Jung's Typology and Dsm-III Personality Disorders: A Comparison of Two Systems of Classification

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When Jung devised his theory of psychological types in 1921, the distinction between neurotic reaction and personality disorder was not established. Only with the later recognition of long-standing patterns of adaptation, apart from immediately disabling symptoms, was the notion of personality disorders as a separate diagnostic category formulated. Nevertheless, Jung's typology in many ways is one of the early attempts to distinguish symptomatology from deep-seated structures which profoundly impact a person's long-term functioning (JUNG 4).

With the introduction of a new diagnostic manual by the American Psychiatric Association in 1980, definitive steps were taken to treat personality structure as separate from distinct symptoms (AMERICAN PSYCHIATRIC ASSOCIATION 1). For the first time, personality disorders were placed on a separate axis, Axis II, thereby permitting clinicians to distinguish between the two types of functioning. However, inside as well as outside the Jungian community, there have been no attempts to assess Jung's typology in the light of the new manual.

At first glance, the two systems may appear to have little in common. Jung's typology does not seem concerned with the mala-daptive behaviour, but rather gives credence to the possibility that there are many styles of functioning, all of which are adaptive. Personality disorders, as defined in DSM-III on the other hand, seem exclusively focused on overtly disturbed behaviour.

Under closer scrutiny, however, we find that Jung made numerous types. It is in the later development of his ideas that these references disappeared, so that all three of the currently most used type surveys omit them (WHEELWRIGHT, WHEELWRIGHT & BUEHLER 12; MYERS 7; SINGER, LOOMIS 9).

We also find that DSM-III's Axis II offers a clearly descriptive method of isolating principal traits in a person's long-term functioning (AMERICAN PSYCHIATRIC ASSOCIATION 1; EPSTEIN 2). This method is consistent with Jung's typology to a far greater degree than previous diagnostic manuals. Pinpointing overlapping or similar categories in the two systems is therefore quite relevant, especially for today's practice of analytical psychology.

Jung's Use of Character Description

In his initial formulations of typology, characterological parallels to major psychopathology, i.e., hysteria and schizophrenia are the main focus (JUNG 4, pp. 499-509). The term 'character' continues to be used to illuminate important aspects of the general types in Jung's major contribution, Psychological Types, now with clear reference also to normal psychology (JUNG 4). In defining the extraverted types, he emphasises the role played by hysterical traits and equates them with the maladaptive side of these types. He writes: 'The hysterical character begins as an exaggeration of the normal attitude [extraversion]; it is then complicated by compensatory reactions from the unconscious, which counteract the exaggerated extraversion by means of physical symptoms that force the libido to introvert' (JUNG 4, par. 566).

The use of a characterological definition closely parallels DSM-III, the only exception being that the term 'personality' has replaced character and the term 'histrionic' replaces 'hysterical'. The idea of first focusing on long-term structure is also echoed in diagnostic manual's Axis II (AMERICAN PSYCHIATRIC ASSOCIATION 1, pp. 23-25). Using its language, we may say that Jung is describing a generally outgoing personality, actively soliciting responses from others, often at the expense of maintaining solid inner structure. By virtue of its active orientation, this type of person is prone to somatic symptoms, which would parallel Axis I reactions.

Jung uses similar terms when describing the generally introverted type, although the earlier references to regressive introversion and schizophrenia have been abandoned. Owing to a fearful avoidance of the influences of other people, a defensive alienation frequently occurs. He writes: 'His fear of objects develops into a peculiar kind of cowardliness; he shrinks from making himself or his opinions felt, fearing that this will only increase the object's power. He is terrified of strong affects in others, and is hardly ever free from the dread of falling under hostile influences'. (JUNG 4, par. 627.)
It seems clear that Jung has the long-term maladaptive aspects in mind also in this description. By stressing a struggle for ego-control, at the expense of relatedness to others, which often leads to exhaustion and withdrawal, the emphasis again is on characterological traits. A tendency toward psychasthenia is specifically mentioned and this now outdated term seems to stand for what today is called dysthymic disorder or depressive neurosis (AMERICAN PSYCHIATRIC ASSOCIATION I, pp. 220-223). Jung writes: ‘The typical form his neurosis takes is psychasthenia, a malady characterized on the one hand by extreme sensitivity and on the other by great proneness to exhaustion and chronic fatigue’ (JUNG 4, par. 626.)

Although the focus here appears to be on neurotic reactions or Axis I symptoms, we easily recognise this type as having traits in common with DSM-III's avoidant personality, which in the previous diagnostic manual was actually called asthenic personality (AMERICAN PSYCHIATRIC ASSOCIATION I, p. 379).

Character Traits in Jung's Types

When detailing the types according to specific functions, Jung continues to use characterological criteria consistent with his earlier conclusions that ‘a neurosis simply emphasizes and throws into excessive relief the characteristic traits of a personality’ (JUNG 4, par. 863). As shown in Figure I, these criteria lead to eight different personalities, all described with specific maladaptive traits often echoed by DSM-III.

The extraverted thinking type is seen as dogmatic, single-minded, intolerant, and cold, traits which describe a combination of DSM-III's schizoid and paranoid personalities. The extraverted feeling type is related to being dissociative, overreactive, calculating and shallow—all traits which are in accord with the histrionic personality. The extraverted sensation type is seen as concretistic, hedonistic, pedantic, and callous, traits which DSM-III lists mostly under the passive-aggressive personality, although Jung's description is more benevolent. The extraverted intuitive, finally, is seen as exploitive, irresponsible, unstable, and ruthless—traits mostly fitting with the anti-social personality, although Jung does not stress the delinquent aspects.

On the introverted side, the thinking type is seen as defensive, fearful, reluctant, and stubborn, traits mainly belonging to the avoidant personality. The feeling type is seen as vicarious, dependent, melancholy and secretive—traits mainly belonging to the dependent personality. The sensation type is described as defended, controlling, unsympathetic and trivial—mostly a compulsive personality in DSM-III. The intuitive type is finally described as grandiose, self-absorbed, fantastic, and obsessed—traits common with the narcissistic personality.

Jung also lists a number of typical neurotic reactions, and these are generally tied to the characteristics of the least developed or ‘inferior’ function (Table 1). Extraverted feeling is associated with a proneness to hysteria, and extraverted sensation with compulsions and phobias. Extraverted intuition, finally, is tied to hypochondriacal fears and compulsions.

As for the introverted types, the thinking type is prone to psychasthenia, while the feeling type is associated with anaemia. The sensation type is prone to compulsive neurosis, while for the intuitive type, finally, compulsive ties to others and hypochondria would be the most common symptoms or reactions.

By focusing on typical maladaptive traits in Jung's descriptions, we thus arrive at eight different characterological disorders or personalities. In Table 3 the main traits for each type have been listed along with matching DSM-III personality disorders. The comparison shows two systems of classification with many clear similarities. As we shall see the only explanation for this congruity is that the observations of personality traits agree.

TABLE 1 Jung's Type Criteria (1) (Source: C. G. Jung, Psychological Types.)

<table>
<thead>
<tr>
<th>DEFINITIONS</th>
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<tr>
<td><strong>Orientation:</strong></td>
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<tr>
<td>a) extraverted—towards others or objective, active;</td>
</tr>
<tr>
<td>b) introverted—towards self or subjective, reflective.</td>
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<tr>
<td><strong>Function:</strong></td>
</tr>
<tr>
<td>Four cognitive modes: thinking, feeling, sensation, intuition; grouped in order of preference: main, auxiliary, and inferior.</td>
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<tr>
<td><strong>Preference:</strong></td>
</tr>
<tr>
<td>a) main function: primary mode of functioning which determines type designation;</td>
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b) auxiliary function: secondary and tertiary mode; may or may not be developed;
c) inferior function: least developed mode; remains partially unconscious at all times.

THE EIGHT MAIN TYPES

Extraverted thinking:
A) Makes objective data or intellectual formula ruling principle and expects everyone to obey it: **principled**; in extreme cases, **dogmatic**;
B) Consciously **idealistic**, but indifference to means used can lead to **singlemindedness**;
C) **Dedication** to objective formula; also lack of personal consideration and **intolerance**;
D) Everything is seen as **rational**; can lead to detachment from feelings of others, **coldness**.

Introverted thinking:
A) Influenced by ideas; seeks intensity and **independence**; often **defended** against influence of others;
B) **Vulnerable** and in need of solitude; often **fearful** of intimacy and attention;
C) **Tenacious** and uncompromising in developing ideas, but **reluctant** to make them objective reality;
D) Pursues ideas **without compromising**; also **stubbornly** holds on to them.

Extraverted feeling:
A) Strives for harmony with objective values: **adaptive**; when extreme, **dissociative**;
B) Well **related** to others and external condition; tendency towards **overreactive** displays;
C) **Practical**; with inferior thinking ‘nothing but’ logic, **calculating**;
D) Charming and **appropriate**; also perceived as **shallow**.

Introverted feeling:
A) **Sympathetic**, but expresses self through others: **vicarious**;
B) Aims to adjust to others through pleasing, **harmonising**, which may lead to **dependency**;
C) Strives for inner intensity: **inaccessible**; also **melancholy**;
D) **Reserved**, with tendency toward being **secretive**.

Extraverted sensation:
A) Well-developed sense of objective facts, thus **realistic**, but **concretistic**;
B) Often a **jolly** fellow; when extreme, **hedonistic**;
C) Alert to everything in the surroundings, but also **pedantic** hairsplitting;
D) **Pleasant** and friendly; may also be **callous**.

Introverted sensation:
A) Calm and passive, but also **defended** against feelings of others;
B) Subjective perceptions dominate, thus **controlled** and **controlling**;
C) Often neutral and **restrained**, disclosing **little sympathy** with others;
D) Constantly striving to soothe and adjust: **innocuous** but **trivial**.

Extraverted intuition:
A) Oriented towards apprehending possibilities, thus **enterprising**; in extremes cases, **exploitive**;
B) Always **outgoing** and ready for new things, this type often ignores welfare of others: **irresponsible**;
C) **Expansive**, but often quitting and leaving empty; **unstable**;
D) Striving to be **unrestrained** can lead to **ruthlessness**.

Introverted intuition:
A) Relies on unconscious images, often the misunderstood genius: **visionary** but also grandiose;
B) Mystical dreamer and artist, **otherworldly**; also a **self-absorbed** crank;
C) Tends to express self in symbolic gestures, thus **prophetic**; often seen as **fantastic**;
D) Unconscious sensation leads to incessant dependence on sense-impressions: **sensual** but also obsessed.

(1) Words in bold face denote adjective used in trait comparison (Figure 3).
Underpinnings of DSM-III

When the DSM-III task force, formed by the American Psychiatric Association in 1974, began exploring new approaches to the classification of personality disorders, they had in mind a rather empirical approach. As pointed out by Theodore Millon, one of the task force members, it was soon evident that more theoretical considerations, such as the recent psychoanalytic ideas concerning narcissism and the wealth of literature pertaining to borderline conditions, could not be avoided (MILLON 8).

Finally, eleven different personality disorders were identified, four of which were regarded as ‘odd’ or eccentric, four as dramatic, emotional or erratic, and three as anxious or fearful (AMERICAN PSYCHIATRIC ASSOCIATION 1, p. 307).

Upon closer scrutiny, and in particular when relying on Millon's separate detailing, we also find that the personality types in the diagnostic manual can be divided into sub-categories, based on whether they are mild, moderate or severe (MILLON 8). The result is that, by omitting the three severe disorders, we have, as in Jung's typology, eight different types clustered in two groups, with two passive and two active personalities in each.

Table 2 gives a summation of these eight types of disorder. When compared with Jung's eight types in Table 1, there is a great deal of overlap. Six of the eight personalities closely match each other and for the remaining two the matching extraverted-active and introverted-passive has been reversed to extraverted-passive and introverted-active (Table 3). In one of the last instances, Jung's extraverted thinking type, traits from two DSM-III disorders were found.

TABLE 2 Criteria for Personality Disorders (1) (Sources: T. Millon and DSM-III)

<table>
<thead>
<tr>
<th>DEFINITION</th>
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<tr>
<td>Based on long-standing personality traits which are inflexible and maladaptive and cause either a) significant impairment of social or occupational functioning or b) subjective distress.</td>
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**MILD DISORDERS**

301.50 Histrionic:

A) Behaviour that is over-reactive and expressive;
B) Disturbance in interpersonal relationships, such as: perceived as shallow, egocentric, vain and demanding, dependent and seeking assurance, manipulative threats and gestures.

301.60 Dependent:

A) Passively allows others to assume responsibility [dependent];
B) Subordinates own needs to those of persons on whom he or she depends [vicarious];
C) Lack of self-confidence, sees self as helpless, stupid.

301.70 Antisocial:

A) Current age at least 18;
B) Onset before age 15 with history of: truancy, suspension from school, delinquency, lying, thefts, vandalism, initiation of fights, etc. [defiant];
C) At least four of the following after age 18: lack of consistent work behaviour; failure to function as a responsible parent, to accept social norms, to honour financial obligations, to plan ahead [irresponsible]; no enduring attachment to sexual partner [unstable]; irritability and aggressiveness; disregard for truth; recklessness.

301.81 Narcissistic:

A) Grandiose sense of self-importance;
B) Preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love [fantastic];
C) Exhibitionism: constant need for admiration;
D) Cold indifference or marked feelings of rage, inferiority, shame, etc.;
E) Disturbance in interpersonal relationships, such as: entitlement, exploitiveness, alternately over-idealising and devaluing, lack of empathy.

**MODERATE DISORDERS**

301.84 Passive-aggressive:

A) Resistance to demands of adequate performance;
B) Indirect resistance, as such: procrastination, dawdling, stubbornness, intentional inefficiency;  
C) Long-standing social and occupational ineffectiveness through A and B.

301.40 Compulsive:
At least four of the following: 1) Restricted ability to express warm emotions [cold]; 2) Perfectionism that interferes with the ability to grasp ‘the big picture’; 3) Insistence on his or her way, [controlling]; 4) Excessive devotion to work and productivity; 5) Indecisiveness: ruminating about priorities, fear of making mistakes.

301.82 Avoidant:
A) Hypersensitivity to rejection;  
B) Reluctant to enter relationships unless given guarantees of uncritical acceptance;  
C) Social withdrawal; peripheral social and vocational roles;  
D) Desire for affection and acceptance, [tragic];  
E) Low self-esteem, dismayed by own shortcomings.

301.20 Schizoid:
A) Emotional coldness and aloofness;  
B) Indifference to feelings of others, praise or criticism;  
C) No more than one or two close friendships, [seclusive];  
D) No eccentricities of speech, behaviour or thought typical for schizoid disorder.

SEVERE DISORDERS

301.00 Paranoid:
A) Pervasive, unwarranted suspiciousness and mistrust;  
B) Hypersensitivity: easily slighted, exaggeration of difficulties, readiness to counterattack, and inability to relax;  
C) Restricted affectivity: cold, proud of being cold, lack of humour, absence of soft or tender feelings.

301.83 Borderline:
At least five of the following: 1) Impulsivity or unpredictability which is self-damaging in areas such as: spending, sex, substance use, shoplifting, overeating, etc; 2) A pattern of intense and unstable relationships: shiftiness, idealisation, devaluation, manipulation; 3) Inappropriate, intense anger; 4) Identity disturbance concerning self-image, gender identity, long-term goals, friendships, loyalties; 5) Affective instability; 6) Intolerance of being alone; 7) Physically self-damaging acts; 8) Chronic feelings of boredom or emptiness.

301.22 Schizotypal:
A) At least four of the following: magical thinking, ideas of reference, social isolation, recurrent illusion, odd speech, inadequate rapport, suspiciousness, and undue social anxiety.  
B) Does not meet criteria for schizophrenia.

(1) Certain details and qualifying criteria have been omitted. Words in bold face denote traits which have been used in comparison chart (Table 3). Bracketed words are interpretative additions used in Table 3.
Dedicated
Rational

2. Introverted Thinker/Avoidant Personality:
Independent
Vulnerable
Tenacious
Uncompromising

3. Extraverted Feeling/Histrionic Personality:
Adaptive
Related
Appropriate
Practical

4. Introverted Feeling/Dependent Personality:
Sympathetic
Harmonising
Reserved
Inaccessible

5. Extraverted Sensation/Passive-Aggressive Personality:
Realistic
Alert
Jolly
Pleasant

6. Introverted Sensation/Compulsive Personality:
Calm
Controlled
Restrainted
Innocuous

7. Extraverted Intuitive/Antisocial Personality:
Enterprising
Outgoing
Expansive
Unrestrained

8. Introverted Intuitive/Narcissistic Personality:
Visionary
Sensual
Other-worldly
Prophetic

(1) DSM-III traits do not represent all diagnostic criteria.
(2) Corresponding traits are here to be found in DSM-III's Paranoid Personality Disorder (see Table 2).

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The first two basic disorders of DSM-III, the histrionic and the dependent, have in common the need for social approval. Millon writes:

*Histrions are no less dependent upon others for attention and affection, but, in contrast to dependents, take the initiative in assuring these reinforcements. Rather than placing their fate in the hands of others,* and...
thereby having their security in constant jeopardy, histrionic personalities actively solicit the interest of others through a series of seductive ploys that are likely to assure receipt of the admiration and esteem they need. (MILLON 8, p. 131.)

The emphasis is here on soliciting affection, or the feeling function. The dependent personality is doing so passively, in other words, is introverted, while the histrionic personality does so actively, in an extraverted fashion.

The next group of mild disorders consists of the antisocial and narcissistic personalities. Millon writes: Since both personalities are preoccupied with matters of adequacy, power, and prestige, status and superiority must always be in their favor. They fear the loss of self-determination, proudly display their achievements, and strive to enhance themselves and to be ascendant, stronger, more beautiful, wealthier, and more important than others. In sum, it is what they think of themselves, not what others say or can provide for them, that serves as the touchstone for their security and contentment. (MILLON 8, p. 157.)

For both these personalities independence and self-assertion are the driving motives and since they rely highly on their own ideas and perceptions, they resemble Jung's intuitive types.

The first pair of moderate disorders have a deep-rooted ambivalence about themselves and others in common. Millon writes: 'Two types have been identified: those whose ambivalence is seen clearly in their overt vacillation and inconsistencies (active-ambivalent), and those who, on surface impression, appear to have resolved their conflict through “obedience” but are struggling at a deeper level to restrain their “defiance” (passive-ambivalent).’ (MILLON 8, p. 217.)

The relatedness problems here described do not have traits in common with Jung's sensation types, but, in comparison with the actual criteria of DSM-III, Jung focuses far less on the problems in relationship to others and more on cognitive shortcomings. This is generally the trend in all his descriptions, however.

The second pair of moderate disorders, finally, has detachment in common. Millon again: One type, the passively detached variant, or what has been labeled the 'schizoid personality' in the DSM-III, displays emotional and cognitive deficits that hinder the development of close or warm relationships. The other variant, the actively detached, or DSM-III 'avoidant' personality, includes individuals whose experience of interpersonal rejection and depreciation have led them to be mistrustful of and to keep distance from close relationships. (MILLON 8, p. 273.)

Of interest in regard to these personalities, is the similarity with Jung's thinking types. His observation of difficulty with inferior feeling is clearly echoed in the above description. However, the active or avoidant personality seems to be more congruent with the introverted thinking type. The extraverted thinker, on the other hand, fits only partially in the schizoid description. In other aspects it seems more of a paranoid personality, one of Millon's severe disorders not detailed in the Figure 3 comparison.

**Overall Congruities**

Although the approach to personality classification taken by the two systems differs, it is evident that the similarities clearly outnumber the differences. By comparing trait descriptions, the following congruities can be established:

1. Millon's distinction between active and passive personalities often echoes Jung's notion of extraversion and introversion;
2. The two other-directed personalities resemble Jung's two feeling types;
3. The two independent personalities in many respects resemble Jung's intuitive types;
4. The avoidant personality and the introverted thinking type are closely matched.
5. Although less clear, there are also similarities between the ambivalent personalities and Jung's sensation types.

As we look at the conceptual underpinning for the personality disorders, in particular the way Millon structures them, we therefore find a system surprisingly similar to Jung's (MILLON 8), consisting of four different ways of adapting, paired via a distinction of active versus passive (see Table 4).
While Jung carefully details positive aspects of each of his types, DSM-III is exclusively focused on dysfunction. In general, therefore, its personalities seem to describe a more disturbed level of functioning.

This fact can probably be attributed to Jung's use of dynamic explanations in order to include normal psychology, while DSM-III aims for differentiation from other diagnoses. When Jung's typology is used by clinicians, however, the maladaptive traits similarly become an important concern. Although the finalistic approach is missing in DSM-III—as well as the concept of the unconscious—the manual has the advantage of stressing interpersonal manifestations. Its emphasis on specific criteria also anchors observations of long-standing traits in overt behaviour, while still leaving the interpretation of underlying causes fairly open (VAILLANT 11).

**TABLE 4 Personality Classifications (Sources: Jung and Millon.)**

<table>
<thead>
<tr>
<th>JUNG’S TYPOLOGY</th>
<th>DSM-III, AXIS 2</th>
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<tbody>
<tr>
<td>Type: Thinking</td>
<td>Character: Dogmatic</td>
</tr>
<tr>
<td>Thinking</td>
<td>Defensive</td>
</tr>
<tr>
<td>Feeling</td>
<td>Dissociative</td>
</tr>
<tr>
<td>Feeling</td>
<td>Vicarious</td>
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<tr>
<td>Sensation</td>
<td>Concretistic</td>
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<tr>
<td>Sensation</td>
<td>Controlling</td>
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<tr>
<td>Intuitive</td>
<td>Exploitive</td>
</tr>
<tr>
<td>Intuitive</td>
<td>Grandiose</td>
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**Issues for Further Research**

The striking similarities between the two systems can hardly be attributed to a great dependence on Jung by the many contributors to DSM-III. In fact, references to Jung are seldom to be found in the extensive literature on personality disorders. Instead, we must assume that the similarities reflect a high degree of consistency over time—some sixty years—in the observations generally made by clinicians.

As Vaillant and Perry point out, these observations tend to divide the population seeking help into rough categories, one criterion being how ego-dystonic or ego-syntonic their problems are (VAILLANT, PERRY 10). The latter group, now labelled personality disorders, may also have provided much of the material for Jung's typology. By his own admission, he did not limit his practice strictly to neurotic cases, but often saw people suffering ‘from the senselessness and aimlessness of their life’ (JUNG 5, par. 83).

Such a conclusion invites a critical review of the assumptions in Jung's formulations. One of these assumptions, that the extraversion—introversion factor is primary and that the same factor is operating in all the four types in each category, is challenged by DSM-III research, which found that marked introversion is present in a variety of personality disorders, not as one but at least three different factors. The introversion of the dependent personality, for instance, appears quite different from the introversion of the avoidant and the schizotypal.

Relying on Jung, we may say that the latter is a more severe form of disturbance, but the fact remains that introversion, seen from the point of view of traits, can be part of a general passivity, an excessively sensitive personality or an eccentric pattern of functioning. Are these differences clearly the result of degrees of introversion or are we dealing here with three separate factors?

The many similarities between the two systems, on the other hand, should permit further exploration of the interface between normal functioning and long-term maladaptation. If the two methods of classification arrive at identical descriptions, we are justified in assuming that Jung's notion of functions in various stages of development sheds light over basic cognitive structures in personality functioning. Since DSM-III focuses exclusively on immediate impairment and discomfort, often on the basis of scant longitudinal information, this important concern has been left unanswered by the manual.

Jung's typology raises the question whether general traits or dysfunction is the long-standing pattern with these individuals. We may posit, for instance, that narcissism is related to a primarily intuitive mode of functioning, an idea that bridges the gap between diagnostic insights and general psychology and gives further support to Jung's notion of one-sided development as a main cause for personality disorder (JUNG 3, 4). Studies so far confirm that, along with
the genetic, constitutional, environmental, and cultural factors, maturation plays a significant role in personality formation (Vaillant, Perry 10).

Conclusions
For the practising Jungian analyst, the interface between typology and personality disorders is a naturally relevant concern. In exploring how the two systems can be used together, Jungians are in the position to review Jung's formulations in the light of new approaches to psychological diagnosis. At the same time they are also in the position to contribute to a wider understanding of personality disorders, especially regarding their maturational factors.

The efforts to pinpoint typical, long-standing traits in personality functioning is by no means completed with the present Axis II categories of the DSM-III (Livesley 6). In fact, this area of psychology promises to be actively pursued on many fronts in the years to come. However, discovering that the new diagnostic manual shares many features with Jung's typology is an encouraging sign for proponents of analytical psychology.

Summary
The paper compares Jung's typology with the now widely used diagnostic manual of the American Psychiatric Association, DSM-III, in particular its Axis II personality disorders. By focusing on trait descriptions in the two systems, a wide range of congruities is shown. These congruities are especially clear when Jung's formulations are compared with DSM-III personality disorders as they are classified by Theodore Millon, one of the authorities on the Axis II disorders.

The paper shows that Millon's distinction between active and passive personalities often echoes Jung's notion of extraversion-introversion, so that in both instances we are dealing with a system of eight types paired via an orientational principle.

Three of these four pairs are closely matched. Millon's two other-directed personalities (the dependent and the histrionic) resemble Jung's two feeling types. Millon's two independent personalities (the narcissistic and the antisocial) resemble Jung's intuitive types, and, although less clearly, Millon's ambivalent personalities (the compulsive and the passive—aggressive) resemble Jung's sensation types.

In the last pair, Millon's detached personalities, the active or avoidant personality seems to correspond to Jung's introverted thinking type. Millon's passive or schizoid personality finally appears to share certain traits with the extraverted thinking types, while other traits of Jung's type fit better with one of the remaining DSM-III personalities, the paranoid personality.

References