





ORIGINAL RESEARCH

Multivariate Association Between Personality Beliefs and Enneagram Personality Theory: A Canonical Correlation Analysis

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Abstract

Objective: Personality disorders (PDs) are characterized by specific sets of dysfunctional personality beliefs which can result in distinctive behavioral patterns associated with the PD. Dysfunctional personality beliefs are maladaptive thought patterns related to people's sense of self, interpersonal relationships, and worldview. The Enneagram Personality Theory (EPT) categorizes personality into nine interconnected types, each with distinct patterns of thinking, feeling, and behaving. Enneagram subtypes represent a different focus or emphasis within the main type's core motivations and behaviors. The association of EPT with various personality approaches has been studied. However, we aim to assess the relationship between EPT and personality beliefs, which has not been previously studied.

Methods: A sociodemographic form, Personality Belief Questionnaire-Short Form (PBQ-SF), and Enneagram Types and Subtypes Inventory (ETASI) were applied to 203 participants.

Results: A canonical correlation analysis was conducted to investigate the multivariate association between nine Enneagram types and subtypes and ten personality belief variables. The analysis unveiled four significant functions for the association between Enneagram types and personality beliefs. Function 1 was contributed by Types 3, 8, and 5 and was negatively related to borderline and dependent beliefs, and positively related to schizoid beliefs. Function 2 featured obsessive-compulsive beliefs and was related to Types 1 and 6. Function 3 was related to histrionic, narcissistic, and antisocial beliefs and Types 2,3,7, and 8. Function 4 presented schizoid, borderline, and narcissistic beliefs, with Type 4 as the predominant predictor. Among the subtypes, only the self-preservation subtype was correlated with schizoid beliefs.

Conclusion: The results revealed that EPT comprises multidimensional layers that vary according to specific personality beliefs and types. Personality beliefs were found to be aligned with the core characteristics of the respective types.

Keywords: Enneagram, Personality beliefs, Personality disorders, Personality type

INTRODUCTION

The cognitive theory of PDs draws attention to the role of dysfunctional beliefs associated with PDs (1). According to the cognitive model, each PD has a characteristic group of dysfunctional beliefs and cognitive structures, which may lead to behavioral patterns (2).

The evaluation of the beliefs of PDs is quite important for cognitive therapy of PDs (2). Key dysfunctional beliefs are correlated with developmental history, compensatory strategies, and dysfunctional reactions. Thus, determining the key dysfunctional beliefs is important for the therapy of PDs.

The Enneagram Personality Theory (EPT) is a tool for understanding and working on personality structure, growth, and development. Until now while psychiatrists and psychologists have used many personality systems for personality assessment, Enneagram personality studies are rapidly growing in that scientific area. The exact roots of EPT are not well known; however, the theory originates from the studies of philosopher Oscar Ichazo and his students, Claudio Naranjo and John Lilly, both of whom are psychiatrists and psychoanalysts (3,4).

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Nine interconnected personality types are defined according to EPT, and for each type, characteristic features, basic desires and fears, passions, and virtues have been determined. Brief features of the types are summarized according to the literature in Table 1 (4–6). Thus, EPT is a holistic approach to understanding human personality from disorders to personal growth.

Table 1. Main Descriptions of The Enneagram Types According to Literature (Alexander & Schnipke, 2020; Hook et al., 2021; Riso & Hudson, 1996)

Type	Main Characteristics of The Types	Basic Desire	Basic Fear
Type 1: Perfectionist	Reformer, conscientious, organized, responsible, purposeful, and self-controlled type	To be good and perfect	To be bad and corrupt
Type 2: Helper	Giver, demonstrative, possessive, supportive, relationship oriented, people pleasing type	To be needed	To be unwanted, and unloved
Type 3: Achiever	Performer, industrious, adaptive, image conscious, competitive, hard-working type	To be successful	To be insignificant and worthless
Type 4: Individualist	Dramatic, temperamental, sensitive, romantic, deeply feeling type.	To be special	To have no identity
Type 5: Investigator	Observer, cerebral, isolated, analytical, perceptive type.	To be capable and competent	To be useless and helpless
Type 6: Loyalist	Reliable, committed, security oriented, suspicious, indecisive type.	To have security and support	To have no guidance
Type 7: Enthusiast	Spontaneous, optimistic, epicure, versatile, adventure seeking type.	To be satisfied and happy	To be in pain
Type 8: Challenger	Protective, decisive, willful, confrontational, self-confident type	To be in control of oneself and others	To be harmed or controlled by others
Type 9: Peacemaker	Easygoing, open minded, agreeable, complacent, reassuring type.	To have peace and stability	To be lost and separate

Subtypes are defined as innate drives or instinctual variants in EPT (3,4,7). Three instinctual variants are determined: Self-preservation subtype (focuses on feeling safe and avoiding danger), social subtype (focuses

on social standing and feeling recognized), intimate (one to one) subtype (focuses on interpersonal attraction and close interpersonal connections) (3,4,6–9).

Given the stress-relaxation directions, levels of healthiness-unhealthiness, and subtype perspectives, the Enneagram theory adopts a continuum model rather than a categorical one in its holistic understanding of personality. The dimensional approach to the concept of personality shifts the perspective from disorder to a transdiagnostic level, naturally removing the disruptions in functionality from the context of pathology. We believe that this feature necessitates testing the dimensional relationship between the Enneagram and its traditionally defined personality traits. Although EPT has been studied and correlated with maladaptive schemas, attachment theory, ego development, and psychodynamic theory (6,7,10,11), personality beliefs and EPT have not been studied. Based on all these predictions, we hypothesized that EPT has implicit dimensional relationships with well-known personality models. In this study, we aim to demonstrate the multidimensional association between personality beliefs, Enneagram types, and subtypes.

METHODS

Our cross-sectional study was performed using an online platform over a period from May 2023 to October 2023 (<https://docs.google.com/forms>). Online forms were selected for their convenience and efficiency in data collection. The sample includes relatives of patients from our hospital's psychiatry outpatient clinic, and university students from various faculties. The inclusion criteria were defined as being healthy, having no mental retardation, not undergoing active psychotropic treatment, and being able to fill out an online form. Whether individuals were receiving active treatment was asked verbally. Figure 1 details the study sample selection. Informed consent was obtained through the online form. The participants completed the sociodemographic form, Personality Belief Questionnaire-Short Form (PBQ-SF), and Enneagram Types and Subtypes Inventory (ETASI). The entire study protocol was approved by Marmara University School of Medicine Clinical Research Ethics Committee (IRB date/number: 07.04.2023/07.04.2023.509).

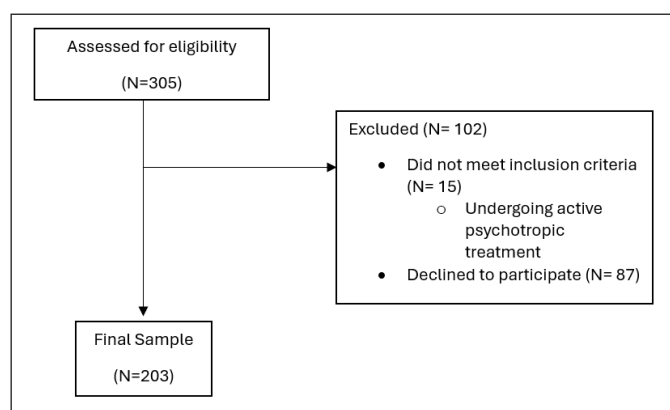


Figure 1. Flow Chart of the Sample Selection

INSTRUMENTS

Sociodemographic Form

A brief sociodemographic form was established for this study. The sociodemographic form includes questions related to age, gender, and education year.

Personality Belief Questionnaire – Short Form (PBQ-SF)

PBQ-SF is a 65-item, self-report test designed to evaluate personality beliefs. It determines basic beliefs and cognitive aspects of personality in the context of DSM (Diagnostic Statistical Manual of Mental Disorders) PDs (12). PBQ-SF was developed by Butler et al. (2007), and it was validated in the Turkish language (14).

Enneagram Types and Subtypes Inventory (ETASI)

ETASI is a 99-item self-report inventory. The test was developed in Turkish and is based on EPT. Its validity and reliability were evaluated in a Turkish sample (15). ETASI has two subscales including 69 questions for the typing subscale and 30 questions for the subtyping subscale. The typing subscale evaluates the types from 1 to 9 and the subtyping subscale determines three subtypes (social, intimate, and self-preservation). This inventory constitutes the first systematic evaluation of both Enneagram types and subtypes. According to the confirmatory factor analyses model, the data fit indices of the scales were found to be at good and acceptable values. Cronbach Alpha coefficients are calculated between 0.665 (type 5) and 0.865 (type 8) for the typing subscale and between 0.748 (social) and 0.783 (self-preservation) for the subtyping subscale. Test-retest coefficients were confirmed between 0.289 and 0.512 ($p < 0.05$).

Statistical Analyses

SPSS 25.0 was used for all analyses (16). The study utilized Canonical Correlation Analysis (CCA) to explore the predictive validity of nine typologies of Enneagram on personality beliefs. CCA, being a multivariate method, accommodates the complexity of human behavior research by allowing simultaneous comparisons among multiple predictors and dependent variables. The SPSS syntax code was applied to perform CCA. Data cleaning and transformation methods ensured that both univariate and multivariate normality assumptions were met.

Participants

A total of 203 participants took part in the study, comprising 157 females and 46 males. The age of the participants ranged from 16 to 63 years, with a mean age of 34.88 years ($SD = 11.68$). Educational backgrounds varied among the participants, with three having completed primary education, 39 having completed secondary education, 123 holding undergraduate degrees, and 38 having completed postgraduate studies.

RESULTS

A canonical correlation analysis was performed to explore the relationship between nine Enneagram personality variables and ten personality belief variables, aiming to assess the shared multivariate relationship between Enneagram typology and personality beliefs. The analysis revealed nine functions, each with squared canonical correlations (R_c^2) of 0.527, 0.459, 0.316, 0.258, 0.119, 0.068, 0.032, 0.007, and 0.001 respectively.

The overall model, encompassing all functions, demonstrated statistical significance based on the Wilks's $\lambda = 0.102$ criterion, with $F(90, 1258.21) = 5.586$, $p < 0.001$. This represents that the model explained approximately 90.7% ($1 - \lambda$) of the shared variance between the variable sets, which indicates the substantial explanatory power of the model.

Further examination through dimension reduction analysis unveiled the hierarchical arrangement of functions, shedding light on their individual and cumulative significance. Notably, the full model (Functions 1 to 9) was significant. Functions 2 to 9, 3 to 9, 4 to 9, and 5 to 9 demonstrated statistical significance ($F(72, 1132.89) = 4.505$, $p < 0.001$; $F(56, 1006.95) = 3.341$, $p < 0.001$; $F(42, 880.56) = 2.549$, $p < 0.001$; $F(30, 754) = 1.551$, $p = 0.031$, respectively). However, Function 6 to 9,

7 to 9, 8 to 9, and Function 9 failed to yield a statistically significant explanation of shared variance between the variable sets ($F(20, 627.79) = 1.082, p = 0.363$; $F(12, 502.98) = 0.663, p = 0.787$; $F(6, 382) = 0.266, p = 0.952$; $F(2, 192) = 0.102, p = 0.903$, respectively).

Given the number of shared variances, only the first four functions were considered noteworthy for the present study, explaining 52.7%, 45.9%, 31.6%, and 25.8% of the shared variance, respectively. Thus, the other functions were not interpreted. Canonical correlations of the first four functions were found to be 0.726, 0.677, 0.562, and 0.508, respectively [Table 2].

Table 2. Eigenvalues and Canonical Correlations for Each Function

Root No	Eigenvalue	Pct.	Cum. Pct.	Canon. Cor.	Sq. Cor.
1	1.11358	36.85003	36.85003	0.725866	0.52687
2	0.84757	28.04740	64.89743	0.67731	0.45875
3	0.46148	15.27097	80.16839	0.56193	0.31576
4	0.34823	11.5246	91.69185	0.50822	0.25829

Note. Pct.: percentage; Cum. Pct.: cumulative percentage; Canon. Cor.: canonical correlations; Sq. Cor.: squared correlations

The standardized canonical function coefficients and structure coefficients for Functions 1 to 4 are presented in Table 3 and Table 4. Function 1 showcased a prominent presence of dependent, and borderline personality beliefs, complemented by secondary contributions from schizoid beliefs. These personality beliefs had also greater standardized functional coefficients than the others. Whilst dependent and borderline beliefs, were found to be negatively correlated with schizoid belief, they were positively related to each other. Type 3 and type 8 predominantly contribute to the predictor synthetic variable in Function 1, alongside a secondary contribution by type 5. The signs of the structure coefficients indicate that these Enneagram types have a negative relationship with dependent and borderline personality beliefs and a positive relationship with schizoid beliefs.

In contrast, Function 2 highlights obsessive-compulsive beliefs as the only criterion variable, with type 1 and type 6 variables emerging as dominant predictors which are positively correlated to each other. Looking at the signs of the overall structure coefficients, one can interpret that obsessive-compulsive beliefs are positively correlated with type 1 and type 6 personalities.

Histrionic, narcissistic, and antisocial beliefs were found to contribute primarily to Function 3 as synthetic

criterion variables. Types 2, 3, and 7 were the main predictor variables in Function 3. In addition, type 8 was the secondary contributor as a predictor. These two sets of variables are positively correlated both within and between sets.

Table 3. Standardized Weights for All Canonical Functions

Predictor	F1	F2	F3	F4
Type1	0.17282	-0.74409	0.51318	0.41254
Type2	-0.25247	-0.01913	-0.51836	0.3308
Type3	0.41812	-0.45034	-0.63012	-0.32060
Type4	-0.03809	-0.04419	-0.06077	-0.59619
Type5	0.52143	0.30520	0.29594	-0.39447
Type6	-0.47895	-0.24353	-0.12494	0.33882
Type7	-0.10396	0.40190	-0.12298	0.46558
Type8	0.32022	0.26171	-0.05941	0.21128
Type9	-0.10459	-0.03237	0.25488	0.58351
Criterion				
Avoidant	-0.14356	-0.11081	0.12889	0.24376
Dependent	-0.42400	0.01259	-0.11035	0.32702
Pas.-Agg.	0.04858	0.49869	-0.06609	0.10284
Obs.-Com.	0.14620	-0.95964	-0.03099	0.01904
Antisocial	0.35714	0.35895	-0.29588	0.69006
Narcissistic	0.31975	-0.16699	-0.41179	-0.71305
Histrionic	-0.24527	0.18716	0.62383	-0.34047
Schizoid	0.39776	0.13641	0.39803	-0.63443
Paranoid	-0.10242	-0.54156	0.21695	0.13524
Borderline	-0.43998	0.20271	0.43915	-0.79244

Note. Pas.-Agg.: passive-aggressive; Obs.-Com.: obsessive-compulsive

Table 4. Structure Coefficients (r_s) For All Canonical Functions

Predictor	F1	F2	F3	F4
Type1	0.38160	-0.80851	0.12450	0.15817
Type2	-0.26468	-0.30625	-0.60100	0.04041
Type3	0.59012	-0.40343	-0.61348	0.08390
Type4	0.05293	-0.05669	-0.16839	-0.61804
Type5	0.48900	-0.00365	0.32544	-0.35005
Type6	-0.32009	-0.50669	-0.02306	-0.31165
Type7	0.32357	0.21315	-0.47646	0.36983
Type8	0.69511	-0.01717	-0.42152	0.07681
Type9	-0.24163	-0.15113	0.17635	0.27378
Criterion				
Avoidant	-0.33279	-0.30937	-0.04854	-0.32019
Dependent	-0.69324	-0.05503	-0.29660	-0.36319
Pas.-Agg.	0.02546	0.15326	-0.29420	-0.49643
Obs.-Com.	0.06735	-0.78889	-0.27738	-0.27974
Antisocial	0.20027	-0.13552	-0.49588	-0.22915
Narcissistic	0.14671	-0.14464	-0.63892	-0.58635
Histrionic	-0.33392	-0.09004	-0.68726	-0.43719
Schizoid	0.43770	0.02359	0.31388	-0.68812
Paranoid	-0.17812	-0.37139	-0.06905	-0.41927
Borderline	-0.57851	-0.14838	-0.00688	-0.58619

Note. Pas.-Agg.: passive-aggressive; Obs.-Com.: obsessive-compulsive

Function 4 showed that schizoid beliefs were the dominant synthetic variable, but narcissistic and borderline beliefs were strongly observed as criterion variables here as well. Passive/aggressive beliefs were present as a secondary specific criterion variable of Function 4. Type 4 was the dominant predictor variable. All these variables are positively correlated as their signs are in the same direction.

As regards Enneagram subtypes, the analysis yielded three functions, each exhibiting squared canonical correlations (R_c^2) of 0.337, 0.168, and 0.097 respectively. The multivariate analysis of the entire model across its functions revealed a statistically significant outcome using the Wilks's $\Lambda = 0.497$ criterion, with $F(30, 558.36) = 4.99$, $p < 0.001$. Subsequently, for the collection of three canonical functions, the r^2 type effect size ($1 - \lambda$) was 0.503, indicating that the complete model can account for a substantial portion, approximately 50%, of the shared variance between the variable sets. In the dimension reduction analysis, the full model (Functions 1 to 3) exhibited statistical significance as mentioned before. Specifically, Functions 2 to 3 ($F(18,382) = 3.275$, $p < 0.001$), and function 3 ($F(8, 192) = 2.605$, $p = 0.01$) all demonstrated statistical significance. Considering the number of shared variances observed, only the first function was deemed pertinent for the present study, accounting for 33.7%. Examining the structural coefficients of Function 1, one interprets that only the subtype of self-preservation may be considered noteworthy as a predictor. ($r_s = 0.953$). On the other hand, only schizoid beliefs were found to be an interpretable criterion variable ($r_s = 0.860$).

DISCUSSION

In this study, we aim to demonstrate the multivariate association between EPT and personality beliefs of DSM PDs based on CCA. We identified four significant functions. Considering both theoretical and statistical contexts, we labeled these factors as follows: Function 1 as "Over Motivated Trait," Function 2 as "Obsessional Trait," Function 3 as "Impulsive Trait," and Function 4 as "Introverted Emotional Trait." Since there is limited data regarding DSM PDs, personality beliefs, and EPT we will also evaluate these factors in the context of personality beliefs, cognitive schemas, and Big Five Model (BFM) according to the literature of EPT.

The Association Between Enneagram Personality Types and Personality Beliefs

Function 1 (Over Motivated Trait)

We have identified this function as over motivated because although Enneagram types 3, 5, and 8 have different personality styles, all three types can easily be motivated by the issues they consider important (6,8,9). According to the EPT, the definitions of ambitious, success-oriented, and motivator were used for type 3, specialist, expert, and investigator for type 5, and challenger, willful, and decisive for type 8, which are coherent with this function of being over motivated (6,8,9). The basic features of these Enneagram types are negatively correlated with borderline PD (characterized by unstable self-image, interpersonal relationships, and affective instability) and dependent PD (marked by difficulty making decisions and expressing disagreement with others). Moreover, according to the EPT, type 8 individuals may exhibit similar features to type 5 personalities under stress, and type 5 individuals are associated with schizoid PD (6,8,9). Thus, we may state that our results are consistent with the EPT and personality beliefs in the context of DSM 5 PDs regarding the over motivated function.

Maladaptive schemas consist of unconditional beliefs and emotions and play a role in the development of various psychological issues, including PDs (17). The "Dependence" schema is considered to be related to dependent and borderline PD (18). The relation of the maladaptive schemas and EPT is also studied, and Wagner et al. showed that types 3 and 8 were negatively correlated with the dependence schema which is coherent with Function 1; however, type 5 was found to identify with this schema (10). Firoozan et al. investigated the relationship between dependent personality disorder and EPT (19). Their findings indicated a correlation between dependent personality disorder and types 2, 4, 5, 6, and 9. However, the authors pointed out that the characteristics associated with type 5, specifically omniscience and non-attachment, are inconsistent with the traits typically observed in dependent personality disorder. As suggested by the authors type 5's core characteristics are inversely related to dependent traits. Although studies by Wagner et al. and Firoozan et al. showed the opposite, our results were consistent with the Enneagram's definitions of type 5.

Function 2 (Obsessional / Anxious Trait)

We have described this function due to anxious and

obsessive traits of type 1 and type 6. Perfectionism and conscientiousness are features of type 1 that are associated with obsessive-compulsive PD and anxiety is the central characteristic of type 6 according to EPT which is consequently accompanied by insecurity and indecisiveness, which are related to obsessive-compulsive PD (6–9).

According to the BFM, obsessional traits are correlated with the maladaptive variants of the conscientiousness factor, and anxiousness is a facet of the neuroticism factor (20,21). While Enneagram type 1 is shown to have high conscientiousness in literature; type 6 has been linked to high levels of neuroticism; these results support the relation of types 1 and 6 with Function 2 in our study (15,22–24).

Obsessional and anxious traits may be correlated with “Defectiveness” and “Unrealistic standards” schemas (25,26). Both Types 1 and 6 were found to identify with these schemas (10). Their hyperawareness of their imperfections may contribute to the “Defectiveness” schema, while their high expectations of themselves may be related to the “Unrealistic standards” schema, both of which eventually lead to anxiety.

A study evaluated the reactions of Enneagram types to psychosocial stress, revealing that types 6, 7, 8, and 9 exhibited positive and healthy behaviors (27). The authors suggested that type 6 individuals, characterized by their prosocial tendencies, sense of responsibility, and analytical thinking, may demonstrate resilience and effective problem-solving skills leading to healthy behaviors rather than overactive or anxious responses. On the contrary these results do not align with the characteristic fearful and anxious traits of type 6’s. Komasi et al. evaluated the relationship between perceived risk of heart disease and Enneagram types, finding that type 6 was significantly associated with a heightened perceived risk of heart disease (28). This finding is consistent with our study’s results indicating that type 6 individuals exhibit anxious traits. The researchers noted that due to their emotional focus on fear, type 6’s are pessimistic, cautious, and conservative; as a result, they may feel exposed to potential health threats and risks.

Function 3 (Impulsive Trait)

This function is associated with types 2, 3, 7, and 8. All these types have extroverted, impulsive, and aggressive features under stress. In EPT literature types 2, 3, 7, and 8 were associated with histrionic (type 2), narcissistic (types 3 and 7), and antisocial (type 8) PDs (6,8,22). The exaggerated expressions of emotions and lack

of perseverance of type 2’s may be associated with histrionic PD and impulsive traits. Type 3’s preoccupation with their self-image and type 7’s implicit superiority may be related to narcissistic personality. The irritability of type 8 may be linked to antisocial personality traits and may contribute to impulsive behaviors (6,8).

Additionally, high levels of extroversion are linked to impulsiveness according to BFM. All types related to Function 3 are shown to have high levels of extroversion (15,22–24).

The “Entitlement” schema is defined with an exaggerated sense of self-importance, excessive demands, and frustration when unsatisfied (17). This schema may be related to DSM cluster B PDs. Enneagram types 2, 3, and 7 were identified with this maladaptive schema, which is coherent with Function 3 (10).

Function 4 (Introverted Emotional Trait)

In this function, we observed the positive correlation between type 4 and narcissistic, schizoid, and borderline features. Type 4 may demonstrate narcissistic and schizoid personality features based on the wing effect of types 3 and 5, respectively. Moreover, due to emotional instability, this type has similar features with borderline PD.

Literature typically demonstrated that Enneagram type 4 has high neuroticism (15,22–24) and low extroversion (23). These findings comply with the characterization of type 4 individuals as highly self-aware and withdrawn according to the EPT and the definition of Function 4 in this study. Wagner’s study exhibited that this type was related to the “Abandonment”, “Mistrust and abuse”, “Emotional deprivation”, “Social Exclusion”, “Dependence”, “Vulnerability”, and “Defectiveness” schemas, all of which may be particularly related to borderline PD (10,29). These findings point out the fact that type 4 can present with a wide variety of features.

The Association Between Enneagram Personality Subtypes and Personality Belief Scale

To the best of our knowledge, despite being emphasized in the Enneagram literature, there has not been any article that has studied the PDs and subtypes of Enneagram personality styles. The inventory we used for understanding personality types and subtypes may be the first to demonstrate both types and subtypes simultaneously. The Enneagram personality types with a predominant self-preservation subtype focus on maintaining physical safety, health, and comfort. This subtype is more introverted than intimate and social

subtypes (3,4,8). In the theoretical context, these features may be associated with personality beliefs, despite the lack of data in the literature on the subtype, focusing on physical pleasures instead of relationships, and tendencies to be alone fit both the schizoid and self-preservation subtypes. In the validation study of ETASI, the self-preservation subtype was linked to low extroversion and low agreeableness in BFM, all of which may be related to schizoid personality beliefs (15).

The limitations of the study are i) using self-report scales, ii) the exclusion of mental illnesses according to individuals' own statements.

This is the first study to demonstrate a canonical correlation between the personality belief scale and Enneagram personality types and subtypes. Although four functions are significantly associated with type features, only one function is associated with subtype features. Further studies supported by clinical data and planned to include patient groups as well as utilizing interview methods, are needed.

In conclusion, our findings have demonstrated the dimensions along which well-established personality beliefs align with the Enneagram personality typology. The various severity of dimensional relationships between the two theories have shed detailed light on the cognitive manifestation of the Enneagram. Given that the categorical approach in personality theories may limit individualization, the clinical dimensional counterpart of a theory like the Enneagram, which offers a spectrum perspective, was previously unclear. Through our study, we believe that the dimensional relationship between the Enneagram and well-known categorical personality traits will facilitate the use of the Enneagram as a new tool in clinical assessments. EPT has been studied relatively recently in the literature and has received little attention in academic psychiatric research. EPT approaches personality from a more holistic perspective, which can provide advantages such as a more comprehensive understanding of personality structure, an enhanced therapeutic alliance, and greater awareness and professionalism in Enneagram type training.

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Author Contributions:

Research idea: EA, OY.

Design of the study: EA, SEI, CSC, OY.

Acquisition of data for the study: EA, SEI, CSC, OY.

Analysis of data for the study: EA, OY.

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Revising it critically for important intellectual content: EA, CSC, OY.

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