability to suppress emotional expression. Therapists with the CR profile also reported greater perspective taking and lower personal distress than therapists with the ME and EF profiles when responding to others' emotions. In addition, similar number of profiles was found among English-speaking therapists and therapists from Mainland China, suggesting that the profiles may apply across cultures, albeit with some differences in the distribution and indicator levels of profiles across the two samples. We discuss the profiles of therapist emotional experience, and their relation to empathy and contextual differences in the training and practice of psychotherapy below.

Therapists' Profiles of Emotional Experience and Empathy

Three meaningful clusters of therapists were identified. On one end, CR experience emotions at low intensity and have little difficulty regulating emotions. On the other end, EF experience

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emotions at high intensity and have more difficulty with emotional regulation, and ME lies somewhere between CR and EF in terms of emotional reactivity and regulation difficulty. This finding illustrates how one's tendency to experience emotions go hand in hand with their ability to regulate emotions (Zelkowitz & Cole, 2016). The significant correlations between ERS and five out of six DERS subscales in both samples further demonstrate the interconnection between emotional reactivity and emotional regulation difficulty. Nevertheless, the lack of association between ERS and DERS-Awareness is noteworthy. In particular, the three profiles have similar levels of difficulty with emotional awareness in each sample. Therapists thus reported similar level of emotional awareness regardless of the intensity of emotions they experience. This makes intuitive sense as therapists generally care about and attend to their emotions, or aspire to do so (Jennings & Skovholt, 1999), all of which are assessed on the DERS-Awareness subscale. Indeed, therapists in both samples reported significantly lower difficulty with emotional awareness compared to a group of college students (Kaufman et al., 2016).

In terms of emotional expression, CR appear to have greater ability to suppress emotional expression than ME and EF in both samples. In contrast, the three profiles are less well differentiated on the ability to enhance emotional expression. A closer examination of the correlation matrix shows that while most of the difficulty in emotional regulation subscales were associated with both suppression and enhancement abilities, emotional reactivity was associated with suppression but not enhancement ability. In other words, therapists who report less intense emotions tend to be able to suppress their emotional expression, whereas therapists who experience emotions at either low or high intensity can both enhance their emotional expression. Enhancement ability thus "hangs less well" than suppression ability with emotional reactivity in the LPA, explaining the lack of clear differences in enhancement among profiles. Given that therapists who cannot regulate their negative reactions sufficiently may cause harm to clients (Wolf et al., 2017), a focus on therapists' ability to suppress rather than enhance emotional expressions may be more clinically relevant.

In relation to empathy, CR reported higher perspective taking and lower personal distress than ME and EF in both samples. CR may therefore respond to others' emotions using cognitive strategies and are less likely to feel distressed by others' emotions, similar to therapists with the rational empathic profile (Laverdière et al., 2019). Next, in both samples, although ME and EF had comparable levels of perspective taking, EF reported greater personal distress than ME, suggesting that EF as a group may be especially vulnerable. In particular, personal distress has positive associations with burnout and compassion fatigue, and negative association with compassion satisfaction (Thomas, 2013). High personal distress in helping professionals may also be associated with lower communication competence at work (Riggio & Taylor, 2000). Therapists with the EF profile may thus need to pay special attention to self-care for the welfare of themselves and their clients.

Unlike the previous LPA study (Laverdière et al., 2019); we did not locate a profile that stands out in empathic concern (called Empathic immersion in that study). In particular, CR reported higher empathic concern than ME and EF in the English-speaking sample, but the three profiles did not differ on empathic concern in the Chinese sample. The mixed findings may reflect the presence of different pathways as to how people experience empathic concern.

When seeing someone in need, people engage in a combination of cognitive appraisal (e.g., Wondra & Ellsworth, 2015) and emotion sharing (e.g., Hein & Singer, 2008) processes that lead to tender feelings for others. As such, therapists may reach empathic concern via different means depending on their profiles of emotional experience. For instance, CR may feel for others because they readily regulate their own emotions and have greater capacity to understand others deeply, while EF may feel for others because they experience their emotions more intensely.

In terms of counseling self-efficacy, CR reported higher self-efficacy in handling client distress and conflicts in the therapeutic relationship than ME and EF. Although self-efficacy was assessed only in the Chinese sample as part of an exploratory research question, the results are supported by other findings. Therapists who introject clients' feelings (e.g., anxiety, hopelessness) without sufficient self-regulation or who are more personally vulnerable tend to feel less competent (Thériault & Gazzola, 2006). In psychotherapy process research, therapists who enter sessions feeling calm or increase in their calmness from pre- to postsession have better therapist- and client-rated session quality and working alliance (Chui & Hill, 2020). Taken together, therapists' ability to regulate and experience less intense emotions may be associated with better self-efficacy beliefs about counseling and also actual session effectiveness.

Differences in Therapists across Cultures

Although the three-profile solution was identified as the best solution in two samples, the profile indicator levels and distribution of profiles differed. In terms of profile indicator level differences, even though we used published measures that had undergone rigorous translation and back-translation procedure, tests of measurement invariance were not typically conducted as part of those studies. As such, it may be possible that the original and translated measures do not reflect the same constructs across groups (Morin et al., 2016). On the other hand, the same profile across samples may have meaningful differences in indicator levels due to differences in participants' characteristics. For instance, using Wald tests to compare English-speaking and Chinese therapists who have the same profile, we found that English-speaking therapists had higher emotion reactivity than Chinese therapists in the CR and ME profiles (see Tables S1 and S2 in the online supplemental materials). This finding is consistent with the observation that Western cultures value individuals' right to experience and express emotions, whereas people in Eastern cultures place emphasis on emotion moderation and tend to report less intense emotions (Davis et al., 2012). Because of these value differences, it was perhaps not surprising to find that English-speaking therapists also reported higher ability to enhance emotional expression than Chinese therapists when the situation demands for it across all three profiles.

With respect to emotional regulation difficulties, the findings are more complex. English-speaking therapists reported more difficulties on three of the domains, and Chinese therapists reported more difficulties on the other three domains. However, three of the six differences (i.e., Clarity, Awareness, Strategies) were only found in one profile, suggesting that caution should be taken when interpreting cultural differences on these domains given that the two samples had similar indicator means for the other two profiles.

Of the remaining domains, Chinese therapists might have reported greater difficulty with impulse control than English-speaking therapists because people in collectivistic culture generally exercise greater behavioral self-control than those from individualistic culture (Li et al., 2018); and so Chinese therapists may judge any deviation from the controlled self more harshly and see them more as a difficulty. In contrast, Chinese therapists might have reported fewer difficulty in engaging in goal-directed behaviors compared to English-speaking therapists because they tend to use disengagement strategies to distance themselves from intense emotions (Davis et al., 2012), leaving them more psychological resources to complete tasks. The observation that English-speaking therapists reported greater difficulty in accepting emotions than Chinese therapists is counterintuitive in light of the aforementioned differences in valuing emotions. Perhaps Chinese therapists need to actively work against the culturally-imposed emotional restraint, and so they are inclined to deny nonacceptance of emotions as it goes against their career identity and the virtue of the profession. Notably, these are only tentative explanations. Further research is needed to investigate the reasons for the cross-cultural differences in emotion regulation difficulties among therapists.

In regard to distributional dissimilarity, there were more English-speaking therapists with the CR profile and more Chinese therapists with the ME and EF profiles. This observation is unexpected, given that people from Eastern cultures tend to report less intense emotions (Davis et al., 2012) and more suppression of emotional expression (Leong & Lau, 2001) than people in the West. However, there could be different reasons for this observation. For one, the difference in distribution may reflect differences in recruitment strategy and age of participants. In the English-speaking sample, participants were recruited via professional listservs, whereas in the Mainland Chinese sample, participants were recruited via professional groups on social media (i.e., WeChat). Recruiting via social media might have attracted a younger group of participants, who are less likely to have the CR profile in both samples. Indeed, the Chinese sample tended to be younger ($M = 36.29$, $SD = 7.66$; cf. English-speaking $M = 39.44$, $SD = 13.19$; $t(899) = -4.54$, $p < .001$) and had fewer years of clinical experience ($M = 6.71$, $SD = 4.69$; cf. English-speaking $M = 10.96$, $SD = 10.00$; $t(900) = -8.68$, $p < .001$). Nevertheless, we elected to use social media to recruit Chinese therapists because professional bodies and formal listservs are less well-developed in China. For example, nearly 40% of Chinese mental health service providers are not affiliated with professional associations based on the last located survey (Gao et al., 2010).

Another possible reason for the lower prevalence of CR in China may be related to therapist training and intensity of clinical work involvement. Among English-speaking therapists, CR reported a higher level of education than EF and saw more clients per week than both ME and EF. Having more training and seeing more clients may have given therapists practice in regulating emotions at work. For example, counselor training at both undergraduate and postgraduate levels is associated with improvement in trainees' emotional intelligence, including emotional self-awareness and self-regulation (Pearson & Weinberg, 2017). In addition, 79% of therapists noted that engagement in emotion management in therapy sessions facilitated personal growth and expanded their understanding of the emotional selves (Clarke et al., 2020). In the present study, Chinese therapists tended to have a lower level of education

($M = 3.58$, $SD = .63$; cf. English-speaking $M = 4.29$, $SD = .64$; $t(901) = -16.04$, $p < .001$) and saw fewer clients per week ($M = 6.88$, $SD = 6.41$; cf. English-speaking $M = 16.62$, $SD = 9.03$; $t(900) = -18.76$, $p < .001$) than English-speaking therapists, which may explain the lower prevalence of CR among Chinese therapists. The education level and caseload reported by Chinese therapists are not surprising, given that therapists do not require advanced degrees to practice in China and many provide service on a part-time basis (Gao et al., 2010). However, it should be noted that education level and caseload did not differ across profiles within the Chinese sample. Further research is needed to investigate whether the relationships between education/caseload and profiles of emotional experience are consistent across cultures.

Limitations and Future Directions

To our knowledge, this is the first LPA study on psychotherapists' emotional experience. Strengths include the use of well-established and widely used measures in emotion research, and the inclusion of two samples of therapists to investigate the replicability of profiles and cross-cultural relevance. Nevertheless, it has several limitations. First, participants were recruited online; therapists who did not use professional listservs or social media might have been excluded. Future research may incorporate other data collection methods, such as hard copies of surveys, to improve sample representativeness. Second, a relatively small number of therapists had the EF profile, especially in the English-speaking sample. This might have contributed to low statistical power to detect differences in characteristics across profiles. A bigger sample may be recruited to increase power of future studies. Third, data were collected at only one time point. Longitudinal studies may be conducted to follow therapists over time and see how their profiles of emotional experience change with clinical experience. Fourth, only a limited number of demographic and experience variables were investigated. Additional variables may be included to improve our understanding of the characteristics of different profiles. For example, how would therapists working with more or less emotionally disturbed clients differ in their emotional reactivity and regulation? Fifth, the findings were based on therapists' self-report. Studying therapists' profiles in association with psychotherapy process and outcome variables from clients' and observers' perspectives can reduce mono-method bias and increase our understanding about how different profiles relate to therapeutic effectiveness. Sixth, measures were administered in English and Chinese in this study. Further examination of therapists who use other languages may verify the relevance of the profile findings beyond the studied contexts.

Implications

The present findings suggest that therapists need to be aware of their patterns of emotional experiencing, which may have implications for how they respond to others' emotions and their self-efficacy in providing psychotherapy. For example, therapists with the EF profile may need to pay special attention to their level of personal distress when working with clients to reduce the likelihood of burnout, which is associated with poor therapist well-being and therapeutic effectiveness (Yang & Hayes, 2020). ME and EF also reported lower self-efficacy in dealing with challenges in the

therapy room when compared to CR. Trainers and supervisors may help trainees process their difficulties with clients to varying degrees depending on trainees' profile of emotional experience to ensure that trainees feel adequate and prepared for future sessions.

In psychotherapy training, trainees are typically taught about individual differences in emotional reactivity, regulation, and expression in clients (e.g., emotion-focused therapy). The present study points to the importance of discussing these individual differences in therapists as well because they may affect how therapists respond to clients' emotions and consequently their therapeutic effectiveness. A recent survey shows that almost 50% of psychotherapists are considered highly symptomatic or at risk for mental health problems, while the other 50% are considered well adapted or high functioning (Laverdière et al., 2018), further highlighting the different levels of emotional vulnerability that therapists have and our need to understand them in greater detail.

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