Introversion: relationship with mental well-being

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Abstract
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INTROVERSION: RELATIONSHIP WITH MENTAL WELL-BEING

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This paper explores connections between introversion and decreased mental well-being. The author sought to discover whether introverts are more vulnerable to depressive symptoms than extraverts. Overall findings show introverts are more vulnerable than extraverts to depression and decreased mental well-being. Introverts are more likely to be compliant and have lower self-esteem than extraverts, and also have less social support than extraverts, which can be detrimental when experiencing depression. Western culture gives preference to extraverted individuals, which pressures introverts to attempt to change their personalities.
Introversion: Relationship with Mental Well-Being

Every person has a unique personality that impacts his or her perception and behaviors throughout life (Burns, 1999a). Personality type is an innate and essential part of who people are (Keirsey, 1998; Tieger & Barron-Tieger). Some personality types may be more vulnerable to mental disorders than others, and the promotion of certain personality types over others can lead to decreased mental health in those who do not meet the acceptable personality (Cheng & Furnham, 2002; Cohen, Ross, Bagby, Farvolden, & Kennedy, 2004; Myers & Myers, 1995; Yen & Siegler, 2003).

Introversion and extraversion are distinct personality qualities that create unique perspectives and preferences. Characteristics of introverts and extraverts have the potential to impact both interpersonal relationships and self-concept (Laney, 2005; Tieger & Barron-Tieger, 2001). Predispositions of introversion and extraversion interact with relationship and personal satisfaction to result in either mental well-being or distress (Janowsky, 2001; Van Gundy & Schieman, 2001).

Introverts are often viewed as shy, while extraverts are seen as talkative (Gudjonsson, Sigurdsson, Bragason, Einarsson, & Valdimarsdottir, 2004; Keirsey, 1998; Myers & Myers, 1995), although this reflects a limited understanding of introversion and extraversion. Western culture gives preference to those with extraverted personalities (Keirsey, 1998; Myers & Myers, 1995), especially in extraverted tendencies of competition, speed, and action being valued above introverted tendencies of reflection and solitude (Laney, 2002). As a result, introverts have long struggled to be perceived as equally capable and as intelligent as extraverts (Laney).
Those with introverted personalities receive pressure to conceal their natural tendencies and act in extraverted ways (Keirsey, 1984; Laney, 2002). While trying to cope in an extraverted society, introverts are likely to struggle with feelings of inadequacy and discontent, which may result in depression, and low self-esteem (Chioqueta & Stiles, 2005; Janowsky, 2001; Van Gundy & Schieman, 2001). Affect, behavior, and cognitions of introverts are prone to be impacted by demands to conform to an extraverted ideal.

The purpose of this paper is to describe past and recent research findings linking introversion and depression. This paper will explore the association of introversion and extraversion to depression and mental well-being, through examining the historical background of personality and personality assessments, characteristics of introversion contrasted with extraversion, etiology of introversion, symptoms of depression, etiology of depression, cultural views of introversion, and connections between introversion and mental well-being.

**Personality**

The concept of personality has long interested mental health professionals. It is believed that personality is composed of temperament and character. Temperament is defined as a “configuration of inclinations,” while character is considered a “configuration of habits” (Keirsey, 1998, p. 20). Personality can be regarded as the interaction between temperament, or inborn qualities, and character, or reactions to experiences, according to Keirsey. The idea of personality combines the interaction of character temperament, which describes individuals’ reactions to experiences (Clark,
2005). According to Clark and Keirsey, personality is composed of natural tendencies interacting with environmental influences.

The concept of introversion and extraversion as descriptive temperaments originated with Carl Jung in the early 1920s (Keirsey, 1998). Jung believed all people have natural inclinations which result in fundamental distinctions regarding how they view the world (Keirsey, 1998; Tieger & Barron-Tieger, 2001). The descriptions of introversion and extraversion were originated by Jung in order to describe how people function in both the world outside themselves and the world inside themselves (Tieger & Barron-Tieger). Keirsey noted that, according to Jung, introversion and extraversion were the most important aspects of personality and that each person's temperament could be placed on a continuum ranging from very introverted to very extraverted (Myers & Myers, 1995; Laney, 2002).

Personality Assessments

Individuals are able discover characteristics of their personality type as a result of completing a personality assessment. Several reliable and valid assessments, including the Myers-Briggs Type Indicator and the Eysenck Personality Questionnaire, provide information describing qualities and tendencies of personality types.

Myers-Briggs Type Indicator (MBTI)

Briggs and Myers added to Carl Jung's concept of personality type through the creation of the Myers-Briggs Type Indicator (MBTI) throughout the 1940s to 1960s (Keirsey, 1998; Myers & Myers, 1995). This testing instrument sought to clarify and describe specific temperament types of introversion/ extraversion and three other
personality constructs of sensing/intuition, thinking/feeling, and judging/feeling (Keirsey; Tieger & Barron-Tieger, 2001) to result in 16 distinct personality characterizations (Francis & Jones, 2000). The MBTI considers “innate preferences” of individuals (Laney, 2002, p. 12). Tieger & Barron-Tieger noted that the MBTI is considered the most respected and widely used personality test which characterizes personality preferences using a descriptive and neutral approach. The introversion and extraversion portion of the assessment is deemed the most statistically valid section of the MBTI, according to Laney.

**Eysenck Personality Questionnaire (EPQ)**

Eysenck held a different perspective than Briggs and Myers regarding the etiology of personality. He believed personality was based on genetics and physiology (Francis & Jones, 2000). Eysenck considered factor-analysis of individualized responses as he developed the Eysenck Personality Questionnaire (EBQ) in 1975 (Cheng & Furnham, 2002). The EPQ personality assessment has been used to distinguish characteristics of extraversion, neuroticism, and psychoticism (Francis & Jones). Labels of sanguine, choleric, phlegmatic, and melancholic are sometimes used from the EPQ to describe personality type (Francis & Jones).

**Characteristics of Introversion Contrasted with Extraversion**

Introverts are typically seen as being quiet, reserved, pessimistic, responsible, and in control of their emotions (Gudjonsson, Sigurdsson, Bragason, Einarsson, & Valdimarsdottir, 2004; Keirsey, 1998; Myers & Myers, 1995). In contrast, Gudjonsson et al. found that extraverts have been viewed as social, gregarious, active, dominant, and
assertive (Gudjonsson et al.; Keirsey; Myers & Myers). Society tends to be limited in its view of introverts as shy and extraverts as talkative. Many more components exist in these categories, as will be described in subsequent sections.

Energy and Overstimulation

The traits of introversion and extraversion are distinguished by the personal preferences of individuals in regard to how they interact and from where they focus their energy (Kroeger & Thuesen, 1992; Myers & Myers, 1995). Introversion and extraversion are considered tendencies that occur on a continuum which describe whether a person draws energy from his or her environment or by his or her inner self (Keirsey, 1998).

Extraverts are “recharged by social situations, whereas introverts regain energy by spending time alone” (Tieger & Barron-Tieger, 2001, p. 14). Introverts seek solitude to renew their energy, while extraverts gain energy by being around other people. Because introverts are “energy conservers” (Laney, 2002, p. 19), they draw energy from emotions, impressions, and ideas and tend to be easily overwhelmed by their external world in that they become uncomfortable when overstimulated and unable to spend time by themselves. Both introverts and extraverts find enjoyment by interacting with people, but social interaction drains introverts while it stimulates extraverts (Keirsey, 1998).

Introverts are described as more often overaroused, while extraverts tend to be more underaroused (Swickert, Rosentreter, Hittner, & Mushrush, 2002). When stressed or overaroused, introverts tend to withdraw, stop talking, become irritable, and act passively (Laney, 2005).
Social Interaction

Research has shown that extraverts have larger support networks than introverts (Swickert, Rosentreter, Hittner, & Mushrush, 2002). Mental health can be explained by introverts’ preference for select intimate relationships. Although extraverts experience more stress than introverts, their perception of available support lessens their stress (Swickert, et al.). Extraverts experience more divorce, job change, changes in friendship, and trouble with the law. They are prone to addictions, have more financial problems, and have more conflicts in general than introverts (Goldberg, 2001; Laney, 2002, Laney, 2005). On the other hand, introverts tend to struggle more with work and social relationships (Goldberg, 2001). They are found to enjoy their own company and tend to be good friends because of their loyalty, sensitivity, and caring (Laney, 2005).

Introverts prefer social interactions with smaller groups of people (Kroeger & Thuesen, 1992) and are likely to develop relatively few relationships that are apt to be intimate and long-lasting. Those with introverted preferences seem to be private individuals who are inclined to hold back, share personal information with limited people (Tieger & Barron-Tieger, 2001), and have a cautious approach when confronted with unfamiliar situations (Laney, 2002).

Inner World

Introverts prefer their inner world that includes ideas, meaning, and concepts, whereas extraverts prefer their outer world, which consists of people and things (Francis & Jones, 2000; Myers & Myers, 1995; Tieger & Barron-Tieger, 2001). Living in their
inner or outer worlds will either be energizing or exhausting, so it is necessary for everyone to be able to function in both worlds.

*High Concentration*

Introverts tend to focus their attention on mental activities, as contrasted by extraverts, who focus on interactions in the world around them. This can be described by introverts’ consideration of how situations will affect them, whereas extraverts will question how they can affect situations (Tieger & Barron-Tieger, 2001). Because of extraverts’ outward focus, they are found to be more responsive than introverts to external rewards (Tamir, Robinson, & Clore, 2002).

Introverts are observers and deeply focused people with strong levels of concentration (Myers & Myers, 1995; Tamir et al., 2002). As a result of such focus, introverts tend to perform better in memory tasks than extraverts (Laney, 2002). Researchers found that introverts require extra effort to regain their focus after being interrupted (Myers & Myers; Tamir et al.) and tend to surpass extraverts in low arousal conditions, while extraverts outperform in high arousal conditions (Myers & Myers; Tamir et al.).

*Verbal Tendencies*

Introverts are likely to be slower in verbal responsiveness because they are more comfortable mentally considering their ideas and forming them into thoughts before sharing them aloud (Tieger & Barron-Tieger, 2001). Consequently, they prefer to withhold responses until their ideas have been internally rehearsed (Kroeger & Thuesen, 1992; Keirsey & Bates, 1984).
Unfortunately, because of their inward processing, introverts may be viewed as less intellectually capable and reluctant because they are not initially forthcoming with their thoughts (Tieger & Barron-Tieger, 2001). This may seem true because extraverts are more verbal and appear to be more open and accessible with their ideas (Lischetzke & Eid, 2006; Myers & Myers, 1995), whereas introverts tend to be modest and satisfied with staying in the background of situations (Laney, 2005). Despite being considered shy, introverts are gifted conversationalists because of their ability to listen, add insightful perspectives, and add calmness to situations, according to Laney.

Extraverts pursue numerous interests on a general level, whereas introverts have select interests they pursue in great depth (Laney, 2002; Tieger & Barron-Tieger, 2001) because of their desire for “richness” as opposed to “muchness” (Laney, p. 24). Introverts are known to open up and share at length about their particular areas of interest.

Statistics on Introversion

Statistics on introverts and extraverts in America have ranged from 25 percent of society being introverted (Laney, 2002) to 1 in 3 people being introverted (Kroeger & Thuesen, 1992; Myers & Myers, 1995). The proportion of the American population classified as introverted and extraverted has been in debate, but some of the most recent research has found that 50 percent of Americans consider themselves introverted (Tieger & Barron-Tieger, 2001). When considering the American population with college degrees, the percentage of introverted individuals has been found to be much higher than extroverts (Myers & Myers).
Etiology of Introversion

Many believe that people are predisposed to certain personality characteristics (Burns, 1999a; Keirsey, 1998); that introversion and extraversion are seen as a compilation of traits which people are born with that can be recognized around ages 3-4 (Keirsey; Tieger & Barron-Tieger; Laney, 2002). Although people are able to modify behaviors to fit specific situations, their personality preferences and type will remain the same. Personalities are “innate blueprints” (Burns, 1999a; Keirsey, 1998) which are stable and cannot be changed (De Fruyt, Van Leeuwen, Bagby, Rolland, & Rouillon, 2006).

In addition to personality being predisposed, the brain plays a role in temperament. Dopamine is considered an important factor in the brain pathways of introverts and extraverts (Laney, 2002). The pathways involved with dopamine affect individuals’ temperament and behavior. The D4DR gene is believed to influence temperament because of its connections to behaviors (Ridley, 1999). D4DR is the “novelty-seeking gene” and “personality chromosome” (Laney, p. 66) that affects dopamine, which is the neurotransmitter that affects excitement levels. Introverts are likely to be lower risk-takers and less impulsive than extraverts (Laney, 2002). As a result, introverts can be considered low-novelty seekers who have short D4DR genes that are extremely sensitive to dopamine. As low-novelty seekers, introverts are found to process sufficient dopamine through engaging in less risky activities. High novelty-seekers, or extraverts, have longer D4DR genes that are less sensitive to dopamine.
Extraverts require greater risk-taking behaviors in order to process satisfactory levels of dopamine.

Cultural Impact on Introversion

Western culture has given preference and social bias to extraversion as the desirable temperament (Keirsey, 1998; Myers & Myers, 1995). Those who are outgoing, sociable, and gregarious are believed to be friendlier than those who are less outgoing, according to Keirsey. Western society values confident and decisive individuals, whereas introverts are disregarded and seen as deficient (Laney, 2002). Introverts have reported long-held beliefs that they should want to be more social (Keirsey & Bates, 1984) and as a result they tend to experience a burden to react and conform to an extraverted society (Laney). According to Laney, some professionals believe that introversion has been pathologized rather than view as temperament (Laney).

Introverts are likely to develop extra coping skills because of the pressure to conform and act like extraverts (Laney, 2002), and the burden to conform to society drives introverts to develop strategies to handle their inner struggles. In response to being a minority in a society which commends extraverts, introverted individuals utilize coping strategies to combat the pressure to be extraverted. Coping responses of introverts in stressful situations refer to the affect, behaviors, and cognitions of their responses (Beutler & Moos, 2003; Beutler, Moos, & Lane, 2003).

Growing Up as an Introverted Child

Introverted children grow up being constantly compared to extraverted children and many introverts are raised believing something is wrong with them (Laney, 2002).
As young children, introverts are found to be highly impacted by family environment (Nakao, Takaishi, Tatsuta, Katayama, Iwase, Yorifuji, & Takeda, 2000), and tend to be given both explicit and hidden messages that their natural style of behaving is wrong. Introverted children are seen as non-intrusive, quiet, or shy, while extraverted children tend to receive confirmation of their attitudes and behaviors (Laney).

Introverted children are often misunderstood and urged to change their temperament and personal preferences. Keirsey & Bates (1984) noted that introverted children are “vulnerable to damage” when pressured to behave as extraverts would (p. 101). Jung concluded that it is harmful to discourage children from behaving within their personal temperament because this influence would “violate the individual’s innate disposition” (Laney, 2002, p. 28). Furthermore, according to Laney, pressuring introverts to act as extraverts is the cause of some mental illness. Being compared and pressured to act in certain way only “binds and twists” one’s natural preferences (Keirsey, 1998, p. 2).

Brief Description of Depression

Depression has been described “the world’s number one health problem” (Burns, 1999b, p. 9). In America, the lifetime prevalence of individuals who will deal with depression is 20 percent, with 17 million experiencing depression annually (Minirth, 2004).

Depression is described as a “disturbance of mood” (Minirth, 2004, p. 25), which includes symptoms such as sad affect, absence of pleasure, irritability, disturbed sleeping or appetite, fatigue, decreased decision-making abilities, diminished self-worth, ruminating anxiety, and recurrent thoughts of death (Minirth). These symptoms of
depression must last for at least 2 weeks in order to be diagnosed as Major Depressive Disorder (DSM-IV-TR, 2002).

Etiology of Depression

Depression is believed to result from interactions between biological and psychological vulnerabilities, as well as a stressful life event (Brown, 2002; Cheng & Furnham, 2002, Watts & Markham, 2005). Another way to consider the development of depressive symptoms is the interaction of genetic, environmental, and personal factors (Minirth, 2004).

Life Experiences and Genetics

Life experiences and circumstances are believed by some to account for the majority of depressive states, whereas genetic aspects represent only 16 percent of depression (Burns, 1999a). However, other research has shown that genetics have a significant function in the development of depression. Half of all individuals with depression have a first-degree relative who has struggled with depression (Minirth, 2004). Consequently, the conclusion can be drawn that depression is not inherited, but genetic vulnerabilities for depression do exist, according to Minirth. Another aspect to consider is that previous depressive episodes are a risk factor for future depression (Kendler, Thornton, & Gardner, 2001).

The Brain and Depression

Scientists have not determined one particular cause for depression (Burns, 1999a). In fact, many theories have been formed that examine possible explanations for depression involving the brain (Burns, 1999a). It is known that neurotransmitters have
strong physiological influence on emotions, including happiness, sadness, worry, and anger (Minirth, 2004; Watts & Markham, 2005). Deficiencies in serotonin, norepinephrine, and dopamine are found to be connected with depression (Burns, 1999a). Some studies have suggested 50 to 70 percent of depressed individuals respond to antidepressant medications (Burns, 1999b) which work to balance activity in the brain.

**Thought Patterns**

Another factor to consider in the etiology of depression is thought patterns. Studies have also found negative thought patterns may produce depression (Burns, 1999b). Negative thinking has influence on depressive traits including self-esteem, self-criticism, anxiety, and pessimism (Burns; Watts & Markham, 2005). Additionally, depression is sometimes believed to result from feelings of helplessness and hopelessness (Watts & Markham).

**Connections between Introversion and Depression**

There is a strong association between introversion and depression, in that introverted individuals are considered vulnerable to developing depressive symptoms (Bienvenu, Brown, Samuels, Liang, Costa, Eaton, & Nestadt, 2001; De Fruyt et al., 2006; Jylha & Isometsa, 2006; Parker & Roy, 2002). This is because introverts possess certain traits that predispose them to depression (Bienvenu, Samuels, Costa, Reti, Eaton, & Nestadt, 2004; Cheng & Furnham, 2002; Chioqueta & Stiles, 2005; De Fruyt et al.; Janowsky, Hong, Morter, & Howe, 2002; Riso, Miyatake, & Thase, 2002; Shea, Leon, Mueller, Solomon, Warshaw, & Keller, 1996), including introspection, sensitivity, and self-dislike.
Findings connecting introversion and depression can be explained by understanding that introverts are introspective in nature, which has a positive relationship with depression (Van Gundy & Schieman, 2001). In addition, introverts have a sensitive and feeling personality that may be connected to depression (Janowsky, 2001). And because hopelessness is negatively correlated with extraversion, it can be assumed introversion and hopelessness are connected (Chioqueta & Stiles, 2005).

Connections can be drawn between introversion and depression because many introverted individuals indicate they do not place value on their own personality (Roy, 1998). Eighty percent of depressed individuals express self-dislike (Burns, 1999a). Also, introversion is considered a risk factor for suicidal behavior in depressed individuals (Roy).

Additional relevant findings exist that contrast the mental well-being of extraverts and introverts. Extraverted individuals experience more positive affect than introverts (Chioqueta & Stiles, 2005; Lischetzke & Eid, 2006; Lucas & Baird, 2004; Tamir et al., 2002; Watson, 2000), but introverts have a tendency to more quickly realize when they are unhappy (Tamir et al.). Extraverts have been found to subjectively believe they are happier than introverts (Chico, 2006; Hayes & Joseph, 2003; Lischetzke & Eid; Lucas & Baird), while introverts are less likely to believe they are expressly happy (Tamir et al.). Some researchers believe this to be true because introverts describe happiness differently than extraverts (Laney, 2002). Also, extraverts with positive emotions and cheerfulness predict increased personal satisfaction (Lischetzke & Eid; Hayes & Joseph; Schimmack, Oishi, Furr, & Funder, 2004).
Introverts prefer to “neutralize” their moods because they feel more effective when in neutral mood states (Tamir et al., 2002, p. 674), while extraverts tend to “maintain” or intensify their moods (Tamir et al., p. 674). As a result, extraverted individuals are found to effectively prolong states of positive affect longer than introverts (Lischetzke & Eid).

Contrary Findings

A few research findings do not follow the hypothesis that introverts are more vulnerable than extraverts to depression and lower mental well-being. One study concluded that extraversion does not measure vulnerability to depression (Farmer, Redman, Harris, Mahmood, Sadler, Pickering, & McGuffin, 2002), while another finding stated that introversion is not related to depression (Duggon, Sham, Lee, Minne, & Murray, 1995). Finally, Kendler, Gatz, Gardner, and Pedersen (2006) found introversion to have a weak relationship with depression. Even while taking these studies into consideration, a substantial majority of research exists that proves a strong association between introversion and depression.

Mental Health of Introverts

The mental well-being of individuals can be determined by exploring their affect, behaviors, and cognitions. Mental well-being is constantly shaped by how people perceive themselves as well as their relationship with the world around them.

Affect

Together, personality type and life experience influence emotional reactions (Carter & Minirth, 1995), which can be explained as a “set of relatively enduring beliefs
about the self and the world” (Tamir et al., 2002, p. 673). It is important to consider that emotions reveal how the self interacts with social environment (Tamir et al.).

Introverts are found to experience more loneliness than introverts, which is correlated with depression (Cheng & Furnham, 2002). Introverts have also reported experiencing guilt and shame because of their preferences for solitude and personal space (Laney, 2002). Introverts’ feelings of guilt and shame result from thinking they are unworthy or flawed, which drives them to withdraw and suppress their true personalities, Laney noted. Since introverts tend to be observant people, they are likely to feel guilty and anxious when thinking they may have upset others.

**Behaviors**

Because of their reserved nature and low assertiveness, many introverts tend to have highly compliant behaviors, which is viewed as eagerness to please others and avoid conflict (Cohen, Ross, Bagby, Farvolden, & Kennedy, 2004; Gudjonsson et al., 2004). However, compliance has been found to be related to low self-esteem (Cohen et al.).

Along with compliance, social support has a significant role regarding depression in introverts (Kawachi & Berkman, 2001). It has been established that smaller networks of support, fewer close relationships, and lower perceptions of social support are connected with depression since social networks provide individuals with a sense of belonging, security, purpose, self-esteem, and self-efficacy (Kawachi & Berkman). Extraverts seek out and utilize their social support more readily because they perceive more support to be available (Kawachi & Berkman; Swickert, Rosentreter, Hittner, & Mushrush, 2002). Since introverts have smaller social networks, they may seem less
likely to seek out help or ask for guidance when experiencing depression (Swickert, Rosentreter, Hittner, & Mushrush, 2002). Many agree social ties are beneficial in maintaining mental well-being (Kawachi & Berkman).

Cognitions

Many introverted individuals criticize themselves for their personality qualities (Laney, 2002). Laney reported that in a study of 258 college students, introverts had lower self-esteem than extraverts, which is related to a preoccupation with distressing and uncomfortable emotional states (Gudjonsson et al., 2004). Introverts tend lose hope when pressured to go against their natural temperament, and often feel ashamed and thus isolate themselves (Myers & Myers, 1995). Introverted individuals are likely to experience more self-doubt over a lifetime than extraverts (Keirsey & Bates, 1984; Yen & Siegler, 2003). Because introverts are alert to their inner world and have intense reactions to stress (Laney, 2002), they are inclined to think they have more problems than others around them.

Conclusion

It is valuable for introverts to know how to extravert themselves when needed, while also maintaining an instinctive freedom to be introverted. Learning how to complement extraverted and introverted behaviors is beneficial to healthy social and emotional balance (Myers & Myers, 1995). Laney (2002) encouraged people to recognize their personality type and “work with it, not against it” (p. 20).

It can be said the well-adjusted people are those who accept and are content with who they are. Introverted individuals are more prone than extraverts to experience
dissatisfaction and unhappiness with their personality. Research has found introverts possess traits such as introspection, compliance, and self-criticism, which make them more vulnerable than extraverts to depression and decreased mental well-being.

Positive characteristics of mental well-being can be seen in those having a stable and positive outlook on personality type and temperamental style (Myers & Myers, 1995). Because of the pressure by Western society for introverts to suppress their true personalities and conform to extraverted behaviors, introverts struggle with self-doubt and low self-esteem. When considering the research regarding the association of decreased mental health in introverted individuals, it can be concluded that introverts are more likely than extraverts to experience depression and decreased mental well-being.

Introverts who seek therapy would benefit from being educated on the normality of their tendencies and preferences. Therapists can support introverted clients through allowing them to recognize and appreciate their unique personality (Laney, 2002). This can be accomplished by building self-acceptance, identifying personal strengths, and nurturing one's natural introverted preferences. In addition to striving to develop a strong self-concept in clients, therapists can affirm introverted clients by acknowledging their struggle to conform to Western society, as well as uncovering their client's personal coping skills (Beutler & Moos, 2003; Beutler, Moos, & Lane, 2003). Another aspect of therapy can involve helping introverted clients teach others how to better understand introversion (Laney). Each of these therapeutic goals has the potential to increase mental well-being and lower depression in introverted clients.
Resources


