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## Comment on Soren Ekstrom's Paper

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This Paper compares Jung's eight psychological types with the system of classification of abnormal personality patterns devised by the American Psychiatric Association in order to clarify what is meant by personality disorder.

This pioneering attempt by a Jungian analyst to make clearer what a Jungian character analysis might be deserves our respect. Jungian analysts have long shrunk from the task of understanding the nuances of the neurotic and psychotic character so admirably sketched by such Freudian authors as Reich, Deutsch, Shapiro, and Kernberg. It would seem, moreover, that our starting point might well be the eight psychological types. Jung's own descriptions of the types (at least in the general descriptions at the end of *Psychological Types*) are in fact loaded with pathological inferences, implying a relation of the normal to the pathological (**JUNG 5**). Unfortunately, Jung never spelled out exactly what this relationship might be, with the effect of pathologising his descriptions of normal personality elements. Soren Ekstrom's paper even further confounds the normal with the pathological; so that the incautious reader might be left with the impression that a psychological type is the same thing as a personality pattern disturbance. Therefore, I found myself wanting a clear statement from him that the system of psychological types has been generally used to represent the range of normal personality differences, whereas the DSM-III system classifies abnormalities in personality structure. I think this would make the parallels that he draws between normal and abnormal personality even more intriguing, although of course still unaccounted for.

Certainly, Jung aimed to assess character not only in its normal but also in its psychopathological aspect, and in the main he seems to have distinguished the successful use of any function (such as extraverted thinking) from the pathologies that emerge when that function is so developed that it tends to inhibit the use of other balancing functions within the personality (ego inflation) or so grossly undeveloped within the total personality as to be under the sway of the

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unconscious (inferior function). Since his time, only a few efforts have been made from within typology to sort out this problem of the relation of the abnormal to the normal. There was the attempt, relatively early on, by van der Hoop (**4**) and the somewhat later ones by Bash (**1**), but the best-known has been that of Marie-Louise von Franz in her lectures on the inferior function, contained in the Spring Publications book, *Lectures on Jung's Typology* (**FRANZ, 3**).

I have myself been trying for some time now to work out the relation of the types to psychopathology. My first attempt was to relate different types as the inferior function to major kinds of psychotic disturbance; this work is part of the essay I wrote with Donald Sandner, 'Psychopathology and analysis,' which appears in Murray Stein's *Jungian Analysis* (**STEIN 6**). Although I would have liked at that time to bring in the syndromes of personality pattern disturbance, I discovered that a more complete presentation of typology would be required. This I tried to provide in the paper I published in the 1984 issue of *Chiron*, 'Psychological types in transference, countertransference, and the therapeutic interaction'. There I emphasised what for me had become the crucial point: that the different functions are carried by different complexes. When a function is expressing itself, whether normally or pathologically, its expression is determined by the nature of the complex carrying that function. Poorly structured or poorly integrated complexes have particularly the possibility of introducing psychopathology into the way a particular psychological type is used in interactions which call for, and call forth, that type.

Since that time (in seminars available on cassette from the C. G. Jung Institute of San Francisco) I have been actively exploring the archetypal characteristics of the complexes that exist to carry the various functions. To summarise these investigations, I now believe that the superior function is regularly carried by a complex that has qualities of an heroic character; that (as others have also noted) the inferior function is indeed carried by an archetype of contrasexual otherness, the classical anima or animus, although this is not the only contrasexual figure; that the auxiliary function is fatherly in a man and motherly in a woman; and that the 'third' or next-to-inferior function has qualities of the *puer aeternus* or *puella aeterna* in its manifestation. I believe that the functions carried by these four complexes alternate in their attitudes between extraversion and introversion; so that a system of checks and balances for adaptation and a seductive sense of wholeness is provided to the person who manages to become aware of the

functioning of all four. Yet these four complexes, which naturally differentiate themselves to become ego-syntonic for an individuating ego in the course of an analysis, are but the 'north forty' of rows to be hoed in the process of personality cultivation. The 'south forty' are the

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shadow sides of these respective functions—the same functions, but with opposite attitudes with respect to extraversion or introversion. These four shadow complexes are far harder to realise as part of oneself in analysis, and are more regularly projected or function entirely out of the awareness of even the fairly well-differentiated psychological individual. They represent the part of us that is truly unconscious, the dark side of the self. I have chosen to call these four complexes carrying the functions which are ego-dystonic the opposing personality, the demonic personality, the senex (in a man) or negative mother (in a woman), and the trickster. The greater part of our character pathology, I believe, comes from these typological complexes which are in shadow. They are the hardest to analyse, because they do not appear as part of what the patient thinks to talk about, although they may well appear in dreams and in the ways the patient treats the analyst.

Thus I am wary of making a direct correlation, as Soren Ekstrom seems to do here, between the type found in the superior function complex (the man's hero or the woman's heroine) and a character diagnosis. I have found that when a function behaves pathologically, it is almost never in the superior position within a given person's personality; rather it is in some relatively undeveloped, and even more specifically unconscious place. The worst pathology comes from the shadow complexes.

There are, of course, many cases where the superior function has not yet fully emerged within the conscious personality of the individual; with the result that what seems to be the superior function is really the shadowy opposing personality, defensively used as the primary social adaptation. The person is adapting through the shadow—through the defensive use of morally questionable power—and much character pathology may result.

For instance, in a culture which appears to demand masculine adaptation, some women will supply to their ultimate detriment a sort of 'animus ego', which turns out to be the masculine, shadow side of the culturally unaccepted feminine heroine. A woman's oppositional, mean or passive—aggressive presentation of herself in this role betrays a suppression of her true ego and an adaptation through the opposing personality. An interesting side discovery has been that this opposing personality, like the classical animus which carries the inferior function, is often also a contrasexual figure, but one meant primarily to defend the personality, and is a more powerful, negative and difficult figure than the sensitive masculinity carrying the inferior function that has the task of mediating the woman's relation to her unconscious life.

I have in progress a book in which I am trying to make this and other implications of this kind of complex analysis of the types clearer. It is my understanding that in America Kiersey is also about to publish

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a book which will attempt to relate the types to their potential for psychopathology; so it is clear that a new generation of type psychologists is trying to solve the problem of the relation of the normal type to the pathological.

With these considerations in mind, I would hate to see anyone go back now to an analogue of Jung's early view that extraverted feeling types are the hysterics and introverted thinking types the schizotypals, for this would collapse much differentiating work that has been done since. Correlations between a particular type and a particular psychopathological syndrome make sense, it seems to me, only if the complex carrying the syndrome is delineated; and, as I have said, this is almost never the complex carrying the superior function. Thus, the particular correlations that Soren Ekstrom gets by comparing Jung's wording in describing the types with that of DSM-III describing the syndromes do not always correspond to the ones that I have made over the years using my clinical method. In my own work, I start by recognising a peculiarity of personality in the midst of analysis and then wait to see what the type of the person turns out to be, once the normal personality emerges in an accepting analytic environment. To give two examples where the results of my thinking and my method have led me to conclusions which differ from Dr. Ekstrom's: I have found (1) that avoidant personalities often turn out to be introverted feeling types, the avoidant behaviour representing the functioning of a shadowy, oppositional extraverted feeling and (2) that schizoid personalities are generally introverted; what seems affectively blunted and emotionally constricted is the undeveloped or extraverted sides of their personalities coming out under stress.

In many other places, my clinical findings sharply disagree with Dr Ekstrom's parallels based upon trait name wording. I found it hardest to agree with the correlation of extraverted thinking to schizoid personality; in my experience, extraverted thinking types are often cheerful and attempt (sometimes exhaustingly) to stay related, if at times in an inflated, insensitive way that may seem insincere or hypomanic to others.

I can more easily agree with his attribution of histrionic personality to the extraverted feeling type, but I account for this on the basis of an activation within extremely eager-to-please members of that type of the opposing personality, expressing introverted feeling in a bullishly shadowy way to compensate for the vulnerability of the superior function. Similarly, I have found the compulsive personality that appears in some introverted sensation types to represent their defensive use of extraverted sensation.

My own attributions and explanations are based on considerations that go well beyond the scope of Soren Ekstrom's paper, and I stress

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my differences from his admittedly preliminary conclusions only to emphasise the need in practice for an analyst to differentiate carefully the normal from the pathological expression of a function when working with a patient. It is quite important in the midst of treatment to know when extraverted feeling is intensely related but not hysterical, and introverted sensation conscientiously attentive but not compulsive, and so on.

Here, one's own type biases based on projection, particularly of one's shadow functions come in to confuse empathy. My experience of the various types is affected by the complexes which carry the respective functions within my own psyche. I think this extends beyond distorting projection to one's actual fate: a person with a particular configuration of type meets only certain representatives of the types that are in his or her shadow, and not others. I am convinced that the referral process in psychotherapeutic practice is synchronistic; so that one gets patients who more or less correspond in important ways to the character of one's own unrecognised complexes. For a long time, I was sure that introverted intuitives were oppositional, passive—aggressive, difficult personalities, because as often as not, those were the introverted intuitives I met. Now I regard this 'finding' as a consequence of the fact that my own superior function is extraverted intuition and that I was projecting, or finding in projection, my own opposing personality, the complex in me that carries introverted intuition. The inevitability of contamination by one's own personal equation makes the attribution of a psychopathological tendency to any type extremely risky, and I would feel better if Dr Ekstrom had not sounded quite so sure sometimes of the reliability of his own attributions. I think many factors could be influencing his choices other than the apparent similarity in trait names.

My only other criticism, or compensatory reaction, is that the whole concept of character pathology and its relation to analytic thinking is only sketchily touched upon within the paper in its present form. How I would like some statement about the virtual neglect of the concept of character neurosis within our field of analytical psychology! (This corresponds to the neglect of typology outside our field). A look at the history of the concept of character disorder (later called personality disorder) would be a most welcome addition. Dr Ekstrom had the opportunity with this paper to reintroduce us to a topic that we ought really to examine from the standpoint of our psychology. He could have made it clear that DSM-III did not emerge fully-blown. As a beginning psychiatrist in the late 1960s, I was making personality diagnoses regularly with the then new DSM-II diagnoses and regretting that I could not use some of the discarded DSM-I ones. The Axis II diagnoses on the DSM-III have a long and

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interesting history, some of which was known to, or should have been known to, Jung at the Burghölzli. Early in his paper, Dr Ekstrom misses a chance to score a point on Jung, in the quote about 'psychasthenia'. In fact, Jung, if I am not mistaken, there confused psychasthenia with neurasthenia, the other major syndrome delineated by Janet. The distinction is made clear in Ellenberger's chapter on Janet in *The Discovery of the Unconscious* (**ELLENBERGER 2**). The 'asthenic personality' of American psychiatry derives, I believe, from neurasthenia, not psychasthenia.

My mention of this error points up a quality of Jung's type descriptions at the end of *Psychological Types*—their hastiness and irritability. Possibly he wrote this part of the book with his own opposing personality, which I think carried extraverted intuition. Certainly it is as if Jung is often glibly pathologising the various types rather than pointing out their different liabilities to pathology. This is not to gainsay what is valid in this approach, his insight that there is a pathology in the normal, just as there is a normality within pathology. I have taken Dr Ekstrom to task for what is really Jung's own tendency to oversimplify. In our present efforts to rework this ground, I think we could all do our field a service by keeping the distinction between the normal and the pathological clearer than Jung did, so that we can ponder their intricate relationship with more rigour and more clinical sophistication.

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