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The Psychological Type of the Analyst: And its relation to analytical practice

Katherine Bradway, Ph.D. and *Joseph Wheelwright, M.D.*

Introduction

THE WIDE VARIETIES of analytic practice described in the papers presented at the 1971 Congress of the International Association of Analytical Psychology caused one participant to suggest that the overall theme might appropriately have been 'Different methods used by different analysts'. J. W. T. Redfearn expressed the hope that the Congress would devote some attention to these differences in methods. This led to informal speculations among several of the participants as to whether these differences were associated with differences in psychological type of analyst. Are thinking-intuitive types, for example, attracted more to the abstract symbolisation of archetypal terms and feeling-sensation types more to the use of concrete body terms? Do extraverts do more group therapy and introverts more meditation in their practice? Appearance of differences is not inconsistent with Jung's emphasis on the need for the therapist to go on learning 'endlessly'. He eschewed the development of a single static method, and would probably find the arguments about variations in treatment among his followers a healthy sign. The present study addresses itself to the questions: What are the variations in the practice of analysts internationally? Are differences in practice associated with geographical location of analyst? Are differences related to psychological type of analyst? To our knowledge, answers to these questions have not been offered previously in the literature.

The instruments used to provide data regarding psychological type and analytical practice were the Gray-Wheelwrights' *Jungian type survey* **(WHEELWRIGHT *et al* 6)** and a questionnaire specifically developed for the purposes of this study. The Gray-Wheelwright was selected over the Myer-Briggs Type Indicator, the other established test of Jungian psychological types, because in an earlier study comparing the two the Gray-Wheelwright produced scores in closer agreement with the criterion of self-typing than did the Myers-Briggs **(BRADWAY 1)**, in addition to being much less time-consuming to self-administer (20 to 30 minutes) and to score (about 1 minute).

The questionnaire of analytical practice consists of four parts. The first part is comprised of a group of items pertaining to identifying data

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(age, sex, etc.), typing of self, typing of current and divorced spouses, and indicating preference in typology of patients. This section is reproduced in the appendix. The second section asks participants to indicate which of eight categories of patients they work well with, and which they try not to accept into their practice. The list is made up of speciality groups and does not include adult neurotics. The third section consists of a list of 19 items that one might use in analytic practice. Respondents are asked to check whether they use the item with more than 50 per cent of their patients, between 5 and 50 per cent, or with less than 5 per cent. The fourth section considers the extent to which analysts have found certain therapies or therapy adjuncts useful to one or more of their patients, either as used by the therapist, or on referral, or in a patient's own experience.

A pilot study of 63 candidates and members of the C. G. Jung Institute of San Francisco facilitated the establishment of guide-lines for the more extensive investigation. Since over 90 per cent of the San Francisco members and candidates participated, sampling error for this group was essentially precluded. We made use of machine processing of the data with chi squares and contingency coefficients computed for all relevant relationships. The results obtained showed that many of the variables studied were not sufficiently meaningful to warrant separate consideration in further studies. For example, the need to treat members and candidates separately in the analysis of data was not indicated, so they were combined in further studies under the single identification of analyst. Nor did sex, age, academic degree or years of practice show up as significantly differentiating variables.

Adding analysts in the Los Angeles Institute augmented the number of California participants to 92. A report of the California study was presented at the 1975 annual Jungian conference in California **(BRADWAY & DETLOFF 2)**. A study focusing on theoretical considerations regarding typology together with the results of the analysis of the findings relevant to the typology of California analysts was reported in this *Journal* in 1976 **(BRADWAY & DETLOFF 3)**.

In order to obtain data for analysts outside of California, English and German forms of the Gray-Wheelwright and questionnaires were distributed to all participants attending the 1974 International Congress in London. New York members who were not at the Congress were contacted by their president. Despite the elimination of persons not sufficiently familiar with English or German to fill out the forms and the sizeable amount of time required to fill out the two forms, a large enough number of analysts participated to justify treating the data with the same data processing methods used for the California study.

The distribution of 172 participating analysts in the current international study was as follows: 63 from San Francisco, 29 from Los Angeles, 25 from New York, 30 from London, and 25 from the European Continent. It should be noted that in the New York group are included the few inter-regional

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analysts who were not members of either the California groups or the New York group. The London group includes the few analysts in Great Britain who are not members of the London Society. Most of the Continent participants were from Germany or Switzerland. Members of other groups were unfortunately limited by the fact that English and German were the only languages used in the test and questionnaire blanks. Sixty-three per cent of the total group were male, 46 per cent had the M.D. degree (29 per cent Ph.D.), 58 per cent were between the ages of 40 and 60 (26 per cent under 40), 49 per cent had been analytically oriented in their practice from 5 to 15 years (28 per cent under 5 years). Since the pilot study did not suggest that any of these variables were significantly associated with typology or aspects of practice, none were systematically included in the analysis of the international data.

The following presentation is in 3 principal parts: an investigation of incidence of psychological types among the Jungian analysts in the 5 geographical locations indicated above; a study of several variables in the practice of these analysts; and the relationship between typology of analyst and practice. The findings will be presented in this order.

Incidence of Psychological Types

One of the first items on the questionnaire that the participants filled out asked for an indication of one's own psychological type by checking introvert or extravert, thinking or feeling, sensation or intuition, and double checking primary function. The results of this self-typing were compared with participants' scores on the Gray-Wheelwright Jungian type survey (G-W.) which comprises 81 double-choice items such as 'Do you prefer to: (a) read about a thing, or (b) hear about a thing?' And, another item: 'Is your impulse to be (a) leisurely, or (b) punctual?'

A high concordance was found between self-typing and the G-W. typing, as has been true for previous studies relating the two (**BRADWAY 1**; **BRADWAY & DETLOFF 3**). Since our attempts to establish which of the two highest scoring functions on the G-W. was primary and which secondary by reference to self-typing were not successful, we abandoned using the G-W. scores as indices to differentiate between primary and secondary functions; we combined, for example, all extraverted persons with intuition scores above sensation scores and feeling scores above thinking scores together, regardless of the comparative absolute values of the intuition and feeling scores. Comparable grouping for the other function scores yields basic types on the G-W. rather than the 16 basic types which is provided by differentiation between primary and secondary function, as was obtained in the self-typing in which the participants were asked to double-check their primary functions. The agreement for the eight basic types is about 60 per cent. That is, for 60 per cent of the participants their self-typing

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without differentiation between primary and secondary function is identical with their G-W. typing. The highest agreement between self-typing and G-W. scores is, for introversion-extraversion, about 90 per cent. Even the two function dichotomies, feeling versus thinking (judging or rational functions) and sensation versus intuition (perceiving or irrational functions) have nearly 80 per cent indentical indices.

The overwhelming majority of analysts in all 5 geographical locations, regardless of whether typed by their own self-typing or by the G-W., are introverted rather then extraverted in attitude and more at home with intuition than with sensation. Feeling and thinking are more evenly distributed for all geographical locations, with a nearly 50-50 split for San Francisco and the Continent and a slight preponderance of feeling types over thinking types for Los Angeles, London and New York. **Table 1** presents the data for self-typing for the total group. Since the self-typing differentiates primary from secondary function, the data for self-typing permits classification into 16 basic types, whereas the G-W. furnishes data for 8 basic types. Because of the high agreement between the 2 indices of type, the figures for the totals in **Table 1** are also approximately representative for the 8 basic types based on the G-W.

TABLE 1 PERCENTAGES FOR 16 BASIC SELF-TYPES OF 163 ANALYSTS

(9 persons not completing the self-typing are not included)

IUF 18	IUT 14	EUF 7	EUT 4	IFS 5	IST 7	ETS 1	ESF 3

IFU 17	ITU 10	EFU 4	ETU 2	ISF 4	ITS 1	EST 1	EFS 1
Totals 35%	24%	11%	6%	9%	8%	2%	4%

I = Introvert U = Intuitive

To determine how the sample of analysts compares with a non-analytic population, we turned to the only extensive data for a non-analytic population available, namely those for an American group to whom the G-W. was administered during its development **(GRAY & WHEELWRIGHT 4)**. To maximise comparability we used the G-W. scores of our group, rather than the self-typing results presented in **Table 1**. Comparison of the G-W. scores for our group of analysts with those for the non-analytic population shows the most difference in the incidence of intuition over sensation: 70 per cent of analysts compared with 28 per cent of non-analysts obtained scores showing a predominance of intuition. Likewise, there is a greater incidence of introversion scores among the analysts: 83 per cent of the analysts compared with 55 per cent of the non-analysts. There is not so much

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difference on the thinking-feeling scale: 52 per cent of analysts and 60 per cent of non-analysts obtained scores with thinking above feeling.

A replication of a study by Plaut regarding confidence in typing oneself yielded nearly identical findings for a nearly identical number of subjects: 72 per cent of Plaut's group of 173 analysts and 70 per cent of our group of 172 analysts indicate confidence in typing themselves **(PLAUT 5)**.

The data on what an analyst believes is his or her inferior function deviate somewhat from expectancy. This item was added after the data for the San Francisco group were collected, so the San Francisco analysts are not represented. Approximately the same proportion of the analysts in the other four groups who felt confident in typing themselves responded to this question. Half of the respondents indicated sensation as their inferior function. This is a higher proportion than would be expected from the proportion indicating intuition as their primary function. This led to our looking at whether respondents always indicated their inferior function as the opposite of the function they indicated as their primary function, which would be required by Jung's typology theory. Most did, but a sizeable number did not. Nearly 1 in 4 indicated an inferior function that was not the opposite of their self-typed primary function. The most frequent departure from theory was found in typing self as having primary feeling but as having inferior sensation. The next most frequent discrepancy was typing self as having primary sensation but as having inferior feeling. So sensation and feeling are often experienced as opposite ends of the hierarchy of availability of functions. We have heard analysts argue as to whether this is possible in personality structure. Some insist that it is not, whereas others insist that whether or not it is consistent with theory, it is consistent with their subjective experience.

We wish to refer briefly to three sub-studies which were made, one having to do with psychological type of current and divorced spouses, one with preference in psychological type of patient, and the other with zodiac signs.

Our only index of typology of spouses is the typing of them by the analysts to whom they are, or were, married. Two essential criteria obtain in such data: the Jungian sophistication of the typer and the familiarity of the typer with the typee. However, we should keep in mind that our results refer to the analysts' perception of their spouses.

Seventy-three per cent of the participants filled in data regarding the typology of their current spouses. Of these spouses, 67 per cent are typed as introverted, which is less than the 76 per cent of analysts who typed themselves as introverted, but not to a statistically significant degree. A statistically significant difference was found, however, for both the judging function ($p = <.05$) and perceiving functions ($p = <.001$). The percentage in which feeling predominates over thinking is 71 per cent for current spouses compared with 59 per cent for analysts. The percentage

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in which intuition predominates over sensation is 55 per cent for current spouses as compared with 76 per cent for analysts. Despite the demonstrated differences, it will be noted that all three comparisons indicate that analysts and current spouses deviate in the same direction from a 50-50, or half and half, distribution of the opposing dichotomised typologies. The modal typology for both analysts and current spouses is introverted with feeling and intuition predominating over thinking and sensation. The data do not support the contention that we had previously held that one tends to marry one's typological opposite. Apparently this is not true for a majority of analysts, at least not as they perceive their spouses.

Comparison of the spouses from whom analysts have become divorced with spouses to whom analysts are currently married shows a greater incidence of extraversion, thinking and sensation among divorced spouses than among current spouses. However, since the number of divorced spouses on whom there are data is only 35, of which 26 are from California, computation of statistical significance of differences for the total group is not warranted. A study of these data for the California group is being made by Dr Wayne Detloff.

A somewhat related area to spouse selection is patient selection or preference. Analysts in all 5 geographical locations prefer introverts overwhelmingly over extraverts, feelers over thinkers, and intuitives overwhelmingly over sensates. Thus, the patients preferred by most analysts are introverted and intuitive, just like most analysts are and like the majority of current spouses are. These data may cause us to ponder over the self-perpetuation of introverted intuition in the Jungian community and question what this means in terms of isolation and/or exclusiveness.

A third sub-study related to type rather than to practice of analysis is incidence of zodiac signs among the participating analysts. Although neither of the authors is among the analysts who make reference to individual zodiac signs in the practice of analysis, we think the obtained data merit being included in this report. In the pilot study of San Francisco analysts, Taurus and Virgo outnumbered the other signs. When these were combined with Capricorn under the element heading of earth signs and compared with fire, water and air signs, a greater-than-chance incidence of earth signs obtained. A similar preponderance of earth signs was found for the Los Angeles group. The total incidence of earth signs among California analysts was greater-than-chance expectancy to a statistically significant degree.

The predominating element signs among analysts in London and on the Continent is water: Cancer, Scorpio and Pisces. New York does not conform with either California or Europe in this regard. Its slightly predominant element sign is fire, which is also the element category in which Jung's sign of Leo falls. Applying tests of statistical significance to these data shows a statistically significant difference at the level of .03 between California as one group and the other three locations grouped together as one group,

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with earth predominating in the California group and water in the outside-California group. Moreover, a statistically significant difference at the level of .02 was found between United States as one group and Europe as one group, with earth predominating in United States and water in Europe. So, regardless of which grouping is used a valid difference obtains, with California predominating in earth signs and Europe in water signs. The level of .02 indicates that the difference would occur by chance fewer than 2 times in 100 comparable samples. It deserves noting that both earth and water are associated with the feminine principle.

Analytic Practice

The first of the 3 lists of aspects of practice to be considered relates to which of 8 categories of patients analysts think they ‘work well with’ and which they ‘try not to accept’ in their practice. As shown in **Table 2**, more than 10 per cent of the analysts indicate they work well with at least 1 of the categories. The range is from 12 per cent for alcoholics to 49 per cent for adolescents. Fewer than two-thirds indicate they try not to accept any one of the 8 categories. The range is from 63 per cent for alcoholics to 24 per cent for terminally ill. Analysts apparently feel least competent with, and try most to avoid treatment of, alcoholics. Some statistically significant relationships beyond the level of .01 ($p = <.01$) were found between geographic location of analyst and three categories of patients in this section: patients past 70 for which ‘work well with’ is most frequently checked by San Francisco and Los Angeles analysts (both 35 per cent) and least frequently

TABLE 2 PERCENTAGES FOR KINDS OF PATIENTS THAT ANALYSTS WORK WELL WITH

(172 Analysts: SF 63, LA 29, NY 25, London 30, Continent 25)

Instructions were: ‘Check to show kinds of patients with whom you think you work well, and those whom you try not to accept into your practice’

Work well with	**I try not to accept**	
22%	59%	Children
49	27	Adolescents
23	29	Past 70 years
35	40	Psychotic
12	63	Alcoholic
36	37	Character disorders
26	24	Terminally ill
13	57	Hospitalised

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by the Continent analysts (4 per cent); character disorders for which 'work well with' is most frequently checked by London (70 per cent) and least frequently by Los Angeles (14 per cent); hospitalised patients for which 'work well with' is most frequently checked by Los Angeles (21 per cent) and London (20 per cent) and least frequently by San Francisco (6 per cent).

Sex differences in analytical practice were not routinely checked because the pilot study of San Francisco analysts indicated an absence of significant sex differences. However, the data for 3 items in this section for which inspection suggested the possibility of significant sex differences were submitted to statistical analysis. The only category yielding a statistically significant difference beyond the level of .05 was working well with children. Twenty -nine per cent of females, as compared with 18 per cent of males, checked that they worked well with children.

TABLE 3 PERCENTAGES FOR ANALYSTS USING VARIOUS ITEMS IN THEIR PRACTICE

Instructions were: 'Check each of the following according to the percentage of individual patients with whom you use each'

Used with more than 50% of patients	**Used with less than 5% of patients**	
91%	1%	Dreams
11	23	Expression in non-verbal art form (such as painting)
4	44	Expression in verbal art form (such as poetry)
2	86	Sand-tray
15	28	Active imagination (not included in above items)
15	37	Diaries or other written reports
3	73	Rôle-playing
9	57	Comforting by touch
22	29	Self revelation to patient (such as dreams and feelings)
25	32	Intense relationship with patient
23	26	More than one visit per week
12	73	More than two visits per week
		Interpretations or making connections in terms of:
46	11	Archetypes
60	5	Transference
23	37	Body language
12	54	Synchronicity
28	26	Typology
3	83	Astrological signs
55	10	Reference to process (as opposed to content)

The results for the 20 items of the next section of the questionnaire

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are shown in **Table 3**. The respondent is asked to check each item according to whether he or she uses it with more than 50 per cent of patients, or with 5 to 50 per cent of patients, or with less than 5 per cent of patients. As indicated in **Table 3**, approximately 90 per cent of the analysts checked that they used dreams with more than half of their patients. This means, of course, that 10 per cent of the analysts use dreams with fewer than half of their patients. Dream interpretation was the most universally used item on the list. Other items used by the majority of analysts with more than half of their patients are 'making connections with reference to transference', and 'making connections with reference to process (as opposed to content)'. Moreover, it is rare that an analyst does not refer to transference or does not refer to process in making connexions or interpretations with at least some patients. So most analysts focus on both transference and process in addition to dreams of their patients. Sand-tray, rôle-playing and astrological signs are the least frequently used of the items on the list.

The data for number of visits per week with patients deviate from what was probably true several years ago. One visit per week is the usual current practice. Only 1 in 4 analysts sees more than half or the majority of their patients

more often than once per week, and only 1 in 10 sees the majority of their patients twice per week. These items are significantly related to geographical location of analyst at levels beyond .001. More than half of the London group (56 per cent) sees the majority of their patients oftener than twice per week. Frequency of visits for majority of patients is relatively high for the Continent group (13 per cent more than twice per week; 70 per cent more than once per week). Frequency of visits for majority of patients is lowest in New York and Los Angeles (nil per cent more than twice per week; less than 7 per cent more than once per week).

Speculation as to the reasons for the relatively low frequency of visits would probably include economic considerations, desire to avoid dependency and regression of patients, preference for serving more patients over seeing fewer with greater frequency.

Other statistically significant relationships between geographical location and practice of analyst at levels beyond .01 are found for 'making interpretations in terms of typology', with the highest use of typology with majority of patients in San Francisco (53 per cent) and lowest with majority of patients in London (18 per cent) and Los Angeles (4 per cent); 'self-revelation to patient', which is highest with majority of patients in San Francisco (33 per cent) and lowest for the Continent (10 per cent) and London (8 per cent); and 'use of body language in making interpretations', which is highest with majority of patients in London (57 per cent) and lowest in Los Angeles (4 per cent). It should be noted that to reduce the complexity of presentation the percentages cited here are limited to those pertaining to the analysts' practice with the majority of their patients but that the statistical significances of differences are based on all of the data:

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use with less than 5 per cent of patients, with 5 to 50 per cent of patients, and with the majority or more than 50 per cent of patients.

The final section of the questionnaire also has to do with kinds of practice but uses a different format. We were trying to study not only whether the analyst actually performs an item, as in the preceding section, but whether or not the analyst has experienced the item as valuable for patients. The list

TABLE 4 PERCENTAGES FOR USEFULNESS OF THERAPLES OR THERAPY ADJUNCTS

Instructions were: 'Check those items in the following list that you have found useful to one or more of your patients:

under *Self* if you have performed the item for or with the patient,

under *Refer* if you have referred a patient to someone else for it,

under *Other* if neither Self nor Refer applies, but you have found a patient's experience with the item helpful to him/her.'

Self or refer	**None**[1]	
60%	25%	Family therapy
63	16	Group therapy
28	57	Confrontation therapy
14	66	Marathon therapy
32	56	Sex therapy or treatment of sexual dysfunctions
21	67	Behaviour therapy
34	40	Body involvement therapy or techniques
9	79	Biofeedback
63	27	Drugs (specific for psychiatric conditions)
18	73	Hypnosis
27	39	Meditation
51	42	Psychological testing
24	58	Horoscopes
7	81	Chirology (hand analysis or 'palmistry')
9	79	Graphology (handwriting analysis)
50	29	I Ching
11	66	Tarot cards

includes some items which might reflect adoption of, or new attitudes towards, different kinds of therapy which today are being used both exclusively and as adjuncts to the traditional one-to-one dialogue. As shown in **Table 4** the list of 17 items includes a wide variety of such adjuncts or therapies. The instructions are to check an item under the column labelled 'self' if the respondent has performed the item for or with one or more patients; under 'refer' if the respondent has referred one or more patients to someone else for it, and under 'other' if neither self nor refer applies, but

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[1] Indicates that none of the three choices was checked.

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the item has been found valuable for one or more patients. In **Table 4** figures for self and refer have been combined into the first column, thereby eliminating the problem of differentiation between physicians and psychologists on the two items regarding drugs and psychological testing. The 5 items checked the most frequently with half or more of the analysts indicating they had for at least one patient performed the item themselves or referred the patient to someone else for the item were: group therapy (63 per cent), psychiatric-drug medication (63 per cent), family therapy (60 per cent), psychological testing (51 per cent) and I Ching (50 per cent).

Statistically significant relationships at levels beyond .001 between geographical location of analyst and items in this section were found for: psychiatric-drug medication, which is most frequent in San Francisco (87 per cent or refer) and least in New York and on the Continent (44 per cent self or refer); meditation, which is most used in Los Angeles (48 per cent self or refer) and on the Continent (40 per cent self or refer) and least in London (10 per cent self or refer); I Ching, which is most frequently checked in New York (88 per cent self or refer) and Los Angeles (76 per cent self or refer) and least on the Continent (24 per cent self or refer); and use of horoscopes, which is most in Los Angeles and New York (52 per cent self or refer) and least in London (3 per cent).

We looked for patterns of similarities between groups, e.g., whether Los Angeles and San Francisco are generally alike, or New York and the Continent, etc., but found no significant consistencies in these kinds of comparisons.

Relationship between Practice and Psychological Type

The next area for consideration, and the area in which we were initially the most interested, is the relationship between kind of practice and psychological type of analyst. The methodology of analysing the data for this part of the study was the most challenging and we are indebted to Dr Wayne Detloff for most of the planning for it.

Despite the fallibility of our indices, self-typing and G-W. scores on the one hand and the checklists on the other, the data yielded some statistically significant measures of relationship between the two sets of variables: typology and analytic practice. Our focus will be limited to statistically significant results or especially relevant tendencies that approach statistical significance. It should be noted that the typology index given the most credence was that there was agreement between self-typing and G-W. score. And the chi square probability set for statistical significance was one of .05 or better, meaning that the indicated relationship would occur by chance fewer than 5 times in 100 comparable samples. As indicated in **Table 5**, significant differences were found between extraverts and introverts and between intuitive and sensation types. Extraverts more than introverts use

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verbal art forms and diaries, enter into intense relationships with patients, comfort by touching the patient, use typology in making connections or interpretations. Although astrology is infrequently used by analysts, those who do use it are much more likely to be extraverted than introverted. In our study of California analysts we found that extraverts showed a significantly higher regard for family therapy and group therapy than did

TABLE 5 SUMMARY OF RELATIONSHIPS BETWEEN PSYCHOLOGICAL TYPES AND ASPECTS OF ANALYTICAL PRACTICE

	I	E	U	S	F	T
WORKS BETTER WITH						
Character disorders				X		
Adolescent			X			
MORE FREQUENTLY USED						
Verbal Art Forms		X				
Diaries		/				

Rôle playing		X
Comforting by touch	/	
Intense relationship	X	
Interpret: Typology	X	
Astrology	/	
Non-verbal Art Forms		X
HIGHER REGARD FOR		
Family Therapy		X
Group Therapy		X
Body involvement techniques		X
Chirology	/	
Graphology	/	
Marathon therapy		X

I = Introvert; U = Intuitive

X = statistically significant at .05 level or better

/ = strong tendency

introverts, but this relationship did not reach a statistically significant level in the international data.

Two adjuncts which are more important to introverts than to extraverts are chirology or hand analysis and graphology or handwriting analysis. Neither of these is used by many analysts, but all 12 analysts who do use chirology themselves or have referred patients to others for it scored introvert on the G-W. And all 16 who do graphology themselves or have referred patients to others for it scored introvert on the G-W. No other significant relationships were found between attitude type and analytic practice.

Turning to the intuitive-sensation differentiation, we find that analysts

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with higher sensation like to work with character disorders more than do intuitives. The intuitive, on the other hand, likes to work with adolescents more than do sensates.

As it is for the extraverts, it is apparently the intuitives who are making more use of variations in therapy than are their counterparts. Intuitives as compared with sensates make more use of, or show higher regard for, rôle-playing, non-verbal art forms, family therapy, group therapy, body involvement techniques and marathon therapy.

No statistically significant relationships between the feeling-thinking dichotomy and analytic practice were found.

Discussion and Summary

Despite the suggestion that Jungian analysts are perhaps isolated by their introversion, and the evidence that analysts are not only preponderantly introverted intuitive but that they marry introverted intuitives and select patients who are introverted intuitives, thus narrowing both their social and professional exposure to certain other segments of the population, this survey of analytic practice shows that Jungian analysts are far from being narrow or constricted in their practice.

All the special categories of patients listed on our questionnaire are represented in the practice of Jungian analysts. In fact, more than one out of 10 feel they work well with at least one of the 8 categories. Use of dreams is the expected hallmark of Jungian analysts, but although some analysts apparently feel they cannot conduct a proper analysis unless patients bring in at least some dreams, not all analysts feel this way. Some make a point of not asking for dreams, as was commented on in the discussion at the 1977 Congress, and as exemplified in the written comment of one of the participants in this study that he pays attention to dreams if a patient voluntarily brings them in, but otherwise gets along without them.

Making interpretations in terms of transference and in terms of process, although not equal to dreams in importance to Jungian analysts, is predominant in the practice of most analysts. What is perhaps of most significance is that at least some analysts use each of the listed kinds of therapy with most of their patients. The list was comprised with the help of candidates and members of the San Francisco group to include a wide range of practices that therapists of orientations other than Jungian are championing. The results indicate that Jungian analysts are keeping aware of therapies introduced outside of their own area of focus. These data also indicate use of referrals for some

kinds of therapies and regard for many other kinds that analysts might not be performing themselves. A few analysts wrote on the questionnaire comments indicating disapproval of some of the therapies listed, but it is clear that as a group Jungian analysts are open to therapeutic practices that are not traditionally Jungian in nature.

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Although some kinds of practice are significantly more frequent in certain geographical areas than in others, there are no kinds of practice that are exclusive to one area or one group. It may be reassuring to know that our groups are not remarkably different in practice from each other. We are influenced by, and influence, each other. It appears that differences within groups may be as great as differences between groups.

Psychological type of analyst is significantly related to some practices, but most of the items are practised by a wide range of psychological types of analysts. The fact that the practice of extraverts tends to be more varied than that of introverts has implications in view of the predominance of introversion among analysts. On the other hand, the practice of intuitives tends to be more varied than sensates; and the overwhelming majority of analysts are intuitives.

It is important to note that we did not include all varieties of practice that obtain among analysts. Some participants wrote in other varieties or innovations in the space provided for such comment. Several suggestions pertained to family relationships, such as 'family dynamics', 'family analysis in terms of myth, script, etc.', 'imagining family therapy', 'reconstruction of experience in the family (especially infant) within the transference'. Other suggestions indicating concern for personal interactions included 'psychodrama', 'the real situation or day-to-day happenings'. These comments and suggestions must reflect the honouring of outer relationships in addition to what goes on in the inner life of patients.

Overall, the data suggest that there is room for open discussion of our differing practices and this seems to have been happening with increasing frequency in the triennial congresses of the International Association. It is apparent that these congresses are indeed devoting attention to differences in analytic practice.

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Appendix

QUESTIONNAIRE OF ANALYTIC PRACTICE: PART I

Print name of Jungian Group to which you belong:_____

1. Please check: squ Male squ Female squ M.D. squ Ph.D. squ Other_____
2. Age: squ Under 40 squ 40 to 49 squ 50 to 59 squ 60 or more
3. Astrological sign (or birthday):_____

4. Number of years your practice has been analytically (Jungian) oriented: squ Under 5 squ 5 to 10 squ 10 to 15 squ More than 15
5. Show what you think your type may be by checking one of each pair below, and then putting a second check in front of your best or primary function. (Two single checks and one double check).

   squ I (Introvert) or squ E (Extravert)

   squsqu T (Thinking) or squsqu F (Feeling)

   squ S (Sensation) or squU (Intuition)
6. Are you reasonably confident of the above checks? squ Yes squ No

   * If confident of what your inferior function is, check one: squ T squ F squ S squ U

7. Check what is probably your spouse's type:

   squ I or squ E
   squ T or squ F
   squ S or squ U

8. (Optional) Type of divorced spouse

   squ I or squ E
   squ T or squ F
   squ S or squ U

9. Check your preference in type of patient:

squ I or squ E
squ T or squ F
squ S or squ U

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* Not included in form used for San Francisco group

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