PERGAMON

Journal of Psychiatric Research 36 (2002) 33–39

JOURNAL OF PSYCHIATRIC RESEARCH

www.elsevier.com/locate/jpsychires

Relationship of Myers Briggs type indicator personality characteristics to suicidality in affective disorder patients

David S. Janowsky[a,*], Shirley Morter[a], Liyi Hong[b]

[a]*Department of Psychiatry, University of North Carolina at Chapel Hill, School of Medicine, Chapel Hill, NC 27599-7175, USA*
[b]*Department of Psychiatry, University of Maryland, Baltimore, Maryland, USA*

Received 30 October 2000; received in revised form 28 April 2001; accepted 11 September 2001

Abstract

The current study characterized the Myers Briggs Type Indicator (MBTI) personality profiles of 64 suicidal and 30 non-suicidal psychiatric inpatients with affective disorder diagnoses. The MBTI divides individuals categorically into eight personality preferences (Extroverted and Introverted, Sensing and Intuitive, Thinking and Feeling, and Judging and Perceiving). Compared to the group of non-suicidal affective disorder patients, suicidal affective disorder patients were significantly more Introverted and Perceiving using ANCOVA analyses, and significantly more Introverted alone using Chi Square analyses.

Keywords: Myers Briggs Type Indicator; Personality; Depression; Suicide; Affective disorders; Extroversion; Introversion

1. Introduction

An extensive literature has developed concerning the epidemiology, psychology, genetics and psychiatric diagnoses of individuals who either seriously consider suicide, attempt it or complete it (Goldstein et al., 1991). Having an Axis I disorder (especially an Affective, Schizoaffective or Substance Use Disorder) or having a Borderline Personality Disorder has been linked to suicidality. In addition, lack of social contacts, living alone, being divorced, loss of a mother and/or both parents at an early age, having feelings of hopelessness and having a peculiar constriction of thinking have all been reported to be linked to the tendency to seriously plan, attempt, or complete a suicide (Schotte and Clum, 1982; Lester, 1987; Cole, 1988; Lacy, 1990; Goldstein et al., 1991; Komisin, 1992; Street and Kromrey, 1994; Beautrais et al., 1999).

The relationship of an individual's underlying (i.e. core) personality to suicidality has been considered only sparingly in the psychiatric/psychological literature. Suicidal individuals have been reported to be impulsive, to have exaggerated interpersonal dependence, to be inhibited and to be sensitive to interpersonal rejection. In addition, such individuals often are excessively self-punitive, self critical, perfectionistic, have increased Neuroticism (Schotte and Clum, 1982; Shafii et al., 1985; Lester, 1987; Street and Kromrey, 1994) and are Introverted, with Introversion being one of the most replicated characteristics of suicidality (Shafii et al., 1985; Komisin, 1992; Street and Kromrey, 1994).

The current research utilized the Myers Briggs Type Indicator (MBTI) to profile personalities of suicidal and non-suicidal affective disorder patients. The MBTI was chosen based on its wide usage in industry, management and education, its database consisting of hundreds of thousands of people (Myers and McCaulley, 1985; MacDaid et al., 1986), its being a self-report survey with a ''non-psychopathological'' focus, its having good reliability (Myers and McCaulley, 1985; Janowsky et al., 1999) and its having significant heritability (Bouchard and Hur, 1998).

The MBTI divides individuals into four dichotomous personality dimensions (Extroverted and Introverted, Sensing and Intuitive, Thinking and Feeling and Judging and Perceiving) to create a total of eight personality categories. With respect to the individual MBTI scales, Extroverted individuals relate to the outside

* Corresponding author. Tel.: +1-919-966-0167; fax: +1-919-966-0259.
E-mail address: djanowsky@css.unc.edu (D.S. Janowsky).

0022-3956/02/$ - see front matter
PII: S0022-3956(01)00043-7

world of people (i.e. are sociable, interactive), whereas Introverted individuals relate to their own inner thoughts (i.e. are internally oriented, have limited relationships). Sensing individuals deal with the concrete and the here and now (i.e. are factual, practical), and Intuitive individuals tend to look toward future possibilities (i.e. are creative, speculative). Thinking individuals prefer to use their cognitive processes to engage in decision-making (i.e. are objective, impersonal), whereas Feeling individuals stress their personal relationships with others (i.e. are personal, humane). Judging individuals enjoy coming to judgments and decisions (i.e. are settled, decided, fixed), whereas Perceiving individuals like to keep things open (i.e. are adaptive, tentative, open-ended; Myers and McCaulley, 1985).

The MBTI has rarely been used in research studies focusing on psychopathology, yet it has construct validity with other personality inventories that have been used in such research studies. Its Introversion to Extroversion continuum correlates with the Extroversion scale of the Eysenck Personality Inventory ($r=0.74$; Myers and McCaulley, 1985). MBTI introversion to Extroversion, Sensing to Intuitive, Thinking to Feeling, and Judging to Perceiving continuum scores correlate significantly with the NEO-PI Extroversion, (men: $r=0.74$, women: $r=0.69$), Openness (men: $r=0.72$, women: $r=0.69$), Agreeableness (men: $r=0.44$, women: $r=0.46$), and Conscientiousness (men: $r=-0.49$, women: $r=-0.46$) scales respectively (McCrae and Costa, 1989). Significantly, the NEO-Personality Inventory (NEO-PI) Neuroticism scale correlates only weakly or not at all with any of the MBTI scales (McCrae and Costa, 1989; MacDonald et al., 1994). In addition, MBTI continuum scores correlate significantly with several of Cloninger's Tridimensional Personality Questionnaire (TPQ) scales. The MBTI Introversion to Extroversion continuum correlates negatively with the TPQ Harm Avoidance scale ($r=-0.61$) and positively with the TPQ Reward Dependence scale ($r=0.43$). The Judging to Perceiving continuum correlates with the TPQ Novelty Seeking scale ($r=0.54$; Janowsky et al., 1999).

We hypothesized that MBTI Introversion alone, and in combination with other MBTI scales would be overrepresented in a group of suicidal affective disorder patients, as compared with non-suicidal affective disorder patients.

2. Materials and methods

2.1. Subjects

Subjects were 64 suicidal and 30 non-suicidal psychiatric inpatients having an affective disorder, admitted to the University of North Carolina Hospitals adult inpatient psychiatric crisis ward. The suicidal patient group consisted of 34 males and 30 females, aged 35.9 ± 12.5 years (mean$\pm$S.D.), age range 19–77 years. A suicide attempt had occurred in 34, and suicidal ideation alone occurred in 30 patients. Of the suicide ideators, 22 had a specific plan to commit suicide and eight had no plan. The non-suicidal patient group consisted of 12 males and 18 females, with a mean age of 40.3 ± 10.2, and an age range from 17 to 81.

Psychiatric diagnosis was determined by independent retrospective review of patient discharge diagnoses by two of us (LH and DSJ). Agreement as to diagnosis was 100%. Suicidality was also determined by independent review of the patients' discharge summaries. A suicide attempt was defined as the recording of an overt attempt to take one's life. Suicidal ideation was defined as persistent thinking about suicide without a suicide attempt having been made. Whether or not a suicide plan had been made was also determined in the suicide ideators. Degree of lethality and actual intent to die was not determined. If a patient currently was a suicide ideator and previously had made a suicide attempt or attempts, that patient was classified as a suicide attemptor. One-hundred percent agreement as to whether or not a suicide attempt or ideation had occurred was found between the two evaluators. Disagreement as to whether a suicide plan existed in the suicide ideator group occurred in two cases.

The 64 patient suicidal group consisted of 42 patients with Major Depressive Disorder [including 20 with Alcohol or Substance Abuse/Dependence; seven with a Personality Disorder (three Borderline, one Schizotypal, three Personality Disorder— NOS)], 15 with Bipolar Disorder (including seven with Alcohol or Substance Abuse/Dependence), and seven with Dysthymia (including five with Alcohol or Substance Abuse/Dependence; one with a Passive–Aggressive Personality Disorder).

The 30 patient non-suicidal patient group consisted of 16 patients with Major Depressive Disorder (including seven with Alcohol or Substance Abuse/Dependence; one with a Personality Disorder, NOS), 11 with Bipolar Disorder (including one with Alcohol or Substance Abuse/Dependence; one with a Dependent Personality Disorder), and three with Dysthymia (including two with Alcohol or Substance Abuse/Dependence).

Virtually all of the patients received psychotropic drugs including antidepressants, mood stabilizers and antipsychotic agents, and most received a combination of two or more such medications.

Patients were approached by author LH and asked to participate in the study. An attempt to study all patients admitted to the psychiatric crisis ward was made. However, due to the limited availability of LH, only approximately two-thirds of the admitted patients