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Articles

The association of psychological resources and personality traits with preference for psychotherapy models: evidence from two explorative studies

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Abstract

Background: The number of theoretical approaches in the field of psychotherapy has been steadily increasing. Considering the influential role that the chosen model plays in clinical practice, the examination of variables associated with the selection of theoretical orientation appears to be highly significant. Previous research has underlined the impact of personal characteristics on this choice, but findings remain scarce and inconclusive. The general aim of this research was to explore the differences in psychological and personality characteristics based on preferences for theoretical orientations among both students and psychotherapists.

Method: Two exploratory studies were implemented to pursue this goal. Study 1 involved 120 Italian Psychology Students (Mean age = 23 years; Standard Deviation = 6.01), and participants of Study 2 were 217 Italian psychotherapists (Mean age = 41 years; Standard Deviation = 8.79). Both the samples completed the Insight Orientation Scale, Rosenberg Self-Esteem Scale and Ten-Item Personality Inventory. In addition, study participants also fulfilled a demographic and informative section that encompassed queries concerning their attitudes on diverse theoretical orientations. In Study 2, respondents also completed the Therapist Self-Efficacy Scale.

Results: Among students, preferences for psychotherapy models were not significantly associated with personality traits or self-esteem. However, those who considered the psychoanalytic/psychodynamic models to be the most effective showed higher levels of insight orientation than those favouring integrative approaches. Among psychotherapists, those aligned with integrative and psychoanalytic/psychodynamic models showed higher conscientiousness than those oriented toward Cognitive/ Cognitive-Behavioral Therapy. Integrative psychotherapists also reported greater agreeableness and self-efficacy than the Cognitive/Cognitive-Behavioral Therapy ones. Finally, associations between personal characteristics and the levels of professional self-efficacy within each considered psychotherapist model were highlighted.

Conclusions: Although the exploratory nature and cross-sectional design of the studies invite cautious interpretation and encourage further confirmatory research, these findings may have useful practical implications, by providing insight to elaborate tailored orientation programs, training, and supervisions for psychotherapists within different theoretical orientations.

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1. Introduction

Over the years, there has been significant growth in the number of theoretical approaches in the psychotherapy field (Corey, 2016; Corsini & Wedding, 2007; Johnson, 2024). For example, a recent estimate in the Italian context identified 148 private psychotherapy training schools, distributed across a wide range of theoretical models (European Association for Psychotherapy, 2017). Indeed, many researchers and practitioners have stressed the necessary roles of theory and conceptual frameworks in the practice of psychotherapy (*e.g.,* Binder, 2004; Eells, 2011; McWilliams, 2004; Teyber, 2006; Truscott, 2010; Wampold, 2007). At the same time, all this makes the choice of theoretical orientation more complex. Theoretical orientation is a key aspect of a clinician's identity and professional practice. It provides a framework for the clinician's work (see Sani & Bacqué, 2023; Sesar et al., 2024; for reviews), encompassing specific techniques, structures, and prognoses for treatment (Cooper & McLeod, 2012; Young, 2016). Theoretical orientation also forms the basis of the clinician's conceptual framework, enabling them to comprehend the patient's needs, evaluate the therapeutic process, and acquire the necessary tools to apply theory in practice (Chiri et al., 2023; Corey, 2016). The exploration of the variables related to the choice of theoretical orientation is therefore important for increasing awareness of the values and basic assumptions that influence the therapist's clinical practice and the consequences that this practice entails (Varlami & Bayne, 2007). Indeed, the American Psychological Association (2012) identified "Professionalism" as one of the competency benchmarks in professional psychology, including Reflective Practice, Self-Assessment, and Self-Care: in other words, professional clinical practice should be conducted with "*personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care*" (American Psychological Association, 2012, p. 4). In association with this, the theoretical orientation presents fundamental assumptions about the nature of the human psyche, and the origins and progression of mental, emotional, and behavioural disorders (Poznanski & McLennan, 1995), and may therefore also influence the factors related to the clinician self-assessment of efficacy

during the performance of the professional activity. Generally, self-assessment could be seen as "*a form of appraisal that involves a comparison between one's behavioural outcomes and an internal or external standard*" (Boekaerts, 1991, p. 11). Given the role of the therapist's self-concept in favouring performance effectiveness (Reese et al., 2009), the exploration of the variables related to professional self-efficacy based on the theoretical orientation may be useful to enrich training activity and improve clinical outcomes.

The motivations and predisposing elements that drive people to choose one theoretical direction rather than another remain unclear. There could be personological or psychological factors that influence this choice (see Arthur, 2001; Esposito et al., 2024 for reviews); however, to our knowledge studies that have investigated these aspects are scarce and focused on the influence of personality traits (*e.g.,* Ogunfowora & Drapeau, 2008). In this regard, the international scientific literature highlighted how therapists' personality traits measured using the FFM paradigm may be linked to different therapeutic approaches, suggesting that personality may play a role in shaping not only how therapists practice, but also which models they gravitate toward (see Fletcher & Delgadillo, 2022 for a review). Nevertheless, the directionality of this relationship remains unclear, and further research is needed to understand whether personality traits influence orientation choice or vice versa. Furthermore, although research exploring the variables associated with the therapist's self-efficacy is increasing (*e.g.,* Gori et al., 2022a), at the time of writing none studies the role of theoretical orientation. Therefore, this research aimed to fill these gaps, with the general objective of exploring the psychological factors associated with the theoretical orientation in psychotherapy, before and after the choice. Two exploratory studies were implemented to pursue this goal. The first one specifically aimed at investigating if personality traits, insight orientation, and self-esteem may differ based on different attitudes and perceptions of the psychotherapy models in students enrolled in the clinical psychology program. Furthermore, study 2 specifically aimed at: i) exploring differences in personality traits, professional self-efficacy, insight orientation and self-esteem in clinicians with different psychotherapist orientations; ii) assessing the personal characteristics that may be associated with the levels of professional self-efficacy in different theoretical models of psychotherapy.

Study 1

2.Methods

Participants and Procedure

This study adopted a cross-sectional design and involved a sample of 120 Italian Psychology Students: 24 males (20%) and 96 females (80%). Their mean age was 23 years (SD = 6.01). Most

of them were single (97%), while others were married (2%) or separated (1%). They were enrolled in the clinical psychology program and attended the courses entitled "*Models of Psychotherapy*" and "*Clinical Psychology*", at the end of which they were informed of the research. Their participation was voluntary, and not providing informed consent constituted an exclusion criterion. The survey included self-report validated questionnaires (see the "Measure" section), together with a demographic and informative section. Before starting, each respondent was informed about the general aim of the study and provided informed consent. At the beginning of the online survey, participants were presented with standardized written instructions providing guidance on how to complete the questionnaires. The time of administration was about 45-55 minutes. All the procedures of this research have been approved by the first author's institutional Ethical Committee.

2.1 Measures

2.1.1 Demographic and informative section

The *Demographic and informative section* was used to collect several information about the participants, in a self-report modality. Specifically, gender and age were asked. Furthermore, this section also included three questions relating to one's attitudes and perceptions of psychotherapy models: 1) Which of the major therapeutic models is the most suitable for you? 2) According to your opinion which therapeutic model looks more effective? 3) In any future formation in which model you would like to specialize?

Insight Orientation Scale (IOS)

The *Insight Orientation Scale* (IOS; Gori et al., 2015, 2022b) is a 7-item self-report scale used to measure the levels of insight. Items (*e.g.,* "*I am aware of my inner thoughts about things.*") are scored on a 5-point Likert scale, from 1 (*not at all*) to 5 (*a great deal*). In the present sample, the scale showed good internal consistency (Cronbach's α value of 0.82).

Rosenberg Self-Esteem Scale (RSES)

The *Rosenberg Self-Esteem Scale* (RSES; Rosenberg, 1965; Italian version: Prezza, Trombaccia, & Armento, 1997) is a 10-item self-report scale used to measure the levels of self-esteem. Items (*e.g.,* "*On the whole, I am satisfied with myself.*") are rated on a 4-point Likert scale, from 0 (*strongly agree*) to 3 (*strongly disagree*). In the present sample, the scale showed good internal consistency (Cronbach's α value of 0.84).

Ten-Item Personality Inventory (TIPI)

The *Ten-Item Personality Inventory* (TIPI; Gosling, Rentfrow, & Swann, 2003; Italian version: Di Fabio, Gori, & Giannini 2016) is a 10-item self-report scale used to assess personality traits, by

considering five dimensions: extraversion, agreeableness, conscientiousness, neuroticism, and openness. Items (*e.g.,* "*I see myself as: Extraverted, enthusiastic*.") scored on a 7-point Likert scale, ranging from 1 (*Disagree strongly*) to 7 (*Agree strongly*). In the present sample, the scale showed good internal consistency (extraversion, $\alpha = 0.88$; agreeableness, $\alpha = 0.71$; conscientiousness, $\alpha = 0.80$; neuroticism, $\alpha = 0.68$; openness $\alpha = 0.78$).

2.2 Analytic Plan

Data analysis was performed using SPSS (v. 21.0; IBM, New York, USA). Descriptive statistics were calculated. Multivariate analyses of variance (MANOVAs) were implemented to explore if students differed in personality traits (dependent variables) based on the different attitudes and perceptions of the psychotherapy models (the one they perceived as suitable for themselves, the one that looked more effective, and the orientation in which they would like to specialize in future; fixed factors). No covariates were considered. A post hoc power analysis was performed using G*Power 3.1 to assess whether the sample size of Study 1 (N = 120) was adequate for the MANOVAs, with .80 set as the conventional threshold for acceptable statistical power (Cohen, 1988; Faul et al., 2007). Moreover, a series of one-way analyses of variance (ANOVAs) was performed to investigate differences in the levels of insight orientation and self-esteem between students with different attitudes and perceptions of the psychotherapy models, also using Bonferroni tests for post hoc analyses to interpret the results when needed.

3. Results

As shown in Figure 1, most of the students declared to consider the Psychoanalytic/Psychodynamic as the most suitable therapeutic model (38.3%), followed by the Cognitive/CBT (35.0%) and the Integrative (26.7%). Concerning the perception of effectiveness, Cognitive/CBT were the most selected (41.7%), followed by the Psychoanalytic/Psychodynamic (30.8%) and the Integrative (27.5%). Similarly, most of the students declared to prefer the Cognitive/CBT models for future specialization (36.7%), followed by the Psychoanalytic/Psychodynamic (35.8%) and the Integrative (27.5%).

Results of the MANOVAs did not highlight differences in personality traits between participants with different attitudes and perceptions on the psychotherapy models: F (10, 226) = 0.453, $p = 0.919$; Wilk's $\Lambda = 0.961$ (see Figure 1). Post hoc power analyses showed that only the MANOVA concerning the model perceived as most suitable for oneself reached a statistical power above the conventional threshold ($1 - \beta = .94$). The other MANOVAs yielded power values below .80.

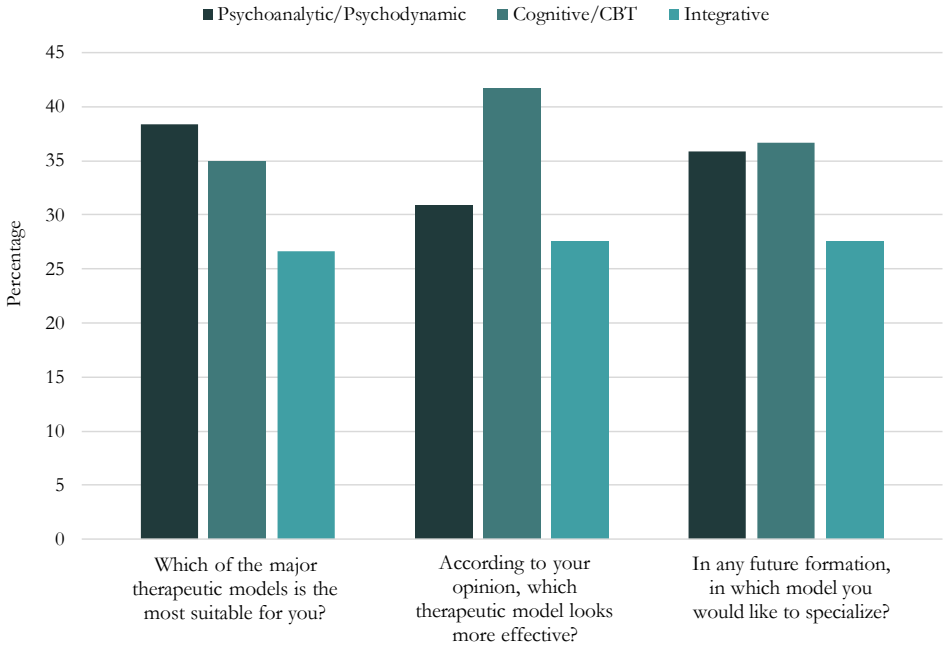

Figure 1. Student's attitudes and perceptions of the psychotherapy models

Concerning the ANOVAs, students showed significantly different levels of insight orientation based on the model they perceived as more effective: $F(2, 117) = 3.784$, $p < 0.05$ (see Table 1). More specifically, the Bonferroni post hoc tests proved that higher levels of insight were descriptive of individuals who found psychoanalytic/psychodynamic models to be most effective (M = 12.68, SD = 4.321), compared to those who indicated the integrative one (M = 10.42, SD = 2.739). Concerning the suitability of therapeutic models and the preferences for future specialization, students who answered differently did not show significant changes in self-esteem levels.

Table 1. Means, standard deviation and comparisons in the levels of Insight Orientation based on attitudes and perceptions of the psychotherapy models

	Dependent Variable	Psychoanalytic/ Psychodynamic			Cognitive/ CBT			Integrative			*F*	*p*	Bonferroni post hoc
		N	*M*	*SD*	*N*	*M*	*SD*	*N*	*M*	*SD*			
Which of the major therapeutic models is the most suitable for you?	Insight Orientation	46	11.57	4.167	42	11.40	3.520	32	10.94	3.426	0.272	0.762	-
According to your opinion which therapeutic model looks more effective?	Insight Orientation	37	12.68	4.321	50	10.96	3.636	33	10.42	2.739	3.784	**0.026**	P > I
In any future formation in which model you would like to specialize?	Insight Orientation	43	11.58	4.049	44	11.45	3.861	33	10.88	3.170	0.358	0.700	-

Note: Bold values indicate significant *p values.* P = Psychoanalytic/ Psychodynamic; C = Cognitive/ CBT; I = Integrative.

Finally, no differences have been shown concerning the levels of self-esteem between students with different attitudes and perceptions of the psychotherapy models.

Study 2

4. Methods

4.1 Participants and Procedure

This study adopted a cross-sectional design and involved a sample of 217 Italian psychotherapists: 26 males (12%) and 191 females (88%). Their mean age was 41 years (*SD* = 8.79). They were recruited through a snowball sampling, by sending out a link to the survey hosted on the Google Form Platform. The inclusion criteria were: 1) Having a good understanding of the Italian language; 2) Being a certified psychotherapist. Individuals who did not meet these requirements or who did not provide informed consent were excluded from the study. The administration took place online, and each participant was informed about the general aim of the study and provided informed consent electronically before starting. Standardized written instructions were provided at the beginning of the survey, briefly explaining how to respond to the self-report measures. All the procedures of this research have been approved by the first author's institutional Ethical Committee.

4.2 Measures

The survey included the following scales described in study 1: the *Insight Orientation Scale* (IOS; Gori et al., 2015, 2022b; Cronbach's α value in the present sample of 0.89), *Rosenberg Self-Esteem Scale* (RSES; Rosenberg, 1965; Italian version: Prezza, Trombaccia, & Armento, 1997; Cronbach's α value in the present sample of 0.83), *Ten- Item Personality Inventory* (TIPI; Gosling, Rentfrow, & Swann, 2003; Italian version: Di Fabio, Gori, & Giannini 2016; Cronbach's α values in the present sample: extraversion, α = 0.74; agreeableness, α = 0.61; conscientiousness, α = 0.67; neuroticism, α = 0.66; openness α = 0.65). Furthermore, the assessment of Professional self-efficacy was also included, by integrating the survey with the *Therapist Self-Efficacy Scale*.

Therapist Self-Efficacy Scale (T-SES)

The *Therapist Self-Efficacy Scale* (T-SES; Gori et al., 2022a) is a 21-item self-report scale used to measure the levels of mental health therapists' professional self-efficacy. Items (*e.g.,* "*During psychological meetings or psychotherapy sessions, I am able to: Express verbal interventions effectively.*") are rated on a 5-point Likert scale, from 1 (*not at all*) to 5 (*a great deal*). In the present sample, the scale showed excellent internal consistency (Cronbach's α value of 0.98).

5. Analytic Plan

Data analysis was performed using SPSS 21.0 (v. 21.0; IBM, New York, USA). Descriptive statistics were calculated. Multivariate analysis of variance (MANOVA) was implemented to explore differences in personality traits (dependent variable) based on the psychotherapist's orientation model (independent variable). No covariates were considered. A post hoc power analysis was performed using G*Power 3.1 to assess whether the sample size of Study 2 (N = 217) was adequate for the MANOVA, with .80 set as the conventional threshold for acceptable statistical power (Cohen, 1988; Faul et al., 2007). As follow-up analyses, separate ANOVAs were performed as follow-up by using a Bonferroni-adjusted p-value of 0.01 as the threshold of significance to reduce the risk of making type I errors (Bland & Altman, 1995). Furthermore, a series of one-way analyses of variance (ANOVAs) were also carried on to investigate differences in the levels of professional self-efficacy, insight orientation and self-esteem in clinicians with different psychotherapist orientations, also using Bonferroni tests for posthoc analyses to interpret the results when needed. Finally, Pearson's correlation analysis was implemented to explore the associations of therapists' professional self-efficacy with self-esteem, insight orientation, and personality traits by distinguishing the psychotherapist orientations.

6. Results

As shown in Figure 2, most of the sample declared to adopt Cognitive/CBT (28.1%) or Integrated (28.1%) psychotherapist orientations, followed by Psychoanalytic/Psychodynamic (24.4%) and Systemic (19.4%).

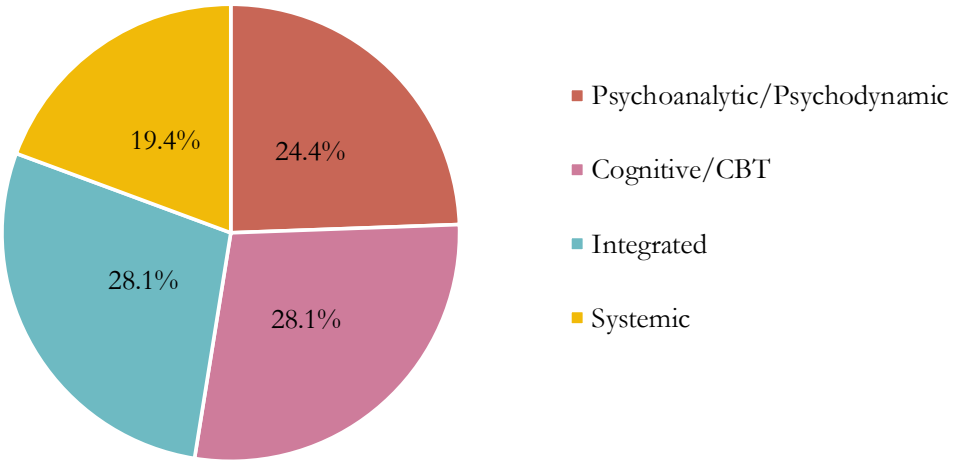

Figure 2. Psychotherapist model orientation of the participants

Results of the MANOVA highlighted a statistically significant difference in personality traits based on the psychotherapist's orientation model: $F(15, 577) = 2.552$, $p < 0.01$; Wilk's $\Lambda = 0.838$. The post hoc power analysis confirmed that the statistical power for this MANOVA was adequate, with values exceeding the conventional threshold of .80. The follow-up test

(ANOVAs and Scheffé) showed significantly higher levels of Agreeableness in participants who declared to adopt the Integrative psychotherapy model (M = 22.51, SD = 3.223) than in those who adopt the Cognitive/CBT ones (M = 20.46, SD = 3.228): $F(3,213) = 4.313$, $p < 0.01$ (see Table 2).

Table 2. Means, standard deviation and comparisons in personality traits based on psychotherapist's orientation model

	Psychoanalytic/ Psychodynamic (N = 53)		Cognitive/ CBT (N = 61)		Integrative (N = 61)		Systemic (N = 42)				Bonferroni
	M	SD	M	SD	M	SD	M	SD	F	p	post hoc
Extraversion	17.02	4.055	17.59	4.653	18.52	3.202	18.12	5.246	1.298	0.276	-
Agreeableness	21.45	3.023	20.46	3.228	22.51	3.223	21.55	3.078	4.313	**0.006**	I > C
Conscientiousness	24.06	3.394	22.15	3.655	24.15	3.250	23.50	2.957	4.532	**0.004**	C < P, I
Neuroticism	12.06	4.116	13.15	3.420	11.20	4.427	13.31	3.592	3.523	0.016	-
Openness	21.40	3.140	20.80	3.664	22.64	3.115	21.57	3.163	3.282	0.022	-

Note: Bold values indicate significant p values (Bonferroni-adjusted $p < 0.01$); P = Psychoanalytic/ Psychodynamic; C = Cognitive/ CBT; I = Integrative; S = Systemic.

Furthermore, significantly lower Conscientiousness was found in participants who declared to adopt the Cognitive/CBT psychotherapy model (M = 22.15 SD = 3.655) than in those who adopted the Integrative (M = 24.15, SD = 3.250) or the Psychoanalytic/Psychodynamic (M = 24.06, SD = 3.394) ones: $F(3,213) = 4,532$, $p < 0.01$ (see Table 2).

Table 3. Means, standard deviation and comparisons in therapist self-efficacy, insight orientation, and self-esteem based on psychotherapist's orientation model

	Psychoanalytic/ Psychodynamic (N = 53)		Cognitive/ CBT (N = 61)		Integrative (N = 61)		Systemic (N = 42)				Bonferroni
	M	SD	M	SD	M	SD	M	SD	F	p	post hoc
Therapist self-efficacy	78.29	16.589	75.98	18.596	81.57	16.115	78.28	14.127	1.108	0.347	-
Insight Orientation	25.69	5.161	25.82	5.454	27.58	4.560	27.33	4.690	2.026	0.112	-
Self-esteem	24.67	4.451	23.29	5.004	25.93	3.493	24.75	4.150	3.657	**0.013**	I > C

Note: Bold values indicate significant p values; P = Psychoanalytic/ Psychodynamic; C = Cognitive/ CBT; I = Integrative; S = Systemic.

Concerning the ANOVAs, no differences were found in levels of therapist self-efficacy and insight orientation based on the psychotherapist's orientation model (see Table 1). On the other hand, significantly higher levels of self-esteem have been highlighted in participants who declared to adopt the Integrative psychotherapy model (M = 25.93, SD = 3.493) than in those who adopt the Cognitive/CBT ones (M = 23.29, SD = 5.004): $F(3, 67) = 3.657$, $p < 0.05$ (see Table 3).

Table 4. The Correlations of Therapist Self-Efficacy with Self-esteem, Insight Orientation, and Personality Traits

Psychotherapy Model		Self-Esteem	Insight Orientation	Extraversion	Agreeableness	Conscientiousness	Neuroticism	Openness
Psychoanalytic/ Psychodynamic	Therapist Self-Efficacy	**0.393****	**0.607****	-0.168	0.209	0.174	-0.131	0.135
Cognitive/ CBT	Therapist Self-Efficacy	0.126	**0.495****	-0.120	0.065	0.036	0.140	-0.054
Integrated	Therapist Self-Efficacy	**0.382****	**0.609****	0.118	0.098	0.238	-0.079	**0.299***
Systemic	Therapist Self-Efficacy	-0.209	**0.431****	-0.063	0.141	-0.081	0.105	0.150

Note: Bold values indicate significant p values. **. Correlation is significant at the 0.01 level (2-tailed). *. Correlation is significant at the 0.05 level (2-tailed).

Finally, Pearson's correlation showed that Therapist self-efficacy was significantly and positively associated with self-esteem (r = 0.292, $p < 0.01$) and insight orientation (r = 0.607, $p < 0.01$) in Psychotherapists with Psychoanalytic/ Psychodynamic orientation models; with insight orientation (r = 0.465, $p < 0.01$) in Psychotherapists with Cognitive/CBT orientation models; with self-esteem (r = 0.382, $p < 0.01$), insight orientation (r = 0.609, $p < 0.01$), and Openness (r = 0.299, $p < 0.05$) in Psychotherapists with a Integrative orientation model; with insight orientation (r = 0.431, $p < 0.01$) in Psychotherapists with Systemic orientation model (see Table 4).

7. General Discussion

Since theoretical orientation plays an important role in understanding the processes and outcomes of psychotherapy, a significant amount of scientific literature has long been interested in exploring the factors that influence how psychotherapists choose their theoretical orientation (*e.g.,* Boswell et al., 2009; Watson & Super, 2020). However, due to the '*complexity involved in investigating the topic*' (Boswell & Castonguay, 2007, p. 382), further evidence is needed to provide

insights that support a more informed process of selection. Within this framework, the general research question guiding this exploration asked whether the preference for different psychotherapy theoretical orientations is associated with differences in personal characteristics. In this line, study 1 involved students enrolled in the clinical psychology program, to specifically investigate if differences in personality traits, insight orientation, and self-esteem may also imply different attitudes and perceptions of the psychotherapy models. First, a majority of the respondents considered the Psychoanalytic/Psychodynamic models to be the most suitable therapeutic approaches for themselves. However, they parallelly perceived the Cognitive/CBT models as the most effective and preferred ones. Such data may be read in light of the Gaining Certainty process (Plchová et al., 2016): participants in this research were university students who could plausibly be included in the Critical Comparison phase, characterized by the need to gather data to understand and compare the existing theoretical orientations (Plchová et al., 2016). During this step, individuals may experience openness to the different choices and hesitation in identifying exclusively with one approach. Furthermore, results showed that different perceptions of the psychotherapy models did not correspond to significant differences in personality traits. This is only apparently in contradiction with previous research. Indeed, evidence supporting the role of personality traits in the selection of the theoretical orientation mostly involved trainees (*e.g.,* Demir & Gazioğlu, 2017; Varlami & Bayne, 2007), while previous studies involving students did not find personality-based preference of theory (Freeman et al., 2007). Consistently, the participants in this research were university students who were still acquiring information about the different psychotherapy approaches. Such data also corroborate the need to consider the role of other elements attributable both to the personal (*e.g.,* the family of origin, own therapy, etc..) and professional (*e.g.,* undergraduate courses, graduate training, etc..) context in influencing this process (Bitar et al., 2007; Tartakovsky, 2016). Consistently, no differences in the levels of self-esteem were reported based on the attitudes towards the psychotherapy models. Finally, the results highlighted that the participants who regarded the psychoanalytic/psychodynamic models as the most effective showed higher insight orientation, compared to those who indicated the integrative approach. Indeed, psychoanalytic/psychodynamic therapists tend to perceive themselves as more intuitive and connected to abstract-analytic thinking (Buckman & Barker, 2010; Harari & Grant, 2022; Poznanski & McLennan, 1995). They also consider insight as one of the central mechanisms of change in clinical practice (Gori et al., 2025; Messer & McWilliams, 2007). Therefore, since previous evidence showed a link between the therapists' theoretical approach and their personal beliefs about human nature, its desirable state, how to pursue it, and the nature of "reality" in general (Larsson et al., 2009; Sandell et al., 2004), it seems plausible that individuals who describe

themselves as having higher levels of insight orientation feel greater reflection in the psychoanalytic/psychodynamic models and perceive them as more effective. Alternatively, it is also possible that the perceived effectiveness of psychodynamic approaches, often emphasized in academic or cultural contexts, may lead students to retrospectively align their self-image with the core qualities associated with these models, including insight (Anvari et al., 2020, 2022).

Study 2 centred on individuals working as psychotherapists, with a specific focus on examining variations in personality traits, professional self-efficacy, insight orientation, and self-esteem among clinicians with different theoretical models. Additionally, the associations between some personal characteristics and the levels of professional self-efficacy within each considered theoretical orientation were explored. Unlike the results of Study 1, the exploration of differences in personality traits based on theoretical orientation shows significant findings. This could be attributed to the nature of the sample, comprising therapists who are actively practising in a clinical setting, have completed their training, and have consequently progressed beyond the Critical Comparison phase, establishing their professional identity (Plchová et al., 2016). Furthermore, this result aligns with previous evidence that supports the influence of personality on the selection of psychotherapy models (*e.g.,* Buckman & Barker, 2010). Moreover, another plausible explanation could be based on recent studies indicating that personality traits are not entirely stable over time (Gori et al., 2022c), and the vision of the world, of oneself and of others offered by the theoretical approach (Larsson et al., 2009; Sandell et al., 2004) may have an influence on them. Further longitudinal studies are needed to investigate this open issue. Specifically, results showed that psychotherapists adhering to an Integrated theoretical approach have higher levels of agreeableness than those following Cognitive/CBT perspectives. This is in line with the key principles of integrative psychotherapy, which requires the therapist to be able to maintain an individualized approach with particular attention to the individual characteristics of the patient, who is conceived as an active participant in the therapy (Norcross & Goldfried, 2005). The integrated therapist, therefore, must be able to adapt his approach according to the needs and preferences of the client (Schiepek & Pincus, 2023), and this implies the ability to be caring and empathetic (Feixas & Botella, 2004). Besides, psychotherapists adhering to Integrated and Psychoanalytic/Psychodynamic models showed higher levels of conscientiousness than those following Cognitive/CBT perspectives. Although previous research supports the association between this personality trait and the application of practices typical of the Cognitive/CBT orientations (Arthur, 2001; Boswell et al., 2009; Buckman & Barker, 2010; Fletcher & Delgadillo, 2022), high levels of conscientiousness can also be beneficial in less structured and directive approaches. Even in these conceptualizations, strong adherence to the established rules of the therapeutic setting remains necessary (*e.g.,* Gabbard,

2017) and may play a protective role in enhancing job satisfaction and performance (Gori et al., 2023; Topino et al., 2021). A possible interpretation could be that therapists with higher conscientiousness may also be inclined to engage with theoretical frameworks that emphasize complexity and individualization, such as integrative or psychodynamic approaches, which can involve broader reflection and flexibility in clinical reasoning (Buchholz, 2019). Significant affinities between theoretical orientations and therapist self-experiences were also observed in terms of self-esteem, while results concerning therapist self-efficacy and insight orientation were non-significant. More in detail, psychotherapists adhering to an Integrated theoretical approach show higher levels of self-esteem than those following Cognitive/CBT perspectives. This is in line with the characteristics explicitly sought to be an effective integrative psychotherapist, which may be able to inspire hope, favour positive change expectations, as well as have qualities such as attention, empathy and positive regard, to name a few (Zarbo et al., 2016). Finally, significant positive correlations have been found between some psychological factors and professional self-efficacy within each considered theoretical orientation. The most evident result is that insight orientation showed the strongest associations with therapist self-efficacy across all approaches. This supports the possibility that, despite its origins in the Psychoanalytic/Psychodynamic models (Hill et al., 2007), it can be successfully applied as a transformative factor in different psychotherapeutic theoretical orientations (see Jennissen et al., 2018 for a meta-analysis), as well as in various professional contexts (Gori & Topino, 2020). Another possibility is that therapists who perceive themselves as highly effective may also be more likely to report greater insight, reflecting a general positive self-perception rather than a direct causal link (Heinonen & Nissen-Lie, 2020). Furthermore, data showed that both in the Psychoanalytic/Psychodynamic and Integrated approaches, therapist self-efficacy was also positively associated with self-esteem, enriching and integrating previous findings (Gori et al., 2022a). Concluding, for therapists adopting the theoretical framework of the Integrated model, professional self-efficacy was also significantly and positively related to openness. This is in line with the perspective of integrative therapists, who are recognized for their open-minded attitude and strong motivation to pursue an inclusive and comprehensive understanding of various aspects (Heinonen & Orlinsky, 2013; Norcross, 2003). Hence, it is plausible that individuals with a stronger inclination towards openness may resonate with these professional characteristics, thus experiencing a greater sense of effectiveness during their clinical activity.

In summary, the key findings of the present research can be outlined as follows. In the student sample, no significant differences in personality traits or self-esteem were observed in relation to preferences for psychotherapy models. However, higher levels of insight orientation were found among those who perceived psychoanalytic/psychodynamic approaches as more

effective. In the psychotherapist sample, differences between theoretical orientations emerged in several psychological dimensions: therapists adhering to integrative and psychoanalytic/psychodynamic models showed higher conscientiousness than those aligned with Cognitive/CBT models; integrative therapists also reported greater agreeableness and self-esteem. Finally, across orientations, therapist self-efficacy was found to be positively associated with various psychological factors, with insight orientation consistently showing the strongest associations.

8. Limitations and suggestions for future research

These studies have certain limitations that need to be acknowledged. Firstly, the data were collected using self-report measures. While this method offers advantages in terms of flexibility and agility, it is also susceptible to biases, such as the social desirability one. Therefore, future research could employ a multimodal approach (*e.g.,* integrating data collection with structured interviews) to address this issue. Furthermore, both samples exhibit a gender imbalance, with a predominantly female composition. This warrants caution when generalizing the findings to the male population. Replication using more balanced samples is necessary for future research to ascertain the robustness of these results in the male population as well. Moreover, these studies have a cross-sectional design. The implementation of a single longitudinal research could be an interesting challenge for future research. In addition, Study 1 relied on a modest sample size. Future studies could benefit from larger samples to increase the overall power and stability of the analyses. In conclusion, a central empirical question that remains open concerns the underlying processes through which these observed associations between psychological characteristics and theoretical orientations take shape. Future research could explore whether this alignment is primarily driven by pre-existing dispositional factors or whether it emerges and consolidates through training and clinical experience. Addressing this question may provide deeper insight into how personal and professional development interact in shaping psychotherapists' theoretical identity.

Despite these limitations, the present research offers several strengths. It addresses a relevant topic that has received limited empirical attention, investigating the psychological and personological variables associated with preferences for theoretical orientations in psychotherapy, which has important implications for clinical training and the development of professional identity. Moreover, by involving two distinct populations, psychology students and practising psychotherapists, it provides a broader and more nuanced perspective on how these individual characteristics may be associated with orientation preferences across different stages of professional development.

9. Conclusions

This exploratory research examined the differences in psychological and personality characteristics based on preferences for theoretical orientations, among both students and psychotherapists. Furthermore, the associations between dispositional factors (e.g., personality traits) and trainable psychological resources (e.g., self-efficacy and insight orientation) with professional self-esteem were explored within different psychotherapist models. Although the results should be interpreted with caution due to the cross-sectional design and exploratory nature of the study, they may offer useful insights for clinical education and supervision. In particular, understanding how personological and psychological characteristics may relate to orientation preferences could help guide psychotherapists in training as they reflect on their personal attitudes and values. Additionally, exploring factors associated with therapist self-efficacy may inform the development of training programs aimed at enhancing specific professional skills and internal resources. These considerations are intended as preliminary and should be further examined through longitudinal and hypothesis-driven research. Nevertheless, increasing awareness of the possible interplay between individual characteristics and clinical orientation may support a more reflective and tailored approach to training and clinical development. Finally, being aware of these characteristics can assist therapists in self-monitoring and improving outcomes through thoughtful practice (Esposito et al., 2020; Fonte & Melo, 2023; Goldberg et al., 2016).

Ethical approval

The study was approved by the Ethics Committee of Integrated Psychodynamic Psychotherapy Institute (IPPI; approval number: 015/2022).

Informed Consent Statement

Informed consent was obtained from all subjects involved in the study.

Data Availability Statement

The data presented in this study are available on request from the corresponding author.

Conflict of Interest Statement

The authors declare that the research was conducted in the absence of any potential conflict of interest.

Authors' Contribution

Conceptualization: A.G.; Data curation: A.G., and E.T; Formal analysis: A.G., and E.T.; Investigation: A.G.; Methodology: A.G., and E.T; Project administration: A.G.; Writing—original draft: A.G., E.T.; Writing—review & editing: A.G., E.T., P.I., and A.M.; Supervision: A.G.

References

1. American Psychological Association. (2012). *Revised competency benchmarks in professional psychology*. Washington. DC: American Psychological Association. Retrieved from https://www.apa.org/ed/graduate/benchmarks-evaluation-system
2. Anvari, M. S., Dua, V., Lima-Rosas, J., Hill, C. E., & Kivlighan, D. M. Jr. (2022). Facilitating exploration in psychodynamic psychotherapy: Therapist skills and client attachment style. *Journal of Counseling Psychology*, *69*(3), 348-360. https://doi.org/10.1037/cou0000582
3. Anvari, M., Hill, C. E., & Kivlighan, D. M. (2020). Therapist skills associated with client emotional expression in psychodynamic psychotherapy. *Psychotherapy Research*, *30*(7), 900-911. https://doi.org/10.1080/10503307.2019.1680901
4. Arthur, A. R. (2001). Personality, epistemology and psychotherapists' choice of theoretical model: a review and analysis. *European Journal of Psychotherapy & Counselling*, *4*, 45-64. https://doi.org/10.1080/13642530110040082
5. Binder, J. L. (2004). *Key competencies in brief dynamic psychotherapy: Clinical practice beyond the manual*. New York: Guilford Press.
6. Bitar, G. W., Bean, R. A., & Bermúdez, J. M. (2007). Influences and processes in theoretical orientation development: A grounded theory pilot study. *The American Journal of Family Therapy*, *35*(2), 109-121. https://doi.org/10.1080/01926180600553407
7. Bland, J. M., & Altman, D. G. (1995). Multiple significance tests: The Bonferroni method. *BMJ*, 310(6973), 170. https://doi.org/10.1136/bmj.310.6973.170
8. Boekaerts, M. (1991). Subjective competence, appraisals and self-assessment. *Learning and instruction, 1*(1), 1-17. https://doi.org/10.1016/0959-4752(91)90016-2
9. Boswell, J. F., & Castonguay, L. G. (2007). Psychotherapy training: Suggestions for core ingredients and future research. *Psychotherapy: Theory, Research, Practice, Training, 44*(4), 378–383. https://doi.org/10.1037/0033-3204.44.4.378
10. Boswell, J. F., Castonguay, L. G., & Pincus, A. L. (2009). Trainee theoretical orientation: Profiles and potential predictors. *Journal of Psychotherapy Integration, 19*(3), 291–312. https://doi.org/10.1037/a0017068
11. Buchholz, M. B. (2019). Psychodynamic Psychotherapy Process Research: A quick ride through what you should know about process. *Journal of Analytical Psychology*, *64*(5), 798-822. https://doi.org/10.1111/1468-5922.12547
12. Buckman, J. R., & Barker, C. (2010). Therapeutic orientation preferences in trainee clinical psychologists: Personality or training? *Psychotherapy Research*, *20*, 247-258. https://doi.org/10.1080/10503300903352693
13. Chiri, L. R., Vivit, B., Ciotti, E., Patierno, C., Gallo, G., Chiappelli, M., Fioritti, A., Berardi, D., & Menchetti, M. (2023). The impact of psychological assistance in Italian Primary Care: Data collected from 2016 to 2018 in the district of Bologna. *Mediterranean Journal of Clinical Psychology, 11*(1). https://doi.org/10.13129/2282-1619/mjcp-3593
14. Cohen, J. (1988). *Statistical power analysis for the behavioral sciences (2nd ed.)*. Hillsdale, NJ: Lawrence Erlbaum Associates.

15. Cooper, M., & McLeod, J. (2012). From either/or to both/and: Developing a pluralistic approach to counselling and psychotherapy. *European Journal of Psychotherapy & Counselling, 14*(1), 5–17. https://doi.org/10.1080/13642537.2012.652389
16. Corey, G. (2016). *Theory and practice of counseling and psychotherapy* (10th ed.). Boston, MA: Cengage.
17. Corsini, R. J., & Wedding, D. (2007). *Current psychotherapies* (8th ed.) Belmont, CA: Thomson/Brooks Cole.
18. Demir, İ., & Gazioğlu, E. İ. (2017). Measuring theoretical orientations of counselor trainees in Turkey: The role of personal and professional variables. *Measurement and Evaluation in Counseling and Development*, *50*(1-2), 116-130. https://doi.org/10.1080/07481756.2017.1325702
19. Di Fabio, A., Gori, A., & Giannini, M. (2016). Analysing the psychometric properties of a Big Five measure with an alternative method: The example of the Ten Item Personality Inventory (TIPI). *Counseling Giornale Italiano di Ricerca e Applicazioni, 9*, 1–6.
20. Eells, T. D. (Ed.). (2011). *Handbook of psychotherapy case formulation*. Guilford Press.
21. Esposito, G., Passeggia, R., Pepicelli, G., Cannata, A., Parlato, F., & Freda, M. F. (2020). Mentalizing the university experience: An exploratory study on the relationship between university students' reflective functioning, psychological well-being and academic performance. *Mediterranean Journal of Clinical Psychology, 8*(2). https://doi.org/10.6092/2282-1619/mjcp-2415
22. Esposito, G., Totaro, S., Di Maro, A., & Passeggia, R. (2024). The role of epistemic trust in the relationship between attachment and mentalization: A systematic review. *Mediterranean Journal of Clinical Psychology, 12*(1). https://doi.org/10.13129/2282-1619/mjcp-4041
23. European Association for Psychotherapy. (2017). *Italian situation of psychotherapy – as per 2017*. https://www.europsyche.org/About/Situation-of-Psychotherapy-in-Various-Countries/Italy
24. Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods, 39*(2), 175–191. https://doi.org/10.3758/BF03193146
25. Feixas, G., & Botella, L. (2004). Psychotherapy integration: Reflections and contributions from a constructivist epistemology. *Journal of Psychotherapy Integration, 14*(2), 192–222. https://doi.org/10.1037/1053-0479.14.2.192
26. Fletcher, A. C., & Delgadillo, J. (2022). Psychotherapists' personality traits and their influence on treatment processes and outcomes: A scoping review. *Journal of Clinical Psychology*, *78*(7), 1267-1287. https://doi.org/10.1002/jclp.23310
27. Fonte, C. A., & Melo, M. (2023). The effectiveness of a positive group psychotherapy on the promotion of young adults' mental health. *Mediterranean Journal of Clinical Psychology*, *11*(2). https://doi.org/10.13129/2282-1619/mjcp-3616
28. Freeman, M. S., Hayes, B. G., Kuch, T. H., & Taub, G. (2007). Personality: A predictor of theoretical orientation of students enrolled in a counseling theories course. *Counselor Education and Supervision*, *46*(4), 254-265. https://doi.org/10.1002/j.1556-6978.2007.tb00030.x
29. Gabbard, G. O. (2017). *Long-term psychodynamic psychotherapy: A basic text*. American Psychiatric Pub.

30. Goldberg, S. B., Babins-Wagner, R., Rousmaniere, T., Berzins, S., Hoyt, W. T., Whipple, J. L., Miller, S. D., & Wampold, B. E. (2016). Creating a climate for therapist improvement: A case study of an agency focused on outcomes and deliberate practice. *Psychotherapy, 53*(3), 367–375. https://doi.org/10.1037/pst0000060
31. Gori, A., & Topino, E. (2020). Predisposition to change is linked to job satisfaction: Assessing the mediation roles of workplace relation civility and insight. *International journal of environmental research and public health*, *17*(6), 2141. https://doi.org/10.3390/ijerph17062141
32. Gori, A., Craparo, G., Giannini, M., Loscalzo, Y., Caretti, V., La Barbera, D., & Schuldberg, D. (2015). Development of a new measure for assessing insight: Psychometric properties of the insight orientation scale (IOS). *Schizophrenia Research, 169*(1-3), 298–302. https://doi.org/10.1016/j.schres.2015.10.014
33. Gori, A., Dewey, D., Topino, E., Giannini, M., & Schuldberg, D. (2022c). How Stable, Really? Traditional and Nonlinear Dynamics Approaches to Studying Temporal Fluctuations in Personality and Affect. *International Journal of Environmental Research and Public Health*, *19*(13), 8008. https://doi.org/10.3390/ijerph19138008
34. Gori, A., Topino, E., Brugnera, A., & Compare, A. (2022a). Assessment of professional self-efficacy in psychological interventions and psychotherapy sessions: Development of the Therapist Self-Efficacy Scale (T-SES) and its application for eTherapy. *Journal of Clinical Psychology*, *78*(11), 2122-2144. https://doi.org/10.1002/jclp.23391
35. Gori, A., Topino, E., Cacioppo, M., Schimmenti, A., & Caretti, V. (2023). Definition and criteria for the assessment of expertise in psychotherapy: development of the Psychotherapy Expertise Questionnaire (PEQ). *European Journal of Investigation in Health, Psychology and Education*, *13*(11), 2478-2497. https://doi.org/10.3390/ejihpe13110173
36. Gori, A., Topino, E., Muzi, L., Lingiardi, V., & Stanghellini, G. (2025). A Multimethod Psychometric Approach to Analyse the Profile of Mental Functioning–M Axis of the Psychodynamic Diagnostic Manual, (Pdm-2): A Focus on Cluster B Personality Disorders. *Clinical Neuropsychiatry*, *22*(1), 53-65. https://doi.org/10.36131/cnfioritieditore20250105
37. Gori, A., Topino, E., Svicher, A., Schuldberg, D., & Di Fabio, A. (2022b). Insight orientation scale: A promising tool for organizational outcomes–A psychometric analysis using item response theory. *Frontiers in Psychology*, *13*, 987931. https://doi.org/10.3389/fpsyg.2022.987931
38. Gosling, S. D., Rentfrow, P. J., & Swann, W. B. Jr. (2003). A very brief measure of the Big-Five personality domains. *Journal of Research in personality*, *37*(6), 504-528. https://doi.org/10.1016/S0092-6566(03)00046-1
39. Harari, E., & Grant, D. C. (2022). Clinical wisdom, science and evidence: The neglected gifts of psychodynamic thinking. *Australian & New Zealand Journal of Psychiatry*, *56*(6), 594-602. https://doi.org/10.1177/00048674221077622
40. Heinonen, E., & Nissen-Lie, H. A. (2020). The professional and personal characteristics of effective psychotherapists: A systematic review. *Psychotherapy Research*, *30*(4), 417-432. https://doi.org/10.1080/10503307.2019.1620366
41. Heinonen, E., & Orlinsky, D. E. (2013). Psychotherapists' personal identities, theoretical orientations, and professional relationships: Elective affinity and role adjustment as modes of congruence. *Psychotherapy Research*, *23*(6), 718-731. https://doi.org/10.1080/10503307.2013.814926

42. Hill, C. E., Castonguay, L. G., Anguss, L., Arnkoff, D. B., Barber, J. P., & Wampold, B. E. (2007). Insight in Psychotherapy: Definition, Processes, Consequences, and Research Direction. In L.G. Castonguay, C.E. Hill (Eds.), *Insight in Psychotherapy* (pp. 441-454), Washington, DC: American Psychological Association Press.
43. Jennissen, S., Huber, J., Ehrenthal, J. C., Schauenburg, H., & Dinger, U. (2018). Association between insight and outcome of psychotherapy: Systematic review and meta-analysis. *American Journal of Psychiatry*, *175*(10), 961-969. https://doi.org/10.1176/appi.ajp.2018.17080847
44. Johnson, P. G. B. (2024). Acting Out: a preliminary exploration of the ethical implications of using ancient Greek Tragedy as a means of Psychotherapy. *Mediterranean Journal of Clinical Psychology*, *12*(1). https://doi.org/10.13129/2282-1619/mjcp-4049
45. Larsson, B. P. M., Kaldo, V., & Broberg, A. G. (2009). Similarities and differences between practitioners of psychotherapy in Sweden: A comparison of attitudes between psychodynamic, cognitive, cognitive_behavioral, and integrative therapists. *Journal of Psychotherapy Integration*, *19*, 34-66. https://doi.org/10.1037/a0015446
46. McWilliams, N. (2004). *Psychoanalytic psychotherapy: A practitioner's guide.* New York: The Guilford Press.
47. Messer, S. B., & McWilliams, N. (2007). Insight in Psychodynamic Therapy: Theory and Assessment. In L. G. Castonguay & C. Hill (Eds.), *Insight in psychotherapy* (pp. 9–29). American Psychological Association. https://doi.org/10.1037/11532-001
48. Norcross, J. C. (2003). A primer on psychotherapy integration. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (2nd ed., pp. 3_23). New York, NY: Oxford University Press.
49. Norcross, J. C., & Goldfried, M. R. (Eds.). (2005). *Handbook of psychotherapy integration.* Oxford University Press.
50. Ogunfowora, B., & Drapeau, M. (2008). A study of the relationship between personality traits and theoretical orientation preferences. *Counselling and Psychotherapy Research*, *8*(3), 151-159. https://doi.org/10.1080/14733140802193218
51. Plchová, R., Hytych, R., Řiháček, T., Roubal, J., & Vybíral, Z. (2016). How do trainees choose their first psychotherapy training? The case of training in psychotherapy integration. *British Journal of Guidance & Counselling, 44*(5), 487-503. https://doi.org/10.1080/03069885.2016.1213371
52. Poznanski, J. J., & McLennan, J. (1995). Conceptualizing and measuring counselors' theoretical orientation. *Journal of Counseling Psychology, 42*(4), 411–422. https://doi.org/10.1037/0022-0167.42.4.411
53. Prezza, M., Trombaccia, F. R., & Armento, L. (1997). La scala dell'autostima di Rosenberg: Traduzione e validazione Italiana [The Rosenberg Self-Esteem Scale: Italian translation and validation]. *Giunti Organizzazioni Speciali, 223*, 35–44.
54. Reese, R. J., Aldarondo, F., Anderson, C. R., Lee, S. J., Miller, T. W., & Burton, D. (2009). Telehealth in clinical supervision: A comparison of supervision formats. *Journal of Telemedicine and Telecare*, *15*(7), 356-361. https://doi.org/10.1258%2Fjtt.2009.090401
55. Rosenberg, M. (1965). Rosenberg self-esteem scale (RSE). *Acceptance and commitment therapy. Measures package, 61*(52), 18.

56. Sandell, R., Carlsson, J., Schubert, J., Broberg, J., Lazar, A., & Grant, J. (2004). Therapist attitudes and patient outcomes: I. development and validation of the therapeutic attitudes scale (TASC-2). *Psychotherapy Research*, *14*, 469-484. https://doi.org/10.1093/ptr/kph039
57. Sani, L., & Bacqué, M-F. (2023). Online psychodynamic psychotherapies: a scoping review. The case of bereavement support. Mediterranean *Journal of Clinical Psychology* 11(3). https://doi.org/10.13129/2282-1619/mjcp-3933
58. Schiepek, G., & Pincus, D. (2023). Complexity science: A framework for psychotherapy integration. *Counselling and Psychotherapy Research*, *23*(4), 941-955. https://doi.org/10.1002/capr.12641
59. Sesar, K., Dodaj, D., Vasilj Perković, V., Marković, A., Kvesić, A., & Mikulić, M. (2024). A Review of Therapeutic Techniques in Work with Children in the Grieving Process. *Mediterranean Journal of Clinical Psychology* 12(1). https://doi.org/10.13129/2282-1619/mjcp-4034
60. Tartakovsky, E. (2016). The motivational foundations of different therapeutic orientations as indicated by therapists' value preferences. *Psychotherapy Research*, *26*(3), 352-364. https://doi.org/10.1080/10503307.2014.989289
61. Teyber, E. (2006). *Interpersonal process in therapy: An integrative model.* Belmont, CA: Thomson Higher Education.
62. Topino, E., Di Fabio, A., Palazzeschi, L., & Gori, A. (2021). Personality traits, workers' age, and job satisfaction: The moderated effect of conscientiousness. *Plos One*, *16*(7), e0252275. https://doi.org/10.1371/journal.pone.0252275
63. Truscott, D. (2010). *Becoming an effective psychotherapist: Adopting a theory of psychotherapy that's right for you and your client.* Washington, DC: American Psychological Association.
64. Varlami, E., & Bayne, R. (2007). Psychological type and counselling psychology trainees' choice of counselling orientation. *Counselling Psychology Quarterly*, *20*(4), 361-373. https://doi.org/10.1080/09515070701633283
65. Wampold, B. E. (2007). Psychotherapy: *The* humanistic (and effective) treatment. *American Psychologist, 62*(8), 857–873. https://doi.org/10.1037/0003-066X.62.8.857
66. Watson, D. M., & Super, J. (2020). Selecting a Theoretical Orientation: A Constructivist Grounded Theory Study with Counselors-in-Training. *The Journal of Counselor Preparation and Supervision, 13*(2), 4. http://dx.doi.org/10.7729/132.1339
67. Young, M. E. (2016). *Learning the art of helping: building blocks and techniques* (6th ed.). Upper Saddle River, NJ: Pearson.
68. Zarbo, C., Tasca, G. A., Cattafi, F., & Compare, A. (2016). Integrative psychotherapy works. *Frontiers in psychology*, *6*, 2021. https://doi.org/10.3389/fpsyg.2015.02021

DOI: 10.13129/2282-1619/mjcp-4503