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I am submitting herewith a dissertation written by Michael Bertenthal entitled "The Unidimensional Versus Multidimensional Approach to Personality Development and Psychopathology." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Psychology.

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THE UNIDIMENSIONAL VERSUS MULTIDIMENSIONAL APPROACH TO PERSONALITY DEVELOPMENT AND PSYCHOPATHOLOGY

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ABSTRACT

Recent reformulations of psychoanalytic theory have expanded the traditional model from a linear to a multidimensional framework. This study explores the differences between the unidimensional and multidimensional models of personality development and psychopathology. An empirical study was designed to demonstrate that there are people with psychological features who cannot be adequately understood within the unidimensional framework. One subject was found who met the experimental criteria. Kohut's early view of a multidimensional approach which views personality development along dual independent lines, was proposed as a valid theory to deal with the complexity of the data.

TABLE OF CONTENTS

CHAPTER	PAGE
INTRODUCTION	1
1. THE UNIDIMENSIONAL APPROACH TO PERSONALITY DEVELOPMENT AND PSYCHOPATHOLOGY	3
Psychosexual Development	3
Object Relations	10
Structural Theory	14
Conclusions	18
2. THE MULTIDIMENSIONAL APPROACH TO PERSONALITY DEVELOPMENT AND PSYCHOPATHOLOGY	22
Kohut's Self Psychology	26
Narcissistic Pathology	30
Evaluation of Kohut's Work	34
The Dual Line Model	39
Gedo's Revised Theory for Psychoanalysis	50
Additional Contributors to the Multidimensional Model.	57
Summary and Conclusions	59
3. METHODOLOGY	61
Introduction to Empirical Study	61
Purpose of Study	64
Subjects	65
Method	66
Indicators of Psychopathology	68

CHAPTER PAGE

3. (Continued)

Summary 75

Indicators of Advanced Development 78

Summary 88

4. RESULTS 90

5. DISCUSSION 106

Diagnostic Considerations 106

Theoretical Considerations 109

Conclusions 116

BIBLIOGRAPHY 119

VITA 126

LIST OF TABLES

TABLE		PAGE
I.	Mean Number of Responses on Prominent Indicators	79
II.	Distribution of Subjects Per Group	91
III.	Group Means on Prominent Indicators of Psychopathology . .	91
IV.	Group Means on Indicators of High Level Functioning . . .	92
V.	T-Test Results Comparing Groups 1 and 4	93
VI.	Performance by Subjects in Group 2 on All Indicators . . .	93
VII.	Means for Inpatient, Mixed and High Level Groups	95

INTRODUCTION

Psychoanalytic theory has made significant progress since Freud's era as well as during his lifetime. Freud set the example; he continuously revised his theories and spoke openly of his therapeutic errors. Since Freud, the many revisions of psychoanalytic theory reflect something about the complexity of the subject matter as well as about the limits of the theory. Regarding the latter, psychoanalytic theories must meet two criteria: the organization and classification of observations must be empirically sound, and they must be clinically relevant. When a theory proves to be inadequate and fails to meet either criterion, it needs to be discarded.

There have been far reaching changes in psychoanalytic theory since Freud, but the consistent model of personality development and psychopathology has remained unidimensional. That is, development is viewed as the successive progression through fixed stages along a single track. In the classical model of preformation, development is through oral, anal and phallic stages. Other developmental schemas have been posed, such as the object relations view which suggests that development proceeds through successive stages of separation and individuation. While these theories have fundamental differences, the use of a single track or linear model is common to this and to most offshoots of Freud's theory. A linear model itself suggests various important implications for psychoanalytic notions such as regression, structural development, and the classification of problems and behaviors into specific syndromes.

The multidimensional approach to personality development and psychopathology stands in contrast to the unidimensional model. This developmental model was first suggested by Anna Freud's work, and it has been made widely known by the writings of Kohut. Kohut reformulated the psychoanalytic theory of narcissism, and in his early works, stated that narcissism has a line of development separate from that of object libido. Gedo has made use of the concept of developmental lines in the construction of his theory, based on the works of Anna Freud and Kohut. In essence, the multidimensional model is a complex framework as it poses implications for development on individual lines, as well as between lines.

This study explores the validity of the multidimensional approach to personality development and psychopathology. The empirical section of this study attempts to demonstrate that theories based upon a unidimensional framework do not account for the full array of clinical data, and that a more complex model of personality development is required. Kohut's early notion that narcissism and object-love constitute independent lines of development is used to investigate the relevance of a multidimensional model.

CHAPTER 1

THE UNIDIMENSIONAL APPROACH TO PERSONALITY DEVELOPMENT AND PSYCHOPATHOLOGY

Freud's theory is a unidimensional approach to psychopathology. Although his views have been modified over the years, the basic implications of a unidimensional model are to be found in his work. Consequently, a discussion of Freud's theory is thought to be important in order to clarify the basis from which a multidimensional approach departs. The following reviews the traditional psychoanalytic view of developmental phases from the standpoint of psychosexual development, maturation in object relationships, and structural change.

Psychosexual Development

The traditional psychoanalytic view of psychopathology operates along a railroad track model. At an early age, narcissistic libido (self-investment) is transformed into object libido (investment in others) and object investments are worked out at oral, anal, and phallic levels. Freud's theory assumes that the manner in which a person resolves the problems associated with these specific developmental stages determines his personality defenses and style of life. If an individual cannot cope with the demands of a particular stage, he may become "fixated" at that stage and be unable to move on to the greater maturity represented by the next phase in the sequence. Or one may, after progressing to a more advanced stage, find that he

cannot master the new demands posed and consequently, regress back to a previously mastered phase. Failure to successfully resolve a developmental stage is described as being due either to excessive frustration or excessive gratification with reference to the prime erogenous drive associated with it, or to a combination of the two (Fisher & Greenberg, 1977).

Freud described each child as passing through a fixed sequence of stages in which particular body zones are focused upon, experienced as sources of satisfying gratification, and emphasized as a means for relating to the world. He proposed that during the first year of life, the mouth is the major zone in which the child invests. The first stage then is oral and the aim of oral eroticism is to find pleasurable stimulation of the erogenous zone. Freud (1924) writes that sexual pleasure is first obtained during nourishment, but then the infant learns to obtain pleasure autoerotically. That is, the child achieves pleasure from sucking a part of his own body, such as the thumb. Abraham (1924), building upon Freud's initial theory, postulated two subphases of the oral stage: an earlier preambivalent one where no objects exist and only pleasurable sucking is sought, and a later ambivalent phase which has the aim of biting the object (oral sadism).

A primary feature of Freud's theory is that oral pathology results from experiences during the first year of life. The specific nature of such experiences has never really been spelled out, but they are usually ascribed to grossly frustrating or overgratifying oral

needs (Fisher & Greenberg, 1977). Abraham, in his discussion of the oral character, underscores the passivity that such individuals evidence. Orally fixated people who were overgratified are said to have the firm conviction that others will always be willing to give them what they want. With those whose early experiences were frustrating, Abraham focuses upon their expectations that scarcity will prevail. Essentially, Abraham views oral pathology as concerned with issues of sustenance including being cared for, supported and nurtured.

In classical analytic theory, schizophrenia is associated with deficits stemming from the early oral stage of psychosexual development. According to Fenichel (1945), the schizophrenic has regressed to narcissism; that is, the schizophrenic has withdrew from conventional reality and the collapse of reality testing reflects regression to a stage where the ego is at an early stage of development.

> The pathogenic fixations of schizophrenia may tentatively be considered as related to a still earlier stage than those found in depressions; in Abraham's classification, this places the schizophrenic in the early objectless oral period preceding the oral-sadistic phase. (Fenichel, 1945, p.442)

Those disorders associated with the late oral stage of psychosexual development include mania, depression, and addictions. Dynamically, these individuals seek basic supplies from others and the personality of the other is of no great significance; this is why, Fenichel

comments, it may not even be a person but a drug which is the source of supplies.

Between the oral and phallic levels of libidinal organization, Freud inserted the anal period. In the second year of life, Freud thought that the infant experiences pleasure in the evacuation of urine and the contents of the bowels. He stated that "The primary aim of anal eroticism is certainly the enjoyment of pleasurable sensations in excretion" (Freud, 1924, p. 324). At this stage, however, the world steps in and imposes limits on the child. For instance, the child is told that he cannot pass his excretions when he wishes but at times appointed by others, and to do so at inappropriate times is "improper." Consequently, at this stage, the child is required to exchange pleasure for value in the eyes of others.

During the anal stage, the control which needs to be developed over the body/impulses presents the child with issues of submitting to parental standards. For the anally fixated individual, character traits such as orderliness and parsimony reflect the individual's struggle to master anal impulses (defecating, soiling, smearing). These traits, particularly being clean and neat, are thought to defend against the shame associated with the gratification of anal impulses. In his case histories of obsessive-compulsive neurosis, which anally fixated individuals are prone to developing, Freud described these individuals as having particular problems related to expressing hostility despite deep anger. Freud further indicated that such individuals have a great deal of anxiety over being spontaneous or

impulsive for fear of loss of self-control, and they develop a variety of defenses directed at blocking such uninhibited expression.

The third stage in the development of sexuality is the phallic period. This is the stage in which the genitals become dominant over the extragenital erogenous zones. According to Fenichel (1945), this means that at the phallic stage the child resembles the adult from a sexual standpoint more than is generally realized.

> Under our social conditions the main expression of the infantile genitality is masturbation, although acts resembling sexual intercourse occur, too. (Fenichel, 1945, p. 75)

Furthermore, it is believed that at the phallic phase, the young boy has identified himself with his penis and bodily fears revolve around castration anxiety. Freud wrote that the significance of the phallic phase for women revolves around penis envy.

In both sexes, the oedipus complex represents the climax of infantile sexuality. During the pregenital period, the boy's love for his mother is thought to remain primary. During the oedipal phase, which begins in the third year of life and reaches its climax in the fourth and fifth years, conflicts arise as the child begins to recognize that father has power and privileges with respect to the mother. Freud taught that the male child becomes ambivalent toward his father and develops a hatred of him due to a rivalry for the mother. Since the oedipal complex coincides with the phallic stage of libidinal development, the boy is sensitive to castration anxiety and

renounces his passionate love for his mother since gratification would lead to injury.

For a woman, the oedipal paradigm is somewhat different. Similar to a man, a woman starts out life with her mother as the primary figure. In the phallic stage, she discovers that the male has a penis and concludes that she was castrated and has an inferior body. Freud concludes she develops a deep sense of disappointment in her mother who is blamed for this situation, and the daughter turns toward the father as a love object. With the father, the daughter moves toward a more passive orientation and has the fantasy that father will impregnate her and that unconsciously, the child is equated with the penis.

The main pathology associated with the phallic stage of development is hysteria, which is based on the persistence of the oedipus complex. As Fenichel states: "The neurotic disposition is not characterized by the existence of an oedipus complex but rather by a failure of the passing of the oedipus complex" (p. 108). In certain individuals, oedipal strivings are not successfully renounced during childhood based on a variety of possible factors. Fenichel states for example that anything which increases fears and thus increases sexual repressions creates problems for overcoming the oedipal stage. Especially important in the formation of the oedipal complex is everything the child learns or thinks about the parent's sexual life, and the more so if it is experienced suddenly (such as a primal scene which is thought to lead to castration fear or give the child the impression that sexuality is dangerous). Another important traumatic

event at this time is the birth of a sibling. In addition, the personalities of the parents are quite important influences; for instance, if the parent expresses an unconscious sexual love for the child, this could be experienced by the child as a temptation which might increase the child's oedipal complex. Oedipal neuroses appear in later life marked by the principal use of repression in the context of sexual themes, problems in heterosexual relationships, work inhibition, phobias and conversion reactions, or fears of competition with rivals of superior strength.

Subsequent to the oedipal phase, the child enters a latency phase in which there is massive repression of sexual aims. At puberty, however, oedipal strivings seemingly resolved at earlier phases seem to be set in motion once again. As Freud (1924) states: "We learn that at the time of puberty, when the sexual instinct first asserts its demand, the old familiar incestuous objects are taken up again and again invested by the libido" (p. 345). Consequently, puberty is a phase where the oedipal strivings are finally resolved and the capacity for mature heterosexual relationships attained. In childhood, the oedipus complex was an emotional reality only in the form of an unconscious wish that was thwarted by the child's realization of his physical immaturity. Sexual maturity at puberty compels a definitive break with infantile interests. The adolescent at this stage seeks to work out an optimal distance from his parents; adolescence is a time of forming an adult ego-ideal, new identifications, and the relinquishing of drive-object relationships (Fenichel,

1945). Disturbances in this sphere are thought to be rooted in earlier phases and as a result, childhood and dependence are prolonged.

Object Relations

Freud's view of psychosexual development is that the road from pregenital to genital primacy is paralleled by the development of object relations from an objectless state to real love. During the preoedipal stages, the child lives in an egocentric world where object relationships are dominated by narcissistic aims. Fenichel (1945) writes that children may be able to distinguish objects and love them but only as long as they bring satisfaction:

> This, however, is not yet love. One can speak of love only when consideration of the object goes so far that one's own satisfaction is impossible without satisfying the object, too.... In love, it must be a kind of partial and temporary identification for empathic purposes which either exists alongside the object relationship or alternates with it in short intervals.... We can only say that the experience of a full and integrated satisfaction facilitates it, and that genital primacy is the prerequisite for it. (p. 84)

Freud held that the pregenital stage of development is at first objectless (primary narcissism), then dominated by aims to incorporate the object (oral), and then dominated by ambivalent aims which are prevalent throughout the anal period. In the oedipal stage, where the child has the matured capacity to differentiate his parents, including their sexual characteristics, classical theory holds that object relationships first revolve around love and hate. Indeed, it is at

this stage that the young boy experiences love for the parent of the opposite sex and death wishes against the same sexed parent. The resolution of oedipal conflicts is thought to lay the basis for mature heterosexual relationships.

Parallel to the stages of development, those individuals with preoedipal disorders are thought to relate to others with either narcissistic or ambivalent aims. Of the orally fixated individual, Fenichel (1945) states that although unable to return love, these people need others to love them; people are instruments for oral gratification in the same sense some individuals use food. Furthermore, according to Fenichel, there are the oral types who do not seek love from others, but seek a sense of connection with the world. These patients are stated to be clingy, dependent and extremely fearful of losing their objects. Essentially, oral characters relate to others in order to receive protection, pacification and other oral supplies, and acknowledge others insofar as needs are satisfied. Anal characters, while psychosexually more advanced, are thought to be ambivalently oriented to others. That is, their actions tend to express tenderness as well as hostility and contempt. With hysterics, one can speak properly of the presence of the ability to love and a capacity for sophisticated object relationships is present. For example, if Freud's case studies are examined, we are told that Anna O. nursed her sick father for many months, Emmy von N. had a "moral seriousness toward her duties," "a caring for the welfare of all her dependents," and "a refinement of manners characteristic

of a true lady," and that Elisabeth von R. nursed her ill father and was noted for her unselfishness with regard to her family. All this, however, does not mean that hysterics are without significant problems. On the contrary, Anna O. suffered from dissociative states with hallucinations and assaultive behavior; Emmy von N. had numerous symptoms including hallucinations, tremors and stammering speech; and Elisabeth von R. was plagued by great pain in her legs of no known organic origin. In each case of hysteria, there is a problem rooted in the inability to relinquish an early object choice. For Freud, the main task of every individual in the development to complete object love is to overcome oedipal strivings which means to detach oneself from one's parents and cease being a child.

Hence, Freud believed that the capacity for total object relations coincides with the attainment of triadic object relations, i.e., the oedipal stage of development. Oedipal relations presuppose the capacity to differentiate parental figures from each other and from oneself. Oedipal relations also imply the development of empathy. Empathy as an "intellectual identification or vicarious experiencing of the feelings, thoughts or attitudes of another person" (Flexner, 1968, p. 433) means that one can grasp the internal life of another. For there to be oedipal rivalry as well as oedipal resolution, the child must first be able to comprehend that his parents have interests and involvements in which he is not included. If the oedipal stage is where object love first becomes possible, empathy is an essential ingredient of this ability; empathy allows one

to invest in others as others, as opposed to being an extension of oneself. In adult stages, empathic capacities entail greater depth, warmth, and maturity for one's interpersonal life. In terms of a unidimensional approach to psychopathology, fixation at or regression to preoedipal stages means lack of empathic abilities. This is nowhere better stated that in Kernberg's (1975) discussion of the preoedipal borderline disorder.

> These patients have little capacity for a realistic evaluation of others. The borderline patient's long-term relations with others, particularly those with whom he is most intimately related, are characterized by an increasingly distorted perception of them. He fails to achieve real empathy with others, his relations are chaotic or shallow, and intimate relations are usually contaminated by a typical condensation of genital and pregenital conflicts. (p. 163)

According to Kernberg's revised theory of psychoanalytic development, individuals who have difficulty negotiating the rapprochement subphase (15-22 months) of separation/individuation are unable to adequately integrate positive and negative internal representations of self and others. This lack interferes with the deepening of empathy for others as individuals in their own right, along with problems achieving object constancy. By this term, Kernberg is referring to the capacity to retain an attachment to the loved person in spite of frustration and hostility in that relationship. For example, the child who has attained object constancy realizes that it is the same mother toward whom love and anger are both felt, as opposed to actively dissociating or keeping apart such contradictory feelings through a process of splitting. In

addition to empathy and object constancy, Kernberg also believes that pregenital problems interfere with one's ability to experience guilt and to mourn, which are also thought to be important for mature and stable relationships. In contrast, patient's with oedipal level neurotic problems have the capacity for an indepth understanding of others and consequently, are able to engage in total object relations.

Structural Theory

In his treatise on structural theory, Freud (1923) explained that the psychic apparatus is composed of id, ego and superego. The id is associated with the unconscious, contains the instincts, and is ruled by the pleasure principle, i.e., all activity has the purpose of obtaining pleasure and avoiding pain. Thinking associated with the id is primary process. This thinking is indifferent to reality and logic and is organized around the vicissitudes of drives. Furthermore, primary process thinking is oriented to direct and uncontrolled discharge of impulse, it is fluid and undiscriminating, it ignores the relations of time, space, identity and causality, and it tends to fuse self and not-self (Schaefer, 1954).

Freud's theory is that the ego and its various functions arise out of frustrations imposed by reality. An example of this is Freud's view that the young infant attempts to establish wish fulfillment through hallucination of the mother's breast when hunger is experienced. Despite this hallucinatory activity, satisfaction does not follow and this leads the child to develop the cognitive ability for delayed and indirect means of discharge (Freud, 1924). Hence,

Freud (1923) proposed that there is a part of the id which has been modified by the direct influence of the external world--the ego. The ego is that agency which seeks to bring the external world to bear on the id. Thinking associated with the ego is secondary process; when it comes to prevail, delay, indirectness and modulation of discharge of tension take precedence over immediate and uncontrolled discharge; logic and reality testing overshadow autistic thought; clarity and organization of subjective experience replace fluidity and diffuseness of experience (Schaefer, 1954). In sum, it may be said that the ego serves a self-preservative function and its role is to bring the reality principle and secondary process to prevail over the pleasure principle and primary process.

In relation to developmental stages, the ego undergoes a gradual maturation and is relatively developed by the oedipal stage. Along the preoedipal continuum, ego defects may be manifested in poor reality testing, poor impulse/affect control, inadequate boundaries between self and other, poor anxiety tolerance, limited judgment, and by primitive defenses which allow partial expression of rejected impulses. Higher level neurotic pathology is thought to revolve more around a conflict between id (impulse) and ego (defense) than around ego deficits. Despite having a well consolidated ego, however, neurotics are plagued by superego problems.

The superego, Freud wrote (1923), is the heir to the oedipus complex. In the oedipal period, the child realizes that his parents are an obstacle to an oedipal victory. At first, according to

Fenichel (1945), the child "borrows" from his parents the strength to suppress oedipal longings; eventually, the oedipal period is resolved through identifications for the child both admires, fears and wants to be like his parents. Freud (1923) wrote that there is a part of the ego altered by identification with the parents:

> The broad general outcome of the sexual phase governed by the oedipal complex may, therefore, be taken to be the forming of a precipitate in the ego.... This modification of the ego retains its special position; it stands in contrast to the other constituents of the ego in the form of a superego. (p. 24)

According to Freud, this superego comes to serve the same purpose as parental prohibitions formerly did, i.e., in essence, the superego brings to bear internal standards. Hence, the superego is heir to the parents, but not just as a source of threats and punishment; it is also a source of protection and reassurance. Complying with the superego's demands brings relief and security while difficulties complying result in guilt and remorse.

In normal development, the superego is well integrated which means that its demands are realistic and consonant with one's abilities. With neurotic pathology, the individual has a relatively well-integrated but "severe and punitive" superego. Freud substantiates this view in his description of several disorders. In his discussion of melancholia, he states that such patients are reported to have an excessively strong superego which "rages against the ego with merciless violence" (Freud, 1923, p. 48). In the obsessional neuroses, he states that these individuals are tormented

by their conscience for their destructive impulses despite attempts to struggle against them with reaction formations. In the hysterical neuroses, there is guilt tied to oedipal longings which the individual attempts to ward off through repression.

In the pregenital disorders, there is deficient superego integration which entails decreased capacity for guilt, severe mood swings, contradictions in the ego's value system and contradictory demands made on the ego (Kernberg, 1976). Deficits are apparent in the often found primitive, sadistic and projected form that the superego takes on this level. The content of the hallucinations of schizophrenic patients frequently involve accusations of being bad or evil. One female patient with an anti-social personality stated that although she accidentally mortally wounded her husband and was acquitted in court, she hears her deceased husband's voice at night which threatens her with revenge. Developmentally, these superego projections speak to an insufficient internalization not only at the moral (oedipal) but at the premoral (preoedipal) stage as well. Fenichel states that early on, the child learns to heed parental prohibitions for fear of loss of love. While this is not yet conscience, "the introjection of the parents prohibitions brings about an adjusting alteration within the ego. Alterations of this kind are the forerunners of the superego" (Fenichel, 1945, p. 103). Fenichel adds that children seek to be like their parents by adhering to their standards, i.e., there are early forms of identification. In individuals from unstable environments who develop primitive

pathology, these superego precursors are likely to be poorly formed. Consequently, regarding the formation of the superego as the product of the oedipal phase, it may be more correct to speak of the conclusion of the oedipal phase as the 'climax' of superego development.

In summary, Freud's structural theory is based on the notion that the id is innate and that the ego and superego arise out of frustration with the environment. According to this schema, the earlier the problems the greater the propensity for ego and superego deficits. Oedipal level pathology is associated with repressed conflicts which do not interfere with ego integrity and where the superego is well developed although apt to be critical. In normal development, the superego is less severe and well integrated with ego ideals and ego goals. The ability to suppress unrealistic needs without excessive stress is evidenced.

Conclusions

This review has attempted to elucidate the central aspects of the traditional psychoanalytic view of psychopathology. Over the years, there have been many revisions of Freud's theory. Recently, the object relations approach has become popular and in this country, it is represented by those who seek to supplement traditional analytic notions (such as Kernberg), or radically revise them (such as Masterson). Regardless of how minor or radical these revisions may be, the basic model of psychopathology has remained linear. This single track model includes several implications.

A basic principle inherent in this model of development is that the earlier the onset of problems, the greater the propensity for deficits in judgment, empathy, conscience and other capacities which are manifested by difficulties in the interpersonal realm, as well as by chronic failure in work and creative areas. With higher level psychoneurotic pathology, overall social adaptation is not seriously impaired.

A second notion native to the unidimensional approach to psychopathology is that earlier problems need to be resolved prior to higher level ones. This implies, for example, that an 'empathic schizophrenic' is not theoretically possible, or that one can gain the benefit of more advanced development without successfully traversing lower stages. However, this notion does not mean that fixation at early stages precludes the development of later phases. Kernberg states that the oedipal phase is not absent when there are pregenital problems, as much as that pregenital problems contribute to the pathological development of oedipal conflicts.

A third basic tenet of this model is that there is a reciprocal interrelatedness of the development of the self and of object relations as outlined by Freud (1914), and recently reemphasized by Kernberg (1974), Giovaccini (1979) and Masterson (1981). This means that as one develops from an objectless state through incorporative and ambivalent aims to complete object love, the self undergoes a parallel development. Kernberg refers to those individuals (Borderlines) who have advanced beyond the most archaic stages but who

have not achieved genital primacy as plagued by "identity diffusion." This latter syndrome refers to the patient's lack of integration of self-representations, which accounts for their unstable identity and poor self-esteem regulation. Masterson views the self of the borderline as "brittle, vulnerable, and self-depreciative," as well as "dominated by feelings of inadequacy about hostility toward the self." In contrast, those patients with psychoneurotic problems are thought to have relatively well-integrated selves, i.e., minimal problems regulating self-esteem, as well as minimal capacity for either transitory or chronic periods of disintegration.

In recent years, along with the borderline syndrome, the narcissistic personality disorder has become an area of focus in psychology. These patients are commonly defined by theorists as evidencing grandiosity, a high degree of self-involvement and lack of empathy for others with underlying envy, emptiness and rage. Essentially, the narcissist is thought to have difficulty relating to others as separate individuals as opposed to viewing the world as revolving around him, and these patients are found to be exquisitely sensitive to empathic disturbances. Theoretically, it is thought that these individuals are quite primitive. For instance, Masterson (1981) writes that there is an arrest in development prior to the separation of self- and object representations in the rapprochement subphase, which means that narcissism is considered to be a pregenital disorder.

Given this object relations view of narcissism, a major problem surfaces. Analytic theory maintains that structural development (ego

functions, ego defenses, superego integration) parallels self- and object development. Consequently, the narcissist should have quite primitive ego functioning when clinically, it has been reported that this is not necessarily the case. As Masterson (1981) points out:

> To put it in developmental terms, although the self-object representation is fused, the narcissistic personality disorder seems to get the benefit for ego development that is believed to come about only as a result of separation from that fusion. (p. 12)

It is precisely this kind of dilemma, unable to be satisfactorily resolved by a single track model, that is specifically addressed by the multidimensional approaches to psychopathology.

CHAPTER 2

THE MULTIDIMENSIONAL APPROACH TO PERSONALITY DEVELOPMENT AND PSYCHOPATHOLOGY

The traditional psychoanalytic approach to personality development and psychopathology has been criticized in recent years for its failure to account for the wide array of clinical phenomena. As John Gedo (1979) points out, although Freud's dictum about the oedipus complex forming the nucleus of the neuroses may still be valid, there is a widely shared impression that persons with circumscribed neuroses no longer seem to form a large percentage of analytic patients. In the 1950's, for example, a class of patients were noted who were difficult to understand according to the traditional drive/defense model of psychoanalysis. These patients manifested a number of neurotic symptoms--pan anxiety, pan-neurosis, and polymorphously perverse sexuality; in addition, these patients were also known for their underlying psychotic tendencies—intense aggression, magical thinking, paranoid trends, unstable mood, and subtle signs of thought disorder. While some considered these patients pre-psychotic, Hoch and Polatin (1949) called them pseudoneurotic schizophrenics, and Knight (1953) called them borderline schizophrenics, suggesting that they were psychotic. Theoretically, these patients were difficult to characterize in terms of psychosexual development, and the confusion extended to the treatment of these patients. Some recommended a supportive approach;

others attempted a modified form of psychoanalysis. The fairly extensive literature of the last 15 years has been theoretically diffuse and has not reduced the uncertainty about etiology and/or treatment.

Some propose that the great majority of patients are different today from those seen by Freud because the world has changed. Kohut (1977) believes that Freud's era was characterized by parental overcloseness and this led to conflicts around eroticism and the rivalries of the oedipal phase. Kohut views today's families as understimulating, with the consequence of more narcissistic disorders. A similar view is proposed by Wheelis (1958) who writes that today's problems revolve less around neurosis than "loneliness, insecurity, doubt, boredom, restlessness, and marital discord." He believes that institutional values have declined, a culture of change has replaced tradition, and as a result, the problem of identity has replaced hysteria. Van den Berg (1961) also insists that theories need to be different from those of Freud and Breuer because people are different today. He sees the present culture as extending childhood by breeding lack of responsibility, lack of action, and greater conformity despite increased sexual awareness and knowledge.

While popular, such psycho-cultural views of neurosis do not command unanimous assent. The main objection pertains to the extent to which the sociological world affects the intrapsychic realm. In opposition to the view that due to cultural shifts, for example, there are less "pure" hysterics and more narcissistic and borderline

disorders today, some argue that Freud and his colleagues had a narrower view of the range of disorders because their understanding was more limited. That is to say, they argue that pathology has not changed but that our knowledge has become more sophisticated and we tend to look at people in more complex ways. In addition, psychoanalysis is now applied to a broader range of the population and a broader spectrum of pathology than in Freud's era. Anna Freud (1976) has remarked on how psychoanalysts have widened their scope and gone beyond "their original, comparatively narrow confines" which consisted in the treatment of "character deformations, anxiety hysteria, the phobias, the obsessional neuroses."

The expanded application of psychoanalysis has required theoretical revisions to deal with the new data. One current trend exemplified by Kernberg and Modell has been to complement traditional analytic theory with object relations theory. Another trend exemplified by many American and British theorists has been to reject instinct theory altogether, in exchange for a view of development which focuses exclusively on early object relationships. While these new theoretical schools have major differences between them, many presuppositions and implications of their theories are similar as they all belong to a unidimensional framework of personality development.

These unidimensional theories have been criticized for their inability to deal with the complexity of the clinical data. Consequently, theories of personality development have emerged which approach the data from a multidimensional framework. That is to say,

rather than viewing personality development as a progression along a single axis, it is proposed that personality develops along multiple lines. Kohut's early work is a dual track model which seeks to complement Freud's theory. Gedo, on the other hand, has proposed a more sweeping reorganization of analytic theory. While these two authors represent the major figures who have approached psychopathology from a multidimensional perspective, recent publications have demonstrated the growing appeal of this point of view. In the following chapter, these multidimensional approaches to personality development and psychopathology will be discussed.

An antecedent of the notion of multidimensional personality development is found in the work of Anna Freud (1963) who applied the concept of developmental lines to a variety of areas including eating, and bladder and bowel control, for which the stages of libido development form the inborn maturational base. She offers many examples of developmental lines such as the line from egocentricity to companionship. She states that

> Even if perhaps less easily established, there are similar lines of development which can be shown to be valid for almost every other area of the individual's personality. In every instance they trace the child's gradual outgrowing of dependent, irrational, id- and object-determined attitudes to an increasing ego mastery of his internal and external world. (Freud, 1963, p. 246)

Freud anticipated Kohut and articulated a significant implication of the multiple line approach to psychoanalytic thinking, stating that there are imbalances in development relative to the different lines.

For example, some children are high on some levels while low on others. Hence, some children are well developed in speech, play and work but remain dependent with regard to the management of their own bodily processes. Freud concluded that these imbalances are not pathological as such; they become pathological when the imbalances are extreme.

Kohut's Self Psychology

Kohut has made a major impact in psychology with regard to his dual line view of psychopathology. In contrast to traditional thought, Kohut's early theory stressed narcissism as a separate line of development of the bipolar self. His starting point is the view that analytic theory has placed too much emphasis on the libidinal investment in the object and has looked upon narcissism in mainly critical terms, i.e., as primitive. As an independent line of development, Kohut is proposing that just as we progress from less to more mature modes of object relationships along the psychosexual line, narcissism undergoes its own development and transformations from the most archaic to advanced stages.

Kohut proposes that a person's pathology need not lie in the capacity for love, but may be in the ability to realize ambitions and ideals. Hence, he states there are two types of analyzable patients. There is Guilty Man, the patient with neurotic problems whose conflicts revolve around love/hate of the classic oedipal situation. There is also Tragic Man, the patient with a disorder of the self who has difficulty committing to worthwhile and absorbing long-term goals.

Kohut's theory of narcissism is a theory about the development of the self. He writes that a nuclear, core self is achieved through a process of interactions with the environment during early development, and that

> This structure is the basis for our sense of being an independent center of initiative and perception, integrated with our most central ambitions and ideals and with our experience that our body and mind form a unit in space and a continuum in time. (Kohut, 1977, p. 177)

With optimal development, the nuclear self lays the foundation for healthy self-esteem, the capacity for tolerance and admiration of others, and the capacity to pursue ambitions by utilizing skills and talents which are consistent with one's ideals.

Kohut at first posited two major constituents of the self to which he later added a third. During an early developmental phase, he writes that the child concentrates power and perfection upon the self, and assigns all imperfections to the outside. Hence, Kohut calls the self of this stage "the grandiose-exhibitionistic self." Under optimal conditions, through a relation with an empathically responding mirroring/approving selfobject (figures experienced as extensions of the child's self), the child learns to accept his realistic limitations, and infantile grandiosity and exhibitionistic demands are gradually replaced by nuclear ambitions, good self-esteem, the ability to react to failures in self-enhancing ways, and the capacity to be tolerant of empathic failures from others. Kohut's view is that this

phase related developmental achievement is a precondition for mental health in the narcissistic sphere of the personality.

A second early phase in the consolidation of the self gives rise to the idealized parental imago. During this period, the child attempts to retain his lost narcissistic perfection by assigning it to an idealized selfobject. The selfobject parent may have the power and perfection at this stage, and the other is a part of the self (a selfobject). Consequently, Kohut describes the young child as merged with the omnipotent parental figure, and prone to feeling empty and powerless when separated from the selfobject. As in the preceding stage of the "taming" of the grandiose-exhibitionistic self, the child eventually comes to recognize the parent's shortcomings. Kohut's early work (1971) emphasizes that there is a "massive disappointment" in the oedipal parent (of the same sex) which ultimately leads to the idealization of the superego. Kohut emphasizes this idealization as an important developmental and maturational step, especially against the threat of narcissistic regression. It suggests a capacity to not only know the difference between right and wrong, but the ability to take pride in one's values.

Kohut later (1984) postulated a third separate line of the self, corresponding to the need people have for an alter-ego selfobject. By alter-ego, or twinship, Kohut is referring to the need to experience the presence of essential "alikeness." He posits this notion in the light of his experience that there are important self-affirming experiences of childhood that can neither be classified in

terms of the self's needs for mirroring nor for merger with strength. Kohut states that particularly during latency, the need for a twin is strong. At this point, it may be satisfied by peers and selfobject parents who allow the child to become a 'chip off the old block.' As a separate line of the self, Kohut contends that throughout life, the need for alter-ego selfobjects remains, albeit in more mature forms; many adult friendships are characterized by a twinship. In analysis, Kohut has found that twinship relationships occur side by side with other forms of transference.

From a structural point of view, Kohut's theory of healthy self formation rests principally on two notions--optimal frustration and transmuting internalization. According to Kohut, the young child's narcissism is gradually brought into accord with reality, first with regard to the grandiose-exhibitionistic self, and then with regard to reliance on idealized figures. The child's ability to accept limitations in himself and selfobjects depends on optimal frustration, which for Kohut, means gradual frustration. Pathology occurs due to defects in empathy from selfobjects, which may either manifest itself in excessive frustration or over-gratification. While Kohut does not spell out precisely what the range of empathic reponses might include, he does state if the parents are secure and narcissistically balanced, they will harmonize imposing realistic limitations on the child with accepting the child's proud exhibitionism. The result of this optimal frustration, according to Kohut, is a firm foundation for dealing with the successes and failures in life without incurring serious problems.

He adds that severe disturbances are often due to the parents' emotional problems, even latent psychosis, more often than is usually appreciated.

The second key notion in Kohut's theory of structure building is transmuting internalization. He states that the child's idealization of the parent eventually succumbs to a realistic appreciation of the selfobject's realistic shortcomings. If this frustration is optimal, it leads to the acquisition of psychological structure which continues the functions that the selfobject previously fulfilled, much like the formation of the superego via internalization. In other words, the idealized selfobject becomes internalized.

> The internalization of the object-cathected aspects of the parental imago transmutes the latter into contents and functions of the superego; the internalization of the narcissistic aspects accounts for the exalted position which these contents and functions have vis-a-vis the ego. (Kohut, 1971, p. 41)

If an empathic failure occurs causing this internalization to fail to occur, the individual will hungrily pursue ideal figures for the approval and leadership he is unable to provide himself.

Narcissistic Pathology

Kohut views self disorders along a continuum that may affect either one or both lines of the bipolar self. Kohut places the schizophrenias and paranoid psychoses at the extreme. With these disorders, the self lacks cohesion and delusions are often resorted to in order to escape from the sense of fragmentation. Borderline states (prepsychotic) are also characterized by a non-cohesive self, but in

contrast to the psychoses, the behavioral manifestations of the borderline are covered over by complex defenses. These individuals, along with another group of self disorders which includes the schizoid and paranoid personalities, are thought to be unanalyzable. In cases where it is difficult to discriminate a borderline from narcissistic personality disorder, Kohut recommends a trial analysis so that the transference may be used for diagnostic clarification.

The self disorders which are considered to be analyzable are the narcissistic personality disorders and the narcissistic behavior disorders. These individuals are distinguished from borderline and psychotic disorders. The essential difference lies in that the narcissistic disorder has attained a cohesive self and has established relationships with idealized figures and is not threatened by the irreversible disintegration of the self (psychosis). These individuals manifest their pathology through the symptoms of depression, excessive claims for attention, sensitivity to slights, hypochondriasis, poor self-esteem, compelling need for merger with powerful figures, or rageful reactions in response to empathic disturbances. With severe narcissistic disorders, psychotic phenomena are not uncommon, although such phenomena are minor and temporary, and there is rapid reconstitution. These rapid regressions may often be confused with the delusions and hallucinations of the psychotic. Kohut (1971) states:

> Details of some of the patient's experience of the hypercathected disconnected fragments of the body, of the mind, and of physical and mental functions can, for example, be observed during the

> temporary therapeutic regressions from the cohesively cathected grandiose self, and from the idealized imago, which may not be accessible in the corresponding regressions in the psychoses where the communicative capacity becomes severely disturbed and self-observation distorted. Through the mild regressive oscillations which occur during analysis, we gain access to many subtleties of these regressive transformations. We can see in detail and study comparatively leisurely, the various disturbances in body sensation and selfperception, the degeneration of language, the concretization of thought, and the splitting off of formerly synthetically cooperating thinking processes, as well as the observing ego's reaction to the temporary fragmentation of the narcissistic configurations. (p. 7)

The narcissistic behavior disorders are similar in structure to the narcissistic personality disorders, but are manifested by "acting-out" in the form of perversions, delinquency, or addiction.

The narcissistic personality disorders are not only distinguishable from borderline and psychotic disorders, but from the neuroses as well. According to Kohut, the neurosis is to be understood in terms of Freud's object/instinctual line of development. The neurotic struggle revolves around an internal conflict between instinctual strivings and the ego's reaction. With regard to others, there is competition with the same sexed parent, and attraction toward the parent of the opposite sex. Kohut adds that in the neurotic individual, self-cohesion is typically firm and self-acceptance is optimally established. In the narcissistic personality disorder, problems revolve around regulating self-esteem and signs range from vague depression to grandiosity, hypochondriasis, and hypersensitivity to slights. Another important distinction between the two disorders revolves around the type of anxiety experienced. Freud believed that the chief fear in neuroses is one of punishment (castration anxiety).

For the narcissistic personality, who relates to others not as independent sources but as selfobjects, there is disintegration anxiety--the fear of the loss of the selfobject. Disintegration anxiety is not a fear of death per se, "but the ascendancy of a nonhuman environment (e.g., of an inorganic surrounding) in which our humanness would permanently come to an end" (Kohut, 1984, p. 18). Furthermore, it is an intense experience where

> Not only the fear of loss of love, or the fear of death, but also the fear of a loss of contact with reality or the fear of psychosis can be compared with the feeling of horror that self psychology understands as disintegration anxiety. (Kohut, 1984, p. 18)

In harmony with this viewpoint, Kohut (1971) describes many cases where interruptions in the course of therapy (such as the analyst's vacation) have led to rageful or other regressive reactions by patients suffering from narcissistic personality disorders. For example, Mr. E., under the stress of impending separation from the analyst early in treatment, felt temporarily that his face had become the face of his mother. This was a fleeting psychotic experience resulting from the empathic disturbance in the selfobject analyst.

Consistent with the dual line view of pathology, Kohut advocates a principle of complementarity with regard to treatment of the narcissistic and neurotic disorders. He states that a psychology of the self is relatively unimportant and unnecessary when dealing with psychological states where self-cohesion and self-acceptance are optimally established, such as in the classical neuroses. Traditional

analytic theory is considered to be adequate to deal with the problems of Guilty Man. However, he poses that a psychology of the self is needed to explain the range of self disorders--the disturbances of Tragic Man.

Evaluation of Kohut's Work

Kohut has been cited for his contributions. He has been praised for recognizing that traditional psychosexual theory is not sufficient to view development, for broadening the base of psychoanalytic theory to include disorders of the self (Masterson, 1981), and for including ideals, goals and values as important to psychological health (Eagle, 1984). Kohut has been criticized for his failure to adequately define his terminology (Masterson, 1981), for his lack of empirical evidence (Eagle, 1984), and from object relations theorists who view development as the gradual separation of self from other, Kohut has been criticized for his notion that self and object remain tied throughout life, although there is a development from less to more mature forms. The most controversy, however, has centered around his notion that narcissism constitutes an independent line.

Kohut himself offers an inconsistent picture with respect to his own view on a dual line approach to psychopathology. Clearly, Kohut's earlier work (1971) presents a developmentally based dual line theory which proposed that self psychology deals with issues along the narcissistic line, and traditional conflict theory deals with oedipal and pre-oedipal problems. In Kohut's second work, however, the issue is much more clouded. There are several passages where Kohut states

that analystic work can operate within a "complementary" framework, i.e., from the drive/defense model and the psychology of the self. Consistent with this, Kohut recommends that analysts continue to treat neurotics along traditional lines, while the narcissistic disturbances require an understanding of the transference phenomena and empathy requirements which the psychology of the self supplies. Kohut further contributes to the notion of complementarity by stating that a psychology of the self can enrich, as opposed to overcome, the traditional point of view. For example, in his reformulation of a case of an obsessive patient, Kohut agrees with the classical formulation—the patient was anally fixated. He asserts, however, that a more satisfactory explanation would be present if the child's self is considered in addition to drives during the anal period, for

> If a mother accepts the fecal gift proudly—or if she rejects it or is uninterested in it-she is not only responding to a drive. She is also responding to the child's forming self.... The child therefore experiences the joyful, prideful parental attitude or the parent's lack of interest, not only as the acceptance or rejection of a drive, but also—this aspect of the interaction of parent and child is often the decisive one—as the acceptance or rejection of his tentatively established, yet still vulnerable creative-productive-active self. (Kohut, 1977, pp. 75-76)

Kohut concludes that a psychology of the self is helpful in understanding the full range of experiences during early phases.

At the same time that he espoused a principle of complementarity, Kohut showed a definite trend toward making the psychology of the self the central component in psychoanalytic theory, and in essence, arriving at the position that there is a single line of development,

i.e., a narcissistic line. He states in several sections that self theory will prove to be indispensable even to those areas where the drive/defense model now does the job. Furthermore, he believes that basic issues are not found in drives, or in threat to physical survival or to the penis and male dominance; Kohut asserts that the bedrock issue is the threat of destruction to the nuclear self.

Kohut's revised theory of libidinal and aggressive drives illustrates the centrality of the self. He views normal aggression as vital to the evolution and self-assertive function of the self and feels that excess aggression is not inborn but comes from early trauma. Hence, drives are "disintegration products." If the self is seriously damaged, the drives, normally secondary phenomena in this framework, come to the fore and become powerful determinants in their own right.

> It is the enfeebled and fragmentation prone self that...turns defensively toward pleasure aims through the stimulation of erogenic zones, and then, secondarily brings about the oral (and anal) drive orientation and the ego's enslavement to the drive aims correlated to the stimulated body zones. (Kohut, 1977, p. 74)

In essence, this is a rejection of the analytic model of the drives; Kohut does not look upon man as having aggressive drives which need to be contained (ego over id), but sees rage as arising out of a matrix of self-selfobject problems. This means that drive manifestations are diseases of the self and the deepest level of analysis is not to uncover libidinal and aggressive desires, but to uncover a threat to the self.

Kohut's dual line hypothesis was in jeopardy at the conclusion of his 1977 work, for the latter allowed for dual interpretations. His most recent publication (1984) has reduced conceptual confusion at the cost of reducing the initial notion of two complementary lines to a single (unidimensional) line of development. Earlier, Kohut had believed that drive psychology was a viable framework for problems of Guilty Man; there was no need for a psychology of the self with regard to the oedipal neuroses for "the presence of a firm self is a precondition for the experience of the Oedipus complex." In this last work, Kohut no longer separates drive psychology from a psychology of the self; the bedrock issue is always an issue that concerns a threat to the self. For example, the problems of the oedipal period are reformulated in terms of the psychology of the self. The sexual and aggressive aspects of the oedipal phase are viewed by Kohut as disintegation products stemming from problems in the self selfobject relationship, i.e., due to empathy failures. Rather than the sublimated result of the oedipal phase, Kohut views the child's oedipal affection and assertiveness as developmental achievements that are rewarded by a supportive selfobject environment. If there are empathic failures at this stage, that is to say if the parents fail to respond with joy and pride to their child's new abilities, then the child's affectionate attitude will degenerate into fragmented sexual impulses, and his assertiveness will transform into more hostile impulses.

> Suffice it to reiterate that the strong, cohesive, harmonious self of the oedipal child-the normal oedipal self that should be a center of independent affectionate and assertive initiative-will break into fragments and become weakened and disharmonious if its affection and assertiveness do not elicit the parents'proud mirroring responses (and various other empathically affirmative reactions) but eventuate instead in the parents' (preconscious) stimulation and (preconscious) hostile competitiveness.... (Kohut, 1984, p.24)

Hence, whereas Kohut earlier had stated that neurotic level problems are understandable in light of the traditional analytic approach, he now views classical neuroses as disorders of the self. This position, given Kohut's earlier writings, appears to lead to two contradictory hypotheses: that the self of the neurotic is basically cohesive and firm, and that the self of the neurotic is basically weak because only a weak self, given lack of selfobject empathy, would react to oedipal experiences with intense sexual and hostile-aggressive reponses. Consistent with the interpretation that Kohut eventually became more radical, i.e., made the psychology of the self central, he reconciled this contradiction by viewing the oedipal neurotic as a variant of a self disorder with specific structural weaknesses of the self. He states that

> We need a more exact differentiation between (a) those self weaknesses that lead to the drive phenomena encountered in narcissistic personality disorders (e.g., those encountered in the great majority of the perversions and in the overwhelming majority of the addictions) and (b) those self weaknesses that lead to the intensification and isolation of drives that underlie the classical oedipal neuroses. (Kohut, 1984, p. 11)

Kohut concludes that the problems in the self of the neurotic patient are less severe than those found in the narcissistic personality

disorders, and a psychology of the self is now considered important in the treatment of the classical transference disorders.

Kohut, then, ultimately arrives at a position which makes the psychology of the self the central framework. By doing so, he relinquishes his controversial notion of dual lines with independent development. For the later Kohut, there is a narcissistic line with oedipal and preoedipal disorders, whereas in his earlier writings, narcissism was neither oedipal nor preoedipal, but independent of oedipal development altogether. By returning to the view that the narcissistic personality disorders are preoedipal and more primitive than neuroses, Kohut fell back into a unidimensional approach to psychopathology.

The Dual Line Model

Kohut never fully developed the implications of the multi-dimensional approach to psychopathology which considers psychosexual and narcissistic development along independent lines. An important clinical implication derived from the notion of two lines is that mixed pathology can simultaneously occur in the same individual. For example, a patient can have primary oedipal and primary narcissistic problems at the same time. The clinical reality of such phenomena has recently been observed by Rothstein (1979). Gedo (1975) presents a case of a 26 year old psychiatric resident who undertook his analysis for "educational reasons." He had a dream one day where he was part of a crowd in the Forum in ancient Rome. A speaker was addressing the crowd in Latin. With both pleasure and surprise the dreamer

recognized this Tribune as his father as a young man. According to the classical formulation, the analyst interpreted this dream in oedipal terms, i.e., as an idealization of the analyst in the service of a defensive retreat from experiencing competitive feelings. Gedo comments that this interpretation of the patient's idealization (as a resistance) led to a great deal of material which helped his oedipal based problems. However, at the same time, from the vantage point of narcissism, Gedo believes that this material may also be understood as an idealizing transference stemming from the failure of the patient's father to have tolerated his son's idealization. The important clinical implications of the meaning of the idealizing transference have been pointed out by Kohut. He advocates that analysts refrain from standard interpretations of the idealization (as a defense against hostile components of the oedipus complex) for fear that the transference is narcissistic, as opposed to or in adddition to, being oedipally based. If the idealization is narcissistic, Kohut advocates a gradual unfolding of frustrated idealizing needs, as opposed to the traditional analytic method of dealing with idealization as a resistance through prompt interpretation, as narcissistic patients tend to experience the oedipal interpretation with disappointment at not being understood. Regarding clinical outcome, mixed pathology may lead to curative effects in the treated area without any gain resulting in the unanalyzed aspect of personality. Gedo reports that significant oedipal problems were worked through in the case of the resident, "although it never did alter the patient's tendency to

overidealize a succession of leaders, each of whom turned out to be a disappointment" (1975, p. 489).

This notion of mixed pathology may be better illustrated by referring to the figure who has been called by Ernest Jones "the most fascinating character, and the most inexhaustible, in all imaginative literature" (1949, p. 21). I am speaking of Shakespeare's famous Prince Hamlet.

In the play, Hamlet is given the task to avenge his father's death. However, Hamlet failed to act swiftly; he vacillated and was indecisive. He was clear about his duty; he never questioned what he was supposed to do, the morality of revenge, or his uncle's sinister crimes. Still, Hamlet procrastinated, contending that either he was too cowardly, the time was unsuitable, or he was questioning the truthfulness of his father's apparition. Unable to act, Hamlet suffered from depression and dearly felt the pangs of a guilty conscience. In his mother's chambers, during the second visit of the ghost, he says to his father's spirit:

> Do you not come your tardy son to chide,
> That lapsed in time and passion lets go by
> Th'important acting of your dread command?
> O, say!

To which the ghost replies:

> Do not forget! This visitation
> Is but to whet thy almost
> Blunted purpose. (Shakespeare, 1957, p. 62)

Hamlet shirks his task because there is something about it which

he finds repugnant. One theory advanced to explain this repugnance is that Hamlet was too ethical and that revenge was against his Christian views. An objection to this theory rests on the fact that if Hamlet was grappling with a moral conflict, he would have articulated the nature of the repugnance himself. However, Hamlet never stated as to why he could not act, although he reproached himself for his failure. According to the psychoanalyst, Ernest Jones (1949), Hamlet was suffering from an internal conflict based on the oedipal complex, and he could not speak of it because a large part of this conflict remained outside his awareness. This interpretation rests on the nature of Hamlet's task—to avenge two crimes: incest and the murder of a King by his brother. That this double crime was committed by one individual, Claudius, is significant, as Hamlet has within himself the unconscious memory of similar intentions. During his childhood, Hamlet experienced his father as a powerful rival for his mother's affection, and he wished him out of the way. Such thoughts were repressed, but the conflict reawakened when Hamlet was made aware of his uncle's double crime. The consequence of the reawakening of this early conflict, evidenced by inhibition, depression and guilt, "is given the name of psychoneurosis, and long ago the genius of Shakespeare depicted it for us with faultless insight" (Jones, 1949, p.69).

Hamlet is said to be mad. According to the new King, Hamlet's transformation was such that "Sith not th' exterior nor the inward man resembles that it was." However, Hamlet's madness is not intelligible

through an understanding of the Oedipal complex alone; Hamlet suffered even prior to his learning of his father's murder. According to Kohut,

> The oedipal conflicts themselves, however, cannot explain the extent and true nature of the traumatic state from which Hamlet suffers; Hamlet's psyche is "out of joint" because it has to confront the fact that the world in which he had believed has become "out of joint". (1971, p. 236)

Similar to the temporary imbalance in the ego of narcissistic patients, Kohut believes that Hamlet is temporarily overwhelmed by the enormous task of internal adaptation and change. Indeed, there were two factors which jolted Hamlet in the narcissistic sector of his personality. First, he suffered from the loss of a self-sustaining idealized figure; Hamlet looked upon his father as "So excellent a King," frequently compared him to an invulnerable god (Hyperion), and thought of him as incomparable.

> 'Awas a man, take him for all in all,
> I shall not look upon his like again. (Shakespeare, 1957, p. 40)

Second, Hamlet was narcissistically jolted by his mother's corruptness. From the outset of the play, before he had learned of the murder, Hamlet was morally shocked by the abrupt disclosure of his mother's nature. Her marriage to Claudius left him with a melancholic disgust of life. In an early soliloquy, he states:

> O God, God
> How weary, stale, flat, and unprofitable
> Seem to me all the uses of this world!
> Fie on't, ah, fie, 'tis an unweeded garden

> That grows to seed. Things rank and gross in nature
> Possess it merely. (Shakespeare, 1957, p. 38)

The ghost urged Hamlet to take revenge for the murder, while also insisting that the Queen be spared. However, Hamlet had different intentions than those spelled out for him by the apparition. Hamlet appeared more interested in undoing the incestuous relationship than in seeking revenge. While this is interpretable from an oedipal standpoint, it is also plausible that Hamlet was seeking to restore the balance of a world view where his ideals and standards had been devalued.

The dual jolt to the narcissistic pole of values and ideals occured prior to Hamlet's knowledge of the crime, based upon, in the Queen's words, "His father's death and our o'erhasty marriage." However, such knowledge, and with it the need for an idealistic young man to now find a place for evil in the world, exacerbated Hamlet's condition. This change which is demanded of Hamlet in the narcissistic sphere, along with oedipal tensions, did indeed make him mad, although as T.S. Elliot remarked: "Hamlet's madness is less than madness and more than feigned" (Jones, 1949, p. 66). That is to say, Hamlet's stability was temporarily overwhelmed, and not only included the chief manifestations of guilt, depression, and lack of action, but narcissistic symptoms of sarcastic punning, reckless, aggressive outbursts (killing Polonius), and philosophical brooding (Kohut, 1971).

Another important implication of the dual line approach which Kohut made reference to but never fully explored is that the

narcissistic disorders occupy a continuum from severe to mild. Kohut's formulations give the impression that the narcissistic personality disorders are quite primitive, when in fact, a separate line should entail the notion that self disorders range from the psychoses to mild disturbances of everyday life. Kohut indicated an awareness of the varieties of narcissistic reactions. In a section of "The Restoration of the Self" entitled A Classification of Self Pathology, he wrote:

> I suggest that we first subdivide the disturbances of the self into two groups of vastly different significance: the primary and the secondary (or reactive) disturbances. The latter constitute the acute and chronic reactions of a consolidated, firmly established self to the vicissitudes of the experiences of life, whether in childhood, adolescence, maturity, or senescence. They are not important in the present context. The entire gamut of emotions reflecting the state of the self in victory and defeat belongs here, including the self's secondary reactions (rage, despondency, hope) to the restrictions imposed on it by the symptoms and inhibitions of the psychoneuroses and of the primary disorders of the self. Still, even though heightened and lowered self-esteem, triumph and joy, dejection and rage at frustration are part and parcel of the human condition and are, in and of themselves, not pathological, they can be understood only within the framework of the psychology of the self. (Kohut, 1977 pp. 191-192).

A recent paper (Burstein & Bertenthal, 1985) has explored the narcissitic psychopathology of everyday life. A few examples will be presented to illustrate how common experiences touch on narcissistic issues.

A common setting for narcissistic reactions, albeit in modified form, is in restaurants. On the face of it, restaurants appear to offer occasions particularly suited for triggering oral conflicts--and

this is no doubt the case in individuals whose core conflicts are oral. Restaurants, however, in addition to offering oral gratification, offer occasions for gratifying one's grandiosity in their emphasis on service and what are called "the amenities." As if to emphasize the dual significance of food and service many restaurant guides separately rate these two factors.

The best waiters are not intrusive nor do they require calling. They anticiapte the diner's wishes without hint or communication from the diner. Is there a closer approach in our society to the self-object who almost magically meets one's needs?

While not everyone is equally committed to the importance of service in dining out, those who are can probably recall occasions when a fine meal was "ruined" by inattentive waiters or environmental distractions, and in their emotional response to this circumstance can discern the consequences of narcissistic injury. It is recognized that specific oral, anal or phallic conflicts might be touched off in such a setting, but beyond these, beyond the issues of gormandise, or neatness, or competition, there commonly occurs a narcissistically rageful response to frustrated grandiosity and omnipotence.

The degree to which people idealize and admire figures or heroes in everyday life supports Kohut's view that even the very healthiest among us need to be sustained by selfobjects throughout life. These involvements may resemble Oedipal identifications, and indeed, Oedipal purposes can simultaneoulsy be served. Phenomenologically, the Oedipal identification will often be expressed in a relationship with

the parent in which the parent's superior status is emphasized but in which the covert competition for the cross-sexed parent figure is crucial.

The self related idealizations are different, however, in that they do not include an unconscious competition with, and fear of, the admired one, but rather focus on maintaining a relationship in which the self is enhanced through a fusion with the admired object's values and ideals. In narcissistic fusion, the configuration lacks the triangular quality, and there frequently is an almost fetishistic preoccupation lacking any hostile component with the admired figure.

Sports heroes are common objects of such idealizations. A youthful admirer will often have pictures of his hero in his room, wear a jersey with the athlete's number on it, and even try to imitate him on the field or in the gym. These bonding activities permit the individual to merge and be uplifted by the idealized figure's strength, capacities and accomplishments. This use of the sports hero as an idealized selfobject is underscored by the personal sense of disappointment one experiences when the idealized figure fails at some critical moment in the game.

Rock bands, singers, actors and actresses constitute another contemporary group of idealized figures. Again, it is common for admirers to daydream about spending time with these figures and to wear shirts with their favorite singer's picture on it; similarly, the recent trend in advertising, where famous actors and actresses promote products, depends on the consumer's wish to be like the

idealized figure by driving the same car, wearing the same perfume, etc.

Religious, political and military figures have been common objects of idealization. That they have to some extent been replaced by actors, actresses and athletes represents something about the values of our present culture, but the consistent need for people to admire important figures as a supporting, value enhancing aspect of life, is an example of the role of the idealized imago in everyday life.

There are also common preoccupations and hobbies where narcissistic themes can emerge. Kohut believes that flying dreams found in the course of the analysis of narcissistic personality disorders are often the expression of one's grandiosity. Of one patient Kohut states: "his grandiosity was expressed in Superman terms; he was able to fly" (1971, p. 169). In everyday life as in dreams, people who pursue flying as a hobby may be expressing a grandiose fantasy. It would appear that the current fad of ultra-light planes contributes to such fantasies in that their simplicity allows one to enter more fully into the illusion of having the capacity to fly.

Similar activities such as skiing, mountain climbing, white water canoeing, and other sports which require skill to surmount danger, are often in the service of acting out unconscious fantasies of grandiosity and omnipotence. In a discussion of skiing, Sartre (1966) comments of the skier's mastery over the snow and states that in the

depths of the experience of sliding, the skier is like "the dreaded master who does not need to insist nor to raise his voice in order to be obeyed. An admirable picture of power." In mountain climbing, when someone risks his life to climb to the peak of a mountain and plants a flag signifying supremacy over the enormous mass, one may be laying claim to a victory from which a sense of omnipotence and heightened self-esteem is derived. A related narcissistic theme may be apparent in individuals who strive for self-sufficiency in a variety of forms, such as the insistence on building and repairing things themselves. The strength of craving this type of self-sufficiency is best illustrated in those individuals who spend more time and money than is practical doing tasks themselves. More than saving money, these individuals derive satisfaction stemming from the grandiose fantasy of being in total command of their world.

In summary, reactions to common situations, sports, hobbies and illness are just some of the situations which reveal the psychopathology of the self in everyday life. Whether considered mild pathology or normal reactions to the vicissitudes of everyday life, it is an implication of self psychology which Kohut never fully exploited.

In conclusion, Kohut became more radical in his thinking over the years. Beginning as a dual line theorist within a complementary framework, Kohut's final work indicates that he saw the narcissistic layer as the ultimate stratum in psychoanalytic exploration. As such,

Kohut returned to a unidimensional approach to psychopathology, in which the narcissistic personality disorders are viewed as preoedipal.

Many self psychologists believe that Kohut sought conceptual clarity at the expense of clinical reality. The dual line approach offered clinicians a framework for understanding mixed pathology, as well as for understanding how individuals prone to primitive rage, depression and even transient psychotic phenomena can have higher ego functions and behaviorally, be artistic, creative and successful. This notion, that people can be narcissistically primitive but have higher ego functions, will be investigated in the empirical section of this study. A further review of contemporary approaches to psychopathology from a multidimensional perspective will follow.

Gedo's Revised Theory for Psychoanalysis

In opposition to the linear track model of psychoanalysis, Gedo proposes a sequential, hierarchical model of early development. This model stems from Gedo's discontent with the power of traditional theory to illuminate "all" the clinical data; that is, he believes that the notion of a circumscribed neurosis centering on the oedipal complex is inadequate, for the "the focus of analytic attention has decisively shifted to an earlier era, which seems to stamp the personality with its primary identity" (1979, p. 8). Furthermore, Gedo believes that mechanistic notions of traditional analytic theory, such as libido, ego and id, are untenable, and that a sound theory of development needs to avoid these problematical concepts. Finally, he believes that the analytic method illustrated by Freud is less than

adequate for dealing with psychological disturbances as they are now understood. Rather than attempt to complement traditional analytic theory, Gedo (1979) proposes "a comprehensive, coherent, and epistemologically sound new framework for the clinical generalizations of psychoanalysis" (p. 9).

In his early work (Gedo & Goldberg, 1973), Gedo views development as an interaction of developmental lines. The more critical developmental lines consist of object relations, typical danger situations, narcissism, defenses, and the development of reality testing. For each of these lines, Gedo traces its development from primitive to mature forms. Similar to Kohut, he states that narcissism constitutes a line of development and undergoes successive transformations. For example, narcissism first takes the form of primary narcissism (prior to cognitive differentiation of self from object), and then proceeds to the era where omnipotent control is required over the object (corresponding to Kohut's stage of the grandiose self and idealized imago). Narcissistic grandiosity is viewed as next becoming confined to the phallus from which castration anxiety arises. With successful superego formation comes the internalization of the ego ideal (idealized qualities), and in its most mature stage, narcissism takes the form of "empathy, creativity, wisdom, and humor."

The early Gedo ascribed to Kohut's view that narcissism constitutes an independent line. This is evident from his comments about the Schreber case. Gedo believes that even while Schreber was

clearly psychotic, there was much evidence to show that some important aspects of his personality continued to operate at adult levels. One example cited by Gedo is that Schreber continued to dine with the hospital superintendent at the latter's home and maintained "not merely an acceptable social facade but the behavior of a well-informed and cultured gentleman" (1973, p. 130). Many of Schreber's interpersonal relationships, including his marriage, are reported to have remained intact. It is concluded that

> This is an impressive demonstration of the fact that there is no inconsistency in making a diagnosis of psychosis in the presence of adequate capacity for object love. The regression which eventuates in the appearance of overt signs of archaic narcissism is not from the libidinal cathexis of objects but from more mature forms of narcissism. (Gedo & Goldberg, 1973, p. 189)

While the issue of 'independent lines' is not specifically addressed in this work, it is at least implied by Gedo that any of the individual lines of development may be independent of the others, i.e., any of the individual lines may be arrested in isolation from the fate of the others. Gedo does state, however, that major disturbances are characterized by the arrest of several of the crucial developmental lines.

In his more recent work (Gedo, 1979), Gedo revises his model in accord with two major theoretical shifts: a rejection of Freud's theory of drives and of Kohut's view of narcissism. Gedo proposes a hierarchical model where development proceeds through successive stages which he calls "modes." These modes have different governing principles and typical problem situations. At the earliest point in

development, the governing principle is avoidance of unpleasure and the typical problem at this stage pertains to overstimulation (traumatic states). In Mode II, the goal is to gain a cohesive sense of self and the typical danger situation revolves around separation from a caretaker. At the next stage of development, the pleasure principle rules and the typical problem has to do with persistence of (narcissistic) illusions. In Mode IV, the typical problem is that of intrapsychic conflict as the reality principle has assumed dominance. At the last stage, when functioning has assumed expectable adult levels, creativity is the guiding principle and frustration is the typical problem. These modes are marked off from each other by the acquisition of certain capacities—differentiation of boundaries marks the entrance to Mode II, consolidation of self-organization marks the onset of Mode III, the formation of the superego means that the child has entered Mode IV, and the formation of a repression barrier is the final structural accomplishment which lays the basis for adult levels of functioning.

The essence of the hierarchical model is that each mode is subordinated to higher, more differentiated modes, in contrast to a linear model where each stage is replaced. Similar to a notion reminiscent of the Philosopher Hegel, who proposed that events are never simply lost but preserved in a higher unity, Gedo contends that the outcome of each phase is understood to depend on "the outcomes of all previous phases. Each new phase integrates the previous phases and has a new level of organization and regulation." For example, the

archaic self organization is not eliminated by the achievement of greater maturity. Gedo (1979) states:

> The more primitive goals and values emerge again in the course of regressive episodes in everyday life, in dream material, in creative products, or as a result of regressions set in motion by further psychoanalytic treatment. (p. 226)

For Gedo then,[1] the adequacy of one's adaptation is based on how well earlier goals and values are integrated into the hierarchy of aims; failure of integration leads to conflict and the earlier aims are relegated to unconsciousness by one or another mechanism.

In psychoanalytic therapy, each mode of functioning repeatedly comes into focus. A crucial point for Gedo is that an oedipal complex cannot be understood, nor can the analysand be entirely aided by concentrating on developments during the stage of phallic competition. Gedo believes that oedipal conflicts in Mode IV are "maintained as a consequence of other ongoing conflicts that are legacies of earlier phases of development." Therefore, to help an analysand with his neurotic problems, the outcome of earlier developmental crises must first be altered i.e., those having to do with narcissistic illusions (Mode III), with threats to self-cohesion (Mode II), or with overcoming traumatization (Mode I). Gedo's technical recommendations are that each mode of functioning requires distinctly different forms of intervention from the analyst.

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[1] In a conversation, Dr. Gedo stated that we are actually in all of the modes simultaneously, although only one may be manifest at any single time.

Despite features in common with a linear model, Gedo believes that his hierarchical model is to be contrasted with the traditional approach to development. Similar in many ways to Erikson (1950), Gedo espouses an epigenetic concept of development which views structural formation as the result of successive interactions between an individual and the environment, and that the outcome of each phase is understood to depend on the outcome of all previous phases. According to Gedo, the traditional psychoanalytic stage theory differs from his own in that what occurs during the oral stage, for example, does not influence what happens in the anal phase; what transpires during the individual stages influences how one will deal with oral, anal and phallic issues throughout life. Consequently, psychopathology is phase specific (for e.g., obsessive-compulsive neurosis stems from the anal stage; borderline pathology from the rapprochement subphase, etc.).

Gedo contends that this psychoanalytic model is faulty; he contends that all phases of development are important, regardless of the level of the presenting problem. Furthermore, and most important, Gedo proposes that individuals may have mixed pathology, and that personality development may be variable rather than uniform (some psychological skills become highly developed, while other basic skills, such as those which have to do with communication and certain aspects of language, remain primitive although not in a state of permanent loss). For instance, Gedo presents the case of an individual who was mainly organized in Mode IV, and who had conflicts

around moral taboos against selfishness. In analysis, however, it was soon discovered that certain aspects of this patient's personality were "disavowed." These more primitive features included rage and contempt toward those who disillusioned him, grandiose perfectionism and personal ambition, and archaic need for merger with an 'alter ego.' In other words, this patient had primary narcissistic symptomatology.

In conclusion, the early Gedo emphasized the use of developmental lines as a way of organizing the clinical data. Aligned with Kohut's dual track theory, Gedo's early model included the lines of narcissism and object-love, as well as the possibility of their independent development. While Gedo clearly shifted away from this dual track theory in his later works, many of the same implications remain.[2] Most notably, Gedo contends that selfhood problems (grandiosity and idealization, ambitions, goals and values) require greater attention and different methods of analysis, and clear-cut circumscribed syndromes are infrequent; people more often have mixed forms of psychopathology. Where Gedo's hierarchical model clearly differs from the dual track model concerns the notion of cure. The critical difference is that Gedo believes that to cure a problem, one must

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[2] The shift, Dr. Gedo stated, was mainly to "launder" his thinking of the concepts, such as narcissism and libido, which are rooted in a faulty metapsychology. He still makes use of Anna Freud's notion of developmental lines, although they were not emphasized in his later work.

first resolve earlier issues; in accordance with the dual track model, problems may be treated and resolved independently of each other.

Additional Contributors to the Multidimensional Model

A recent article by Blatt and Shichman (1983) suggests the growing appeal of a multidimensional framework. They propose that personality development involves two primary tasks which correspond to dual lines of development: the anaclitic line has to do with the establishment of satisfying, intimate interpersonal relationships; the introjective line leads to a stable self-definition. The authors contend that these two lines develop as "a complex dialectical process" and that development in either line is contingent upon this interaction. Hence, satisfying interpersonal relationships contribute to a positive sense of self, and new levels of self definition lead to more mature levels of interpersonal relatedness. With optimal development, these developmental lines define two primary configurations of personality. Psychopathology occurs when there is an impairment in the reciprocal development of the dual lines.

By a developmental line, it is meant that there are basic similarities regardless of the level of functioning along the line. For example, the central concerns along the anaclitic line are about interpersonal relationships, and the issues pertain to intimacy, love

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[3] In our conversation, Dr. Gedo's reponse to this question was even more radical. He stated that "In my experience, you have to cure everything to cure anything."

and care. At the lower end of the anaclitic line, the infantile disorders are located, and the main issues take shape in the context of a mother-child dyadic object relationship. At a more advanced phase of development, hysterical conflicts over sexuality, reciprocity and mutuality occur in a context which extends beyond the dyad to embrace a wider social network. In addition to conflictual issues, similarities among the various psychopathologies include defensive style (primarily avoidant—denial and repression), cognitive processes (focus on images and affects; avoidance of critical thought), and perceptual mode (field dependent). For this group of psychopathologies located along the anaclitic line, the sense of self is subordinate to the goal of establishing satisfying, interpersonal relationships.

Psychopathology along the introjective line mainly revolves around issues of self-definition, self-control, and self-worth. These individuals want respect and admiration. In primitive form, these conflictual issues are found in paranoia. At an intermediate stage, these issues appear in the obsessive-compulsive, and at a higher level, in introjective guilt/depression and phallic narcissism (exaggerated sense of self-worth). Basic similarities among these various syndromes include defenses (basically counteractive), cognitive style (attention to detail and analytic, precise and sequential thinking), affect (little spontaneity and feeling), and perceptual mode (field independent). For individuals organized along

the introjective line, the development of satisfying interpersonal relationships are subordinate to struggles for identity.

In summary, these authors propose that personality development occurs along two developmental lines which range from the archaic to mature levels of functioning, and they have specified the structural and dynamic relationships among the different forms of pathology within a single line. Psychopathology is understood to occur when there is interference with the reciprocal relation between the two lines. If there is a developmental arrest along the anaclitic line, development is halted along the introjective line as well. Hence, according to this theory, personality is a function of one's progress along two mutually enhancing, interdependent developmental lines.

Summary and Conclusions

The traditional psychoanalytic model views personality development as evolving through stages in a single, linear sequence. Freud stressed that in adulthood, psychopathology occurs as a result of fixations at or regressions to points of conflict and trauma. Throughout the many revisions which have followed from this theory, the main model of development in psychoanalysis has remained unidimensional.

Anna Freud extended the basic theoretical model of psychoanalysis by considering personality development as proceeding along multiple lines. Furthermore, she viewed health as the correspondence in development across the various developmental lines. Hence,

psychopathology in this multidimensional framework is a fixation at or regression along one or more of the developmental lines.

The early Kohut and Gedo, as well as Blatt and Schichman, have extended Anna Freud's concept of developmental lines, as they consider personality to develop along more than one pathway. While the conceptualization of the data in terms of multiple lines is one aspect of the multidimensional model, a second, and critical aspect in this study, concerns the relative independence of the lines. Anna Freud's discussion of developmental lines entailed the notion of independence. Over the years, the concept of a developmental line has been used to characterize development along a continuum from primitive to mature, but a question remains regarding independence. For example, in Blatt and Shichman's work lines of development are parallel and interactional versus independent. In contrast, Kohut had clearly felt that the prominent lines of development were independent, and that this notion may be found in the early work of Gedo as well. The notion of independence entails that development may in fact proceed in a parallel fashion in many instances, but not necessarily in all. Personality development may therefore be variable as opposed to uniform, and one may find individuals who have attained adult levels of functioning in many respects but who operate on primitive levels in other respects.

CHAPTER 3

METHODOLOGY

Introduction to Empirical Study

The larger issue with which this study is concerned is whether the development of personality and psychopathology is unidimensional versus multidimensional in nature. Put in the form of a question, does personality development follow a linear or multi-axial model? Traditional psychoanalytic and American object relations theorists maintain that development is linear, while the early Kohut, Gedo and other self psychologists have proposed that development proceeds along multiple lines. This study seeks to further validate the multi-dimensional model of personality.

The focus of this study concerns the controversial question of whether narcissism and object-love constitute independent lines of development. Freud's view was that narcissism and object pursuits are mutually incompatible, and that very early in development, narcissistic libido is transformed into object love. Since Freud, classicial theory has tended to view pathological narcissism as specifically related to libidinal and aggressive fixations at preoedipal stages of development, and as principally serving a defensive, compensatory function in relation to the conflicts in object relations generated by these fixations (Hanley & Masson, 1976). Consistent with the classical view, American object relations theorists (Kernberg, 1975; Masterson, 1981; Rinsley, 1982) view

pathological narcissism as a developmental arrest at, or regression to, early preoedipal stages.

The view that narcissism develops along an independent line signifies that it is neither oedipal nor preoedipal, but non-oedipal. The most significant implication of this is that a person can have progressed normally along one developmental line and yet be deficient in the other. Therefore, one would expect to find narcissistic patients whose libidinal relations are satisfactory. Kohut (1971) suggests this when he comments on one patient:

> As a matter of fact there were other sectors of the patient's personality in which he had attained a considerable depth and breadth of his object investments.... The failure of his attempt to idealize his father had interfered not so much with the development of object love as it had with the acquisitions of mature ambitions and ego goals. It is quite in keeping with this fact that the patient's major external psychopathology lay not in the area of his capacity for love and in his interpersonal relationships but in his ability to devote himself consistently to his work and to commit himself to worthwhile and absorbing long-term goals. (p. 258)

Hence, it is even possible for the same person to have a resolved Oedipus complex and still suffer from a narcissistic personality disorder. It is this possibility which constitutes a radical departure from classical theory, and will be further investigated in this study.

The justification of a more complex theory--that development may be variable rather than uniform--is that it might be more congruent with the clinical data. It signifies that in the same person, there can exist clusters of abilities or strengths and weaknesses along

different dimensions. In clinical practice, the predominance of the linear model which teaches that psychological development moves in a parallel fashion may influence us to overlook important aspects of personality. Arnold Goldberg (1976) summed up this argument:

> However, I also think people are complex enough so that they are more than their psychopathology. Schreber loved his wife and was a wise and clever man even while and though he was delusional. The mass of analytic clincial material seems to defy the single axis theory of development and to insist that we open up our theory to explain more things that we see in psychopathology. People have mixed psychopathology, normal behaviour alongside neurotic, narcissistic along with or independent of neuroses, etc. (p. 68)

If there are independent lines of development, and people exist with mixed pathology etc., they are apt to present a confusing diagnostic picture given the current theoretical emphasis on the unidimensional model. Some clinicians overlook the more primitive sectors of the personality. Freud may have done precisely this as suggested by his early case studies. Anna O., who was diagnosed by Freud as having a hysterical disorder, would probably be diagnosed today as having narcissistic or borderline pathology. Anna O's presenting features consisted of bizarre symptoms such as dissociative states with hallucinations and assaultive behavior, loss of consciousness and confusion, dysphasia and multiple motor and sensory symptoms. Freud's later case study of the Wolfman (c. 1918) has recently been reanalyzed in terms of the patient's severe narcissistic pathology (Gedo & Goldberg, 1973). This reassessment in terms of modern notions indeed makes more sense of the patient's regressive

symptoms (first hypochondriacal and then paranoid rage) which resulted from disturbances in his relationship to Freud (an idealized imago).

On the other hand, there are clinicians who tend to dismiss more advanced abilities and emphasize the more primitive aspects of the personality. Hoch and Polatin (1949) described a group of patients who utilized a multitude of neurotic mechanisms and at the same time, seemed cold, controlled, hypersensitive to trivial frustrations, and prone to psychotic episodes which are often of short duration and for which "the reintregration of the patients can be so complete that if one does not see them in the psychotic episode one does not believe that they were psychotic" (p.252). These patients were classified as pseudoneurotic schizophrenic, which meant that they constituted a form of schizophrenia. In a linear model, it is not theoretically sound to give equal footing to both neurotic and psychotic mechanisms, as one is thought to exclude the other. Hence, important diagnostic and treatment implications are bound up with the issue of independent lines of development.

Purpose of Study

The purpose of the present study is to contribute empirical evidence grounded in classical assessment technique of clinical psychology, in support of the multidimensional model of personality development. This will be achieved by demonstrating that individuals exist with a diversity of features which are compatible with the implications of a multidimensional model, and are inconsistent with the traditional linear approach. Such an individual will have

attributes thought to arise out of the attainment of higher stages of development (i.e., the oedipal stage), and at the same time, demonstrate primitive features consistent with failure to resolve, or regression to, early stages of development. In behavioral terms, such a person may be successful at work, interpersonally sophisticated and capable of mature judgement; at the same time he may be prone to regressions manifested in rage reactions, emotional coldness, hypochondriasis, perversions, or temporary swings toward psychosis. An experimental demonstration that such people exist serves as a counter-example to the traditional analytic view of psychopathology and provides further evidence for the validity of the multidimensional approach to personality development.

Subjects

The subjects for this study are undergraduate students participating in a College Scholars program, which is a program for students who have demonstrated sustained academic achievement, self-motivation and signs of creativity. For example, the scholars organize their own curriculum with the aid of a tutor, and are required to produce a creative project in their final year of study. Areas of specialization are quite varied across this population.

Subjects participating in this project agreed to take part in a long-term and indepth study of students devoted to creative scholarly activity. The sample size consists of 39 subjects, of which 21 are male and 18 are female. The mean age is 22 and the range is between 18 and 38 years. All except 4 subjects completed the requirements of

the project. Subjects were offered the opportunity for feedback on the results of the psychological tests.

In this study, it is expected that most subjects have attained quite advanced levels of development and consequently, are both narcissistically and interpersonally mature. It is not likely that this high achievement group contains many individuals with primitive psychopathology (schizophrenia, psychoses and borderline disorders), given the demanding nature of the program. It is more reasonable to assume that in this population there are ambitious, success driven individuals with developed interpersonal skills, who nonetheless evidence problems consistent with severe psychopathology. It is possible that such a disparity in levels of functioning characterizes many famous and gifted individuals. Kohut (1971) has stated that

> an active grandiose self with delusional claims may severely incapacitate an ego of average endowment. A gifted person's ego, however, may well be pushed to the use of its utmost capacities, and thus to a realistically outstanding performance, by the demands of the grandiose fantasies of a persistent, poorly modified grandiose self. Churchill, Goethe may be examples of such gifted. (p. 109)

Method

Several psychological assessment techniques were administered to the College Scholars by a member of the research team; these included the Jackson Personality Research Form (PRF), Tellegan Differential Personality Questionnaire (DPQ), Van Lennep 4 Picture Test, Cornell Index, Rorschach Inkblots, Data Form, and Interview.

Rorschach's test will be used to test the principal thesis of

this study. The Rorschach is a projective test composed of 10 inkblots. The subject's responses to each inkblot are recorded and scored according to several categories. Each of these scores signify some dimension of personality.

The Burstein-Loucks Rorschach scoring system will be used in this study. The Burstein-Loucks system is a new scoring system which attempts to correct the internal inconsistencies and confusions which have emerged in the major scoring systems. Toward this end, location, determinant and content categories have been amended, and material only informally rated in other systems is assessed in this system. In particular, the Burstein-Loucks system lends itself to this study because of its extensive list of scorings indicative of severe psychopathology.

Based on research, several indicators on the Rorschach have been selected to discriminate those subjects with an impairment in thought processes typical of schizophrenia or psychosis. Another configuration of Rorschach indices have been selected to discriminate individuals who have personality features consistent with developmentally advanced stages. The principle hypothesis of this study is that there are individuals who will fall into both the severely disturbed and psychologically advanced groups, which has important theoretical implications for models of psychopathology and personality development.

Indicators of Psychopathology

There are several Rorschach scorings which measure the variety of thought deviations found in schizophrenia and in major psychosis. Many of these scorings were first reported by Rapaport, Schafer and Gill (1946). These authors studied a mixed clinical population from which they collected and categorized a large set of verbalizations which they designated as deviant and then studied the degree to which people in the different diagnostic groups produced each type. Although their list is not exhaustive, their findings have been generally upheld by further research. In the following, empirical studies regarding pathological thinking on the Rorschach will be reviewed according to categories specified by Weiner (1966).

Reasoning. Many investigators agree that a major component of disturbed thinking is the inability to reason logically about the world and to draw conclusions about events in unconventional ways. On the Rorschach, one form of disturbed reasoning is indicated by the fabulized combination (fabcom), where independent percepts maintain their definition and separateness but are placed in some illogical combination because they are contiguous, i.e., an inappropriate relationship is posited. An example of a fabcom is "Two dogs climbing onto a butterfly." In the Rapaport study, although rare, fabcoms did occur in the records of normal and neurotic subjects, and it was concluded that the severity of these responses is lessened when the subject shows an awareness of them.

Blatt and Ritzler (1974) defined a continuum of boundary

disturbances ranging from fabcoms to contaminations. These authors contend that the fabcom response indicates a boundary disturbance in the unrealistic relationship posited between two separate images. They contend that the confabulated (confab) response is more severe and suggests difficulties in maintaining a boundary between inside and outside the self; there is a loss of distinction between an external perception and the internal association and reaction to the perception.

The confab response was initially defined by Rapaport. He views it as a kind of predicate thinking where the subject relies exclusively on a non-critical characteristic of the blot. An example of a confab is "A worm, because it is green." A second type of confab reported by Rapaport occurs when thinking relies on participation; for example, when a person responds, "A crab. Because it's just like this crab. Well, they're both blue." The reasoning in this confabulated response is that since both areas are blue, they belong together in a single concept and share similar qualities. Thinking in both forms of the confab response is quite unrealistic.

According to Weiner, any confab response indicates a fairly significant reasoning impairment, and this conclusion is substantiated by research. Beck (1938) found confabs in the records of 48% of the schizophrenic subjects, but in only 11% of a mixed control group of normal and non-schizophrenic patients. In a later study Beck (1954) reported similar findings as confabs significantly discriminated normals from schizophrenic subjects. Rieman (1953) used outpatient

neurotic and schizophrenic patients and found that confabs were significantly greater in the sample of 50 schizophrenics. Siegel (1953) found that half of a group of hebephrenic and catatonic schizophrenics gave confabs, whereas none of the 30 paranoid schizophrenics and 30 normal adults confabulated. These results suggest that while not all schizophrenics give confabs, the presence of confabs are rare in normal and neurotic records and strongly suggest impaired reasoning.

The most severe boundary disturbance is the contamination response. In the contamination, Rapaport (1946) that "the boundaries of concepts once formed are so fluid that separate abstractions from the same area cannot remain independently side by side, but fuse into a single idea. The final concept that integrates these two impressions represents a pathological increase of distance from the card, as well as from reality" (p. 338). Scoring of the contam response occurs when "two conflicting or logically separate interpretations of the same blot area are fused into a single percept" (Burstein & Loucks, 1982). Rorschach's famous example is the response to Card IV, where a subject saw a liver, and a human figure (typically seen as large figure), and then stated: "It's the liver of a respectable statesman."

A comtam has traditionally been believed to signify the presence of schizophrenic thinking. In the Rapaport study, the overwhelming bulk of the contaminations are found in the schizophrenic groups; none were given by the neurotic or normal samples. In studies by both

Zucker (1958) and Jortner (1966), Rorschach contams were found to differentiate the more disturbed patients. Blatt and Ritzler found that 90% of the patients with contam and/or confab responses were diagnosed as psychotic. Harrow and Quinlan (1977) found that acute schizophrenics had significantly more contams and fabcoms on the Rorschach than did borderline or other nonschizophrenic patients.

Another reasoning impairment evidenced on the Rorschach is autistic logic. This is a pathological form of reasoning which bears little resemblance to the conventional form. According to Rapaport (1946), autistic logic replaces syllogism in the thinking of the schizophrenic" (p. 341). An example of autistic logic is the Rorschach position determined response (Po), as illustrated by the subject who stated: "The north pole. Because it is at the top." In a reponse such as this, the subject has mistakenly used spatial relationships to make inferences about reality. Rapaport's norms indicate that these types of responses occur only in schizophrenia. Rickers-Ovsiankina (1938) found Po responses in the records of 37 schizophrenics but none in a normal control group. Consequently, this pathological verbalization shows its relationship to the contamination response as a major indicator of schizophrenia.

Weiner's account of autistic logic is that it is indicated by any response in which there is an explicit statement of predicate thinking. This is faulty reasoning where conclusions are arrived at by minimal evidence. It may be mild, such as in the following: "These two things are rabbits and the bottom part is lettuce. (lettuce?)

It's next to the rabbits and lettuce is what rabbits eat, the two go together." At other times, autistic logic suggests a strained form of reasoning. For example, "Two rats climbing on a pile of garbage. (garbage?) Nothing particular about it, I just imagine that where rats are, there's garbage." Weiner concludes that clear instances of autistic logic, like contams, occur infrequently and are suggestive of thought disorder.

Rapaport's self-reference response is a defect of reasoning where the subject refers directly to himself in the response. This is not an instance of a personal reference such as "it looks like a dog I saw the other day." These reponses entail a significant loss of distance from the card and nearly always suggest thought disorder (Bohm, 1958). An example of this response is "That's my dog." Rapaport found that these reponses are generally rare in a Rorschach record and that when they do occur, suggest a pathological impairment.

Cognitive focusing. There is experimental evidence indicating that schizophrenic patients have difficulty focusing on relevant stimuli, appropriately changing 'set,' and inhibiting extraneous associations (Weiner, 1966). The schizophrenic's problem in focusing on, and shutting off irrelevant information is reflected in figure/ground discrimination tasks. Weckowicz (1960), for example, performed an experiment where he presented an embedded figure test to schizophrenic and non-schizophrenic groups. The schizophrenics performed significantly poorer than the normal and patient controls. On the Rorschach, blurring of figure and ground is scored as a

perceptual stabilization defect (PSD). The figure and background are fused into a single percept (Card I, "a black and white butterfly"), or are reported as alternating ("a rocket- no, a cave entrance- I can't tell which it is"). While the blurring of figure and ground is suggestive of schizophrenia, organic brain syndrome is also marked by perceptual instabilities. This PSD response is so rare that Weiner concludes that in the absence of brain damage, "even a single occurrence of such a percept suggests schizophrenic thought disorder" (1966, p. 34).

Disturbances of thought and language are intrinsically connected. Some language on the Rorschach may deviate slightly from conventional use, such as in the response: "Two people kissing, their noses are hooked together." Peculiar language on the Rorschach may be mildly stilted and pedantic, although communication is not precluded. However, extreme distortions in language are signs of more serious pathology. According to Holt and Havel (1960), queer verbalizations result from a failure to maintain an appropriate set in talking about the stimulus. Verbal peculiarities noticeably violate common norms of syntax or semantics (Burstein & Loucks, 1982). Examples of extreme verbal peculiarities include neologisms, clang associations, or metonymic distortions (a word or phrase used as an imprecise approximation of a more common term). In the Rapaport study, queer verbalizations occurred exclusively among schizophrenics. None of the 54 normal and 95 neurotic and depressed subjects gave even one queer response.

Acutely disturbed individuals are prone to what Cameron (1944) called "asyndetic thinking," or irrelevant associations which interfere with communication. This phenomenon is found on the Rorschach when the subject takes the percept as a starting point for a flow of personal associations which lead far afield of the topic. In essence, these responses are incoherent, far-fetched and difficult to understand. Consider the following example: "Looks like the Jolly Green Giant or a monster, Godzilla or something like that. It's really the monster first. Jolly Green Giant is in the description category. Commercialized, something common, a household word. Two feet out this way, small head here. It's like he is walking on the water like in a Jesus position and I'm underwater all water. This is the perspective, it's fishy. The Jolly Green Giant is the monster."

In Rapaport's study, incoherent responses were not at all found in the normal or neurotic sample, and this led him to conclude that "Incoherence is always a psychotic condition and--provided that no signs of toxicity or organic brain deterioration are present--the diagnosis is schizophrenia" (1946, p. 354).

Psychotic disruption is associated with instability in thinking and perceiving. In contrast to verbal looseness which is characterized by incoherence, psychotic individuals tend to perceive the world in a highly unstable fashion (Johnston & Holtzman, 1979). What is perceived in one instant will be seen differently in the next instant. Object constancy is gone; things cease to exist after a short time. This perceptual fluidity is expressed on the Rorschach by

subjects who state that one percept appears to be changing into another rather than just following quickly from the previous percept. For example: "Rats climbing a tree...now the whole thing has turned into a flower."

Affective integration. "Use of color, particularly the yellows and browns, to justify content having to do with death, illness, weakness, decay, etc." (Burstein-Loucks, 1982) are given almost exclusively by schizophrenics and increase with chronicity and deterioration (Rapaport et al., 1968). These deterioration color responses suggest an overall impairment in the intellect's ability to control affectivity, as evidenced by poor capacity to delay action and by flattened affect (Rapaport et al., 1968).

Summary

Empirical studies have shown that disturbances in reasoning and cognitive focusing are important aspects of thought disorder, and these disturbances are manifested on the Rorschach by indicators which are rarely found in a healthy population. These indications of thought disorder suggest a diagnosis of schizophrenia or psychosis.

The question remains as to how many of these deviant verbalizations are required to justify a diagnosis of acute psychiatric disturbance. Rapaport stated that a number of deviant verbalizations were "conclusive" for the diagnosis of schizophrenic psychopathology. In this category, he placed contaminations, autistic logic, incoherence, and reference ideas. Suggestive or supporting

verbalizations are fabulized combinations, deterioration color, and peculiar and queer verbalizations. In other words, on the basis of just one contamination or scoring of incoherence, Rapaport and his colleagues believed that the diagnosis of schizophrenia is warranted.

Despite the consistency of the research findings regarding the correlation between deviant verbalizations and psychopathology, there is no single index to adequately spot underlying pathological processes, and a correct diagnostic evaluation can be made only from a number of validated indicators. Deviant verbalizations on the Rorschach are a reflection of confused thought processes, and the degree of deviation will be significantly different in normal and severely disturbed subjects as suggested by the following data.

In an earlier study, Rorschachs were administered to 22 psychiatric inpatients (mostly schizophrenic). The protocols were double scored according to the procedures outlined in the Burstein-Loucks manual, and differences between scorers were resolved by an experienced scorer.

The scoring system devised by Burstein and Loucks contains a number of the prominent indicators of psychopathology previously discussed. In some instances, the names have been changed and/or included in one category. A complete list is as follows:

PROMINENT INDICATORS	PERCEPTUAL/COGNITIVE CHARACTERISTICS
Contamination	Perceptual Stablization Defect (PSD)
Percepual Fluididity	PSD
Figure-Ground Confusion	PSD

PROMINENT INDICATORS	PERCEPTUAL/COGNITIVE CHARACTERISTICS
Queer Verbalization	Extreme Verbal Peculiarity (VP)
Confabulation	Predicate Thinking (PT)
Autistic Logic	PT
Incoherence	Cluster Thinking (CT)
Fabulized Combination	Contradiction of Reality (CR)
Self-Reference	Egocentric Justification (EJ)
Deterioration Color	Deteriorated Color (DC)

Two additional scorings from the Burstein-Loucks system will be employed in this study to measure disturbed thinking on the Rorschach.

1. An internal-conceptual contradiction is scored when there are internal inconsistencies in the response, such as "a man sleeping leaning against a tree...he's arguing with his wife." This is scored as a contradiction of reality (CR).

2. Bizarre content is scored when reponses have a bizarre quality, "or in which the association process has a quality of eerie symbolic elaboration." An example in the manual is "Some kind of malignant condition...the pink is like inflammation and it has a gangrenous green quality." Previous research by Rickers-Ovsiankina (1960) found bizarre content responses elevated in psychotics compared to the normal control group.

In the inpatient sample of 22 subjects, the mean number of perceptual-cognitive characteristics per record were 2.23 with a standard deviation of 2.27. The mean number of responses on each

indice for inpatients, trans-sexuals and healthy adults is reported in Table I.

For this study, a cut-off point is required to select individuals with indications of major psychopathology. Guided by a principle of conservativeness in order to avoid diagnosing individuals as seriously disturbed when in fact they are not, 5 of the prominent indicators of psychopathology per record will be criterial. This is more than one standard deviation above the mean; approximately 16% of the inpatients had this many scorings. In other words, the most disturbed among the inpatients had 5 or more indications of major pathology on the Rorschach. Any subject in this study with 5 or more prominent indicators on the Rorschach will be considered to have a thought disturbance consistent with a psychotic or schizophrenic disorder.

Indicators of Advanced Development

Traditional theory maintains that oedipal development entails a capacity for realistic thinking and sound judgement (superego), the mature handling of interpersonal relationships (empathy), and the ability to integrate intellectual, affective and interpersonal resources in the service of a stable life pattern (synthetic ego functions). There are indices on the Rorschach which address these capacities.

Realistic thinking. Mature ego functioning depends upon adequate interpretation of reality and the individual's capacity to delay action. A high percentage of F+ responses on the Rorschach has been

TABLE I

Mean Number of Responses on Prominent Indicators

PERCEPTUAL/COGNITIVE CHARACTERISTICS	INPATIENTS N=22	HEALTHY ADULTS[a] N=50	TRANS-SEXUALS N=30
BC	.5	.0	.1
VP	.5	.0	.0
CR	.5	b	b
PSD	.1	.1	.2
CT	.1	.0	.0
PT	.2	.1	.2
EJ	.2	.0	.3
DC	.0	.0	.1

[a] Norms for the adult and trans-sexual samples available in the Burstein-Loucks manual.

[b] Figures not available.

taken as a measure of such ego functioning. An F+ response is scored when the subject's response is congruent with the contours of the blot (in accordance with statistical norms); this dimension of Rorschach performance, the degree to which the subject adheres to the reality presented in the blots, has often been taken as a measure of the subject's ability to deal with, and show respect for, reality in general. In this sense, the F+% is a measure of ego strength (Korchin, 1960).

According to Rorschach (1942), a high percentage of F+ responses depends on (1) the ability to concentrate; (2) the availability of clear memory images; (3) the ability to bring such memory images into consciousness; and (4) the ability to select from among these the most fitting for the stimulus. It assumes control of the perceptual and associational processes, and critical interpretation.

Rapaport has emphasized that adequate form perception results from the individual's capacity to delay the discharge of impulse, thus allowing for the critical formation of the reality appropriate response. Korchin (1960) states that "F plus, then, is the critical work of the intellect" (p. 111). It assumes the intactness of the integrative functions of the ego.

Beck (1938) gives the mean F+% for normal subjects as 83.91 and the critical minimum for psychological health as 60. Exner (1974) states that good form quality is found in 75 percent of the responses, with 70% as the lower limit. Weiner (1966) reviews a good deal of literature and concludes that the data suggests 60% as a criterion

score for low F+% below which a schizophrenic impairment of reality testing is indicated. Philips and Smith (1953) used a sample of 250 normal adult males and concluded that 60% should be considered the lower limit for normality (only 5% fell below 60).

While the research has consistently supported the view that F+% discriminates normal, neurotic and schizophrenic groups, the F+% has typically ranged from the low to mid 60's in the schizophrenic samples. Rickers-Ovsiankina (1938) found a mean F+ of 66.9 in the schizophrenic group and 87.3 in the control group. In Beck's study (1938), he found a mean F+% of 61.5 for the schizophrenics and 83.9 for the controls. Beck (1954), and Berkowitz and Levine (1953) found F+ to signficantly differentiate normals, neurotics and schizophrenics.

A variant of the F+% has been coined R+, B+ or extended F+, all of which measure perceptual accuracy with respect to reponses other than pure F, despite certain differences. Weiner reports that this scoring represents a larger number of reponses than F+, and consequently, may be the more overall reliable index of functioning. Research demonstrates this score to be highly correlated with F+, and the percentage is usually in the low 80's. In an earlier Rorschach study (Bertenthal, 1984), subjects obtained a mean B+% of 56, in contrast to the norm for healthy adults which is 82.

The Popular "P" response is generally regarded as an indication of one's ability to recognize and endorse conventional forms of response. Beck (1952), Piotrowski (1957), Rorschach (1921) and

Rapaport (1946) have interpreted the popular as "the capacity for thinking in conventional and stereotyped terms. Such a capacity is essential for balanced and realistic thinking...." (Rapaport et al., 1946, p. 315). Exner (1974) states that low populars point to the possibility of the inability to perceive that which others commonly report; conversely, a high number of populars may indicate an unusual tendency to conform.

Research indicates that P validly discriminates schizophrenic from normal conditions. In a 1938 study, Beck found that 81 schizophrenics obtained a mean P of 3.95, as opposed to 5.92 for the control group. Beck's later study (1954) found that 157 normals obtained a mean P of 7.0, compared to 5.5 in the neurotic group, and 4.9 in the schizophrenic sample. Normals and neurotics significantly exceeded the mean value obtained by the schizophrenic sample.

Friedman (1952), Knopf (1956), and Berkowitz and Levine (1953) found different means for their normal and schizophrenic groups, but in each study, the normals had significantly higher P's than the patient group. More recently, Exner reports a mean P of 6.7 in his normal sample, and 2.40 in the inpatient schizophrenic group. Although it depends on the list of populars used, findings suggest that a P of less than 5 indicates impaired judgment.

Interpersonal realm. Beginning with Rorschach, theorists have looked to the human movement, "M", response to evaluate some aspect of the interpersonal realm. Rorschach himself thought of the human movement response as an indicator of rapport and empathy (in addition

to intelligence, creativity, suggestibility, and emotional stability). Many others have followed Rorschach's lead in attributing interpersonal meaning to the M response. For example, Schactel (1966), views M as reflecting an individual's basic orientation and attitudes toward self, others and the world around him; Piotrowski (1957) believes that M responses reveal the subject's conception of his "role in life."

Some of the current conceptions of the M response represent extensions of Rorschach's ideas about the relation between M and empathy. Philips and Smith (1953) view M in terms of empathy, which they view as the capacity to assume and assign roles. Similarly, Frankle (1953) interprets the M response as representing the ability to understand people. These views are also represented by Klopfer (1954) who states that M is related to the "capacity for good empathic relationships with other human beings" (p. 264).

The experimental literature provides evidence for the relationship between M and empathy. Based on the understanding of empathy as involving a sensitivity toward or an awareness of the self and others, Barrell (1950) obtained positive correlations between the number of M and ratings on "insight into himself" and "insight into others," although these correlations dropped to insignificance after the number of responses were statistically controlled. Using the Sheviabkov and Friedberg Interest Inventory, Schwartz (1952) found that high M producers chose items from the Inventory reflecting "self acceptance" and "identification with others."

More substantial evidence for the relationship between empathy and M comes from the research of Frankle (1953) and Holt and Luborsky (1958). Frankle studied social work students and based on the number of their M responses, predicted better than chance the adequacy of the students in forming interpersonal relationships. In a similar type of study at Menninger's, Holt and Luborsky (1958) found that the top eight men as determined by pooled ratings of empathy, produced significantly higher M than the bottom eight residents.

In a study by Haan (1964), clinical psychologists rated 46 men and 42 women on 20 ratings of ego functions (10 defense mechanisms and 10 coping mechanisms). When men and women were looked at together, it was found that high M production is related to coping functions; more specifically, empathy, objectivity and logical analysis were related to M responsiveness. It was concluded by the author that his findings were in agreement with the various studies which relate M production to ego control. In a similar vein, Dana (1968) believes that M entails the ability to focus attention or to delay action, as well as to express an interpersonal orientation. He concludes that "M is a syndrome of potentials, capacities for reaching out into the environment in a variety of ways.... M may be defined from these evidences as the capacity for humanization or personhood" (p. 142).

It may be concluded from this research that although there is not a perfect correlation between M and empathy, high M producers are individuals capable of an empathic stance toward others.

Having considered some empirical evidence pointing to the

relationship between M and empathy, M may be examined with regard to psychopathology. A fundamental manifestation of schizophrenia is loss of empathy (Hoskins, 1946). This view has been empirically studied and there is evidence which supports it (Jackson & Carr, 1955; Helfand,1956; Milgram, 1960). Consequently, it was expected in clinical studies that the number of M given by schizophrenics would fall below that of normals. The initial studies in this area corroborated this hypothesis (Beck, 1938; Rickers-Ovsiankina, 1938).

However, in contrast to the initial literature on M and schizophrenia, the abundance of research fails to produce a consistent picture. In some studies, the schizophrenics have fewer M than the control group, while in others (Beck, 1938; Sherman, 1952; Knopf, 1956), there is no difference. Furthermore, it is commonly recognized that some schizophrenic groups give more M than others (ideational types such as paranoids). Hence, it is likely that the composition of the schizophrenic sample largely affects the outcome of the study.

Based on these research findings, empathy as the interpersonal meaning of M appears too limited. This is recognized by King (1958) who formulates the meaning of M as reflecting "the ability in fantasy to project the self into time and space in the interpersonal sphere" (p. 4). That is, responsiveness to M means that the individual is fantasizing about the interpersonal world, but does not necessarily relate to others in an empathic manner. Empathy is more likely to be present with other crucial factors related to normality.

The position advocated by Weiner is that the M response is an

index of one's interest in the needs and attitudes of others, but while it follows that few M usually means a deficiency in empathic skills upon which healthy relations depend, many M does not necessarily signify adaptive interpersonal 'behavior.' Weiner concludes that many M "indicates only that the subject is attempting to comprehend the motives of other people; it does not ensure that he can do so accurately. Therefore, many M does not necessarily identify good empathic capacity, even though few M suggests deficient empathy" (1966, p. 157).

Since the relationship between the quantity of M responses and interpersonal skills has been found to yield an inconsistent picture, the latest research effort has been devoted to examining the quality of M responses. It is generally accepted that when the form quality of M is poor, the likelihood of psychopathology appears to be high. This has been noted by Philips and Smith (1953) in their study of 1500 records, and has also been found by Beck (1965) and Molish (1965). Weiner suggests that the M- response is probably related to deficient social skills and to poor interpersonal relationships. Weiner, Philips and Smith all agree that a significant frequency of M- responses is indicative of psychosis. While only Klopfer recommended the calculation of an M+ percent, there have been recent attempts to measure one's object relations through the articulation of human content and human movement responses in scoring systems (Burstein & Loucks, 1982; Mayman, 1967; Blatt, 1981).

Integrative skills. An important dimension of ego strength is that an individual is able to integrate and organize his experience in meaningful ways. As Weiner (1966) states:

> The normal person is able to organize and integrate his thought processes, relation to reality, interpersonal skills, defensive resources, and intellectual capacities in the service of a stable and rewarding life pattern.... Schizophrenia is often characterized by disorganized and disharmonious personality functioning, the schizophrenic person having many reasonably intact islands of functioning that he cannot bridge and many latent adaptive talents that he is unable to exercise. (p. 219)

Beck and Hertz also suggest that organizational activity is indicative of the use of the intellect as directed toward adaptation, and this synthetic function of the ego can be assessed by the Rorschach.

Organizational activity on the Rorschach has been explored by Beck, Hertz and Friedman. Regardless of the system, a variety of positive correlations have been presented between organization and intelligence. In clinical populations, Schmidt and Fonda (1953) have shown that Z scores are significantly higher in manics than in schizophrenics. Varvel (1941) and Hertz (1948) reported lower levels of organizational activity in depressed patients.

Friedman looks at organization on the Rorschach in terms of developmental level, i.e., in terms of the increasing capacity to differentiate and integrate perceptual stimuli. According to Friedman (1953), genetically immature levels of perceptual integration are indicated by inaccurate, vague, and amorphous percepts and by illogical organization attempts; genetically mature perceptual functioning is manifest in adaptive organizational activity.

Some systems use a weighted Z score to determine organizational ability, but these fail to account for the quality of organizational activity (that is, to what extent the percepts are logically integrated). Friedman, Hertz and the Burstein-Loucks systems have looked more toward the assessment of the qualitative aspects of organizational activity. In the Burstein-Loucks system, an integrated response reflects a synthetic activity which is complex, adaptive, and a good measure of problem solving ability.

Summary

Stable and healthy personality functioning are indicated by a Rorschach performance with adequate reality testing and judgement (F+,B+,P), interpersonal skills (M+), and by adequate energy invested in organizing the environment (Integrated responses). While each indice by itself may be open to more than one interpretation, they represent a configuration of healthy functioning when normative levels are attained i.e., the optimal meaning of each is facilitated in the presence of other normal levels.

To be included in the group of individuals with advanced capacities, it is necessary to obtain the normative value on that indice. Consequently, one must obtain at least 5 populars, 3 integrated responses, 3 movement responses and they must all be scored plus (socially appropriate). The normative values for F+% and B+% are 76 and 82, respectively. The standard deviations are not available for these norms, but they are usually quite large (between 10 and 15).

Consistent with Exner's view, 70% will be considered the lower limit for optimal levels of reality testing.

The guiding rationale behind the selection of criterial values for each indice was the same as that behind the choice of pathological indicators—the attempt to avoid false positives. A statement as to the conservativeness of these indicators may be found by applying them to the inpatient population. Of 22 subjects from the hospital study, only one qualifies for the higher level group. In the college scholar population, it is expected that many individuals will fall into this more advanced group.

To restate the principle hypothesis of this study, the traditional linear model of psychopathology views progress as stage related advances which have implications for the total personality. It is inconsistent with this model that people can have high levels of ego strength as evidenced by adequate reality testing and self-control, sound judgement, good integrative functions and empathic capacities, and at the same time, demonstrate signs of a major thought disturbance on par with hospitalized psychotic patients. Consistent with the implications of a multidimensional model which looks at narcissism and object-love as independent lines of development, it is expected that such an individual is likely to be found among the research sample.

CHAPTER 4

RESULTS

Subjects were assigned to one of four groups based upon their performance on Rorschach's test. Group 1 (High Level) consists of individuals who satisfied all criteria suggestive of high level ego functions and who failed to meet the criteria for Group 2. Group 2 (Primitive) consists of individuals whose Rorschachs contained 5 or more indications of primitive psychopathology and who failed to meet the criteria for Group 1. For those in Group 3 (Mixed) test scores indicate both primitive psychopathology and high level ego functions. Group 4 (Average) consists of individuals who neither met the criteria for primitive psychopathology nor for unimpaired ego functioning.

The results of this study accorded with expectations. An individual in this sample meets the criteria representing both advanced and primitive levels of functioning. The criteria employed to define both groups proved to be stringent, as indicated in Table II.

A statistical comparison between the student sample and the inpatient population on perceptual-cognitive characteristics considered to discriminate normal from psychotic conditions achieved significance $\underline{t}$ (59) = 2.05, $\underline{p} < 05$.

An overall comparison of the 4 groups on the prominent indicators of psychopathology is illustrated in Table III.

TABLE II

Distribution of Subjects Per Group

	Group 1	Group 2	Group 3	Group 4
Number	12	2	1	24
Percent	31%	5%	3%	62%
Male	6	1	1	13
Female	6	1	0	11

TABLE III

Group Means on Prominent Indicators of Psychopathology

	CR	BC	VP	PSD	CT	PT	EJ	DC
Group 1	.33	.00	.08	.25	.00	.00	.08	.00
Group 2	2.00	.50	.00	2.00	.00	.50	.00	.00
Group 3	2.00	3.00	.00	.00	1.00	2.00	.00	.00
Group 4	.38	.08	.00	.04	.00	.25	.00	.00
GROUP $\overline{X}$:	.49	.15	.03	.21	.03	.23	.03	.00

An overall comparison of the 4 groups on the indicators of high level ego functioning is illustrated in Table IV.

Comparison of the High Level and Average Groups reveals that the High Level group attained superior mean scores on all criteria, with significant differences found in the number of populars and F+%. The results of a series of t-test comparisons are presented in Table V.

Of the 2 individuals assigned to the Primitive Group, neither achieved less than 3 of the criteria for unimpaired ego functioning as illustrated in Table VI.

Subject 1 was unique for this sample in that she had 3 PSD responses of which all were of the fluidity type. In addition to her failure to have any pure form responses on the Rorschach, this speaks to emotional lability and to the tendency to perceive the world in a highly unstable fashion.

TABLE IV

Group Means on Indicators of High Level Functioning

	INTG	F+	B+	P	M+
Group 1	6.08	82%	78%	7.6	5.4
Group 2	7	19%	61%	6	7.5
Group 3	11	100%	75%	8	5
Group 4	4.95	62%	72%	5.9	4.2
GROUP $\bar{X}$:	5.64	64.5%	73%	6.5	4.8

TABLE V

T-Test Results Comparing Groups 1 and 4

Measure	Group 1 $\overline{X}$	Group 4 $\overline{X}$	t	df	p-value
F+%	82.4%	61.7%	3.01	34	p <.05
B+%	78.1%	78.1%	1.36	34	p >.05
Intg	6.08	4.95	1.14	34	p >.05
Populars	7.6	5.9	2.52	34	p <.05
M+	5.4	4.2	1.40	34	p >.05

TABLE VI

Performance by Subjects in Group 2 on All Indicators

SUBJECT	CR	BC	VP	PSD	CT	PT	EJ	DC	/	INTG	F+	B+	P	M
1	2	0	0	3	0	0	0	0		7	0	75%	6	6
2	2	1	0	1	0	0	1	0		7	37%	46%	6	9

In addition to his Rorschach special scorings suggesting primitive psychopathology, the second subject in Group 2 demonstrated weaknesses in reality testing (F+% and B+% are considerably low), and was the only subject in the entire sample with a greater quantity of human movement Rorschach responses scored minus (socially inappropriate) than scored plus (socially appropriate). One would expect this individual to have particular problems in the interpersonal sphere.

One subject was found who qualified for the Mixed Group; two other subjects approximated the experimental criteria. For this study given the importance of the one subject in the Mixed Group, his test results will now be examined in greater detail.

This subject's Rorschach suggests that he has the capacity to function in ways consistent with primitive psychopathology as well as with higher levels of development. A comparison to the inpatient population on pathognomic perceptual-cognitive characteristics indicates that this subject demonstrates extreme scores, even for that group, and this suggests disturbances in thinking and a propensity for behaviors consistent with major psychosis. The concurrent parallel in scores with the high level group, however, suggests intellectual strengths and behaviors incompatible with disturbed individuals (psychiatric inpatients). These comparisons are illustrated in Table VII.

These scores suggest symptoms of a thought disturbance, consistent with individuals who evidence periods of language

TABLE VII

Means for Inpatient, Mixed and High Level Groups

	CR	BC	VP	PSD	CT	PT	EJ	DC	/ INTG	F+	B+	P	M
Inpatient													
N=22	.5	.5	.5	.1	.1	.2	.2	.0	2.4	66%	56%	3.6	2.2
Mixed													
N=1	2.0	3.0	.0	.0	1.0	2.0	.0	.0	11	100%	75%	8	5
High level													
N=12	.33	.0	.08	.25	.0	.0	.08	.0	6.08	82%	78%	7.6	5.4

deterioration, confused and concretistic thinking and a loss of the synthetic functions of the ego. Such individuals are prone to unusual and primitive behaviors. At the same time, quite sophisticated capacities are evident. It is apparent that this subject operates at a high level of intellectual functioning which enables him to perceive and grasp subtleties of complex conceptual relationships, and interpersonally, to relate to others empathically. Indications of good reality testing suggest that the subject has the capacity to realistically evaluate affect, behavior and thought content in terms of ordinary social norms.

Further analysis of the Rorschach suggests that this subject is plagued by polymorphous sexual conflicts. There were numerous responses with oral content as well as references to anal ambivalence around the theme of hurting versus helping others. Most prominent were phallic concerns, especially castration, implying strong feelings of inadequacy. For example, on Card IV, the subject gave the following response.

A large creature. Looks like he has just lept from a tree. Looks like he is coming right at you. The being's head looks like a praying mantus' head.	(a large creature?) Cause he takes up most of the paper with his form. (coming at you?) Feet--can see the soles of his shoes. Looks like he's jumping at you.
Or he could be impaled on the tree because of the tree's height.	The height of the tree. If jumped from a tree, it would be higher and extend above his head. (he's impaled?) I read about Jerry Kramer who as a boy was

chasing a calf. It stepped on a 2x4; it splintered and shot it up into his groin.

(impaled?) Cause he's suspended in the air. Hasn't reached the ground yet.

(on the tree?) The tree penetrated his body to suspend him in the air.

The creature "coming right at you," the emphasis on the shoes, and the reference to castration all suggest a sensitivity to a threatening environment which ridicules and belittles. The subject's sense of danger in the world is further reflected by his anatomy responses, which reflect a hyperinvestment in bodily concerns which possibly extend to hypochondriacal symptoms.

This individual quickly passes from feelings of well-being to depersonalized states where the world around him becomes cold and lifeless and his inner world is marked by a black depression where he feels empty and depleted. At such times, his thinking is less logical and clear, and he demonstrates a heightened concern with issues tied to guilt and death. An example of this depressive theme is evident in one of the subject's responses to card VIII.

Here--same color as the beaver, could be a beaver who has died. Hand extended from gray gives feeling of cold, of death. Cause they are walking away from it. Could be wintertime; they both could be dying.

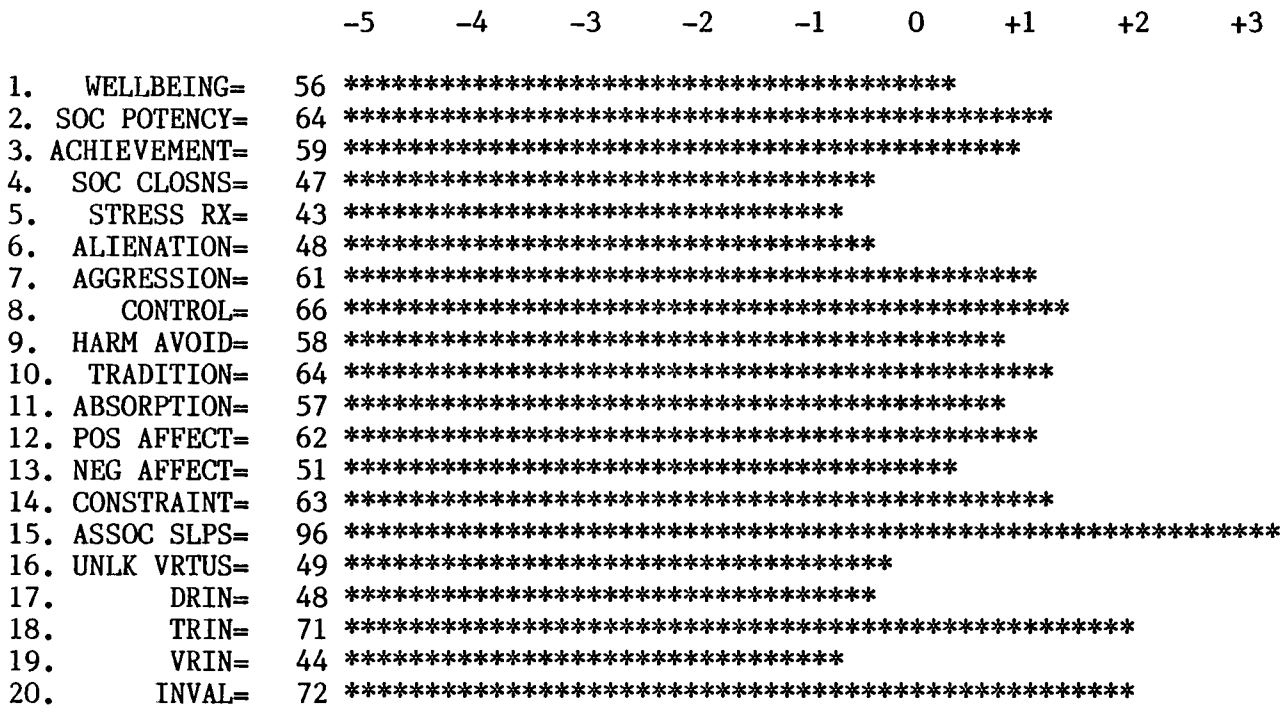
(dead beaver?) Cause same color as beavers; looks like it's been crushed. (the color?) It's red. Arm part of gray mass.

(death?) Gray is a winter color. Walking away--maybe it's winter; maybe it's the hand of death. There's water from the pond. No lush green.

Additional information concerning this subject is available from the personality tests. On the Jackson Personality Research Form, the subject obtained the following T scores (mean of 50 and a standard deviation of 10).

TRAIT	SCORE	TRAIT	SCORE
Achievement	54	Harmavoidance	65
Affiliation	53	Impulsivity	55
Aggression	57	Nurturance	65
TRAIT	SCORE	TRAIT	SCORE
Autonomy	56	Order	62
Dominance	65	Play	56
Endurance	58	Social Recognition	48
Exhibition	72	Understanding	55
Infrequency	50		

High scores were obtained on Exhibitionism, Harmavoidance, Dominance, Nurturance and Order. Utilizing the adjectives Jackson designates to describe these traits, it can be said that this subject likes to draw attention to himself, and to be cautious, authoritative and paternal. Results from the Tellegen Differential Personality Questionnaire suggest similar personality characteristics. As shown in Figure 1, the subject's scores indicate that he is in no significant discomfort, and that he is a forceful individual who prefers a position of power and influence over others. His values tend to be traditional, he is a person who is cautious, and he likes



T-Scores Mean= 50 Standard Deviation= 10

Figure 1. Results of the Differential Personality Questionnaire.

to plan things out in advance; yet he is prone to a significant degree of carelessness due to distractibility.

The subject's two tape recorded interview sessions provide additional information. He concurred with the results of the personality inventories, stating that dominance and aggression are longstanding traits of his; he does not enjoy subordinate roles. He stated that he has been exhibitionistic since childhood, prefers not to take risks, and likes to think of himself as polite, courteous and fairly sensitive to the needs of others.

The subject stated that he has had disturbing and frightening thoughts that kept coming back to mind. He stated that "I think about death a lot. People and family dying, parent's brothers. Comes up 2-3 times a week. Fall quarter, came up everyday. I wonder what would happen if Mom and Dad got killed. Last week I thought the whole thing out, from Mom and Dad being killed to going home, accomodations for relatives, even like pallbearers, disposition of the estate, if I would be able to go back to school that quarter. For some reason, I think about it a lot."

There is the fear that these thoughts of death can be overwhelming. He stated that when he lapses into thinking about death, he becomes "vacant" and his concentration declines; he needs to walk around and put death out of his mind. He indicated that "Sometimes I'll just stop and sit there and the reality of it will become so prevalent it becomes scarey."

He thinks about his parents dying quite a lot, but also envisions

himself dying. He does not find his thoughts of death unusual, but finds his emphasis on the concrete details to be "peculiar." For example, more than just dying, he thinks about the funeral, how many pallbearers will be selected, who they will be, where he would be buried, what the eulogy would be like and even the cost.

The subject revealed another symptom. He stated that he has a fear of heights, but there are aspects of his experience which are more unusual than the typical reports of acrophobia. The subject reports that heights over 7 feet make him anxious, and last spring, each time he walked accross a bridge, a little voice inside would tell him to jump. In the past when he would sunbathe on the roof of his dormitory, he would get that "gut feeling" as soon as he would get close to the edge. A little voice inside would say, "Jump, go ahead and do it." He would break out into a sweat, grab onto the edge and back away slowly.

The subject's reaction to this experience is one that he finds "eerie." He states that it is like he is having a discussion with a third party which he called an "alter-ego" or "objective person." He finds his fear of heights "a little disturbing," especially because when walking across the bridge, the press was not merely to jump, but to time the jump with an oncoming car or bus so as to be instantly killed.

When the interviewer asked the subject why he thinks he is so preoccupied with death, the subject's response pointed to long-standing feelings of inadequacy. "I've never felt--I say I'm

comfortable with myself, I'm happy with what I've done--I know I'm not." At this point, the subject brought up an association to childhood which he had been thinking about for the past few days. At the age of about age 5 years, he and his brothers would shower together. One of his older brothers made fun of the size of his penis. The subject expressed that he felt additional humiliation by his brother saying: "You should have been a girl." As he became older, the subject felt taunted by this brother for one thing or another. At age 7, the subject recalls that his brother ridiculed him for being heavy; he remembers his brother calling him obese. He was teased about his reading and swimming abilities, and in adolescence, the older brother portrayed himself as a woman slayer and the subject as the "potential celibate priest."

The subject's spontaneous reference to celibacy was not accidental, as he is quite troubled by difficulties initiating and becoming more deeply involved in relationships with females. As part of the structured interview, he reported a dream as follows: "I was at home in the cellar. My parents went out of the country for a few weeks. This girl came over; I noticed she wasn't wearing a bra. I felt aroused but didn't want to have sex with her. She initiated things and after, I felt embarassed and ashamed. She's the kind of girl you think you'll marry."

Both following this dream and in the second interview, the subject stated that he has never had an extended heterosexual relationship and in fact, rarely dated. He feels that his self-doubt

undermines relationships. For example, he stated that he feared becoming involved with and then being rejected by the girl. He confided that his sensitivity is such that his self-doubt would emerge if he saw his girlfriend just talking to other males. Ultimately, the subject feels that women cannot be trusted and that involvement leads to rejection and humiliation. Increasingly becoming a source of concern to him, the subject stated that he has had to fabricate stories to explain his lack of dating.

The subject confided to the interviewer that he feels overwhelmed at times. He stated that he identified with the female character in his Van Lenneps story; she was a woman who worked hard for her marriage and children and lost both; she was filled with "perpetual remorse" and a lack of animation. The subject also indicated that he feels he has never lived up to his potential. When he was younger, athletics were most important but he lost his enthusiasm for them in high school. His interests turned to the academic arena but he feels that although he studies a great deal, he has not performed up to expectations, due to his fear of not doing well.

A descriptive compilation of the results from all assessment tools utlized suggests that this individual wishes to be in a position of authority and feels best when he is in charge and is the focus of attention. He is likely to appear to others as being without significant distress although he is internally troubled. He is plagued by marked feelings of inferiority and a sense of vulnerability in a threatening world. His desire to be noticed by, as well as to be

in a position of power, is compensatory for his poor self-esteem; similarly, he cautiously plans events so as to maximize personal safety.

This individual demonstrates many intellectual and personality traits which suggest the capacity for successful endeavors. He is curious, persistent, well-ordered, forceful and decisive. While he can be aggressive toward others, especially when he feels threatened, he also demonstrates an able capacity for care and concern. To engage in a close relationship with another person, particularly with a female, this subject will need to have a strong sense of acceptance communicated to him given his level of self-doubt and sensitivity to rejection.

While many strengths are apparent, this subject evidences primitive modes of personality organization. There are signs of disturbed thinking which are suggestive of schizophrenia. The subject's experience of an "alter-ego" is a dissociative state where a "third party" expresses demands from which he desires psychological distance. The subject's tendency to become consumed, "vacant," and to feel lifeless indicate depersonalized states. As a weight-lifter it is clear that he is concerned with the integrity of his body, but there are also signs that he may be prone to more primitive forms of somatic concerns, such as hypochondriasis.

In summary, a case was found where an individual evidences both high level ego functions and signs of primitive psychopathlogy. The Rorschach, along with additional test and interview material, indicate

signs of psychotic level disturbances in thinking, dissociative phenomena, depersonalized states, and preoccupation with death. The results also indicate that the subject has the sound judgement, reality testing, organizational and empathic capacities consistent with high level personality organization.

CHAPTER 5

DISCUSSION

The results of this study suggest that there is one individual in the research sample who meets the criteria for both high and primitive levels of functioning. A discussion of this finding in terms of diagnostic and theoretical considerations will be presented in this chapter.

Diagnostic Considerations

Subjects such as the one found in this study are thought to be vulnerable to psychotic symptoms, but in fact, are thought not to be psychotic. Such psychotic symptoms may include delusions, extreme forms of hypochondriasis, thought and language disturbances, and paranoid ideation. Although these behaviors are usually indicative of a psychosis, individuals such as this subject are likely to have regressive swings which are temporary and from which the individual is capable of reconstituting himself without defensive, delusional reconstructions. In addition, the immediate cause for such psychotic-like experiences are usually apparent. In contrast, psychosis is a more constant state where the individual has various defects in ego functioning corresponding to a regression to primitive points of development. Archaic forms of defense take over with such disorders and reality testing suffers as boundaries are insecure and the person has poor ability to distinguish between private fantasies and external reality. Object relations are seriously impaired; the psychotic

person primarily views life from a private perspective, has lost interest in everyday happenings and has difficulty engaging in society as an integral part.

It is apparent that the subject in this study evidences many signs of a neurotic disturbance. There are references to phallic comparisons and feelings of castration. In a classical formulation, the competition with the brother would be seen as a displacement for rivalry with the father. Furthermore, there is a phobia, typically considered a neurotic maneuver to reduce anxiety and frequently found in the anxiety hysterias. Dissociative experiences have often been linked to hysterical disorders, and the obsessional quality of his preoccupation with death is another neurotic symptom. Finally, his inhibition toward women may be related to oedipal conflicts, such as the fear of losing to stronger rivals.

Hence, there are indeed many symptoms which suggest a neurotic disturbance, (and if there are two lines of development, he may have mixed pathology). However, in that this individual's chief source of discomfort appears related to self-esteem deficits, and that it is hard to account for the full range of his symptoms along neurotic lines, his primary problems are thought to be narcissistic. From this perspective, his need for attention and recognition from others is understood as a way of maintaining narcissistic balance. That is, others are selfobjects who help to provide a sense of self-confidence that he is unable to adequately maintain for himself. Furthermore, sensitive to what others think, the chief anxiety is not the fear of

punishment, but the fear of embarassment, shame and humiliation. To protect himself against such anxiety, this individual is likely to distance himself from others, which at times may be comfortable, but at other times may lead to a feeling of estrangement. Another narcissistic symptom is the form of depression which he experiences; he is prone to a depression which is related to a painful lowering of self-esteem and a sense of inner emptiness.

Based on the available information, one can only speculate on the nature of the subject's unusual form of acrophobia. It is charged with many currents of meaning, although self-esteem issues seem prominent. In this case, the pathological fear of high places appears related to a symbolic fall in self-esteem. For him, heights symbolize a 'fall in favor' or a 'fall from power' which is painful to bear; like Humpty-Dumpty, he fears that he will not be able to be put back together again.

A second meaning bound up with the acrophobia, and defended against through dissociation (an inner split), is the impulse to kill himself. This subject has a fear of suicide which is replaced by a fear of heights. His high level functioning enables him to mobilize enough realistic considerations to consistently flee from those perilous situations where he feels compelled to jump.

There is another factor which may seize this individual, and from which he flees, when he stands near the edge of a tall building. There is the thrill of falling through the air which imparts a sense of power and abandon. Is not the deeply symbolical meaning of falling

exemplified by people who risk their lives to sky-dive for fun? This individual avoids heights not only because he feels impelled to make a destructive jump, but also because he has unconscious and grandiose fantasies related to flight, abandon, and exhibitionism. Hence, during one instance in the interview when he spoke about his fear of heights, the subject stated that his inner voice had told him to "jump, take a swan dive." The reference to the swan suggests flight and exhibitionism, as well as perhaps a covert reference to death (swans are known for their fabled power of melody when dying). The fantasy of flying is a frequent theme which appears in the treatment of the narcissistic disorders.

Finally, along the lines of this formulation which views the subject as neither neurotic nor psychotic, but as narcissistic, problems in the interpersonal realm are understood as attempts to distance himself to avoid narcissistic injury. Given his lack of self-confidence, he has difficulty offering his love without fear of rejection and humiliation.

Theoretical Considerations

Theoretically, how are individuals who have many areas of high level ego functioning as well as signs of primitive psychopathology to be understood. Along the lines of a unidimensional approach, this complexity represents an irreconcilable problem.

To restate the basic psychoanalytic position, development is viewed as the successive facing of a sequence of phase-specific developmental tasks which are adequately (or inadequately) resolved.

During each phase, certain psychological functions are acquired (for example, superego), and as development proceeds in a normal fashion, these psychological structures attain stability and autonomy. When development is interferred with, an arrest may occur which precludes the formation of more advanced capacities; at other times, if these capacities did not acquire sufficient autonomy the individual may regress to earlier periods as a retreat from the difficulties of later stages. An essential tenet of this psychoanalytic model is that a person's ego defense mechanisms, ego and superego functions, and capacity for object relations mature and regress in parallel fashion. Consequently, when this model is used as a framework for psychopathology, the patient is thought to primarily have problems and psychological capacities which correspond to phases of oedipal or preoedipal development.

Along the lines of the traditional unidimensional approach to psychopathology, individuals with narcissistic personality disturbances, such as the case presented here, would be difficult to adequately conceptualize. In essence, variable levels of development are antagonistic to the notion of parallelism inherent in the traditional model. Masterson (1981) recognizes this problem. In his view, the narcissistic disorder is a primitive form of psychopathology where self- and object-representations remain fused (accounting for the narcissist's relating to others as extensions of himself), yet the narcissist has higher level ego functions that are incompatible with an arrest at primitive levels. As Masterson (1981) states, "The

narcissistic personality disorder seems to get the benefit for ego development that is believed to come about only as a result of separation from that fusion" (p. 12). While Masterson admits that he and other authors have been unable to resolve this dilemma, he expresses "hope in the future to develop a theoretical postulate to resolve this ambiguity" (1981, p. 12). However, it seems unlikely that there can be a resolution to this problem given the terms of the model in which he is theorizing.

Faced with the complexity presented by the case isolated in this study, the common resolution has been to discard the higher level features in favor of an emphasis on the more primitive aspects of the personality. As one professional colleague suggested, this individual has an unstable neurotic adaptation with underlying problems of a more serious nature. This individual could even be diagnosed as 'pseudoneurotic schizophrenia.' This diagnosis would be consistent with the features outlined by Hoch and Polatin, in that this subject evidences signs of thought disorder, the capacity to be hypersensitive to emotional situations and of social anxieties to develop into ideas of reference, feelings of depersonalization and many neurotic symptoms. The crucial problem with this formulation is that the neurotic symptomatology is considered to conceal an underlying psychotic condition.

The unidimensional theorist may seek to escape his dilemma by positing that these people are essentially neurotic characters who are subject to rapid and temporary regressions. However, this response is

not a feasible alternative as it blurs the diagnostic and theoretical issues. To be neurotic means to have a cohesive self and well circumscribed problems which minimally affect interpersonal relations, and to be relatively impervious to primitive regressions.

Given the unidimensional model, it is difficult to make sense of individuals such as the one case found in this study. Whether viewed as neurotic or more primitive, the diagnostic framework inherent in this model cannot accomodate the complexity of the data. The basic thesis of this study is that a multidimensional approach which considers narcissism and object-love as independent lines more adequately accomodates the data. From this viewpoint, one may have severe narcissistic problems while the development of other parts of the personality may have progressed comparatively undisturbed. In the case under discussion here, the subject is understood to have a severe narcissistic disturbance along one track, and either higher level (neurotic) or an absence of pathology along the line of object-love.[4] The deficits most evident are those which have to do with maintaining self-esteem at sufficient levels. Genetically, it is hypothesized that this subject received insufficient mirroring as a young child and therefore did not build up an inner sense of self-confidence. His

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[4] An absence of pathology along the line of object-love (a developmental line) does not mean that an individual with narcissistic problems is without difficulties with his object relations. An individual's narcissistic problems inevitably interfere with his social relations, but this does not mean that one has the type of problems and structural deficits corresponding to psychopathology along the line of object-love.

tenuous self-esteem could also be understood as the early failure to merge with an omnipotent selfobject parent. Due to one or the other or to combination of these early frustrations, the normal needs of childhood become distorted, intensified and manifested in a strong need for power, prestige and adulation. In contrast to the primitive preoedipal disorders which incapacitate a person, such narcissistic issues, even in their primitive form, may spur an individual toward higher ambitions. Many artists, performers, as well as heads of state may fall into this category. (Hitler may be an extreme example of this as his desire for omnipotence eventuated in his attempt to control the world with the ultimate aim of having it mirror him).

It is probable that there are many individuals such as the one case isolated in this study who do exist. It is possible that more than one case of such an individual may have been present in the population studied in this project, but was not able to meet the stringent criteria which were employed to avoid errors in selection. That there are cases where both primitive and advanced levels of personality exist within the same individual provide a cogent counterexample to the traditional psychoanalytic way of theorizing. That is, they are anomalies which violate expectations based upon traditional theory. Even more than a theory, these anomalies violate the assumptions of the unidimensional model upon which many psychoanalytic theories are based. Hence, evidence from this study indicates that a unidimensional model is not a completely adequate

framework for approaching the development of personality and psychopathology.

With regard to theory building, this study suggests the need for a revision in theory to account for the full array of clinical data. The theory proposed here is the one presented by Kohut in the early 1970's which views development along dual independent lines. This is a multidimensional framework, the main import of which is that the development of the self (along the lines of grandiosity and idealization) is not oedipal nor preoedipal but is independent of the oedipal line of development. What this revision implies is that the study of neurotic pathology is no longer paradigmatic for all mental life. The evolution of character includes both the vicissitudes of the oedipal phase and the maturation of the self.

Does one anomaly create the need for a new theory? As Kuhn (1962) has said, "One failure does not fell a theory" (p. 78); difficulties accumulate and a new theory wins out over the old. In essential agreement with Kuhn's view, this study represents one contribution toward revising the traditional model. However, the conclusions of this study do call into serious question some explicit and fundamental tenets of theories based upon the unidimensional framework.

Similarly, one case or piece of evidence does not prove a theory. By finding support for the proposition that there may be varying levels of development in the same personality, this study provides additional evidence for the use of the multiple line approach

to psychopathology. Future efforts to verify the dual track model of development may be best served by research on two additional major implications.

One implication following from the notion of independent lines entails that the same historical event(s) may impact on an individual with multiple meanings and significance. For example, if the father of a young child emotionally withdraws from his son, this situation may plant the seeds for the son's Oedipal victory, while also contributing to his lack of self-confidence due to the failure to merge with an idealized figure. As an adult, this individual may come to therapy being dependent on home and mother, being unassertive and unwilling to compete with peers, procrastinating about graduating from college, and expressing a haughty cynicism about the conventional world to justify his sluggish progress. His inability to leave home reflects both an oedipal attachment as well as narcissistically based difficulties in the sphere of ambitions and guiding ideals. In therapy, his idealization of the therapist will have an oedipal cast, i.e., reflecting his unwillingness to compete with the therapist for fear of punishment, as well as a narcissistic cast based on the unfufilled need to idealize strong figures.

A second proposition of the dual track model concerns therapeutic outcome. In a linear model, development consists of a sequence through stages and the resolution of the earlier is a prerequisite for resolving the later. Hence, preoedipal problems need to be solved before oedipal ones, and so forth. In a multidimensional model with

independent lines, one may not only find narcissistic and oedipal psychopathology side by side, but the cure should be independent as well. This implication is unique to the dual track as opposed to a linear or hierarchical model.

Conclusions

A metapsychology is a collection of concepts to act as guiding principles in the organization of empirical (clinical) data. Gedo (1973) remarks that the test of a metapsychology is its "usefulness and internal consistency." Every metapsychological concept must be tested repeatedly for its clinical relevance as well as for its internal consistency with other concepts within the theory. In this study, I have submitted one form of metapsychological construct, namely linearity, to the test of relevance. The empirical finding did not accord with the metapsychological construct, and if further research substantiates the initial findings of this study, it suggests that traditional nosologies based upon the assumption of linearity do not reflect the full range of human potentialities. Clinically, this leads to a narrowing appreciation of the range of possibilities of human behavior.

The dual line model allows a broadening of perception so that multiple areas of personality function can be appreciated at the same time. This is in contrast to the classical approach to psychopathology which focuses on neurotic conflict to the exclusion of other behaviors simultaneously available to the individual. For example, if a classical analysis has been dealing primarily with phallic material,

and new material, whether anal or narcissistic should surface, this new material is likely to be interpretated (in accordance with classical theory) as some defensive maneuver, probably related to the oedipal syndrome. In contrast, a multiple line approach makes no assumption about the connection between the two sets of information. For the latter, it is possible that the new material has oedipal and/or narcissistic meaning, that the individual has more than one form of psychopathology, and that the different types of problems can be treated separately. While this position has arisen from Kohut's early writings, they represent an extension of his views. It is my interpretation that Kohut focused on the problems of Guilty Man and Tragic Man, without paying much attention to the possibilities of mixed themes and mixed pathology. In the final analysis, the implications of the dual line model as emphasized in this work may be closer to Gedo's than to Kohut's theory.

It is concluded that a dual line approach to psychopathology is a more comprehensive model to handle the complexity of data. Further refinements of this model may include additional lines of development. There are a great variety of conceivable lines of development; in a new model, it would first be necessary to determine which issues are most relevant to the differentiation of normality from psychopathology. In his first work, Gedo isolated five of what he considered to be critical developmental lines. He did not specifically focus on the issue of independence, and ultimately integrated these lines into a hierarchical model. An area for future investigation refers back to

Anna Freud's original notion of developmental lines; that is, to consider the possibility of multiple lines which are relatively independent and the relationship of imbalances across important lines to psychopathology. The results of this study suggest that a model of several developmental lines would allow for the possibility that certain primitive aspects of the mind persist into adulthood in an unchanged manner, manifesting themselves in symptomatic behaviors or in creative endeavors.

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