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Association Between Counselors' Myers-Briggs Type Indicator Preferences and Self-Reported Level of Directiveness in Counseling

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ASSOCIATION BETWEEN COUNSELORS' MYERS-BRIGGS TYPE INDICATOR PREFERENCES AND SELF-REPORTED LEVEL OF DIRECTIVENESS IN COUNSELING

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Abstract

This study examined if there is any relationship between a counselor's personality, as measured by the Myers-Briggs Type Indicator (MBTI), and the counselor's self-reported overall level of directiveness in counseling. A random sample of one-third of all of the Licensed Professional Counselors in the state of Missouri ($N = 440$) were mailed a packet containing the MBTI Form G, a demographic form, and a Likert-type scale to indicate overall level of directiveness in counseling. For the 226 counselors who responded (51.4%), it was found that there was no relationship between level of directiveness and gender, years in practice, Extraversion/Introversion preference, or Judging/Perceiving preference. Statistically significant (alpha = .05) but weak relationships were found between directiveness and Sensing/iNtuition preference, Thinking/Feeling preference, and cognitive style (ST, SF, NT, and NF). Ss and Ts tended to be more directive. A slightly stronger relationship was found between directiveness and theoretical orientation. Post-hoc analyses of variances revealed that ISTJs and ENTJs were significantly more directive than INFPs; and that counselors whose theoretical orientations were Humanistic and Psychoanalytic/Object Relations were significantly less directive than counselors whose orientations were Adlerian, REBT, Cognitive, Cognitive/Behavioral, Reality Therapy, and Family Systems. Results indicated that the 16 types are discrete entities, rather than mere combinations of the 4 preferences. Overall, directiveness was more strongly associated with theoretical orientation than with type. Implications for multicultural counseling and counselor education are discussed.

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Chapter 1

Introduction

It has long been postulated that a psychotherapist's personality has a distinct impact on his or her theorizing and practice of therapy (Monte, 1991; Hergenhahn, 1994). Indeed, Jung (1917, cited in Monte, 1991) initially conceived the concepts of extroversion and introversion in an attempt to explain the differences in therapeutic approach between Freud and Adler. Jung theorized that Freud, an extrovert, would focus on "the individual's conscious and unconscious relationship to people and things in the external world" (Monte, 1991, p. 326). Adler, an introvert, would focus more on the individual's inner, subjective experiences. Ellenberger (1970, cited in Monte, 1991) went so far as to postulate that many psychological theories had their origins in their creators' "creative illnesses." It may be going perhaps a bit too far to pathologize this process for every therapist, but it is undeniable that a counselor's personality has a powerful role in shaping his or her approach to the counseling process (Corey, 1986; Peterson & Nisenholz, 1991).

One of the key constructs in the counseling process which is inevitably shaped by the counselor's personality is that of directiveness (Seligman, 1990). Directiveness is a concept which is frequently researched and discussed in the professional literature but which is difficult to define. The authors either assume that their readers all know what the authors are talking about when they refer to "directiveness," or else they describe it rather than define it. For example, Merta, Ponterotto, and Brown (1992) stated: "Although there is no currently agreed upon definition in the literature for directive counseling, it can be characterized as having most, if not all, of these four interrelated attributes: concreteness, directiveness, structuredness, and supportiveness" (p. 214). They further define directiveness as "...the counselor's being authoritative or collaborative, active, and advice giving" (Merta, Ponterotto, & Brown, 1992, p. 214).

Directiveness has been discussed (without necessarily being named as such) within the context of the therapist's function and role (Corey, 1986), role and activity of the counselor (Peterson & Nisenholz, 1991), and the process of psychotherapy (Corsini & Wedding, 1989).

Seligman (1990) provided an excellent description of different levels of directiveness:

> The directive approach encompasses such techniques as systematic desensitization, flooding, positive reinforcement (for example, token economies, contingency contracting, and extinction), strategic techniques (such as suggestion, paradox, metaphor, humor, and homework assignments), and cognitive techniques. In all these approaches, the therapist assumes an authoritative stance, clearly defines target concerns, and designs a specific program to change overt and covert symptoms. The experiential [nondirective] model, on the other hand, avoids what some view as manipulation of clients by focusing on the therapist-client interaction and allowing the client to guide the therapeutic process. This approach emphasizes catharsis and abreaction, ventilation, empathy and reflection of feeling, support, affection, praise, and unconditional positive regard.
>
> Some approaches fall in the middle of the directive/experiential continuum. In psychoanalysis, for example, the therapist is clearly an authority figure, but some of the techniques used, such as free association, are experiential. (p. 15)

This rather thorough description was used as the "working description" of directiveness for purposes of the present study.

As can be seen from this description, level of directiveness in counseling is related to theoretical orientation. One could surmise that certain personality types are

attracted to certain theoretical orientations (Levin, 1978, cited in Myers & McCaulley, 1985), based on how comfortable the counselor is with a particular level of directiveness and the amount of directiveness implied or specified in a particular theory. Of course, attraction to a certain theory does not necessarily mean that a counselor will apply that theory in actual counseling practice. While some personality types may be attracted to certain theories, some types may be more effective at translating theory into practice than other types (Piper & Rodgers, 1992).

If one is to look at the relationship between a counselor's level of directiveness and personality, one must have some way of assessing the counselor's personality. One of the most popular instruments for measuring and categorizing personality types is the Myers-Briggs Type Indicator (MBTI, Myers & McCaulley, 1985). This instrument is directly based on Jung's (1921/1971) theory of personality types, and divides people into 16 categories, based on their preferences for introversion or extroversion, sensing or intuition, thinking or feeling, and judging or perceiving. Since this instrument is ultimately rooted in Jung's attempts to explain the differences between Freud and Adler's therapeutic approaches, it seems natural to use this instrument to study the personality types of counselors in relation to their own therapeutic approaches.

In addition to the 16 types provided for in the MBTI, some researchers have studied combinations of types, using two letters of the MBTI types in combination. For example, Keirsey and Bates (1978) proposed four temperaments (SP, SJ, NT, and NF). Other researchers (Smith, Munday, & Windham, 1995) have studied cognitive styles (SF, ST, NF, and NT). These smaller groupings of type are useful for researchers because it is frequently difficult to obtain a large enough sample size to obtain statistically significant results when using all 16 types. Some researchers get around this problem by comparing preferences on the four MBTI scales individually with a dependent variable, although this approach has been criticized (Howard, 1992).

Statement of Purpose

The purpose of this study was to see if there is any relationship between a counselor's personality, as measured by the MBTI, and the counselor's self-reported overall level of directiveness in counseling. Because of the inherent difficulty in obtaining a large enough sample size to produce statistically significant results using all 16 MBTI types (as well as the unusual distribution of types found among populations of counselors, see McCaulley, 1978, as cited in Myers & McCaulley, 1985), it was decided to compare preferences on the four individual scales with level of directiveness. To determine if certain combinations of preferences had a synergistic relationship with level of directiveness, it was decided to compare temperament and cognitive style with level of directiveness. Finally, to determine if theoretical orientation had a significant impact on level of directiveness, that relationship was examined.

Null Hypotheses

This study examines seven null hypotheses:

1. There is no relationship between the extraversion/introversion preference and counselors' level of directiveness.

2. There is no relationship between the sensing/intuition preference and counselors' level of directiveness.

3. There is no relationship between the thinking/feeling preference and counselors' level of directiveness.

4. There is no relationship between the judging/perceiving preference and counselors' level of directiveness.

5. There is no relationship between temperament and counselors' level of directiveness.

6. There is no relationship between cognitive style and counselors' level of directiveness.

7. There is no relationship between theoretical orientation and counselors' level of directiveness.

Chapter 2

Literature Review

After a thorough search of ERIC and PsycINFO, the author has been unable to locate any studies directly linking level of directiveness in counseling with counselors' MBTI preferences. Accordingly, literature regarding directiveness and the MBTI are reviewed separately.

Directiveness

It is almost impossible to discuss the construct of directiveness in counseling without reference to the two therapists whose theories and practice represent the two extremes of this construct: Carl Rogers and his highly nondirective, person-centered therapy (Raskin & Rogers, 1989); and Albert Ellis and his highly directive, rational-emotive therapy (now rational emotive behavior therapy, Ellis, 1996). Lichtenberg and Tyndall (1985) used information theory to codify and analyze audiotapes of initial counseling sessions by Albert Ellis and Carl Rogers. The analysis focused on patterns of interaction between counselor and client. In the most common patterns, Ellis was "directive," Rogers was "descriptive." Thus, an objective analysis of actual counseling process reveals congruence between theory and practice for the originators of these highly divergent approaches to counseling, which differ so much in their level of directiveness.

Weinrach (1995), a proponent of Rational Emotive Behavior Therapy, described it as a tough-minded approach for a tender-minded profession. Indeed, Levin's study of psychotherapists (as cited in Myers & McCaulley, 1985) found that the modal type of both rational emotive therapists and behavioral therapists was ENTJ, a "tough-minded" type; whereas McCaulley (as cited in Myers & McCaulley, 1985) found that the majority of practicing counselors were NFs, a generally "tender-minded" group.

One of the more traditionally directive branches of counseling has been career counseling. Nagel, Hoffman, and Hill (1995) analyzed verbal response modes of career counselors and found that these counselors had a directive, active approach most similar to Ellis and most dissimilar to Rogers. Meanwhile, Imbibo (1994) argued for an eclectic approach to career counseling, in which the counselor moves freely back and forth between the traditional, directive type of career counseling and facilitative, personal counseling. However, one could speculate that this may be difficult for some career counselors, as they might have personality types which were drawn to career counseling in the first place because of it pragmatic, directive approach.

Some studies have focused on matching clients with particular levels of counselor directiveness. Marshall (1985) studied the matching of client learning style with counselor approach, and found that clients who were abstract learners preferred directive counselors, while concrete learners and reflective learners preferred nondirective counselors.

Miller, Benefield, and Tonigan (1993) compared outcomes of "problem drinkers" at one year after a brief assessment and feedback intervention in which either a directive-confrontational approach or a client-centered approach was utilized. The directive-confrontational approach engendered more client resistance, which yielded poorer outcomes at one year. The researchers found that the more the therapist confronted, the more the client drank at one year. Thus, different levels of directiveness might be effectively matched with clients based on client variables or presenting problem.

Directiveness is also an issue in consulting. Stayer and Dillard (1986) analyzed factors underlying six different consultation styles used in schools and businesses. They found that the styles fell into two distinct categories: directive and nondirective. Nondirective approaches tended to have more long-term value in that the client is more

heavily involved and learns from the process. However, these approaches are also more time-consuming.

Much of the literature on directiveness has focused on multicultural aspects, specifically on the level of directiveness expected in counseling by different ethnic populations. Dauphinais, Dauphinais, and Rowe (1981) found that American Indian high school students rated a nondirective counseling style as less effective than either a directive style or an experimental, culturally-derived style. However, non-Indian counselors in training preferred the nondirective style, clearly showing a potential source of conflict between non-Indian counselors and Indian clients.

Exum and Lau (1988) found that Cantonese-speaking students from Hong Kong attending college in the United States clearly preferred a directive counseling style. Similarly, Ponce and Atkinson (1989) found that Mexican-American community college students preferred a directive counseling style, regardless of their degree of acculturation. Atkinson and Matsushita (1991) found that Japanese-Americans who were primarily 3rd and 4th generation preferred a directive Japanese-American counselor to either a nondirective Japanese-American counselor or a White-American counselor (regardless of the White-American counselor's level of directiveness).

Merta, Ponterotto, and Brown (1992) broke directiveness down into two types: authoritative and collaborative. They then studied the preferences of Asian college students in the United States for these two types of directiveness in an academic peer counseling program. They found that high-acculturated Asian students preferred authoritative peer counselors, while low-acculturated Asian students preferred collaborative peer counselors.

Dillon (1993) compared Rogerian Therapy and Reality Therapy (Glasser, 1965) in White counselor/Black client dyads. Reality Therapy tends to be a directive approach, certainly more so than Rogerian. Black undergraduates preferred the Reality Therapy

counselor, rating him higher on giving good advice, helping the client come up with solutions, honesty, caring, whether the client should return, and whether the client should be satisfied with the session.

Despite all of the foregoing, Freeman (1993) argued that client-centered counseling is still the best approach for minority clients, because it avoids imposing the counselor's cultural values. She states: "A question might arise about the suitability of this approach for clients who expect directive advice, and the possibility that they will not return for a second interview. Counselors will recognize that many clients from the majority culture come to therapy expecting to be told what to do -- to be given direct advice. The appropriate response is to educate the client about the process of therapy by structuring" (p. 252-253).

The studies cited above regarding multiculturalism and directiveness clearly show a preference by a wide variety of ethnic groups for a high level of directiveness. For some groups, it has been shown that this preference exists regardless of level of acculturation. Although research is continuing on this topic, the findings so far have potentially important implications for counseling practice with multicultural populations.

Psychological Types and the Myers-Briggs Type Indicator

The modern history of psychological types begins with Carl Jung (1921/1971). Jung theorized that there were two attitudes, extroversion (outwardly directed) and introversion (inwardly directed). In addition, there were four functions, one of which would predominate in any individual: sensation, thinking, feeling, and intuition. The combination of the two attitudes and four functions produced eight types (extroverted thinking, extroverted feeling, etc.). In addition, another function would be auxiliary, but Jung did not place much emphasis on this (Myers & Myers, 1980).

Katherine Briggs combined Jung's theory with her own observations and ideas about personality (Myers & Myers, 1980). Building on Jung's concept of the auxiliary

function, she separated the functions into perceiving (sensing and intuition) and judging (thinking and feeling). She also added a preference for perceiving or judging. An individual is either Extraverted (Briggs' spelling) or Introverted (E or I), Sensing or iNtuition (S or N), Thinking or Feeling (T or F), and Judging or Perceiving (J or P). These four dichotomous preferences thus combine to produce 16 personality types (ISTJ, ISFJ, etc.).

Katherine Briggs' daughter Isabel Myers Briggs continued her mother's work, developing the first version of the Myers-Briggs Type Indicator (MBTI) in 1943. The MBTI has been revised and renormed over the years, and has been the subject of a vast quantity of research (see Myers & McCaulley, 1985; and Thorne & Gough, 1991).

There has been quite a variety of research on the MBTI. Some studies have looked at the psychometric properties of the MBTI. Other studies have looked at relationships between the 16 types and various dependent variables, or the four preferences and dependent variables. Sometimes, various combinations of the preferences are examined in relationship to dependent variables. Examples of these combinations include the four temperaments (SP, SJ, NT, and NF; Keirsey & Bates, 1978) and cognitive styles (ST, SF, NT, and NF; Smith, Munday, & Windham, 1995).

Tzeng, Ware, and Bharadwaj (1991) investigated whether MBTI preferences were a true dichotomy (e.g. E versus I, bipolar ends of a single scale) or separate factors (E and I, two unipolar scales). The authors found evidence of high convergent, divergent, and discriminant validity for all eight preferences with both methods, but with higher validity for the bipolar method.

McVay (1993) examined the correlation between the MBTI EI scale and the MMPI O (social introversion) scale for community college students. The author found a correlation of $r = .63$, $p < .05$, replicating the results of a 1964 study by Strickler and Ross.

Harvey, Murry, and Stamoulis (1995) did a confirmatory factor analysis of the MBTI scores of 1091 college students and management training clients. They examined previous 6-factor (Sipps, Alexander, & Friedt, 1985) and 5-factor (Comrey, 1983) exploratory factor analysis results, along with the conventional 4-factor MBTI approach (EI, SN, TF, JP). The authors stated: "Of the models that were compared, the four-factor model developed by the authors of the MBTI offers the most plausible representation of its latent structure" (p. 539). This is an important finding, because the earlier studies are frequently cited by critics of the validity of the MBTI (e.g. Pittenger, 1993b).

The MBTI does have its critics. Zemke (1992) criticized the burgeoning use of the MBTI in organizations, arguing that it is being used as an easy answer to complex problems, that there is a weak relationship between personality and performance, that it pigeonholes people, and is easily manipulable (citing the social desirability of being an extrovert). He also cited a 1991 National Research Council study which criticized the reliability, validity, and effectiveness of the MBTI. Shou (1993) stated that the MBTI has been criticized for measuring attitude and function separately, for its bimodal structure, as not being true to Jung's concept of psychological types, and that Jung may have correlated the functions incorrectly.

Pittenger (1993a) criticized the statistical structure of the MBTI (the distribution of continuous scores on each of the four scales is unimodal, not bimodal as predicted by theory); its poor test-retest reliability and large standard error of measurement; and its validity, citing conflicting factor analyses and the influence of gender on occupational types. In another article, Pittenger (1993b) presented basically the same critique, but from the viewpoint of a "unified view" of test validity, which requires many sources of corroboration. He concludes that "there is insufficient evidence to justify the specific claims made about the MBTI" (p. 483). However, "... there is ample evidence ... that segments of the test can be used to make general predictions" (p. 483).

Further examples of the controversy surrounding the MBTI can be seen in articles by Carlson (1989), Healy (1989), and Dash (1990). It seems that with each passing year, there are new articles published which purport to either prove or disprove the validity and utility of the MBTI. Wiggins (1989), in his review of the MBTI in The Tenth Mental Measurements Yearbook (the last yearbook in which the MBTI was reviewed), summed it up this way:

> The MBTI is an excellent example of a construct-oriented test that is inextricably linked to Jung's theory of psychological types.... Hence, it is not surprising that the MBTI is held in high regard by many who subscribe to this aspect of Jungian theory. It is also not surprising that those who do not accept the theory reject, or more typically ignore, the considerable body of evidence regarding the validity of the MBTI that now exists (p. 538).

There is one particular source of controversy regarding the use of the MBTI in research that has particular relevance to the present study. Douglass and Douglass (1993) studied 67 couples from the general population in order to test various assertions made by MBTI proponents regarding marital counseling. The authors found that the assertions were not supported. In an invited response, Sherman and Hardy Jones (1994) criticized Douglass and Douglass (1993) for using MBTI scores obtained directly from the MBTI, rather than having participants "verify" their types through discussion with the researchers. In reply, Douglass and Douglass (1994) defended their methodology: "The obtained test scores should be evaluated objectively. The validity of the instrument should rest upon the accuracy of its obtained scores, and not upon the respondent's verification or upon our subjective opinions based on many years of experience" (p. 96).

The MBTI and Professions

Literally hundreds of studies have been done regarding the MBTI and various professions (Myers & McCaulley, 1985; Thorne & Gough, 1991). For example, Johns

(1990) studied the distribution of types among librarians. Howard (1992) reviewed the extensive research that has been done with the MBTI and physicians and medical students. Among the findings, there are more Is, Ns, Fs, and Ps among physicians than the general population. EJs and IPs drop out of medical school more often than EPs and IJs. There are more T female medical students than there are female students in occupational therapy and physical therapy. There is a statistically significant relationship between type and medical specialty; with SFJs being drawn to family medicine, STJs to ob-gyn, and NFPs to psychiatry. Medical school teachers tend to be NFs, while residents tend to be STs (a contradictory finding, since most studies show NFs tend to dominate among medical students also). Family practice residents in the 1950s tended more toward S, T, and P than did family practice residents in the 1980s. NFs have more trouble passing the medical boards, although they are the group most attracted to medicine. Family practice residents with E, N, F, and P preferences are the least susceptible to burnout. Introverts tend to order more lab tests than Extraverts.

Howard (1992) criticized many of these studies on several grounds, including small sample sizes and geographic limitations (many of the studies only looked at one medical school). A recurrent criticism was that researchers tend to examine the four dimensions of the MBTI (EI, SN, TF, JP) rather than the sixteen types (ISTJ, ISFJ, etc.). The author states: "Some investigators have assumed simplistically that because they have found a statistically significant relationship between one MBTI dimension and a particular dependent variable, that dimension's characteristics therefore can be attributed to all types that contain the dimension" (p. 6). As Wiggins (1989) stated, "the four preferences are assumed to interact in complex nonlinear ways" (p. 538). Regardless, these studies with physicians demonstrate the kind of useful information that can be obtained regarding a particular profession.

Smith, Munday, and Windham (1995) compared intermediate and secondary teachers' preferences on the two middle scales in combination (SF, ST, NF, and NT) with their willingness to use technology in the classroom, as measured by a series of Likert scales. The authors found that NTs are the most receptive to the use of technology, while SFs are the least receptive.

The MBTI and Counselors

In a landmark 1978 study, Levin (as cited in Myers & McCaulley, 1985) examined the relationship of MBTI types with the theoretical orientation of 94 clinical psychologists and psychiatrists. Those with a psychoanalytic orientation were INFJ modal, rational emotive were ENTJ modal, gestalt were E/I NFP modal, behavioral were ENTJ modal, and experiential were ENFP modal. What was perhaps most striking was the high percentage of Ns across all five orientations, ranging from a low of 83% for rational emotive to a high of 96% for experiential.

Also in 1978, McCaulley (as cited in Myers & McCaulley, 1985) drew on the MBTI data bank at the Center for Applications of Psychological Type to examine the type distribution of 359 practicing counselors (see Myers & McCaulley, 1985, p. 44 for the complete table). NFs dominated the distribution (56.55%), with ENFPs alone accounting for 23.4% of the total. SPs, on the other hand, accounted for only 9.75%.

Handley (1982) compared the MBTI preferences of counselor trainees and their supervisors in relation to the supervision process. Supervisors of N trainees reported better interpersonal process, and rated the N trainees higher in performance and competence. Supervisors' MBTI preferences alone were not related to trainees' evaluations of supervision. Both supervisors and trainees who were similar on the SN index reported higher feelings of regard, and similarity on this scale also increased trainees' overall rating of supervision. These findings have obvious potential relevance for the matching of supervisors and trainees.

Dilley (1987) examined the implications of type in counselor education. Counselor educators tend to be comfortable with students whose type is similar to their own, and may have to work harder to reach students of dissimilar type. Counselor educators need to be aware of which perceiving and judging processes students rely on and which they neglect, and address the neglected processes indirectly through activities. Certain types tend to be overrepresented in graduate counseling programs (such as NF); other types "disappear." In an informal survey the author conducted in counseling classes at the University of Wisconsin, 46% of the students were NF, 42% SJ, 10% NT, and 0% were SP. Since the types of counselors are often different from the types in the general population, counselor trainees need to be made aware that they will often be working with clients who differ from them in significant ways, ways that are not always readily apparent.

Berry and Sipps (1991) studied the interaction of client self-esteem with client-counselor similarity on the MBTI on the number of counseling sessions and type of termination. Clients with low self-esteem and high similarity of MBTI type with their counselors tended to terminate counseling prematurely. The authors state: "These results support the idea that in cases in which a client devalues aspects of himself or herself in the context of low self-esteem, the client is also likely to devalue those same aspects of the counselor. Thus the negative evaluation of self is projected onto the therapist, who appears less attractive as a result, so that the client terminates prematurely" (p. 123). The authors suggest that in situations such as this, the counselor limit his or her use of self-disclosure, at least in the early sessions. This study perhaps explains why earlier studies on the effectiveness of matching counselor and client MBTI preferences produced contradictory results, as the earlier studies did not control for the variable of client self-esteem.

Piper and Rodgers (1992) studied student affairs professionals' MBTI types in relation to their ability to internalize and implement in practice a particular theory (Perry, 1970, as cited in Piper & Rodgers, 1992) of student development. Fs and Ps were significantly more likely to be able to translate theory into practice than Ts and Js, a finding which has implications for counselor educators.

Ledyard (1994) utilized a new questionnaire based on questions from the MBTI and the 16PF to compare graduate counseling students with graduate education administration students. The author found that counseling students placed more emphasis on feelings than did the education administration students.

Overall, research on counselors and the MBTI has consistently shown that Ns and Fs dominate the field, differing significantly from the distribution of types in the general population. The MBTI type of a counselor or counselor trainee may have an influence in a wide variety of contexts, including supervision process, theory/practice congruence, even the appropriate amount of self-disclosure with certain clients. The MBTI has been and will continue to be a rich source of information about counselors and the counseling process.

Chapter 3

Method

Participants

The population for this study was all of the Licensed Professional Counselors in the state of Missouri. The requirements for licensure in Missouri are the same as for the National Counselor Certification. At the time of the beginning of this study in August, 1996, there were 1319 LPCs in Missouri. A computer-generated random sample of one third of the LPCs (N = 440) was prepared by the Missouri Division of Health Resources. This was the sample used in this study.

Of the 440 packets that were mailed, 2 (0.5%) were returned as undeliverable. Seven (1.6%) resulted in overt refusals to participate. There were 226 usable replies (51.4%), and 205 (46.6%) no response.

Of the 226 usable responses, 217 (96.0%) identified themselves as White, non-Hispanic. Three each (1.3%) identified themselves as either African-American or Native American. One each (0.4%) identified themselves as either Hispanic, Asian-American, or Other. In terms of gender, 63 (27.9%) were male, and 163 (72.1%) were female. In terms of years in practice, 27 (11.9%) indicated less than 5 years, 62 (27.4%) indicated 5 to 10 years, 131 (58.0%) indicated more than 10 years, and 6 (2.7%) did not indicate.

Materials

Form G (non self-scoring) of the MBTI was used (Myers & McCaulley, 1985). Form G is a self-administered questionnaire consisting of 126 forced-choice questions, resulting in preference scores on eight scales: E and I, S and N, T and F, and J and P. Whichever of the two scales on each of the four dichotomies receives a higher preference score is coded as the preference for that dichotomy, resulting in one of the sixteen types (such as ISTJ, etc.). Split-half reliabilities are in the .80s for all four scales, and

test-retest reliabilities generally range in the .70s and .80s, depending on the population and length of time between testing (Myers and McCaulley, 1985). The MBTI manual also reports adequate content and construct validity, citing correlations of MBTI scores with other psychological scales, with self-estimates of type, and with behavioral studies of type differences. Tzeng, Ware, and Bharadwaj (1991) reported finding evidence of high convergent, divergent, and discriminant validity for all four scales.

The second instrument used was a demographic form/Likert scale developed by the author in consultation with his adviser and a professor of statistics and research methods (see Appendix B for a copy of the form). The demographic form consisted of a control number and a checklist for ethnicity, gender, and number of years in practice (less than five years, five to ten years, and more than ten years). The demographic form also contained a checklist of sixteen different theoretical orientations, presented in random order, and preceded by the following question: "If you had to choose <u>one</u> of the following theoretical orientations (and if managed care was not a factor), which one would you choose?".

Beneath the demographics questions was the five-point, Likert-type scale, with the words "Highly Non-directive" above the numeral "1", and the words "Highly Directive" above the numeral "5". Preceding the Likert-type scale was this statement: "In general, how directive are you in your approach to counseling? Please indicate by circling the appropriate number below:".

Beneath the Likert-type scale was the following statement: "Confidentiality and Informed Consent: No information which identifies individual participants or their responses will be provided in any writings on this study; results will be reported in aggregate form only. Participation in this study is entirely voluntary, and may be withdrawn or refused at any time. By completing and returning the enclosed forms, the

participants acknowledge that they understand the nature and purpose of the study, and are freely agreeing to participate."

Self-report inventories utilizing Likert-type scales have become quite common in counseling research, particularly regarding multicultural issues (Sodowsky, Taffe, Gutkin, & Wise, 1994; Pope-Davis & Dings, 1994; and Pope-Davis & Ottavi, 1994). In a review of the literature on attitude scale construction, Dwyer (1993) summarized research on Likert scales: "The researchers suggested that it is the most efficient and effective method of developing highly reliable scales" (p. 11). Most inventories utilize a series of such scales, which are then summed to produce a final figure. However, in researching ethical decision-making, Cottone, Tarvydas, and House (1994) utilized a single seven-point Likert-type scale (the same scale was used twice, pre- and post-treatment).

Procedure

Each of the 440 Licensed Professional Counselors in the random sample were mailed a packet containing a cover letter; the demographic form/Likert scale; the MBTI Form G answer sheet; the MBTI Form G question booklet; and a self-addressed, stamped return envelope. The cover letter introduced the researcher and explained the nature and purpose of the study. The cover letter (see Appendix B) quoted Seligman's (1990) description of directiveness (see Chapter 1 of this study), and contained the following statement: "I realize that a counselor's level of directiveness may vary from client to client. What I am examining in this study is the counselor's own perception of his or her overall level of directiveness in the counseling process. Accordingly, I have devised a single five-point Likert scale (since I will be running chi-square analyses, please do not indicate an "in between" position such as 2.5 or 3.5)." The participants were instructed to return the completed MBTI Form G answer sheet and the demographic form/Likert scale, and that "for purposes of methodological consistency, I need you to complete the

Myers-Briggs Form G, even if you already know what your type is." In return, the participants were promised a copy of the abstract from this thesis, along with the results of their MBTI.

Many of the pragmatic aspects of this mailing were handled in accord with suggestions made by Weathers, Furlong, and Solorzano (1993), who studied 34 studies published in the Journal of Counseling Psychology between 1980 and 1989 and which utilized mail survey procedures. The authors also reviewed pertinent literature from the fields of social psychology, sociology, and marketing. The following suggestions were utilized in the present study: Personalization of the cover letter (each of the 440 cover letters was hand-signed by the author. In addition, the control number was hand-written on each of the demographic form/Likert scales and the MBTI answer sheets); two or more follow-up contacts, with the first follow-up between 2 and 4 weeks after the initial mailing (a hand-addressed and signed reminder postcard was mailed to all non-respondents two and a half weeks after the initial mailing, and another such postcard was mailed to all non-respondents three weeks after the first postcard); use of colored paper (both the cover letter and the demographic form/Likert scale were printed on blue paper, the second reminder postcard was printed on bright yellow paper); use of first-class, commemorative stamps on both outgoing and return envelopes (this was done); and an incentive (participants were promised a copy of the results).

The MBTI Form G answer sheets were hand-scored by the author. The MBTI results, along with the information from the demographic form/Likert scale, were entered into a PC, and statistical analyses were performed using the Studentware Plus version of the Statistical Package for Social Sciences (Norusis, 1991). Chi-square analyses were performed to test the null hypotheses, with alpha set at .05. When necessary, values were collapsed so that no more than 20% of the cells had expected values less than 5.

Chapter 4

Results

Preliminary Analysis of Data

Measures of central tendency for the dependent variable directiveness are shown in Table A1 in Appendix A. The distribution is obviously not normal, with the mode of 4, median of 3, and mean of 3.2832 (*SD* = .8162). The distribution is negatively skewed, as more respondents rated themselves as a 4 rather than the middle position of 3. Only four respondents rated themselves as a 1 (highly nondirective), while only five rated themselves as a 5 (highly directive).

Crosstabulations of MBTI Type with directiveness are shown in Table 1. The first number in each cell shows the actual count for that cell, the second number shows the expected value, and the third number shows the difference between the actual and expected count. The most common type was INFP, followed closely by ENFP. Two types, ISFP and ESTP, did not show up at all in the 226 respondents. The overall distribution of types is quite similar to that reported by McCaulley (1978, as cited in Myers and McCaulley, 1985, p.44). There were somewhat more INTJs and ENTJs and fewer ESFPs and ENFPs in the present study than in the earlier study.

Examination of Table 1 reveals certain tendencies for certain types. For example, even though there was one 1 in the ISTJs, most of the ISTJs tended to cluster around the higher levels of directiveness, including two 5s (representing 40% of all of the 5s). The ENTJs also showed a tendency to cluster around the higher levels of directiveness. On the other hand, INFPs tended to cluster at the lower levels of directiveness.

Crosstabulations of the four preference scales (EI, SN, TF, and JP) with level of directiveness are shown in Table A2 in Appendix A. The percentages at each end of the four scales are again quite similar to those reported by McCaulley (1978, cited in Myers

Table 1

Crosstabulation of Type with Directiveness

```
crosstabs /tables type by direct /cells count expected resid.
TYPE  by  DIRECT
```

TYPE	Count / Exp Val / Residual	DIRECT 1.00	2.00	3.00	4.00	5.00	Row Total
ISTJ	1.00	1 .3 .7	0 2.9 -2.9	5 7.1 -2.1	11 8.2 2.8	2 .4 1.6	19 8.4%
ISFJ	2.00	0 .2 -.2	3 1.7 1.3	3 4.1 -1.1	5 4.7 .3	0 .2 -.2	11 4.9%
INFJ	3.00	1 .4 .6	5 3.3 1.7	7 7.9 -.9	8 9.0 -1.0	0 .5 -.5	21 9.3%
INTJ	4.00	0 .3 -.3	2 2.5 -.5	7 6.0 1.0	7 6.9 .1	0 .4 -.4	16 7.1%
ISTP	5.00	0 .1 -.1	0 .6 -.6	1 1.5 -.5	3 1.7 1.3	0 .1 -.1	4 1.8%
INFP	7.00	1 .6 .4	10 5.4 4.6	15 13.2 1.8	9 15.0 -6.0	0 .8 -.8	35 15.5%
INTP	8.00	0 .2 -.2	1 1.7 -.7	5 4.1 .9	4 4.7 -.7	1 .2 .8	11 4.9%
ESFP	10.00	0 .1 -.1	1 .5 .5	1 1.1 -.1	1 1.3 -.3	0 .1 -.1	3 1.3%
ENFP	11.00	1 .6 .4	6 5.3 .7	13 12.8 .2	13 14.6 -1.6	1 .8 .2	34 15.0%
ENTP	12.00	0 .1 -.1	0 .9 -.9	3 2.3 .7	3 2.6 .4	0 .1 -.1	6 2.7%
ESTJ	13.00	0 .1 -.1	1 1.2 -.2	4 3.0 1.0	3 3.4 -.4	0 .2 -.2	8 3.5%
ESFJ	14.00	0 .2 -.2	1 2.0 -1.0	2 4.5 -2.9	10 5.6 4.4	0 .3 -.3	13 5.8%
ENFJ	15.00	0 .5 -.5	5 4.5 .5	14 10.9 3.1	10 12.4 -2.4	0 .6 -.6	29 12.8%
ENTJ	16.00	0 .3 -.3	0 2.5 -2.5	5 6.0 -1.0	10 6.9 3.1	1 .4 .6	16 7.1%
	Column Total	4 1.8%	35 15.5%	85 37.6%	97 42.9%	5 2.2%	226 100.0%

and McCaulley, 1985, p.44), with the exception that there was a higher percentage of Js in the present study.

Crosstabulations of temperament and cognitive style with level of directiveness are shown in Table A3 in Appendix A. The distributions of percentages are similar to those reported by McCaulley (1978, cited in Myers and McCaulley) and Dilley (1987).

Crosstabulations of demographic variables (ethnicity, gender, and years in practice) with level of directiveness are shown in Table A4 in Appendix A. Only 9 (4.0%) of the 226 counselors identified themselves as not being White, non-Hispanic. There were three each of African-American and Native American; and one each of Hispanic, Asian-American, and Other. Over half (58.0%) of the counselors had more than ten years in practice. Females outnumbered males, 72.1% to 27.9%.

Table 2 shows crosstabulations of theoretical orientation with level of directiveness. The Other category includes counselors who did not indicate a preference, who indicated more than one preference without indicating a first choice, or who wrote in "Eclectic." The most common theoretical orientation was Cognitive/Behavioral, followed by Family systems. Three orientations had only one respondent each: Logotherapy, TA, and Behavioral.

As with the crosstabulations of type with directiveness in Table 1, Table 2 shows certain patterns of clustering for certain theoretical orientations. For example, Cognitive/Behavioral and Reality Therapy tend to cluster at the higher levels of directiveness, while Humanistic and Psychoanalytic/Object Relations tend to cluster at the lower levels.

Table A5 in Appendix A shows crosstabulations of theoretical orientation with type. Because the 226 respondents are spread across so many cells (238 cells in all), it is difficult to detect patterns, although it does appear that ISTJs are overrepresented in Cognitive/Behavioral and Reality Therapy.

It is possible to compare some of the results in Table A5 with Levin's (1978, cited in Myers and McCaulley, 1985, p. 75) study of orientation and type. Levin found psychoanalysts to be INFJ modal, in this study the counselors with Psychoanalytic/ Object relations orientation were ENFJ modal. Levin found Rational-emotive therapists

Table 2

Crosstabulations of Orientation by Directiveness

```
crosstabs /tables orient by direct /cells count expected resid.
ORIENT  by  DIRECT
```

ORIENT	Count / Exp Val / Residual	DIRECT 1.00	2.00	3.00	4.00	5.00	Row Total
1.00 Family systems		1 .7 .3	2 6.3 -4.3	20 15.4 4.6	17 17.6 -.6	1 .9 .1	41 18.1%
2.00 Logotherapy		0 .0 .0	0 .2 -.2	1 .4 .6	0 .4 -.4	0 .0 .0	1 .4%
3.00 Adlerian		0 .2 -.2	0 2.2 -2.2	5 5.3 -.3	8 6.0 2.0	1 .3 .7	14 6.2%
4.00 Existential		0 .1 -.1	2 .9 1.1	3 2.3 .7	1 2.6 -1.6	0 .1 -.1	6 2.7%
5.00 Cognitive/Behavi		0 .8 -.8	2 7.3 -5.3	15 17.7 -2.7	30 20.2 9.8	0 1.0 -1.0	47 20.8%
6.00 REBT		0 .2 -.2	2 1.5 .5	1 3.8 -2.8	5 4.3 .7	2 .2 1.8	10 4.4%
7.00 Psychoan./Obj. R		1 .1 .9	2 .8 1.2	2 1.9 .1	0 2.1 -2.1	0 .1 -.1	5 2.2%
8.00 Jungian		1 .1 .9	1 1.2 -.2	3 3.0 .0	3 3.4 -.4	0 .2 -.2	8 3.5%
9.00 Cognitive		0 .2 -.2	1 1.7 -.7	2 4.1 -2.1	8 4.7 3.3	0 .2 -.2	11 4.9%
10.00 Gestalt		1 .2 .8	3 1.5 1.5	3 3.8 -.8	3 4.3 -1.3	0 .2 -.2	10 4.4%
11.00 Brief/Strategic		0 .1 -.1	1 1.2 -.2	2 3.0 -1.0	5 3.4 1.6	0 .2 -.2	8 3.5%
12.00 Humanistic		0 .6 -.6	15 5.1 9.9	15 12.4 2.6	3 14.2 -11.2	0 .7 -.7	33 14.6%
13.00 TA		0 .0 .0	0 .2 -.2	0 .4 -.4	1 .4 .6	0 .0 .0	1 .4%
14.00 Behavioral		0 .0 .0	0 .2 -.2	1 .4 .6	0 .4 -.4	0 .0 .0	1 .4%
15.00 Reality Therapy		0 .4 -.4	2 3.1 -1.1	6 7.5 -1.5	11 8.6 2.4	1 .4 .6	20 8.8%
16.00 Transpersonal		0 .1 -.1	2 .6 1.4	1 1.5 -.5	1 1.7 -.7	0 .1 -.1	4 1.8%
17.00 Other		0 .1 -.1	0 .9 -.9	5 2.3 2.7	1 2.6 -1.6	0 .1 -.1	6 2.7%
Column Total		4 1.8%	35 15.5%	85 37.6%	97 42.9%	5 2.2%	226 100.0%

Number of Missing Observations: 0

to be ENTJ modal, in this study they were ENFP modal. Levin found Gestalt therapists to be split between ENFP and INFP, in this study they were split evenly between INFP, ENFP, ESFJ, and ENFJ. Again, the small cell sizes make it difficult to make meaningful comparisons.

Screening for Confounding Variables

In order to do valid chi-square analyses, both in screening for confounding variables and for testing hypotheses, the following statistical standards were set a priori: Alpha was set at .05 for all analyses. No more than 20% of the cells should have an expected value of less than 5; if necessary, values would be collapsed to avoid this situation.

It was immediately obvious that the values for level of directiveness would have to be collapsed in order to do any chi-square tests at all. Accordingly, the four 1s were combined with the 2s, and the five 5s were combined with the 4s.

Even with directiveness collapsed, it was still not possible to do a valid chi-square test on ethnicity. Collapsing the nine non-White respondents into a single category did not help, as there still would have been 50% of the cells having an expected value of less than 5. As a result, any association between ethnicity and level of directiveness for this sample remained unknown.

Chi-square results for gender with directiveness and years in practice with directiveness are shown in Table A6 in Appendix A. For gender, chi-square(2, $N = 226$) = 1.91247, $p = .38434$, indicating no relation between gender and level of directiveness. For years in practice, it was necessary to exclude the six respondents who did not indicate this information on the demographic form. The result was chi-square(4, $N = 220$) = 2.57709, $p = .63089$, indicating no relation between years in practice and level of directiveness.

Tests of the Null Hypotheses

Chi-square tests were run for the seven null hypotheses, with the previously mentioned a priori standards of alpha = .05 and the requirement that no more than 20% of the cells have an expected value less than 5. In addition to chi-square, Cramer's V was used as a measure of the strength of association. Cramer's V was chosen over phi because Cramer's V takes into account differing table size (rows and columns). For the bipolar variables, Somer's D was used to indicate directionality.

The first null hypothesis was that there is no relationship between the Extraversion/Introversion (EI) preference and level of directiveness. The results shown in Table 3 indicate that there is no relationship, and the null hypothesis is retained.

Table 3

Chi-square EI Preference with Directiveness

```
recode direct (1 = 2) (5 = 4).
value labels direct 2 'non-    direct' 3 '  mid' 4 'direct'.

crosstabs /tables EI by direct /cells count expected resid
/statistics chisq phi d.

EI  by  DIRECT
```

	Count / Exp Val / Residual	DIRECT non-direct 2.00	mid 3.00	direct 4.00	Row Total
EI					
E	.00	15 18.8 -3.8	42 41.0 1.0	52 49.2 2.8	109 48.2%
I	1.00	24 20.2 3.8	43 44.0 -1.0	50 52.8 -2.8	117 51.8%
	Column Total	39 17.3%	85 37.6%	102 45.1%	226 100.0%

Chi-Square	Value	DF	Significance
Pearson	1.84703	2	.39712
Minimum Expected Frequency -	18.810		

Statistic		Value	ASE1	T-value	Approximate Significance
Phi		.09040			.39712 *1
Cramer's V		.09040			.39712 *1
Somers' D : with DIRECT	dependent	-.07818	.07045	-1.10960	

```
*1 Pearson chi-square probability
Number of Missing Observations:  0
```

The second null hypothesis was that there is no relationship between the Sensing/ Intuition preference and level of directiveness. The results shown in Table 4 indicate that there is a significant relationship, and the null hypothesis is rejected. However, the value for Cramer's V is rather small (.17975), indicating a weak relationship. Somer's D is negative, indicating that the respondents with a Sensing preference tended to be more directive than those with an iNtuition preference.

Table 4

Chi-square SN Preference with Directiveness

```
recode direct (1 = 2) (5 = 4).
value labels direct 2 'non-    direct' 3 '  mid' 4 'direct'.

crosstabs /tables SN by direct /cells count expected resid
/statistics chisq phi d.

SN  by  DIRECT
```

	Count / Exp Val / Residual	DIRECT non-direct 2.00	mid 3.00	direct 4.00	Row Total
SN S	.00	7 / 10.0 / -3.0	16 / 21.8 / -5.8	35 / 26.2 / 8.8	58 / 25.7%
N	1.00	32 / 29.0 / 3.0	69 / 63.2 / 5.8	67 / 75.8 / -8.8	168 / 74.3%
	Column Total	39 / 17.3%	85 / 37.6%	102 / 45.1%	226 / 100.0%

Chi-Square	Value	DF	Significance
Pearson	7.30193	2	.02597
Minimum Expected Frequency -	10.009		

Statistic		Value	ASE1	T-value	Approximate Significance
Phi		.17975			.02597 *1
Cramer's V		.17975			.02597 *1
Somers' D : with DIRECT	dependent	-.20761	.07842	-2.59777	

```
*1 Pearson chi-square probability

Number of Missing Observations:  0
```

The third null hypothesis was that there is no relationship between the Thinking/ Feeling preference and level of directiveness. Table 5 shows that there is a significant relationship, and the null hypothesis is rejected. Cramer's V is slightly larger (.23124) than it was with the SN scale, but still relatively small. Somer's D indicates that Thinkers tend to be more directive than Feelers.

Table 5

Chi-square TF Preference with Directiveness

```
recode direct (1 = 2) (5 = 4).
value labels direct 2 'non-    direct' 3 '  mid' 4 'direct'.

crosstabs /tables TF by direct /cells count expected resid
/statistics chisq phi d.

TF  by  DIRECT
```

	Count / Exp Val / Residual	DIRECT non-direct 2.00	mid 3.00	direct 4.00	Row Total
TF					
T	.00	5 13.8 -8.8	30 30.1 -.1	45 36.1 8.9	80 35.4%
F	1.00	34 25.2 8.8	55 54.9 .1	57 65.9 -8.9	146 64.6%
	Column Total	39 17.3%	85 37.6%	102 45.1%	226 100.0%

Chi-Square	Value	DF	Significance
Pearson	12.08515	2	.00238
Minimum Expected Frequency -	13.805		

Statistic		Value	ASE1	T-value	Approximate Significance
Phi		.23124			.00238 *1
Cramer's V		.23124			.00238 *1
Somers' D : with DIRECT	dependent	-.23587	.06835	-3.41775	

```
*1 Pearson chi-square probability
Number of Missing Observations:  0
```

The fourth null hypothesis was that there is no relationship between the Judging/ Perceiving preference and level of directiveness. Table 6 shows that there was no significant relationship, and the null hypothesis is retained.

Table 6

Chi-square JP preference with Directiveness

```
recode direct (1 = 2) (5 = 4).
value labels direct 2 'non-    direct' 3 '  mid' 4 'direct'.

crosstabs /tables JP by direct /cells count expected resid
/statistics chisq phi d.
```

JP by DIRECT

	Count / Exp Val / Residual	DIRECT non-direct 2.00	mid 3.00	direct 4.00	Row Total
JP J	.00	19 23.0 -4.0	47 50.0 -3.0	67 60.0 7.0	133 58.8%
JP P	1.00	20 16.0 4.0	38 35.0 3.0	35 42.0 -7.0	93 41.2%
	Column Total	39 17.3%	85 37.6%	102 45.1%	226 100.0%

Chi-Square	Value	DF	Significance
Pearson	4.06551	2	.13097
Minimum Expected Frequency -	16.049		

Statistic		Value	ASE1	T-value	Approximate Significance
Phi		.13412			.13097 *1
Cramer's V		.13412			.13097 *1
Somers' D : with DIRECT	dependent	-.14504	.07133	-2.03107	

*1 Pearson chi-square probability

Number of Missing Observations: 0

The fifth null hypothesis was that there is no relationship between Temperament and level of directiveness. Table 7 reveals that it was not possible to do a valid chi-square on this relationship because 25% of the cells had an expected value less than 5. This was due to the small number ($\underline{n} = 7$) of SPs among the respondents. Thus, the relationship between Temperament and level of directiveness for this sample remains unknown.

Table 7

Chi-square Temperament with Directiveness

```
recode direct (1 = 2) (5 = 4).
value labels direct 2 'non-    direct' 3 '  mid' 4 'direct'.

crosstabs /tables temp by direct /cells count expected resid
/statistics chisq phi.

TEMP  by  DIRECT
```

TEMP	Count / Exp Val / Residual	DIRECT non-direct 2.00	mid 3.00	direct 4.00	Row Total
SP	1.00	1 1.2 -.2	2 2.6 -.6	4 3.2 .8	7 3.1%
SJ	2.00	6 8.8 -2.8	14 19.2 -5.2	31 23.0 8.0	51 22.6%
NT	3.00	3 8.5 -5.5	20 18.4 1.6	26 22.1 3.9	49 21.7%
NF	4.00	29 20.5 8.5	49 44.8 4.2	41 53.7 -12.7	119 52.7%
	Column Total	39 17.3%	85 37.6%	102 45.1%	226 100.0%

Chi-Square	Value	DF	Significance
Pearson	16.70551	6	.01043
Minimum Expected Frequency - 1.208 Cells with Expected Frequency < 5 -	3 OF	12 (25.0%)	

Statistic	Value	ASE1	T-value	Approximate Significance
Phi	.27188			.01043 *1
Cramer's V	.19225			.01043 *1

```
*1 Pearson chi-square probability

Number of Missing Observations:  0
```

The sixth null hypothesis was that there is no relationship between Cognitive Style and level of Directiveness. Table 8 shows that there is a significant relationship, and the null hypothesis is rejected. Once again, Cramer's V is rather small (.20110), indicating a weak relationship.

Table 8

Chi-square Cognitive Style with Directiveness

```
recode direct (1 = 2) (5 = 4).
value labels direct 2 'non-    direct' 3 '  mid' 4 'direct'.

crosstabs /tables cognit by direct /cells count expected resid
/statistics chisq phi.
```

COGNIT by DIRECT

COGNIT	Count / Exp Val / Residual	DIRECT non-direct 2.00	mid 3.00	direct 4.00	Row Total
ST	1.00	2 5.3 -3.3	10 11.7 -1.7	19 14.0 5.0	31 13.7%
SF	2.00	5 4.7 .3	6 10.2 -4.2	16 12.2 3.8	27 11.9%
NT	3.00	3 8.5 -5.5	20 18.4 1.6	26 22.1 3.9	49 21.7%
NF	4.00	29 20.5 8.5	49 44.8 4.2	41 53.7 -12.7	119 52.7%
	Column Total	39 17.3%	85 37.6%	102 45.1%	226 100.0%

Chi-Square	Value	DF	Significance
Pearson	18.28003	6	.00557
Minimum Expected Frequency - 4.659 Cells with Expected Frequency < 5 - 1 OF		12 (8.3%)	

Statistic	Value	ASE1	T-value	Approximate Significance
Phi	.28440			.00557 *1
Cramer's V	.20110			.00557 *1

*1 Pearson chi-square probability

Number of Missing Observations: 0

The seventh and final null hypothesis was that there is no relationship between theoretical orientation and level of directiveness. In order to test this hypothesis, it was necessary to collapse the values for theoretical orientation. This was done by retaining the top six orientations in terms of number of respondents ($n = 166$, which was 73.5% of all respondents) and combining the remaining ten orientations with the Other category. The results are shown in Table 9. At first glance, it appears that the rule about no more than 20% of the cells having an expected value less than 5 has been violated, since the program reports that 23.8% have an expected value less than 5. If the cells with expected values less than 5 are actually counted, there appears to be only 4, which would be 20%. The discrepancy is caused by the reported expected value of 5 in the Cognitive/Direct cell, which is actually rounded from 4.96; the program shows it in the table as 5 but counts it as less than 5. The author of the present study argues that this is close enough to 5 to use the results, especially in light of the observed significance level ($p = .00000$). Accordingly, the relationship between theoretical orientation and level of directiveness is seen as significant, and the null hypothesis is rejected. Cramer's V, while still somewhat small (.33429), is still larger than that obtained with either SN with directiveness, TF with directiveness, or cognitive style with directiveness.

Table 9

Chi-square Theoretical Orientation with Directiveness

```
recode direct (1 = 2) (5 = 4).
value labels direct 2 'non-    direct' 3 '  mid' 4 'direct'.
recode orient (2 4 6 7 8 10 11 13 14 16 = 17).

crosstabs /tables orient by direct /cells count expected resid
/statistics chisq phi.
```

ORIENT by DIRECT

ORIENT	Count / Exp Val / Residual	DIRECT non-direct 2.00	mid 3.00	direct 4.00	Row Total
1.00 Family systems		3 7.1 -4.1	20 15.4 4.6	18 18.5 -.5	41 18.1%
3.00 Adlerian		0 2.4 -2.4	5 5.3 -.3	9 6.3 2.7	14 6.2%
5.00 Cognitive/Behavi		2 8.1 -6.1	15 17.7 -2.7	30 21.2 8.8	47 20.8%
9.00 Cognitive		1 1.9 -.9	2 4.1 -2.1	8 5.0 3.0	11 4.9%
12.00 Humanistic		15 5.7 9.3	15 12.4 2.6	3 14.9 -11.9	33 14.6%
15.00 Reality Therapy		2 3.5 -1.5	6 7.5 -1.5	12 9.0 3.0	20 8.8%
17.00 Other		16 10.4 5.6	22 22.6 -.6	22 27.1 -5.1	60 26.5%
Column Total		39 17.3%	85 37.6%	102 45.1%	226 100.0%

Chi-Square	Value	DF	Significance
Pearson	50.50962	12	.00000
Minimum Expected Frequency - 1.898 Cells with Expected Frequency < 5 - 5 OF 21 (23.8%)			

Statistic	Value	ASE1	T-value	Approximate Significance
Phi	.47275			.00000 *1
Cramer's V	.33429			.00000 *1

*1 Pearson chi-square probability

Number of Missing Observations: 0

Post-hoc Analyses

The finding of statistically significant but weak relationships between directiveness on the one hand and SN preference, TF preference, and cognitive style on the other seems to contradict the "clustering" effect noted on the preliminary analysis of the data. Perhaps the clustering effect was a non-significant anomaly, or perhaps it was indicative of factors not detectable by running chi-square analyses with collapsed levels of directiveness and preferences rather than types. An analysis that could answer this question is a one-way analysis of variance.

The objection will immediately be raised that the distribution of values for directiveness is not normal. In addition, the sample sizes (the types) are not equal. However, Howell (1992) stated: "In practice, however, the analysis of variance is a very robust statistical procedure, and the assumptions frequently can be violated with relatively minor effects. This is especially true for the normality assumption.... It is important to note, however, that heterogeneity of variance and unequal sample sizes do not mix" (p. 307-308). Likewise, Norusis (1991) stated: "In practice, analysis of variance gives good results even if the normality assumption doesn't quite hold. If the number of observations in each of the groups is fairly similar, the equal-variance assumption is also not too important" (p. 283). Since directiveness does not have a normal distribution, and the sample sizes are unequal, the crucial matter then becomes homogeneity of variance.

Accordingly, Levene's test for homogeneity of variance was run for uncollapsed values of directiveness by type (and for uncollapsed directiveness by theoretical orientation). The results are shown in Table A7 in Appendix A. Since the significance levels for both tests exceeds the alpha of .05, it can be concluded that there is homogeneity of variance both for directiveness by type and directiveness by theoretical orientation; hence, one-way analyses of variances can be run on both comparisons.

Table 10 shows the results of the one-way analysis of variance for uncollapsed values of directiveness by type, along with the Tukey-b multiple comparison test. The results show that there is a significant relationship between these variables. The Tukey-b test shows that at the .05 level of significance, ISTJs and ENTJs tend to be more directive than INFPs, confirming that the clustering effect noted in the preliminary analysis of the data is a real effect.

Table 10

Oneway Analysis of Variance: Directiveness by Type

```
oneway direct by type (1, 16) /ranges=btukey.
                  - - - - - - - - - - O N E W A Y - - - - - - - - - -

   Variable  DIRECT
By Variable  TYPE

                                       Analysis of Variance

                                        Sum of          Mean            F       F
     Source                D.F.        Squares        Squares        Ratio    Prob.

Between Groups               13        17.0585         1.3122       2.0945    .0156

Within Groups               212       132.8176          .6265

Total                       225       149.8761

Multiple Range Test

Tukey-B Procedure
Ranges for the  .050 level -

          3.80    4.07    4.23    4.34    4.43    4.50    4.56    4.61    4.66    4.70
          4.73    4.76    4.79

The ranges above are table ranges.
The value actually compared with Mean(J)-Mean(I) is..
      .5597 * Range * Sqrt(1/N(I) + 1/N(J))

(*) Denotes pairs of groups significantly different at the  .050 level

                               G G G G G G G G G G G G G G
                               r r r r r r r r r r r r r r
                               p p p p p p p p p p p p p p
                                 1   1   1 1       1   1   1
    Mean       Group           7 0 3 5 2 1 3 4 8 2 1 4 5 6

   2.9143      Grp 7
   3.0000      Grp10
   3.0476      Grp 3
   3.1724      Grp15
   3.1818      Grp 2
   3.2059      Grp11
   3.2500      Grp13
   3.3125      Grp 4
   3.4545      Grp 8
   3.5000      Grp12
   3.6842      Grp 1       *
   3.6923      Grp14
   3.7500      Grp 5
   3.7500      Grp16       *
------------------------------------------------------------------------------------------
```

Table 11 shows the results of the one-way analysis of variance for uncollapsed values of directiveness by theoretical orientation, along with the Tukey-b multiple comparison test. The results show that there is a significant relationship between these variables. The Tukey-b test shows that at the .05 level of significance respondents whose theoretical orientations were Adlerian, REBT, Cognitive, Cognitive/Behavioral, Reality Therapy, and Family systems tended to be more directive than those who were either Humanistic or Psychoanalytic/Object Relations.

Table 11

<u>Oneway Analysis of Variance: Directiveness by Theoretical Orientation</u>

oneway direct by orient (1, 17) /ranges=btukey.

- - - - - - - - - - O N E W A Y - - - - - - - - - -

Variable DIRECT
By Variable ORIENT

Analysis of Variance

Source	D.F.	Sum of Squares	Mean Squares	F Ratio	F Prob.
Between Groups	16	38.1391	2.3837	4.4586	.0000
Within Groups	209	111.7370	.5346		
Total	225	149.8761			

Multiple Range Test

Tukey-B Procedure
Ranges for the .050 level -

3.88	4.15	4.31	4.42	4.51	4.58	4.64	4.69	4.73	4.77
4.81	4.84	4.87	4.90	4.92	4.95				

The ranges above are table ranges.
The value actually compared with Mean(J)-Mean(I) is..
.5170 * Range * Sqrt(1/N(I) + 1/N(J))

(*) Denotes pairs of groups significantly different at the .050 level

Mean	Group	Grp 7	Grp 12	Grp 16	Grp 10	Grp 4	Grp 2	Grp 8	Grp 14	Grp 17	Grp 1	Grp 11	Grp 15	Grp 5	Grp 9	Grp 6	Grp 3	Grp 13
2.2000	Grp 7																	
2.6364	Grp12																	
2.7500	Grp16																	
2.8000	Grp10																	
2.8333	Grp 4																	
3.0000	Grp 2																	
3.0000	Grp 8																	
3.0000	Grp14																	
3.1667	Grp17																	
3.3659	Grp 1	*	*															
3.5000	Grp11																	
3.5500	Grp15	*	*															
3.5957	Grp 5	*	*															
3.6364	Grp 9	*	*															
3.7000	Grp 6	*	*															
3.7143	Grp 3	*	*															
4.0000	Grp13																	

Chapter 5

Discussion

For this sample, there is a statistically significant but weak relationship between the dependent variable Directiveness and the independent variables SN preference, TF preference, and Cognitive Style. A slightly stronger relationship exists between Directiveness and theoretical orientation. No relationship exists between Directiveness and the following variables: EI preference, JP preference, gender, and number of years in practice. It is not possible to determine if a relationship exists in this sample between Directiveness and the variables Temperament and ethnicity.

Post-hoc analyses show that there are significant differences in level of directiveness between three of the MBTI types, and between eight of the theoretical orientations. It appears that directiveness is more closely associated with theoretical orientation than with type. The question of whether certain types are drawn to certain orientations will require a larger-scale study to answer.

The fact that only weak associations were found between two of the four preferences and directiveness, while significant differences were found for three of the types, tends to lend credence to the view espoused by Howard (1992) and Wiggins (1989) that the types are discrete, unique entities rather than mere mechanistic combinations of the four preferences. Even the combination of two preferences, as in cognitive style, does not account for the differences seen in the three significantly different types. Other types, with the same cognitive styles, did not show the same pattern. Evidently the four preferences interact in a synergistic fashion to produce types with qualities that cannot be reduced back to their constituent components.

These tentative findings of certain levels of directiveness being associated with certain types raise more questions than they answer. If the findings of Miller, Benefield,

and Tonigan (1993) hold true, would INFPs be better suited to provide brief assessment and feedback interventions to problem drinkers? Would ISTJs and ENTJs be better at working with Native Americans (Dauphinais, Dauphinais, & Rowe, 1981), Asian students (Exum & Lau, 1988; Merta, Ponterotto, & Brown, 1992), Mexican-Americans (Ponce & Atkinson, 1989), and African-Americans (Dillon, 1993)?

Dilley (1987) noted the implications of type for counselor educators. Should INFP counseling students work a little harder at confrontive techniques, while ISTJ and ENTJ students practice reflective listening, in order to produce more well-rounded counselors?

The findings of this study are only tentative, so the questions above are only hypothetical. However, they can point the way for future research.

One of the limitations of this study is immediately obvious. As with any study which depends on voluntary cooperation, the respondents are a self-selected group. Although 51.4% of the original random sample responded, 48.6% did not. The types, level of directiveness, and any association between these factors for that 48.6% is unknown. This fact has obvious implications as far as the generalizability of the results. Whereas the original random sample represented the entire population of Licensed Professional Counselors in the state of Missouri, the results are only generalizable to "Missouri LPCs who respond to this type of survey."

Another limitation is the ethnic homogeneity of the respondents, 96.0% of whom identified themselves as White, non-Hispanic. Especially when considering the multicultural aspects of directiveness, it would be desirable to have a more heterogeneous group of respondents.

Some proponents of the MBTI would consider it a limitation of this study that the individual results of the MBTI were not verified by each of the participants. The author of the present study takes the same position as Douglass and Douglass (1994) that the

obtained (i.e. non-verified) MBTI results should stand on their own. It is worth noting that the frequently cited studies by Levin (1978, cited in Myers & McCaulley, 1985) and McCaulley (1978, also cited in Myers & McCaulley, 1985) make no mention of using verified results (Levin's study was conducted by mail; McCaulley's study utilized a data bank of MBTI results). However, the author of the present study does acknowledge that this is a legitimate point of contention.

Appendix A

Tables

Table A1

Measures of Central Tendency for Directiveness

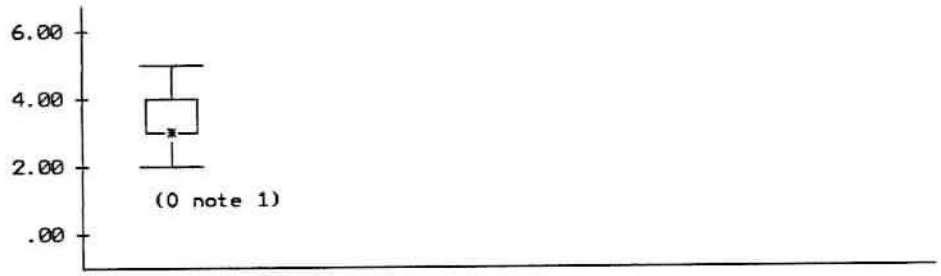
```
examine direct.
     DIRECT
 Valid cases:        226.0   Missing cases:          .0   Percent missing:       .0

 Mean          3.2832  Std Err       .0543  Min           1.0000  Skewness     -.5152
 Median        3.0000  Variance      .6661  Max           5.0000  S E Skew      .1619
 5% Trim       3.3097  Std Dev       .8162  Range         4.0000  Kurtosis     -.2301
                                            IQR           1.0000  S E Kurt      .3224

 Frequency     Stem &  Leaf

     4.00 Extremes    (1.0)
    35.00        2 *  00000000000000000
      .00        2 .
    85.00        3 *  0000000000000000000000000000000000000000000
      .00        3 .
    97.00        4 *  00000000000000000000000000000000000000000000000
      .00        4 .
     5.00        5 *  00

 Stem width:      1.00
 Each leaf:       2 case(s)
```




```
  Variable      DIRECT
 N of Cases      226.00
      Symbol Key:        *     - Median      (O)  - Outlier     (E)  - Extreme
 Boxplot footnotes denote the following:
   1)     CASE116, CASE195, CASE2, CASE226
```

Table A2

Crosstabulations of MBTI Preferences by Directiveness

```
crosstabs /tables EI by direct /cells count expected resid.
```

EI by DIRECT

EI	Count / Exp Val / Residual	DIRECT 1.00	2.00	3.00	4.00	5.00	Row Total
E	.00	1 1.9 -.9	14 16.9 -2.9	42 41.0 1.0	50 46.8 3.2	2 2.4 -.4	109 48.2%
I	1.00	3 2.1 .9	21 18.1 2.9	43 44.0 -1.0	47 50.2 -3.2	3 2.6 .4	117 51.8%
	Column Total	4 1.8%	35 15.5%	85 37.6%	97 42.9%	5 2.2%	226 100.0%

```
crosstabs /tables SN by direct /cells count expected resid.
```

SN by DIRECT

SN	Count / Exp Val / Residual	DIRECT 1.00	2.00	3.00	4.00	5.00	Row Total
S	.00	1 1.0 .0	6 9.0 -3.0	16 21.8 -5.8	33 24.9 8.1	2 1.3 .7	58 25.7%
N	1.00	3 3.0 .0	29 26.0 3.0	69 63.2 5.8	64 72.1 -8.1	3 3.7 -.7	168 74.3%
	Column Total	4 1.8%	35 15.5%	85 37.6%	97 42.9%	5 2.2%	226 100.0%

```
crosstabs /tables TF by direct /cells count expected resid.
```

TF by DIRECT

TF	Count / Exp Val / Residual	DIRECT 1.00	2.00	3.00	4.00	5.00	Row Total
T	.00	1 1.4 -.4	4 12.4 -8.4	30 30.1 -.1	41 34.3 6.7	4 1.8 2.2	80 35.4%
F	1.00	3 2.6 .4	31 22.6 8.4	55 54.9 .1	56 62.7 -6.7	1 3.2 -2.2	146 64.6%
	Column Total	4 1.8%	35 15.5%	85 37.6%	97 42.9%	5 2.2%	226 100.0%

```
crosstabs /tables JP by direct /cells count expected resid.
```

JP by DIRECT

JP	Count / Exp Val / Residual	DIRECT 1.00	2.00	3.00	4.00	5.00	Row Total
J	.00	2 2.4 -.4	17 20.6 -3.6	47 50.0 -3.0	64 57.1 6.9	3 2.9 .1	133 58.8%
P	1.00	2 1.6 .4	18 14.4 3.6	38 35.0 3.0	33 39.9 -6.9	2 2.1 -.1	93 41.2%
	Column Total	4 1.8%	35 15.5%	85 37.6%	97 42.9%	5 2.2%	226 100.0%

Number of Missing Observations: 0

Table A3

Crosstabulations of Temperament and Cognitive Style by Directiveness

```
crosstabs /tables temp by direct /cells count expected resid.
TEMP  by  DIRECT
```

TEMP	Count / Exp Val / Residual	DIRECT 1.00	2.00	3.00	4.00	5.00	Row Total
SP	1.00	0 .1 -.1	1 1.1 -.1	2 2.6 -.6	4 3.0 1.0	0 .2 -.2	7 3.1%
SJ	2.00	1 .9 .1	5 7.9 -2.9	14 19.2 -5.2	29 21.9 7.1	2 1.1 .9	51 22.6%
NT	3.00	0 .9 -.9	3 7.6 -4.6	20 18.4 1.6	24 21.0 3.0	2 1.1 .9	49 21.7%
NF	4.00	3 2.1 .9	26 18.4 7.6	49 44.8 4.2	40 51.1 -11.1	1 2.6 -1.6	119 52.7%
	Column Total	4 1.8%	35 15.5%	85 37.6%	97 42.9%	5 2.2%	226 100.0%

```
Number of Missing Observations:  0
```

```
crosstabs /tables cognit by direct /cells count expected resid.
COGNIT  by  DIRECT
```

COGNIT	Count / Exp Val / Residual	DIRECT 1.00	2.00	3.00	4.00	5.00	Row Total
ST	1.00	1 .5 .5	1 4.8 -3.8	10 11.7 -1.7	17 13.3 3.7	2 .7 1.3	31 13.7%
SF	2.00	0 .5 -.5	5 4.2 .8	6 10.2 -4.2	16 11.6 4.4	0 .6 -.6	27 11.9%
NT	3.00	0 .9 -.9	3 7.6 -4.6	20 18.4 1.6	24 21.0 3.0	2 1.1 .9	49 21.7%
NF	4.00	3 2.1 .9	26 18.4 7.6	49 44.8 4.2	40 51.1 -11.1	1 2.6 -1.6	119 52.7%
	Column Total	4 1.8%	35 15.5%	85 37.6%	97 42.9%	5 2.2%	226 100.0%

```
Number of Missing Observations:  0
```

Table A4

Crosstabulations of Demographic Variables by Directiveness

```
crosstabs /tables ethnic by direct /cells count expected resid.
ETHNIC  by  DIRECT
```

ETHNIC	Count / Exp Val / Residual	DIRECT 1.00	2.00	3.00	4.00	5.00	Row Total
White	.00	2 3.8 -1.8	35 33.6 1.4	84 81.6 2.4	91 93.1 -2.1	5 4.8 .2	217 96.0%
Afr.-Am.	1.00	0 .1 -.1	0 .5 -.5	1 1.1 -.1	2 1.3 .7	0 .1 -.1	3 1.3%
Hispanic	2.00	0 .0 .0	0 .2 -.2	0 .4 -.4	1 .4 .6	0 .0 .0	1 .4%
Asian-Am.	3.00	0 .0 .0	0 .2 -.2	0 .4 -.4	1 .4 .6	0 .0 .0	1 .4%
Native Am.	4.00	1 .1 .9	0 .5 -.5	0 1.1 -1.1	2 1.3 .7	0 .1 -.1	3 1.3%
Other	5.00	1 .0 1.0	0 .2 -.2	0 .4 -.4	0 .4 -.4	0 .0 .0	1 .4%
	Column Total	4 1.8%	35 15.5%	85 37.6%	97 42.9%	5 2.2%	226 100.0%

```
crosstabs /tables gender by direct /cells count expected resid.
GENDER  by  DIRECT
```

GENDER	Count / Exp Val / Residual	DIRECT 1.00	2.00	3.00	4.00	5.00	Row Total
Male	.00	2 1.1 .9	8 9.8 -1.8	20 23.7 -3.7	31 27.0 4.0	2 1.4 .6	63 27.9%
Female	1.00	2 2.9 -.9	27 25.2 1.8	65 61.3 3.7	66 70.0 -4.0	3 3.6 -.6	163 72.1%
	Column Total	4 1.8%	35 15.5%	85 37.6%	97 42.9%	5 2.2%	226 100.0%

```
crosstabs /tables years by direct /cells count expected resid.
YEARS  by  DIRECT
```

YEARS	Count / Exp Val / Residual	DIRECT 1.00	2.00	3.00	4.00	5.00	Row Total
Less than 5	.00	0 .5 -.5	6 4.2 1.8	10 10.2 -.2	11 11.6 -.6	0 .6 -.6	27 11.9%
5 to 10	1.00	2 1.1 .9	6 9.6 -3.6	28 23.3 4.7	24 26.6 -2.6	2 1.4 .6	62 27.4%
More than 10	2.00	2 2.3 -.3	22 20.3 1.7	46 49.8 -3.3	58 56.2 1.8	3 2.9 .1	131 58.0%
Unspecified	3.00	0 .1 -.1	1 .9 .1	1 2.3 -1.3	4 2.6 1.4	0 .1 -.1	6 2.7%
	Column Total	4 1.8%	35 15.5%	85 37.6%	97 42.9%	5 2.2%	226 100.0%

```
Number of Missing Observations:  0
```

Table A5

Crosstabulations of Theoretical Orientation by Type

```
crosstabs /tables orient by type /cells count expected.
```

ORIENT	Count / Exp Val	TYPE ISTJ 1.00	ISFJ 2.00	INFJ 3.00	INTJ 4.00	ISTP 5.00	Row Total
1.00 Family systems		2 / 3.4	1 / 2.0	4 / 3.8	2 / 2.9	1 / .7	41 / 18.1%
2.00 Logotherapy		0 / .1	0 / .0	0 / .1	0 / .1	0 / .0	1 / .4%
3.00 Adlerian		1 / 1.2	1 / .7	0 / 1.3	1 / 1.0	0 / .2	14 / 6.2%
4.00 Existential		1 / .5	0 / .3	0 / .6	0 / .4	0 / .1	6 / 2.7%
5.00 Cognitive/Behavi		8 / 4.0	3 / 2.3	5 / 4.4	5 / 3.3	1 / .8	47 / 20.8%
6.00 REBT		2 / .8	1 / .5	0 / .9	0 / .7	0 / .2	10 / 4.4%
7.00 Psychoan./Obj. R		0 / .4	0 / .2	0 / .5	0 / .4	0 / .1	5 / 2.2%
8.00 Jungian		1 / .7	0 / .4	1 / .7	1 / .6	0 / .1	8 / 3.5%
9.00 Cognitive		0 / .9	1 / .5	2 / 1.0	0 / .8	0 / .2	11 / 4.9%
10.00 Gestalt		0 / .8	0 / .5	1 / .9	1 / .7	0 / .2	10 / 4.4%
11.00 Brief/Strategic		0 / .7	0 / .4	1 / .7	1 / .6	1 / .1	8 / 3.5%
12.00 Humanistic		0 / 2.8	3 / 1.6	5 / 3.1	1 / 2.3	0 / .6	33 / 14.6%
13.00 TA		0 / .1	0 / .0	0 / .1	0 / .1	0 / .0	1 / .4%
14.00 Behavioral		0 / .1	0 / .0	0 / .1	0 / .1	0 / .0	1 / .4%
15.00 Reality Therapy		4 / 1.7	1 / 1.0	1 / 1.9	3 / 1.4	1 / .4	20 / 8.8%
16.00 Transpersonal		0 / .3	0 / .2	1 / .4	0 / .3	0 / .1	4 / 1.8%
17.00 Other		0 / .5	0 / .3	0 / .6	1 / .4	0 / .1	6 / 2.7%
Column Total		19 / 8.4%	11 / 4.9%	21 / 9.3%	16 / 7.1%	4 / 1.8%	226 / 100.0%

(table continues)

ORIENT	Count / Exp Val	TYPE INFP 7.00	INTP 8.00	ESFP 10.00	ENFP 11.00	ENTP 12.00	Row Total
1.00 Family systems		7 6.3	2 2.0	0 .5	7 6.2	2 1.1	41 18.1%
2.00 Logotherapy		0 .2	0 .0	0 .0	1 .2	0 .0	1 .4%
3.00 Adlerian		2 2.2	0 .7	0 .2	4 2.1	2 .4	14 6.2%
4.00 Existential		3 .9	0 .3	0 .1	1 .9	0 .2	6 2.7%
5.00 Cognitive/Behavi		3 7.3	1 2.3	1 .6	7 7.1	0 1.2	47 20.8%
6.00 REBT		1 1.5	0 .5	0 .1	3 1.5	1 .3	10 4.4%
7.00 Psychoan./Obj. R		1 .8	1 .2	0 .1	1 .8	0 .1	5 2.2%
8.00 Jungian		2 1.2	1 .4	0 .1	0 1.2	0 .2	8 3.5%
9.00 Cognitive		3 1.7	1 .5	0 .1	1 1.7	0 .3	11 4.9%
10.00 Gestalt		2 1.5	0 .5	0 .1	2 1.5	0 .3	10 4.4%
11.00 Brief/Strategic		1 1.2	0 .4	1 .1	1 1.2	0 .2	8 3.5%
12.00 Humanistic		8 5.1	2 1.6	1 .4	4 5.0	1 .9	33 14.6%
13.00 TA		0 .2	0 .0	0 .0	0 .2	0 .0	1 .4%
14.00 Behavioral		0 .2	0 .0	0 .0	0 .2	0 .0	1 .4%
15.00 Reality Therapy		1 3.1	0 1.0	0 .3	2 3.0	0 .5	20 8.8%
16.00 Transpersonal		1 .6	0 .2	0 .1	0 .6	0 .1	4 1.8%
17.00 Other		0 .9	3 .3	0 .1	0 .9	0 .2	6 2.7%
Column Total		35 15.5%	11 4.9%	3 1.3%	34 15.0%	6 2.7%	226 100.0%

(table continues)

(Continued)

ORIENT	Count / Exp Val	TYPE ESTJ 13.00	ESFJ 14.00	ENFJ 15.00	ENTJ 16.00	Row Total
1.00 Family systems		1 1.5	2 2.4	8 5.3	2 2.9	41 18.1%
2.00 Logotherapy		0 .0	0 .1	0 .1	0 .1	1 .4%
3.00 Adlerian		0 .5	1 .8	1 1.8	1 1.0	14 6.2%
4.00 Existential		0 .2	1 .3	0 .8	0 .4	6 2.7%
5.00 Cognitive/Behavi		1 1.7	3 2.7	3 6.0	6 3.3	47 20.8%
6.00 REBT		2 .4	0 .6	0 1.3	0 .7	10 4.4%
7.00 Psychoan./Obj. R		0 .2	0 .3	2 .6	0 .4	5 2.2%
8.00 Jungian		0 .3	0 .5	2 1.0	0 .6	8 3.5%
9.00 Cognitive		1 .4	1 .6	0 1.4	1 .8	11 4.9%
10.00 Gestalt		0 .4	2 .6	2 1.3	0 .7	10 4.4%
11.00 Brief/Strategic		0 .3	0 .5	1 1.0	1 .6	8 3.5%
12.00 Humanistic		1 1.2	1 1.9	6 4.2	0 2.3	33 14.6%
13.00 TA		0 .0	0 .1	1 .1	0 .1	1 .4%
14.00 Behavioral		1 .0	0 .1	0 .1	0 .1	1 .4%
15.00 Reality Therapy		1 .7	1 1.2	2 2.6	3 1.4	20 8.8%
16.00 Transpersonal		0 .1	0 .2	1 .5	1 .3	4 1.8%
17.00 Other		0 .2	1 .3	0 .8	1 .4	6 2.7%
Column Total		8 3.5%	13 5.8%	29 12.8%	16 7.1%	226 100.0%

Number of Missing Observations: 0

Table A6

Chi-squares Demographics by Directiveness

```
recode direct (1 = 2) (5 = 4).
value labels direct 2 'non-    direct' 3 '  mid' 4 'direct'.

crosstabs /tables gender by direct /cells count expected resid
/statistics chisq.
```

GENDER by DIRECT

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GENDER	Count / Exp Val / Residual	DIRECT non-direct 2.00	mid 3.00	direct 4.00	Row Total
Male	.00	10 10.9 -.9	20 23.7 -3.7	33 28.4 4.6	63 27.9%
Female	1.00	29 28.1 .9	65 61.3 3.7	69 73.6 -4.6	163 72.1%
Column Total		39 17.3%	85 37.6%	102 45.1%	226 100.0%

Chi-Square	Value	DF	Significance
Pearson	1.91247	2	.38434
Likelihood Ratio	1.91201	2	.38443
Mantel-Haenszel test for linear association	1.18632	1	.27607

Minimum Expected Frequency - 10.872

Number of Missing Observations: 0

```
recode years (3 = sysmis).
crosstabs /tables years by direct /cells count expected resid
/statistics chisq.
```

YEARS by DIRECT

Page 1 of 1

YEARS	Count / Exp Val / Residual	DIRECT non-direct 2.00	mid 3.00	direct 4.00	Row Total
Less than 5	.00	6 4.7 1.3	10 10.3 -.3	11 12.0 -1.0	27 12.3%
5 to 10	1.00	8 10.7 -2.7	28 23.7 4.3	26 27.6 -1.6	62 28.2%
More than 10	2.00	24 22.6 1.4	46 50.0 -4.0	61 58.4 2.6	131 59.5%
Column Total		38 17.3%	84 38.2%	98 44.5%	220 100.0%

Chi-Square	Value	DF	Significance
Pearson	2.57709	4	.63089
Likelihood Ratio	2.57743	4	.63083
Mantel-Haenszel test for linear association	.22240	1	.63721

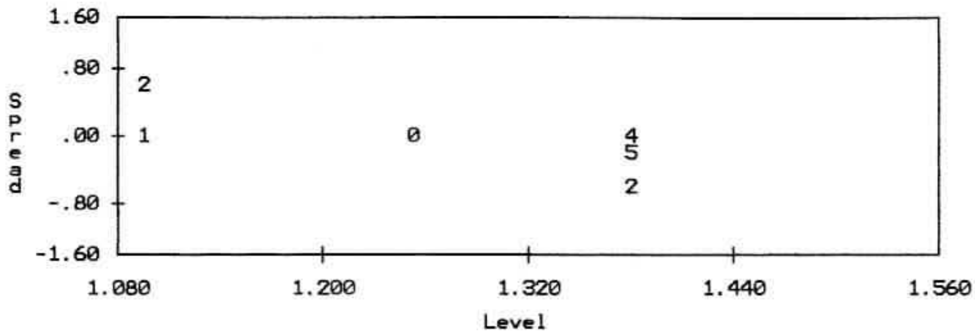
Minimum Expected Frequency - 4.664
Cells with Expected Frequency < 5 - 1 OF 9 (11.1%)

Number of Missing Observations: 6

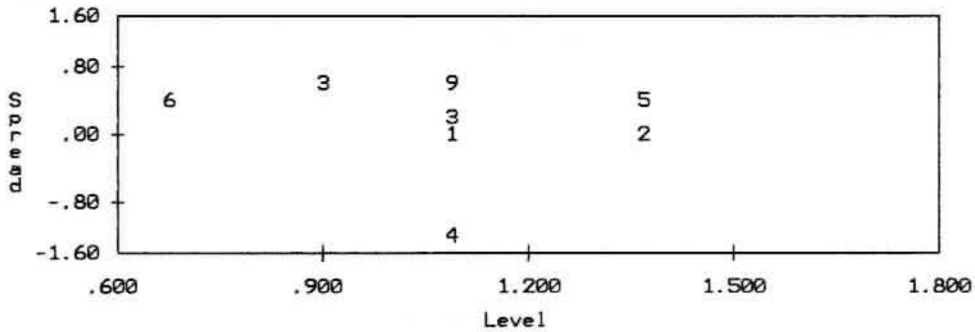
Table A7

Levene's Test for Homogeneity of Variances

```
examine direct by type /statistics none /plot spreadlevel.
Dependent variable:  DIRECT
Factor variables:    TYPE
```




```
* Plot of LN of Spread vs LN of Level.
Slope =  -1.926          Power for transformation =   2.926
Test of homogeneity of variance              df1      df2            Significance
Levene Statistic                   .6784      13      212                 .7832
-----------------------------------------------------------------------------------
examine direct by orient /statistics none /plot spreadlevel.
Dependent variable:  DIRECT
Factor variables:    ORIENT
```




```
* Plot of LN of Spread vs LN of Level.
Slope =   -.446          Power for transformation =   1.446
Test of homogeneity of variance              df1      df2            Significance
Levene Statistic                  1.3416      13      209                 .1909
-----------------------------------------------------------------------------------
```

Appendix B: Cover Letter and Demographic Form/Likert Scale (reduced size)

1526 Boonslick Road
St. Charles, MO 63301
(314) 949-5364

Dear Counselor:

Congratulations! You have just won the lottery -- sort of. Let me explain.

My name is Bill Tayon, and I am a student in the Master of Arts in Professional Counseling program at Lindenwood College in St. Charles, MO. I have completed all of my course work and practicum hours, and now I am doing my thesis. The topic of my thesis is examining if there is any relationship between a counselor's Myers-Briggs type and his or her self-reported level of directiveness in counseling. Surprisingly enough, this is a topic that I have not been able to locate in the professional literature, so I'm breaking new ground here.

The subjects for this endeavor consist of a random sample of one-third of all of the Licensed Professional Counselors in the state of Missouri. You are one of the 440 LPCs out of the total population of 1319 who were selected in a random sort by the Missouri Division of Health Resources.

For my purposes, I needed a "working description" of directiveness, and Linda Seligman provided an excellent one in her 1990 book Selecting Effective Treatments:

> The directive approach encompasses such techniques as systematic desensitization, flooding, positive reinforcement (for example, token economies, contingency contracting, and extinction), strategic techniques (such as suggestion, paradox, metaphor, humor, and homework assignments), and cognitive techniques. In all these approaches, the therapist assumes an authoritative stance, clearly defines target concerns, and designs a specific program to change overt and covert symptoms. The experiential [non-directive] model, on the other hand, avoids what some view as manipulation of clients by focusing on the therapist-client interaction and allowing the client to guide the therapeutic process. This approach emphasizes catharsis and abreaction, ventilation, empathy and reflection of feeling, support, affection, praise, and unconditional positive regard.

(continued on back...)

> Some approaches fall in the middle of the directive/experiential continuum. In psychoanalysis, for example, the therapist is clearly an authority figure, but some of the techniques used, such as free association, are experiential (p. 15).

I realize that a counselor's level of directiveness may vary from client to client. What I am examining in this study is the counselor's own perception of his or her *overall* level of directiveness in the counseling process. Accordingly, I have devised a single five-point Likert scale (since I will be running chi-square analyses, please do not indicate an "in between" position, such as 2.5 or 3.5).

Enclosed you will find a form with a demographic checklist and the Likert scale; a Myers-Briggs Form G booklet and answer sheet; and a self-addressed, stamped reply envelope. I only need you to return the demographic/Likert form and the Form G answer sheet. It should take about 20-30 minutes to complete. For purposes of methodological consistency, I need you to complete the Myers-Briggs Form G, even if you already know what your type is. I realize that your time is valuable (and probably in short supply), so I truly, *truly* appreciate your assistance in this endeavor, which will contribute to the knowledge base of counseling and has direct implications in counselor education and multiculturalism (much of the research on directiveness has to do with cultural expectations of counselor directiveness).

After the thesis is completed, I will send you a copy of the abstract, along with the results of your Myers-Briggs. If you have any questions or concerns, please write or call me. If you would rather discuss this with my academic adviser, her name is Pam Nickels, Ed. D., LPC, and her office number at Lindenwood College is (314) 949-4956. Thank you again for your time and assistance. Hopefully I'll be joining you in about two and a half years.

Sincerely,

Bill Tayon

Control Number _____

Demographics

Please indicate the following information with a check mark (one each):

Ethnicity:
- ☐ (0) White, non-Hispanic
- ☐ (1) African-American
- ☐ (2) Hispanic
- ☐ (3) Asian-American
- ☐ (4) Native American
- ☐ (5) Other

Gender:
- ☐ (0) Male
- ☐ (1) Female

Number of years in practice:
- ☐ (0) Less than 5 years
- ☐ (1) 5 to 10 years
- ☐ (2) More than 10 years

If you had to choose *one* of the following theoretical orientations (and if managed care was not a factor), which one would you choose?
- ☐ (1) Family systems
- ☐ (2) Logotherapy (Frankl)
- ☐ (3) Adlerian
- ☐ (4) Existential (May/Yalom)
- ☐ (5) Cognitive/behavioral
- ☐ (6) REBT (Ellis)
- ☐ (7) Psychoanalytic/object relations
- ☐ (8) Jungian
- ☐ (9) Cognitive
- ☐ (10) Gestalt
- ☐ (11) Brief/strategic
- ☐ (12) Humanistic (Rogers)
- ☐ (13) TA
- ☐ (14) Behavioral
- ☐ (15) Reality therapy
- ☐ (16) Transpersonal

Directiveness

In general, how directive are you in your approach to counseling? Please indicate by circling the appropriate number below:

Highly Non-directive				Highly Directive
1	2	3	4	5

Confidentiality and Informed Consent: No information which identifies individual participants or their responses will be provided in any writings on this study; results will be reported in aggregate form only. Participation in this study is entirely voluntary, and may be withdrawn or refused at any time. By completing and returning the enclosed forms, the participants acknowledge that they understand the nature and purpose of the study, and are freely agreeing to participate.

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