USING TYPE IN THERAPY

Toni McLean#

(B.Sc.(Hons), Grad. Dip. Couns. & Psychotherapy, MBTIAccred.)

Jung's typology has its roots in psychotherapy, and yet, in my experience, typology doesn't seem to be as widely used in psychotherapy as it could be. In this article, I will discuss why and how I use type in my therapeutic work, and I will put forward a personal hypothesis on why type seems to have a much higher profile in areas related to the workplace, eg coaching, management, career counselling, team building etc than in psychotherapy.

Why I use type in therapy

After all, type isn't everything. Type doesn't explain all about ourselves, including all the selves within each of us. Therapists have so many modalities available to them, so why use something like MBTI[®]?

For me, the first reason I use type is probably the same as for many others: because my first experience of MBTI[®] literally changed my own life. As an INFP it seemed as though I had spent most of my life feeling deficient and apologising for being a quiet and serious person. Like so many other people, I found out that I was actually okay as I am, and all the money I had spent on self-help books in an effort to raise my "self esteem" by becoming more extraverted and light-hearted had been unnecessary. My self-esteem had been raised in a day. Of course, it was the end of one journey (a misguided one) and the beginning of another journey, which has been much more satisfying and fruitful. Although this was in an educational rather than a therapeutic context, it was not long before I realised the therapeutic potential in using MBTI[®].

Secondly, as a therapist I prefer to use the kinds of modalities that work for me when I am a client with my own therapist. To do otherwise would not be congruent for me, and I think to be incongruent would render my work less effective. But having said that, if it works for my clients, I try to do it – and using MBTI[®] has been at least useful, if not highly effective, on almost every occasion I have worked with clients from that perspective.

How I use type in therapy

In this article, I am not going to expand on the ways in which knowledge of type assists me in communicating with clients, but rather on the ways in which it has been directly

effective in working with clients or in deciding how to use other modalities in order to facilitate positive change in their lives and relationships.

One way in which I can describe my approach is to think of a client (individual or couple) as a burning house. When a house is burning we may see fire coming out of some windows or doors, smoke coming out of others, and still other openings show no sign of the fire within. So, when I see a client for the first time, I'm looking to see through which openings the fire is emerging. Where is the fire burning most fiercely? Is there more than one fire? What is the best tool for quenching the fire?

These doors and windows obviously represent all the facets of human nature and human experience and indicate in which area(s) of human experience the client and I are going to be working. The personality window, as defined by MBTI[®], is frequently, though not necessarily always, one of those openings with fire pouring out, in my experience.

Further, a client's typology may also indicate which other modalities I may choose to use, or just how I use them.

A selection of therapeutic encounters using type theory *

An early experience of actively using type theory in therapy was with a young man, 22 years old and still living with his family. He had been taking anti-depressants, prescribed by his doctor, for six years. He stated they weren't helping, so he had come to therapy seeking another solution. I listened to him during our first session and could not get a clear understanding of his depression. Between sessions it suddenly became apparent that the way in which he had described his parents was very different from the way he presented to me. Could it be that they were of very different personality types? Could it be the case that he just didn't fit in with his family – a feeling I knew only too well?

At the second session, we ascertained that he could be described as an ESFP, whereas his mother, father and step-father, by his account, all appeared to be ISJs. Their expectations and judgements of him and his behaviour had been based on their own personalities, which were clearly very different from my client's. It seemed he could be "depressed" because he was not allowed to express his natural way of being without personal criticism and even attack. After two further sessions of validating his own personal style and some education around type, including his areas for growth, his depression literally vanished.

Type seems to determine, to at least some extent, how people are affected by and respond to traumatic life events. A 40 year old woman came to me because the cognitive-behavioural modalities practised at the hospital where she had been an inpatient didn't seem to have much impact on her depression. The woman is a Muslim and an INFP. She had been subject to extraordinary racial and religious vilification in her work place until she broke down under the strain of the onslaught. One of the things that most troubled her was how she could be so affected by what had happened, as she was a very competent and bright scientist. However, once she was able to understand herself from the perspective of being an INFP, and came to recognise just how this made her particularly vulnerable to the impact of what she had experienced, it restored some degree of acceptance of herself.

The client had been seriously distressed by the violation of her core values by others; by the fact that she could not effectively deal with the behaviors of her colleagues (her communicating function is introverted); and, perhaps even worse for her, by her reaction of great anger and a strong desire for revenge, which meant she was violating her own values. Finally, as a Muslim she struggled with the fact that she did not seem able to cope with what Allah had sent her in her life. All of these factors, which I believe were very difficult for her to rise above due to her INFP personality, led her to spiral down into a very deep and intractable depression.

Over a long period of time, and also incorporating other approaches which were guided by her INFP personality and her spiritual life, we were able to work with the strengths she has as an INFP to help her become a more effective agent in her own life and to reach a point of reconciliation with herself and her response to the appalling abuse she had suffered. It also had the unintended but welcome effect of deepening her spiritual connection with her faith as well.

Finally, no account of the therapeutic use of type would be complete without mentioning couple therapy. I still experience the same visceral response when I recall the opening statement of the wife of a couple who were referred to me by another therapist. She exploded with, "I can't trust him!", as she strode into the room rather forcefully.

It took about five minutes to work out that these two people were "chalk and cheese" – an ESFJ wife (and probation and parole officer) and an INTP husband (and erstwhile teenage rebel with ideas of becoming a mad inventor). They were pregnant and both felt sure that their relationship would not survive the strains of a child. What they did

have in their favour was complete honesty in the counselling room and a real willingness to make whatever changes needed to be made in themselves.

Counselling proceeded along fairly standard lines with regard to each personality type and the challenges these brought to relationship. There was little other work to be done. We focused on:

- understanding what it was about their personalities that had drawn them together initially
- understanding and trusting each other's dominant functions
- their own areas for growth
- and also what they did have in common, which hadn't been obvious to them.

In their last session, they virtually skipped into the counselling room and explained with much glee that they had spent the weekend assembling the "flat-pack" furniture for the nursery. I heard their account of how they each squirmed as the idiosyncracies of their types surfaced, and how they were able to use humor and patience to prevent serious conflict. A phone call six months later confirmed that they were surviving the new baby and were happy together.

Why is type under-utilised in psychotherapy?

In my experience, type seems to be predominantly used in areas which are related to the workplace, and its use is not very widespread in psychotherapy. I find this puzzling, and a little frustrating, that many psychotherapists I know who are familiar with MBTI[®] don't see the depth it has to offer in the practise of psychotherapy.

When I trained in MBTI[®] I was the only practising psychotherapist in my group. The other participants included a psychologist who did not practise in the area of psychotherapy, and the remainder were directly or indirectly working in the corporate world. A quick check of accredited MBTI[®] practitioners on the web demonstrates a predominance of people in the corporate world rather than the therapeutic world.

This leads me to wonder if, in fact, its widespread uptake by coaches, managers, human resources staff and the like, with a focus on the workplace, has actually inadvertently hidden its wonderful potential for relieving human suffering at the intrapersonal, interpersonal and suprapersonal levels.

When I speak to therapists who are familiar with MBTI[®], they see it merely as descriptive, and appear to be completely unaware of its potential in therapy: by being aware of one's own communication style; by communicating with clients more effectively; by deciding how to work with a client; by facilitating clients to come to see how their personality has contributed to their life situation in so many areas of life.

I am greatly interested to hear others' viewpoints on this question.

* Clients give their permission to be represented in writing, with details changed sufficiently to maintain anonymity.

Toni (INFP) is a counsellor and psychotherapist in private practice in Mittagong, NSW, Australia. She has a special interest in MBTI, in trauma and in abusive relationships. As well as individual and couple work, Toni also runs small group programs for ending abusive behaviour, MBTI Workshops, and staff training and development workshops. Toni can be contacted at: toni@tonimclean.net.au

www.tonimclean.net.au www.mindbodytherapy.net.au www.mbinsights.net.au www.mbtraining.net.au