

A PILOT STUDY OF HEXACO DIMENSIONS AND THERAPEUTIC CHANGE AS POTENTIAL PREDICTORS OF NEGATIVE EFFECTS OF PSYCHOTHERAPY

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ABSTRACT

Objectives. The aim of this study was to explore possible relationships between the HEXACO personality traits (i.e., Extraversion, Emotionality, Honesty-Humility, Agreeableness, Conscientiousness, Openness to experience) and negative effects of psychotherapy.

Sample and settings. A total of 148 respondents answered an online survey. Descriptive and multivariate regression analyses were performed.

Hypotheses. Clients' personality traits were expected to predict negative effects of psychotherapy.

Results. Extraversion was the strongest negative predictor of negative effects, serving as a protective factor against worsening of symptoms, hopelessness, and stigma. Furthermore, Emotionality was related to lower perceived quality of psychotherapy, Conscientiousness was related to hopelessness, and Openness to experi-

ence served as a protector against dependency. *Limitations.* The findings are based on a one-time retrospective measurement and a convenience sample. The results must be interpreted with caution because the assumptions of linear regression were not fulfilled.

key words:

Negative Effects Questionnaire, negative effects of psychotherapy, side effects of psychotherapy, HEXACO Personality Inventory-Revised

klíčová slova:

Dotazník nežádoucích účinků, nežádoucí účinky psychoterapie, vedlejší účinky psychoterapie, HEXACO-60

Psychotherapy has been proven to be a very useful treatment method for several mental illnesses (Cuijpers et al., 2021; Wampold, 2013; Wampold & Serlin 2014). It has become an essential part of the health care system in many countries worldwide, and evidence of its effectiveness and efficacy has been steadily rising (Cuijpers et al., 2020). In contrast, research on negative or adverse effects of psychotherapy began to emerge only in the last two decades (Strauss et al., 2021). During this time, researchers have presented several definitions and classifications of the negative effects of psychotherapy.

Linden (2013) proposed the first classification of negative effects of psychotherapy (termed unwanted events in his article). He divided them into (a) unwanted reactions to treatment caused by properly used therapy, (b) negative events caused by malpractice of a therapist, and (c) negative events unrelated to the therapy and therapeutic practice. Later, Ladwig et al. (2014) dismissed the terminology of unwanted events as too general and vague, and the concept of negative effects of psychotherapy defined as changes that are experienced as negative by the client and that have direct or indirect harmful effects. This change must (a) occur in at least one area of functioning and/

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or the life of the client, (b) occur during therapy, immediately afterward, or later in the client's life, and (c) be attributed by the client himself to the therapy and not to external influences. In this study we adopted Ladwig et al.'s (2014) definition of negative effects of psychotherapy, as operationalized in the Negative Effects Questionnaire (Rozenal et al., 2016).

Rozenal et al. (2018) argued that we still need more research, not just to describe these negative effects but also to clarify how these effects emerge and how they can be prevented. Recently, Curran et al. (2019) proposed a complex rational-empirical model in which they relate contextual, pretherapy, therapist, client, and relationship factors in conjunction with therapist behaviors, therapy processes, and types of treatment termination possibly resulting in negative effects. In the case of client factors, Curran et al. (2019) described unmet expectations and goals of clients, vulnerability, and demographic identity. However, they did not mention the personal traits of the client as a contributing factor. For example, Fassino et al. (2003) found that patients who dropped out from treatment were more impulsive and more likely to feel anger; they were also less cooperative and less self-directive. Clients' personality thus seems to play an important role in the experiencing/reporting of negative effects of psychotherapy. Therefore, we decided to extend Curran et al.'s (2019) model with the personality of the client as contributing factors.

The HEXACO personality model (Ashton & Lee, 2001, 2008) consists of six dimensions, namely, Honesty-Humility, Emotionality, Extraversion, Agreeableness, Conscientiousness, and Openness to experience. According to Ashton and Lee (2001, 2008), people with higher Emotionality scores tend to experience fear of physical dangers, anxiety in response to life stressors, and a need for emotional support, which may make them more prone to experiencing negative effects. Quilty et al. (2008) found that higher Extraversion and lower neuroticism were associated with positive treatment outcomes in major depression, and Extraversion predicted a lower risk of dropout in Schmidt et al.'s (2019) study. Furthermore, Openness to experience is a factor related to long-term therapeutic outcome (Samuel et al., 2017) and, therefore, may be related to negative effects. We did not find any study that had explicitly focused on the relationship between Honesty-Humility and negative effects of psychotherapy. However, there is evidence that the dark triad personality characteristics in clients, perceived by many authors as traits opposite to Honesty-Humility (Lee & Ashton, 2014), predicted anxiety, distress, and less coaching success (Diller et al., 2021).

Finally, people with higher scores on Agreeableness are more ready to forgive the wrongs they have suffered, more lenient in judging others, more willing to compromise and cooperate (Ashton & Lee, 2001, 2008), and report higher change rates (Zufferey et al., 2019). Therefore, they may be expected to be more lenient to their therapy outcomes and report fewer negative effects. Overall, there seems to be enough evidence suggesting that clients' personality traits may play a role in determining negative effects of psychotherapy.

AIM OF STUDY

We did not find any study that directly explored the relationships between Extraversion, Emotionality, Openness to experience, Honesty-Humility, Conscientiousness, or Agreeableness and negative effects in psychotherapy. Nevertheless, these personality factors seem to play an important role in the therapeutic process and can be reasonably expected to relate to negative effects of psychotherapy. Therefore, we explored the relationships between the HEXACO personality traits and negative effects of psychotherapy using an internet-based survey.

METHOD

Data Collection

The data were collected through an internet-based survey on the Qualtrics platform from February 2021 to October 2021. We shared a link to the survey on internet forums and Facebook groups focused on psychotherapy or psychological disorders. The criteria for participation included (a) age over 18 years and (b) having experienced psychotherapy. Respondents were not paid for participation.

Sample

We obtained data from 371 respondents. However, 213 of them did not finish the survey, and another 10 skipped one or more questionnaires completely. Therefore, $N = 148$ responses were used for the analysis. Out of this number, 126 (85.1%) were women. The respondents' ages ranged from 18 to 65 years ($M = 34.63$, $SD = 9.75$). While all respondents provided data on sex, 27 (18%) did not provide any information on age. When asked about the therapeutic approach of their therapist, they mentioned cognitive-behavior therapy ($n = 31$), gestalt therapy ($n = 24$), integrative psychotherapy ($n = 6$), PCA ($n = 10$), psychodynamic psychotherapy ($n = 10$), Jungian analytic psychotherapy ($n = 6$), psychoanalysis ($n = 5$), and other/unknown ($n = 16$). The respondents reported having 21+ sessions ($n = 79$), 11 to 20 sessions ($n = 32$), six to 10 sessions ($n = 22$), and one to five sessions ($n = 15$).

Instruments

The Negative Effects Questionnaire (NEQ; Rozentel et al., 2016) contains 32 items, each describing a negative effect that clients may experience in psychotherapy. Each item is scored on three scales. First, respondents are asked whether they have experienced such an effect ("yes"/"no"). Second, if they answer positively, they are asked to rate how negatively it affected them on a five-point scale ("not at all," "slightly," "moderately," "very," and "extremely"). Third, they are asked to attribute the cause to "the treatment I received" or "other circumstances". The Czech version of the NEQ was psychometrically evaluated by Chvála et al. (2020). The NEQ contains six factors, namely, worsening of symptoms, quality of psychotherapy, feelings of stigmatization, feelings of hopelessness, dependency on psychotherapy or the psychotherapist, and a sense of failure. Cronbach's alpha in our data was $\alpha = .88$ for symptoms, $\alpha = .92$ for quality, $\alpha = .85$ for dependency, $\alpha = .85$ for hopelessness, $\alpha = .67$ for failure, and $\alpha = .61$ for stigma.

The HEXACO-60 (Ashton & Lee, 2009) contains 60 items, each of which is scored on a five-point scale. These items represent six personality traits, namely, Honesty-Humility, Extraversion, Emotionality, Agreeableness, Conscientiousness, and Openness to experience. Baumgartner and Kopunicová (2016) validated the factor structure of the Czech version of the HEXACO-60 and found satisfying reliability coefficients for all factors. In our study, Cronbach's alpha was $\alpha = .72$ for Honesty-Humility, $\alpha = .74$ for Emotionality, $\alpha = .85$ for Extraversion, $\alpha = .71$ for Agreeableness, $\alpha = .79$ for Conscientiousness, and $\alpha = .74$ for Openness, similar to Baumgartner and Kopunicová's (2016) study. Moreover, several studies demonstrated that HEXACO-60 is acceptable, reliable and valid to use for clinical or research purposes (García et al., 2022; Ristic et al., 2021; Truskauskaitė-Kunevičienė et al., 2012).

The Questionnaire of Personal Changes (Q-PC; Krampen, 2010a, 2010b) is a 12-item self-assessment scale for a direct retrospective measurement of psychotherapeutic changes. Macková (2021) psychometrically verified the unidimensional structure,

reliability, and concurrent validity of the Czech version of the Q-PC. Cronbach's alpha in our study was $\alpha = .93$.

Data Analysis

The analysis was conducted using R software version 4.1.1 (R Core Team, 2021). Before the analysis, we preprocessed the NEQ variables. Since we were interested only in those negative experiences that were attributed to the therapy, we recoded the NEQ items accordingly. Specifically, a severity score of zero was assigned to items where respondents (1) did not rate the effect's severity and indicated that they did not experience the given effect at all or (2) experienced the given effect but attributed it to extratherapeutic factors or did not answer the question on the perceived cause of the effect. A similar procedure was used in the original study (Rozental et al., 2016).

First, we conducted a descriptive analysis of the prevalence and severity ratings of the individual NEQ items. The results are reported in a graph and show the percentage of the clients who experienced the effect at each level of the scale, as well as the overall proportion of clients who experienced the effect (i.e., they scored the effect as "slightly" or higher). Furthermore, we computed the mean severity rating for each item for those observations in which the effect was rated as "present". The severity ratings thus represent the adversity of the effect in case it was experienced, without taking the frequency of the effect into account.

Subsequently, we computed the mean total score for the Q-PC and mean subscale scores for all NEQ and HEXACO scales for which the respondents answered at least one item. We estimated six linear regression models, one for each NEQ subscale, and used the HEXACO scales as predictors, controlling for the effect of the therapeutic change (Q-PC total score), age, sex, and the number of sessions (dichotomized to 1 to 20 sessions vs. 20+ sessions). Predictors were entered into the model using the forced entry method, and no centering was applied. Standardized regression coefficients were obtained using the QuantPsys package (Fletcher, 2012).

RESULTS

Descriptive Statistics of Negative Experiences

Figure 1 reveals that the most often reported negative effect was the resurfacing of unpleasant memories (Item 13, 53%), followed by experiencing more unpleasant feelings (Item 11, 30%), not always understanding the treatment (Item 22, 28%), and feeling that the treatment did not suit the respondent (Item 30, 28%).

Negative effects that were perceived as most severe included a feeling that the treatment did not suit the respondent ($M = 2.57$, $SD = 1.19$), the resurfacing of unpleasant memories ($M = 2.18$, $SD = 1.33$), and feeling that the quality of the treatment was poor ($M = 2.08$, $SD = 1.32$). All other items achieved considerably lower mean ratings that did not exceed a value of 1.60.

Regression Analysis

We estimated regression models with all predictors included. However, this led to the removal of 27 observations due to missing values on age. Since age was not a statistically significant predictor on any NEQ subscale ($\beta = .00$ for symptoms, $\beta = .11$ for quality, $\beta = -.17$, $p < .10$ for dependency, $\beta = .14$ for hopelessness, $\beta = .09$ for failure, and $\beta = .02$ for stigma), we re-estimated the models without age to keep more observations in the sample. All six models yielded positively skewed residuals. We closely inspected the data provided by participants with high residuals, but we

Table 1 Descriptives (N = 148)

Subscale	M	SD	Skew.	Kurt.
<i>NEQ subscales</i>				
Symptoms	1.45	0.65	2.03	3.71
Quality	1.50	0.75	1.80	2.67
Dependency	1.17	0.55	4.00	16.82
Hopelessness	1.40	0.84	2.44	5.36
Failure	1.23	0.58	3.10	10.04
<i>HEXACO-PI-R scales</i>				
Honesty-Humility	3.58	0.60	-0.23	-0.08
Emotionality	3.51	0.60	-0.51	0.10
Extraversion	2.84	0.79	-0.04	-0.78
Agreeableness	3.09	0.58	-0.23	0.00
Conscientiousness	3.41	0.62	-0.11	-0.39
Openness	3.52	0.59	-0.38	0.06
<i>Therapeutic change</i>				
Q-PC	3.16	1.03	0.07	-0.45

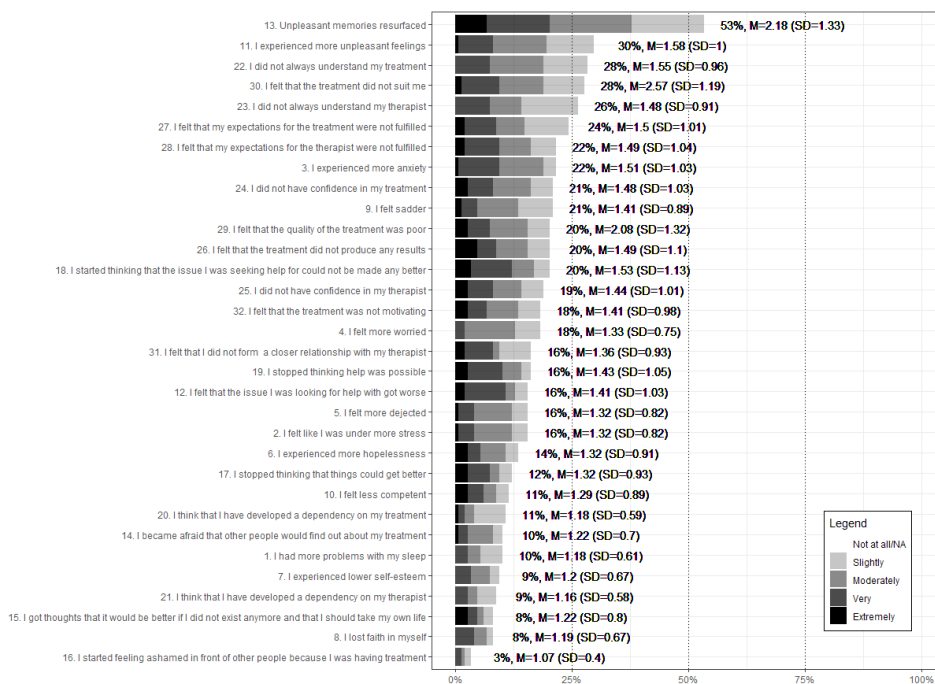


Figure 1 Descriptive statistic of negative experiences

found no rationale for removing any of them from the sample. The positive skewness was expected, given that all outcome variables (i.e., the NEQ subscales) were highly positively skewed. However, using Poisson regression or dichotomizing the outcome variables and estimating logistic regression models did not lead to normally distributed residuals either. Therefore, we decided to report the results of the linear regression analysis and provided the correlations between the residuals and the outcome variables (they ranged from $r = .88$ to $.92$). The more severe the respondent's negative experience was, the less fitting the regression models were for that respondent. See Table 2 for the results of the regression analyses.

Extraversion was a personality trait most strongly related to negative experiences: it predicted less stigmatization ($\beta = -.31$), symptom deterioration ($\beta = -.25$), and hopelessness ($\beta = -.20$). Furthermore, greater Openness to experience predicted less dependency on psychotherapy ($\beta = -.24$), higher Conscientiousness was related to higher hopelessness ($\beta = .17$), and higher Emotionality predicted lower perceived quality of psychotherapy ($\beta = .17$).

Except for personality traits, several NEQ subscales were significantly related to the reported therapeutic change. The smaller the change (or the greater the deterioration) the respondents reported, the lower the treatment quality ($\beta = -.43$), greater the hopelessness ($\beta = -.26$), and greater the failure ($\beta = -.26$) they experienced. None of the NEQ subscales was significantly related to respondents' sex or the length of the treatment (i.e., number of sessions).

Table 2 Results of multiple regression analyses (N = 148)

	NEQ subscales					
	Symptoms	Low Quality	Dependency	Hopelessness	Failure	Stigma
	<i>HEXACO-PI-R scales</i>					
Honesty-Humility	.10	-.05	-.17+	.05	-.00	-.10
Emotionality	.07	.17*	.08	.08	.01	.06
Extraversion	-.25*	-.02	-.05	-.20*	-.11	-.31**
Agreeableness	.04	-.06	.06	-.01	-.09	-.04
Conscientiousness	-.00	.12	.08	.17*	.02	.08
Openness	-.01	.00	-.24**	-.02	.10	.12
	<i>Other predictors</i>					
Sex (1=M, 2=F)	.04	-.03	.02	.02	.05	-.03
Num. of sessions ^a	.16+	-.01	.11	.07	.05	-.08
Therapeutic change	-.03	-.43***	-.02	-.26**	-.26**	.02
<i>F</i> (9, 138)	2.52*	4.62***	1.60	3.97***	2.23*	1.97*
<i>R</i> ² (adjusted)	.14 (.09)	.23 (.18)	.09 (.04)	.21 (.15)	.13 (.07)	.11 (.06)
Cor. residuals ^b	.93	.88	.95	.89	.93	.94

Note: Coefficients represent standardized regression coefficients, and the intercept was omitted. *** $p < .001$, ** $p < .01$, * $p < .05$, + $p < .10$

^a The variable was dichotomized to 1 to 20 sessions vs. 20+ sessions.

^b Correlation between residuals and the predicted variable (i.e., an NEQ subscale)

DISCUSSION

This study aimed to investigate the relationships between HEXACO personality traits and negative effects of psychotherapy. Although we found several meaningful relationships, all effects that reached statistical significance were in the small to medium range and the regression models for the NEQ subscales explained 9 and 23% of the variance. The personality trait that best predicted negative effects was Extraversion – it served as protection against the experience of symptom worsening, stigmatization, and hopelessness. People who score higher on extraversion tend to feel more positively about themselves and experience more enthusiasm and energy (Ashton & Lee, 2001, 2008) and life satisfaction (Richițeanu-Năstase & Stăiculescu, 2018). We may hypothesize that these characteristics make clients less vulnerable to various adverse effects they may encounter during their treatment. Hatchett and Han (2006) also discovered that Extraversion is related to positive treatment expectations, which, in turn, are related to better psychotherapy outcomes (Greenberg et al., 2006). The positive treatment expectations may thus explain the protective role of Extraversion.

Unexpectedly, Emotionality was not substantially related to negative effects of psychotherapy (apart from making respondents more critical in assessing the quality of psychotherapy). This is in contrast with findings that people with higher scores on Emotionality tend to report higher levels of anxiety in response to life stresses, a higher need for Emotional support from others (Ashton & Lee, 2001, 2008), and lesser treatment effects (Nguyen et al., 2020). Therefore, future studies should focus on the role of Emotionality in more detail.

Openness to experience served as a protecting factor toward clients' dependency on psychotherapy. This is in line with Mongrain's (1993) finding that Openness to experience is negatively related to dependency in general. A higher level of autonomy in general thus seems to slightly protect clients from developing dependency on their therapists or the treatment itself.

Conscientiousness was a predictor of hopelessness experiences during psychotherapy. This is in contrast with Hengartner et al.'s (2020) finding that Conscientiousness is related to higher symptom reduction in outpatient psychotherapy. People with higher levels of Conscientiousness tend to be more organized, disciplined, and persistent in their lives. However, our results suggest that there also is an adverse effect of this personal quality. Specifically, Conscientiousness is connected with self-criticism (Dunkley et al., 2014), which may explain its relation to the experiences of hopelessness in psychotherapy.

Apart from personality traits, negative effects also were related to the retrospectively rated therapeutic change. Namely, the less change (or greater deterioration) clients reported, the more likely they were to experience feelings of hopelessness and failure. This is expected, since a deterioration or a lack of change in therapy can easily lead to clients' demoralization (Kissane & Clark, 2002). Interestingly, the lack of therapeutic change was related to lower perceived quality of psychotherapy but not the worsening of symptoms. In other words, the respondents seemed to be able to rate the overall change in therapy independently from the temporary worsening in symptoms, even if the two phenomena were measured simultaneously. This is an important finding that lends credibility to studies on negative effects in general. Nevertheless, further research is needed to confirm this tentative conclusion.

Limitations

This pilot study was based on a one-time measurement, which yields a risk of common method bias. The retrospective nature of the study also made the data prone

to various memory biases. Although the lack of relationship between the symptoms subscale of the NEQ and the therapeutic change suggests that clients distinguished clearly between symptomatic deterioration during the treatment and overall therapeutic change, the fact that measured these two conceptually similar phenomena at the same time remains problematic. It is also possible that the HEXACO personality traits changed during the treatment and, therefore, our data did not represent pretreatment levels of the traits. Several studies demonstrated that these traits are stable in the time span of several months, even in opioid dependent outpatients or patients with a personality disorder (Carter et al., 2001; Dunlop et al., 2021; Wilberg et al., 2009), while other studies proved that traits such as Neuroticism, Conscientiousness, and Agreeableness can change in time (Piedmont, 2001; Roberts et al., 2017). Therefore, because of the mixed findings we cannot be sure if the levels of specific personality traits that we measured could have changed as a result of psychotherapy.

Our study was based on a nonrepresentative sample that was likely to include more dissatisfied or harmed clients than a typical clinical sample and overrepresent clients who are active in internet-based discussions about psychological disorders. Therefore, the findings on the prevalence and mean severity of negative experiences cannot be generalized to the population of psychotherapy clients. Furthermore, the sample had an uneven sex distribution. Although this reflects the sex proportion in therapeutic practice, the experiences of men are underrepresented in our sample.

The relatively low sample size prevented us from using more advanced statistical techniques, such as structural equation modeling. The results must be interpreted with caution, because the assumptions of linear regression were not fulfilled. The skewness of the distribution of residuals prevented us from making more definite conclusions, and we were unable to find a remedy for this problem. The more severe the respondent's negative experience was, the less valid the regression models should be considered.

To overcome the limitations of our pilot study, future studies should use larger samples that will allow for the use of more sophisticated statistical techniques, combined with a prospective design that will allow researchers to measure personality traits prior to the beginning of therapy.

CONCLUSION

This pilot study provided new evidence for the role of client factors in explaining negative effects in psychotherapy. In our data, the HEXACO personality traits explained from 9% to 23% of the variance in negative effects of psychotherapy. While this means that these personality traits play an important role in the emergence of negative effects, the percentages (together with the skewed residuals of our regression analyses) clearly showed that there are other essential factors that must be discovered to explain these effects. Future studies may attempt to include contextual, pretherapy and therapist factors, therapy processes and reasons for termination (Curran et al., 2019), together with clients' personality traits, to determine their relative influences in predicting negative effects of psychotherapy.

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SOUHRN

Pilotní studie osobnostních dimenzí HEXACO a terapeutické změny jako potencionálních prediktorů nežádoucích účinků psychoterapie

Cíle. Cílem této studie bylo prozkoumat možné vztahy mezi osobnostními rysy HEXACO (tj. Extraverze, Emocionalita, Poctivost-Pokora, Přívětivost, Svědomitost, Otevřenost vůči zkušenosti) a negativními účinky psychoterapie.

Výzkumný soubor a metody. V online průzkumu odpovídalo celkem 148 respondentů. Ve výzkumu byly provedeny deskriptivní a vícerozměrné regresní analýzy.

Hypotézy. Od osobnostních rysů klientů autoři očekávali, že predikují negativní účinky psychoterapie.

Výsledky. Extraverze byla nejsilnějším negativním prediktorem negativních účinků psychoterapie, sloužila jako ochranný faktor před zhoršením symptomů, beznadějí a stigmatizací. Faktor Emocionalita souvisel s nižší vnímanou kvalitou psychoterapie, Svědomitost souvisela

s beznadějí a Otevřenost vůči zkušenosti sloužila jako ochrana před závislostí na psychoterapii. *Limity.* Nálezy jsou založeny na jednorázovém retrospektivním měření a na limitujícím vzorku. Výsledky je nutné interpretovat opatrně, protože předpoklady lineární regrese nebyly zcela splněny.

Závěr. Tato pilotní studie poskytla nové důkazy o roli faktorů na straně klienta při vysvětlování negativních účinků v psychoterapii. V datech vysvětlovaly osobnostní rysy HEXACO od 9 % do 23 % rozptylu u negativních účinků psychoterapie. I když to znamená, že tyto osobnostní rysy hrají důležitou roli při vzniku negativních jevů, procenta vysvětlené variance (spolu se zkreslenými rezidui na provedených regresních analýzách) jasně ukázala, že existují další podstatné faktory, které je třeba pro vysvětlení těchto účinků objevit. Budoucí studie se mohou pokusit zahrnout kontextové, předterapeutické a terapeutické faktory, terapeutické procesy a důvody ukončení (Curran et al., 2019) spolu s osobnostními rysy klientů, aby určily jejich relativní vlivy na negativní účinky psychoterapie.