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Using personality traits and attachment styles to predict people's preference of psychotherapeutic orientation

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Abstract

Aim: This study examined whether people's personality traits and attachment styles would predict their preference for one of three common psychotherapies (psychodynamic, person-centred and cognitive-behavioural therapy). *Method*: An online survey was administered to participants (n = 209) for remuneration. Personality traits were measured using the HEXACO-60; attachment was measured using the Relationships Questionnaire; preference for psychotherapeutic orientation was assessed using the Preferences for Psychotherapy Approaches Scale. *Results*: Regression analyses indicated that various personality traits and attachment styles predict preference of therapeutic orientation. Specifically, the data indicated that openness and secure attachment significantly predicted preference of psychodynamic psychotherapy. No personality traits or attachment styles significantly predicted person-centred preference. Lastly, previous study of psychology and fearful attachment significantly predicted preference of cognitive-behavioural psychotherapy. *Conclusion*: This study's findings provide supporting evidence for the claim that people's personality traits and attachment styles are predictive of their preferences for various psychotherapies. Implications for further research are discussed.

Introduction

Prior research on psychotherapy efficacy has shown that client preferences influence the therapeutic relationship in important ways (Berg, Sandahl & Clinton, 2008; Swift & Callahan, 2010). Clients are more likely to seek out and remain in treatment when congruence exists between their choice of treatment (e.g. pharmacological therapy, psychotherapy) and their preference for that assignment (Berg et al., 2008; Thompson & Cimbolic, 1978). Additionally, acknowledging client preferences in treatment has been shown to influence treatment outcomes (Cabral & Smith, 2011; Swift & Callahan, 2013). For example, Elkin et al. (1999) found that when client preferences for treatment were aligned with treatment approach used (i.e. various psychotherapeutic treatments vs. pharmacological treatments), clients were more likely to develop a stronger alliance early in therapy. More recently, Berg et al. (2008) examined treatment outcomes of clients with generalised anxiety disorder and found that treatment preferences have a significant impact on the therapeutic relationship, which, in turn, can positively influence the therapeutic process (p. 256).

Research examining client preferences in therapy largely focuses on preferences related to nonpsychological variables of race, ethnicity, gender or drug treatment compared with psychotherapy (Adamson, Sellman & Dore, 2005; Baird, 1979; Barber, Connolly, Crits-Cristoph, Gladis & Siqueland, 2000; Berg et al., 2008). The rationale for examining preferences with regard to these variables is that people often associate with others they perceive as

similar to themselves (Cabral & Smith, 2011). However, as Cabral and Smith (2011) point out, clients may be disappointed if they are matched to a therapist based on criteria such as race alone if, in fact, they have differing values. Specifically, they suggest that future research on optimal therapist–client matching would more productively focus on dispositional variables such as personality traits.

Personality traits make for sensible and measurable dispositional variables because they generally define an individual's relatively stable pattern of behaviour (including thoughts and emotions) that uniquely characterises him or her through time and across differing situations (Wade, Tavris & Garry, 2012). While some research has examined the extent with which personality traits predict practitioners' selection of their own preferred theoretical orientation (Arthur, 2001; Ogunfowora & Drapeau, 2008; Scandell, Wlazelek & Scandell, 1997; Tremblay, Herron & Shultz, 1986), a paucity of research has specifically examined the extent to which personality traits predict theoretical orientation preferences in nonpractitioner samples (e.g. clients or potential clients).

In a study by Holen and Kinsey (1975), 57 college students were assessed regarding their preferences for and perceived effectiveness of psychodynamic, person-centred and behavioural therapy. Their study revealed that participants tended to prefer behavioural therapy and thought that it would be most effective of the three (Holen & Kinsey, 1975, p. 21). Holen and Kinsey's (1975) study had some distinct limitations, the largest of which is that participants were asked to listen to an audiotape of the different therapists to form their opinions. It is therefore impossible to know that their preferences were the direct result of the espoused theory rather than the therapist's tone of voice or some other potentially confounding variable.

Baird (1979) was the first to examine people's theoretical preferences as they relate to personality traits with a college student sample. In his study, Baird (1979) used the MMPI to measure personality traits and found evidence that certain personality types tended to prefer certain theoretical orientations. Specifically, participants with more neurotic profiles tended to prefer therapist-directed approaches (e.g. behaviourism), while more characterological profiles tended to prefer patient-directed approaches (e.g. person-centred therapy; Baird, 1979, p. 1317).

Bishop (1998) first used Costa and McCrae's (1992) five-factor model (FFM; with the NEO-FFI) to examine whether people's personality traits correlated with their preference of theoretical orientation. In this study, the theoretical approaches represented were diagnostic interviewing, solution-focused therapy and rational-emotive therapy. The sample consisted of 116 university students. No information was reported on race in demographics. Bishop (1998) found only that openness was negatively correlated with preference of diagnostic interviewing and solution-focused therapy.

Holler (2007) used an updated version of the FFM called the NEO-PI-R (Costa & McCrae, 1992) to assess personality traits of 145 university students. In his study, Holler (2007) listed more detailed demographic information and specifically examined race as a variable that could predict preference of theoretical orientation. Holler (2007) found that extraversion predicted preference for psychodynamic therapy and that African Americans were more likely than Caucasians to prefer psychoanalytic and person-centred approaches over cognitive-behavioural therapy (CBT).

While both Bishop (1998) and Holler (2007) found associations between personality traits and people's preferences for psychotherapy, both of their studies utilised college student samples, potentially limiting generalisability. By seeking a more demographically representative sample, this study aims to determine whether prior associations between personality traits and psychotherapy preferences replicate with different populations. Additionally, this study intends to increase our breadth of understanding with regard to people's psychotherapeutic preferences by adding attachment as a measurable dispositional construct.

Research on attachment has shown that securely attached individuals have reduced worries of rejection, a richer skill set for dealing with stressful events, and are generally less opposed to self-exploration than insecurely attached people (Shaver & Mikulincer, 2009). Moreover, secure attachment is associated with greater capacity for cognitive flexibility, and broadening experiences (Elliot & Reis, 2003; Green & Campbell, 2000). As such, it may be that one who is securely attached would tend to prefer orientations utilising more retrospective exploration, than psychotherapeutic approaches focusing on the 'here-and-now'.

Although attachment has been used in research because of its ability to describe people's generally consistent dispositional qualities (Fraley, Vicary, Brumbaugh & Roisman, 2011), it has never previously been considered as a dispositional construct that could potentially predict people's

psychotherapeutic preferences. As attachment can broadly describe behavioural and emotional dynamics that an individual experiences in the context of interpersonal relationships, including a measure of attachment in this line of inquiry may shed light on the extent to which attachment styles are useful in accounting for variance in people's preferences for various psychotherapies.

The current study

Given the importance of client preferences in therapy, the aim of this investigation was to further understand people's psychotherapeutic orientation preferences as predicted by their measurable dispositional qualities. To do this, a demographically representative sample of participants who were not currently in psychotherapy was recruited for this study using an online survey platform.

Assessing whether – and how – different people prefer various psychotherapeutic orientations could be a valuable aid for referrals. Currently, there is no formalised process to help prospective clients enter therapy; no stepping stone exists between seeking treatment and selecting a clinician. Ignoring the differences various therapeutic orientations pose on the process of therapy and how those variations may (or may not) work optimally for different people dismisses an important component of psychotherapy that could influence therapeutic efficacy and client satisfaction. Norcross and Wampold (2011) stated that 'matching psychotherapy to a disorder is incomplete and not always effective...particularly absent from much of the research has been the person of the patient, beyond his or her disorder' (p. 127). This work can serve as a starting point towards developing a deeper understanding of how a person's dispositional qualities rather than his or her pathology might guide the process and outcome of therapy.

Several outcomes guided by previous research were hypothesised. Given that securely attached individuals are found to have greater capacity for self-exploration, we hypothesised that higher levels of secure attachment would predict increased preference for psychodynamic psychotherapy. Next, following the work of Bishop (1998) and Holler (2007), we hypothesised that higher levels of openness and extraversion would predict increased preference for psychodynamic and person-centred orientations. Lastly, we hypothesised that agreeableness would positively predict preference for cognitive-behavioural therapy.

Method

After obtaining permission from Seton Hall University's Institutional Review Board, participants were recruited through Amazon.com's Mechanical Turk (M-Turk). M-Turk is a web resource that allows researchers to pay nominal advertising fees to recruit participants for surveys. As this service charges the researcher one bulk advertising fee and then manages the distribution of small monetary payments themselves (in the form of credit for purchases on the Amazon.com website), participants are able to receive their incentive (payment) while retaining their anonymity to the researchers. Berinsky, Huber and Lenz (2012) validated M-Turk as a means of valid recruitment for use with web-based survey research, demonstrating that participants completing surveys via M-Turk accurately match random samples from United States populations at large.

Once on M-Turk, participants who clicked on the study's information were presented the recruitment flyer with a link to the web-based survey hosted on Surveygizmo.com. If interested, participants clicked through to the Surveygizmo.com website where they were directed to an informed consent page and were given the opportunity to opt in or out of the study.

To take part in the study, participants needed to be 18 years of age or older, English speaking and currently reside in the United States of America. Moreover, upon the default recommendation for quality control set by M-Turk, participants needed to have a 'HIT' rating of 70% or higher, meaning that these participants had at least 70% of their previous completed surveys approved by other researchers. This assured that their work had been previously validated and approved consistently from numerous other studies. Participants who completed the survey were remunerated $.50 through M-Turk to use towards purchases on Amazon.com. [Correction was added after publication 6 June 2015: in the preceding sentence, where $50 was changed to $.50]

Participants

The initial research sample consisted of 215 participants. The average completion time for the survey was 14.3 minutes (SD = 3.1). Participants completing the survey in a time that was less than three standard deviations from this mean were excluded from analysis. The final sample consisted of 202 participants: 136 women (67.3%) and 66 men (32.7%). Participants ranged in age from 20 to 75 (M = 37.19, SD = 12.63). One hundred and fifty-eight

participants were Caucasian (78.2%), 23 were African American (11.4%), eight were Asian/Pacific Islander (4.0%), six were Latino/a (3.0%), five stated that they were 'multiracial' (2.5%), one was Native American (.5%), and one declined to respond (.5%). Sixty-five participants had some college experience (32.2%), 56 had a bachelor's degree (27.7%), 29 had a high school equivalent (or Leavers certificate; 14.4%), 25 had a master's degree (12.4%), 22 had an associate's degree (a two-year, post-high school terminal degree; 10.9%), and four had a doctoral degree (2.0%). Participants represented 44 states throughout the United States with no more than 21 participants (10%) from one particular state (California). One hundred and thirty-six participants (67.3%) stated that they had never been in psychotherapy before, 63 (31.1%) stated that they had attended psychotherapy in the past, and three declined to answer (1.5%). A majority of subjects (n = 87; 43.1%) stated that they had studied psychology in school only 'a little' or not at all (n = 73; 36.1%). A minority of our sample said they had studied 'some' psychology (n = 28; 13.9%) or that they had studied 'extensively' (n = 14; 6.9%) in the past.

Measures

Psychotherapeutic preference

Psychotherapeutic preference was assessed using the Preferences for Psychotherapy Approaches Scale (PPAS; Holler, 2007). The PPAS has three detailed, one-page descriptions of psychotherapy written in the second person by a therapist describing his or her approach to therapy using psychodynamic, person-centred and cognitive-behavioural perspectives. Holler (2007) validated the therapy vignettes by asking five psychologists to attach a theory to each script. How well each script represented the respective approach was rated on a scale from 1 to 10 (1 = *the lowest*, 10 = *the highest*). Psychologists gave the cognitive-behavioural script an average of 8.6, the psychodynamic script an average of 8.2 and the person-centred script an average of 8.4. Holler (2007) created a revised version of this scale using a cognitive-behavioural rather than a strict behavioural approach and re-validated the scale by having five licensed professionals (three psychologists and two mental health counsellors) rate the representation of the scripts. Results for the psychodynamic script averaged 9; for the person-centred, 8.6; and cognitive-behavioural, 9.6, thus demonstrating that the revised version of the PPAS has good internal consistency and face validity. We modified the PPAS measure to include four total questions regarding preference where the original instrument only had one question asking clients to 'rate their preference of each therapist' on a 10-point Likert scale: 1 (*definitely not prefer*) to 10 (*strongly prefer*). The decision to add additional questions was made in an effort to generate more variance in the construct of preference. The revised PPAS was comprised of the following items on a 5-point Likert scale: 1 (*strongly disagree*) to 5 (*strongly agree*). This revised scale was comprised of the following items: 'I like this therapist's style', 'I dislike this therapist's approach to working with people', 'This therapist is right for me', and 'I would willingly pay to see this therapist'. In our sample, we found internal consistency to be adequate with Cronbach's alpha values of .88 for ratings of preference for psychodynamic psychotherapy, .89 for ratings of person-centred psychotherapy and .92 for ratings of cognitive-behavioural therapy.

Preference for each vignette was further assessed using the Counseling Approach Evaluation Form (CAEF) developed by Lyddon (1989). The CAEF consists of six questions presented in a 7-point Likert scale. The first subscale in the CAEF consists of the mean of three items that pertain to participants' evaluations of the counselling approaches in relation to themselves (Lyddon, 1989, p. 425). For example, 'What is the likelihood that you would seek out this counselling approach if you desired counselling in the future?' The CAEF's second subscale is comprised of three items assessing participants' evaluations of the counselling approach in relation to others (Lyddon, 1989, p. 425). For example, 'How optimistic are you that this approach would be beneficial for most people?'

The CAEF was normed on 92 (59 women and 33 men) college students at a large urban university. Internal consistency for the CAEF is reported as .96 for the first subscale and .93 for the second subscale (Lyddon, 1989). In this study, we found internal consistency to be very good at .96 for the first subscale and .93 for the second subscale.

Both the PPAS and CAEF were combined to create a larger, more robust psychotherapy preference measure for each type of therapy. The combined scale (consisting of 10 items) had excellent internal consistency with all three Cronbach's alphas above .96.

Personality traits

Personality traits were assessed using the HEXACO-60, a 60-item questionnaire created by Ashton and Lee

(2009) to measure six personality traits. These traits include the following: honesty/humility, emotionality, extraversion, agreeableness, conscientiousness, and openness to experience. There exists a theoretically meaningful pattern of correlations between the predictor variables of the HEXACO-60 scales and scales measuring the Big Five personality factors of the popular NEO-FFI (Ashton & Lee, 2005, 2007). The mean interitem correlations ranged from .25 to .29 in the college sample and from .21 to .28 in the community sample. Scale intercorrelations are all below .30, showing a similar pattern of inter-correlations with the NEO-Big Five measures. When six factors were extracted from the HEXACO-60 and rotated, all items of a given subscale showed their primary loadings on the same factor (Ashton & Lee, 2009). The subscales of the HEXACO-60 show internal consistency reliabilities in the .70s according to Ashton and Lee (2009), in a variety of different populations. This effect replicated in the current study with Cronbach's alpha ranging from .75 to .83. Each scale contains 10 items that collectively represent six distinct personality traits.

Correlations of the HEXACO-60 scales with the scales of the NEO-FFI are consistent with theoretical expectations demonstrating good concurrent validity (Ashton & Lee, 2009, p. 342). The HEXACO-60 extraversion, conscientiousness and openness to experience scales correlate with their NEO-FFI counterparts; that is, emotionality and agreeableness scales showed moderately strong relations with NEO-FFI Neuroticism and agreeableness. Additionally, levels of self-observer agreement were found to be high for all six HEXACO-60 scales, with all values exceeding .45 (Ashton & Lee, 2009). As the six personality dimensions emerged in the development of the HEXACO using work from multiple linguistic descriptions of personality, we decided to use this measure as it may offer a more cross-culturally representative personality structure than the traditional five-factor model of the NEO-FFI (Ashton & Lee, 2005, 2007).

Attachment style

Attachment style was assessed using the Relationships Questionnaire by Bartholomew & Horowitz (1991). This scale asks participants to rate how well each of four vignettes describes them (with each representing a particular attachment style: secure, preoccupied, fearful and dismissive).

As defined by Bartholomew & Horowitz (1991), secure attachment is typified by maintaining close relationships without compromising individual autonomy and genuine valuing of friendships. Preoccupied attachment is characterised by idealisation of others, over involvement and dependence on others' acceptance. Fearful attachment is marked by fear of rejection, distrust of others and insecurity. Finally, dismissive attachment is distinguished by overemphasis on self-reliance and minimisation of the importance of relationships.

A sample item, tapping into secure attachment, is 'It is easy for me to become emotionally close to others, I am comfortable depending on others and having others depend on me. I don't worry about being alone or having others not accept me.' Participants were asked to rate this and three other statements on a 1 (*not like me at all*) to 7 (*very much like me*) Likert scale. Finally, participants were asked to select *one* attachment style of the four that fits them best (although this final item was not used in analyses). Each participant, therefore, had scores for each attachment style. This questionnaire has been shown to have adequate discriminant validity, with intercorrelations between items ranging from $r = -.26$ to $-.14$, $p > .05$.

Given our scope, the main advantage of a self-report attachment measure is the ability to collect data from many participants relatively quickly. Moreover, prior research has found self-report to be an adequate measure of attachment for survey research with dimensional coding between the Adult Attachment Inventory with various self-report measures to be related (Levy, Meehan, Temes & Yeomans, 2012).

Procedure

M-Turk users were directed to an online survey containing the measures on Surveygizmo.com. After providing informed consent to participate, they were randomly presented with the three psychotherapy vignettes followed by the PPAS and the CAEF instruments. After completing the preference assessments, participants then completed the HEXACO-60 followed by the Relationships Questionnaire. Lastly, participants filled out demographic information. At the completion of the survey, a random number generator produced a code in M-Turk signalling the successful completion of the study and the participants were awarded their Amazon.com credit accordingly.

A zero-order correlation analysis was run to examine the initial relationships between the predictor (i.e. personality traits and attachment styles) and criterion variables (psychotherapy preference), to

see whether any significant correlations existed. Because the data contained more than one continuous predictor variable (personality traits and attachment styles measured on a continuum) and one continuous criterion variable (psychotherapy preference measured on a continuum), a multiple regression analysis was selected for data analysis as this data analytic procedure best fits the research questions and hypotheses. Regressions were conducted controlling for demographic variables by utilising multiple hierarchical regressions in two steps to determine whether the predictor variables (i.e. attachment styles and personality traits) accounted for variance in psychotherapy preference over and above demographic variables (i.e. gender and age).

Results

This research utilised SPSS 22.00 for data analyses. A one-way MANOVA was conducted with all demographic items as well as prior experience with psychotherapy and having studied psychology at the university level. It was found that women (n = 136, M = 32.35) scored higher on emotionality as measured by the HEXACO-60 compared with men (n = 66, M = 28.63), $F(1, 196) = 28.2$, $p < .05$, $\eta^2 = .12$.

Additionally, we found that respondents who reported past experience in psychotherapy scored lower on extraversion (n = 63, M = 29.54) compared with those without experience (n = 135, M = 3225), $F(1, 196) = 4.85$, $p < .05$, $\eta^2 = .15$, as well as lower on conscientiousness (M = 35.30) compared to those without prior psychotherapy experience (M = 37.94), $F(1, 196) = 7.86$, $p < .05$, $\eta^2 = .12$. We found no other systematic variation across all measures in our sample.

Table I presents descriptive statistics (means, standard deviation and range) for each of our measures. As a preliminary analysis, zero-order correlations were run (Table II) examining the associations between therapy preferences and personality traits, attachment styles and demographic information. Results revealed that openness (r = .170 $p < .05$) and secure attachment (r = .171, $p < .05$) were significantly and positively correlated with preference of psychodynamic orientation. Age (r = −.151, $p < .05$) was significantly negatively correlated with preference for psychodynamic orientation. Additionally, extraversion (r = .191, $p < .01$), agreeableness (r = .136, p = .055), secure attachment (r = .171, $p < .05$), fearful attachment (r = −.212, $p < .01$) and previous study of psychology (r = .142, $p < .05$) were significantly correlated with preference of cognitive-behavioural orientation. Interestingly, previous treatment itself was unrelated to preference for any psychotherapy, demonstrated by nonsignificant correlations (Table II). This suggests that, at least in this sample, prior psychotherapy experience did not unduly influence participants' ability to rate each therapy. Finally, we found that fearful attachment (r = .143, $p < .05$) was significantly correlated with preference of person-centred orientation.

Tables III–V present results of three hierarchical regressions that were conducted (one for each

Table I: Means and standard deviations for measures.

	M	*SD*	Min.	Max.
1. Psychodynamic preference	38.14	13.12	10.0	62.0
2. Person-centred preference	37.10	13.85	10.0	62.0
3. Cognitive-behavioural therapy preference	36.71	14.94	10.0	62.0
4. Honesty/humility	34.51	6.96	16.0	50.0
5. Emotionality	31.96	6.53	13.0	49.0
6. Agreeableness	32.80	6.78	12.0	46.0
7. Conscientiousness	36.07	6.24	17.0	49.0
8. Extraversion	31.24	7.36	12.0	47.0
9. Openness	37.07	7.04	15.0	50.0
10. Secure attachment	3.97	1.95	1.0	7.0
11. Fearful attachment	3.95	2.09	1.0	7.0
12. Preoccupied attachment	2.83	1.86	1.0	7.0
13. Dismissive attachment	4.10	2.06	1.0	7.0

Table II: Zero-order correlations of outcome variables with predictor variables.

Predictors	Psychodynamic	Person-Centred	Cognitive-Behavioural Therapy
1. Age	−.15*	−.04	−.04
2. Gender	−.06	−.01	−.02
3. Education	−.01	−.03	.05
4. Level of study in psychology	−.01	−.02	.16*
5. Previous treatment	.07	.04	−.04
6. Honesty/humility	−.07	.07	−.04
7. Emotionality	.04	.13	−.07
8. Extraversion	.12	.00	.19**
9. Agreeableness	.00	.09	.16*
10. Conscientiousness	−.09	.03	.06
11. Openness	.17*	−.01	.06
12. Secure attachment	.17*	.08	.17*
13. Fearful attachment	.03	.14*	−.21**
14. Preoccupied attachment	.10	.07	.06
15. Dismissive attachment	−.04	−.07	−.07

*$p < .05$; **$p < .01$.

Table III: Predictors of preference for psychodynamic therapy.

Source	Unstandardised Coefficient (*B*)	Standardised Coefficient (β)	*F*	*p*	R^2
Step 1 – Controls					
Constant	46.67	–	186.65	.001	.026
Age	−.150	−.142	3.90	.050	
Previous study	−.377	−.025	.861	*n.s.*	
Previous treatment	1.965	.069	.861	*n.s.*	
Step 2 – Predictors					
Constant	21.84	–	3.456	.065	.120
Age	−.111	−.105	1.791	.182	
Previous study	−.878	−.058	.590	*n.s.*	
Previous treatment	1.528	.053	.472	*n.s.*	
Honesty/humility	−.043	−.023	.075	*n.s.*	
Emotionality	.027	.013	.022	.014	
Extraversion	.191	.107	1.281	.049	
Agreeableness	.002	.001	.000	*n.s.*	
Conscientiousness	−.235	−.111	1.983	*n.s.*	
Openness	.340	.178	5.591	.019	
Secure attachment	1.549	.228	5.625	.019	
Fearful attachment	.794	.124	1.885	*n.s.*	
Preoccupied attachment	.347	.048	.323	*n.s.*	
Dismissive attachment	.322	.050	.386	*n.s.*	

Table IV: Predictors of preference for person-centred therapy.

Source	Unstandardised Coefficient (*B*)	Standardised Coefficient (β)	*F*	*p*	R^2
Step 1 – Controls					
Constant	38.093	–	123.771	.001	.004
Age	−.038	−.034	.217	*n.s.*	
Previous study	−.449	−.028	.142	*n.s.*	
Previous treatment	1.556	.051	.470	*n.s.*	
Step 2 – Predictors					
Constant	6.017	–	.225	.636	.083
Age	−.035	−.032	.155	*n.s.*	
Previous study	−.540	−.034	.192	*n.s.*	
Previous treatment	1.828	.060	.580	*n.s.*	
Honesty/humility	.150	.074	.773	*n.s.*	
Emotionality	.179	.084	.870	*n.s.*	
Extraversion	.093	.049	.260	*n.s.*	
Agreeableness	.235	.116	1.930	*n.s.*	
Conscientiousness	.021	.009	.013	*n.s.*	
Openness	−.079	−.039	.258	*n.s.*	
Secure attachment	1.219	.169	2.990	.085	
Fearful attachment	1.896	.279	9.215	.003	
Preoccupied attachment	−.051	−.007	.006	*n.s.*	
Dismissive attachment	.108	.016	.037	*n.s.*	

psychotherapy preference measure) to test our main hypotheses. This data analytic procedure is used to determine the predictive association between the independent variables and psychotherapy preferences. Each of these regressions controlled for age, previous study of psychology and previous treatment in the first step. The second step of each regression added all six of the HEXACO-60 subscales and all four attachment styles from the Relationships Questionnaire. Utilising this multiple step (or

Table V: Predictors of preference for cognitive-behavioural therapy.

Source	Unstandardised Coefficient (*B*)	Standardised Coefficient (β)	*F*	*p*	R^2
Step 1 – Controls					
Constant	32.813	–	79.613	.001	.033
Age	.046	.037	.272	*n.s.*	
Previous study	3.106	.179	5.905	.016	
Previous treatment	−2.453	−.074	1.014	*n.s.*	
Step 2 – Predictors					
Constant	33.176	–	79.61	.000	.120
Age	.069	.057	.523	*n.s.*	
Previous study	2.947	.170	4.99	.027	
Previous treatment	−1.071	−.032	.174	*n.s.*	
Honesty/humility	−.286	−.130	2.475	*n.s.*	
Emotionality	−.077	−.033	.139	*n.s.*	
Extraversion	.091	.044	.219	*n.s.*	
Agreeableness	.173	.078	.915	*n.s.*	
Conscientiousness	.042	.017	.048	*n.s.*	
Openness	.076	.034	.209	*n.s.*	
Secure attachment	.425	.054	.319	*n.s.*	
Fearful attachment	−1.343	−.181	4.052	.046	
Preoccupied attachment	.939	.113	1.782	*n.s.*	
Dismissive attachment	−.284	−.038	.227	*n.s.*	

hierarchical) design enabled the researchers to determine how much variance in psychotherapy preference was accounted for by personality traits and attachment styles over and above the demographic variables.

Table III presents results from the hierarchical regression analysis, testing our hypotheses for psychodynamic preference. The first step which included control variables was not significant, $R = .161$, $R^2 = .026$, $F(3, 191) = 1.70$. The second-step equation explained an additional 7% of the variance, $R = .34$, $R^2 = .09$, $F(13, 181) = 1.86$, $p < .05$, $\Delta R^2 = .07$, $\Delta F(10, 194) = 1.88$, $p = .05$. Based on significant standardised beta weights, openness ($\beta = .178$, $p = .05$) and secure attachment ($\beta = .228$, $p < .05$) emerged as significant predictors such that increased levels of openness and secure attachment predicted increased preference for psychodynamic psychotherapy.

Next, Table IV presents the results to the second hierarchical regression, testing our hypotheses for person-centred preference. The first step of our model was not significant, $R = .064$, $R^2 = .004$, $F(3, 191) = .26$. The second step, which included our main predictors, was also not statistically significant, $R = .289$, $R^2 = .083$, $F(10, 181) = 1.567$.

Finally, Table V presents the results from the third hierarchical regression analysis testing our hypotheses regarding cognitive-behavioural therapy preference. The first step, which included our control variables, was marginally significant, $R = .180$, $R^2 = .033$, $F(3, 191) = .09$, $p < .10$ (Table V). The second-step equation explained an additional 9% of the variance, $R = .346$, $R^2 = .09$, $F(13, 181) = 1.89$, $p < .05$, $\Delta R^2 = .09$, $\Delta F(10, 181) = 1.79$, $p = .06$. Based on significant standardised beta weights, previous study of psychology ($\beta = .1704$, $p < .05$ and fearful attachment ($-.181$, $p < .05$) emerged as significant predictors of preference for cognitive-behavioural therapy, such that participants who reported having studied psychology in the past showed increased preference for cognitive-behavioural therapy and that higher levels of fearful attachment predicted decreased levels of CBT preference.

Discussion

Results suggest that personality traits and attachment styles can predict preferences for differing psychotherapy orientations. Indeed, openness and secure attachment were found to be significant predictors of preference, partially supporting our hypotheses that these two, along with extraversion, would predict psychodynamic therapy preference. Extraversion was found not to be a significant predictor; though in previous work with samples of therapists and trainees, it was found to be predictive of affinity towards psychodynamic orientation

(Ogunfowora & Drapeau, 2008). This may suggest different patterns of associations between personality traits and preferences for psychodynamic therapy exist across different populations. Our hypotheses that openness and extraversion would be significantly predictive of person-centred and CBT therapy preference were not supported. Instead, higher levels of fearful attachment were found to be predictive of reduced preference for CBT. While this diverges from previous research, it make sense conceptually as (1) fearfully attached individuals tend to distrust others (Shaver & Mikulincer, 2009), and (2) CBT emphasises the therapist's active help in identifying distorted thoughts and challenging them (Beck, 2005). Finally, no significant predictors of preference of person-centred psychotherapy were found.

Comparing these findings to those of previous research demonstrates some overlapping results that openness predicts psychodynamic preference and that agreeableness is correlated (at the zero order; Table III) with preference of cognitive-behavioural orientation (Holler, 2007; Ogunfowora & Drapeau, 2008; Scandell et al., 1997). The presence of replicating effects across studies using similar measures indicates that the association between dispositional qualities of a person and his or her theoretical preferences merits further investigation.

Attachment is noteworthy for its association with preference for psychodynamic and cognitive-behavioural therapies. While all three therapies rated by participants in this study recognise the importance of the therapeutic relationship and alliance, psychodynamic and cognitive-behavioural theoretical frameworks, in particular, place varied emphasis on the therapeutic relationship as a curative force (Rogers, 1961). Therefore, attachment styles' association with each of these therapies may, indeed, constitute a fruitful avenue for continued research.

This study, though, has several limitations. First, the exclusive use of a self-report attachment measure limits our comprehensive understanding of the construct of attachment as a predictor of psychotherapeutic preference. Future research could measure attachment through multiple methods, including interview, to gain a more exhaustive understanding of each participant's attachment style.

Another limitation of this study is that there was a theoretically implied connection between our representative sample and people who might be 'potential clients' seeking psychotherapy. It may very well be that the degree of psychological distress prompting a person to seek treatment could act as a moderator of his or her preferences of therapy. Considering this, future research could assess a person's attitude towards help seeking to see whether one's attitude towards therapy impacts his or her psychotherapeutic preferences. Accordingly, future research in this area could focus specifically on a clinical population wherein experimental data could be obtained in an intent-to-treat paradigm by first interpreting participants' personality traits and attachment styles and then randomly assigning them to therapists using different theoretical orientations. This would allow not only for an assessment of preference in vivo, but also for assessing measurable outcomes. Such an approach would address the mono-method bias limitation of the present study. Thus, future research could focus on participant self-report, observer ratings and measurable outcomes (e.g. pre-/post-treatment Beck Depression Inventory scores).

Another focus of future research might be constructing and validating a more robust instrument assessing psychotherapeutic preference. Conveying the theoretical distinctions between each therapeutic orientation to a layperson in three short written vignettes marks another limitation of the present study. Absent from the current measure is what each type of therapy 'looks' like. Perhaps watching a video of the therapies being practised would elicit a stronger preferential response.

The sample for this study also represents a limitation, as it was comprised mostly of Caucasians in the United States who were fairly well educated. Future work should recruit a more diverse sample from multiple ethnic, educational, geographic and sociocultural backgrounds. Lastly, as attachment has never been previously examined as a predictor of psychotherapeutic preference, further inquiry is needed to determine whether our findings replicate.

Implications for practitioners

As this investigation is preliminary in nature, it may be too early to judge the magnitude of the implications for current practitioners. It behoves practitioners, though, to be both mindful of and attuned to the particular personality and attachment nuances of their clients and how these variations can relate to client engagement in a particular course of therapy. Based on the findings thus far, it might be helpful for clinicians – that utilise an integrative approach – to tailor their treatment towards client preferences according to the significantly predictive dispositional qualities found in this study. Accordingly, clinicians may find it helpful to give

clients the HEXACO-60 and the RQ at the onset of therapy as an adjunct to treatment planning. Specifically, as a result of this research, clinicians can now be aware that clients scoring higher in openness and secure attachment may tend to prefer psychodynamic treatment, where individuals presenting with higher levels of fearful attachment and greater exposure to the study of psychology may tend to prefer cognitive-behavioural treatment. Nevertheless, further research is necessary in order to both confirm the results of this study and expand them further to specific and measurable outcomes.

Concluding remarks

In spite of the modest correlations and effect sizes, this study presents some findings consistent with previous research. It would appear that this line of inquiry merits further examination specifically with more diverse samples. It is important to keep in mind that this research is still largely exploratory in nature and need not associate all personality traits or attachment styles to distinct theoretical preferences in order to demonstrate meaningfulness. Rather, this study can begin to paint a picture of how people's dispositional qualities may play a role in predicting their preferences for various psychotherapeutic orientations as well as lay groundwork for more empirically supported treatment planning and client–therapist pairing.

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