

Applications of the Enneagram to Psychological Assessment

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Introduction

The Enneagram, as a model of human perception encompasses both the human and transpersonal dimensions of our experience. The concepts span normal and higher functioning as well as dysfunction. The core issues of the types integrate with our traditional system of categorizing patterns of persistent personal dysfunction for which we commonly and professionally use the term, personality disorder. This Enneagram model parallels and integrates definitions of pathologically-oriented definitions of personality, thereby reinforcing an understanding of a vast spectrum of human functioning that ranges from poorly adaptive to life circumstances and severely impaired, to highly and creatively functioning, the kind that we have termed "self-actualizing". It connects the ancient notions of vices to associated virtues, and supports self acceptance of one's patterns as a starting place for personal growth.

The DSM and the Enneagram

The Diagnostic and Statistical Manual of Mental Disorders (DSM)(1), in all of its revisions, focuses on human impairment as a function of perception, thoughts, feelings and behaviors. Description of dysfunction is the purpose of the text. The features consistently emphasized in describing personality disorders are that they are: deeply ingrained and have an inflexible nature; are maladaptive to life situations, especially in interpersonal contexts; and are relatively stable over time. Such patterns significantly impair a person's ability to function socially and occupationally and cause distress to those who are close to the person.

The concept of enduring patterns of perceiving, thinking, feeling and behaving that remain consistent through the majority of social situations also characterize the Enneagram model. However, in personality disorders, patterns not only result in social and occupational dysfunction, but they are egosyntonic; an individual is not distressed by his or her behavior; it is others who interact with the individual that feel the impact of the maladaptive behaviors. In higher functioning individuals, subjective distress develops as one becomes aware of the sense of limitation created by inflexible patterns. The beginning of self-awareness of patterns and their limitations are the lynchpins that connect the Enneagram types to the DSM categories.

The Enneagram, like the DSM, is a categorical classification that divides personality characteristics into types based on criteria sets with defining features. This naming of categories is the traditional method of organizing and transmitting information in everyday life and has been the fundamental approach used in all systems of medical diagnosis. As noted in the DSM, a categorical classification system works best when all members of a diagnostic class are homogeneous; there are clear boundaries between classes; and the different classes are mutually exclusive.

However, authors of the DSM-IV make no assumptions that each category of personality or other mental disorder is a completely discrete entity with absolute boundaries dividing it from other mental disorders or from no mental disorder. There is also no assumption that all individuals described as having the same mental disorder are alike in all important ways. The clinician using the DSM IV should therefore consider that individuals sharing a diagnosis are likely to be heterogeneous even in regard to the defining features of the diagnosis. This outlook allows greater flexibility in the use of the DSM, encourages more attention to boundary cases, and emphasizes

the need to capture additional clinical information that goes beyond diagnosis. (In recognition of the heterogeneity of clinical presentations the DSM also often includes polythetic criteria sets, in which the individual need only present with a subset of items from a longer list, e.g.' the diagnosis of Borderline personality requires only five of nine items). Finally, the DSM reminds us that it is important that descriptions not be applied mechanically by untrained individuals. The specific diagnostic criteria included in the DSMIV are meant to serve as guidelines to be further informed by clinical judgment and are not meant to be used in a cookbook fashion. Lastly, Personality Disorders are clustered by some predominate feature such as eccentric thinking or anxiety; and there is always the category of "not determinable" or NOS.

The above named principles have parallel in the clinical application of the Enneagram to clients who seek treatment for myriad reasons, but function well enough to evade the diagnosis of personality disorder. Higher functioning patients seeking psychotherapy can be more mysterious to understand, to appreciate in depth, and often to assist. The Enneagram gives touchpoints to all the activities of brief and in-depth therapies, whether cognitively, emotionally or somatically focused. Figure 1 below indicates the theoretical parallels between Enneagram type and DSM personality descriptions.

Passive aggressive. DSM Obsessive/compulsive; obsessive side dominates. Millon's active ambivalent type. Nine DSM obsessive/compulsive: Eight One compulsive side dominates. DSM sociopathic Millon's passive ambivalent type. Seven Two DSM histrionic DSM narcissistic. DSM dependent Three No DSM correlation. DSM paranoid. Workaholic; type A personality. **Five** Four DSM schizoid DSM depressed; DSM avoidant. DSM Bipolar Disorders.

Figure 1. The Enneagram of Pathology

Reprinted with Permission of Helen Palmer. © 1988 Helen Palmer. The Enneagram

Erikson's Developmental Framework for Naming the Problem

Clients and colleagues often laugh aloud when we remind each other that "problems are normal" and "common problems are common"; human adaptation is conflicted; and the expectation of life without the biopsychosocial-environmental press to adapt and evolve is a sweet delusion. Erik Erikson, with his wife Joan, spent years giving us the shorthand delineation of the human condition in which "problems are normal." At one time I had misinterpreted Erikson's stages by assuming that the psychosocial "crisis" is linked to one stage and specific to that stage. In fact, Erikson confirmed that all eight developmental issues are continuously relevant throughout life. (2). By linking a particular crisis to a particular age, he is only indicating that the crisis becomes most salient at that age, taking center stage, but not eclipsing other issues at that time in life.

Stages of Psychosocial Development Illustration of the process of integration of psychosocial issues

| Infancy | Preschool | | School | Adolescence | | Adulthood | |
|-----------------------|------------------------------------|-------------------------|--------------------------------|---------------------------------------|------------------------------|-----------------------------|---------------------------------------|
| | | | | | | | Intergrity vs. Despair |
| | | | | | | Generativity vs. Stagnation | Engagement vs. Boredom |
| | | | | | Intimacy vs. Isolation | | Caring vs. Narcissism |
| | | | | Identity vs. Identity Confusion | | | Self-Esteem vs. Self- Rejection |
| | | | Industry vs. Inferiority | | | | Ability vs. Disability |
| | | Initiative vs. Guilt | | | | | Expression vs. Contraction |
| | Autonomy vs. Shame, Doubt | | | | | | Choice vs. Constraint |
| Trust vs. Mistrust | | | | | | | Safety vs. Suspicion, Fear |

It is more faithful to Erikson's intention to consider the stages as eight important interwoven issues in understanding personality. I have attempted to illustrate this notion in Figure 1, suggesting common presenting issues in older people as they become more frail: seeking to feel safe amid the changes; continuing to experience some control and independence in their lives; to experience energy and interest for self-expression and participation in the world; to have intimates who accept and understand them; and to accept and integrate their past history as complete, or perhaps, "good enough."

Thus when we consider the Enneagram, each type is like a different colored lens through which reality is perceived, experience is determined, and the common issues of life appear. As the Enneagram model also

indicates, Erikson saw the higher functions or "strengths" associated with, and arising from, the recurring resolution of these issues: hope, will, purpose, competence, fidelity, love, care, wisdom(3).

Self Discovery and Professional Development

You can use Enneagram training to inform your clinical practice, but probably best only after you have explored the aspects of the system for your own self-discovery. Still, rest assured, there is no need to accept fully the Enneagram model in order to be effective. Carolyn Bartlett studied psychotherapy clients who knew their Enneagram point and surveyed their satisfaction with psychotherapy experiences. These clients reported that it did not matter if the therapist knew the Enneagram, the therapists described as most helpful still intervened in ways that addressed the dilemmas of the clients' Enneagram style. (4). This finding affirms that skilled therapists intuitively provide good treatments and may imply that therapists are oriented to understanding the nature of human suffering in ways that are consonant with the Enneagram core issues. Free from the need to improve one's professional impact, there may reside in psychotherapists a continuing motivation to grow in efficiency, effectiveness, and enjoyment of clients. The Enneagram provides a rich tapestry upon which to enhance the personal experience of being a psychotherapist.

Clinical uses of Enneagram Knowledge

The Enneagram's first and most powerful use has traditionally been as a heuristic device, that is, to stimulate one's interest for further self-investigation and to encourage a person to learn and discover on their own. The basic goal and strategy of the Enneagram, at the level of the personality, is greater self-awareness. The self awareness process, when engaged in a context of nonjudgement, is the ancient and practical "perennial philosophy" which becomes a perennial psychotherapy.

Rapport. Clinicians report that their understanding of the Enneagram facilitates rapport-building. By understanding the client better and sooner, the client feels more understood and reflected. Alternately, this impression of ease in relationship building may result from clinicians' expanded observational ability alone, without reference to determination of any Enneagram pattern. In fact, many clinicians report that just being reminded, as the Enneagram does, that we all live in differing perceived realities, facilitates continuing respectful curiosity about the clients' perceptions, and facilitates development of therapeutic alliances.

Countertransference. As you know yourself, compassionately, as a human clinician with myriad motivations and reactions, countertransference is ever more illuminated. Learning to use the Enneagram skillfully often helps therapists identify their own positive and negative biases, and to recognize their impact on treatment. When threes get attached to outcomes and Twos bring you cookies, you become aware of treatment options that capitalize on your knowledge of personality style.

Moreover, while it is hard to know how we may contribute to the therapeutic mismatch which frustrates us and may inhibit the pace and depth of psychotherapy therapy, clinicians surveyed by Bartlett indicated that their greater understanding of Enneagram patterns helped them stay interested and present in a more neutral way. As an example, I find myself immediately frustrated with the impression of complaining passivity in clients with NINE pattern. This stems from my attachment to outcome, and the feeling of being barred from my goal. It has taken me years to learn that I can relax from the urge to "find it and fix it", because I recognize my SIX strategy to make myself feel safe and productive, a pattern that helped my early survival but that is now only useful sometimes. I find that I can more readily respond to the felt sense of frustration and to lend myself to the process through which a NINE reveals their truer intentions to themselves, in my supported, interested and more neutral presence. As such my clinical practice becomes my daily awareness practice.

Assessing Mental Status. Further the Enneagram model of observation fits with how we were all trained to attend to interactive styles of patients and to extract impressions of mental status from engaging in an interview. Enneagram styles are particularly revealed in the patients' interactive style and attitude toward the examiner;

their affective expressions; their themes and preoccupations, and their talking style. These aspects of the assessment have been delineated by many clinicians and Enneagram educators.

For example, both Eli Jaxon Baer, (5) listed first below, and Richard Rohr (6), listed second, have described clients' talking styles as reflective of type.

Talking Styles by Type

Jaxon-Baer Rohr

1 Preaching: Moralizing

2 Advising: Flattering, advising

3 Propaganda: Wooing, inspiring, impressing advice

4 Lamentation: Lyrical lamentation5 Treatise: Explaining, systematizing

6 Setting limits: Warning, limiting
7 Stories: Garrulous, storytelling
8 Laying trips: Challenging, unmasking
9 Saga: Monotonous, rambling

Insight. The Enneagram also illuminates the therapists customary listening for the degree of intellectual insight, which includes patients' understanding of how they adapt and how they suffer; their awareness of personal wishes, fantasies, and defenses; and their ability to distinguish these from perceptions and interpretations of external events. Further, in our evaluation of emotional insight; i.e. patient's awareness of their own motives and deep feelings, patterns of emotionality can be appreciated. In the assessment process itself, many patients intuit the patterned nature of their and others behaviors in a way that confirms for oneself the Enneagram as an exhaustive construct, and self awareness as a powerful cognitive and emotional restructuring tool.

Psychospiritual motivation for consultation. The Enneagram points to and describes the more spiritual possibilities of human development, beyond symptom removal and ego strengthening. If the goal of therapy is improved personality functioning, one can work in that direction. If indeed spiritual/existential inquiry is needed and arises, the therapist and client have the opportunity to explore disidentification from limiting patterns. That is, the recognition of their Enneagram Type can help clients disidentify from their patterns of thoughts, feelings and behaviors as definitions of their deepest self. As the therapist reframes patterns as adaptive ones that have some limitations now, like the feeling of an outgrown shoe, the patient can more readily let go of self-judgment and recognize their virtues.

Summary. The Enneagram is a description of normal and high-functioning human development; and as such it gives us a fleshed out view of human potential that is rooted in normal or current functioning. The Enneagram relates to and extends the notion of personality as described in psychology as patterned disorders. As such, it relieves personality descriptions from the focus on pathology, and identifies strengths and virtues. Further, the method and treatment goals of the Enneagram are unitary. They are self-awareness that leads to self-understanding, self-direction, and self-care. These are the traditional goals of the "talking cures". The Enneagram model and method are transportable. In other words, each of us can conduct our self awareness process without dependence on an agent. With curiosity and compassion, daily life becomes psychotherapeutic of insights and ever more conscious choosing. Finally, the Enneagram describes higher states, suggesting that observation and appreciation of one's pattern can lead directly to the experience of one's humanity that is non-isolating, but rather, ego-transcendent.

Surveys of Enneagram Type: Instruments and Validity Studies

Jerome Wagner has spent much of his career adding theory and empirical refinement to the Enneagram types as discrete constructs. He conducted perhaps the first empirical study of the Enneagram psychology of personality as a doctoral dissertation at the University of Chicago, which he completed in 1981(7). He developed an

Enneagram survey of personality styles, and with others has supplied substantial validation research. His results support the stability of type over time and the concurrent validity of Enneagram type with other personality measures. In sum, there is a body of research that both satisfies both the rigorous requirements of test development, and contributes substantially to the validation of the Enneagram theory.

The Enneagram view of personality posits one core style that defines an individual's personality with its perceptions, emotions, and behaviors that endure over time, events and relationships. Thus, Enneagram typing instruments are expected to reflect traits that are relatively stable. However, some variation over time is expected because the Enneagram-based view of personality is also developmental, and allows for changes in relative emphasis on different characteristics at different times and in different contexts. Initially, Wagner studied 390 adults who knew the Enneagram system. Subjects were asked to report on their original and current self determined Enneagram point, with time lapse from learning the Enneagram ranging from three months to nine years. The respondents averaged 85% agreement about their type in the past and the present. Thereafter, Wagner developed the first formally constructed survey of Enneagram type, most properly called a descriptive preference test.

The Wagner Enneagram Personality Style Scales (WEPSS) consists of 200 words and phrases that the test-taker identifies on a scale of strength of identification ranging from "almost never fits me" to "almost always fits me. Words include verbs, nouns, and adjectives such as: "marketing" "fantasy" and "self-absorbed," and phrases such as "move against" "addicted to highs" and "honor commitments." The instrument was developed and refined over twenty years with English speaking populations.

Studies including factor analyses conducted during the instrument development phases suggest relatively independent factors that are very consistent with Enneagram theory and scales that have good internal consistency. Studies of the reliability included tests of internal consistency of the scales, yielding a median Cronbach's alpha of .85 for total scores (range .78-.88). Wagner points out that these results are comparable to those of most tests of personality. Additionally, test-retest correlations over eight months averaged .81, and support the proposition that the Enneagram reflects a core style, persisting over time, more trait than state. These results are typical for descriptive preference tests, and the WEPSS has been approved by the American Psychological Association (8).

Construct validity is inferred when a positive correlation is seen between a particular scale and other measures intended to reflect a similar characteristic, and when correlations with other measures intended to reflect substantially different characteristics are weak or absent. Snyder (9), administered both the WEPSS and the Thomas- Kilmann Conflict Mode Instrument to 58 individuals. The latter test assesses five conflict handling modes titled: Competing, Collaborating, Compromising, Avoiding, and Accommodating. The pattern of correlations of scores on the two measures is consistent with that which would be expected, based on the nine personality types that the WEPSS is designed to measure. "Competing" is a power-oriented mode; and Type Eight had the strongest positive correlation to this measure and Type Two had the strongest negative correlation. In contrast, on the "Accommodation" measure, in which one's own concerns are neglected in order to reach accord, Type Two had the strongest positive correlation and Type Eight the strongest negative correlation. "Avoiding" indicates that one chooses not to pursue one's own concerns; they are postponed and sidestepped; and withdrawal from conflict is preferred. On this measure Type Nine had the strongest positive correlation and Type Eight the strongest negative correlation. "Collaborating" represents an attempt to satisfy both parties by exploring disagreements, learning from insights, and negotiating to find creative solutions. Type Three had the highest positive correlation with this measure, and Type Five, the strongest negative correlation. Finally, on a measure assessing "Compromise", i.e., the spontaneous tendency to creatively give in: Type Four had the highest correlation to this measure. These significant findings by Snyder suggest that the Enneagram construct may be valid across at least some other indicators of attitude and behavioral tendency, and they support predictive validity of the WEPSS.

Predictive validity is claimed when the kind of standard criterion measure used to demonstrate concurrent validity is administered at a later time than the primary measure of interest and a consistent relationship is observed. Wagner noted the dilemma of using one's own estimate of one's type as a "gold standard" that the WEPSS should predict; but given that the Enneagram model clearly indicates self-discovery is the unitary method and goal of the psychological theory, he adopted self-determined type as the "gold standard" for predicting the validity of his test. In 13 studies, he found excellent agreement between test results and self determined style when only the highest

total score is considered and even better agreement if the highest two or three Total scores are taken into account. Because subjects in this aspect of instrument development were international, though English speaking, and were introduced to the Enneagram by a variety of teachers, the consistent coefficients, he asserts (and we agree), are "striking". (8)

Furthermore, numerous studies have compared the Enneagram Types with the Jungian Types, as measured by the Myers-Briggs Type Indicator (table 1). We conducted one such study in 1986(10). Using one way analyses of variance we found significant differences among Enneagram groups on scales of extraversion-introversion, sensation-intuition, and feeling-thinking. As would be predicted by Enneagram theory, the types were well separated on the extraversion-introversion scale. Points Three, Seven, Eight and Two were most distributed toward extraversion, and points Five, Nine, One, and Six toward introversion. Statistically, there were significant differences between point Five and all the other points. The clinical interpretation of test authors suggests that extraverts "relate more easily to the inner world of ideas that the outer world of people and things". This description fits well with the Enneagramatic description of the Point Five.

In his description of psychometric properties of the WEPSS, Wagner offered a summary of the studies of the relation of the Jungian attitudes and functions as measured by the MBTI and the Enneagram, as measured by various measures of the Enneagram Styles, including hypothetical descriptions provided by Riso and the results of six empirical studies, including the above described (Table 1). O'Leary, Palmer, and Wagner and Thrasher and Haven compared subjects Enneagram style, as self-determined through workshop experience with the MBTI. The findings demonstrate that there is a clear "congruence" or coherence between the two typologies. On the WEPSS, Style ONE is significantly associated with the MBTI Judging Type. The WEPSS TWO and FOUR Styles are consistently associated with the MBTI Feeling Type. The Five is consistently related to the MBTI Thinking and Introverted Types, and the THREE< SEVEN< and EIGHT styles all significantly related to the Entrovert Type. Other significant findings of the study also suggested convergent validity of the Enneagram Styles and the MBTI. So much interest has existed at the intersection between the Enneagram and Jungian Typology that an online journal and numerous websites explore and analyze the topic.

More recently, Daniels and Price (11) have attempted to simplify the Enneagram typing process by developing a survey based on paragraph descriptions of each Type. Each of nine paragraphs is based on logical constructs of a type, derived from the theoretical frameworks of Palmer and Daniels. Each paragraph of this instrument includes an overall worldview; an attentional style, dominant mental and emotional biases, central preoccupations, and a delineation of positive attributes of a type. The test-taker selects the most likely first, second, and third choice of paragraphs that describes them well, and proceeds thereafter with answering clarifying questions to yield a conclusion about likely Type. The test was normed on 970 US individuals who took courses or volunteered for interviews in which they were typed by experts. Predictive validity was posited by establishing "the gold standard", which was the subject's identification of their type and/ or the expert identification of type compared to the subjects' paragraph selection. Both "gold standard" indications of type, by the subject and the expert, produced significant results, suggesting that the test is valid, i.e. that users will accurately select their Enneagram type as a result of the testing process. Because each of the nine paragraphs has its own probability of accurate determination, type determination questions guide the subject to self-select the most likely Enneagram style. The full text is available in a handbook titled, The Essential Enneagram, which includes awareness processes for each type and suggests behavioral practices that increase self-understanding. This is the test that you are taking as part of this course. I hope that you enjoy this self-discovery process.

Table 1* Comparison of Various Measures of Enneagram Styles and Jungian Types as Measured by the MBTI

| Study | Riso | O'Leary (N = 414) | Palmer (N = 172) | Wagner (N = 618) | Thrasher | | Haven |
|-------|---------------|----------------------|-------------------------|-------------------------|-----------|------------|-------|
| | (theoretical) | | | | (N = 127) | (n = 51)** | |
| ONE | ET | SJ | IT | J | ISFJ | ISFJ | TJ |
| TWO | EF | F | E | F | NFP | NF | EFJ |
| THREE | | E | E | EJ | ENFJ | ENJ | J |
| FOUR | IN | INFP | F | NFP | INFP | INF | NFJ |
| FIVE | IT | INT | IT | IT | INTJ | INTJ | IN |
| SIX | IF | ISJ | INT | F | IFJ | SFJ | ITJ |
| SEVEN | ES | ENP | ENT | EN | ENP | ENP | ENF |
| EIGHT | EN | EP | ENT | ENTP | | ENF | ET |
| NINE | IS | S | I | | IN | NP | I |

Key: E = Extraverted, F = Feeling, I = Introverted, J = Judging, N = Intuiting, P = Perceiving, S = Sensing, T = Thinking.

^{*} Adapted from Wagner
** Selected sample includes subjects with convergent results from the Inneagram test, self assessment, and significant other assessment

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