An evaluation of Jung's psychological types and their relationship to psychopathology[1]

Abstract: This paper compares Jung's original conception of psychological types with the modern Myers-Briggs Type Indicator (MBTI), and the Big Three and Big Five personality traits in order to evaluate their relationship to various forms of psychopathology. In doing so it becomes apparent that Jung's original conception of psychological types are fundamentally different to both the MBTI and the Big Three and Big Five personality traits. Modern personality research focuses on categorization for the purposes of defining diagnostic categories and treatment strategies but this was not Jung's purpose in describing the types. Jung's differentiation of the two psychological types, and the four functions, did not imply any value judgement or that one was more prone to psychopathology than another. Furthermore, Jung's understanding of the Introverted and Extraverted types as fundamentally different ways of perceiving and comprehending the world has been overlooked by modern personality trait psychology, possibly to the detriment of the Introverted type in our extravert-oriented society.

Keywords: personality, traits, introversion, extraversion, psychopathology,

Jung's psychological types

In *Psychological Types* (1921) Jung outlined his understanding of different psychological types he had observed during his clinical work. These consisted of two main

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types: the Extraverted and the Introverted types. He defined the Extraverted type as being focussed on the object with a resultant flow of psychic energy (libido) towards the external object (Jung, 1953). The Introverted type was the opposite of this with the energy being directed internally towards the subject. The bulk of *Psychological Types* (1921) is comprised of Jung juxtaposing various Extraverted and Introverted historical and contemporary writers to demonstrate this basic division. He even applied his understanding of types to explain the apparently contradictory approaches of Freud and Adler to neuroses (Jung, 1953). Our modern understanding of the terms 'introvert' and 'extravert' are founded on Jung's basic premise. Jung summarizes the two types:

> The first attitude [introversion] is normally characterized by a hesitant, reflective, retiring nature that keeps itself to itself, shrinks from objects, is always slightly on the defensive and prefers to hide behind mistrustful scrutiny. The second [extraversion] is normally characterized by an outgoing, candid, and accommodating nature that adapts easily to a given situation, quickly forms attachments, and, setting aside any possible misgivings, will often venture forth with careless confidence into unknown situations (Jung, 1953, p. 44)

Jung refines his theory by introducing two rational (Judging) and two irrational (Perceiving) functions. The rational functions are characterized by being active, reasonable, discriminating, logical, and consistent, whereas the irrational functions are contingent upon either external objects or internal conditions; they are receptive and passive, and do not evaluate or interpret (Jung, 1921, 1933). Jung intends no value judgement in differentiating between the rational and irrational functions. Both are necessary and operate in all individuals to a greater or lesser extent. Similarly, Jung also avoids making any value judgements about the Extravert and Introvert types.

The two rational (or Judging) functions Jung calls Thinking and Feeling. Thinking was to be understood, in the commonplace sense, as the activity of thought. Feeling was understood as the emotional logic (but not emotion *per se*) of understanding the world through felt values. The two irrational (or Perceiving) functions Jung refers to as Sensing and Intuition. Sensing was understood as in sensual, perceiving the inputs of the sense organs; whilst Intuition was a perception of the process behind the façade on an unconscious level. In Jung's words '*Sensation* (i.e. sense perception) tells you that something exists; *thinking* tells you what it is; *feeling* tells you whether it is agreeable or not; and *intuition* tells you whence it comes from and where it is going' (Jung, 1964, p. 49).

In every individual, says Jung, there will be a primary function, which is usually largely conscious, and an auxiliary function, which is usually largely unconscious. The primary and auxiliary functions determine and influence the person's predominant psychological type. So, for example, someone could have a primary function of Thinking and an auxiliary function of Intuition. An example of an Extraverted person with these functions could be a successful entrepreneur (their libido is directed outward towards an external object but their success also depends on the supporting function of their Intuition. Thinking and Feeling or Sensing and Intuition can never be the primary and auxiliary functions, as they are effectively opposing poles.

The remaining two functions will be effectively atrophied whilst the primary function may become over-developed. The atrophied or inferior functions will still exert an influence but from within the unconscious, as it seeks to compensate the primary function, and this will be of a relatively basic and undeveloped form. In extreme cases the unconscious will over-compensate producing psychopathology.

Jung's psychological types & psychopathology

Jung acknowledged that the interpersonal and intrapersonal conflicts between psychological types could result in psychological disturbance, 'The sort of demons that introversion and extraversion may become is a daily experience for us psychotherapists', Jung (1921, p. 207). He states that parental influence can lead to a falsification of one's innate type and result in later neurosis (Jung, 1921, p. 332). Similarly, that reversal of one's innate type can be physiologically harmful and cause 'acute exhaustion' (Jung, 1921, p. 333).

Jung mentions particular nervous and physical disorders by which an Extravert may be afflicted. These reflect the characteristic situation that the person is in that has led them to be over-extraverted. The unconscious then creates an affliction as a compensatory mechanism to prevent the unchecked outward flow of energy. In particular, Jung (1921, p. 336) identifies 'hysteria' as the most frequent neurosis of the Extravert. Jung (1921) explains that the unconscious can become a source of self-destruction when it over-compensates. This can result in nervous breakdown; uncertainty and loss of interests or wanting too much and too many interests. This can lead to substance abuse or even suicide. The Introvert, on the other hand, is susceptible to 'extreme sensitivity' and chronic fatigue. Table One summarizes what Jung says about psychological types and psychopathology. However, apart from these few general examples, Jung intentionally does not elaborate on the psychological types, conscious and unconscious functions, and how they relate to psychopathology.

<TABLE ONE>

Jung does not proceed from this typology to prescribe particular medications or psychological interventions, and in this he differs greatly from our modern proponents of personality types. Instead, Jung's answer consists in restoring the balance, or bridging the gap, between the subject and the object, the Introvert and the Extravert, Thinking and Feeling, or Sensation and Intuition, by the use of fantasy. This, presumably, along with dream interpretation (Jung, 1964), was what led Jung to the practice of active imagination (Chodorow, 1997) as his key therapeutic approach. Neither are these problems of balance and disconnection limited to individuals in cases of psychopathology, but in Jung's view, they are all different modes of comprehending the world and interacting with it. These problems, then, pertain not just to the individual but also to society and culture as a whole, 'What is true of humanity in general is also true of each individual, for humanity consists only of individuals. And as is the psychology of humanity so also is the psychology of the individual', Jung, (1953, p. 50). Our entire history of ideas, argues Jung, depends upon it , 'Both these necessities exist in us: nature and culture. We cannot only be ourselves, we must also be related to others' (Jung 1921, p. 88).

As can be seen from Table One, a number of similar psychological disturbances can result from different imbalances between the conscious and unconscious psychological types. This is similar to modern diagnostic categories that often struggle to differentiate between diagnoses, referred to as 'co-morbidity'.

Modern personality types

Since Jung first described his psychological types much further development and research has been done. Modern psychologists talk about personality types or traits. Jung's contributions remain in the form of the Myers-Briggs Type Indicator (MBTI) but psychologists today tend to utilize the 'Big Three' or the 'Big Five' personality traits. There

is much debate around personality and psychopathology types or categories *versus* traits or dimensions. Some researchers have criticized the categorical approach to personality disorders (Costa & McCrae, 1992; Clark, 2005) and favour a dimensional view instead. A meta-study performed by Haslam, Holland & Kuppens (2012) found evidence that tended to support a dimensional view of personality structure and psychopathology, although an argument could be made for the categorical view with regard to particular cases: schizotypy, substance use disorder, and autism. Clark (2005) also argues for a dimensional view but allows that this is not necessarily incompatible with a categorical view, which may be helpful for decision making processes. However, there seems to be mounting research evidence that favours a shift towards a trait-based view of personality and psychopathology (Krueger & Eaton, 2010).

Other personality types abound, especially in popular psychology, such as the Psychopath, Machiavel, and Narcissist types (James, 2013), and Aggressive, Passive, and Passive-Aggressive behaviours (Hasson, 2015). Strictly speaking, the latter examples are descriptors of behaviours not types but this raises the question of the difference between a behaviour and a personality type as it seems to me that the two are very closely related. The 'Big Three' personality traits are: negative emotionality, positive emotionality, and disinhibition versus constraint (Clark, 2005). The first two have been subsumed into the 'Big Five' categories of Neuroticism and Extraversion respectively (Kotov, Gamez, Schmidt, & Watson, 2010). The 'Big Five' personality traits are: Neuroticism, Extraversion, Conscientiousness, Agreeableness, and Openness to Experience. These have been shown to be stable traits across, age, gender, and culture (Kotov et al. 2010; Costa, 1991; Costa & McCrae, 1992). They have been replicated in German, Dutch, Japanese, Filipino, and Chinese populations, and many of them have been found to be highly heritable (Costa & McCrae, 1992). The 'Big Five' traits have been shown to contribute to academic

performance, occupational attainment, divorce, life satisfaction, subjective wellbeing, physical illness, and longevity (Kotov et al. 2010).

Although Jung's concept of Extraversion – Introversion has been retained his other psychological types have disappeared from the Big Five. The MBTI stays closer to Jung's original formulation but even this takes a different perspective. Jung essentially saw Thinking, Feeling, Sensation, and Intuition as functions of the two main psychological types of Extravert and Introvert (see Table One). The MBTI reorganizes these, plus adding Judging and Perceiving as a dimension in its own right, to make four dimensions that result in sixteen possible personality types. McCrae and Costa (1989) concluded that the MBTI did not align with Jungian theory but that it did converge with the Big Five.

However, in the Big Five, even Extraversion has morphed into something different. For Jung Extraversion and Introversion were two distinct psychological types, but for modern personality psychologists these are now understood as two ends of a scale of a single trait labelled 'extraversion' (Eysenck & Wilson, 1975). In addition, we seem to have lost the important point that Jung was continually trying to emphasize about psychological types. This was that an Extraverted type could never fully comprehend an Introverted type, and *vice versa*, as this was an innate determinant and limitation to the way that they experience and comprehend the world. Whilst the general idea that all experience is filtered through our own cognitive set is generally accepted in modern psychology, this self-reflective approach seems to have been quietly forgotten about in the Big Five discussion of personality types. As Jung put it 'Whatever we look at, and however we look at it, we see only through our own eyes' (Jung 1933, P96).

Modern personality types & psychopathology

Much more research has been undertaken using these modern conceptions of personality types than Jung's originals. Kotov et al. (2010) undertook a meta-analysis of

studies linking personality types to anxiety, depressive, and substance use disorders. They found that all of these disorders were strongly associated with high Neuroticism and low Conscientiousness. Many were also associated with low Extraversion whilst some were associated with high disinhibition. Low Agreeableness was only found to be related to substance use disorder and Openness did not appear to be related to any of the disorders in question (see Table Two).

<TABLE TWO>

Kotov et al. (2010) emphasize that these results are correlative and that longitudinal research is needed to determine causation. They also point out that comorbidity complicates the issue as these disorders do not often occur in isolation. Indeed, the issue of 'co-morbidity' has been identified as one of the problems with the categorical approach to psychology and psychopathology (Boyle, 2007).

Other psychological concepts related to personality types and psychological health include Type A Behaviour Pattern (TABP), Emotional Intelligence, Type-D personality, and Resilience.

Emotional Intelligence (Goleman, 1995), describes how aware people are of interpersonal and intrapersonal emotional dynamics, and how well they manage them. TABP is associated with behaviour and attitudes that are aggressive, ambitious, hostile, impatient, and competitive. Some studies have associated TABP with Coronary Heart Disease (Denollet 1998). Day, Therrien, & Carroll (2005) found that Emotional Intelligence, Type A Behaviour Pattern (TABP), and the Five Factor Model overlapped with each other to a large extent. All of the three measures predicted increased personal well-being and personal effectiveness. People who scored high for Emotional Intelligence tended to be more Extraverted, score higher on Conscientiousness and Agreeableness and lower on Neuroticism. They were more hardworking and achievement oriented, and less impatient and irritable.

Type D personality is considered to be a conjoining of negative affect and social inhibition, and characterized by high Neuroticism, low Conscientiousness, and low Extraversion. It has been associated with cardiovascular disease, Melanoma, mild traumatic brain injury, vertigo, and sleep apnea. Type D patients may therefore benefit from psychological interventions that improve coping skills and decrease stress (Mols & Denollet, 2010).

'Resilience' is an example of another trait that can help avoid depression. Edward (2005, p. 1) defines it as 'the ability to rise above difficult situations' and lists a number of personality characteristics associated with it including: optimism, adaptive coping style, ability to gain social support, as well as higher levels of intelligence and education, a wide range of interests, and orientation towards future goals. Robins, John, Caspi, Moffitt, & Stouthamer-Loeber (1996) conducted a study with adolescent African American and Caucasian boys. They identified three personality types. Resilients were intelligent and successful, well behaved in school and showed lower rates of delinquency and psychopathology. Overcontrollers attempted a high level of inhibition over their emotions. They were very similar to *Resilients* but had a tendency to internalize problems. Undercontrollers were disinhibited and impulsive and showed a pattern of academic, behavioural, and emotional problems with higher levels of delinquency.

Advantages of mapping personality types against psychological disorders include: risk assessment, prognosis, and treatment selection (Kotov et al. 2010), assisting diagnosis, helping therapists develop empathy, and helping clients identify their strengths (Costa, 1991). For example, Costa & McCrae (1992) report that whilst avoidant and schizoid individuals are both introverted the Neuroticism scale can help distinguish between them. However, they also point out that it is the inappropriateness of behaviour, not whether it is high on the personality scales, that is problematic.

The degree of MBTI match between therapist and client has been associated with higher ratings of the therapeutic relationship, especially with regard to the Thinking – Feeling and Judging – Perceiving dimensions (Nelson & Stake, 1994). It seems to me that this may be as important as any relationship between personality types and psychopathology. Indeed, Nelson & Stake (1994) found that the best therapeutic relationships involved therapists who scored highly on the Extraversion and Feeling dimensions of the MBTI. Therefore, an awareness of one's own MBTI and that of the client could be critical in developing the therapeutic relationship.

Conclusion

The question of how Jung's personality types relate to different forms of psychological disturbance is a difficult one to answer. Firstly, because Jung was more concerned with describing the psychological types than exploring how they relate to psychopathology.

Secondly, because the majority of empirical research undertaken into personality types and their relation to psychopathology has been done using modern definitions of personality types. Jung's work was based predominantly on his own clinical 'observations and experiences' (Jung 1953, p. 43) rather than on research evidence of his contemporaries. *Psychological Types* (Jung 1921), for example, makes little reference to such research or case studies. Jung acknowledged that the psychology of his day was at a young age and '… still little more than a chaos of arbitrary opinions…' (Jung 1933, p. 100). Modern research is based on the gold-standard of double-blind randomized trials, a very different approach to that taken by Jung.

A third difficulty is that ideas about psychopathology have also changed over time. Jung's terms, such as 'neurosis' and 'hysteria' are no longer used. Instead they have been replaced by diagnostic tools, the DSM-5 and ICD-10, that attempt to categorize mental

disorders on the basis of their presentation and organic basis (compare Tables One and Two above). This has been a topic of considerable debate, especially between the disciplines of Psychiatry and Clinical Psychology (Boyle, 2007). It seems unlikely to me that Jung would have approved of the highly categorized approach taken by modern Psychiatry, where the emphasis seems to be on prescribing medication to contain the symptoms rather than an in-depth exploration of the meaning of those symptoms for the individual in the context of their life. Indeed, Jung refers to a 'regrettable misunderstanding' and begins *Psychological Types* (Jung 1921, p. xiv) by declaring '…this type of classification is nothing but a childish parlour game…' and that his typology does not serve to '…stick labels on people at first sight'. Although stating that conflict between the types can produce neuroses in the form of hysteria, compulsion, or psychosis, Jung insisted that the question of 'the choice of neurosis' was not answerable at that time (Jung 1933, p. 93).

The danger of categorisation is that personality differences risk becoming pathologized into diagnostic criteria. Jung pointed out that modern Western society tends to favour the Extravert. The Introvert tries to operate within this context but often undermines their own innate nature in doing so (Jung 1921, p. 373). It seems that this situation has not changed as Susan Cain echoes Jung in this respect whilst attempting to re-empower and value the contributions of Introverts in modern Extravert-oriented society (Cain, 2012). The danger is that the Introvert's natural way of being can become pathologized by the prevailing culture. Denollet misleadingly states, 'Introversion has been associated with less social support seeking, poor quality of social interactions and low self-esteem', (Denollet 1998, p. 2) and does not take care to differentiate this situation from the healthy Introverted type. Introverted types do not necessarily suffer from these afflictions. It seems to me that conclusions such as this may be biased due to the perspective of the pre-dominant Extroverted type. When does a natural disposition toward Introversion become a diagnosis of social anxiety? Krueger and

Eaton (2010, p. 103) warn us that, 'The concept of disorder involves value judgements and is therefore inherently a matter of societal and professional opinion'. A recent example of this is the work of Elaine Aron on the Highly Sensitive Person (HSP)[2]. She emphasizes that this innate trait is not pathological but can often be misunderstood as Introversion or Neuroticism (Aron, 2013).

As a trainee hypno-psychotherapist, whilst reluctantly acknowledging the occasional necessity of categorisation and medication, my personal preference is for a more humanistic approach to mental health that values the individual in the context of their own life. But, perhaps, that preference depends on my own psychological type?

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[2] See http://sensitivethemovie.com/

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(Word count: 4,002)

Table One: Summary of Jung's Psychological Types & Their Relation to Psychopathology

		The two main psychological types	
	Functions	**Extraverted**	**Introverted**
Judging (rational)	**Thinking**	Self-seeking, self-deception, unethical actions, obsession with an ideal, prejudice, petty, mistrustful feelings, dogmatism, doubt and fanaticism, 'Nothing but' or materialistic thinking, *theosophical* thinking,	Inner debility and cerebral exhaustion, emotionality and touchiness, over-sensitiveness to criticism, social isolation, mythological thinking, 'vague fear of feminine sex'.
	Feeling	Dissociation of feeling, lack of human warmth, hysteria, self-disunity, extravagance, obsessive negative ideas.	Tyranny, vanity, despotic bossiness, unscrupulous ambition, mischievous cruelty, projection, paranoia, clandestine rivalries, exhaustion, physical complications, e.g. anaemia.
Perceiving (irrational)	**Sensation**	Crude pleasure-seeking, projection, jealous fantasies, anxiety, phobias, compulsions, pedantry, moralizing, superstition.	Illusory conception of reality, near-psychotic states, victim mentality, isolation, paranoia, compulsive suspicions, hysteria, exhaustion.

	Intuition	Projections, sexual suspicions, forebodings of illness, compulsions, over-subtle ratiocinations, hair-splitting dialectics, ruthless superiority, hypochondria, phobias.	Instinctuality and intemperance, dependence on sense-impressions, compulsive sensations, hypochondria, hypersensitivity of sense organs, compulsive ties to persons or objects.
Summary based on chapter X of *Psychological Types* (Jung 1921). The psychological disturbances listed result from an *over-extended* extraversion/introversion and/or *over-compensation* by the inferior functions.			

Table Two: Summary of Kotov et al. (2010)

Disorder	**N**	**E**	**C**	**A**	**O**	**D**
Internalizing (distress) Disorders						
MDD	High		Low			
Dysthymic Disorder	High	Low	Low			
GAD	High		Low			
PTSD	High		Low			
Internalizing (fear) Disorders						
Panic Disorder	High		Low			
Agoraphobia	High		Low			
Social Phobia	High	Low	Low			
Specific Phobias	High		Low			
Externalizing Disorders						
Substance Use Disorder (SUD)	High		Low	Low		High
Antisocial Behaviour	High		Low	Low		