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Abstract

Compatibility is one of the crucial factors that influence the effectiveness of counselling therapy. Some elements that affect therapist-client compatibility are client personality and client propensity. Hence, this quantitative study aims to investigate the relationship between client personality and client propensity towards certain therapist styles in therapy sessions. A total of 251 respondents from UKM had answered a questionnaire consisting of a personality scale, Keirsey Temperament Sorter II (KTS-II), and a client preference towards therapist styles scale, Cooper-Norcross Propensity Scale (C-NIP) via online. The findings indicated a range of low to moderate significant relationships between client personality and client propensity. Only *Intution* personality has not shown any relationship with the client propensity dimensions. *Feeling* personality revealed a moderately significant relationship towards the therapist that showed emotional reserve style in the session. The relevance of this study and its limitations are further discussed in this paper. The findings of this study can help therapists adapt their styles in accordance with client personality, thus helping to increase the effectiveness of therapy given.
Keywords: Client Personality, Counselling, Client Propensity, Therapist Style, Compatibility

Introduction

Psychotherapy and counselling therapy should be effective in helping to improve the declining of mental health and well-being today. There are various studies that examine the factors that influence the effectiveness of therapy including the competence of the therapist him/herself (Nen & Ibrahim, 2018) and the therapist's openness to issues that are not commonly brought by clients (Jamal et al., 2018) also compatibility between client and therapist. Compatibility between therapist and client is an important element in determining the effectiveness of a therapy. Past studies have shown that compatibility between therapist and client will result in positive therapeutic treatment (Sapolsky, 1965), increase congruence levels (Richert, 1983), increase comfort for doing positive self-exploration (Fry & Charron, 1980) and influence client retention rates in therapy (Flaskerud & Liud, 1991).

There are various components that can influence compatibility between therapist and client, among them include gender compatibility (Bhati, 2014; Jones & Zoppel, 1982; Mendelsohn & Rankin, 1969; Wintersteen, Mensinger & Diamond, 2005), client and therapist personality compatibility (Bare, 1987; Nelson & Stake, 1994; Taber et al., 2011), cultural background similarities (Flaskerud & Liud, 1991; Turner & Armstron, 1981) and client propensity in therapy (Jinkerson et al., 2015). Cooper and Norcross (2016) also emphasize that these client tendencies can influence the rate of therapy effectiveness and the quality of therapy given. This statement is also supported by the American Psychological Association (APA; 2006) which has outlined that client values, characteristics, culture, and client tendencies should be considered when determining appropriate psychological interventions for clients. According to past literature review, client tendencies here can be divided into several types of tendencies namely (1) client tendencies towards therapist character traits, (2) tendencies towards therapist personality, (3) tendencies towards therapist style, (4) tendencies on therapist behavior and (5) propensity toward the type of therapy being controlled (Swift et al., 2011).

There are various studies that have found a relationship between the client's personality and the client's propensity towards different types of therapy. Jinkerson et al (2015) used the MBTI personality scale and found that Thinking personality type showed a tendency to choose cognitive therapy. Jinkerson and colleagues also mentioned that the level of effectiveness of cognitive therapy for clients with a Thinking personality was higher than for clients with a Feeling personality. Heaven and Furnham (1994) also found that those high in the personality dimensions of Extraversion and Neuroticism, measured using the Eysenck personality scale tended to cognitive therapy and behavioural therapy. Accordingly, Carskadon (1979) found that clients with Feeling personality showed a predisposition to this type of humanistic therapy. Ciorbea and Nedelca (2012) in turn found that clients with ESFJ personality would tend to choose the Humanistic-Existential type of therapy whereas for clients with ENTJ personality tended to choose Ericksonian therapy that holds the key values of love maturity and salvation. Not only that, Ogunfowora and Drapeau (2008) who used the HEXACO personality scale found that clients with high levels of Conscientiousness showed a predisposition to this type of Cognitive Behavioural Therapy. A client's personality can influence his or her propensity toward certain types of therapy. This is important because knowing a client's personality can predict the level of readiness for the start of therapeutic treatment where a study by Sharazad et al (2011) using the Eysenck Personality Scale found that high neuroticism personality and low psychoticism personality are good predictors to know the level of readiness to receive intervention. Knowing the client's personality can help the therapist to assess the appropriate type of therapy given and assess the client's level of readiness to accept the intervention.

The client's personality can also determine his or her predisposition toward the therapist's equivalent personality type. Nelson and Stake (1994) who used the MBTI personality scale in their study, found that therapists and clients who had similarities between their personality types according to the Thinking-Feeling, Judging-Perceiving dimensions reported client persistence in therapy over a longer period and higher levels of therapy satisfaction. This is supported by two recent studies using the Big Five Personality Scale and found that similarity of personality dimensions between clients and therapists can result in an increase in congruence levels and satisfaction levels of therapies conducted (Anestis et al., 2019; Russell

et al., 2020). Taber et al (2011) who used the Holland Personality Scale also found a similar thing where level personality similarity had a positive effect on the level of congruence and the established therapeutic relationship. It can be concluded here that although the personality scales used are different, past studies have shown that personality similarities between clients and therapists have a positive impact on clients' experience of undergoing therapy sessions. The client's propensity also do not just stop at the client's and therapist's personality similarities. There are past studies that report in overall clients with different personalities tend to seek therapists who show the same character or personality i.e., trustworthy, sincere, honest, rapport building and empathy (Nen et al., 2022). Bare (1967) also reported that therapists who exhibit an energetic, enthusiastic personality and have a height of original thinking will influence the effectiveness of therapy and can also help therapeutic relationships to form quickly. Nelson & Stake (1994) also noted that therapists who have Extrovert and Feeling personalities are preferred by clients even if they do not have the same personality dimensions. While there are past studies that illustrate personality similarities have a positive effect on therapy effectiveness, there are also past studies that show clients are attracted to a particular therapist's personality or character and do not rely solely on personality similarities.

The client's propensity can also be influenced by the style carried by the therapist when conducting a session with the client. Ahn and Kivlighan (2021) found that clients have preference towards expressive style i.e., encouragement to the expression of feelings, thoughts, and guide them to understand the reasons behind their thoughts, feelings and even behaviours. The client's propensity towards the therapist's style is also influenced by the client's own personality. Moorhead, Cooper and Moorhead (2011) found that clients with INTP personality do not favour therapists who exhibit a directive and authoritative style, if the therapist does not have a high knowledge and dependability. Moorhead et al (2011) also reported clients with ESFJ personality incline towards therapist who gave them homework and preferred the therapist who laid out the structure while the session was in progress. Chong, Sidi and Mohamad (2021) also found that a therapist's style of using mindfulness approach is suitable for those going through the COVID-19 pandemic, where this style can help the client become calmer in managing his/ her mental function. The client's propensity are also influenced by the therapist's style produced, the client's own personality and the suitability of the situation the client is experiencing.

Cooper and Norcross (2016) have listed four things that will influence a client's propensity in therapy. First, the therapist style whether it is therapist-centred or client-centred (Therapist Directiveness vs. Client Directiveness). Second, they found that some clients like to talk about emotions, some are more comfortable keeping it because for them emotional discussion is irrelevant (Emotional Intensity vs. Emotional Reserve). Third, whether the client likes to talk about the present or the past (Past Orientation vs. Present Orientation) and lastly the client's propensity to accept interventions in the form of emotional support or focus on solving challenges (Warm Support vs. Focused Challenge).

Therefore, knowing a client's propensity in therapy is very important because previous studies have shown that clients who receive therapy based on their propensity show more significant persistence in therapy than those who are in therapy that is not in their propensity

(Swift et al., 2011). Those who also received therapy appropriate to their propensity reported satisfaction with significant therapy outcomes (Lindhiem et al., 2014).

A review of the literature by Rosen (1967) has discussed extensively the importance of considering the client's propensity to propagate compatibility between the client and the therapist. Nevertheless, this topic has been abandoned for decades, and only recently has there been a new research trend resuming research on client propensity in therapy sessions (Swift et al., 2018). This is probably because there are many new studies that have found that considering client propensity can bring positive results in therapy (Swift et al., 2013). It is a key factor that helps clients initiate and complete the therapy they are undergoing (Swift, Callahan & Vollmer 2011) and can also increase the client's level of satisfaction in undergoing therapy (Lindhiem et al., 2014).

Nevertheless, most past studies have focused on the relationship between the client's personality as well as the client's propensity to the type of therapy, the therapist's gender, the therapist's personality, and character. There is a lack of studies today that examine the relationship between a client's personality and a client's propensity toward the therapist's style in therapy. This is important because, the therapist can process the style in handling the therapy to suit the personality of the client where factors such as the type of therapy, the therapist's gender and the therapist's personality are difficult things for the therapist to do. The processing of style in handling therapy to suit the personality of the client can contribute to the compatibility between the client and the therapist and in turn influence the effectiveness of the therapy given. Accordingly, the following are the objectives of this article: (1) to measure the relationship between the client's personality type and the client's propensity toward the therapist's style in counselling; (2) measure the influence between the client's personality type and the client's propensity toward the therapist's style in counselling; (3) Predict the relationship between the client's personality type and the client's tendencies with the therapist's style in counselling.

Method

This quantitative study used a survey method in which questionnaires were distributed online to respondents who had undergone a counselling session. This type of quantitative study is used because it is suitable to measure the relationship between the personality type of the respondent and his/ her propensity towards the therapist's style. This survey method was chosen because it is an appropriate method for obtaining data that can predict and provide an explanation of the relationship between the relevant variables (Leffert et al., 1998; Plous, 1996). Therefore, the design of this study is in line with the objectives of the study which uses questionnaires as data collection instruments.

The study population is students of Universiti Kebangsaan Malaysia (UKM) which consists of doctoral students, masters, bachelors, and Asasi Pintar foundation programme. The study involved 251 respondents consisting of male and female students. The sampling technique used is non-probability sampling technique in the form of purposeful sampling where the researcher puts a main condition to qualify the respondents to answer the questionnaire given and subsequently become the subject of this study. The main condition is that the respondent must have attended an intervention in the form of psychotherapy, counselling or assessment interviews conducted by mental health professionals such as counsellors,

counselling psychologists, clinical psychologists and psychiatrists at least once. This is because the study subject has to be a client that had undergone counselling therapy or psychotherapy. Therefore, the condition of having been a client is important so that the respondent knows how a therapy session is done. Respondents who have never attended a counselling or psychotherapy session may not be able to visualize and not know what to expect in a counselling therapy session thus is able to influence the answers given in the distributed questionnaires.

This study used a set of questionnaires that contained three parts. Part A revolves around demographics that include age, gender, race, level of education, study status, area of residence of students and medium of counselling attended. Part B is the Keirsey Temperament Sorter II Personality Scale (KTS-II). This scale has more than 70 items that use dichotomy items to determine the dimensions of the personality subscale for test takers. It has four personality dimensions Introvert-Extrovert (I/E), Intuition-Sensing (N/S), Feeling-Thinking (F/T) and Judging-Perceiving (J/P). While Part C is the Cooper-Norcross Propensity Scale (C-NIP). This test tool has 18 items that use a Likert scale starting with 3, 2, 1, 0, -1, -2, -3 for each item that measures each subscale in the test tool. This scale produces four dimensions, namely the tendency towards therapist-centred or client-centred therapy (therapist directiveness vs client directiveness), the tendency to emotional intensity vs emotional reserve, the tendency to past orientation vs present orientation and the tendency to emotional support or focus challenge (warm support vs focused challenge).

Results
Referring to Table 1, a total of 251 respondents aged around 18 to 35 years have answered the questionnaire where the majority are female respondents (75.7%). Almost all respondents of the study are Malay (92.4%). As for the level of education of the respondents, more than half of the respondents are at the Bachelor's level (61.4%). The study status of the respondents was also analysed where it was found that 77.3 percent were full-time students and the rest held the status of working while studying. As for the residence status of the respondents, 71.7 percent live in the city and the rest in suburbs and villages. A total of 94.4 percent of respondents had face-to-face counselling or psychotherapy sessions. Table 1 shows a more detailed demographic distribution of respondents' profiles.

Table 1: Demographic information of study respondents

Subject Information	Category	Frequency (n)	Percentage (%)
Age	18-24 years old	53	21.1
	25-29 years old	125	49.8
	30-35 years old	73	29.1
Gender	Female	190	75.7
	Male	61	24.3
Race	Malay	232	92.4
	Chinese	8	3.2
	Indian	5	2.0
	Others	6	2.4
Education level	SPM	6	2.4
	STPM/Matriculation	12	4.8
	Diploma	21	8.4
	Degree	154	61.4
	Master	55	21.9
	PhD	3	1.2
Study status	Full time	194	77.3
	Working while studying	57	22.7
Residence	City	180	71.7
	Villages	39	15.5
	Suburbs	32	12.8
Medium of counselling session	Face-to-face	237	94.4
	Video call	47	18.7
	Telephone call	15	6.0
	Texting	11	4.4

Table 2 shows the distribution of respondents' personality types. It can be found here that based on the sampling done, the SJ group holds the highest percentage in the population studied which is 57 percent of the total sample. The second highest percentage was the NF group which held the percentage of 22.7 percent and was followed by the SP group (11.6%) and ended by the NT group (8.8%).

Table 2:   Distribution of respondents' personality types

Personality Type	Keirsey Type	Frequency (n)	Percentage (%)
SJ	Guardians	143	57.0
SP	Artisans	29	11.5
NF	Idealists	57	22.7
NT	Rationales	22	8.8

Table 3 shows the mean values for each personality dimension of the respondents. The results of descriptive analysis found that the Judging dimension recorded the highest mean value of 11.30 (SP = 3.18). The second highest dimension is the Sensing dimension which has a mean value of 11.16 (SP = 2.70), and is followed by the Feeling dimension which has a mean value equal to 11.05 (SP = 3.71). Then, followed by the Thinking dimension which has a mean value of 9.26 (SP = 3.64) and followed by the Intuition dimension which has a mean value of 9.16 (SP = 2.95). The dimension with the sixth highest mean was the Perceiving dimension with a value of 8.83 (SP = 3.18) and followed by the Introversion dimension which had a lower mean value than the Perceiving dimension, where the mean value was equal to 5.76 (SP = 2.06). The lowest mean value was recorded by the Extraversion dimension which had a value of 5.58 (SP = 1.77).

Table 3: Analysis of mean and standard deviation of Keirsey Temperament Sorter II (KTS-II)

Personality Dimension	n	Minimum	Maximum	Mean	SD
Extraversion	202	3.00	10.00	5.58	1.77
Introversion	221	3.00	10.00	5.76	2.06
Sensing	248	6.00	18.00	11.16	2.71
Intuition	248	3.00	20.00	9.16	2.95
Thinking	245	3.00	18.00	9.26	3.64
Feeling	248	3.00	20.00	11.05	3.71
Judging	250	3.00	19.00	11.30	3.18
Perceiving	248	3.00	20.00	8.83	3.18

According to Table 4, the results of the descriptive analysis recorded the client-centred session propensity dimension with a mean value of 25.38 (SP = 5.75), followed by the challenge-focused propensity dimension with a mean value of 20.70 (SP = 4.41) and followed by a mean value of 20.38 (SP = 5.25) obtained by the dimension of propensity to emotional storage. The emotional support propensity dimension had the fourth highest mean value, 19.30 (SP = 4.52) and was followed by the current-oriented propensity dimension which had a mean value of 16.87 (SP = 4.03). Next, it is followed by three dimensions with the lowest mean value including the dimension of emotional intensity propensity which has a mean value of 15.29 (SP = 5.75), therapist-centred propensity dimension which has a mean value of 14.62 (SP = 5.89) and lastly, the dimension with the lowest mean value was the past-oriented tendency dimension which recorded a mean value of 11.64 (SP = 3.20).

Table 4: Analysis of mean and standard deviation of Cooper-Norcross Propensity Scale (C-NIP) test scores

Client Propensity Dimension	n	Minimum	Maximum	Mean	SD
Therapist-centred	251	5.00	32.00	14.62	5.89
Client-centred	251	8.00	35.00	25.38	5.75
Emotional Intensity	251	5.00	32.00	15.29	5.75
Emotion Reserve	251	4.00	28.00	20.38	5.25
Past orientation	251	4.00	20.00	11.64	3.20
Present orientation	251	8.00	25.00	16.87	4.03
Emotional Support	251	10.00	30.00	19.30	4.52
Focus Challenge	251	11.00	30.00	20.70	4.41

The distribution of Pearson correlation analysis is reported in Table 5. Here, it is found that the personality dimensions of Sensing (r = 0.132, k <0.05) and Judging (r = 0.137, k <0.05) showed a weak significant relationship with the therapist-centred propensity dimension. Meanwhile, the client-centred propensity dimension showed a significant positive correlation with the Sensing dimension (r = 0.144, k <0.05) and Judging (r = 0.141, k <0.05). For the Emotional Intensity dimension, correlation analysis produced a significant weak relationship with the dimensions of Thinking (r = 0.204, k <0.01) and Feeling (r = -2.67, k <0.01). The tendency dimension shows a positive relationship with the Thinking dimension, but the opposite relationship with the Feeling dimension. The correlation value of the Emotional Reserve dimension showed a weak negative correlation with the Thinking dimension (r = -0.250, k <0.01). Meanwhile, the propensity dimension, produced a moderate positive correlation with the Feeling dimension (r = 0.310, k <0.01) where the two correlations showed a significant relationship. For the Past-Oriented tendency dimension, Pearson correlation analysis showed a weak significant relationship with the Thinking dimension (r = 0.138, k <0.05) and the Feeling dimension (r = -0.152, k <0.05). The other dimensions of propensity and the personality dimension did not produce a significant relationship.

Table 5: Pearson correlation analysis for the relationship between personality dimension and propensity dimension

Personality / Propensity	Therapist Centred	Client Centred	Emotional Intensity	Emotional Reserve	Past Orientation	Present Orientation	Emotional Support	Focused Centred
Extraversion	-0.112	0.111	-0.012	0.033	-0.054	0.027	-0.167*	0.154**
Introversion	0.039	-0.041	-0.050	0.045	0.062	-0.065	0.186**	-0.184**
Sensing	-0.132*	0.144*	-0.004	-0.032	0.024	0.006	-0.050	0.045
Intuition	0.116	-0.121	0.016	0.040	-0.027	-0.035	0.077	-0.073
Thinking	0.077	-0.083	0.204**	-0.250**	0.138*	-0.088	0.017	-0.040
Feeling	-0.089	0.089	-0.267**	0.310**	-0.152*	0.105	0.027	-0.009
Judging	-0.137*	0.141*	-0.102	0.086	-0.015	0.046	-0.162*	0.140*
Perceiving	0.118	-0.123	0.080	-0.044	0.010	-0.068	0.164**	-0.142*

*k < 0.05, **k < 0.01

The results of the correlation analysis between the personality dimension and also the client's propensity dimension towards the therapist's style produced only a moderate correlation, namely the Feeling personality dimension with the Emotional Reserve propensity dimension. Therefore, a regression analysis was performed to see whether this Feeling personality could be a predictor of Emotional Reserve propensity. Based on Table 6, the regression results

showed that Feeling personality accounted for 9 percent of the variance, R2 = 0.093 and this model was significant, $F_{(1, 248)}$ = 26.244, k <0.0001. It can be concluded that, Feeling personality is a significant predictor that predicts Emotional Reserve propensity with Beta = 0.441, t = 5.123, k, 0.0001. Based on Table 5, this indicates that Feeling personality can explain 9 percent of the prediction of emotional propensity. Therefore, it can be concluded here that Feeling personality is a weak predictor of the client's propensity towards therapeutic styles that perform Emotional Reserve.

Table 6: Regression analysis of personality dimension with propensity dimension

Predictor	B	SD	Beta β	t	K Value	R^2
Personality *Feeling*	0.310	0.086	0.310	5.123	0.000	0.093

** k < 0.0001

Discussion
Findings from Pearson correlation analysis found that there was a significant relationship between the personality dimension of KTS-II and the dimension of client propensity (C-NIP). All personality dimensions such as, Extraversion, Introversion, Sensing, Thinking, Feeling, Judging, Perceiving show a significant relationship with the overall dimension of client propensity i.e., therapist-centred dimension, client-centred, emotional intensity, emotional storage, past oriented, present oriented, emotional support, and challenge -focused dimensions. Only the Intuition personality dimension alone did not show any correlation with all dimensions of client propensity. The personality dimensions of Extroversion, Introversion, Sensing, Thinking, Judging and Perceiving showed a weak significant relationship with all dimensions of client propensity namely therapist-centred, client-centred, emotional intensity, emotional storage, past-oriented, present-oriented, emotional support, and focused dimensions challenge. Only the Feeling personality dimension showed a moderate significant relationship with the emotional reserve dimension.

Most of the correlation relationship between the personality dimension and the propensity dimension is weak where the value of the correlation coefficient is between -0.132 to 0.204. According to Gregory (2010), the value of correlation coefficient r <0.29 and below indicates a low correlation and can be interpreted as having a weak correlation. However, only the Feeling personality dimension showed a simple correlation with the emotional reserve tendency dimension, where the value of the coefficient r = 0.310, k <0.01. This suggests that there is only a one percent probability of no relationship between the two dimensions measured. In other words, the Feeling personality dimension has a significant relationship with the emotional reserve propensity dimension, and the relationship is at a moderate level. Because the Feeling personality dimension showed a modest correlation with the emotional storage tendency dimension a regression analysis was performed to measure whether the Feeling personality could predict the emotional reserve tendency. The results of the regression analysis found that Feeling personality is a weak significant predictor of emotional reserve tendencies. Interestingly in this study as well, it produced results that are contrary to previous studies. This study found that the personality dimension of Feeling showed a moderate correlation with the dimension of reserve propensity. This contrasts with previous studies stating that feeling personality is more prone to humanistic therapies (Carskadon, 1979; Ciorbera & Nedelca, 2012) that are more attuned to emotional intensity (Cooper &

Norcross, 2016). It is also contrary to studies stating that feeling personality does not benefit with cognitive therapy and behavioural therapy that are more in nature to emotional reserve (Jinkerson et al., 2015).

Furthermore, the results of this study indicate that there is a significant correlation between the Extraversion personality dimension with the challenge-focused client propensity dimension. Although such correlations are weak, these findings are in line with the study of Heaven and Furnham (1994) who found that those with Extraversion personalities incline towards Cognitive Therapy and Behavioural Therapy. Heaven and Furnham (1994) explain that Cognitive Therapy and Behavioural Therapy have the same method of giving homework to clients, focusing on overcoming challenges and being directive in nature. This finding is also supported also by the study of Moorhead et al (2011), who found that ESFJs, personality types with Extraversion dimensions, anticipate structure in therapy and like it if therapists give them homework to do. It can be concluded here that Extrovert personalities are more prone to therapists who use a challenge-focused style when sessions are conducted. They are more inclined to therapists giving homework and focusing on goals that need to be achieved in a session as opposed to simply providing emotional support and providing emotional validation to the client. As for the Introversion personality dimension, the findings show that it has a significant positive relationship with the emotional support tendency dimension and a significant negative relationship with the challenge-focused tendency. It can be concluded here that introvert clients are more inclined to therapists who focus on providing emotional support in the session than therapists who provide challenges to be overcome during the session. Nevertheless, no past studies have stated that Introversion personalities tend to therapies that show emotional support.

Personality Sensing shows a significant relationship with client-centred tendencies. Although, the findings of this study produce a weak significant correlation relationship, it is supported by a previous study conducted by Moorhead et al (2011), they found that ESFJ personality, which has Sensing dimension tends to therapists who do not give much encouragement and not directive. This is in line with the results of this study, where Sensing personalities tended toward client-centred therapy rather than therapist-centred. Therefore, for therapists who have clients with Sensing personality, it is advisable for the therapist to be less directive and let the client make their own decisions, doing self-exploration without giving too much encouragement. As for the Thinking personality dimension, the findings of this study show the opposite results with previous studies. This study produced the finding that Thinking personality has a positive correlation with emotional intelligence, with only one percent probability of no relationship between the two dimensions. However, it should be noted that the level of the correlation coefficient is at a low level. Past studies have found that Thinking personalities respond better to Cognitive Therapy and Cognitive Behavioural Therapy (Jinkerson et al., 2015; Ciorbea & Nedelca, 2012). The findings of this study produced results that were not in line with previous studies, perhaps coming from the weakness of this study itself where it removed most weak correlations.

Judging personality has a significant correlation with client-centred propensity dimensions. This is in line with the study of Moorhead et al (2011) who found that ESFJs, have a Judging personality, are less likely to give therapists too much encouragement in performing a given task. This suggests that Judging personalities are more likely to be non-directive therapists

compared to directive therapists. As can be seen here, clients with a Judging personality tend to skew the therapy towards client-centred where the client determines the flow and structure of the session rather than the therapist. As for Perceiving personality, the findings show that this personality has a significant correlation with the dimension of emotional support propensity. The results of this study are in line with previous studies in which, INTP, the Perceiving personality is more likely towards therapists who show dependence on it (Moorhead et al., 2011). The findings of the study showed a small significant negative correlation with the client's tendency to focus on challenges, this indicates that Perceiving personalities dislike structured, predictable sessions and are more inclined to sessions that focus on emotional support. The findings of this study are supported by previous studies where it indicates that those with Perceiving personalities need therapists who support them from emotions and not just focus on successfully overcoming set challenges.

Conclusion and Limitations

In conclusion, the KTS-II personality dimension had a weak significant relationship with the C-NIP client propensity dimension and only Intuition personality did not produce any significant correlation with the propensity dimension. However, the Feeling personality dimension recorded a moderate degree of significant correlation with the emotional reserve propensity dimension. After regression analysis was performed, feeling personality could predict emotional reserve tendencies but only nine percent contributed variance. Thus, it can be concluded that Feeling personality is a weak predictor of the dimension of emotional reserve tendencies. From the findings of this study, therapists consisting of mental health professionals such as counsellors, school counsellors, clinical psychologists, counselling psychologists and psychiatrists can get information that can help them process their style when conducting psychotherapy, counselling therapy or any psychological intervention relevant when dealing with clients who have different personalities. This is important because the client's compatibility with the therapist is an important factor in influencing the success and effectiveness of the therapy provided. The American Psychological Association (2006) has also outlined the importance for therapists to adapt to the client's tendencies as it can influence the effectiveness of a given therapy.

Each study does not escape from having its own limitations. Among the most significant limitations of the study in this study is the medium used by for the dissemination of questionnaires which was through online. The level of understanding of the respondents of the test tools used in the questionnaire is difficult to measure where it can be seen from the different levels of education of the respondents. The level of understanding of the respondents can affect the data given because there may be a few who do not understand the questionnaire in clarity and the researcher is not there to explain the meaning of each item in the test tool. Therefore, it is recommended for future studies not to conduct the administration of personality testing tools as well as therapist propensity testing tools online. It is very important for the administrator to be present to explain the items that are difficult for the respondents to understand to ensure that the data obtained is more accurate.

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