# Guidelines for using MBTI® type with neurodivergent people

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# Contents

# Introduction and overview

## Who is this report for? Purpose of these guidelines

### Who is this report for?

MBTI® practitioners, those qualified to use the Myers-Briggs Type Indicator® assessment, are increasingly finding that some clients identify as being neurodivergent; in a survey of 125 individuals qualified to use the MBTI assessment, 65% of respondents had seen at least one neurodivergent client within the past year (Hackston, 2024b). When this happens, practitioners may need guidance. Is it appropriate to use the MBTI assessment or the psychological type framework with neurodivergent people? What is best practice in administering the questionnaire and giving feedback? What is the relationship between type and different forms of neurodivergence? These guidelines attempt to answer these questions and give clear guidelines for the use of the MBTI assessment with neurodivergent people.

### Content of these guidelines

These guidelines contain the following sections:

- **Introduction and overview** (this section). The purpose of these guidelines, a definition of "neurodivergence" and "neurodiversity," and an overview of the use of personality assessments with neurodivergent people.
- **Using the MBTI assessment with neurodivergent people**. Practical recommendations and suggestions for MBTI administration and feedback. For many MBTI practitioners, this will be the most directly relevant section of these guidelines.
- **Forms of neurodivergence**. A description of the forms of neurodivergence most often seen in the population and the workplace. Readers already very familiar with the concept of neurodiversity and different forms of neurodivergence may choose to skip this section.
- **How MBTI type relates to forms of neurodivergence**. Personality type and neurodiversity are not the same thing, and the MBTI assessment should never be used as a diagnostic tool. However, there are some links. This section describes these and the underlying research.

## What are "neurodivergence" and "neurodiversity"?

Although many people are **neurotypical**, up to 20% of us are **neurodivergent** (Doyle, 2024), with elements of our cognitive functioning different from what society sees as typical or has decided is "normal." Often, the words **neurodiversity** and **neurodiverse** are used as synonyms for "neurodivergent," though strictly speaking, we are all neurodiverse to some degree; we don't all think and function in precisely the same way. This was the meaning originally intended when the sociologist Judy Singer popularized the term "neurodiversity" (Singer, 1999; Botha et al., 2024). This report will therefore use the term "neurodivergent" rather than "neurodiverse" unless the whole range of human functioning is being discussed.

"Different" does not, of course, mean "better" or "worse." It just means "different", though many organizations and workplaces are set up in a way that can make life more difficult, or more

complicated, for neurodivergent people. In the words of Atif Choudhry, cofounder of Diversity & Ability, "We are all neurodiverse, but not all of us are marginalised for it."[1]

Historically, the medical model has been applied to neurodiversity. People who might now see themselves as or be described as neurodivergent were seen as suffering from a medical condition or disorder, or from some form of learning disability, deficit, or impairment. The concept of neurodiversity replaces this with the idea that there is a range of human characteristics, with some people (the neurotypical) closer to the average of these and others (the neurodivergent) farther from the average.

As such, neurodivergent people may have both strengths at work and areas they find difficult, depending on the nature of their diversity. These characteristics are described in more detail in the section "Forms of neurodivergence," below.

## Personality assessment and neurodivergent people

Personality questionnaires have been accused of "screening out neurodiversity" (Wiggleton-Little & Callendar, 2023). This may sometimes be the case when personality assessments are used to screen out job applicants or at other stages of recruitment and selection, though even in this context, other hiring practices, such as traditional interviews, can have a more detrimental effect (Volpone, Avery, & Wayne, 2022). The same concerns will not, however, apply to type questionnaires such as the MBTI® assessment, as these are used only in development contexts, not for selection. Indeed, use of the MBTI assessment could and should have positive effects for neurodivergent people, for several reasons:

- The MBTI approach provides a positive framework for understanding people. Following MBTI feedback, many people report a sense of relief that they now understand themselves better, that they can see how they are different from many other people but that this difference is OK. For a neurodivergent person, this positive recognition of aspects of their personality and behavior can be extremely empowering. For example, Gordon & Jackson (2019) suggest that the type model can "provide a more positive frame through which to view Attention Deficit Hyperactive Disorder (ADHD)" and that "personality assessment, using a Jungian function model, may serve as a helpful tool for researchers, clinicians, and their clients to understand ADHD's unique cognitive style from a balanced perspective." One individual with autism has commented, "it was the MBTI assessment that first got me to push for my own diagnosis. There is so much more that I could say here about how powerful the MBTI tool is for helping people with neurodiversity understand themselves and how they can fit into the workplace as themselves and all that they can bring."
- The MBTI framework can also help nonneurodivergent clients understand the positive benefits of the ways in which others are different. By understanding and valuing personality differences, individuals can learn to understand and value other differences too. Any approach that can help individuals value the differences they see in others and hence reduce negativity and discrimination around difference will be useful. In a recent survey, 55% of neurodivergent people were worried about stigma and discrimination from colleagues, and 65% about stigma and discrimination from management (McDowall, Doyle, & Kiseleva, 2023). Research carried out by The Myers Briggs Company

[1] Quoted at https://www.makingbusinessmatter.co.uk/neurodiverse/

found that, on average, neurodivergent people felt less accepted and supported at work compared to their neurotypical counterparts (Hackston, 2024b).

- One specific area where the MBTI assessment is useful is in understanding the value of different work styles. For example, people with a Judging preference can learn to see that the Perceiving approach to a project can be useful, and that forcing someone with a Perceiving preference to behave in a Judging way will not have positive outcomes—and vice versa for Perceiving people. Similarly, one thing that neurodivergent people will often ask for is the freedom to approach work in their own way (for example, see Bastian, 2022).
- The MBTI assessment can also be useful as part of career counseling with neurodivergent people, as shown, for example, by work with young autistic adults (Cadondon, Dawson, Carriere, Griffiths, & Gehricke, 2023). This study showed that a program using the MBTI assessment alongside the *Strong Interest Inventory*® assessment improved participation in jobs or further education as well as self-confidence in 20 autistic young adults. To quote the researchers, "the unique use of the MBTI and SII as a strengths and challenges intervention may be a useful tool to guide youth, particularly autistic youth, as they explore and discuss post-secondary options that best fit their interests and personal strengths."
- Teams can be prone to "group think," especially where many team members have the same views or approach (often the same views or approach as the team leader). This can mean that anyone who takes a different view or approach is marginalized and pushed out. This is bad news for the individual, but also bad news for the team, which is likely to make less well-rounded decisions as a result. Using the MBTI assessment in team development helps team members see the value of other points of view and is likely to reduce group think and marginalization. As neurodivergent people have been more likely to be marginalized in this way, MBTI-led team development is likely to be beneficial.
- Applying a medical or disability model to neurodivergent people confers some advantages, by protecting them under the terms of equal opportunities or disabilities legislation, but it also tends to identify them as different, as a group apart. Knowing their MBTI type can help cut across this barrier. Someone with, for example, ISTJ preferences will have a great deal in common with someone else with ISTJ preferences, whatever other characteristics they may possess and whatever other identities they may hold.
- Some forms of neurodivergence are characterized in part by difficulty in understanding one's own behavior and/or the behavior of others. The MBTI model can provide a straightforward framework to help with this.
- One advantage that the MBTI assessment has over many other tools is the inclusion of the best-fit feedback process. Talking through someone's results and helping them decide for themselves what type fits them best is likely to lead to more productive conversations and reflection than assessments that merely present the results.
- Many neurodivergent people, perhaps especially those in professional or managerial roles, have learned to "mask" their natural behavior. That is, they conceal or suppress aspects of their neurodivergent traits in order to fit in with the norms of their workplace or of wider society. For some, this masking may have become so natural as to be unconscious. Just as MBTI feedback helps clients see that their Introversion preference as OK, the discussion can help clients see their neurodivergence as OK, reducing the feelings of isolation and impostor syndrome that some may suffer from.
- Research shows that, in general, neurodivergent individuals find MBTI feedback useful (Hackston, 2024b). For example, when asked, "What is the best or most revealing thing

that you learned as a result of completing the MBTI assessment and finding out your type?" 43% of neurodivergent respondents mentioned that it helped them understand themselves better, and 10% that it added to their understanding of their neurodivergence. When explicitly asked, "In what ways, if any, has finding out your type helped you to understand yourself better?" 15% said that it had helped them accept and be comfortable with themselves. When explicitly asked, "In what ways, if any, has finding out your type been counterproductive or less useful?" 60% said that feedback was useful and not counterproductive. Only 2% said that the results were not accurate.

In general, then, using the MBTI assessment with neurodivergent people should be appropriate and useful. Some individuals completing the assessment will, however, have concerns and questions, as will some MBTI practitioners. This report attempts to answer these and provide other relevant and practical information.

## Research and other resources

The content of these guidelines has been informed by two recent research studies carried out by The Myers-Briggs Company:

- *Neurodiversity research: Using the MBTI assessment with neurodivergent people* (2024). This study looked at differences in workplace experiences between neurodivergent and neurotypical people, and at how personality type and demographic factors such as gender and age relate to neurodivergence. The research also investigated how completing the MBTI® assessment and receiving feedback had been useful or counter-productive for neurodivergent people.
- *Research into MBTI type, neurodivergence, and neurodiversity* (2024). This study surveyed MBTI practitioners to find out how often they had used the MBTI assessment with neurodivergent clients, what conditions were most frequently seen, and what their experiences of using the assessement with neurodivergent people were.

Both reports can be downloaded from The Myers-Briggs Company website.

These guidelines also draw on a range of other studies and resources. These are referenced in the text.

# Using the MBTI assessment with neurodivergent people

## Overview

This section of the report contains hints and tips for using the MBTI assessment with neurodivergent people. For most purposes, and in most legal systems, people are under no obligation to disclose any form of neurodivergence, and you might not know whether a client is neurodivergent. However, many of the points listed below will inform good practice when using the MBTI assessment with anyone.

## General points

- Ensure that all communication through the whole process, including assessment, feedback, and ongoing engagement, is clear and straightforward. Use short, concise sentences, and avoid ambiguous statements. In written communication, it is generally better to use sans serif fonts as letters are typically easier to recognize.
- Consider using pictures or diagrams as well as words for those who prefer a visual style of communication. Some clients may prefer to read information, others to have it read out loud, others to have a conversation.
- Generally, and especially for individuals with autism spectrum disorder, be careful not to overuse metaphors, non sequiturs, or unusual phrases.

## Setting up and completing the assessment

- Clearly state the purpose for using the MBTI assessment and exactly how, when, and why the results will be used. Correct any assumption that the assessment is diagnostic of neurodivergence in any way. Emphasize that the client is in the driver's seat. Consider having a preappointment discussion to answer any questions before they complete the assessment.
- Be prepared to answer detailed questions about the exact process. When clients are completing the questionnaire online, ensure that there is still a way for them to ask questions and be responded to.
- Allow time for people to read any instructions, and make sure you are available for any questions. This will be useful for everyone but is crucial for those who need more precise, explicit, and straightforward communication. Some clients may want you to read instructions out loud.
- Allow as much time as is needed for clients to complete the assessment. Neurodivergent clients will often take longer to do so.
- In general, the questions in the MBTI assessment are straightforward. However, there may occasionally be issues, including:
    - Some people may find some questions too abstract and ask for a specific context or find it difficult to make a choice. "It depends" may be a more frequent response for neurodivergent clients than for the neurotypical. This may be a particular issue with the word-pair questions.
    - Others may not feel that they can or should commit to a choice.

  - Other clients might be very keen to know what the "right" answer is.
- Set up the administration of the assessment carefully, providing clear instructions and a framework upfront—for example, the idea of your client's "shoes-off self." This is especially important when individuals are completing the assessment online or otherwise remotely. If possible, be available to answer any questions.
- Consider using the MBTI Step II™ assessment. When it comes to feedback, some practitioners have found this very useful as a way of exploring the specific behaviors of neurodivergent clients when these are not what is typical of their Step I™ type.
- Many people will have previously heard of the MBTI assessment, and some may have a negative opinion about it. Some groups that are supportive of neurodivergent people's rights have been critical of personality questionnaires. Use the information in the first section of this report to explain why and how the MBTI approach can be useful for neurodivergent people. Of course, completing the MBTI assessment is always voluntary, and ultimately some people may decide that it is not for them.

## Feedback and the best-fit process

- Allow plenty of time for the feedback interview. You may need to split this into two or three sessions.
- As mentioned above, using the Step II assessment may be useful.
- Work through the introduction to the feedback session in a structured, ordered way, laying out exactly what is going to happen and why. Make it clear that the discussion will be confidential and that there is no right or wrong and no better or worse type to be.
- As mentioned above, some clients may be predisposed to be critical of the MBTI assessment, resistant to being "put in a box," and so on. Use the information in the first section of this report to explain why and how the MBTI approach can be useful. Consider being more exploratory than usual in the feedback and best-fit process.
- Many neurodivergent people have been on a journey to find out more about themselves and will have taken other type assessments. These may have been free online quizzes that may have low reliability, giving questionable results. These clients are likely to be enthusiastic about having MBTI feedback but may have misconceptions about type and what this says about them. They may be especially confused about Sensing and Intuition. You may need to talk through these misconceptions during the feedback session.
- Ask in advance for permission to interrupt if necessary.
- Use pictures as well as words. These can be the illustrations on the feedback cards or on slides, for example.
- Avoid euphemisms and other nonliteral speech. Keep things straightforward.
- In written material, pictures may work better than words. Clear bullet points or short notes might be better than lengthy paragraphs. Use clear sans serif fonts.
- Avoid the use of very wordy slides or handouts. When using materials like *Introduction to Myers-Briggs Type®,* give clients plenty of time to read these and do not hurry them or appear to do so.
- Some exercises, such as asking clients to sign their name, may work less well for clients with dyspraxia.

- Be aware that some autistic clients may demand very exact definitions. Some clients with ADHD may want to explore tangents and find this useful and energizing.
- In general, it is good practice to use open questions in feedback discussion. However, with some clients, it can be useful to use some closed questions to get specific answers or to confirm what has been said.
- Some standard MBTI feedback questions may work less well with some neurodivergent people. Be prepared to adapt questions when needed, such as adding clarification or defining a specific context, and do not continue to persevere with a question that clearly is not working. Avoid giving clients the impression that it is their fault that the question seems difficult to answer, and be aware of masking behavior (see points below). Try to work in a way that fits with their way of seeing the world.
- In a feedback interview, we generally ask our clients questions about what they do, their behavior. It is important to remember that this behavior may come from their environment and situation, from their type preferences, or from other sources such as the way(s) in which they are neurodivergent. So, always ask "why?" For example, suppose in answer to the question "How do you typically operate in meetings?" your client says that they usually don't contribute a great deal. It may be tempting to assume that they have a preference for Introversion and move on. Instead, ask why first. It may be, for example, that their contributions are not appreciated or taken seriously, so they have stopped contributing. Or that, as someone with Tourette's syndrome, all their energy in a meeting is taken up with suppressing tics. Or that, as someone with ADHD, they find having to sit still in a meeting on an uninteresting topic positively painful. Never assume; always explore, always ask why. Ask "the question behind the question."
- Many neurodivergent people have learned to mask their natural behavior to fit in with the norms of the workplace or of wider society. Just as acting against one's type takes effort and can be draining, so does neurodivergent masking. To quote the neurodiversity activist Colm McNamee, "If you ask a fish to climb a tree, it will go through life thinking it's an idiot" (Howard, 2022). Masking will clearly affect the way in which clients complete the questionnaire and respond to questions in feedback. This can happen with any client but is especially likely when a client has already revealed their neurodivergence.
- One outcome of masking can be that the client effectively uses one MBTI type at work, another at home, another when socializing, and so on, and so cannot decide on their real type. This does not mean that the feedback session has not been a success; they can still have a useful discussion about their development. However, it is important that you not fixate on getting to best-fit type, and that you avoid your client's becoming fixated on this.
- It follows from these points that type and neurodivergence are not the same thing, or rather, that type is just one of the many ways in which we are all neurodiverse and different from each other. The MBTI assessment is **not** a diagnostic tool and will **not** tell you whether or not a client has ADHD, ASD, or any other form of neurodivergence.
- You may be asked questions such as "What MBTI type are people with ADHD?" The answer: they can have any one of the 16 types. Type and ADHD are not the same thing, type and autism are not the same thing, and so on. However, there are some links, with some type preferences more likely to be found in people with certain forms of neurodivergence than others. Some clients may want to know what these relationships are and what other research is available. These links, and the underlying research, are described in detail in the final section of these guidelines.

# Forms of neurodivergence

## Overview

Neurodivergence is a broad term that covers many different types of people, such as those with attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD, including Asperger's syndrome), dyscalculia, dyslexia, dyspraxia, obsessive-compulsive disorder (OCD), and Tourette's syndrome.

Large numbers of people will be affected by one or more of these conditions. Between 3% and 7% of children are affected by ADHD (Kessler et al., 2006), and an estimated 3.5% of the global workforce have ADHD (de Graaf et al., 2008). About 2% of adults in the US and 2.8% of 8-year-old children have been diagnosed with autism spectrum disorder (Centers for Disease Control and Prevention (CDC) , 2023). Some estimates suggest that 15% of the population may be affected by dyslexia. Overall, it is estimated that about 15% to 20% of the population worldwide are neurodivergent (Doyle, 2020). In a survey of 125 individuals qualified to use the MBTI assessment, 65% of respondents had seen at least one neurodivergent client within the past year.

In the context of the MBTI assessment, it is worthwhile remembering that many of these percentages are greater than the percentages of some individual type preferences in the population. For example, it is likely that there are fewer people with preferences for INFJ, ENFJ, or ENTJ than there are people with ADHD, and fewer people with ENTJ preferences than there are people diagnosed with ASD. Some types of neurodivergence are more common in the population, less of a minority position, than several type preferences seen as part of the "normal" range of personality.

Several forms of neurodivergence are described in more detail below. For ease of reading, they are described separately, but of course real people in the workplace may show more than one form. Indeed, there is evidence that people are often diagnosed as having more than one neurodivergent condition. For example, in research carried out by The Myers-Briggs Company, 70% of those with any neurodivergent diagnosis had been diagnosed with more than one condition (Hackston, 2024b).

## Attention deficit hyperactivity disorder (ADHD)

### Characteristics of ADHD

People with ADHD can seem restless, may have trouble with concentration and attention, and/or may act on impulse more than other people. In the workplace, they can have problems with organization and time management, following instructions, or focusing on and completing tasks. They may seem restless, impatient, or impulsive or take unnecessary risks. Some people with ADHD are more inattentive (not paying attention to detail, not listening or paying attention, getting distracted, making mistakes). Some are more hyperactive or impulsive (fidgeting, never staying still, talking too much, interrupting, not staying seated). Many show a combination of the two.

Some research suggests that the behaviors associated with ADHD may have been advantageous in the distant past, for example, in hunter-gatherer societies, but are less so now (Estellar-Cucala et al., 2020). ADHD may certainly seem a poor fit for some more traditional work environments that stress attention to detail, repetitive tasks, rule following, and strict management of time and

resources. There is, however, evidence that people with ADHD can bring many benefits to the workplace:

- Creativity: research shows that people with ADHD report more real-world creative achievements and can, when sufficiently motivated, generate more original ideas than others (Boot, Nevicka, & Baas, 2017).
- High energy: this is one of the defining characteristics of ADHD.
- Hyperfocus: when they are doing a job that they enjoy and find interesting, many can focus on a task hour after hour, avoiding distractions and producing high-quality and incisive results (Ashinoff & Abu-Akel, 2021).
- Impulsivity and spontaneity: although this can lead to taking unnecessary risks, it can also result in great successes.
- Resilience and courage: many individuals with ADHD have had to overcome barriers during their education and built resilience and developed courage as a result. Interviews with successful adults with ADHD showed resilience and courage to be key attributes (Sedgwick, Merwood, & Asherson, 2019).

### How common is ADHD?

In 2020, it was estimated that 6.76% of the global adult population had ADHD (Song et al., 2021). ADHD is the form of neurodivergence most often seen by MBTI practitioners. In a survey of 125 MBTI practitioners, 55% of respondents had seen at least one client with ADHD within the past year, and 12% had seen more than five clients with ADHD in the past year (Hackston, 2024a).

## Autism, autism spectrum disorder (ASD), Asperger's syndrome

### Characteristics of ASD

Autistic people may act differently than other people. They may find it hard to communicate and interact with other people and hard to understand how other people think or feel. Some may find things like bright lights or loud noises overwhelming, stressful, or uncomfortable and get anxious or upset about unfamiliar situations and social events. Some can take longer to understand information or may do or think the same things over and over.

Autism represents a spectrum of different behaviors. For most people, not all these issues will apply, and those that do will differ in their impact. Autism is now often referred to as autism spectrum disorder (ASD) for this reason. The term "Asperger's" (or "Asperger's syndrome") was in the past used to describe autistic people with average or above-average intelligence but poor social skills. In practice, it was largely synonymous with the wording "high-functioning autistic," a phrase now considered outdated. There have also been moves to avoid the Asperger name because of possible involvement by Hans Asperger with the Nazi regime in World War II, although this connection is disputed (Falk, 2020). Note, however, that some people with autism identify themselves as "Aspies."

Some of the strengths of people with autism can include:

- A high degree of attention to detail, precision, and accuracy.
- Memorizing and learning information quickly and retaining this accurately.
- In-depth expertise and knowledge in specific areas.

- Logical thinking ability; methodical and analytical.
- Being punctual, rule following, dependable, reliable, honest.
- Ability to focus for long periods of time when motivated.
- Creativity, with a different viewpoint and novel solutions.
- Thinking and learning in a visual way; good sense of direction.

### How common is ASD?

One study (Dietz, Rose, McArthur, & Maenner, 2020) estimated that approximately 2.21% of, or 5,437,988, adults aged 18 and older in the US have ASD. In the survey of MBTI practitioners, 35% had seen at least one client with ASD in the past year, and 5% had seen more than five.

## Dyscalculia

### Characteristics of dyscalculia

Dyscalculia is a specific and persistent difficulty in understanding numbers that can lead to a diverse range of difficulties with mathematics. Those with dyscalculia may also have trouble understanding shapes, distance, or volume or have difficulty with time, directions, recalling schedules, sequences of events, or financial planning.

People with dyscalculia often see situations in a holistic way, leading to effective strategic decisions and creative problem-solving. They often have a great love of words and a high degree of practical ability.

### How common is dyscalculia?

Only 9% of MBTI practitioners surveyed had seen any clients with dyscalculia within the past year.

## Dyslexia

### Characteristics of dyslexia

When learning to read, children with dyslexia find it difficult to recognize the different sounds that make up words and relate these to written letters. As a result, people with dyslexia may read and write very slowly, confuse the order of letters in words, be confused by letters that look similar, write letters the wrong way round (such as “b” for “d”), and have poor or inconsistent spelling. In the workplace, they may understand information when told verbally but have difficulty with information that is written down. Some may find it hard to carry out a sequence of directions, and they can struggle with planning and organization.

Research suggests that people with dyslexia tend to take in the whole picture rather than the details at the center of their visual field (Geiger et al., 2008). This can mean they have advantages over other people in areas such as big-picture thinking, lateral thinking, and creative problem-solving. They can have an intuitive understanding of how things work and strengths in visualizing rather than verbalizing. There is some research evidence that, compared with other people, dyslexic adults may be more creative in nonwritten contexts but are no more creative in verbal or written contexts. However, this effect is small and may not exist with younger people (Erbelli,

Peng, & Rice, 2022). Other studies suggest that the question of whether dyslexic people are more creative depends on exactly how creativity is defined (Gutierrez-Ortega et al., 2023).

### How common is dyslexia?

Estimates of the incidence of dyslexia vary, from 2% to 3% up to 17% to 18% (Wagner et al., 2020). Thirty percent of practitioners surveyed had seen one or more clients with dyslexia in the past year.

## Dyspraxia (developmental coordination disorder)

### Characteristics of dyspraxia

Dyspraxia, also known as developmental coordination disorder, affects movement and coordination, impacting tasks requiring balance, playing sports, or learning to drive a car. Dyspraxia can also affect fine motor skills, such as writing or using small objects.

People with dyspraxia have often had to overcome obstacles growing up, leading to a degree of resilience and determination. Having to carry out tasks in different ways means that they can often bring a new and creative view to problems, and they can be very empathetic and caring.

### How common is dyspraxia?

Only 6% of practitioners surveyed had seen any clients with dyspraxia within the past year.

## Obsessive-compulsive disorder (OCD)

### Characteristics of OCD

Obsessive-compulsive disorder (OCD) has historically been thought of as a type of anxiety disorder or a form of mental illness. While OCD can indeed create anxious thoughts and anxiety-related symptoms, it has more recently also been seen as neurodivergent in origin. People with OCD have a brain that processes and behaves differently than what is considered typical, a key characteristic of neurodivergence. As some but not all authorities see OCD as a form of neurodiversity or neurodivergence, it has been included here for completeness.

In obsessive-compulsive disorder, a person has obsessive thoughts and compulsive behaviors. An obsession is an unwanted and unpleasant thought, image, or urge that repeatedly enters a person's mind, causing feelings of anxiety, disgust, or unease. A compulsion is a repetitive behavior or mental act that they feel compelled to do to temporarily relieve the unpleasant feelings brought on by the obsessive thought. The compulsive behavior temporarily relieves the anxiety, but the obsession and anxiety soon return, causing the cycle to begin again. Common types of compulsive behavior in people with OCD include:

- Cleaning and hand washing
- Checking—such as checking that doors are locked
- Counting
- Ordering and arranging
- Hoarding

- Asking for reassurance
- Repeating words in their head
- Thinking "neutralizing" thoughts to counter obsessive thoughts
- Avoiding places and situations that could trigger obsessive thoughts

Obsessive-compulsive disorder can be a debilitating condition. However, there can be positive aspects for some people. Those with OCD are often cautious and risk averse, which can be an advantage or a disadvantage in the workplace, depending on the situation or the nature of their work. They are usually very detail conscious, even perfectionist, and (unless compulsions get in the way) good at meeting deadlines. Some research has suggested that people with OCD may be more creative (Furnham, Hughes, & Marshall, 2013).

### How common is OCD?

One meta-analysis estimated that at any given time, approximately 1.2% of adults experience OCD. However, 27% of MBTI practitioners surveyed had seen at least one client with OCD over the past year. This percentage rose to 32% among practitioners based in the US but was lower elsewhere—just 6% in the UK, for example.

## Tourette's syndrome

### Characteristics of Tourette's syndrome

Tourette's syndrome is a condition that causes a person to make involuntary sounds and movements called tics. These may be physical (such as blinking, eye rolling, jerking of the head or limbs, or touching objects and other people) or verbal (such as grunting, coughing, tongue clicking or saying random words and phrases). Although swearing is often depicted as a symptom, only a small percentage of people with Tourette's syndrome do this.

Suppressing tics takes energy and can be tiring. There is, however, some evidence that learning to do this gives people with Tourette's improved time processing and greater cognitive control (Vicario et al., 2010). They may on average have superior grammatical skills (Dye, Walenski, Mostofsky, & Ullman, 2016).

### How common is Tourette's syndrome?

Only 8% of MBTI practitioners surveyed had seen any clients with Tourette's syndrome within the past year.

# How MBTI type relates to forms of neurodivergence

## Overview

To a degree, questions like "Is there an autistic MBTI type?" are no different from questions like "Are all tall people the same type?" Identifying psychological type and recognizing the different forms of neurodivergence are different ways of understanding people. Some forms of neurodivergence will not show any relationship with MBTI type. Even where some relationship exists, neither concept will entirely explain the other. For example, research suggests a link between extraverted Intuition and ADHD. However, only a small percentage of people with extraverted Intuition as their favorite process will show signs of ADHD, and not all people with ADHD will have extraverted Intuition as their favorite process. Psychological type and neurodivergence are two different lenses through which people can see and understand themselves, and used together they can give a richer picture.

Of course, both our type preferences and our neurodiversity contribute to our behavior and to the ways in which we see the world. MBTI practitioners are likely to find it useful to know where these overlaps are, with the understanding that these are just relationships; they are correlations that will not hold for every individual, do not signify cause and effect, and typically will imply only a very slight degree of overlap between MBTI type and neurodivergence.

This section of the guidelines describes research into the relationship between neurodivergence and personality dimensions, and especially personality type. It draws on recent research carried out by The Myers Briggs Company in 2024 (*Research into MBTI Type, Neurodivergence, and Neurodiversity*) and also on earlier studies.

## Attention deficit hyperactivity disorder (ADHD)

### Summary

Most research has suggested that those with a preference for Perceiving or Intuition are more likely to be diagnosed with ADHD or show behaviors characteristic of ADHD than those with a Judging or Sensing preference.

### Results from the 2024 research

Individuals with a preference for Intuition, Feeling, or especially Perceiving were the most likely to have ADHD:

- Those diagnosed with or who believed or thought they had ADHD were more likely to have a preference for Intuition or Feeling than those who did not think or who were sure they did not have the condition.
- Those diagnosed with or who believed they had ADHD were more likely to have a preference for Perceiving than those who thought they might have the condition, who in turn were more likely to have a Perceiving preference than those who did not think or who were sure they did not have the condition.
- The Thinking–Feeling effect was smaller than that for Sensing–Intuition or Judging–Perceiving.
- Those who identified as potentially having ADHD on an ADHD checklist were very much more likely to have a preference for Perceiving than for Judging, more likely to have a

preference for Intuition or Feeling than for Sensing or Thinking, and somewhat more likely to have a preference for Introversion than for Extraversion.

- Twenty-three percent of survey respondents with introverted Feeling, 20% of those with introverted Thinking, and 19% of those with extraverted Intuition as their favorite process had been diagnosed with ADHD. All these types, of course, have a Perceiving preference. Only 11% of those with extraverted Thinking (ESTJ or ENTJ) had been diagnosed with ADHD. The individual type most likely to be diagnosed was INFP.

### Previous research

In one study, Meisgeier, Poillion, & Haring (1994) found that students with ADHD did not significantly differ in their type preferences from non-ADHD students. However, other research has suggested a link between ADHD and the Perceiving preference:

- Many of the behaviors listed on checklists of ADHD symptoms (see, for example, Adler et al.) seem to describe the Perceiving preference. This has also been noted by other commentators (for example, Kise, 2007).
- Alt (1999) found that individuals with ADHD were more likely to have a preference for Intuition or Perceiving than those without ADHD. Landau (1997) found that ADD children have a tendency to prefer the Intuition function as their dominant function, and Cabak (1998) that ENTP, ENFP, and INFP were overrepresented among adults with an ADHD diagnosis.
- Two studies by Gordon & Jackson (2019) also suggest that people with a preference for extraverted Intuition are more likely to be diagnosed with, and show behaviors typical of, ADHD. Their research also drew a distinction between inattentive ADHD (extraverted Intuition more likely; extraverted Thinking, introverted Sensing, and, to some extent, introverted Intuition and extraverted Sensing less likely) and hyperactive/impulsive ADHD (extraverted Intuition and, to some extent, extraverted Sensing and extraverted Feeling more likely; introverted Sensing, introverted Feeling, and, to some extent, introverted Thinking less likely). As the MBTI model looks at functions and at the interactive combination of preferences into whole type, these results suggest that this might be a more useful tool for people with ADHD than a trait measure looking at scores on separate, discrete scales. Their results also may explain why Amos et al. (2017) found that children diagnosed with ADHD were significantly more likely to have a Sensing preference.

## Autism spectrum disorder (ASD)

### Summary

The only consistent research finding is that those with an Introversion preference are more likely to be diagnosed with ASD than those with an Extraversion preference. Several studies have also suggested Thinking rather than Feeling. Other than this, results differ as to whether autistic people are more likely to have a Sensing or Intuition preference, and as to whether they are more likely to have a Judging or Perceiving preference.

### Results from the 2024 research

The clearest relationship was with Extraversion–Introversion. Those diagnosed with, or who believed or thought they had, ASD were much more likely to have a preference for Introversion

than for Extraversion. Of course, this should not be taken as meaning that all or most Introverts have ASD. Only 8% of those with an Introversion preference had been diagnosed with ASD (compared with 3% of those with an Extraversion preference). The type most likely to be diagnosed was ISTJ, though this was still only 11% of those with this preference.

### Previous research

There has been very little previous research into personality type and ASD. On theoretical grounds, Robert Chester suggested a link between ITP type combinations and Asperger's syndrome (Chester, 2006). Prior to the 2024 research, the only type-based empirical study found by a literature search suggested IJ (Duke, 2005). However, this was carried out with children and was an MA thesis rather than a published paper or report. Comparison with studies using the five-factor model (Ekblad, 2013; Lodi-Smith, Rodgers, Cunningham, Lopata, & Thomeer, 2019; Schwartzman, Wood, & Kapp, 2015) suggests I, S, T, and P, with I and T the most certain. A study using the Lumina Spark model (Desson, Ensor, & Cannon, 2024) suggests I, N, and T.

## Dyscalculia

### Summary

There are no known relationships between dyscalculia and MBTI type.

### Results from the 2024 research

No statistically significant relationships between MBTI type and dyscalculia were found.

### Previous research

A literature search did not find any previous studies directly linking personality and dyscalculia.

## Dyslexia

### Summary

It seems probable that, in adults at least, psychological type and dyslexia are unrelated.

### Results from the 2024 research

No statistically significant relationships between MBTI type and dyslexia were found.

### Previous research

A literature search did not find any previous studies directly linking psychological type and dyslexia. Studies using the FFM or Big Five model (Gagliano et al., 2014; Verguts, Callens, & Brysbaert, 2013) and the Eysenck Personality Questionnaire (Huang et al., 2020; Richardson & Stein, 1993) found no personality differences in adult populations and a contradictory picture with children.

## Dyspraxia

### Summary

There may be a relationship between dyspraxia and the Judging preference, though the evidence here is slight, and why and exactly how this operates is unclear.

### Results from the 2024 research

Individuals with a Judging preference were significantly more likely to think they had this condition (though not to be diagnosed) compared with those with a Perceiving preference. Numbers were small, and this finding should be treated with caution.

### Previous research

A literature search did not find any previous studies directly linking personality and dyspraxia.

## Obsessive-compulsive disorder (OCD)

### Summary

People with OCD are more likely to have an Introversion than an Extraversion preference and may be more likely to have a Judging preference, with some but not all studies suggesting that J, and in particular SJ, may relate to the condition.

### Results from the 2024 research

Those diagnosed with or who believed or thought they had OCD were more likely to have a preference for Introversion than those who did not think or who were sure they did not have the condition. Those with a Perceiving preference were more likely to be sure they did not have OCD than those with a Judging preference, but there was no J–P difference in being diagnosed with OCD. It is possible that those diagnosed with OCD are no more likely to have a Judging or a Perceiving preference, but that some aspects of behavior associated with Judging may lead some people with a Judging preference to think they have OCD.

### Previous research

Previous research has suggested that people with obsessive-compulsive disorder are more likely to have a Judging than a Perceiving preference. Otis & Louks (2001) found that individuals with ISTJ or INTJ preferences were more likely to show OCD symptoms and those with INFP or INTP preferences less likely, while Coolidge, Segal, Hook, Yamazaki, & Ellett (2001) found that Introversion, Thinking, Judging, and, to a lesser extent, Sensing correlated with the Obsessive-Compulsive scale of the CATI assessment. In two different studies, Furnham & Crump (2005, 2014) showed that Judging and, to some extent, Sensing correlated with the Diligent scale of the Hogan Development Survey (HDS).

## Tourette's syndrome

### Summary

Research suggests that those with Tourette's syndrome may be more likely to have an Introversion preference. This may be linked to the condition at a deeper level, or it may simply be that people with Tourette's syndrome have been forced to control and limit their behavior, speech, or social contacts and hence to behave in a way more characteristic of an Introversion than an Extraversion preference.

### Results from the 2024 research

Individuals with an Introversion preference were more likely to have been diagnosed with Tourette's syndrome and were less likely to be sure they did not have the condition. Numbers were small, and this finding should be treated with caution.

### Previous research

There is very little research linking standard personality models with Tourette's syndrome. There is, however, some suggestion that people with Tourette's may appear to behave in a more introverted way. Eddy, Rickards, Critchley, & Cavanna (2013) found that individuals with Tourette's had lower FFM Extraversion and Emotional Stability scores compared to controls; and Hui & Ge (1996), that children with Tourette's syndrome showed a high degree of Introversion on the Eysenck Personality Questionnaire (EPQ).

## Summary

While there are relationships between psychological type and some forms of neurodivergence, these are correlations but do not indicate cause and effect or diagnoses. Knowledge of these relationships may nevertheless be useful to MBTI practitioners, if used in the context of the practical advice given in the earlier section "Using the MBTI assessment with neurodivergent people."

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