THE RELATIONSHIP BETWEEN PSYCHOTHERAPY STYLES

AND THE PERSONALITY TYPOLOGY AS MEASURED

BY THE MYERS-BRIGGS TYPE INDICATOR

A Thesis

by

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ABSTRACT

THE RELATIONSHIP BETWEEN PSYCHOTHERAPY STYLES AND THE
PERSONALITY TYPOLOGY AS MEASURED BY THE MYERS-
BRIGGS TYPE INDICATOR. (October 1984)
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The purpose of this study was to determine the relationship
between psychotherapists' personality typology as postulated by Carl
Jung (1923) and measured by the Myers-Briggs Type Indicator (MBTI)
(1962) and the descriptions of Therapy Styles developed by Bates and
Keirsey (1974). Further, demographic and professional data were ex-
amined to determine their relationship to the MBTI and the Therapy
Styles.

The subjects were 78 mental health professionals employed in
state psychiatric hospitals, mental health centers, universities,
the state correctional system, and private practice in the south-
eastern section of the United States. The psychotherapists completed
a consent form, a demographic/professional questionnaire, the MBTI,
and the Bates and Keirsey Therapy Styles description. They were re-
quested to rank their preferences of the Therapy Styles on four

dimensions: major values, self-esteem needs, counseling style, and technology.

Chi-square statistics were computed to compare the normative data of the rank ordered Therapy Styles and the psychotherapists' dichotomous scores on their MBTI type categories. The only significant relationship (p < .05) was between the MBTI intuitive and feeling functions and the Keirsey Bates counseling style dimension.

ACKNOWLEDGEMENTS

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INTRODUCTION

The question of the relative importance of the personality characteristics of psychotherapists versus their acquired therapeutic training remains active (Traux & Carkhuff, 1967). Brenner (1982) suggested that a theoretical orientation is necessary in providing a foundation for the therapist's style; however, his/her effectiveness will not be determined by the theoretical orientation selected. Patterson (1967) supports the idea that the personality of the therapist is the basic ingredient in the psychotherapeutic process and that academic training or information seldom influences his/her personality. Maslow (1954) postulated that all therapy must eventually be viewed as essentially a good or bad human relationship with the personality or character structure of the psychotherapist as one of the crucial considerations.

The present study will attempt to explore some selected aspects of the therapist's personality which are related to his/her choice of a therapy style. It is the purpose of this study to determine if there is a relationship between the therapist's personality typology as postulated by Jung (1923) and as measured by the Myers Briggs Type Indicator (MBTI) (1962), and the descriptions of Therapy Styles developed by Bates and Keirsey (1974). Further, demographic and professional variables will be examined to determine their relationship with the MBTI and the Therapy Styles.

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Background and Theory

Historically, accounts of personality type theories began with Hippocrates (Ca 400 BC) who postulated four types of temperament: sanguine, choleric, phlegmatic, and melancholy. Other examples of authors and categorical systems are: Heymans-Wiersma (behaviors), Joensch (eidetic imagery), Kretschmer-Sheldon (physique and temperament), and Spranger (values) (Brown, 1967). In 1923, Carl Jung, a noted psychiatrist, based his typology on man's orientation towards the world and his/her preferred mode of perceiving and judging that world. This study will use the Jungian typology as a basis for classification of psychotherapists into broad personality categories.

Jung's Type Theory

Jung's theory of personality types suggested that much apparently random variation in human behavior was actually orderly and consistent in nature due to basic differences in mental processing among individuals. Jung classified these mental processes as the two attitudes of extraversion and introversion and the four functions of sensing, intuition, thinking, and feeling.

Attitude Preference

The attitude of extraversion (E) indicated that the individuals orientation was, predominately, directed towards the outer world while the attitude of introversion (I) was directed towards the inner world of ideas. While the introvert focused his/her psychic energy, the majority of the time, on the inner world of concepts (reflection), the extravert was involved with the outer world of

people and objects (action). Although both extraverted and intro-
verted attitudes are present within each individual, to a degree,
one attitude becomes a highly conscious, voluntary process and
dominant.

Function Preference

The four functions represent the basic differences people use
to perceive and judge the world. Sensing and Intuition are the
functions of perception while Thinking and Feeling are the functions
of judgment. Since perception determines an individual's awareness
of a situation and judgment determines what an individual decides to
do about it, these two mental processes govern a large portion of an
individual's mental activity and subsequent behavior (Myers, 1962).

Sensation (S) is a concrete perception of objects by means of
the five senses. It is the function an individual uses when he/she
becomes aware of things directly through seeing, hearing, touching,
feeling, and tasting. Intuition (N) is an indirect perception by
the way of unconscious material which uses insights, meanings, and
possibilities. Intuition incorporates unconscious ideas (symbols)
or associations onto perceptions coming from the external environ-
ment.

Thinking (T) is a judgment function which utilizes logical pro-
cess via objective facts. The Thinking function deals with acts of
cognition, thought, and logical deduction which aids the individual
in coming to conclusions about problems. The Feeling (F) function
is the appreciation of values, bestowing on things a personal,

subjective value. The Feeling function judges objects as pleasant or unpleasant, as agreeable or disagreeable.

The functions of perception: Sensing and Intuition, and the functions of judgment: Thinking and Feeling, are considered to be mutually exclusive. According to Jung (1923) it is not possible to use (S) and (N) or (T) and (F) simultaneously on a conscious level. Although both attitudes and all four functions exist in all individuals, to some degree, one function in each individual is the most highly developed and is known as the dominant and superior function. Given the four dichotomous functions: Sensing or Intuition, Thinking or Feeling, any of which can be expressed in an introverted or extraverted way, the following figure represents a schematic view of their interrelationships with the dominant/superior function at the top (see Figure 1).

Further, Jung defines the inferior function as the function directly opposite to the superior function. The superior function of an individual is favored by consciousness while the inferior function is the least differentiated of the four functions and is unconscious. The remaining two functions are partly conscious and partly unconscious. Of these two remaining functions, Jung postulates that an individual is constitutionally predisposed to prefer one of these functions; which he terms the auxiliary function. The auxiliary function is never opposite the dominant/superior function. For example, if Sensing is the dominant/superior function, then Intuition could not be the auxiliary function as it is in the inferior position. Likewise, if Intuition is dominant/superior function,

<u>Judging Functions</u>   Dominant/superior   <u>Perceptive Functions</u>
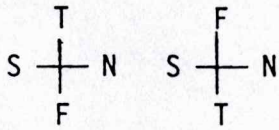
```
    T         F                                            S         N
S --+-- N  S --+-- N                                   T --+-- F  T --+-- F
    F         T              Inferior                      N         S
```
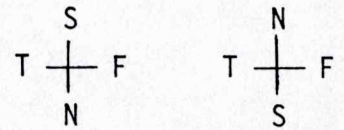
Figure 1. Judging and Perceptual Functions
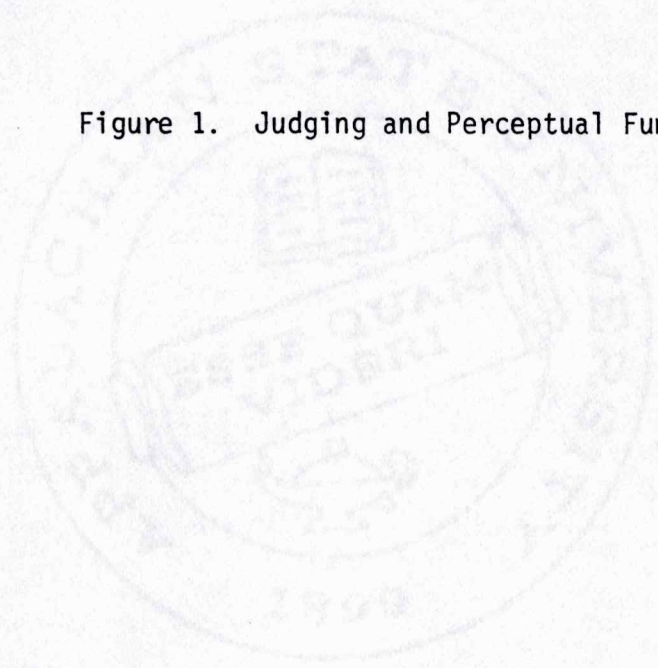
then Sensing could not be considered the auxiliary function. There-
fore, if the superior function is one of the perceptive functions,
the auxiliary function will be one of the judging functions and vice
versa.

Jung's Eight Typologies

When Jung presented the attitudes and the functions in his book
Psychological Types in 1923, he described the seldom encountered
pure eight typologies. The eight typologies were ENT, ENF, EST,
ESF, INT, INF, IST, and ISF. The first letter position represents
either the attitude, extraversion, or interversion; the second
letter position represents the perception function, sensing, or in-
tuition; and the third letter position represents the judging func-
tion, thinking, or feeling.

Jung (1923) termed the developmental process of selecting an
attitude, the dominant/superior function, and the auxiliary function
as individualization. He believed that the developmental process
was in a state of change until an individual began the final process
of individualization around the age of 40.

Myers-Briggs Type Indicator

Myers began the development of the MBTI in 1942. Up until that
time, Jungian psychoanalysts had used the verbal reports of their
clients to determine the client's typology. Myers worked for 20
years on the development of this psychometric instrument which mea-
sures the variables of Jung's psychological types. When Myers
published the MBTI in 1962, in order to help identify the dominant/
superior function, she created another dichotomous category which

was termed the Judging (J) and Perceptive (P) index. Myers describes individuals of the Judging types to be organized and systematic and to live a planned style of life by which they regulate and control their environment. Perceptive types are more curious and spontaneous and flexible in their styles of life. With the addition of the Judging and Perceptive index, there are 16 type combinations. The MBTI 16 type combinations are ENTJ, INTJ, ENTP, INTP, ENFJ, ENFP, INFP, ISFP, ISTP, ESFP, ESTP, ISFJ, ISTJ, ESFJ, and ESTJ.

Myers (1962) asserts that for the Extraverted personality the (J) or (P) index indicates the dominant/superior function. For example, in the type ENTJ, Thinking (T), a Judging function, would be the dominant/superior function and extraverted to the environment while Intuition (N) would serve as the individual's auxiliary function and be introverted. With the type ENTP, Intuition (N), a perceptive function, would be the dominant/superior function and extraverted, while Thinking (T) would be the auxiliary and introverted.

For the introverted personality type, the Judging and Perceptive index indicates the auxiliary function not the dominant/ superior function. Myers (1962) asserts that for the introvert the dominant/superior function is introverted and the auxiliary function is extraverted to the environment. An example of introverted type... INTJ, Thinking (T), a Judging function, would be the auxiliary function and extraverted with the dominant/superior function being Intuition (N) and introverted.

The Myers-Briggs Type Indicator (MBTI) (1962), consists of four dichotomous scales: extraversion/introversion, sensation/ intuition, thinking/feeling, and judging/perception. It has been subject to many revisions; the form used in this study is the MBTI Form F (1962). The MBTI is a self-report inventory which contains 166 forced choice items introduced by two types of questions. In the first type, the items are prefaced by a phrase which introduces the choice. In the second type, one is asked to choose between two words. The aim of the MBTI is to determine habitual choices between opposites.

The MBTI yields both dichotomous and continuous scores for each subject. The subject's preference on the eight dichotomous indices, (E) or (I), (S) or (N), (T) or (F), and (J) or (P) results in the subject being classified into 1 of 16 typologies. Each of the eight indices (E), (I), (S), (N), (T), (F), (J), or (P) is given a numer- ical score which indicates the strength of the preference. This is not an indication of how strongly the subject felt the response.

Carlson and Levy (1968) described Jung's belief that each of the types was categorically and qualitatively dichotomous and that the degree to which the type developed was a continuous variable. Theoretically, a different type of personality was produced by each of the 16 type categories, each possessing various values, needs, interests, surface traits, and behaviors which was the natural con- sequence of the combination.

Research using the typology as a descriptive system which de- rives its basis from the combination of the attitudes and functions

of the 16 typologies has produced several studies. Stricker, Schiffman and Ross (1965) used the contingency table procedure in assessing the MBTI's ability to predict freshman grade point average and drop out rate. They concluded that the interdependent, dichotomous type categories had greater predictive validity than did continuous scores. Dichotomous type categories have been used to investigate a variety of research areas such as the interaction of perceptual discrimination and asthetic preference (Girard, 1968), the relationship between supervising teachers and student teachers (Hoffman, 1975), orientation for privacy (Marshall, 1971), and a brief method for assessing a social-personal orientation (Carlson & Levy, 1968). This study adheres to Jung's belief that the attitudes and functions were taken together, tend to modify each other and produce unique perceptions, judgments, and eventually behavior. Therefore, dichotomous scoring which produces the categorical type is used in this investigation.

Reliability and Validity of the MBTI

During the past 20 years, the MBTI has been used in numerous settings as a counseling and research instrument. The estimated reliabilities of continuous scores are higher than estimates of dichotomous reliability due to the loss of information in changing from the continuous scores to dichotomous typing (Carlyn, 1977). Siegel (1963) recommended that investigators use continuous scores in order to maintain validity and reliability. However, Myers (1962) supports the use of dichotomous scores in a variety of research areas.

Webb (1964), using split half reliabilities, estimated the reliability of dichotomous scores to have Phi coefficients ranging from .55 to .65 (E-I), .64 to .73 (S-N), .43 to .75 (T-F), and .58 to .84 (J-P). These estimated reliabilities of type categories demonstrated a wide range between conservative and liberal estimates of internal consistency (Carlyn, 1977).

Stricker and Ross (1964) using a 14 month test-retest interval with 41 male Amhurst College students demonstrated for continuous scores correlation coefficients ranging between .69 to .73 for the E-I, S-N, J-P indices and .48 for the T-F index. In 1972, Levy, Murphy, and Carlson tested 282 black females and 146 black males at Howard University, using a 2 month test-retest interval. The correlational coefficients for the continuous scores obtained ranged from .78 to .83 for females and .69 to .80 for the males. Carskadon (1977) using a 7 week test-retest interval on 64 males and 70 females, students at Mississippi State University, presented coefficients ranging from .73 to .83 for both sexes except on the T-F index the coefficients for males was only .56. A review of research literature yielded few test-retest reliability studies using dichotomous scores. However, Wright (1966) studied 94 elementary teachers using an interval of 6 years which resulted in 61% of the 94 subjects remaining in the same type category on all four scales.

Researchers have investigated the relative independence of the four indices of the MBTI using intercorrelations between the scales. Myers (1962) claims that the J-P index shows some correlation with the other indices. The S-N index correlates consistently more

strongly with the perceptive (P) index than would be expected by chance (.20 to .47). However, Stricker and Ross (1963) reported that the indices appeared fairly independent of each other with an internal consistency reliability of .64 to .84 for continuous scores but only a .34 to .73 for dichotomous scores. The lower reliability for dichotomous scores may have resulted because they used a lower bound reliability estimate.

When researchers investigated the relative independence of continuous MBTI scores, they primarily used the Pearson Product-Movement statistic correlation (Carlyn, 1977). Richek (1969) reported a significant correlation between the Thinking/Feeling index and the Judgment/Perception index. However, Carlyn reported that most studies which used continuous scores reported correlations similar to those obtained by the dichotomous MBTI categories of Stricker and Ross (1963) and Webb (1964). These studies revealed that the indices were independent of each other.

The MBTI has been examined for content, predictive, and construct validity. Myers (1962) presented an extensive account of the construction of the MBTI which included the criteria used for choosing and scoring items and provides evidence for content validity. Stricker and Ross (1964b) disagreed and reported that the E-I and J-P indices may measure other dimensions than those postulated by Myers. They determined that the E-I indices may measure social extraversion and social introversion and that the J-P indices were dependent on the S-N indices. However, Bradway's (1964) study of 28 Jungian analysts presented further evidence of content (sic)

validity. The analysists were asked to classify themselves according to the four indices and a comparison was made between the self-typing and the MBTI scores. There was 96% agreement with the E-I index, 75% on the S-N index, 72% on the T-F index, and 54% on all three dimensions.

Predictive validity of the MBTI has been investigated with significant outcomes by Saunders (1960), Goldsmith (1967), Conary (1966), and Stricker et al. (1965). These four studies examined the indicator's ability to predict choice of a major and success in college. Saunders' investigation predicted the likelihood of 13 Rockefeller Theological Fellows to adjust to their role as divinity students. Based on the divinity students' MBTI type and a rank ordered measurement of "strain," Saunders was able to predict the dropout rate of the divinity students who represented certain MBTI types. Goldsmith's study anticipated, at a moderate predictive significance, the college major of a sample of undergraduates. In a sample of 1,709 entering freshmen, Conary correctly predicted that certain specific personality types would be more likely than other types to receive good grades and to make specific curricula choices. Stricker found that a contingency measure combining all four indices (MBTI 16 type categories) demonstrated a greater predictive validity than the individual indices in determining GPA and dropout rates of college freshmen.

There have been several MBTI construct validity studies which have compared the MBTI with other psychometric instruments. Saunders (1960) compared the MBTI continuous scores of 1,132 subjects

with their scores on the Allport-Vernon-Lindzev (AVL), an instrument
based on Spranger's theory of values. Both instruments appeared to
be measuring related constructs. Ross (1966) used a variety of
tests in comparison to the MBTI scales which tended to have substan-
tial loadings on different factors, thereby lending support to the
interlocking structure of the 16 typologies. The validity of the
combined four dichotomous scores was of importance to this study.
Of these studies, Myers (1962) studied the individual type in rela-
tionship to their attraction to certain fields. Myers' research
with these different populations indicated that certain function
combinations are attracted to certain occupational/professional
fields. For example, ST function types predominated in business
and administration, SF types were attracted to sales and service
professions, NF types were a majority in the counseling or writing
profession and the NT types were predominate in the field of science
and research. Miller (1967) studied law students, Myers and Davis
(1964) studied medical students, and Saunders (1960) studied theol-
ogy students. All reported that certain types tend to drop out of
their professions or change their field of interest within their
profession if they were not matched with the predicted vocational
interest.

The MBTI measures important dimensions of personality which
were similar to Jung's typology. The findings also indicated that
the MBTI scores related meaningfully to a large number of variables
which include personality, interests, values, ability, aptitude,
performance measures, academic choice, and behavior ratings.

However, there appeared to be a need for further test-retest relia-
bility studies, especially, using the four combined type categories.

Studies of Therapist's Personality

Studies investigating the personality of mental health profes-
sionals have varied in choice of subjects, statistical procedures,
use of psychometric instruments, and the gathering of demographic/
professional data. Coan (1979) reported a comprehensive study of
298 APA registered psychologists' theoretical orientations. He
developed the Theoretical Orientation Survey (TOS) which measured
variables in four broad categories: content emphasis, methodologi-
cal emphasis, basic assumptions, and mode of conceptualization.
Then he proceeded to compare TOS scores to the variables in the
areas of life history, demographic and professional data, interests,
values, attitudes, cognitive style, and personality traits. Coan
used the MBTI to assess the personality variables of the psycholo-
gists. He reported that the psychologists scored high on the S-N
index in the direction of Intuition (N). Using continuous scores,
he reported the modal male to be type ENFJ and the modal female to
be type INFP. Further, the study revealed that the TOS factor of
endogenism (an investment of psychic energy in the subjective realm)
was correlated with the MBTI Introversion index. The MBTI indices
that did not correlate with the predicted TOS factor were the
Thinking function and objectivism and the Feeling function and
subjectivism. However, the MBTI Thinking index score did correlate
with the behavioral content score on the TOS and the Feeling index
with the experiential content emphasis on the TOS.

Bradway (1964) studied a group of Jungian analysts practicing in California. The analysts classified themselves according to Jung's psychological types and then took two instruments (MBTI and Gray-Wheelwright Questionnaire). These analysts demonstrated a high incidence on the intuitive index. There was a strong relationship between the analyst's self-typing and the psychometric instruments on the E-I index, and a moderate relationship on the S-N index.

In a replication of the study 11 years later, using a larger sample, Bradway and Detloff (1975) again found a preponderance of Introverted-Intuitive types. In this study, 86% of the Jungian analysts were identified as Introverts with Intuition the dominant function. Thinking was the preferred auxiliary function while in the first study (Bradway, 1964) Feeling was more representative of the auxiliary function.

Plaut (1972) surveyed an international population of Jungian analysts by means of a self-report procedure and found a preponderance of introverts practicing this individual model of psychotherapy. Further, the survey revealed the dominant function to be Intuitives, 51%; Feeling, 29%; Thinking, 11%; and Sensation, 8.5%.

In 1976, Witzig investigated Jung's typology and classification of the psychotherapists. He asked 102 public mental health workers to assign six hypothetical cases described in type-differentiated traits to six modes of therapy which reflected Jung's attitude and function dimensions. He concluded that the individual approach was regarded as introtensive and the group modality, extratensive. The psychotherapists were additionally classified as to function:

Thinking - cognitive/logical correlated with educational, psycho-analytic, transactional, and rational-emotive therapies; Intuition - symbolic/intuitive correlated with Jungian analysts, transcendental meditation, and fantasy dominated procedures; Sensation - sensory/experiential correlated with Gestalt, bioenergetic, behavior modification, and most occupational therapies; Feeling - confrontative/constitutive which correlated with psychodrama, client-centered and encounter methods of psychotherapy.

The above proposed classifications and the principle of differential assignment as to client type were supported. Witzig (1976), further found by means of a questionnaire based upon discriminating themes from the MBTI that 58% of the 102 mental health professionals were Extraverted, 44% were Intuitive, 31% Thinking, 17% Feeling, and 8% were Sensing in their dominant function.

Levin (1979) administered the MBTI to 91 experienced psycho-therapists (clinical psychologists or psychiatrists). The therapists represented five different theoretical orientations: Psychoanalytical, Behavioral, Gestalt, Rational-Emotive, and Experiential therapies. The analysis of variance indicated that among the MBTI four polar dimensions, the T-F and J-P indices revealed statistically significant effects. Behavior and RET therapists were of the Thinking function whereas Psychoanalytically oriented, Gestalt, and Experiential therapists were significantly typed on the Feeling function index. Psychoanalytically oriented and Behavior therapists were more Judging whereas the Gestalt and Experiential therapists tended to be more Perceptive. The Psychoanalytical oriented

therapists were more Judging than any of the other therapeutic orientations. All of the therapists demonstrated a greater preference for the Intuitive index than would be expected in the general population. In this population sample, on the Extraversion and Introversion indices, the RET, Experiential, and Behavioral therapists tended to be Introverted while the Gestalt and Psychoanalytically oriented therapists were Extraverted.

The relationship between psychotherapists' personality and therapy methods was investigated by Angelos (1978) when he studied 10 behavioral and 11 analytical psychotherapists. Two research methods termed Experimental and Experiental were used to explore the therapists' personality and therapy method. Data from interviews and an autokinectic projective test revealed that the psychotherapists' personality significantly influenced his/her method of therapy.

Perry (1975) examined the possible differences in the personalities of research and clinical psychologists. The MBTI was administered to determine what areas the two groups differed in their personality type. The designated groups differed significantly, only, on the Thinking and Feeling indices. The clinical psychologists favored the Feeling function whereas the research psychologists preferred the Thinking function.

In summary, these studies have demonstrated that differences among the personality characteristics of therapists can be related to broad theoretical orientations, the choice of professional activity, and the individual or group approach to therapy. However,

further investigation is warranted which would reveal if the thera-
pists' personality can be related to therapy styles with specific
emphasis on dimensions which would evaluate the therapists' values,
self-esteem needs, counseling style and technology. There was a
poverty of research which addressed the issue of the therapists'
value system or needs which might effect their choice of therapy
style. An understanding of the therapy style of the psychothera-
pists which included these dimensions would be of value to graduate
schools, employers, university counseling centers, and the thera-
pists in determining curriculum designs, choice of professional
activity, field of interest, and awareness of self in the thera-
peutic relationship. Further, it would promote an understanding of
the existing differences in therapy styles among psychotherapists.

Therapy Styles

Based upon Jungian typology and influenced by the theoretical
orientations of Kretschmer, Freud, Adler, Sullivan, and Maslow,
Bates and Keirsey (1974) developed descriptions of four therapy
styles (see Appendix D). The therapy styles are labeled Traditional
(SJ), Visionary (NT), Catalyst (NF), and Negotiator (SP). Each of
the Therapy Styles consists of four dimensions: the therapists'
self-esteem needs, their values in therapy, their counseling style,
and the technology used by the therapists. Further, Bates and
Keirsey believed that each of the four Therapy Styles represented
4 of the 16 MBTI categories. The Visionary Therapy Style represented
the MBTI type categories which have Intuition (N) and Thinking (T)
functions in common were: ENTJ, ENTP, INTJ, and INTP. The Catalyst

Therapy Style that had Intuition (N) and Feeling (F) functions in common were: ENFJ, ENFP, INFJ, and INFP. The Traditional Therapy Style and the Negotiator Therapy Style represented one function and either the Judging or Perceptive indices. For example, the Traditional Therapy Style represented the SJ types which were: ESTJ, ESFJ, ISFJ, and ISTJ while the Negotiator Therapy Style represented the SP types which were: ESTP, ESFP, ISTP, and ISFP.

A survey of research literature revealed that there were no descriptions or instruments which measured the personality traits of therapists in the dimensions of self-esteem needs and values. The present study is an effort to determine if these dimensions can be related to the therapists' personality and the effect it would have on the counseling style and technology used by the therapists.

Statement of the Problem

This study will examine the relationship between the therapists' MBTI type and his/her therapy style as described by Bates and Keirsey (1974) (see Appendix C). Demographic and professional variables will be obtained to determine their effects upon the therapists' choice of professional activity and therapy styles as compared to their MBTI type. The study will investigate whether the MBTI will demonstrate a relationship with the Bates and Keirsey Therapy Styles with respect to: (a) major values of the therapists, (b) self-esteem needs of the therapists, (c) counseling styles of the therapist, and (d) technology used by the therapist. The study will also investigate whether there is a relationship between

subjects' demographic and professional variables and their score patterns.

Hypotheses

The following null hypotheses will be tested:

1. There will be no significant relationship between the therapists' typology and the Therapy Styles. The Therapy Styles to be studied are (a) Traditional (SJ), (b) Visionary (NT), (c) Catalyst (NF), and (d) Negotiator (SP).

The following demographic and professional variables will be examined to determine their relationship with the MBTI and the Therapy Styles: (a) age; (b) sex; (c) professional degree; (d) number of years practice of therapy; and (e) percent of time presently devoted and percent preferred to devote to graduate school, administration, psychotherapy, counseling, consultation, research, and other.

METHOD

Subjects

The subjects were 78 mental health professionals employed in
the region's state psychiatric hospitals, mental health centers,
universities, correctional system, as well as those in private
practice. All subjects had earned a Masters or Doctorate in a
mental health field. The subjects were employed within a radius of
80 miles of Boone, North Carolina--including parts of Northwestern
North Carolina, upper East Tennessee, and Southwest Virginia.

Instruments

Myers-Briggs Type Indicator (Myers, 1962). The MBTI consists
of 166 forced choice items which determined the habitual choices be-
tween opposite indices. The purpose of the MBTI was to ascertain a
person's basic preference towards the indices of Extraversion or
Introversion, Sensation or Intuition, Thinking or Feeling, and
Judging or Perception. Each item that was scored was weighted in
favor of one of the indices while another answer would have been
weighted in favor of the opposite index. Different weights have
have been assigned to certain answers in an attempt to offset the
social desirability bias of the environment (Myers, 1962). The MBTI
yields two types of scores--dichotomous and continuous. When an
individual type was determined (1 of the 16 type typologies), it

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would provide eight numerical scores which were then converted into four continuous scores by a method of subtracting the differences and then transforming the difference points into preference points.

Bates and Keirsey Therapy Styles (1974, unpublished). The four Therapy Styles' descriptions were labeled Traditionalist, Catalyst, Visionary, and Negotiator. The four Therapy Styles encompass the four dimensions of the therapists' major values, self-esteem needs, counseling style, and technology used by a therapist. The Traditionalist was postulated to represent the MBTI types ESTJ, ESFJ, ISTJ, and ISFJ; the Catalyst to represent ENFJ, INFJ, INFP, and ENFP; the Visionary to represent ENTJ, INTJ, ENTP, and INTP; and the Negotiator to represent ESTP, ISTP, ESFP, and ISFP. For the purpose of this study the labels, Tranditionalist (SJ), Catalyst (NF), Visionary (NT), and Negotiator (SP) were deleted from the therapy style descriptions. It was necessary, for brevity, to edit the descriptions into similar paragraphic format length (see Appendix C). The therapy style descriptions were then separated into the four dimensional content categories: (major values, self-esteem needs, counseling style, and technology).

Demographic and Professional Questionnaire. A questionnaire was developed in order to provide data on the professional activity of the subjects, especially, to determine the percent of time that the subject was currently employed in the professional activity and the preferred percent of time that the subject was employed in the professional activity. Further, the questionnaire provided the

study with the subject variables of age, sex, length of time practicing therapy, and professional orientation.

Procedure

Subjects were requested to participate in the study by the investigator or an agency representative in each of the locations. Each subject received a packet which included a consent form (Appendix A), demographic and professional questionnaire (Appendix B), a MBTI test booklet and answer sheet, and the Therapy Style descriptions (Appendix C). The subjects were instructed to fill out the demographic/professional data questionnaire, take the MBTI test, and to read each of the dimensions of the Therapy Style descriptions; and, then, to rank order each dimension. Codes were designated for each location and subject numbers were assigned to each packet. Additionally, subjects who desired were given feedback as to their MBTI type by being instructed to indicate their social security number on the MBTI answer sheet. Then the subjects' MBTI type was placed in a sealed envelope with the social security number written on the outside of the envelope. The investigator then presented the envelope to the personnel director or department director of the subjects' agency.

Design

The subjects indicated their preference by rank ordering the four dimensions within the four Therapy Style categories. The results of these dimensions were reported as nominal data.

The MBTI type category of each subject was determined. Because there were few subjects ($N = 78$), the 16 type categories were

collapsed into four categories (NT, NF, SP, and SJ) and then com-
pared to the subjects' first choice of the Therapy Styles. A 4 x 4
matrix demonstrates the above (see Figure 2).

A chi-square statistic was computed with the four MBTI cate-
gories which included the 16 typologies. For each MBTI category,
the possible relationships between the Therapy Styles and the MBTI
category were investigated. Each of the four dimensions (values,
self-esteem needs, counseling style, and technology) was investi-
gated by the chi-square statistic.

Additionally, the demographic and professional subject vari-
ables were compared to the MBTI types and the Therapy Styles. The
subjects proportion of time present and preferred devoted to grad-
uate school, administration, psychotherapy, counseling, consultation,
research, and other could not be compared as the response rate was
minimal.

MBTI	(T)	(C)	(V)	(N)
(SJ)				
(NF)				
(NT)				
(SP)				

Figure 2. Therapy Styles

RESULTS

Among the 78 psychotherapists, 7 professional degrees were
represented: 19 Masters of Social Work, 4 Masters of Theology, 29
Masters of Clinical Psychology, 9 Masters of Psychology, 4 Psychia-
trists, 11 Doctorates in Clinical Psychology, and 2 Educational
Doctorates. There were 47 male and 31 female subjects and their
ages ranged as follows: 42 subjects ranged between 25-34 years of
age, 25 subjects between 35-44 years, 7 subjects between 45-54
years, 3 subjects between 55-64 years, and 1 subject over 65 years.
The years of experience working as a psychotherapist were distrib-
uted as follows: 2 subjects had 2 years or less experience, 23
subjects 2-5 years, 30 subjects 6-10 years, 15 subjects 11-15 years,
1 subject 16-20 years, and 1 subject had over 21 years. A compari-
son between the psychotherapists' typology and the demographic and
professional variables demonstrated no significant relationship.

The 78 psychotherapists were categorized on the MBTI as shown
in Table 1.

The 4 x 4 chi-square matrix was reduced to a 2 x 2 matrix for
all four dimensions due to small expected values in several cells.
The MBTI categories (NT) Intuitive/Thinking and (NF) Intuitive/
Feeling were analyzed in relationship to the (V) Visionary and (C)
Catalyst therapy styles (see Table 2).

Table 1

Psychotherapists MBTI Type Categories

(SP)		(SJ)		(NF)		(NT)		
ISFP	2	ISFJ	4	INFJ	4	INTJ	8	
ISTP	3	ISTJ	3	INFP	7	INTP	5	
ESFP	2	ESFJ	2	ENFJ	6	ENTJ	9	
ESTP	1	ESTJ	7	ENFP	7	ENTP	8	
N =	8	N =	16	N =	24	N =	30	Total N = 78

Table 2

Distribution of Psychotherapists Categorized by Their MBTI

Type and Their Preference of Therapy Style on Four

Dimensions

Dimension I: Major Values

	Therapy Styles				
MBTI Categories	SJ	NT	NF	SP	N
SP	1	2	5	0	8
SJ	3	10	2	0	15
NF	6	5	11	2	24
NT	4	16	8	2	30
	14	33	29	4	

X_2 = 2.44

p > .05 (NS)

Table 2 (continued)

Dimension II: Self-Esteem Needs

Therapy Styles

MBTI Categories	SJ	NT	NF	SP	N
SP	1	3	4	0	8
SJ	6	5	4	1	16
NF	4	4	15	1	24
NT	7	11	9	3	30
	18	27	32	5	

X_2 = 2.85

p > .05 (NS)

Table 2 (continued)

Dimension III: Counseling Style

Therapy Styles

MBTI Categories	SJ	NT	NF	SP	N
SP	2	2	4	0	8
SJ	5	2	6	1	14
NF	3	1	19	0	23
NT	5	10	12	3	30
	15	15	41	4	

X_2 = 4.177

p < .05

Table 2 (continued)

Dimension IV: Technology

| | Therapy Styles | | | | |
MBTI Categories	SJ	NT	NF	SP	N
SP	2	3	3	0	8
SJ	8	2	5	0	15
NF	6	3 ·	14	1	24
NT	11	10	7	2	30
	27	18	29	3	

$X_2 = 2.12$

$p > .05$ (NS)

Analysis of the four dimensions (major values, self-esteem needs, counseling style, and technology) of the Therapy Styles in relation to the therapists' MBTI type categories revealed only that the counseling style dimension, Dimension III, demonstrated a significant relationship with a category of the psychotherapists' typology. There was a significant relationship ($X_2 = p < .05$) between the (NF) Intuitive Feeling MBTI categorized psychotherapists and the (C) Catalyst Therapy Style on Dimension III: counseling style.

DISCUSSION

The counseling style dimension of the Catalyst Therapy Style
revealed a relationship with the psychotherapists who were typed by
the MBTI as Intuitive/Feeling: ENFJ, INFJ, ENFP, and INFP. This
implies that in the sample studied these psychotherapists preferred
the catalyst descriptions predicted by Bates and Keirsey. There-
fore, when the Intuitive/Feeling functions were dominant in the
therapists' personality they chose the following statements to be
representative of their counseling style: emphasis on empathy,
values, unconditional positive regard, the processing of feeling
emotions rather than using problem solving techniques, tendency for
the client to be very trusting of the therapist, possibility of the
therapists being placed in the rescuer's posture, accepting of long-
term contracts with clients, minimal concern for the cost effective-
ness of the method of psychotherapy, and the probability that the
therapists would get behind in scheduling with clients.

Bates/Keirsey Therapy Styles

The failure to find most of the expected relationships suggests
that the therapy style descriptions on Dimensions I, Major Values;
II, Self-Esteem Needs; and, IV, Technology, require further valida-
tion. On Dimensions I, II, and IV, the psychotherapists' preferences

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of Therapy Styles did not correlate with the MBTI typology categories as predicted.

The author believes that the weaknesses in the descriptive styles are the negative statements present in some of the descriptions; unclear, wordy statements which draw on a variety of theories; and, the inconsistent use of the functions; i.e., using SP and SJ to form a category instead of ST and SF. There is the need to provide more therapy styles in order to distinguish between the extraversion and introversion attitudes. The author would suggest that there should be a separate Therapy Styles description for each of the eight Jungian typologies.

Myers-Briggs Type Indicator

The study presumed that the psychotherapists were individuated and able to make clear choices on the MBTI instrument. Recently, Loomis and Singer (1980) examined the bipolar assumption in Jung's typology. They concluded that Jung's position on the theoretical opposition of functions was correct. Further, they suggested that in some cases personality profiles show that the opposition of functions was reflected in individual cognitive styles and personality development, but that in other profiles the functions may be independent. The MBTI is a forced choice inventory which results in a perfect negative correlation between paired functions (S or N and T or F). Singer and Loomis indicate that the MBTI is unable to discriminate when a subject is highly developed and differentiated between two functions of perception and at the same time has poorly developed but moderate differentiation of the judgment or vice

versa. An example: if a subject's Sensing and Intuitive modes were <u>both</u> highly developed, the subject would have difficulty choosing among the MBTI forced choice inventory thus dividing the scores equally between Sensing and Intuition. This would result in the Thinking or Feeling function emerging as the dominant/superior position.

According to Loomis and Singer (1980), the Sensing or Intuitive function could be the dominant/superior function with the other perceptive function being the auxiliary function and the Thinking and Feeling function could be the third and fourth function in development. The Loomis and Singer hypothesis, if confirmed, would raise the question that a percentage of the professional mental health subjects in this study could have had highly developed differentiated perceptive or judging functions which the psychometric instrument could not detect.

Loomis and Singer (1980) established the premise that a <u>new</u> instrument is needed to measure Jung's typology by evaluating the functions independently. They are engaged in developing a, as yet unpublished, new instrument based on this premise, the Singer-Loomis Inventory of Personality (SLIP).

In the development of new therapy styles, all the variables which represent the various theoretical orientations need to be included. Coan's (1979) Theoretical Orientation Survey (TOS) appears to be the most comprehensive instrument developed. However, the current difficulty for researchers in the field of personality typology and theoretical orientations is that there are numerous

theories and an increase of professional acceptance of eclectic practices among therapists. In the future, the author predicts that mental health professional subjects would be comfortable with several theoretical orientations and the use of various techniques in therapy.

The author recommends that further research use the MBTI and the SLIP instrument, jointly, comparing them to newly developed therapy style descriptions which represent Jung's eight typologies. Understanding the psychotherapists' personality in relationship to their choices in therapy warrants further research in order to determine, eventually, whether these choices affect other therapy variables.

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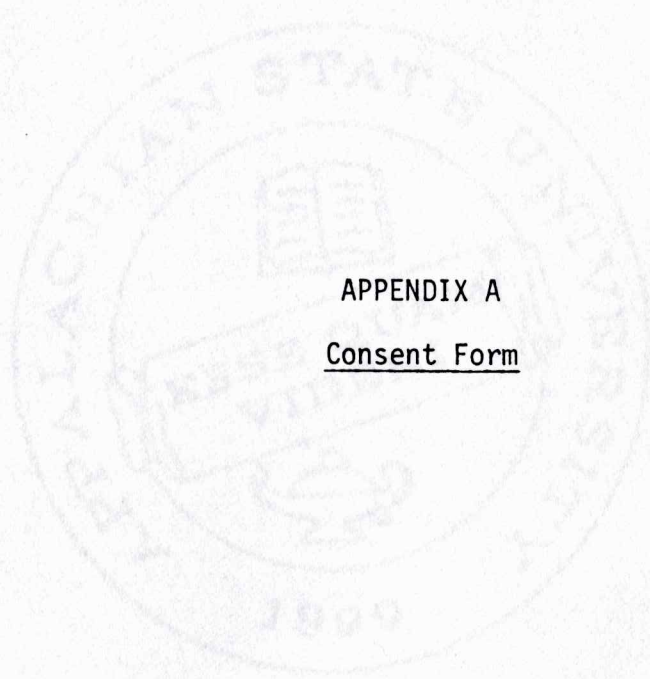
APPENDIX A

Consent Form

Consent Form

I voluntarily agree to participate in a research study conducted by Karen Sims Renier for her master's thesis. I agree to take the <u>Myers-Briggs Type Indicator</u>, fill out the demographic and professional questionnaire and to rank order my selections of therapy styles. I am aware that nowhere in the study will my name appear and that measures have been taken to maintain confidentiality. Further, I am aware that participation or non-participation will have no effect on my employment. If I want to know my MBTI type, I will place my social security number on the MBTI score sheet and then my type will be given to the personnel director or department director of my agency via a sealed envelope.
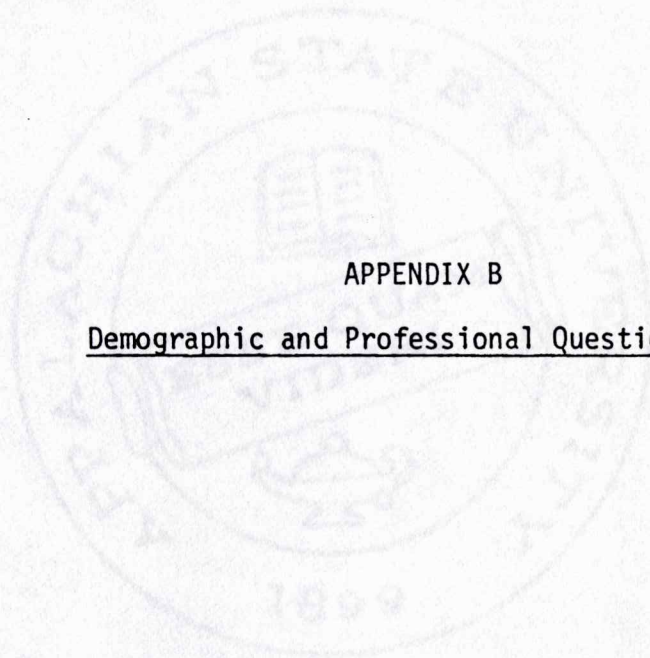
Please sign your name if you agree to the above.

Participant _____

Witness   _____

Date   _____

APPENDIX B

Demographic and Professional Questionnaire

Demographic and Professional Questionnaire

Answer the following questions by circling the appropriate number or by filling in the blank:
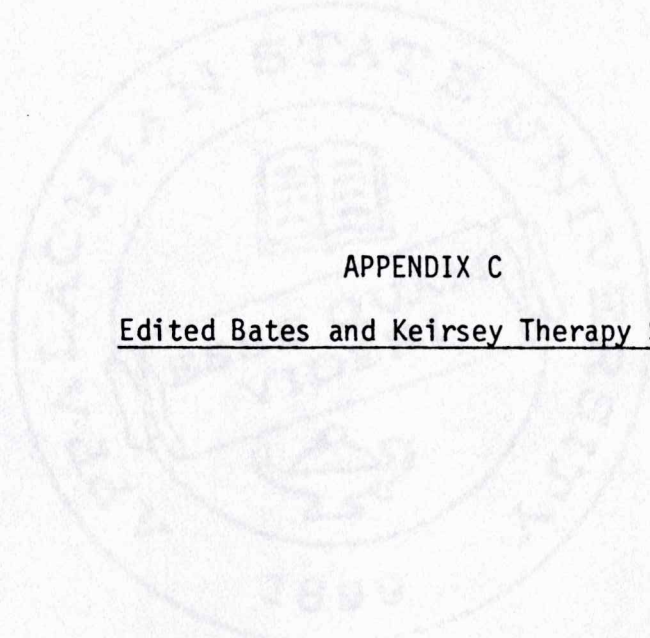
1. What is your age?
   1. under 25
   2. 25-34
   3. 35-44
   4. 45-54
   5. 55-64
   6. 65 or over

2. What is your sex?
   1. male
   2. female

3. Indicate the highest professional degree you have (be specific) and include department and date of graduation_____
   _____

4. If in graduate school, indicate the professional degree sought and include expected date of graduation. (be specific) _____
   _____

5. For how many years have you practiced <u>therapy</u>?
   1. less than 2 years
   2. 2-5 years
   3. 6-10 years
   4. 11-15 years
   5. 16-20 years
   6. 21 or more years

6. Approximately what proportion of time do you <u>presently</u> devote to the following activities? Approximately what proportion of time would you <u>prefer</u> to devote to the following activities?

PRESENT % OF TIME		PREFER % OF TIME
_____	Graduate School	_____
_____	Administration	_____
_____	Psychotherapy (individual, family/couples, crisis intervention)	_____
_____	Counseling (occupational/educational/ rehabilitation)	_____
_____	Consultation (industrial, hospital, school)	_____
_____	Research	_____
_____	Other (specify)	_____

APPENDIX C

<u>Edited Bates and Keirsey Therapy Styles</u>

Therapy Styles

Instructions: After taking the MBTI, read each of the following dimensions (major values, self-esteem needs, counseling style, and technology) of the Therapy Styles and rank order within each dimension your preference as a Therapist. Rank as 1 the major values which you most adhere to, 2 for the value of secondary importance, 3 for the value of third importance, and 4 for the value of fourth importance.

Dimension I: Major Values as a Therapist

_____ Belonging, Social Responsibility, Nurturance, Relatedness, Stability

_____ Competency, Ability, Knowledge, Capabilities, Power Over Self

_____ Integrity, Authenticity, Meaning, Worth, Imagination

_____ Freedom, Spontaneity, Action

Dimension II: Self Esteem Needs as a Therapist

_____ As a therapist I must, at all costs, acquire a feeling of professional competence. I tend to be a restless searcher for professional knowledge--both theory and technology. I value my own and other's professional abilities and I tend to seek out those I believe to be competent therapists. I value intelligence and I am likely to be constantly testing out my own and other's intellectual capabilities. I set high standards of professional success and seldom perceive that I or others live up to those standards. I have a massive list of "should knows" and I seek to work through this list, never succeeding because I continually find additions to that list.

_____ I understand the search for authenticity--as I am on such a quest myself and respond to this in my clients. I am likely to be, lifelong, in search of self, and the quest for the "true" self is almost a style of life for me. All my professional life (and personal life) I seek to gain and maintain integrity. The literature on identity and the identity crisis makes sense to me, as does the question "Who am I".

_____ An understanding of the self-esteem needs of my personality type readily suggests the reason for me not to choose the practice of therapy as my profession. I tend to focus on spontaneity and freedom which are very precious to me. I have a well-developed need for action. To wait for anything is psychological death. To me all is negotiable, and this does not fit well into the needs of clients. If, however, I

decide to learn the methods of this profession I am very likely to persevere in practicing rituals until my performance is perfect. Therefore, I am an excellent demonstration performer. I am a super-realist and the world of psychological distress is not particularly appealing to me.

_____ My value as a therapist lies in the area of social ties. I am the nurturer, the caretaker, the succorer. I wish to be of service and I will join, create, develop, and nurture institutions as well as people. I am an excellent "establishment" person, with a richly developed sense of responsibility. I am the pillar of strength of the counseling team, and a stable influence. I need to know that I am important to the institution and that my work is recognized by others, especially those who are in the power hierarchy of the profession or the organization.

Dimension III: Counseling Style as a Therapist

_____ I am a "natural" counselor and am deeply in tune with people. I am willing to spend all the time necessary to be of help and I can very quickly get deeply involved. It is easy for me to respond to my clients with unconditional positive regard. I am best at working with clients on values and emotions. Further, I am good at helping them to understand how their own personality interacts with the environment to produce these problems. I am not as skilled at helping the client develop a plan to solve his problems, and therefore, although my clients generally feel better, they may not have a complete remission of symptoms. The Achilles Heel of my style is that I easily can fall into the "rescuer" part when a client presents as a "victim" of someone or of the system. At times I may find myself in difficulties because my client mistook my deep empathy for sympathetic siding with him against the system. I find that I tend to have long counseling sessions and early in a day I find myself behind schedule. I can maintain long-term contacts with clients and I may be oblivious to the cost effectiveness of my services. A part of my training as a therapist should include the survival skills of not responding when inappropriate to the setting. I need a highly developed set of ethics or my power over people can easily be misused.

_____ My time orientation accounts for my efficiency in dealing with crises and emergencies of any kind. I am not hampered by trying to decide between alternatives, therefore, I am an excellent crisis counselor. I am not likely to remain in a counseling office for many hours for action is what counts to me. I prefer not to schedule appointments. Therefore, I am most comfortable counseling on demand, and responding to

"walk ins." I would be outstanding as the person who could deal with student unrest on a campus.

_____ I am likely to have relatively short-term counseling sessions and may tend to accept the presenting problem as the real problem, often failing to go beyond the surface dialogue. I am likely to have a well planned schedule and may enjoy dealing with computerized data and testing data in general. I am well informed about legal and ethical issues. I am a realist, and will emphasize the "common-sense" approach to problem solving. I tend to be impatient if I see myself or others wasting time and want counseling sessions to be clearly productive each time. Long term, delayed results do not interest me. I am intrigued with making clients aware of their opportunities and the characteristics of their opportunities. I measure the success of my clients as my own--their progress as a measure of my own worth--and this may cause me to press harder toward a problem solution than the pace of the client.

_____ I am likely to respond to a client's ideas, and may have to work at responding to emotional content. I am skilled at identifying alternatives and in deducing logical consequences of the various alternatives chosen. I am likely to be excellent at interpreting motives and actions with a selected theoretical framework. I am likely to be fascinated with the behaviors of a client--until I thoroughly understand those behaviors. At that point, I may lose interest. I may even be impatient with clients who engage in repetitive illogical behaviors, I also may find myself less than interested in those who are not intellectually superior. I may be seen by my clients as somewhat cold and remote and my counseling sessions may tend to be an intellectual corrective experience. I am likely to keep notes on sessions and take time to review those notes before sessions. I am apt to work out a carefully designed plan of treatment for my clients. I do not have difficulty in keeping to my scheduled appointments. I am articulate, but may use vocabulary far beyond the needs of my client. I prefer for the client to experience a complete remission of symptoms in the categories of personal, interpersonal, attendance, and learning problems.

Dimension IV: Technology Used as a Therapist

_____ I should find the pursuit of the literature on Activity Therapy a rich source of direction. Play therapy might be a technology which would appeal to me. Problem-solving groups would be exciting to me, but my particular strength might well be in the area of Crisis Counseling in which I am likely to be outstanding. Another method which I find useful would be the use of building materials, and, perhaps, art materials.

I might enjoy using the video tape as a source of therapy--
(Focused Feedback).

_____ I might use "Reality Therapy" more effectively. The focus on
"when are you going to meet your commitment to me," the em-
phasis on involvement and responsibility, and the support of
the social realities would appeal to me. Another technology
which I am likely to find effective is that of Contingency
Managements. If I were to use a method of dream interpreta-
tion, I might wish to focus on the Freudian approach. I may
find gratifying leading a group and transmitting a body of
information to them. I am good at maintaining the group pro-
cess, although I may have some trouble in mobilizing active
interaction. I would make excellent use of modeling and
could train others in its use. I am interested in Systematic
Desensitization.

_____ I would be intrigued by Rational-Emotive Therapy and would
enjoy the ABC's of this didactic method. I will also be
fascinated with the diagnostic aspects of Transational Anal-
ysis--especially ego state analysis and script analysis.
The didactic method of teaching the structure of the ego and
teaching clients to analyze their transactions should appeal
to me. I should be an effective, efficient leader of task
groups, although I may not always make the task as clear as
possible for the clients. If I were to use Dream Analysis,
the Jungian mode would most appeal to me. Confrontation of
the client with realities of his/her choices and his/her con-
tradictions is likely to be easier for me than confrontating
the client with the personal emotional reactions as a thera-
pist. A final suggestion for technology emphasis is the
work of Paradox counseling.

_____ I seemingly, without effort, acquire the method of Reflection.
I am a natural emphasizer. I usually have an extensive vo-
cabulary of emotion-words and am sensitive to the nuances of
emotional meanings in content. The skill of reflecting an
intensified emotion which was shallowly expressed by the
client is easily learned by me. I think people, life people,
breath people, and thus reflect back to people their ideas
and their emotions. The literature written about the "non-
directive" terminology and of the Existentialists appeals to
me. I can mobilize the group process seemingly without ef-
fort and I am good at maintaining the flow of interaction.
Dream analysis in the Gestalt mode may be more attractive
to me.

APPENDIX D

Original Bates and Keirsey Therapy Styles

Therapist Styles: Negotiator/Troubleshooter

Myers-Briggs Types: ESTP, ESFP, ISTP, ISFP.

Major Values: Freedom, Spontaneity, Action

Self-Esteem Needs of the Therapist:

Relatively few Negotiator/Troubleshooter personality types find
their way into the practice of therapy, either private or public
practice. An understanding of the self-esteem needs of this per-
sonality type readily suggests the reason for the paucity of
Negotiator/Troubleshooters who choose the practice of therapy as
their profession. The Negotiator tends to focus on spontaneity and
freedom is very precious to him. He has a well-developed need for
action and to wait for anything is psychological death, because he
is a creature of impulse. And if an impulse is not acted on, it
dies, and thus the raison d'etre of the therapist dies with it. To
the Negotiator, all is negotiable, and this does not fit well into
the needs of clients who come for help in therapy. If, however, the
SP decides to learn the methods of this profession, he is very likely
to perservate in practicing rituals until he is performance perfect.
He thus makes an excellent demonstration performer, once he has
reached that stage of perfection. He is a showman par excellance
and a showman who is willing to negotiate everything--and, also,
everyone! He is the super-realist and the world of psychological
distress is not particularly appealing to him.

Mann, et. al. describe the needs of this personality type very aptly:
"Life is a happening; where it comes from and where it is going are
matters of minor importance. That it exists, and can be perceived,
is paramount." (1972:82) No other type has such a sense of the
immediacy and the Negotiator lives only in the moment--therefore to
delay gratification does not make much sense to him.

Counseling Style:

The Negotiator/Troubleshooter's time orientation (Mann, 1972) ac-
counts for his efficiency in dealing with crises and emergencies of
any kind. Since he is not hampered by trying to decide between al-
ternatives, the Negotiator is excellent at crisis counseling or
dealing with problems which rest in action. He is not likely to re-
main in a counseling office many hours for action is what counts with
him. He prefers not to schedule appointments; therefore, he is most
comfortable counseling on demand, responding to "walk in's." He
would be effective as an ombudsman and an iternant counselor. If a
campus is in trouble, the Negotiator counselor would be outstanding
as the person who could deal with student unrest in all its various
forms. The Negotiator therapist would be excellent in "Hot Line"
counseling and in many of the various walk-in counseling centers.

His weakness would be very apparent in a situation where clients are
scheduled on a regular basis. Follow-up sessions might very well be
uninteresting to him. As long as the situation was in crisis, the
Negotiator therapist would be involved; once the counseling became
more long term, the Negotiator would tend to become restless and
disinterested.

Technology:

The Negotiator/Troubleshooter therapist should find the pursuit of
the literature on Activity Therapy a rich source of direction. Play
therapy, for example, as advanced in the writings of Axline and
Moustakas, might be a technology which would appeal to the Negotiator.
Problem-solving groups would be exciting to this personality style,
but his particular strength might well be in the area of Crisis
Counseling where he is likely to be outstanding. He might be in-
terested in developing Tutor Corps Programs, since he is interested
in skill building and in activity of all sorts.

A final method which we might suggest is the use of building mate-
rials, and, perhaps, art materials, as therapeutic media. One tool
which the Negotiator might enjoy using is that of the video tape as
a source of therapy--Focused Feedback.

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Therapist Style: Traditionalist

Myers-Briggs Types: ESTJ: ESFJ: ISTJ: ISFJ.

Major Values: Belong, Social Responsibility, Nurturance, Related-
ness, Stability.

Self Esteem Needs of the Therapist:

The values of the Traditionalist/Judicial therapist type lie in the
area of social ties. He is the nurturer, the caretaker, the suc-
corer. He wishes to be of service and he will join, create, develop,
and nurture institutions as well as people. He is an excellent
"establishment" person, with a richly developed sense of responsi-
bility usually. He is the pillar of strength of the counseling team,
and is always a stable influence. The ESJ of this type will tend to
place the people in an organization ahead of the needs of the orga-
nization, while the ISJ will tend to put the needs of the organiza-
tion which he serves before the needs of the people within that
organization. The Traditionalist needs to know that he is important
to the institution and that his work is recognized by others, espe-
cially those who are in the power hierarchy of the profession or the
organization.

Counseling Style:

The Traditionalist/Judicial Therapist is likely to have relatively
short-term counseling sessions and may tend to accept the presented
problem as the real problem, often failing to go beyond the surface
dialogue. He is likely to have a well-planned schedule and may en-
joy dealing with computerized data, and data in general. He is ex-
cellent at dealing with normative data, such as group testing
programs. He is at home following rules and regulations and is
likely to be well informed about legal and ethical issues. He is
an excellent member of a professional organization and rises into
leadership positions very quickly.

The Traditionalist/Judicial therapist is a realist, and will empha-
size the "common-sense" content and approach to problem solving of
his clients. He may well find career counseling a "natural" and
will discover that this field holds great promise and one which is
emerging with more and more sophistication. The use of tests and
the process of test interpretation is likely to make sense to the
Traditionalist therapist and he is apt to enjoy this type of inter-
action and make it productive.

The Traditionalist therapist tends to be impatient if he sees him-
self or others wasting time and will want his counseling sessions
to be clearly productive each and every time. Long term, delayed
results do not interest him. He may tend to want clear, concrete,

observable results in a relatively short period of time, and may tend to view the Catalyst therapist, in particular, as wasting time with "that emotional, insight stuff."

The Traditionalist therapist may wish to contribute results in terms of client behaviors in the areas of seeing to it that clients get in the right educational, occupational, and recreational places. He may enjoy seeing to it that his clients have a plan to get in these right places, may be somewhat interested in helping them study themselves in relation to their opportunities, should be intrigued with making clients aware of their opportunities and the characteristics of their opportunities. The Traditionalist/Judicial therapist may find the development of programs which will increase the resources of an institution very satisfactory and he should be very good at this.

It is most important that the Traditionalist be accepted by his colleagues and his clients, for if he is rejected by them he will find this most serious and a blow at his self-esteem. He will measure the success of his clients as his own--their progress is a measure of his own worth--and this may cause the Traditionalist to press harder toward a problem solution that the pace of the client allows.

Technology:

The Traditionalist/Judicial therapist might use Glasser's methods advanced as "Reality Therapy" more effectively than any other type of therapist. The focus on "when are you going to meet your commitment to me," the emphasis on involvement and responsibility, and the support of the realities of society should appeal to the therapist of this style who has strong nurturance capabilities and tendencies.

Another technology which the Traditionalist/Judicial therapist is likely to find effective is that of the Contingency Managements. Specifically, the methods of "Systematic Exclusion" developed by D. W. Keirsey and the method of "Gift Management" also developed by D. W. Keirsey hold great promise and we believe that the Traditionalist would use these technologies with great skill and effectiveness.

If the Traditionalist/Judicial therapist were to use a method of dream interpretation, we suggest that he might wish to focus on the Freudian approach to this method, although we believe that the strengths of this style do not lend themselves to dream interpretation as the intuitive function is still in the unconscious, and, therefore, in an undeveloped stage.

The therapist whose style tends to be nurturing as is the case in the Traditionalist style, may find the leading of group where the

purpose is to transmit a body of information to the group partici-
pants very gratifying. He is likely to be excellent at maintain-
ing the group process, although may have some trouble in mobilizing
active interaction.

We have already pointed out the attraction which we believe career
counseling will hold for this style, and we suggest that he might
want to investigate the creation, and maintaining of the career lab-
oratory, with its adjuncts--the self-study laboratory and the moti-
vation laboratory.

The method of modeling as advanced by Bandura and further articulated
by Keirsey may be an area which the Traditionalist therapist could
well find attractive. We believe that this style could make excel-
lent use of modeling and could train others in its use, particularly
if he works in a public school setting where he might be in contact
with teachers.

A final method which we think would especially interest the Tradi-
tional therapist is that of Systematic Desensitization (Wolpe,
Marquis). The clearly structured methodology of this reciprocal in-
hibition method is complex and sophisticated and its claimed success
rate should be of interest to the Traditionalist/Judicial Therapist.

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ing clients.

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ing is not widely articulated in the literature.

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Press, 1969 and Marquis' workbook, Systematic Desensitization
published by the Veterans Administration, Palo Alto are both
useful as source material for this method.

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Discipline. New York: Meredith Press, 1968, and Gordon, T.
Parent Effectiveness Training. New York: Wyden Publishers,
1970 are two other books which give direction for staff develop-
ment programs which the Traditionalist/Judicial therapist might
find useful.

Therapist Style - Visionary

<u>Myers-Briggs Types</u>: ENTJ: INTJ: ENTP: INTP.

<u>Major Values</u>: Competency, Ability, Knowledge, Capabilities, Power
Over Self.

<u>Self-Esteem Needs</u>:

The Visionary Therapist must, at all costs, acquire a feeling of
professional competence. He wants to be good at his work, but he
will never believe he is good enough. He tends to be a restless
searcher for professional knowledge--both theory and technology. He
values his own and others their professional abilities and he tends
to seek out those he believes to be competent therapists. The
Visionary Therapist values intelligence and is likely constantly to
find himself testing out his and other's intellectual capabilities.
He is apt to set high standards of professional success and never
will he perceive that he or others live up to those standards. As a
result of this escalation of higher and higher standards he will be-
lieve himself to be constantly failing and therefore may feel inade-
quate much of the time. He has a massive list of "should knows" and
seeks to work through this list compulsively, never succeeding be-
cause he continually finds additions to that list.

<u>Counseling Style</u>:

The Visionary therapist is likely to respond to a client's ideas,
and unlike the Catalyst therapist, may have to work at responding to
emotional content. He may be very skilled at identifying alterna-
tives and in deducing logical consequences of the various alterna-
tives chosen. He is likely to be excellent at interpreting motives
and actions with a selected theoretical framework and is likely to
be fascinated with the behaviors of a client--until he thoroughly
understands those behaviors. At that point, he may lose interest.

The Visionary may be impatient with clients who engage in repetitive
illogical behaviors and may find himself less than interested in
those who are not intellectually superior. He may find himself re-
sponding to the "college bound" in schools and show preference for
the bright, articulate, complex client in private practice. He may
be seen by his clients as somewhat cold and remote and his counsel-
ing sessions may tend to be an intellectual corrective experience
rather than an emotional corrective experience.

A Visionary therapist is very likely to keep notes on sessions and
take time to review those notes before sessions. He, more than any
other type, is apt to work out a carefully designed plan of treat-
ment for his clients. The Visionary will probably not have the dif-
ficulty which the Catalyst counselor experiences of keeping to his

scheduled appointments. They tend to know the time of day, the day of the week, and the month and year at all times--and to respect-fully use time.

The Visionary usually is very articulate, but he may use a vocabu-lary far beyond the needs of his client and he needs to make a special effort to avoid psychological jargon. The Visionary counsel-or also needs to take care not to relate to his clients as if they were "specimens" and school himself to be sensitive to their very real emotional needs.

The Visionary Therapist is very likely to be found at seminars where he can expand his intellectual horizons and acquire new knowledge; however, his standards of excellence are high and his value of time great, so he is likely to leave if the content does not meet his expectations. Unlike the Catalyst therapist, he is not apt to par-ticipate in growth groups except for a single experience which is engaged in out of intellectual curiosity.

The results which a Visionary Therapist might wish to contribute to the institution he serves or the welfare of his client might lie in the areas of the development of plans for personal, interpersonal, attendance, and learning problems, and the Visionary will not rest until his clients experience a complete remission of symptoms in each of these four categories. The Visionary is not likely to be satisfied with making a client aware of the nature of his problem or the connections between the problem and the client's own person-ality characteristics. Nor would the Visionary be likely to be in-trigued with results in the areas of educational, occupational, or recreational mismatch reduction.

Technology:

While each therapist style may find all the technologies compatible, we offer these suggestions in an effort to provide a departure point. We base our suggestions on the observations we have made concerning the preferences and interests which therapists in training and prac-ticing therapists, both in private and public practice, and the facility with which a given personality type seems to acquire a par-ticular technology. We do not intend our comments to be in any way construed as restrictive.

We suggest that the Visionary therapist would be intrigued by Ellis' Rational-Emotive Therapy and will study carefully the ABC's of this didactic method. The "insane" ideas will make sense, we believe, especially to the Visionary and we suggest that the Visionary will find much of interest in Growth Through Reason and Rational-Emotive Therapy.

We believe that the Visionary will also be fascinated with the diag-nostic aspects of Eric Berne's works--especially ego state analysis

and script analysis. What Do You Do After You Say Hello? is an excellent source of the Transactional Analysis model of personality. The didactic method of teaching the structure of the ego and teaching clients to analyze their transactions should appeal to the Visionary and he should be most effective in instructing clients in the TA framework.

The Visionary Therapist should be an effective, efficient leader of task groups, although he may not always make the task as clear as he ought for group members. Since he sees it so clearly, he may mistakenly assume that members do also. We suggest that the Visionary polish his group mobilizing skills which may be more difficult for him than maintaining the group process. He might want to become familiar with the Learning Thru Discussion method of Hill and he may wish to become an expert in various simulation games when appropriate.

The Visionary Therapist is to use the method of Dream Analysis, we believe that the Jungian mode would most appeal to him. He also should find Jung's Word-Association methods of diagnosis most attractive.

Role directing methods are a "natural" for the Visionary who is also extraverted, although any Visionary Therapist may find the complexities of role directing a challenge worth meeting. We recommend Blatner's Acting In as a beginning reference for this method.

Confrontation of the client with the realities of his choices and his contradictions is likely to be easier for the Visionary Therapist than would confrontation of the client with the personal emotional reactions of the therapist. We have seen Visionary Therapists struggle with the I-Thou existentialist confrontation techniques but negotiate very well the confrontations of the client with himself and with the mores and realities of society.

A final suggestion for technology emphasis is the work of Haley and Milton Erickson on Paradox Counseling. This convoluted, sophisticated method has great power and usually it is the Visionary therapist who is most fascinated by double bind theory and practice.

We end with a very tentative suggestion that the Visionary might want to explore the method of Implosion therapy as described by Hogan and Stampfl. This is a very risky method and we recommend that the therapist proceed with caution, but the success rate claims make it worth attention.

Bibliography:

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    which presents case studies, but his basic method is presented
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    carefully edited as one would wish, but the City National Bank,
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    and Three Faces of Group Leadership by Bates, M., both by Love
    Publishing Co., Denver, can be consulted for both growth and
    task group leadership skills. Hill, Wm. F. Learning Thru
    Discussion can be obtained from Dr. Hill at California Poly-
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    chotherapy. New York: Grune & Stratton, 1963, another must,
    and, to complete th trilogy is the book edited by Haley,
    Advanced Techniques of Hypnosis and Therapy which represent the
    selected papers of Milton Erickson, published by Grune &
    Stratton in New York in 1967. The Visionary might also want to
    own Pragmatics of Human Communication by Watzlawick, Beavin,
    and Jackson, published in 1967 also by Norton & Co., New York.

Therapist Style: Catalyst

Myers-Briggs Types: ENFJ: INFJ: INFP: ENFP.

Major Values: Integrity, Authenticity, Meaning, Worth, Imagination

Self-Esteem Needs of the Therapist:

The Catalyst therapist understands the search for authencity--he is
on such quest himself and responds to this in his clients. He is
likely to be, life-long, in search of self, and the quest for the
"true" self is almost a style of life for this type of therapist.
All his professional life (and personal life) he seeks to gain and
maintain integrity. The literature on identity and the identity
crisis makes sense to him, as does the question "Who Am I?". He is
likely to have responded enthusiastically to the work of Carl Rogers
(1941; 1951; 1961) and enjoyed The Transparent Self (Jourard, 1964).

The Catalyst therapist is highly offended when anyone suggests that
he might be "phony" thus is very vulnerable to a "Groupsman" (Bates,
1971).

Counseling Style:

The Catalyst is the "natural" counselor as he is deeply in tune with
people. The counseling relationship directed toward the therapeutic
dialogue is his psychological nourishment. He will be deeply in-
volved with his clients and will tireless in his efforts to help
them. He will be willing to spend all the time necessary to be of
help and very quickly can get deeply involved. It will be easy for
the Catalyst counselor to respond to his clients with unconditional
positive regard. He can very quickly move into the frame of refer-
ence of his client; empathize almost automatic. He will be excellent
working with clients of values and emotions.

The Catalyst counselor may wish to focus his contributions to an in-
stitution or to his clients in the area of their personal and inter-
personal problems. He should be outstanding at making them aware of
the nature of their problems, and at helping them to understand how
their own personality interacts with the environment to produce
these problems. He may not be as skilled at helping the client de-
velop a plan to solve his problems, and therefore, although his
clients generally feel better, they may not have a complete remission
of symptoms.

The Achilles Hell of the Catalyst Counselor is that he only too
easily can fall into the trap of the "Eternal Triangle"--the Bernian
Rescuer-Victim-Persecutor Triangle. The Catalyst is a natural born
"rescuer" and is easy prey to the client who presents himself as
"Victim" of someone or of the system. Thus the Catalyst counselor/

psychologist/psychiatrist may unwittingly find himself interacting in a dialogue with his client which sets up a parent, or a mate, or a teacher, or an administrator, or a correctional agent as the "Persecutor" from which the therapist will "rescue" the client "victim". Understandingly, in the public school setting and in family work, this can lead to staff and relationship problems. At times the Catalyst may find himself in difficulties because his client mistook his deep sympathy for sympathic siding with him against the system or against others--and so reports this to the "others."

The Catalyst therapist may have trouble with punctuality since his time flow is not linear but clothed in the emotional content of past memories which develop as the counseling relationship develops. He may find that he tends to have or want to have very long counseling sessions and early in a day finds himself behind schedule. He will be excellent at maintaining long-term contacts with his clients, but he may also be oblivious to the cost effectiveness of his services. The needs of his clients will come before the needs of the institutions he may serve--and this can give him trouble in an educational and correctional setting.

The Catalyst may become emotionally and physically drained by the process of counseling, as he tends to become very deeply involved and absorbs the emotions of his clients to a sometimes dangerous degree. He ought to insure that he has a source of therapy available to him for he needs a steady flow of "human nourishment" to replenish the incredible amount he freely gives to his clients. The Catalyst compounds his problem of remaining at peak psychological health by the demands he may find put on him at parties, etc., by people who always seem to be ready to tell him their problems. He is a "natural" counselor and Catalyst counselors who are in training often find themselves counseling with everybody and everywhere! A part of their training should include the survival skills of not responding when inappropriate to the setting, even if the heart says to do so. He also needs a highly developed set of ethics or his power over people can easily be misused.

Technology:

The Catalyst counselor seemingly without effort acquires the method of Reflection, being particularly skilled at reflecting emotional content. He not only is a natural emphasizer; he almost cannot not emphasize. The Catalyst usually has an extensive vocabulary of emotion-words and is sensitive to the nuances of emotional meanings in content. The skill of reflecting an intensified emotion which was shallowly expressed by the client is easily learned by the catalyst counselor-in-training. The Catalyst counselor thinks people, lives people, breathes people, and thus reflecting back to people their ideas and their emotions may not even be recognized by this type of therapist as a method of treatment--rather he may assume

that all therapists do this intuitively. The literature written around the "non-directive" terminology and the literature of the Existentialists appeals to the Catalyst therapist, partially because of the music of the rhetoric.

The ENFJ Catalyst is the most natural of group leaders, but all NF's usually find growth groups appealing to lead. The Catalyst's highly developed intuition combined with his highly developed F(valuing) scale makes the group process easy to learn. He can mobilize the group process seemingly without effort and is excellent, once he has mastered the technology, at maintaining the flow of interaction. He can, however, become the "Secluder leader" and find himself creating dependency relationships (and other relationships) with group members only too easily. If he is absent from a session, in all likelihood members will experience the session as sterile.

The Catalyst therapist may find the exploration of the techniques of Fritz Perls under the aegis of "Gestalt therapy" well worth his time and effort. The work of Finney which elaborates Perls' work is worth a look. Dream analysis in the Gestalt mode may be more attractive to the Catalyst than is the Jungian dream analysis procedures or the Freudian.

The literature on Poetry Therapy, Art Therapy, and Music Therapy should be helpful to the Catalyst. A specialized application of Expressive Media treatment methodology termed "Scrial Drawing" is, in our opinion, a must for the repertoire of the Catalyst Counselor.

Although many aspects of Eric Bernes Transactional Analysis (e.g., the analysis of the structure of the ego and the diagramming of transactions) may not appeal to the Catalyst therapist, he probably will find some techniques derived from this personality model very intriguing. For example, the technique of "Bragging" which can be used as a catalyst in the group process, and the use of "Strokes" along with the giving of "Permission" are all methods which a Catalyst Counselor may want to investigate.

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Perls, Fritz is well presented in "Gestalt Therapy Now" by Fagan, ed., Palo Alto, Science and Behavior Books, Inc. The last half of the book presents techniques and this is also published in paperback as "Life Techniques." The work of B. Finney can be obtained by writing to him at San Jose State University, California and asking for "Say It Again Therapy."

Serial Drawing is described by Keirsey, D. W. in <u>Casework Intervention Technology</u> which can be obtained by writing the Titan Bookstore, California State University, Fullerton, 92634.

VITA

Karen Sims Renier Foster was born in Frankfort, Indiana on December 30, 1939. She and her family lived in several small cities in Indiana before they moved to Bloomington, Indiana as she entered the sixth grade. Karen attended University High School in Bloomington, Indiana and graduated in May, 1957. The following fall she entered Indiana University and received a Bachelor of Science in Nursing in June of 1961.

Between the years 1961 and 1969, she worked as a housewife and as a psychiatric, post-operative, and pediatric nurse. In Peru, South America she was a volunteer in a children's clinic in the barriados.

In 1977, she returned to work as a mental health nurse for New River Mental Health where she coordinated the mental health nursing for a five county area, was liaison to Broughton Hospital and supervised the opening of the inpatient unit. She entered graduate school in clinical psychology at Appalachian State University in 1979.

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