Placement of the Borderline/Narcissistic Personality on a Continuum of Mental Health

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PLACEMENT OF
THE BORDERLINE/NARCISSISTIC
PERSONALITY ON A
CONTINUUM OF MENTAL HEALTH

by
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fulfillment of the requirements for the
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ABSTRACT

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This research attempted to clarify and test a theory of the borderline/narcissistic personality. This particular personality type has recently received a great deal of attention by practitioners. A literature review was done to identify major points in the theory, and a formulation geared towards the needs of social work practitioners was developed.

A rating scheme embodying the theoretical formulation was applied. There were thirty-six out-patient subjects from three clinics and three private therapists. One to four taped sessions per subject were rated by independent judges based on the rating scheme developed out of theory. Independent diagnosticians placed subjects in diagnostic categories; these were compared with the scores based on the rating scheme.

The findings, discriminating levels on a continuum of mental health, support the hypothesis of a self/social matrix with two axes, consisting of differentiation and self/social focus. Borderline/narcissistic individuals can be distinguished on the basis of their poor ability to differentiate the self from others and their relatively uncoordinated focus on the self and on others. There may be patterns of self/social focus characteristic of the borderline/narcissistic personality.
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CHAPTER 1

INTRODUCTION TO THE STUDY

Prologue

(1) A social worker receives a letter from a former client. The client is an alcoholic who had been seen as an out-patient, but who is now in a residential facility for the treatment of alcoholics. The letter is full of praise for the worker. The client says that the worker is the only one who understands him, and he is happy to have been helped by such a wonderful person.

Several months later, the same client bursts, without notice, into the worker's office. The client says the worker is the worst person in the world, takes out a gun, and shoots the worker three times.

(2) A female heroin addict sits in a bar during the afternoon. She has often used prostitution to support herself, and is dressed provocatively. She flirts with several men. One of them offers her some money, and suggests that they "go somewhere" together. The woman pulls out a knife, beats the man to the ground and commences to stab him.

These two episodes reflect behavior which is enigmatic. Clinicians are finding that more and more individuals with these kinds of problems are appearing in clinics and in private practice. Frequently, they are called "impulsive personalities," "borderlines," individuals with "narcissistic" problems. In the fields of Psychiatry, Psychology and Social Work, individuals with the kinds of problems just illustrated are gaining more and more attention.
Beginnings

My own interest in borderline and narcissistic problems began several years ago when I was working in a clinic treating "hard-core" drug addicts. In working with drug addicts, I observed a series of phenomena which I wanted to explain. I found that the addicts I was working with tended to shift rapidly from suicidal to homicidal fantasies. Further observation showed that these individuals shifted between disorganization, violence, chaotic behavior, and a "together", goal-directed, sociable state. I could not at first understand the apparently unpredictable behavioral shifts. Then I began to notice that the shifts were often precipitated by situations in which aggression or intimacy were involved. Many of the addicts would engage in this fluid behavior whenever they were confronted with their own inconsistent or irresponsible behavior. They suffered from intense anxiety and impulsivity, and often, after a cathartic release of aggression, they would either become "social", or depressed.

Further observation showed that disorganized, contradictory behavior could be precipitated by setting limits on the individual's ability to manipulate the environment. If the addicts could "do" something, they would feel organized, although they would often be acting unsociably, criminally, and manic. When this behavior was in any way restricted, and social sanctions imposed, many addicts became anxious and depressed. Some would begin to have delusions and hallucinations, and paranoid ideas would emerge. If an opportunity to act could be found, especially in a way which could relieve anxiety and release impulses, the individual would re-integrate and feel whole again. The addicts exhibited a continuous series of shifts from action to decompensation. Their behavior lacked consistency, and appeared to be more a reaction to, or an escape from a depressed, anxious
state, than any planned, coordinated activity. Contradictions such as the following were frequent: "If I can't kill that ......, I'll overdose." With addicts, this threat was not just verbal, they tended to act upon it.

As I attempted to explain this behavior, I became aware of the literature on the borderline personality. I discovered that many of the observations I had made could be explained by concepts such as omnipotence, idealizing, and aggrandizing. Yet as I read more, I began to be confused. Many theoreticians were clearly talking about the clinical phenomena I had observed, but the explanations were often contradictory and confusing. As a clinician, I was interested in understanding the phenomenon, learning to identify it, and applying therapeutic techniques based on these understandings.

The study presented here grew out of my clinical experience and my desire to better understand individuals who fall into the borderline/narcissistic category.

**Summary of the Study**

This research is intended to clarify some of the theory of the borderline/narcissistic personality and to test the theory. I intend also to add to the understanding of how borderline/narcissistic individuals can be differentiated from other diagnostic groups.

In this study, out-patient clients from a variety of clinical settings were used as subjects. There has been some work distinguishing borderlines from psychotics (Grinker et. al., 1968; Gunderson, et. al., 1977), but very little distinguishing borderlines from neurotics. This study explores the differences between neurotics and borderlines in the way in which they focus
on the self and others and in the degree of coherence of the focus.

The differences have been analyzed with a schema developed out of theory. The theory comes from a culling out of the central concepts contained in the literature. A method of applying the schema was developed. The analysis of the data not only supports the intuitive interpretation of the data, but illustrates that it is possible to measure and analyze clinical data in a more sophisticated way than is often done.

Uses

I intend that the results of this study will be of interest to two groups: (1) clinical practitioners; (2) researchers. Practitioners will be interested in the clarification of borderline/narcissistic dynamics and in the dimensions which differentiate these individuals from other diagnostic groups. Clinical researchers may be interested in the attempt to operationalize theory and in the attempt to move beyond simplistic analyses of clinical events.
CHAPTER 2

THE BORDERLINE/NARCISSISTIC PERSONALITY

A New Type of Client

In recent years, clinical practitioners in the fields of Social Work, Psychology, and Psychiatry have been confronted increasingly with a type of client who presents a varied symptomatology. These clients have been given a variety of labels, but are most frequently called "borderline" or "narcissistic". Drug addicts, alcoholics, many "character disorders", and some criminals fit into this category. In addition, drifters, people who socialize well but avoid intimacy, and those who pursue self aggrandizement have been included in the borderline or narcissistic categories. Many of these clients complain of existential anxiety, or ennui, and rarely come in with a specific or stable symptom picture.

These clients evidence vague complaints of alienation, lack of goals, lack of satisfaction, loneliness. At the same time, there seems to be pressure for these people to remain "cool", untouched, and detached from their experiences. The apparently severe psychopathology of some of these people is masked by what appears to be surface adjustment. (Grinker et. al., 1968; Kernberg, 1975; Frosch, 1970; Deutsch, 1942; Cleckley, 1959). Many of these patients are characterized by unstable self esteem, contradictory personality characteristics, and problems with intimacy. They complain of identity crises, and seem often on the brink of total disaster. The clinical picture may involve impulsivity, short-term intensity with periods of de-
tachment, manipulative behavior, and somatic complaints.

This pattern does not easily fit into traditional psychiatric diagnostic categories (Knight, 1954). Patients falling into this vague pattern often do not complain about what we can see are symptoms. This means that the very behavior which marks them off as borderline or narcissistic is seen by the individual as a valued, or at least, accepted part of himself or herself. Because these people are in a fair degree of contact with reality, they cannot be classed as psychotic, but their symptom patterns and the quality which they exude does not fit in with neurotic categories either.

The Label, Borderline/Narcissistic

The terminology describing individuals who present the pattern of behavior I have described is vague. For example, all of the following terms have been used to refer to such individuals: "ambulatory schizophrenics" (Zilboorg, 1941), "psychotic characters" (Frosch, 1970), "latent psychotics" (Federn, 1952), "character disorders" (Giovacchini, 1973; Sperling, 1975), "preoedipal disorders" (Spotnitz, 1969), "narcissistic personalities" (Kohut, 1971; M. Stern, 1976), "false-self personalities" (Winnicott, 1960). The labels all refer to a similar category, yet because there are so many labels, the articulation of a specific category for study is difficult.

Recently, the terms "borderline" and "narcissistic" have become the most consistent labels used for these individuals. Yet, even here there is confusion because the literature is not clear as to whether borderline and narcissistic individuals are in separate categories (Kernberg, 1975), or whether they are subtypes of the same category (Bursten, 1977).
Even the term "borderline" is unclear. Linderson and Singer point out that there is a lack of clarity as to which noun "borderline" modifies: borderline state, patient, personality, schizophrenia, condition, syndrome. They describe six features which appear consistently in the literature as diagnostic indicators for the "borderline:"

1. intense affects of depression or hostility
2. impulsive history
3. superficial social adaptation
4. brief psychotic experiences
5. loose thinking in unstructured situations
6. relationships that vacillate between transient superficiality and intense dependency.

To add to the lack of clarity, there is uncertainty in the literature as to whether the borderline/narcissistic category describes a homogeneous group, or whether it contains subtypes. Grinker et. al., for instance, describe four groups of borderlines: (1) the border with psychosis; (2) the "core" borderline; (3) the "as-if" borderline; (4) the border with neurosis. Grinberg (1977, p. 124) identifies two patterns of borderline functioning, the "schizoid," and the "melancholoid". Sperling (1975, p. 262) describes these patients as either "acting-out" or "acting in".

---

1 John G. Linderson and Margaret Thaler Singer, "Defining Borderline Patients: An Overview," American Journal of Psychiatry 132:1-10. This is a particularly good review of the concept of the "Borderline".

2 Roy Grinker, Beatrice Werble, Robert C. Drye, The Borderline Syndrome (New York: Basic Books, 1968). This piece of research is a classic and is one of the starting points for most recent discussions of borderline and narcissistic individuals.
Bursten (1977, p. 100) describes four types of what he calls the "narcissistic personality": (1) the craving personality; (2) the paranoid personality; (3) the manipulative personality; (4) the phallic personality.

**Self/Social Relations**

To understand individuals functioning at this level, one must move beyond diagnostic debates and look at the way in which these individuals function in society. It is the social functioning of these individuals which provides diagnostic clues, rather than vice-versa. Borderline/narcissistic individuals have difficulties with "object-relationships"; in other words, their intra-psychic and social ways of being are problematic. In looking at the borderline/narcissistic personality, one cannot avoid the way in which these individuals manifest problems precisely at the boundaries between the personal and the social.

One must consider both the individual and the individual-in-society (Lichtenberg et al. 1960, 1961, Adorno et al. 1950, Angyal, 1941). Angyal describes a balance between self interest (autonomy) and collective interest (homonomy). Over-focus on autonomy leads to isolation and loss of social being, while over-focus on the collective leads to loss of self through merger. Both autonomy and homonomy are extremes; individuals tend to balance autonomous and homonomous strivings. It is this balance between autonomy and homonomy which seems to be disturbed in the borderline/narcissistic individual.

This concept of a balance between autonomy and homonomy opens up questions about the effects of the social structure on the individual, and vice-versa. Perhaps it is no coincidence that a concern with the personality
traits of transiency, lack of commitment, isolation, alienation, come at a time when many social theorists have pointed out ways in which the social structure alienates and dehumanizes (e.g., Marcuse, 1964, Fromm, 1941). If, as Durkheim pointed out, individual behavior reflects the social structure, and strains in the structure affect weaker members, then does the current concern with narcissism and the borderline personality reflect in personality theory the social theories which explore social forces contributing to violence, totalitarianism, alienation?

C. Wright Mills (1959) states that personal problems are related to the structural problems of a society, and claims that different types of problems emerge at different points in a society's history. Others (Marcuse, 1955, Reisman, et. al., 1950; Adorno et. al., 1950) have explored the type of personality which seems to be developing in Western, technological culture. Marcuse sees the loss of personal space and the infringement of the society into the individual's inner life. Reisman et. al. see the American norm as "other-directed," in which pleasing or influencing others is the focus, and individuals do not really know their own feelings. They contrast this with a former "inner-directed" norm. Adorno et. al. (1950), rather than working from social structure to personality, indicate that one's social/political behavior reflects personality. They describe a personality who is characterized by stereotyping, identification with power, emotional coldness, destructiveness. These traits are seen as related to structural aspects of western society.

The literature points to a dual concern with the implications for personality development of a fast changing, technological, alienating society: (1) violence is liable to occur more readily; (2) the quality of life, even when starvation and disease are reduced, seems empty to the alienated individual. Feldman (1974) has suggested as an example of this that as sex roles have become less distinct, western society has regressed from a Victorian "phallic" stage to a pre-oedipal stage of less distinction. Perhaps sex role is only a manifestation of other forces tending toward de-regulation (in Durkheim's sense). That is, the social structure in transition may blur many former distinctions, leading to a lack of clarity of one's role and expectations for behavior. The borderline/narcissistic personality may reflect the difficulty of maintaining one's sense of meaning in a society's whose values, functions and goals have changed so rapidly even within one generation.

A Continuum of Mental Health

The balance of an individual's self focus and his or her social focus reflects a level of mental health (Angyal, 1941; Lichtenberg, 1960; Giovacchini, 1973). One can look at diagnostic categories as distinct entities (Guze, 1975) with no relationship to each other. Alternatively, one can consider the diagnostic categories as reflecting different levels of the same thing on a continuum (Vaillant, 1971; Carpenter, Gunderson, Strauss, 1977; Lichtenberg, 1960, 1961).

It is possible to place the borderline/narcissistic pattern on a continuum of mental health. Most authors agree that the pattern falls between psychotic and neurotic functioning (Grinker; et. al. 1969;
Carpenter, et. al., 1977; Rinsley, 1977). Some authors recognize that placement on the continuum reflects a particular degree of the unit by which the continuum is described. For instance, Weinberger points out that everyone experiences the primitive processes associated with the borderline/narcissistic pattern, but, "It is the amount and the degree with which they contaminate normal ego functions of secondary process thinking, realistic planning and maintenance of object relationships that is significant"\(^4\) in defining the degree of health.

**Developmental Precursors**

The concept of a continuum can be related to the processes of development; that is, development occurs along a continuum. The developmental continuum describes the child's emergence from a self-absorbed, global existence into a social, articulated individual. It is possible to consider the borderline/narcissistic individual as having never passed a particular developmental stage (Kernberg, 1975; Kohut, 1971, 1977; Masterson, 1976). Many authors pin-point the borderline/narcissistic individual as having difficulties with the separation-individuation


Others who discuss borderline/narcissistic functioning as falling along a continuum include: Ross (1967); Winnicott (1958, 1965); Ferenczi (1913); Wolberg (1973); Modell (1968); Giovacchini (1967); Kernberg (1970, 1975, 1977); Kohut (1971, 1972).
stage of development (Mahler, 1969)\(^5\)

The separation-individuation stage covers a period from about 18-36 months during which the child's self esteem is extremely vulnerable (Mahler, 1969). It is at this stage that the child is moving toward defining himself or herself rather than focusing on the self as reflected in the mother. This leap requires a safe environment which reinforces and sustains the child during the intervals when the internal self image is unclear. Problems of separation also develop when separation-individuation is too speedy; if the process is not gradual, the "badness" of the split object remains like an unassimilated foreign body. Mahler describes the consequences:

In the effort to eject this "bad" introject, derivations of the aggressive drive come into play and there seems to develop an increased proclivity to identify with, or to confuse, the self representation with the "bad" introject. If this situation prevails during the rapprochement sub-phase, then aggression may be unleashed in such a way as to inundate or sweep away the "good" object, and with it the "good" self representation.\(^6\)

Masterson (1976) and Masterson and Rinsley (1975) elaborate upon the failure of separation/individuation at the borderline/narcissistic level. They indicate that the failure to achieve object constancy leads to a "split object relations unit" (1975, p. 57). This split unit consists of a split ego (good and bad) and a split object (rewarding mother, 

\(^5\) Masterson, (1976); Masterson and Rinsley, (1975); Rinsley, (1977); Mahler, (1977).

Masterson (1976) suggests that developmental failure at the separation-individuation stage results in:

1. a split ego
2. a split object relations unit
3. abandonment - engulfment crises
4. unintegrated, unneutralized aggression
5. bi-polar self-esteem and cycles of rage-depression.

The separation-individuation process is seen as having both intrapsychic and social aspects (Masterson, 1976).

The following diagram illustrates two formulations of development, and illustrates the point at which most theorists place the borderline/narcissistic personality.

**Figure 1. Stages of Ego Development**

<table>
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<tr>
<td>(1) undifferentiated self/object images</td>
<td>(1) symbiosis 3-18 months</td>
</tr>
</tbody>
</table>
| (2) good self-good object bad self-bad object | (2) separation-individuation 
(4) sub-stages; 18-36 months) 
(a) body-image differentiation 
(5-8 months) 
(6) practice (8-15 months) 
*(c) rapprochement (15-22 months) 
(d) work toward object constancy (22-36 months) |
| *(3) self image and object image are differentiated within good and bad constellations | |
| (4) integration of good self with bad self and good object with bad object | (3) object constancy (36 months) |

* Refers to the developmental failure of the borderline/narcissistic pattern.
The borderline/narcissistic individual functions at a level which describes relationships between four units: (1) a good self; (2) a good object; (3) a bad self; (4) a bad object. Many of the characteristics of these individuals are related to their inability to coordinate these four units into a coherent whole. This lack of coordination leads to identity diffusion, characteristic defenses, and problems with self-esteem regulation.

A. Identity Diffusion

If the individual has difficulty coordinating good and bad images of both the self and others, it follows that he or she will exhibit difficulty in maintaining a stable, continuous sense of self (Kohut, 1971, 1976). Kohut (1971, 1977) describes the consequences of a lack of a cohesive self, or the existence of a cohesive but immature self in borderline/narcissistic individuals. Kernberg (1975) refers to the lack of an integrated self in these individuals. Tausk (1914) relates the experience of oneself to a balance between narcissism and object interest; he indicates that throughout life there are shifts in focus on the self or on others, and that man is constantly refinding himself.
This lifelong process of growth requires that the individual have the capacity to change yet remain the same. Lichtenstein (1964) indicates that although the individual grows and changes, a primary identity must be maintained. The child must, in Lichtenstein's view, replace maternal mirroring by his own action and reaction patterns, developing thereby, a sense of identity. Federn (1952) indicates that the ego boundaries are always flexible and that there is a balance between self and other emphasis. The situation becomes pathological if there is no stable, invariable core to the ego.

The consensus seems to be that individuals in the borderline/narcissistic range do not have a stable sense of themselves. If a stable identity is achieved, as in Kernberg and Kohut's descriptions of the narcissistic personality, it is rigid, immature, and defensive. For these individuals, ideals, values and aspirations are not based on internally developed standards but are imitated or slavish. Much of the borderline/narcissistic overlay may be related to the use of imitation rather than a stable sense of self and values, as a basis for behavior and self-assessment (Ross, 1967; Cleckley, 1941, 1959; Deutsch, 1942). There are difficulties in developing and maintaining an inner reality and a value base upon which to measure oneself (Winnicott, 1935; Greene, 1977; Jacobs, 1975). Often these individuals lack a sense of where they stand in relation to the environment (Frosch; 1970), and have not adequately developed the capacity to observe themselves (G. Adler, 1975; Jacobson, 1964).
Coincident with the poor sense of identity, many individuals in the borderline/narcissistic range maintain superficial relationships and cannot become intimate. (Gunderson and Singer, 1977; Rosenfeld, 1964; Grinberg, 1977; Hartocollis, 1977; Fairbairn, 1941; Cleckley, 1941; Deutsch, 1942). In intimate situations, the mask of superficial adaptation becomes threatened. This is a result of emotional flooding created by contact with another. (Volkan, 1976). Because self and other are poorly distinguished, contact leads to confusion and either loss of self in the other, or absorption of the other. The primitive concerns of this eat or be eaten perspective become confused with real relationships and desires. (Guntrip, 1968).

Another characteristic associated with the lack of a coherent identity is the transiency of relationships in borderline/narcissistic individuals. Because they crave contact yet fear the loss of themselves in the other (Modell, 1968), these individuals swing back and forth between intensity and indifference (Cary, 1972; Wolberg, 1973). These individuals show volatile affects towards the same object, and thus, can be helpless and clinging at some times, while at others they are distant and aloof (Hartocollis, 1977; Modell, 1968).

Connected with the transient, intense, but superficial relations of these individuals is the notion that borderline/narcissistic individuals tend to experience love as destructive. Not only does intimacy threaten weak, poorly articulated ego boundaries, but it seems to arouse fears of destroying the object with one's impulses (Spotnitz, 1976). Modell (1963) relates this sense of destructive love to the distance which borderline/narcissistic people place between themselves and others, indicating that closeness for these individuals is catastrophic, either because they will
become lost in the other, or because their love will destroy the other. Fairbairn (1940) indicates that these individuals tend to suffer from anxiety over emptying out the object. They may substitute hate for love in order to avoid such damaging contact.

B. Characteristic Defenses

Some of the defenses frequently associated with borderline/narcissistic functioning are: splitting, disordered action, protective distancing, defensive omnipotence.

1. Splitting

Splitting describes some of the consequences of unintegrated self and object images. Splitting refers to internal conditions in which there is a lack of integration between images of bad objects and images of good objects. In addition, good and bad images of the self are not integrated. The person has images of both but cannot put them together into a coherent unit. Instead, a given object, or the self, is perceived as all good or all bad. These individuals cannot tolerate ambivalence or ambiguity, but can only experience one extreme or the other. The actual process of splitting involves holding contradictory affects and perceptions of the same experience or person separate from each other. The borderline/narcissistic individual functions in extremes: he or she is either all good and powerful, or weak and worthless; similarly, others are considered to be either wonderful saviors or horrible persecutors (Schmideberg, 1959; Hartocollis, 1977). Conflicts of an either/or nature thus arise for individuals at the narcissistic/borderline level. They live a kill or be killed, swallow or be swallowed, existence.
2. Disordered Action

Individuals operating at the borderline/narcissistic level do not always differentiate thinking from acting. Action problems for the borderline/narcissistic individual relate to the person's belief in his or her omnipotent ability to control the environment with thoughts. Cleckley (1941) suggests that in some individuals this results in action which is so disorganized, that if looked at longitudinally, it appears bizarre, self destructive, and erratic.

Many of these individuals appear to behave inconsistently. They are also unable to maintain a steady effort (Schmideberg, 1959; Gicvacchini, 1967), but move in fits and starts. This leads to the frequent observation of a borderline/narcissistic individual making promises which are perpetually broken. For example, when borderline/narcissistic people promise to arrive by a given time, at the time they make the promise they sincerely mean to arrive as planned. They may become preoccupied with some "crisis" in the meantime, and not appear as planned. If confronted, these individuals may feel that unfair demands are being placed upon them, or they may make further promises which will again be broken.

There seems to be a lack of initiation of action and a great deal of reaction to the environment. Attempts to initiate are often primitive, and come less from a spontaneous, seeking core, and more from the fear of being alone with one's emptiness (Palumbo, 1977). These individuals do not take responsibility for their actions because they do not "own" the behavior. Many of these individuals experience chronic depersonalization and alienation (Tausk, 1913; Jacobson, 1964; Fairbairn, 1941; Federn, 1952; Bychowski, 1967). Often they give the impression of not really experiencing their own lives, or of not really being in an experience (Hartocollis, 1977).
Expecting them to take responsibility for a behavior which they may no longer experience is clearly futile.

3. Protective Distance

Borderline/narcissistic individuals are not only inconsistent in their behavior, but they are often afraid to experience or to act. Among the actions feared by borderline/narcissistic individuals are those related to anger, and hostility. Borderline/narcissistic individuals are concerned with their own rage or with the rage which they perceive as directed towards them. Through the process of externalization (Giovacchini, 1967b; Chessick, 1972; Brody, 1965), the individual may project his or her own rage and perceive it as coming from outside of the self. Feelings of dependency or intimacy in these individuals are catastrophic because of the dangers of being overwhelmed or of overwhelming; most authors indicate that borderline/narcissistic individuals would perceive this as an act of aggression (Spotnitz, 1969; Mahler, 1971), and dread their own omnipotence and potential to do harm.

The borderline/narcissistic solution to the threat of damaging or being damaged involves the establishment of a protective distance. This distance affects the individual's relation to others, and to the self.

Others are "frozen" (Stern, 1976; Giovacchini, 1967c) to maintain distance. This refers to the tendency of borderline/narcissistic individuals to set up a buffer zone between themselves and the world (Spotnitz, 1969). Others are perceived as neither distinctly inside or outside of the individual, but are perceived by the individual as falling into a gray area between the self and others. This "neither me nor you" relationship has been described as similar to the stage of childhood development.
during which the child uses a transitional object. This stage involves drawing self/other boundaries gradually.

As another way to control aggression and the anxiety about acting upon aggression, the borderline/narcissistic individual can develop a peculiar relationship to time. Atkin (1975) suggests a non-continuity between the person's experience of the past and present self. Stern (1977) indicates a tendency to try to personalize time in order to omnipotently prevent its passage. This protective distance is something like placing relations in suspended animation. This means that the other is frozen, or suspended in time and space. This prevents contact with the individual. The use of distance may be a protection from the overwhelming nature of contact with others; since there is no adequate stimulus barrier (Spotnitz, 1967, 1968, 1976), and since self/other boundaries are diffuse, proximity can lead to overinvolvement with the object. If these individuals release their maintenance of distance for an instant, they often end up intensely involved and lost in another. Giovacchini (1967c), in his discussion of the "frozen" introject, suggests that this defense involves putting others on ice in order to control overwhelming rage reactions. Sperling (1968) refers to this form of object relations as the "fetish" object relation.

4. Omnipotence

The disorganized, yet constricted action of the borderline, reflects

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a reaction to the individual's sense of omnipotence. One result of a reaction to this sense of omnipotence may be a severe constriction of physical movement, or a stiff, self-consciousness. The belief in omnipotence, while frightening, must be maintained in order to avoid the individual's recognition of his or her own feelings of helplessness. The action of stiffness reflects the omnipotent control of the environment and the individual's need to protect others from his or her actions (Spotnitz, 1969).

Omnipotence, the belief in total power and control by either oneself or others, can be related to the confusion of ego boundaries characteristic of the borderline/narcissistic individual. Many writers have noted the tendency for these individuals to include parts of the environment in themselves or to merge with others in the environment (Kernberg, 1975; Green, 1977; Modell, 1968; Jacobson, 1964). The lack of an inner core around which to organize experience leads to the confusions between what is in the self and what is outside. Thus, omnipotence of the self can easily be reversed into persecution by the other. Without a core from which to operate, the individual simply shifts back and forth between a self which includes the world, or a world which captures the self (see especially Mahler, 1969, 1971).

C. Self Esteem Regulation and Bi-Polarity

The borderline/narcissistic individual is unable to maintain a stable sense of self or others over time. Omnipotent thinking and a confusion about whether the self or the other is acting can lead to violent swings of self
evaluation. Many theorists have noted a bi-polarity in borderline/narcissistic functioning. Annie Reich (1960) indicates that there are various forms of pathological self esteem regulation. She describes "compensatory narcissistic self-inflation", which is a defense against disintegration. There are two characteristic of this compensatory narcissistic inflation of the self: a) a great deal of unneutralized aggression exists; b) there is a superego disturbance causing over-dependence on outside approval. She suggests that the superego of the borderline/narcissistic person has either not been fully internalized, or has been re-projected onto external objects.

The oscillation between valuing the self or valuing the object is described by many theorists. Lichtenstein, (1964) Federn, (1952) and Winnicott (1958, 1965) discuss the oscillations in idealizing and aggrandizing. Shifts between dichotomized versions of the self and others (i.e., good and bad self and good and bad object) are described by Zimmer and Shapiro (1975), Masterson (1976), Rinsley (1977), Volkan (1976) and Kohut (1972, 1977). The consensus is that these individuals swing back and forth between good self and object images, identifications or introjects, and bad self and object images, identifications, or introjects.

The borderline/narcissistic individual swings rapidly from idealizing others to aggrandizing the self. Grandiosity refers to the idealized self image. According to Kohut and his co-workers, it also refers to one

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line of narcissism in which the parental mirroring of the child is interacted with so that self esteem and an idea of one's real capabilities develop (Palumbo, 1977). Grandiosity as a characteristic at the borderline/narcissistic level, usually as a defense against helplessness is frequently described (Jones, 1913; Freud, 1914; Rosenfeld, 1964; Masterson, 1976).

Idealization refers to the glorification of others. The other is seen as powerful and perfect. This ideal other can be a special ally, or a terrible persecuter. Idealization can be used as a defense against one's own omnipotence (Spotnitz, 1969); that is, if the other is stronger than the self, one's own terrible omnipotence does not need to be exercised because the situation is already hopeless.

There is some discussion in the literature describing personality types who exemplify one or the other of these trends. They are usually referred to as the "narcissistic personality" and the "as-if personality". The narcissistic personality is often grandiose, arrogant and self-occupied. The as-if personality focuses on externals and molds to those around him or her. Green (1977) presents the interesting idea that the "as-if" personality reflects someone else's narcissism, usually a parent's. Parental narcissism and its effects on the development of the borderline/narcissistic personality have been discussed by Brody (1965), Wolberg (1973), Zimmer and Shapiro (1975). The narcissistic personality seems to reflect its own narcissism in the refusal or inability to move beyond primitive omnipotence; the as-if personality seems to become the image of someone else, and does not seem to move beyond the imitation stage of object relating.
Borderline/narcissistic individuals experience two dominant feelings: (1) rage; (2) depression (Grinker et. al., 1968).

(1) Rage

Strong stimulation cannot be integrated by the immature individual, and he or she requires the help of the maternal environment, which integrates stimuli and provides a buffer for the child or person (Ross, 1967; Palumbo, 1977; Volkan, 1976). The infant cannot adequately release the tension created by stimulation, leading to the overwhelming experience of infantile rage. Spotnitz (1976) describes the lack of a protective barrier as it relates to the build up of intolerable quantities of unreleased tension. Since the rage occurs at such an undifferentiated level, its object, the self or the other, is unclear. The individual may engage in self destructive activities (Guntrip, 1968; Spotnitz, 1969, 1976; A. Reich, 1960). He or she may protect objects (Fairbairn, 1940; Spotnitz, 1969, 1976) through withdrawal (Hartocollis, 1977; Giovachini, 1965) and the establishment of a protective psychic distance (Green, 1977; G. Adler, 1975; Volkan, 1976).

(2) Depression

Depression as a characteristic of borderline/narcissistic functioning has been noted by numerous writers (Green, 1977; Carpenter, Gunderson and Strauss, 1977; Hartocollis, 1977; Wolberg, 1973). Grinker (1968) points out that this is not the depression of mourning for lost objects, but that it is more objectless, consisting of feelings of isolation, emptiness aloneness. Green (1977) refers to this as the "blank psychosis", which he
relates to a "primary depression". The primary depression seems to arise from the feelings of dread, anihilation, and disintegration surrounding early infantile helplessness. These are existence fears: because the individual lacks a stable identity, and because the distinctions between self and others are not clear, from moment to moment, the individual's sense of existence, of who they are, may shift.

Narcissism

The concept of narcissism is intimately related to borderline/narcissistic dynamics (Stern, 1939; Jones, 1913; Modell, 1968, 1963; Fintzy, 1971; Rinsley, 1977). As Pulver (1970) points out, there are at least four distinct uses of the concept in psychoanalytic literature: 1) in the past, it referred to a sexual perversion, but this is not really a current usage; 2) the term is used to describe object relations, both in terms of object choice, and in terms of the mode of relating; 3) it is used to describe a stage of development between autoeroticism and object love; 4) the term also refers to self esteem regulation. Pulver concludes that narcissism is a concept which covers three types of analysis: instinctual, dynamic, and structural.10 Eisnitz (1974) adds that narcissism is a process which occurs in varying degrees, depending on the level of differentiation which a person has achieved in object choice. He indicates that there is narcissistic conflict in normal, everyday life, and that the existence of narcissistic conflict does not necessarily imply

10 Sidney Pulver, "Narcissism, the Term and the Concept", Journal of the American Psychoanalytic Association, 18: 319-341.
pathology; the way in which the conflict expresses itself becomes the important factor in determining relative health or pathology. Narcissistic conflict refers to the fears, vulnerabilities, and feelings of shame, related to an individual's perception of himself or herself. The relation of this perception to expectations, past events, moral standards, and the like becomes uncomfortable even in healthy individuals. However, the way in which the individual responds to narcissistic injury or vulnerability differs according to the level of differentiation in object relations.

The confusion about narcissism as a state which continues throughout life versus a stage of object development comes out in Freud's formulations. Nevertheless, the point is made that narcissism has something to do with focusing on oneself. In addition, Freud's formulation makes it clear that there is some kind of balance between focusing on oneself and others, and that the quality of the focus, not its direction, determines whether the attention is narcissistic.

Most authors relate the borderline constellation to narcissism (see for example, Stern, 1939; Modell, 1968; Fintzy, 1971; Rinsley, 1977), but there is less clarity about whether the narcissistic personality, with a main characteristic of narcissism, is borderline, or constitutes a separate category. Kernberg (1975) indicates that borderline and narcissistic personalities have similar defenses and dynamics. He sees the differences between them to be in the degree of integration. Kernberg sees the borderline as fragmented, while the narcissistic personality has an integrated, but pathological self. Kohut (1971, 1977) suggests a qualitative difference

11 See appendix C for a more detailed account of Freud's comments on narcissism.
between borderline and narcissistic personalities. He suggests that the borderline is more fragmented, while the narcissistic personality manifests an immature, yet cohesive self image and object image.

In the literature describing borderline/narcissistic conditions, narcissism is discussed as a process as well as a direction taken by psychic energy. This is manifested in discussions of normal narcissistic shifts (Tausk, 1919; Freud, 1914; de Saussure, 1971; Kohut, 1971; Eisnitz, 1974), in which a continuous, oscillating process of self and object focus is suggested. These shifts in focus relate to the discussions in the literature about self esteem regulation. Freud (1914) pointed out that in focusing on another, one can become depleted and suggested that the solution lay in being re-filled by something from the other. Clearly, borderline/narcissistic individuals are unable to give or to take and this may be a result of the fear of losing something (a part of themselves), or stealing from the other. If a balance is not maintained, the individual perceives a narcissistic attack (Fox, 1974; Goldberg, 1973).

**Qualitative Issues**

In the literature, despite differences in theoretical formulations, there is some agreement that one of the distinguishing characteristics of the borderline/narcissistic pattern is a qualitative "feel" about these individuals (de Saussure, 1971; Kernberg, 1975; Fairbairn, 1941). As Schmideberg points out: "It is not just quantitatively halfway between the neuroses and psychoses; the blending and combination of these modes
of reaction produce something qualitatively different.\textsuperscript{12} Schwartz (1974) indicates that in narcissistic disorders a particular quality emerges from the disturbance in object relations.

This qualitative aspect underlies formulations which make use of the concept of transference as a diagnostic tool (Palumbo, 1977; Kohut, 1971; Volkan, 1976), and those which focus on countertransference reactions (Green, 1977; G. Adler, 1975; Grinberg, 1977). For my purposes here, transference will be considered as the relationship between a patient and therapist, especially as that relationship reflects early emotional and cognitive patterns. Counter-transference will be considered as the therapist's reactions to the relationship with the patient.

Kohut has suggested that the only way to assess narcissistic problems is in the type of transference which develops; a "psychotic transference" reflecting primitive object relations may appear in individuals who at first appear to be presenting neurotic conflicts (Volkan, 1976). This would be a clue to underlying problems of a narcissistic nature. Spotnitz (1969) goes further by indicating that diagnosis can be based on counter-transference.

Counter-transference reactions to the patient may be quite severe (Kernberg, 1975). Spotnitz, (1969) indicates that there are two types of counter-transference reactions: a) subjective, coming from the therapist's own history and conflicts; b) objective, referring to feelings

and states induced by the patient. Spotnitz indicates that blurred self/other boundaries lead to a process by which the patient induces feelings in the therapist; in severe cases, it is difficult to tell who is feeling whose feelings in a session. The idea of the individual inducing his own feeling state in others, or creating an emotional environment based on his or her internal object relations (Giovachini, 1976; Chessick, 1972; Brody, 1965; Wolberg, 1973) implies that those coming into contact with borderline/narcissistic individuals will be subjected to intense, confusing, undifferentiated affects.

Winnicott (1958), indicates that the therapist may be induced to hate the patient, and suggests that this hatred must be recognized in order to help the individual and the therapist to differentiate between the self and the other. Spotnitz, (1969) indicates that the induced feelings must be differentiated from the subjective feelings, and that interventions based on induced feelings will tend to match the current emotional needs of the individual. All of this points to the interesting proposition that not only is the borderline/narcissistic person relatively undifferentiated, but that he or she reflects this in the quality of interpersonal interactions; an additional result is that an individual interacting with those functioning on a borderline/narcissistic level often ends up experiencing a challenge to his or her own differentiation.

This qualitative issue of "oddness", and the sense of wordless discomfort experienced by those around borderline/narcissistic individuals makes the observation of their superficial social adaptation an interesting one. Cleckley, (1964) describes the discrepancy between surface adaptation
and the qualitative "feel" of these individuals:

The observer is confronted with a convincing mask of
sanity. All the outward features of this mask are
intact... only very slowly... does the conviction come
upon us that... we are dealing here not with a com­
plete man at all, but with something that suggests
a subtly constructed reflex machine which can mimic
the human personality perfectly.13

Many of these individuals respond to external demands (Ross,
1967; Deutsch, 1942; Winnicott, 1965), and have no stable value base,
but, chameleon-like, alter themselves to fit the environment. Grinker
(1968) describes this as an "adaptive overlay". Frosch, (1970),
differing with this perspective, indicates that these are disturbances
in adaptation because the individual cannot properly see himself or
herself in the environment. Giovacchini (1976) also notes the individual's
primitive level of self observation. There is, then, an insufficiency
in the individual's focus on both himself or herself and on the en­
vironment. Although these individuals can adapt, they are deficient
or immature in their attention to the self in an environment with
which they interact (Lichtenberg, 1960), and there is a consequent
quality of emptiness in their relationships.

Summary

In this chapter, I have introduced the concept of the borderline/
narcissistic personality, and I have reviewed related issues and formula-

13 Hervey Cleckley, Mask of Sanity, 4th ed. (St. Louis: C.U. Mosley,
1964), pp. 405-406.
tions in the literature.

The borderline/narcissistic individual emerges as an individual whose interpersonal relationships are poor, and whose behavior is inconsistent. Borderline/narcissistic characteristics have been tied to developmental failures. Major characteristics and defenses have been described. Among them are:

- Omnipotence
- Splitting
- Bi-Polarity
- Identity Diffusion

A more detailed review of some of the major theoretical formulations is contained in appendix C.

Chapter two presents a theoretical formulation based upon the concepts reviewed in this first chapter.
CHAPTER 3

TOWARDS A THEORY OF THE BORDERLINE/NARCISSISTIC PERSONALITY

The Unit of Study

Borderline/narcissistic individuals embody fundamental difficulties at the interface between the individual and the society. They are unable to maintain a clear picture of themselves while focusing outside on the social environment, and they are unable to maintain a clear picture of others while focusing on themselves. Frequently, attention becomes focused exclusively on the self or on the others in the social environment, and the individual tends to shift back and forth between a world that swallows the self and one in which the self defines the world. Conceptualizing the borderline/narcissistic personality requires a notion which considers simultaneously: (1) the degree to which the individual's focus is exclusive or inclusive of the self and others; (2) the amount of differentiation the individual recognizes between the self and others; (3) the degree to which both the self and others are coordinated.

The unit of study is the person-in-interaction. The individual's mental health functioning is assumed to be reflected in the degree to which the self/social unit is balanced. Balancing of the self/social unit requires both the differentiation of the self from others and the integration of these differentiated parts into a coherent whole. I have developed
the concept of a self/social continuum or self/social matrix as the unit which describes these interacting elements. The self/social continuum describes five levels of differentiation/integration. The continuum is actually three dimensional in that it reflects not only the degree of differentiation, but also includes: (1) the exclusivity or inclusivity of the self/social balance; (2) the coordination of these two elements.

The concept of a self/social continuum can be useful in understanding: 1) normal development from a global, inner-experiential state, to progressively more complex organization, differentiation, integration, and social experience, and 2) the maturational failure characteristic of the borderline/narcissistic level of functioning. The continuum which I am suggesting implies that an individual begins as a diffuse conglomeration of potentialities which, through interaction with a "good enough" environment, successively develops into an organized, coherent, and differentiated personality. Maturational failure refers to the unresolved or partially resolved developmental issues which the individual carries with him or her through future development, and which distort and color that future development.

The same basic issues arise at all levels along the self/social continuum, but the issues are played out differently depending on an individual's functioning as described by different levels of the continuum. The continuum ranges from a level of functioning in which the person is undifferentiated, exclusive and diffuse to that in which he is highly integrated, inclusive, and coordinated. Levels on the continuum reflect the degree to which an individual is able to include both himself and others in an experience, in a coordinated fashion. Excessive focus on either the self or the other leads to distortion of the unit.
For example, at a high level of differentiation and inclusiveness, an individual might feel ambitious and competitive, but this would balance with an understanding of the other and a clear articulation of each individual. At a less distinct, more exclusive level on the continuum, grandiose day dreaming or resentment at the superiority of others might result from feelings of ambition and competitiveness.

Embeddedness in the self/social matrix at an undifferentiated level would mean that an individual focuses rather exclusively on either the self or others, in a manner which leads to a confusion of the self/other distinction. Exclusiveness means that in the focus on the self, the other is neglected in that the other is assumed to be part of the self, or, conversely, the self is merged with the other. Inclusiveness, on the other hand would mean that both the self and the other were seen as separate and distinct, and that characteristics of each could be relatively accurately recognized.

Individuals tend to function within a characteristic range along the self/social continuum. Each range covers a distinct qualitative and quantitative area. The bands on the continuum cover a range of functioning which roughly correspond to diagnostic categories. The same psychological issues arise at all levels on the continuum, but the degree of differentiation/integration will determine the quality of the expression.
The self/social continuum can be diagrammed as follows:

The baseline represents an ideal state. This state is one in which attention to both the self and the other is mutual and at the highest possible level of differentiation/integration. As one moves away from the baseline, the self/social matrix becomes less and less differentiated. The numbers from five to one represent successive levels of differentiation, and less and less coordinated (integrated). The numbers from five to one represent successive levels of differentiation. The number "one" depicts the lowest level of differentiation, referring to global, uncoordinated processes, while the number "five" refers to a high degree of articulation and coordination.
The self/social continuum reflecting a high level of differentiation and inclusiveness can be diagramed as follows:

Figure 3. Example of Inclusiveness

Clearly, the distance between the self and the other is not great, making it possible for both to be included in a coordinated fashion within the experience. This results in the capacity to be intimate without losing one's identity. The following diagram of borderline functioning should illustrate the split in focus reflected in the greater distance between the self and the other.

Figure 4. Example of Borderline/Narcissistic Functioning
Because the distance between the self and the other is so great, the self/social unit is distorted. The borderline/narcissistic individual maintains the split, casting experience in an either/or light. He or she fails to recognize the location of the self or the other. Instead, there is a confusion as to who is who, and a lack of clarity as to whether the other has been merged with the self, or whether the self has been lost in the other.

To the degree that the individual focuses in one direction, and at a particular level of differentiation, at some point this will be counter-balanced with a corresponding level of differentiation in the opposite direction. The balancing process may not always be overt. That is, if one is dealing with, say a stabilized narcissistic personality, the extreme emphasis upon the self may be simultaneous with a strong overt denial of the other's importance; however, on a covert level, the need to defend against the other's importance, to maintain grandiosity, shows the dependence upon and attention to the other. Likewise, the chameleon-like behavior of the as-if personality may contain covert ideas of the grandiose ability to change at will and to totally control one's self and the environment.

It can be seen that bands on both sides of the diagram have been established. There are degrees of self emphasis and of other emphasis. I am suggesting that within a given level of functioning on the continuum, the individual will tend to fluctuate back and forth between self emphasis and other emphasis. However the individual will tend to cluster around a particular level, which reflects his or her typical level of functioning. The following diagrams may illustrate my point:
Figure 5 describes a normal individual, who tends to oscillate between levels four and five. Note that there are some instances which are more severe in that they extend into level three, but that the typical pattern for this individual falls clearly within a certain range on the diagrammed continuum.

Figure 5. Normal Functioning on the Self/Social Continuum
Figure 6 describes psychotic functioning. This individual shows extreme self or other preoccupation. The distance from the baseline of self/social balance leads to a lack of coordination between the self and the other.

Figure 6. Psychotic Functioning on the Self/Social Continuum
Figure 7. Neurotic Functioning on the Self/Social Continuum

Figure 8. Borderline/Narcissistic Functioning on the Self/Social Continuum
On each level of the continuum there may be two tendencies or configurations possible, one focusing primarily on the self, and the other focusing primarily on the other. For instance, Sperling's work (1968; 1975) indicates that acting out disorders and psychosomatic disorders are different expressions of an action disorder at the same level of differentiation; one expresses action externally while the other expresses it internally. The as-if and narcissistic personalities can be considered as parallel forms. As-if individuals are characterized by a particular degree of idealizing directed towards the other while narcissistic personalities may exhibit the same level of idealizing directed toward the self. These bi-polar patterns indicate that there is a covert balancing of overt behavior. For instance, a strong overt focus on the self may involve a covert concern with competing with others or pleasing others.

**Measuring the Self/Social Matrix**

The self/social continuum was developed to aid in understanding borderline/narcissistic diagnosis. This assumes that the borderline/narcissistic configuration is a qualitative entity falling within a quantitative range on a continuum. To determine the individual's location on the self/social continuum, it is necessary to measure the relevant elements of the self/social unit. The measuring scheme which has been developed includes two axes, each of which includes several
dimensions. Measurement of the self/social matrix includes the following:

Table 1. The Two Axes of the Self/Social Matrix

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>(1) Self/Social Inclusiveness/Exclusiveness Axis</th>
<th>(2) Differentiation/Integration Axis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(A) Direction (self or other of Focus)</td>
<td>(A) differentiation</td>
</tr>
<tr>
<td></td>
<td>(B) Positive or Negative Focus</td>
<td>(B) attribution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(C) distance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(D) appropriateness</td>
</tr>
</tbody>
</table>

These measures are designed to reflect the three major elements of the self/social unit: (a) degree of differentiation of self and other; (b) degree of inclusiveness or exclusiveness of attention; (c) degree of coordination and integration.

The self/social emphasis axis explores whether the focus is upon the self or upon the other, and whether the emphasis is of a valuing or a devaluing nature.

The differentiation dimension refers to the ability to distinguish one's own separateness and the separateness of others, and to recognize and tolerate separateness from others, even in intimate relationships. Integration refers to the ability to organize various differentiated feelings, perceptions, and thoughts into a coherent whole, and to organize oneself in relation to others. The degree of differentiation/integration in an individual's relationship to both himself and the social environment is one way to distinguish an individual's range of func-
tioning within the self/social continuum.

The attribution dimension is an attempt to examine how much the individual "owns" or takes responsibility for his or her own behavior, and allows or assigns to others their responsibilities. The scale reflects who the individual sees as the agent in transactions of which he or she is a part. The attribution dimension also looks at how realistically the individual assigns responsibility for events and feelings.

The distance dimension refers to the amount of contact the individual allows, as well as the way in which distance is regulated. Distance regulation is an important borderline/narcissistic issue, and reflects the degree to which boundaries between the self and other are clear. The distance dimension also reflects the degree of withdrawal or intrusion, both results of a discontinuous sense of identity when extreme.

Appropriateness refers to the coordination between thoughts and feelings and the degree to which the thoughts and feelings are coordinated with reality. The intensity of the response in a given situation, as well as the degree of the individual's ability to organize his or her own responses are included in the appropriateness dimension. The fit between the situation and the individual's responses are explored. This dimension may point to some of the individual's characteristic defenses.

Measuring the direction and valence of the emphasis, in conjunction with the differentiation measure, reflects inclusiveness/exclusiveness of attention. This refers to the degree to which the individual takes both self and other into account. The concern is with how far the individual deviates from reciprocity of attention, and how strong the emphasis is upon either the self or the other. Exclusiveness in the extreme can be defined as a lack of differentiation of self and other, causing attention
to be focused on only one party in the interaction. The ideal case of inclusiveness can be seen as a state of affairs in which both self and other are differentiated, and this differentiation includes, and does not preclude, a binding of self and other.

**Applications to the Borderline/Narcissistic Personality**

The continuum outlined above provides a useful way to organize and describe the following aspects of borderline/narcissistic functioning:

1. omnipotence
2. narcissism
3. rage/depression
4. continuity

Omnipotence refers to power and to a process called idealizing. Idealizing, in the context of the self/social matrix, would either be self idealizing (grandiosity, aggrandizing), or other idealizing (idealization). Omnipotence is often a defense or a correlate of feelings of worthlessness so that an added dimension of omnipotence could be devaluation of the self and devaluation of the other. The components of omnipotence include a grandiose self and a worthless self, a perfect object and a degraded object.

Idealizing and aggrandizing refer to both direction of focus and to the positive or negative nature of the emphasis. During development, the infant experiences both devaluation of the self and of the object, and valuing of the self and the object. At first, the infant tends to experience extremes: that is, the self/social matrix at a given time is experienced as either homogeneously good (good self and good object), or
homogeneously bad (bad self and bad object). Gradually, as the distinction between the self and the other develops, at any given time, either the self or the object is seen as all good or all bad. Over time, the ability to recognize that the same person who is "good" can sometimes be "bad", and yet remain the same person, develops. Likewise, the individual slowly learns that the good self and the bad self are both the same self, and this is the beginning of a coherent, realistic identity.

The ambiguity of simultaneous love and hate, and the ability to accept the object with its good and bad qualities is a major achievement, and one with which the borderline/narcissistic individual has difficulty. In the relative undifferentiation of borderline/narcissistic individuals, the extremes are maintained; for example, the individual may not like one characteristic of another person, and therefore may totally reject that person because an ideal other cannot be perceived if there is such a flaw.

Omnipotence occurs on all levels of differentiation, but resolves itself differently. Omnipotence relates intimately to narcissism; it refers to the belief in one's own, or the other's total power and control. In differentiated states, omnipotence is translated into what could be called "healthy narcissism." That is, primitive omnipotence fantasies, fears of being overwhelmed, and crises of existence exist, but are not directly manifested in primitive form; these issues are integrated with realistic assessments and with the individual's goals. Thus, the processes associated with narcissism occur on all levels of the continuum, but the expression of these processes varies with the individual's overall level of differentiation. Many authors recognize a positive, life preserving aspect of narcissism; it is not the existence of these processes, but the manner in which they reach expression which distinguishes relative
health or pathology. In highly developed individuals, omnipotent fantasies and idealizing are coordinated within a highly developed self/social matrix, so that their expression can lead to the productivity and striving to become better which is associated with healthier expressions of narcissism. In borderline/narcissistic individuals, the uncoordinated self and other images, and the lack of distinction between the self and the other lead to a more global, confused response. When differentiation is poor, the relationship between current events and the omnipotent reactions is unclear; instead, responses to current situations seem to emanate from a frozen self/other matrix in which primitive reactions remain forever encased.

Preoccupation with one's own omnipotence, if it occurs at a low level of differentiation/integration, leads to preoccupation with the omnipotence of others; the individual either attempts to overwhelm others, who, after all, would only overwhelm him or her if they were not beaten first, or the individual feels overwhelmed by the omnipotence which, because of poor self/other boundaries, he or she has projected onto others. Narcissistic rage, and the empty depression so often noted in borderline/narcissistic individuals seem to be intimately related to narcissism as a process reflecting omnipotent thinking.

Narcissistic rage and empty depression are related and are both overwhelming affects, which trigger narcissistic responses. Narcissistic rage is a reaction to the early over-stimulating, inconsistent environment. Breaches in continuity and in self esteem refer back to the early environmental discontinuity, and the individual might react in a combatative or a withdrawing manner. The empty depression refers to the state of the child during the early breaches in environmental continuity, and reflects
the child's state during periods when protection from over-stimulation was inadequate. Between the child's episodes of hatred and despair in the inconsistent environment, there is the experience of not existing. That is, the individual only feels alive in reaction to the environment, and is "dead" if there is nothing to react to.

Empty depression refers to the borderline/narcissistic individual's sense of not being alive. This in turn, relates to the lack of a stable identity in these individuals. I am hypothesizing that the borderline/narcissistic individual oscillates between feelings of non-existence, including wishes to anihilate the self and others, and feelings of being full and containing the world. Many borderline/narcissistic individuals only feel alive when they are operating out of these extremes, and dread the empty period between episodes. These episodes can be looked upon as primitive attempts to organize activity; however, since there is no center for organization, the individual can only wait to be brought to life by external stimulation of primitive response patterns.

The borderline/narcissistic individual cannot organize activity, and is "dead" in between outbursts of activity as a result of the failure to develop an inner core of cohesiveness and integration. This individual appears inconsistent and can seem to be two totally different people at different points of observation.

Continuity, the sense of existence over time is not developed in the borderline/narcissistic individual. The individual's world is a series of discrete incidents which are not connected by internal feeling states. These individuals do not even recognize themselves, sometimes, from one incident to the next. It is probably because in one incident the other is part of them and in another they merge into the other. Therefore, if the
sense of continuity is not achieved, a stable identity cannot be main-
tained. Although the literature sometimes considers the narcissistic
personality as maintaining a stable self, I would suggest that it is more
likely that the individual swings between relatively rigid reaction
patterns, and there is sufficient discontinuity to his or her experience
to warrant inclusion in the range described by an empty depression.

The failure to achieve continuity affects the individual's sense of
time. Time may be distorted by the borderline/narcissistic personality
as a result of the inability to distinguish past and present, and reality
from projection. Failure to distinguish what has happened, or is happening
from what one wishes or fears may occur in the borderline/narcissistic
individual, as a reflection of poor differentiation and integration. Al-
though these people do not completely blend inner and outer processes, as
in psychosis, they are able to induce in others the feelings related to
their early environmental experiences. In addition, the stereotyped modes
of dealing with the world, and the recreation of the early environment,
related to the process of externalization, lead to responses which are not
appropriate to the present environment and circumstances.

I have tentatively labelled this time distortion as the "inductive
present", since often borderline/narcissistic individuals appear to exist
in a perpetual present which is paradoxically determined. Placed in a new
situation, the borderline/narcissistic individual often pretended at con-
tinuity by finding a way to relate to the situation as if it had been going
on since time immemorial. Observers are often shocked to find that when
one of these people states that someone is a "best" friend, the two have
only known each other a short time. The borderline/narcissistic personality
lives as if the present had always been the state of affairs, which it
has, in the sense that the present for these people, consists of constant repetitions of the past. Thus, while there is often a conscious denial of the past, and an impression of frequent fresh starts, because the individual continues to relate to the world in old ways and to manipulate the world into reproducing the old environment, there are, paradoxically, no new experiences.

This quality of freezing things, or suspending them in a controlled present relates to the way in which the borderline/narcissistic individual maintains distance. The distance between people refers to the amount of intimacy which can be tolerated and which is appropriate to a given situation. Borderline/narcissistic individuals have severe problems with intimacy, and tend to either cling or to establish too much distance from others. This reflects the relative position of self or other emphasis, which in turn relates to the abandonment/engulfment crises of the separation/individuation stage. Because of poor boundary definition, borderline/narcissistic individuals can become over-stimulated by contact with others, and either swallow the other into the ego field, or fear that they will lose themselves in the other.

The borderline/narcissistic individual cannot coordinate the self with others, nor can he or she coordinate the various aspects of himself or herself. The poor differentiation/integration, as well as the exclusive emphasis characteristic of the borderline/narcissistic level leads to almost separate existences of the individual's sense of self at different times. That is, when focusing on the self in a relatively undifferentiated way the individual may "own" a particular set of feelings and thoughts, but these will be disowned when the focus shifts to the other.
Hypotheses

Based on the formulation outlined here, the following hypotheses have been developed:

1. There is a continuum of mental health functioning and individuals can be located on the continuum on the basis of the degree of differentiation/integration they exhibit along with the exclusiveness or inclusiveness of focus on the self or the other.

2. There are distinct areas on the continuum which are correlated with diagnostic categories; in particular, an area on the continuum which contains borderline/narcissistic individuals can be identified.

3. The continuum is characterized by a bi-polar process of self/social focus. Healthy states reflect a balance of self/social emphasis; as differentiation and coordination decrease, the self/social focus becomes more unbalanced, with the self and other segregated and uncoordinated.

Summary

I have presented in this chapter the theoretical concepts which underlie the method to be described in Chapter Four. I have introduced the self/social continuum and described three elements of interest: (a) degree of differentiation; (b) degree of integration; (c) degree of inclusiveness of attention. Scales which attempt to reflect these elements have been introduced. Hypotheses based on my formulation have been suggested. Chapter four will describe the method of testing these hypotheses.
CHAPTER 4

METHODOLOGY

Introduction

The present study is a response to the need for more systematic knowledge of persons who have been described as borderline/narcissistic. I have suggested, in the last chapter, that borderline/narcissistic persons occupy a particular range on the total continuum of self/other differentiation. In the present chapter, the research design and measurement instruments for exploring this hypothesis will be described.

Hypotheses

Based on a review of the literature and upon the theoretical formulations which I have developed, the following hypotheses emerge:

1) There is a continuum of mental health functioning. Individuals can be located on the continuum on the basis of the degree of differentiation/integration they exhibit along with the exclusiveness or inclusiveness of focus on the self or the other.

2) There are distinct areas on the continuum which are associated with diagnostic categories. In particular, an area on the continuum containing borderline/narcissistic individuals can be identified.
3) The continuum is characterized by a bi-polar process of self/social focus. Healthy states reflect a balance of self/social emphasis; as differentiation and coordination decrease, the self/social focus becomes more extreme.

Borderline/narcissistic individuals can be discriminated from other individuals. They will manifest a particular level of functioning on a self/social continuum which is characterized by relatively poor self/other differentiation, and a tendency to over-focus on either the self or the other. It is assumed that oscillation between the self and other poles will appear, and that the following characteristics of the oscillation may emerge:

a) The individual may focus on either the self, or the other pole.

b) In cases in which the poles are severely segregated and extreme, the oscillation is more extreme. The suggestion here is that static diagnosis may miss the oscillation and measure only one extreme.

c) There may be a relationship between the pattern of self/other focus and the level of differentiation.

The Sample

There are thirty-six cases. Subjects are individuals receiving outpatient counseling or therapy. The aim has been to have a large proportion of borderline/narcissistic clients along with a number of neurotic clients for comparison. The whole range of mental health functioning from psychotic to normal is represented. Because of the settings, it has been assumed that more borderline and neurotic cases would be in the sample. Three
agencies and three private therapists have provided subjects. Geography, type of setting, and therapist technique have not been controlled. The reason for this is that I have made the assumption that the theory refers to individuals and holds true regardless of these external factors. Similarly, age and sex have not been controlled. Clients ranged in age from eight to sixty. There are eighteen females and eighteen males.

Data Source

For each subject there is at least one taped therapy session.

Taped interviews have been chosen in an attempt to remain as unobtrusive as possible. Interviews and paper and pencil tests have been rejected in favor of observing subjects in behavior which would occur independently of the research. That is, the therapy sessions would have occurred whether or not this research were taking place.

All thirty-six subjects have at least one tape. On twenty-two subjects, there are two tapes available. On eleven subjects there are three tapes. Three subjects have four or five tapes.

Variance could be deflated in cases in which only one tape is available. To reduce this problem, the individual's average scores in the rating categories will be used in the analysis.

Most of the taped sessions are consecutive, and cover a time span of under six months. In a few cases, the tapes cover an extended period of time. In most cases, then, a relatively stable picture of the individual within a limited time period is available. In the few cases with tapes covering a long period of time, I have looked for changes in the ratings over time.
Development of the Rating Schemes

The rating schemes being used in this project embody an attempt to quantify some of the theoretical issues, and to define the qualities associated with borderline/narcissistic functioning in a way which can be consistently measured. The purpose of the rating schemes is to provide a quantification of theory so that the theoretical assertions can be tested. The Rating Manual, described later in this chapter contains the measurement tools which the research utilizes. The rating schemes as they appear in the Rating Manual are intended to embody the theory of borderline/narcissistic functioning. The measures have evolved through the following process:

1) A literature review identified major issues of borderline/narcissistic theory.

2) A concise theoretical formulation was developed.

3) Based on the theory, major dimensions defining borderline/narcissistic functioning were identified; these tentative categories were used as I listened to tapes of therapy sessions.

4) Based on the fit between the actual sessions, the categories, and the theory, a draft of the rating schemes was developed. This was applied and refined until the present form was decided upon.
The full description of the scales and their use can be found in the Rating Manual. The following is a summary of the rating schemes used in the research:

1. **Direction Valence** - The emphasis on either the self or the other, and the positive or negative nature of the emphasis.
   
   - G₁ emphasis on self, positive
   - G₂ emphasis on self, negative
   - I₁ emphasis on other, positive
   - I₂ emphasis on other, negative
   - EE equal emphasis

2. **Differentiation** - The degree of self other distinction and the degree to which self and other are coordinated.
   
   - 5 differentiated
   - 4 considerably differentiated
   - 3 moderately differentiated
   - 2 weakly differentiation
   - 1 poorly differentiated

3. **Attribution** - The degree to which the individual recognizes self or other responsibility in a situation.
   
   - 5 differentiated
   - 4 considerably differentiated
   - 3 moderately differentiated
   - 2 weakly differentiated
   - 1 poorly differentiated

---

1 The attribution and differentiation dimensions use the same terms. This may be confusing and unclear. The scales described here are the actual ones used by raters. Future refinements should include a revision of the terminology to increase clarity.
4. **Distance** - The degree to which self/other boundaries are set and coordinated with the demands of the situation.

- 5 well regulated
- 4 considerably regulated
- 3 moderately regulated
- 2 weakly regulated
- 1 poorly regulated

5. **Appropriateness** - The degree to which cognitive and emotional responses fit and are called for by the situation.

- 5 highly appropriate
- 4 considerably appropriate
- 3 moderately appropriate
- 2 weakly appropriate
- 1 poorly appropriate

The following expectations reflect the attempt to embody theoretical issues into the rating schemes.

1) It is expected that discontinuity will be reflected in a severe segregation of the self or other emphasis, (i.e., there will be extreme ratings of a self-focus or other focus,) reflecting the process of "splitting", which is almost universally seen as applicable to borderline/narcissistic conditions.

2) The notion of omnipotence is reflected in the degree of self or other emphasis.

3) Rage/depression, another borderline phenomenon, is not directly measured, but I am assuming that the distance and appropriateness scales will adequately reflect the phenomenon. I expect that at the borderline/narcissistic
level, people become increasingly inappropriate and have extreme swings between contrary emotions. There may, on the contrary, be an affective emptiness as well at this level. The distance and appropriateness scales may reflect volatility or blankness, both characteristics of rage/depression at the borderline/narcissistic level.

The rating schemes were developed with the idea that a similar score on all of the scales reflects a particular level on the continuum. For instance, level two on the attribution scale is constructed so as to reflect a level of functioning similar to that measured by level two on the distance scale, and so on. I expect that level two is clearly borderline, but that some individuals on the lower end of the level three range may exhibit borderline characteristics; in addition, some individuals may hover between the level one and level two range, and these, too are probably borderline/narcissistic personalities.

**Rating Procedures**

The tapes have been rated by four judges on the basis of the rating schemes which I have developed. Seven of the thirty-six cases have been used in a reliability study. The reliability study involves two or more judges listening to the same tapes on each of the seven subjects. The purposes are to see if raters are measuring the same units, or episodes, and to see how reliable the scales are.

Raters have also been asked to provide a rough diagnostic impression based on the tapes on a subject. Independent clinicians have provided diagnostic assessments of the subjects based on hearing one tape on the subject. The diagnoses have been compared. The scores on the rating schemes have also been compared to the independent diagnostic impressions.
The rating unit is called an "episode". Instructions for episode selection are found in the manual section of this chapter. I decided to leave episode selection somewhat ambiguous, rather than to divide up the tapes into timed segments or into other artificial divisions. The reason for this was that I was attempting to maintain the clinical picture. Since an interaction or series of interactions often forms a gestalt, it seems advantageous to let the gestalt be the unit to be rated. In addition, if the rating unit does not make sense to the raters, based on their perceptions of the phenomenon, the ratings would lose their tie to the actual events.

This method reduces reliability. However, I am working with average scores, and expect that over several episodes, variation in what individual raters define as an episode will balance out, and that the mean ratings for a subject will be similar among raters. This is tested with the seven reliability subjects.

In order to both keep the clinical picture sharp and to have material with which to resolve major differences in ratings for the same subject, I asked each rater to briefly describe the content of the episode they were rating. This also makes it possible to see how each rater defines his or her task, and to see if differences in episode perception affect the application of the rating schemes.

**The Rating Manual**

The actual manual from which the raters worked when listening to tapes follows. The manual contains three sections:

1. Introduction and theory²

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² The reader may find this section repetitious. It has been included to illustrate how the theory was used in training the raters. While the theory in Chapter 3 refers specifically to borderline/narcissistic individuals, the manual describes the theory of the entire self/social continuum.
The manual illustrates the concrete application of the theory described in chapter three.

The reader will note that the manual stresses the entire continuum of self/social differentiation rather than the borderline/narcissistic range alone. Raters were asked to rate subjects all along the self/social continuum for two reasons: (1) to identify subjects who do not fit in the borderline/narcissistic category; 2) to avoid a "self-fulfilling prophecy"; i.e., to avoid the trap of having all subjects rated at the borderline/narcissistic level simply because this is the level most discussed. The manual represents an attempt to describe all levels on a continuum of differentiation.

SECTION 1.

INTRODUCTION AND THEORY

a. Introduction

In this research, I am attempting to differentiate levels of functioning along a continuum, which I have defined as the self/social matrix. The research assumes that placement along the continuum is a means of differentiating diagnostic groups. Based on the rating schemes described in section 2 of this manual, qualities of functioning with reference to a continuum of differentiation can be defined. It may be that the manifest symptom picture alone is not sufficient to diagnose an individual. In the present research, neurotic, borderline, and psychotic levels of functioning will be explored. Character disorders have been omitted as a special category because the concept is vague and because it
cuts across functioning levels. "Character disorder" sometimes equals midway between neurotic and psychotic and sometimes equals personality structure disorders at all levels.

The continuum which describes the levels of interest in this research is being defined by the dimension of differentiation. This dimension actually measures both the degree of coherent discrimination of self and other, and the degree of organization, or integration of the discriminated parts. As will be seen, this dimension involves an assessment of the quality of the individual's object relations.

This research will be looking at individuals interacting with a therapist in a treatment situation. Raters should keep in mind that treatment behavior may be different from levels of adaptation outside of the treatment setting. The attempt here is to measure as reliably as possible the interactions of individuals for the purpose of better defining a self/social matrix which accurately reflects the functioning levels implied in traditional diagnostic categories.

b. The Self/Social Matrix

The self social matrix is descriptive of an individual's relation to himself and to his social environment. It is conceived of here as a continuum which includes both quantitative and qualitative elements. Quantitatively, the self/social matrix defines a continuum which ranges from undifferentiated to differentiated functioning. What this means is that there is an underlying theory of development attached to the concept. The basic idea is that the self/social matrix starts out as a global, diffuse conglomeration of potentialities which are not yet developed, and which operate in an uncoordinated fashion. The process of maturation tends to distinguish and develop the potentialities while
simultaneously progressing towards a more coherent coordination of the various articulated portions of the matrix. For instance, as the infant's ability to recognize objects around him or her increases, and as the association of the mother figure with certain need satisfactions develops, the infant begins a process of coordination so that perception of the mother figure begins to be associated with need gratification. As the infant becomes better able to distinguish factors about the mother, other cues, such as the expression on mother's face, tone of voice, etc., become integrated into the image of need satisfaction, and the baby begins to recognize that different conditions pertain at different times.

Development is seen as a process which includes both a separation of increasingly more minute distinctions, and an integration of the resulting articulations. The self/social matrix moves from uncoordinated, unarticulated parts to integration and differentiation. There is no final stopping point of development, since every action of an individual will tend to reflect more or less distinction of the self/social matrix. At each stage of development, there are characteristic qualities associated with an individual's location on the continuum. During the process of maturation, the individual is more or less successful in achieving coherence at each stage. The individual who has had problems in one stage of development may move on to the next stage, but he or she will probably play out the previous unresolved issues in the language of the new developmental stage.

The developmental process involves the maturation of the individual's cognitive, muscular, and affective functions, and their coordination within the individual. In addition, coordination with the environment, along with increasing recognition of its parts, and mastery of social relation-
ships, occurs in a reciprocal process with individual maturation. Thus, as the individual becomes better organized, his or her perception and ability to relate to the social environment becomes similarly organized. The unit of attention then, is the individual relating both to the self and to the social environment. This means that the way in which a person articulates himself or herself socially, and, the way in which the social environment is articulated, reflects the level of integration and differentiation which that personality has achieved.

The self/social matrix can be described along several dimensions. One might look at development along a psychosexual axis, or, one might explore cognitive, motor, and perceptual lines of development. In the present research, the dimension separating levels of functioning on the self/social matrix involves object relations. This refers to the articulation of the individual and of the other, as well as to the integration of both into a coherent self/social unit. Levels of differentiation are defined quantitatively by the relative articulation of parts and the coordination of the differentiated parts. Qualitatively, one can distinguish bands along the continuum which are descriptive of the quantitative levels of differentiation. For instance, in psychosexual development, as the degree of distinction and coordination of various developmental achievements changes, one can distinguish qualitative differences between the oral and anal stages, or between the anal and phallic stages. These qualitative clusters blend into each other, and tend to overlap at the borders. The qualitative clusters of levels of functioning on the self/social matrix probably relate to diagnostic categories. Diagnostic unreliability may result from the gradual qualitative shifts, as well as from the probability that markedly different diagnoses have probably been based
on different dimensions, or perspectives, describing the self/social matrix.

The quality of social relationships reflects the struggles of concern to an individual, and includes those struggles which have been mastered, and those which continue in a state of non-resolution. Presenting symptoms or superficial adaptation are not sufficient measures of an individual's functioning level. For instance, the symptom of heavy drinking might refer to various underlying pathologies in different individuals: it could be a way to avoid neurotic anxiety, it might be a symptom of depression, it could be the self-medication of a psychotic, or it could be part of a general impulse problem. Therefore, the level of functioning is not defined by symptoms alone, but by the level of object relationships.

The term "object relationships" refers to both self articulation and coordination as well as to a differentiation of the environmental demands and resources, and the integration of these articulations into a coherent self/social unit. The concept refers not only to the actual social relations between persons, but to the internal representations of others within the individual. Early in a child's life, these representations are not yet stable, and the distinction between what is self and what is the other is vague. A coherent sense of self depends upon the development of an articulation of perceptions, feelings, and images, a separation of whether the images belong to the self or to the other, and a proper labelling of the experiences of differentiation and integration.

A final consideration in describing the self/social matrix is the concept of omnipotence. Omnipotence relates intimately to narcissism; it refers to the belief in one's own or the other's total power and control. In differentiated states, omnipotence is translated into what has been
called "healthy narcissism". That is, primitive omnipotent fantasies or fears of being overwhelmed are integrated with more realistic assessments and with the individual's goals as an actor. Thus, undifferentiated processes exist on all levels of the continuum, but the expression of these processes varies with the individual's overall level of differentiation. In highly differentiated individuals, these processes are integrated and coordinated within a highly developed self/social matrix. In less differentiated individuals, uncoordinated self and other images and lack of distinction between the images, leads to a more global, confused response. When differentiation is poor, the relationship between current events and the omnipotent reactions are tangled and unclear.

Omnipotent reactions can be cognitive, affective, or behavioral. An individual may believe that his or her thoughts control events, or that someone is controlling his or her reactions. Or, an individual may believe that his or her feelings will actually be translated (immediately and directly) into action, and the behavior which results may include a guilt reaction or an actual acting upon the impulse or feeling.

c. Diagram of the Self/Social Matrix

The self/social matrix can be roughly diagrammed as follows:

Figure 9. Diagram of the Self/Social Matrix

<table>
<thead>
<tr>
<th>Episode #</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>self</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Psychotic 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Borderline 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Neurotic 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Normal 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Normal 5</td>
</tr>
<tr>
<td>other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neurotic 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Borderline 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Psychotic 1</td>
<td></td>
</tr>
</tbody>
</table>
The baseline represents an ideal of mutuality, in which attention and integration of self and other are maximal. The baseline represents the ideally differentiated self/social matrix. As one moves away from the baseline, the self/social matrix becomes less differentiated. The numbers from one to five correspond to the scales which are described in the next section of this manual.

It can be seen that bands on both the self and other sides of the diagram have been established. These relate roughly to diagnostic categories. The number "one" depicts the lowest level of differentiation, referring to global, uncoordinated processes, while the number "five" refers to a high degree of articulation and coordination.

In rating levels of differentiation, two issues must be considered: 1. no individual is static, and, therefore, differentiation is measured as a continuous process; 2. no symptom or behavior means the same thing from one individual to the next, and behavior must be looked at with an eye toward the degree of cohesiveness and articulation of the self/social matrix. The present research will take several instances of an individual's behavior as reflected in a verbal interaction in order to establish a typical level of functioning for that individual. Even relatively "healthy", differentiated individuals exhibit diffuse, undifferentiated states sometimes. However, over a period of time, it is likely
that individuals tend to function within certain levels on the continuum, and that the typical picture is of more use than a description based on what may be an extreme instance. The present research is concerned with the over-all trends in an individual's functioning rather than in single instances of pathology or health.

The following diagrams of possible normal and psychotic functioning might illustrate the fluctuations which can occur within a given level of functioning:

Figure 10. Normal Functioning

Figure 10 describes a normal individual, who tends to oscillate between levels four and five. Note that there are some instances which are more severe (i.e., they extend into level three), but that the typical pattern falls clearly within a certain area of the diagrammed continuum.
Figure 11 describes psychotic functioning. This individual shows extreme self or other preoccupation. Of note here is that at times this individual is functioning within a more differentiated range. In other words, although the overall pattern indicates psychotic functioning, there are still instances in which the individual is capable of more differentiated functioning.

d. Oscillation and Balance

As the diagrams are set up, it should be clear that in plotting individuals along the continuum, both a balancing and an oscillating process need to be considered. It is possible that an individual can tend to focus predominantly in one direction; or that he or she can oscillate between self interest and other interest. The concept of balancing, in this context, simply means that to the degree that the individual focuses in one direction, and at a particular level of differentiation, at some point this will be counterbalanced with a corresponding level of differentiation in the opposite direction. It is likely that as the individual reaches the limits of the band on the continuum within which he or
she is functioning, there will be a shift in direction. Two interacting processes are being suggested: 1) that there is a tendency toward balance within the self/social matrix; 2) that the individual's pattern of oscillation between self and social emphasis occurs within a characteristic range on the continuum.

Related to the question of balance between self-emphasis and other-emphasis are the concepts of idealizing and aggrandizing. Excessive preoccupation with oneself, or with the other usually appears in the way in which the individual reacts and initiates in a given interaction. Idealizing refers to a focus upon the other in an interaction. It may involve an overestimation or undervaluation of the other. Its distinguishing feature is that the individual's focus is upon the other rather than upon himself and the other. Therefore, a conversation regarding person A's recent illness could contain a negative valuation of the other if person B felt that the illness was a deserved punishment for some wrong done by A. Positive valuing of person A by B might involve person B feeling vulnerable to the illness if a person as strong as A could be struck down by it. Alternately, a concern for person A, and an empathetic listening by person B would be closer to mutuality.

Aggrandizing is an emphasis upon the self. It may be positive or negative. In the above example, if person B were involved in negative emphasis upon the self, he or she might feel responsible for A's illness. If person B were engaged in positive self valuation, he or she would perhaps feel chosen, or blessed, since B was spared A's illness. Idealizing, when taken to extremes, gives the other power and control over the self. Aggrandizing, when taken to extremes, can produce a sense of omnipotence. In its less differentiated forms, idealizing can be seen as a form of
"objectifying the ego", while aggrandizing would be a form of "egotizing the object."

Idealizing and aggrandizing refer to both direction of focus and to the positive or negative nature of the emphasis. During development, the infant experiences both devaluing (the bad self or the bad object) and valuing (the good self or the good object). At first, the infant tends to experience the self or the other in extremes, either all good or all bad. Gradually, the ability to recognize that the same person who is "good" can also sometimes be "bad" develops. The child, then, through development, learns to balance devaluing and valuing processes, and develops a more complete picture of both self and other which includes both "good" and "bad" elements. In less differentiated states, an individual who does not like something about another may have to totally reject the other. In a more differentiated state, the individual may find some aspects of another unlikeable, but is still able to maintain an overall valuing of that person. Various levels of differentiation on the self/social matrix will manifest different degrees of mastery of this process.

Idealizing and aggrandizing may relate to each other in several ways: 1) they may balance each other out; 2) both participants may engage in self-emphasis or other-emphasis; 3) both participants may focus exclusively in one direction; 4) there may be a lack of balance between the participants. Balance would describe a situation in which one party would exhibit a focus in one direction, let us say grandiosity, and the other would respond to a like degree in the opposite direction, in this case, with idealizing. If both participants focus on themselves (i.e., both engage in grandiosity), or if both focus outside of themselves, condition two is described. Condition three describes a situation in which both participants
focus on one or the other of them; this situation may describe interactions which escalate as the focus becomes more and more exclusive. The fourth situation describes a circumstance in which the participants are responding to each other on different levels of differentiation, or in which one participant does not match or counterbalance the other's focus.

One measure of an individual's functioning level might be the degree and manner of balancing emphasis in an interaction. As individuals become less differentiated, it may be that they tend toward either idealizing or aggrandizing as a general reaction pattern. It is also possible that the severity of ego dysfunction can be observed in the way in which shifts of emphasis occur. Inappropriate, vaguely articulated shifts, or disjointed attempts to even out an interaction would be typical of less differentiated individuals.

SECTION 2.

RATING SCHEMES

In the rating schemes which follow, a strong emphasis has been placed upon the here and now and the coordination of the individual's responses with the demands and resources of the present. In highly differentiated individuals, attention to the issues of the moment does not preclude past history; it includes the past in a coherent, organized fashion. The less differentiated individual, however, lives in past conflicts and responds to past unresolved issues in the present. These distinctions are not absolute, but indicate tendencies along the continuum. Well integrated individuals will tend to come to new situations relatively fresh and unfettered, while less differentiated individuals will tend to reproduce a
similar tone or content, regardless of the current experience. Thus, one can observe the neurotic who sees current events as re-hashes of conflicts which originated during the course of development. As dysfunction becomes more severe, the articulation of pre-existing conflicts becomes vague, so that while the neurotic is often able to tell an observer about his or her anxiety or displaced emphases, a psychotic lives chaotically, and is frequently so caught up in his or her own or the environment's reactions that the original concern becomes fuzzy and loses in articulation.

In this research, differentiation will be measured on three dimensions: attribution, distance, and appropriateness. Rating schemes for these dimensions are described below. Direction and valence of emphasis, i.e., positive or negative focus on either the self or the social environment, will also be rated. Attribution refers to the articulation of responsibility for events, and the recognition of the consequences of one's acts. Distance refers to the closeness or isolation which a person can tolerate, and it describes levels of inclusiveness or exclusiveness of others. Appropriateness refers to the coordination between thoughts and feelings and the degree to which thoughts and feelings are coordinated with reality. Direction measures whether emphasis is upon the self or the other, and it measures whether that emphasis is positive or negative.

a. Summary of Rating Schemes

<table>
<thead>
<tr>
<th>Direction/Valence</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EE</td>
<td>Equal Emphasis</td>
</tr>
<tr>
<td>G₁</td>
<td>Grandiosity I</td>
</tr>
<tr>
<td>G₂</td>
<td>Grandiosity II</td>
</tr>
<tr>
<td>I₁</td>
<td>Idealization I</td>
</tr>
<tr>
<td>I₂</td>
<td>Idealization II</td>
</tr>
</tbody>
</table>
SELF/SOCIAL MATRIX DIFFERENTIATION

5 Differentiated
4 Considerably Differentiated
3 Moderately Differentiated
2 Weakly Differentiated
1 Poorly Differentiated

Attribution
Distance
 Appropriateness

CLINICAL DESCRIPTION OF EPISODE

b. Direction/Valence Rating Scheme

The first rating, after episode selection is completed (see section 3), is of direction and valence. Direction measures the self or other emphasis. Valence measures the positive or negative nature of the emphasis. The following are the Direction/Valence ratings:

EE Equal Emphasis:
Relatively optimal functioning. The person delineates self, and the other is recognized as separate. This rating approximates mutuality of emphasis.

G₁ Grandiosity I:
Exaggerated positive characterization of the self in relation to others. Emphasis is upon the self. This describes self-aggrandizement.

G₂ Grandiosity II:
Exaggerated negative characterization of the self relative to others. Focus is upon the self, but is in the form of self devaluation. Experiences are perceived from the vantage point of the self as the center of the experience.

I₁ Idealization I:
Exaggeration of others relative to the self in a way that values the other. The focus of attention is on the other in a positive manner.
I2 Idealization II.

Exaggerated emphasis upon others relative to the self in a way that devalues the other. The focus is upon the other in a negative manner.

The following diagram summarizes the valence and direction ratings:

Figure 13. Direction/Valence Ratings

<table>
<thead>
<tr>
<th></th>
<th>Valence</th>
<th>negative</th>
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</thead>
<tbody>
<tr>
<td>self</td>
<td></td>
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<tr>
<td>Direction</td>
<td>G1</td>
<td>G2</td>
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<tr>
<td></td>
<td>grandiosity I</td>
<td>grandiosity II</td>
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<tr>
<td>other</td>
<td>I1</td>
<td>I2</td>
</tr>
<tr>
<td></td>
<td>idealization I</td>
<td>idealization II</td>
</tr>
</tbody>
</table>

C. Self/Social Matrix Differentiation

After direction and valence have been determined, the level of differentiation will be assessed. There will be one over-all rating on differentiation. Three sub-ratings (attribution, distance, appropriateness) are also possible. These three dimensions are guides in reaching the over-all differentiation score, which is the measurement of interest. Not all of the episodes available will contain information on these three dimensions. Ratings should be made when there is sufficient information.

The differentiation score is based upon the following five-point scale:

5 Differentiated:

Both self and other are taken into account. Attention is focused on the self in that the person is aware of feelings, reactions, thoughts, in the interaction; it is focused on the other in that the individual recognizes the separateness from the other, yet attends realistically to communication from the other. Boundaries between the self and other are balanced; i.e., they are not fused, nor are they reactively severe. Attribution of
responsibility for events is based upon reality; the individual recognizes self or other as agent when appropriate. There is clarity about who is the actor, who is acted upon, and how. Reactions of the individual are appropriate in that they are based on information from the here and now interaction. The person does not distort the interaction, but responds to the present stimulus in a way that reflects differentiation. The individual who is differentiated will manifest integrated responses. The idea here is that increased differentiation of the self/social matrix is a developmental process leading from diffuseness and lack of integration to optimal articulation and integration. Integration requires differentiation.

4 Considerably Differentiated:

The articulation of self and other is fairly clear, but the focus of attention on self or other is less mutual. Reality testing and appropriate responses still occur, but tend to be somewhat colored by the individual's preoccupation. Examples might be individuals who are well differentiated, but who are perhaps over-conscientious and concerned with approval; or, those individuals who may habitually compare themselves favorably or unfavorably with others. People in this category may be relatively highly differentiated, but tend, perhaps, to focus their concern a bit less on the basis of the here and now interaction, responding to a mild degree from a pre-existing framework. Ratings in this category indicate a person's "tone" or mood. Even optimally healthy people will fit into this category at times. It is rated as mild because, despite the "coloring", responses are reality based, the individual is capable of appropriate reactions to the other, and the balance of differentiation is only slightly off. Individuals in this category are usually seen by others as "normal", although the existence of neurotic conflicts is beginning to be hinted at. Individuals in this category are able to recognize their conflict areas and are not seriously impaired by them.

3 Moderately Differentiated:

Differentiation is maintained, but the articulation and specifics are tending toward vagueness and some indistinctness. The individual may be less aware of his own or the other's part in the interaction, and may respond more in terms of what is "expected" (i.e., role expectations, past experiences, rules, etc.), than to the richness of the actual situation at hand. This category describes an individual who is obviously capable of testing reality, who responds to others, and may even be superficially sensitive to the other. There may be a tendency away from genuineness, or a preoccupation with either one's own reactions, or the
reactions of others. The focus is less "centered" in that attention is not balanced between an articulation of an interaction between two differentiated individuals; the person in this category begins to operate with an agenda. There may be a sense of constriction in the individual's capacity for flexible responses. There is a tendency to focus on the elements of the interaction relating to the pre-existing agenda, rather than to the totality of the interaction. People in this category are still able to function adequately, but are beginning to be impaired. Constrictions in the range and variety of experiences which the individual is open to are becoming noticeable.

2 Weakly Differentiated:

There is still some differentiation, but it tends to be extreme in terms of either a focus on individualism and isolation, in the form of "pseudo-hostility", or an attempt to ignore conflict in order to maintain "pseudo-mutuality". The person recognizes some differentiation of self and other, but the boundaries are not balanced; they are either too loose, or too tight. The interaction tends to be skewed in that there is a distinct preoccupation with oneself or the other. Articulation is tending to be global and stereotyped; i.e., the individual is not responding to contact with another person as such, but with a role, or with a person as object. Self or other may be "objectified", with a loss of a sense of who is the agent in the interaction, and a reduction of the appropriateness of the response to the here and now interaction. The person is either too close and intrusive, or too cold and distant for the particular interaction. This level is characterized by extremes of reaction; for example, the individual might react to another's interest as an intrusion, or, in order to make a decision, negate all other alternatives. This is descriptive of an individual who sees the world in black and white terms. Individuals in this category categorize the world in extremes and tend to ignore the gradations between the extremes.

1 Poorly Differentiated:

In this category, fusion, or isolation in the form of obliteration of the relationship matrix have occurred. Confused articulation of self and other occur. The individual mistakenly attributes responsibility to either self or other. Reality is distorted by a dominant focus on self or other, to the exclusion of what is occurring in the here and now interaction. The boundaries between self and other are confused and there is a lack of distinctness of self and other. Many of the individual's responses are inappropriate. The individual may exhibit bizarre ideas and behavior as a result of his or her inability to differentiate self from others. The individual confuses thoughts with actions and tends to perceive the world in a confused, unorganized way. Past and present are not distinct;
the individual may also act according to his or her own fantasies about what the future holds. This differs from an individual thinking and planning a future; the person on this level acts as if he or she were already living that future in a way that makes the present indistinguishable from hopes, fears, wishes, for the future. On this level, coordination between affect and content of communications is loose, and interactions tend to be chaotic, violent, or absent (i.e., the individual refuses to interact, or does so in a severely restricted manner).

It should be noted that in a given episode, no individual will fit exactly into any of these categories. The five levels described refer to a generalized picture. The differentiation scale should not be applied rigidly, but instead, it should be used as a general guide as to what to expect at each level. Over several episodes, an individual will begin to fall within a range; the levels on this scale are descriptive of a "typical", or average individual functioning within a range. Individual behaviors should be rated with reference to the level to which they appear to the rater to correspond. For instance, an individual who responds to a colleague's promotion with: "I should have had that job, but so-and-so kissed the right asses, so he got it", is functioning, at this moment, at the two level. It should also be noted that individuals vary from instance to instance in the degree to which they are differentiated. An individual functioning within the normal range will have some scores on the two, and possibly even the one level. In a like manner, an individual who is functioning psychotically will have some scores on the four and five levels.

d. Dimensions of Differentiation

There are three measures which are used as guides in reaching an overall differentiation score. They are:

Attribution
Distance
Appropriateness
The scaling on these dimensions follows.

Attribution:

5 **Differentiated:**

The individual "owns" his or her behavior, and accepts the consequences of his or her actions. The individual sees himself or herself as the agent, and is able to recognize when the other in the interaction is the agent. The individual recognizes both his or her own part in an interaction as well as the part played by the other. Attribution of responsibility and control are based on a realistic assessment of the here and now situation.

4 **Considerably Differentiated:**

The individual is still able to respond to the here and now situation, but tends to bring pre-occupations into the interaction. The interaction is colored by pre-existing tendencies to react. For example, a superior might be responded to partially on the basis of a rebellious or submissive framework. On this level, however, the individual is still able to recognize who is in control, and can recognize the appropriate response, even though there may be some conflict between what the person "really" feels and what he or she knows to be appropriate in the present situation. The individual still recognizes the consequences of his or her own behavior.

3 **Moderately Differentiated:**

Attribution of responsibility is becoming more vague, and the specifics, such as who is the agent, tend to be based more on role expectations than on the here and now situation. Pre-occupation with a "script" may distort the perception of agency, or reduce the individual's "owning" of behavior. There may be an over-concern with one's responsibility for events, or a tendency to see the other as controlling larger portions of the interaction than the here and now situation supports. Examples would be an individual who tends to see all statements from a superior as criticisms, thereby not attending to his or her own role in the present situation; instead, he or she reacts to the attribution of power and responsibility which has been placed on the other. Another example would be an individual who assumes guilt for a disagreement, perhaps appropriating sole power to make or break an interaction, and, thereby, tending not to consider the input of the other. This level is moderate because the person's interpretation of the situation, although
biased and constricted by pre-existing concerns, is firmly grounded in reality. The individual may be over-sensitive, or feel over-responsible, but is often able to juxtapose subjective reactions with those that are more objectively appropriate. The result, in the above examples might be that the individual would feel criticized by the superior, and at the same time tell themselves that perhaps the superior was having a bad day, or that perhaps he or she (the individual as subject) was taking things too seriously.

2 Weakly Differentiated:

Preoccupation with the power and responsibility for events as falling on either the self or the other is stronger at this level. Responsibility is seen in the extreme; i.e., either the self or the other is seen as completely responsible for events. There is a perpetrator and a passive victim. The individual sees himself or herself either as the victim of another's brutality, or feels responsible for someone else's suffering. The passive party is not assumed to possess any control, yet there is a sense that they have "brought it on themselves". The victim can only obey or refuse. Refusal, more likely than not, cannot be open, and the individual cannot "own" his or her part in the interaction. Attribution tends to be "objectified", or separated from the actual person of the one perceived as the agent. The recognition of responsibility for the interaction is tending to focus on pre-existing frames, and less on the actual events in the here and now. The present tends to precipitate an older reaction pattern. Acceptance of self or other's responsibility may be global, and tends to move away from being coordinated with a realistic assessment of the situation. Consequences of one's own behavior may not be accepted at this level.

1 Poorly Differentiated:

Attribution is almost independent of the real situation. Omnipotence is attributed to one or the other partner in the interaction, and the other may be held responsible for the person's behavior or intent. The individual may see himself or herself as responsible for coincidental events, or may see the other as possessing dangerous powers over him or her. Fusion with the environment, or isolation, may occur. Agency is confused, and the here and now situation may not be related, directly at least, to the attribution of responsibility and control.
Distance:

5 Well Regulated Distance:

The individual is able to appropriately establish both the boundaries between self and other and to regulate realistically the degree of intimacy or psychological distance from the other. Because self is well articulated, the individual is "centered" and has a clear idea of his or her boundaries. Closeness, or the amount of space between self and other is determined by what is appropriate to the situation. The individual shows high tolerance for appropriate intimacy without loss of self, and can also tolerate appropriate distance from others.

4 Considerably Regulated Distance:

Boundaries between self and others are still clear, although the individual's pre-occupation or mood can affect the interaction and lend a tone which goes beyond what is set in the actual interaction. The person in this category is still relatively well regulated in the amount of intimacy with others, but there is less balance than in the well regulated state. Feelings of vulnerability, needs for attention, all of which occur in everyone, including differentiated individuals, may lead to tendencies to be clinging or demanding, or tendencies to become distracted. The category is called mild because the here and now still predominates, and the balance is only mildly colored.

3 Moderately Regulated Distance:

Boundaries between self and other are determined more by role relations than by a clear sense on the individual's part of where appropriate boundaries lie. Distance and closeness are still related somewhat to the here and now situation, but are beginning to be less distinct. The individual begins to over-emphasize distance or closeness, or may simulate closeness while maintaining distance, giving a sense of a lack of genuineness. The individual is becoming rigid and severe about boundaries which he or she has set. The person may also behave coldly or aggressively in order to establish some distance, because of the ease with which the boundaries between self and other collapse. Clinging, ignoring, and rejection of others are tending to become more severe.

2 Weakly Regulated Distance:

Boundaries between self and other tend to be extreme, and the person tends to be too close or too distant. An individual in this category may be intrusive towards others, or may assume intimacy in situations in which more distance is expected. Individuals in this category may also actively avoid intimacy, and may compulsively focus on maintaining boundaries. Extremes
of firm boundary setting and loosening of boundaries are somewhat independent of the here and now situation, and are based on global, stereotyped assessments. There may be a tendency to create conflicts through over severe boundary setting, or to negate conflict through over inclusion. Clinging to the other for fear of loss through distance is more severe at this level. Sharing of conflicts and acting out of other's conflicts (as often happens in disturbed families) is frequent. Withdrawal or aggressive rejection are becoming extreme.

1 Poorly Regulated Distance:

Boundaries between self and other are not distinct. Intimacy and distance are confused, and attempts to be simultaneously close and far away occur. Contact is responded to with severe rage or other distancing maneuvers, or with attempts to negate distance through fusion. Boundary setting is not appropriate to the here and now, and may even be independent of the present situation. Rage combat and rage withdrawal reactions to contact may occur. The individual confuses his own thoughts and wishes with those of the other, or responds concretely to what he or she perceives as the thoughts of another. For instance, a mother who has infanticidal fantasies might be reacted to by the individual as if the murder has already occurred, or the individual may think that it is himself or herself who is homicidal. The boundaries are so indistinct that there would probably be a vague perception that someone or something is dangerous, but who, how, and other specifics would be confused and unstable.

Appropriateness:

5 Highly Appropriate:

The person's predominant emotion and verbalized cognitive content are both appropriate to the here and now situation, and are coordinated with each other. That is, the person's verbalized cognitive content and emotional expressions are integrated, and relate to a realistic assessment of the current situation.

4 Considerably Appropriate:

The individual is still relatively well able to respond appropriately in the cognitive and affective spheres, but tends to focus on prior pre-occupations. A general "tone" may characterize the person's perceptions, and he or she may interpret some events as they relate to the prior pre-occupation. This is a mild category, however, because the here and now situation still predominates, and the individual's thinking and predominant emotional reactions are still relatively well coordinated with a realistic assessment of the situation.
3 Moderately Appropriate:

The individual's responses are beginning to be determined more by prior preoccupations than by the current situation. The dominant emotion may be appropriate, but too intense (i.e., anger when irritation is called for). Cognitively, the individual may distort the present situation to fit in with a particular "script", or he or she may ignore important parts of the here and now situation. There will be a tendency to overreact, and the intensity of the response, while still related to present circumstance, is tending to be less appropriate. Coordination is still present, although it is becoming vague, and intensity is off. For example in an anxiety provoking situation such as a test, the individual might be coordinating the reaction to the situation, but may have stomach pains or palpitations, indicating an over intense reaction. Another reaction might be to become blocked, dazed, or mildly depersonalized as a means of holding back anxiety.

2 Weakly Appropriate:

The individual in this category tends to react in a stereotyped manner, and both emotional and cognitive reactions are becoming less connected to the present experience. Emotional and cognitive coordination are loosening, and may become relatively independent of one another. Thus, an individual may cry while describing a rewarding experience, or smile when describing a painful one. Reactions occur in an either/or framework; i.e., the individual tends toward extremes and does not react, either cognitively or emotionally, in moderation. Reactions are not well coordinated with the requirements of the present, but are often stereotyped and predetermined, or represent severe reactions to mild stimuli. Cognitive content still relates somewhat to the situation at hand, but begins to show signs of stereotyped, global responses. Confusion of cognitive and emotional responses may occur. Emotions may be overwhelming and may result in acting out.

1 Poorly Appropriate:

Cognitive content manifests primitive, diffuse properties, and be almost unrelated to the present situation. Emotions are not coordinated with content, and are not appropriate to the demands of the situation. The individual may confuse his or her thoughts with those of the other, and may attribute his or her own emotions to the other. The predominant emotion will be globally articulated, and will be of an overwhelming nature. Cognitive content will be confused and may relate to the emotional content only in the intensity of the lack of differentiation.

e. Clinical Description of Episodes

Each episode will be briefly described. The description should be in
terms of the individual's apparent level of differentiation. This is the
place where the rater may note special characteristics and define special
qualities of the interactions which may not be evident from the application
of only the above rating schemes. Points of interest and questions which
may arise in the ratings can be included in the narrative account of the
episodes.

SECTION 3.

Rater Training Notes

The following notes are meant to accompany the manual which describes
the theory and rating schemes for the research. In particular, the actual
procedures to be used and the way in which episodes will be selected will
be further described. The first section of the manual is rather theoretical,
and was included to give raters an idea of how their activity fits into
a meaningful research plan. The most important section for the raters
is section 2, which describes the rating schemes which they will be asked
to apply. The rating schemes have been summarized on pp. 71-72 of the
manual, for quick reference.

The rater training notes include:

1. a step by step description of how to do the rating
2. an additional statement about episode selection
3. the two forms with which the raters will work

Step by Step Rating Procedures

1. Each rater will listen to the tapes for about eleven subjects.
The rater will hear tapes for four to nine subjects plus those for the seven
subjects in the reliability sample. There are one to four tapes per subject.
2. The seven subjects in the reliability study will be rated by all of the raters.

3. Raters will receive tapes in small quantities from me.

4. There are two forms which the raters will work with:
   a. a rater summary sheet
   b. a tape rating sheet

   Both forms are included in this training packet, and directions for their use will be provided.

5. On the rater summary sheet, the code numbers of the subjects assigned to the rater will be listed by me. As each tape is finished, the rater should check off the appropriate column. This is to avoid wasting time starting the same tape twice, and to insure that all of the tapes on a subject are rated. After all the tapes on a subject have been heard, the column marked "diagnosis" should be filled in. This is the rater's diagnostic impression of the client. Whenever possible, DSM II diagnoses should be used.

6. The tape rating sheet will be filled out for each individual tape a rater listens to. One tape rating sheet will be provided when the tapes are handed out. The tape rating sheet is filled out by first determining the number of episodes for that tape. Episode selection is discussed in the manual, and there is also a sheet on it included in these training notes. After the episodes are selected, each one is rated according to the rating schemes in section 2 of the manual. A brief description of the episode should be written in the space provided.

7. Scoring, then, includes two parts: 1. selection of episodes

   2. application of rating schemes
8. In applying the rating schemes, it is understood that in some instances there will be ambiguity, and the rater may want to indicate this. It is possible, occasionally, for the rater to put down a score, followed by another score which indicates the way in which the rater sees the episode tending. For instance, a notation of 3/2 means that the score is 3, but tending toward 2. Conversely, a score of 2/3 means that the score is 2 moving towards 3.

**Episode Selection**

Raters should be aware that not everyone will pick the exact same episodes, and select episodes for rating which make sense to them. The reliability study will examine the degree of disparity in episode selection. The rater should be concerned primarily with selecting units of meaning which do not distort the information on the tapes. For instance, one would not break off an episode in the middle of a conversation about a topic, as this would impose an artificial order on what already exists. There are three general considerations in selecting episodes to be rated:

**gross markers:** a complete unit of meaning; the content stands on its own as an incident; indicators of episode shifts include speaker shifts, affect shifts; the therapist's questions and comments may change episodes

**specific markers:** it is possible to have an episode divided into two segments by an intervening episode; an episode within an episode includes such things as manipulative changes of subject in the midst of a conversation, affect shifts interjected, or the insertion of an incident which stands on its own and separates the original episode into segments
"incident" this includes the here and now interactions in the therapy, which are often interspersed with discussion of outside events; narrations of outside events which are stories in themselves are considered as incidents.

The rater should be aware that in situations where episode selection is difficult, it is likely that the interaction being listened to is relatively poorly differentiated. That is, confusion about where episodes begin and end may be a guide to the differentiation score. The rater should simply select segments which make sense to him or her, and use the ambiguity as a tool for scoring. It is expected that each tape will include 4 or more episodes.

FORMS

The two forms to be filled out by the raters follow. The Tape Rating Sheet is an episode by episode record of the subject's scores. The Rater Summary Sheet indicates the number of tapes a rater has heard, and records diagnostic impressions.
Figure 13. Tape Rating Sheet

Tape #__
Rater __  use additional sheets if a tape contains more than 8 episodes
Client #__

<table>
<thead>
<tr>
<th>Episode #</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>Clinical Description</th>
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<td>TOTALS</td>
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</tbody>
</table>
In this chapter I have presented the methodology for testing my theory. The manual which was used in scoring subjects is presented in full. In chapter five, I will describe the analysis of the data collected by the method described here.
CHAPTER 5

DATA ANALYSIS

The data analysis is broken down into both descriptive and inferential explorations. A variety of statistical procedures have been utilized both to describe relationships and to identify patterns characteristic of borderline/narcissistic individuals. Some of the more intricate aspects of the analysis are described in appendix D.

Raw Data

Scores for each tape on a subject have been recorded on the "tape rating sheet" (Figure 15). These raw scores are then transferred to a "subject summary sheet" (Figure 16). The summary sheet contains the means and standard deviations, per tape, for each dimension on the differentiation axis. A "total" column records the average scores for the subject over all tapes. At the bottom of the summary sheet (Table 2), the self/social emphasis dimension is recorded in tabular form. The percent of each of the five types of self/other focus in relation to the total number of episodes rated fills the cells of the table.
**Figure 15. Tape Rating Sheet**

Use additional sheets if a tape contains more than 8 episodes.

<table>
<thead>
<tr>
<th>Episode #</th>
<th>Valence/Direction</th>
<th>Total Differentiation</th>
<th>Attribution</th>
<th>Distance</th>
<th>Appropriateness</th>
<th>Clinical Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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<td><strong>TOTALS</strong></td>
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</tbody>
</table>
A mean score for each episode is obtained for each subject. This is done by averaging the differentiation, attribution, distance and appropriateness ratings for the episode. Each episode has been given a direction/valence rating based on the predominant focus during the episode (i.e., positive or negative self focus and positive or negative other focus). Standard deviations

---

1 Average = Differentiation + Attribution + Distance + Appropriateness
Number of Dimensions (4)
have been calculated for each dimension.

Table 2 describes a contingency table which summarizes the raw direction/valence scores. Each cell of the table reflects a percent of positive or negative focus on the self or the other for a particular subject. Each cell also contains an average score for each of the five types of direction valence score. The average score is calculated in the following way: Since each episode was assigned a direction/valence label, and since each episode was given an average score, the average score was assigned to the direction/valence label. For instance, if the average score for the first episode was 3.2, and the direction valence is $G_1$ (positive self focus), when the subject's average score for positive self focus is calculated, the number 3.2 is used.

Table 2. Self/Social Emphasis

<table>
<thead>
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<th></th>
<th>Positive</th>
<th>Negative</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>$G_1$ - Positive Self Focus</td>
<td>$G_2$ - Negative Self Focus</td>
</tr>
<tr>
<td>Self</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Equal Emphasis</td>
<td>I$_1$ - Positive Focus on Others</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>%</td>
<td>I$_2$ - Negative Focus on Others</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

A total percent of self focus over all tapes on a subject is calculated by dividing the number of total episodes by the number of episodes rated as focusing on the self. The same procedure is used to calculate a
total percent of other focus. A self/other ratio for each subject is arrived at by placing the total percent of self focus over the total percent of other focus. Because self focus and other focus have not been given numerical value, the self/other ratio is purely descriptive and cannot be considered as a real number for quantitative analysis.

On seven of the subjects, reliability information has been developed. The scores given to the subject by a second and third rater are compared. The number of episodes selected by each rater for a given tape have been compared. The overall average score for the differentiation axis and the self/other ratio between raters are also compared.

Diagnostic information for each subject has been obtained by asking independent clinicians to listen to a tape on a subject and give their diagnostic impressions. Figure 17 describes the way in which diagnosis and a subject's score on the differentiation dimension have been compared.

**Figure 17. Panel Diagnosis Sheet**

<table>
<thead>
<tr>
<th>Client number</th>
<th>dx 1* Clinic</th>
<th>dx 2+ Rater</th>
<th>dx 3++ Diagnostician</th>
<th>Average Episode Score+++</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* dx 1, Clinic Diagnosis refers to the diagnosis assigned to subjects by their therapists.
+ dx 2, Rater Diagnosis refers to the diagnosis assigned by the judges applying the rating schemes.
++dx 3, Diagnostician refers to the diagnosis assigned by the independent clinician who has been asked to provide a diagnostic impression, but who has not applied my rating schemes.
+++Average Episode Score - This is the subject's overall average score on the differentiation axis.
A zero order correlation has been calculated to compare the subject's scores on my rating scheme with more traditional diagnostic schemes. This involves assigning a score of some sort to diagnostic categories. Table 3 describes the way in which this is done.

Table 3. Diagnostic Codes

<table>
<thead>
<tr>
<th>LEVEL (1)</th>
<th>Psychotic</th>
<th>manic-depressive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>severe drug addiction</td>
<td></td>
</tr>
<tr>
<td></td>
<td>severe alcoholism</td>
<td></td>
</tr>
<tr>
<td></td>
<td>severe behavior disorders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>hypochondria</td>
<td></td>
</tr>
<tr>
<td></td>
<td>severe depression</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEVEL (2)</th>
<th>Borderline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>drug and alcohol addiction</td>
</tr>
<tr>
<td></td>
<td>chronic depression</td>
</tr>
<tr>
<td></td>
<td>behavior disorders</td>
</tr>
<tr>
<td></td>
<td>social disorders</td>
</tr>
<tr>
<td></td>
<td>some personality disorders</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEVEL (3)</th>
<th>Neurotic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>hysterical personality</td>
</tr>
<tr>
<td></td>
<td>milder forms of personality disorders - obsessive-compulsive personality</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>anxiety neurosis</td>
</tr>
<tr>
<td></td>
<td>some adjustment reactions</td>
</tr>
<tr>
<td></td>
<td>some depressions - mild, object-related, with guilt</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEVEL (4)</th>
<th>Non-Neurotic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>some personality types - very mild: hysterical personality</td>
</tr>
<tr>
<td></td>
<td>obsessive compulsive personality</td>
</tr>
<tr>
<td></td>
<td>passive aggressive personality</td>
</tr>
<tr>
<td></td>
<td>passive dependent personality</td>
</tr>
<tr>
<td></td>
<td>adjustment reactions</td>
</tr>
<tr>
<td></td>
<td>social reactions</td>
</tr>
</tbody>
</table>

| LEVEL (5) | No Disorder |

93
All of the diagnostic labels are assigned to a level from one to five. Five represents normality or optimal mental health, while one represents severe mental disturbance. The correlation between the diagnostic score and the score on my scheme must be looked at conservatively, since the diagnostic labels have been assigned on the basis of the same concepts underlying my rating scheme.

Quantitative Analysis

Several steps are involved in the analysis of the raw data. I have used BMD programs 02D, 03D, and 02R\(^2\) in analysing the data. Dr. Mark Fulcomer has assisted in the analysis, and has provided statistical consultation. The following steps have been taken in analysing the data from this study:

**STEP 1** - I started out with 24 variables (Table 4).

**Table 4. Variables Used in Analysis**

<table>
<thead>
<tr>
<th>Variable</th>
<th>1st Format</th>
<th>2nd Format</th>
<th>3rd Format</th>
<th>4th Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Reliability/non-reliability</td>
<td># Episodes</td>
<td>Same</td>
<td>Border/non-borderline</td>
</tr>
<tr>
<td>2</td>
<td>Rater #</td>
<td>Borderline/non-borderline</td>
<td>Same</td>
<td>Average Score</td>
</tr>
<tr>
<td>3</td>
<td>Tape #</td>
<td>Average Score</td>
<td>Same</td>
<td>% Positive Self</td>
</tr>
<tr>
<td>4</td>
<td># Episodes</td>
<td>S.d. Av. Score</td>
<td>Same</td>
<td>% Negative Self</td>
</tr>
<tr>
<td>5</td>
<td>Overall Average Score</td>
<td>Differentiation Score</td>
<td>Same</td>
<td>% Positive Other</td>
</tr>
</tbody>
</table>

\(^2\) The use of these programs will be more specifically described in appendix D.

\(^3\) Code books, variable formats and descriptions are in appendix B.
Table 4 (continued)

<table>
<thead>
<tr>
<th>Variable #</th>
<th>1st Format</th>
<th>2nd Format</th>
<th>3rd Format</th>
<th>4th Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>S.d. of Aver. Score</td>
<td>S.d. Diff. Score</td>
<td>Same</td>
<td>% Negative Other</td>
</tr>
<tr>
<td>7</td>
<td>Differentiation Score</td>
<td>Attribution Score</td>
<td>Same</td>
<td>% Equal Emphasis</td>
</tr>
<tr>
<td>8</td>
<td>S.d. Diff. Score</td>
<td>S.d. Att. Score</td>
<td>Same</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Attribution Score</td>
<td>Distance Score</td>
<td>Same</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>S.d. Att. Score</td>
<td>S.d. Dist. Score</td>
<td>Same</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Distance Score</td>
<td>Approp. Score</td>
<td>Same</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>S.d. Dist. Score</td>
<td>S.d. Approp. Score</td>
<td>Same</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Approp. Score</td>
<td></td>
<td>% positive self</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>S.d. App. Score</td>
<td></td>
<td>% negative self</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Number positive self scores</td>
<td></td>
<td>% negative other</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Av. positive self score</td>
<td></td>
<td>% negative other</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>No. negative self scores</td>
<td></td>
<td>% self</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Av. negative self score</td>
<td></td>
<td>% other</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>No. positive other scores</td>
<td></td>
<td># self</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Av. positive other score</td>
<td></td>
<td># other</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>No negative other score</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4 (continued)

<table>
<thead>
<tr>
<th>Variable #</th>
<th>1st Format</th>
<th>2nd Format</th>
<th>3rd Format</th>
<th>4th Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Av. negative other score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>No. equal emphasis scores</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Av. equal emphasis score</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appendix B contains the variable formats and the code book. Since there are varying numbers of tapes on each subject, I wanted first to see if the number of tapes affects relationships between variables. All subjects with one tape (N=36) were chosen first, and the relationships among the 24 variables were computed. Then subjects who had a second tape were chosen (N=22). Relationships between the variables were computed for the first tape, the second tape, and between the first and second tapes.

Alpha reliabilities for the two axes, self/social differentiation and self/social emphasis were calculated. Alpha reliability, or domain sampling reliability (Fulcomer, 1978) refers to the degree to which the items on a measure relate to each other. Computations are based on average inter item correlations, using the formula:

\[
\alpha = \frac{p \bar{r}}{1 + (p-1) \bar{r}}
\]

where \( p = \) # items

\( \bar{r} = \) average inter-item correlation

STEP 2

When relationships among the variables had been described, I then created a dichotomous variable: borderline/non-borderline. Cases were
assigned on the basis of a hypothesized continuum. If the individual's score was from 2.11 - 2.90 the case was assigned to the borderline/narcissistic category. Scores from 2.91 to 3.90 were assigned to the non-borderline/narcissistic category. Cases not in Level three (2.91 - 3.90) were excluded from the non-borderline/narcissistic group. One reason was that there were not enough cases in categories outside of Levels two and three to maintain the stability of the category in the calculations. Therefore, cases between 2.11 and 2.90 are considered borderline/narcissistic and those between 2.91 and 3.90 are considered neurotic.

I then decided to do a discriminant analysis to see which variables distinguish between borderlines and neurotics.

To do this, I first had to see if the two groups are different. This was done by computing means, standard deviations and correlations for the borderline/narcissistic group and for the neurotic group. Then the means and the correlation matrix for the total sample is computed. All ratings were used, regardless of the number of tapes per client. This was done because step one showed the stability of scores regardless of the number of tapes. The number of cases in this step, then, was 64, with 41 in the borderline/narcissistic group, and 23 in the neurotic group.

The number of variables was reduced to twelve (See Table 4, second format). The variables excluded were those reflecting the self/social emphasis axis because, at this stage there was missing data and instability in the variables. The instability comes from the fact that there is not a score in every direction/valence category for every episode. e.g., in some episodes there may be negative emphasis on others; for the rating purposes, this excludes scores focusing positively on others, equally between the self and others, and scores focusing on the self. It was therefore
decided to first break down the border/non-border categories on the differentiation axis.

**STEP 3**

Based on the cases in the above step, a stepwise regression and analysis of variance was done. The potent predictor variables for this dimension became clear, and I was able to explain 46% of the variance on the dependent variable, assignment to borderline or neurotic group.

**STEP 4**

I then added the direction/valence variables. To avoid the missing data problem, I transformed the variables into percentages (see Table 4, third format). Since I had already calculated each subject's percent of self/other focus for my contingency table (see Table 3), the individual's total self/social focus scores were used. Stepwise regression was done, and I could now explain 67% of the variance.

**STEP 5**

I had, however, condensed too much data in Step four. Patterns of self/social focus were not clear. In addition, there were too many variables to determine which were the actual predictors. Therefore, I reduced the number of variables to seven. The differentiation axis, whose variables turned out to be redundant, was compressed, for the analysis into the average score. The percent of self/social focus for each tape (rather than for each subject) was calculated. The number of cases in the analysis was 64, with 41 borderlines and 23 non-borderlines. Means, standard deviations, and correlations were calculated for each group separately, and for
the total group. A stepwise regression was done. 74% of the variance was explained.

Summary

In this chapter, I have described the steps taken in analyzing the data collected for this study. Chapters six and seven will describe some of the results of the analysis. Tables and more discussion of the data analysis are contained in appendix D.
CHAPTER 6  
RESULTS  

Review of Hypotheses 

In the preceding chapters the following hypotheses were suggested:  

(1) There is a continuum of mental health functioning and individuals can be located on the continuum on the basis of the degree of differentiation/integration they exhibit along with the exclusiveness or inclusiveness of focus on the self or the other.  

(2) There are distinct areas on the continuum which are correlated with diagnostic categories. In particular, an area on the continuum which contains borderline/narcissistic individuals can be identified.  

(3) The continuum is characterized by a bi-polar process of self/social focus. Healthy states reflect a balance of self/social emphasis; as differentiation and coordination decrease, the disparity between self and other becomes greater.  

A measurement scheme was developed to test these hypotheses. The measurement was based on an extensive literature review. The following assumptions were built into the measurement scheme:  

(1) The concept of splitting, so central in all formulations
of borderline/narcissistic states is reflected in:
(a) the extreme focus on either the self or the other;
(b) the tendency to focus strongly on only the positive or negative aspects of the self or the other.

2) Narcissism, another central concept in theoretical formulations of borderline/narcissistic functioning is reflected in the degree to which the self/social unit is uncoordinated and undifferentiated. It is assumed that narcissism is not simply descriptive of self-absorption, but that it actually describes poor differentiation with a tendency to include the world in the self, or to lose the self in the world. The fluctuation of self/social emphasis is reflected on all levels of the continuum, and there is a particular degree of narcissism characteristic at the borderline/narcissistic level.

3) The indistinct ego boundaries characteristic of borderline/narcissistic individuals are reflected in the poorly differentiated, uncoordinated matrix.

4) Discontinuity is reflected in the extremity of response at the borderline narcissistic level, and in the inability to focus consistently on a balanced self/social unit.

5) As the degree of differentiation decreases, intimacy and distance problems become reflected in the poorly differentiated ego boundaries, and self and other focus begins to be defined as aggrandizing or idealizing. Aggression
and hatred become the predominant modes of differentiation, reflecting the theoretical position that borderline/narcissistic individuals suffer from abandonment/engulfment fears. These individuals often experience positive emotions as threats to their integrity.

(6) A sense of omnipotence relates to the poorly coordinated self/social focus and is a characteristic at the borderline/narcissistic level. Omnipotence is reflected in the lack of distinctness of ego boundaries and in the extreme focus on either the self or the other as the primary agent in an experience.

(7) The rage-depression cycle characteristic of borderline/narcissistic functioning is reflected in the way in which the individual maintains distance from others, attributes responsibility, and responds appropriately.

Findings: Characteristics of the Self/Social Continuum: A Qualitative Analysis

In order to see if, in fact, a continuum could be demonstrated, I arranged the average scores for each individual on a table.
Table 5. Diagnostic Intervals

Borderline/Narcissistic
2.11 - 2.90
Neurotic = 2.91 - 3.90

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>INTERVALS</th>
<th>DX INTERVALS</th>
<th>DX CATEGORIES(^{17})</th>
<th># CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 - 1.90</td>
<td>Psychotic</td>
<td>Schizophrenia, Manic Depressive, Classical Psychotic Dx</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>1.90 - 2.10</td>
<td>Psychotic Border</td>
<td>Severe Depression, Severe Drug Addiction, Severe Alcoholism, Severe Behavior Disorders, Some Hypochondria</td>
<td>2</td>
</tr>
<tr>
<td>n=3</td>
<td>2.11 - 2.30</td>
<td>Psychotic Border</td>
<td>Stress Reactions, Behavior Disorders, Drug &amp; Alcohol Addiction</td>
<td>8</td>
</tr>
<tr>
<td>2</td>
<td>2.31 - 2.50</td>
<td>Core Borderline</td>
<td>Social Maladjustment, Chronic Depression, Severe Character</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>2.51 - 2.71</td>
<td>Core Borderline</td>
<td>Disorders: Obsessive/Compulsive, Passive/Aggressive, Passive Dependent, Grandiose, As-if</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>2.71 - 2.90</td>
<td>Neurotic Border</td>
<td>Paranoid, Infantile, Authoritarian</td>
<td>1</td>
</tr>
<tr>
<td>n=21</td>
<td>2.91 - 3.10</td>
<td>Neurotic Border</td>
<td>Hysterical Personality, Some Depressions (Mild, object related, with guilt)</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>3.11 - 3.30</td>
<td>Neurotic</td>
<td>Some Adjustment, Reactions, Character Disorders</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>3.31 - 3.50</td>
<td>Neurotic</td>
<td>Anxiety Neurosis, Phobias, Obsessive/compulsive</td>
<td>2</td>
</tr>
<tr>
<td>n=9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^{17}\) See Table 3, Chapter 5.
Note that the levels on the rating scheme are whole numbers, but the intervals on the table are decimals; this is a result of averaging scores. In the table, I also broke down the diagnostic intervals and the diagnostic categories within each level on the continuum. For instance, level one contains diagnoses such as: schizophrenic, psychotic, manic-depressive. The diagnosis was placed at a particular level based on theoretical expectations.

The diagnosis for each subject was given a numerical value, based on theoretical expectations. When this value was compared with the scores given by the raters, there was a correlation of .66 (p. 001). This high correlation is probably inflated somewhat because of the redundancy of the theory assigning scores and diagnostic values. In other words, the values assigned to diagnostic labels are based on the same theory which assigns
levels corresponding to the values assigned to the diagnoses.

Hypothesis two, which states that there are distinguishable categories on a continuum, if demonstrated, actually provides some of the evidence supporting hypothesis one, which states that there are two dimensions which determine placement in a particular category.

I had expected borderline/narcissistic individuals to fit into category 2, and I had expected some indistinctness at the lower and upper limits of the borderline range. This is indeed the case. I chose individuals whose scores fell between 2.11 and 2.90 as the borderline/narcissistic group. Twenty-one subjects are in this category. As table 5 illustrates, three levels within the borderline/narcissistic range suggest themselves:

1. Psychotic Border
2. Core Borderline/Narcissistic
3. Neurotic Border

The gradual shift from psychotic to borderline/narcissistic is discussed in detail below.

The majority of the sample falls within levels two and three. This is to be expected, since subjects were in out-patient therapy, where one would expect borderline and neurotic conditions to predominate.

---

1 This is consistent with the findings of Grinker et. al. (1969), and Bursten (1976).

The reader may want to refer to the section in chapter two which discusses sub-types as creating labeling problems.
I have suggested elsewhere that there are qualities associated with the levels on the self/social continuum, so it should follow that while, for example, a score of 1.90 will be qualitatively different from a score of 2.31, the differences between scores at the border (1.91 - 2.10 and 2.10 - 2.30) will be subtler. This can be seen in the following descriptions of episodes at each of these levels. (Note: The actual score reflects the rater's assessment of direction and the average score for that episode.)

1.0 - 1.90: (Actual Score: Direction: I2; Level 1.5)

This is a suicidal client responding to the therapist's paradoxical offering of assistance in the suicide. Client has complained of not being able to mobilize to kill herself, and of wishing to be murdered instead. Client becomes frustrated at the idea that the worker may be teasing her and that she will have to go elsewhere to get herself murdered. Client is angry that the therapist won't kill her, really.

1.91 - 2.10 (Actual Score: Direction: I2; Level: 2.0)

This is the male of a couple in counseling. Both are drug addicts on methadone. The client is angry that his girlfriend is still a prostitute because she does not know how else to relate to men; i.e., she sees sex as the only alternative in male/female encounters. The client and girlfriend are arguing in the session about this and he shifts quickly from yelling at her, to demanding that she stop yelling at him. He then becomes morose, saying her attacks on him (she wants him to marry her) make him feel very sensitive about still being on methadone. He then states
that he'd give up his indulgences if she would give hers up, but he's sure she will not.

2.11 - 2.30 (Actual Score: Direction: I₁; Level: 2.25)

This is an adolescent who is in family therapy with his parents. He is the identified problem, since he has been in trouble at school, with drugs, and with the law. In this episode he complains of not having enough responsibility, but he does not speak directly to his parents, is vague, and speaks as if no one hears him. He indicates that his parents can give him responsibility, but he cannot have it for himself; i.e., the parents are withholding responsibility from him. His parents, or others, control the situation; when by himself, he does not get into trouble, but with peers, he does. If he is not given directions, he cannot be an adult. His parents must make him an adult.

2.31 - 2.50 (Actual Score: Direction: I₂ Level: 2.50)

This is the wife of a couple in counseling. They are breaking up after a 30 year marriage because of the husband's alcoholism. She is angry at his constant empty promises, and demands proof, not promises. She wants her husband to change. The client then states that she doesn't really know her husband, that she considers him a stranger. His promises are meaningless, she wants him to prove to her that he will be cured of his alcoholism, but knows he can't do this. It is his fault that she has colitis and an ulcer, she wants him to leave her alone, he ruined her. She's heard his empty promises and asserts her desire to get away, but continues to be hooked in by the hope that he will change.
Clearly, the ability to recognize responsibility progressively improves in these examples: the amount of distance, although still rather extreme in the last example, is becoming progressively more balanced. That is, the self/social focus is beginning to be less extreme and to include both self and other. In the first situation, the therapist is not even seen as a separate person, but as an agent of a part of the client's wishes. Likewise, from example one to example four, the appropriateness has shifted from an inappropriate demand to be relieved of the responsibility for one's own suicide to the demand that someone change who they are. While the last example is more differentiated, it is still relatively extreme. Perhaps this gradation of episodes will show the gradual shift from psychotic functioning to borderline functioning.

Hypothesis three refers to the bi-polarity of self/social focus and to the tendency of attention to become more extreme as differentiation of self and others becomes less distinct.

At borderline/narcissistic levels, there were two expectations regarding self/other fluctuations: (1) there would be an extreme self or other focus, as in as-if or narcissistic personalities; (2) there would be a severe swinging back and forth between self and other poles. Both expectations were demonstrated. Actually, at all levels these patterns occurred. The degree of differentiation at the borderline/narcissistic level, coupled with a view of the direction/valence oscillations provides insight into many of the characteristics described in the literature.
Perhaps these illustrations will be of some help:

Figure 18. A Psychotic Subject

![Figure 18](image)

Figure 19. A Borderline/Narcissistic Subject

![Figure 19](image)

Figure 20. A Borderline/Narcissistic Subject

![Figure 20](image)
The illustration of a psychotic individual shows the extremes of focus on either the self or the other at low levels of differentiation. In this case, the oscillation between self focus and other focus is relatively balanced, while Figure 19, illustrates an extreme focus on others. While the subject in Figure 18 will appear as quite disturbed, it is clear that intervention can be geared toward bringing the individual out of his omnipotent world view by focusing on self/other coordination at higher levels. In Figure 19, the intervention focus would be different: the individual in this case is so embedded in the other that a self focus would need to be developed. The subject in Figure 19, is illustrative of an "as-if" personality. This individual reflects an idealized other and evidences no sense of a separate existence.

Although both the clients in 19 and 20 are at a borderline/narcissistic level, there are strong differences between them. The quality coming from client 19 is either deadness or a hostile barrier. Client 20 is more
volatile, more angry, and also more self pitying. While both clients may be at the same level, they are very different, and this is reflected both in the theory and in the rating schemes.

Figure 21 was included to illustrate another point: that the distance from the baseline of mutuality, which is affected by levels of differentiation, has an effect upon the qualitative picture. In Figure 21 there are several instances of mutual focus, and all of the ratings are close enough to the baseline for the individual to maintain a coordinated image of the self and the other. By contrast, the distance between point X and point Y in Figure 20 is so far that the individual appears in instance Y to contradict instance X, and X and Y seem unrelated.

The oscillation between self and other poles becomes more severe as differentiation decreases, making for a greater distance from the baseline of mutuality. Level alone can place an individual diagnostically, but self/other oscillation adds a qualitative view which also captures some of the individuality of the subject. The data analysis illustrates that the differentiation score distinguishes between borderline/narcissistic and neurotic individuals. The patterns of self/social focus give the appearance of being different between the two groups (see appendix D for elaboration).

The Stability of the Pattern

The scores reflecting level of differentiation have extremely low variances, indicating that most individuals varied very little in their scores from episode to episode or from tape to tape. These findings reflect the clinical descriptions of each subject, indicating that most subjects tend to function at a stable level. Apart from crisis periods, the indi-
viduals in the sample maintained themselves at a characteristic level of differentiation. This observation agrees with the literature which refers to borderline/narcissistic conditions as stable configurations.

It is clear, then, that level of functioning remains stable, while the direction/valence scores vary considerably. The number of episodes is not correlated with either the differentiation dimensions or the direction valence dimensions (Table 6). This means that with relatively few examples of a person's behavior, the rating scheme is able to pick up stable functioning over time and to determine the form of self/social focus.

Table 6. Correlation of Variables with the Number of Episodes

<table>
<thead>
<tr>
<th>Variable</th>
<th>Correlation</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Score</td>
<td>$r = .08$</td>
<td>$p &gt; .05$</td>
</tr>
<tr>
<td>Differentiation</td>
<td>$r = .04$</td>
<td>$p &gt; .05$</td>
</tr>
<tr>
<td>Attribution</td>
<td>$r = .09$</td>
<td>$p &gt; .05$</td>
</tr>
<tr>
<td>Distance</td>
<td>$r = .18$</td>
<td>$p &gt; .05$</td>
</tr>
<tr>
<td>Appropriateness</td>
<td>$r = .06$</td>
<td>$p &gt; .05$</td>
</tr>
<tr>
<td>$G_1$ Positive Self</td>
<td>$r = .09$</td>
<td>$p &gt; .05$</td>
</tr>
<tr>
<td>$G_2$ Negative Self</td>
<td>$r = .07$</td>
<td>$p &gt; .05$</td>
</tr>
<tr>
<td>$I_1$ Positive Other</td>
<td>$r = .48$</td>
<td>$p &lt; .01$</td>
</tr>
<tr>
<td>$I_2$ Negative Other</td>
<td>$r = .07$</td>
<td>$p &gt; .05$</td>
</tr>
</tbody>
</table>

The greater variance of self/social scores is to be expected, especially given the tendency toward bi-polarity and oscillation which had been hypothesized. Many of the qualitative differences between individuals at a similar level of differentiation are reflected in both the frequency and extremity of oscillation between self and other, idealizing and
aggrandizing.

Results of Data Analysis

The data analysis illustrates the following points. (1) that there are two distinct axes of the continuum; (2) that there may be self/other patterns which distinguish borderline/narcissistic cases from neurotic cases; (3) that the dimensions on the differentiation axis are highly intercorrelated; (4) that the rating scheme is highly reliable.

(1) There are two distinct axes

Evidence for this assertion comes from the fact that the self/other focus scores behaved very differently in the analysis than did the differentiation scores. Table 7 shows the standard deviations and mean scores for the thirty-six subjects. The standard deviations for the direction/valence dimension show a great deal more variance.

Table 7. Means and Standard Deviations
(n=36)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td># Episodes</td>
<td>6.95</td>
<td>3.43</td>
</tr>
<tr>
<td>Average Score</td>
<td>2.74</td>
<td>.55</td>
</tr>
<tr>
<td>Differentiation Score</td>
<td>2.83</td>
<td>.48</td>
</tr>
<tr>
<td>Attribution Score</td>
<td>2.70</td>
<td>.53</td>
</tr>
<tr>
<td>Distance Score</td>
<td>2.65</td>
<td>.57</td>
</tr>
</tbody>
</table>
Table 7 (continued)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriateness Score</td>
<td>2.95</td>
<td>.52</td>
</tr>
<tr>
<td>Level of Pos. Self Focus</td>
<td>2.98</td>
<td>1.18</td>
</tr>
<tr>
<td>Level of Neg. Self Focus</td>
<td>2.98</td>
<td>1.41</td>
</tr>
<tr>
<td>Level of Pos.* Other Focus</td>
<td>3.08</td>
<td>1.23</td>
</tr>
<tr>
<td>Level of Neg. Other Focus</td>
<td>2.64</td>
<td>2.82</td>
</tr>
<tr>
<td>Level of* Equal Emphasis</td>
<td>3.48</td>
<td>.50</td>
</tr>
</tbody>
</table>

*Note that, as one would expect, the average level of differentiation for instances of positive other focus and equal emphasis is higher than for instances of negative focus on others or self focus.

Table 8 illustrates the correlations between the dimensions of the continuum and an individual's placement in the borderline/narcissistic category:
Table 8. Correlations with Placement in Borderline/Narcissistic Category

<table>
<thead>
<tr>
<th>Variable</th>
<th>Correlation</th>
<th>r²</th>
<th>Significance of r²</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Score</td>
<td>-.85</td>
<td>.35</td>
<td>p &lt; .001</td>
<td></td>
</tr>
<tr>
<td>Differentiation Score</td>
<td>-.56</td>
<td>.31</td>
<td>p &lt; .001</td>
<td></td>
</tr>
<tr>
<td>Attribution Score</td>
<td>-.66</td>
<td>.44</td>
<td>p &lt; .001</td>
<td></td>
</tr>
<tr>
<td>Distance Score</td>
<td>-.57</td>
<td>.32</td>
<td>p &lt; .001</td>
<td></td>
</tr>
<tr>
<td>Appropriateness Score</td>
<td>-.56</td>
<td>.31</td>
<td>p &lt; .001</td>
<td></td>
</tr>
<tr>
<td>Number of Episodes</td>
<td>.10</td>
<td>.01</td>
<td>p &gt; .05</td>
<td></td>
</tr>
</tbody>
</table>

| Self/Social Focus Axis          |             |        |                     |         |
| % Positive Self Focus           | .0          | 0      | p > .05             |         |
| % Negative Self Focus           | .16         | .03    | p > .05             |         |
| % Positive Other Focus          | .08         | .01    | p > .05             |         |
| % Negative Other Focus          | .16         | .03    | p > .05             |         |
| % Equal Emphasis               | .47         | .22    | p < .001            |         |


The self/social focus correlations are not significant. In the case of the differentiation axis, there are strong relationships between the scores and an individual's assignment into the borderline/narcissistic category. On the self/social focus axis, there may be patterns which differentiate borderline/narcissistic individuals, but no one of the variables alone can predict assignment to the borderline/narcissistic group.

(2) Distinctions between Borderline/Narcissistic Individuals and Neurotics

There is a significant difference between the borderline/narcissistic
category and the neurotic category in the level on which they score (p .001). That is, as expected, borderlines fall into level two on all of the differentiation dimensions, while neurotics fall into level three. Table 9, which presents the mean scores for the two groups, illustrates this.

Table 9. Comparison of Means and Standard Deviations on Both Axes

<table>
<thead>
<tr>
<th>Variable</th>
<th>All Cases n=64</th>
<th>Borderline/Narcissistic n=41</th>
<th>Neurotic n=23</th>
<th>Significance*</th>
</tr>
</thead>
<tbody>
<tr>
<td># Episodes</td>
<td>6.93 s.d.=3.0</td>
<td>6.93 s.d.=3.33</td>
<td>6.54 s.d.=1.82</td>
<td>p &gt;.10</td>
</tr>
<tr>
<td>Average Score</td>
<td>2.74 s.d=.42</td>
<td>2.47 s.d=.23</td>
<td>3.21 s.d=.21</td>
<td>p &lt;.001</td>
</tr>
<tr>
<td>Differentiation</td>
<td>2.82 s.d=.63</td>
<td>2.60 s.d=.52</td>
<td>3.28 s.d=.56</td>
<td>p &lt;.001</td>
</tr>
<tr>
<td>Attribution</td>
<td>2.73 s.d=.66</td>
<td>2.48 s.d=.51</td>
<td>3.25 s.d=.58</td>
<td>p &lt;.001</td>
</tr>
<tr>
<td>Distance</td>
<td>2.66 s.d=.64</td>
<td>2.43 s.d=.51</td>
<td>3.13 s.d=.55</td>
<td>p &lt;.001</td>
</tr>
<tr>
<td>Appropriateness</td>
<td>2.90 s.d=.70</td>
<td>2.65 s.d=.62</td>
<td>3.40 s.d=.58</td>
<td>p &lt;.001</td>
</tr>
<tr>
<td>% Positive Self**</td>
<td>14% s.d=.17</td>
<td>14% s.d=.17</td>
<td>14% s.d=.18</td>
<td>p &gt;.10</td>
</tr>
<tr>
<td>% Negative Self</td>
<td>23% s.d=.28</td>
<td>26% s.d=.30</td>
<td>17% s.d=.23</td>
<td>p &gt;.10</td>
</tr>
<tr>
<td>% Positive Other</td>
<td>10% s.d=.13</td>
<td>10% s.d=.14</td>
<td>8% s.d=.10</td>
<td>p &gt;.10</td>
</tr>
<tr>
<td>% Negative Other</td>
<td>47% s.d=.29</td>
<td>50% s.d=.26</td>
<td>41% s.d=.34</td>
<td>p &gt;.10</td>
</tr>
<tr>
<td>% Equal Emphasis</td>
<td>7% s.d=.21</td>
<td>0% s.d= 0</td>
<td>20% s.d=.31</td>
<td>p &lt;.001</td>
</tr>
</tbody>
</table>

*Test between borderline/narcissistic scores and neurotic scores
**Note that this variable is the percent of focus on self or other, while Table 7 describes the average level of self or other focus.
Borderlines are characterized by a strong relationship between negative self focus and negative focus on others \( (r = .71 \ p \ < .001) \). In the neurotic group, the percent of negative emphasis on others and of equal emphasis \( (r = -.58 \ p \ < .001) \) are inversely related.

This means, that for my sample, borderline/narcissistic individuals tend to see both self and others as bad. This supports the theory behind the concept of splitting, which suggests that the undifferentiated matrix is either all good or all bad; the bad self and bad other are not distinguished. At the neurotic level, however, negative focus on the self is weakly related to negative focus on others \( (r = -.30 \ p \ > .05) \). The ability to focus on both the self and others is negatively related to the individual's negative focus on others \( (r = -.58 \ p \ < .001) \). This means that the less one focuses mutually on both self and other, the lower one's score. The more one focuses negatively on others, the less mutual the attention.

The important point here is that borderlines and neurotics turn out to exhibit different patterns of self/social focus. It is important to note that while neurotics tend not to focus mutually, they do have some instances of equal self/social focus. The borderline/narcissistic group has no instances of equal focus on self and others. This is to be expected, based on the theory that these individuals are too undifferentiated to coordinate the self with others.

(3) High Correlations Between Dimensions on the Differentiation Axis

This assertion can be illustrated by: (1) looking at the correlations between the dimensions; (2) comparing the stability of the inter-item
correlations between tapes one and two. Tables 10 and 11 describe the relationships between the dimensions of differentiation:

Table 10. Correlations of Variables with the Average Score for a Subject

<table>
<thead>
<tr>
<th>Correlation with Average Score</th>
<th>All Subjects n=36</th>
<th>All Tapes n=64*</th>
</tr>
</thead>
<tbody>
<tr>
<td># Episodes</td>
<td>-.13</td>
<td>.03</td>
</tr>
<tr>
<td>Differentiation</td>
<td>.98</td>
<td>.97</td>
</tr>
<tr>
<td>Attribution</td>
<td>.96</td>
<td>.95</td>
</tr>
<tr>
<td>Distance</td>
<td>.93</td>
<td>.93</td>
</tr>
<tr>
<td>Appropriateness</td>
<td>.87</td>
<td>.91</td>
</tr>
<tr>
<td>Alpha Reliability</td>
<td>$\alpha \geq .90$</td>
<td>$\alpha \geq .90$</td>
</tr>
<tr>
<td></td>
<td>$p &lt; .001$</td>
<td>$p &lt; .001$</td>
</tr>
</tbody>
</table>

*For 36 subjects, there were 64 tapes. This table illustrates that the number of tapes does not affect the ratings or the inter-item correlations.
Table 11. Correlations of Variables When First and Second Tapes are Compared*

<table>
<thead>
<tr>
<th>Correlation with Average Score</th>
<th>Tape 1 n=22</th>
<th>Tape 2 n=22</th>
</tr>
</thead>
<tbody>
<tr>
<td># Episodes</td>
<td>.08</td>
<td>-.08</td>
</tr>
<tr>
<td>Differentiation</td>
<td>.97</td>
<td>.97</td>
</tr>
<tr>
<td>Attribution</td>
<td>.94</td>
<td>.94</td>
</tr>
<tr>
<td>Distance</td>
<td>.93</td>
<td>.87</td>
</tr>
<tr>
<td>Appropriateness</td>
<td>.83</td>
<td>.93</td>
</tr>
<tr>
<td>Alpha Reliability</td>
<td>$\lambda = .90 \ p &lt; .001$</td>
<td>$\lambda = .90 \ p &lt; .001$</td>
</tr>
</tbody>
</table>

*For 22 subjects, there were at least two tapes. These figures compare the correlations between tapes 1 and 2 for each subject. The correlation between tapes one and two is $\.99, \ p < .001$. 
The tables illustrate that despite the number of cases, or the number of instances, the underlying measure is stable. Although Alpha = .90 in every case, the reader should know that these were four separate calculations, using the formula:\[ \alpha = \frac{p \bar{r}}{1 - \bar{r}(p-1)} \]

\( p = \text{number of items} \)
\( \bar{r} = \text{average inter-item correlations} \)

The comparison between tapes one and two can be considered a special form of test-retest reliability. The correlation of .99 indicates that despite the added number of examples upon which a rater could base a judgement, and despite rater practice on a given case, the scores remain stable. This means that the measurement is fairly stable, which is to be hoped for because of the reliance on a theoretical formulation.

The self/social focus scores are not related in a stable way with each other. This is to be expected, since different patterns of self/social focus exist. It should be noted that if the self/social focus scores had been highly correlated with each other, there would be a problem with the theory, since by definition each type of focus excludes the others.

\[ \text{3 The concept of alpha reliability is taken from lectures given by Mark Fulcomer at Bryn Mawr College School of Social Work and Social Research (1977) and at Philadelphia Geriatric Center (1978).} \]
The Rating Scheme is Reliable.

Further evidence for the reliability of the rating scheme comes from looking at how two or more raters scored the same individual.

The correlations between the ratings of two raters were calculated for seven subjects. The reliability subjects were chosen randomly. Table 12 summarizes the inter-rater correlations.

Table 12. Inter-Rater Correlations

<table>
<thead>
<tr>
<th>Differentiation Dimensions</th>
<th>Variance in Assigning Scores</th>
<th># Episodes</th>
<th>Self/Social Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>r = .91</td>
<td>r = -.36</td>
<td>r = .32</td>
<td>r = .52</td>
</tr>
<tr>
<td>p &lt; .01</td>
<td>p &gt; .05</td>
<td>p &gt; .05</td>
<td>p &lt; .05</td>
</tr>
</tbody>
</table>

These correlations indicate that there is high agreement between raters on the level to which a subject was assigned. There seems to be a low relationship between the variance on one rater's scores and the variance on the second rater's scores. Interestingly, the relationship is negative, indicating that the raters differed considerably in the amount of score variation they assigned to a subject. The raters seem to have a low agreement as to the number of episodes on a given tape. It is interesting that despite marked difference in the variance of subject scores between raters, and a low agreement in number of episodes, the raters agreed as to overall level on the continuum. There was also some agreement (r = .52) on direction/valence ratings.
Although there is some agreement concerning direction of emphasis, raters reported difficulties in determining both direction and positive or negative focus. Several factors are involved in comparing rater scores for direction/valence.

1. Instructions differentiating overt and covert expressions of focus of attention were not clear enough. Often raters, as clinicians, looked at covert focus of attention. Perhaps a better differentiation of overt and covert levels would have helped.

2. Some subjects shifted back and forth quickly between self and other emphasis, making it difficult to determine, in a given episode, which focus predominated.

3. Because raters chose slightly different episodes, they were rating different events. In addition, by breaking up each tape into smaller units, it became difficult to distinguish a clinical gestalt, or, the clinical gestalt was so strong that it colored rater perceptions of the small units.

4. Especially at the borderline/narcissistic level, the lack of distinction of the self/social matrix made it difficult to determine direction of focus. A figure/ground phenomenon seems to exist at this level; an individual may focus on the other as an extension of self, or, may focus on the self as an extension of the other. Because the self/social unit is poorly coordinated, it is difficult to distinguish a separate person (self or other) who is focused upon.

5. A final source of variation in the direction/valance scores is rater bias. Some raters tended to distribute scores evenly.
in each category, while others had "favorite" categories.

Perhaps an example of two independent ratings of the same episode will be useful. In this episode, one rater assigned an $I_1$, (positive other focus), while the second rater assigned a $G_1$ (positive self focus):

**Episode:**

The client enters the room smoking, and talks abstractly about smoking (the worker does not allow clients to smoke during sessions). The client avoids the subject by speaking of events conspiring to make his life difficult. He continues to smoke. The client then focuses on how to "lick" the smoking habit by himself. There is some small talk, and the client then asks what the worker wants him to do, laying his fate in the therapist's hands, client will do what the therapist wants; client again focuses on his problem about controlling his smoking by himself when therapist responds.

Each rater was asked to explain the thinking behind the score:

**RATER 1** ($I_1$, positive, idealizing focus on other)

This rater felt that the client was avoiding a confrontation with a worker who was being idealized. There is probably hostility under the surface, but the focus here is on maintaining the appearance of cooperation and respect for the worker.

**RATER 2** ($G_1$, positive, aggrandizing focus on the self)

This rater felt that the client was obliterating the worker by focusing on his own power to stop smoking. There is also a disregard for the worker in that the smoking rule was ignored, and the client is defiantly "cooperative" while continuing the behavior.

Both raters placed the episode at a level 2, which is relatively undifferentiated. So, there was agreement on the level of differentiation, but not on the direction. Both raters agreed that the overall focus was an idealizing one (positive self or positive other), but disagreed about who
was being idealized. Probably both raters are correct. The individual is idealizing the other overtly while covertly aggrandizing the self. One could go further and look at the need to protect self esteem by avoiding conflict, and the need to "be good" and to comply with an idealized other. Because each rater was asked to describe the episodes, it is possible to make such reconstructions from the scoring sheets. In this case, the rapid shifts in emphasis, make the direction hard to judge, but it is clear that the subject is tending to idealize either self or other.

**SUMMARY**

In this chapter I have described some of the results of the data analysis. I have been able to find some support for all three of my hypotheses. It has been demonstrated that the differentiation axis accounts for 72% of the variance on the dependent variable, assignment into the borderline or neurotic category. When the self/social focus axis was added to the analysis, I was able to explain 74% of the variance. The two axes together serve as indicators of an individual's mental health functioning.

I have also shown that one of the axes, differentiation, is highly stable and reliable. The self/social focus axis may distinguish between neurotics and borderlines on the basis of the patterns of focus. To more adequately explore these patterns, a larger sample would be needed.
CHAPTER 7

ADDITIONAL RESULTS

In this chapter, some of the findings which were interesting, but not central to the testing of the research hypotheses will be presented.

Clinical Findings

Because the theory behind this research was based on clinical experience and concerns, the relevance of the findings to clinical practice needs to be considered. This will be done in three parts:

1) a summary of some findings on families;
2) a case description and treatment plan;
3) a discussion of treatment progress reflected in the rating schemes.

Families

Ratings that were done on families were particularly interesting. The way in which individuals at particular levels interact with each other (rather than with a therapist only) could be observed. In most cases, family members tended to receive differentiation scores at a similar level. In addition, their direction/valence scores tend to be similar. Thus, if one family member focuses on others predominantly, all family members tend to focus similarly. Perhaps because of the circumstances (all were family therapy sessions), most family patterns involve a negative focus on others.
Table 13 summarizes the family scores.

Table 13. Family Patterns

<table>
<thead>
<tr>
<th>Family</th>
<th>Average</th>
<th>Self/Other*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Husband</td>
<td>3.0</td>
<td>2/10</td>
</tr>
<tr>
<td>Wife</td>
<td>3.05</td>
<td>9/11</td>
</tr>
<tr>
<td>2. Mother</td>
<td>2.27</td>
<td>4/29</td>
</tr>
<tr>
<td>Older Son</td>
<td>3.14</td>
<td>1/14</td>
</tr>
<tr>
<td>Younger Son</td>
<td>3.0</td>
<td>5/16</td>
</tr>
<tr>
<td>3. Husband</td>
<td>2.54</td>
<td>2/4</td>
</tr>
<tr>
<td>Wife</td>
<td>2.55</td>
<td>0/5</td>
</tr>
<tr>
<td>Child</td>
<td>2.25</td>
<td>4/3</td>
</tr>
<tr>
<td>4. Husband</td>
<td>2.42</td>
<td>3/6</td>
</tr>
<tr>
<td>Wife</td>
<td>2.71</td>
<td>1/6</td>
</tr>
<tr>
<td>5. Husband</td>
<td>2.28</td>
<td>1/4</td>
</tr>
<tr>
<td>Wife</td>
<td>2.24</td>
<td>0/7</td>
</tr>
<tr>
<td>6. Husband</td>
<td>2.44</td>
<td>2/6</td>
</tr>
<tr>
<td>Wife</td>
<td>2.63</td>
<td>2/6</td>
</tr>
<tr>
<td>Son</td>
<td>2.36</td>
<td>3/6</td>
</tr>
<tr>
<td>Daughter</td>
<td>2.23</td>
<td>0/5</td>
</tr>
<tr>
<td>7. Husband</td>
<td>2.40</td>
<td>18/22</td>
</tr>
<tr>
<td>Wife</td>
<td>2.48</td>
<td>9/15</td>
</tr>
</tbody>
</table>

*The S/O ratio refers to the number of self references over the number of other references.

Five of the families fall into the borderline/narcissistic range. Many authors describe the grandiose self at this level, neglecting the concept of
the idealized other. In the family cases in this sample, self/other focus tends toward negative idealization. This means that subjects often blamed other family members for events in a global fashion. It also points to a lack of distinction between self criticism and a criticism of those close to one. The poor self/other articulation leads to a confused matrix in which attacks on the self become equated with attacks on the other.

Table 13 shows that except for Family 2, no family members are further than .4 points from other family members. This relative homogeneity reinforces the view that the whole family, rather than only the "identified patient" manifests some type of problem. In addition, it illustrates that while some family members seem to function well in some areas, they suffer from similar conflicts as the identified problem person.

Example of a Family Interaction

In this section, instances of a borderline/narcissistic couple's interaction will be viewed from the theoretical perspective I have developed.

Mr. and Mrs. T.:  

Mr. T.: Here's the latest incident: I was in the house and it was raining like hell, not one damn drink in me - couldn't have been more sober. Sat in the kitchen for awhile and gathered what little bit I needed. I had them by the door. All of a sudden my daughter arrived. She didn't say anything in the beginning. I left the kitchen. I was sitting on the bed and I heard a rap at the door and she said "how long do you intend to stay here?" I said, "no more than 20 minutes." She said,

Comments:

(1) This episode was rated as positive self focus at a 2.25 level. The rating is of Mr. T. only, and indicates relatively poor differentiation. There is a tendency toward negative focus on others, but the wounded self inflation dominates. Mr. T. does not appropriately take on his role as a father, but instead submits to the daughter's authority. Mr. T. operates in an extreme way. His rage is expressed through angry submission to another's authority with subsequent rationalization and self inflation. Right under the surface, one can see self devaluation.
"I want you to leave right now because I have friends coming." I'm in my room, and I can exit through the back! She got hysterical. Well I left, and slammed that door so god-dammed hard, there's a wonder there's a pane of glass left in the house. When a 21 year old child tells me I got to get out of my own god-dammed house! It's the same bullshit. This is all condoned by the mother of the house. She never corrects them.

EPISODE SHIFT

Mrs. T.: (Tries to talk, but husband is yelling and drowns her out).
Mr. T.: Shut your god-dammed mouth! When your turn comes, I won't interrupt you.
Caseworker: I didn't know we were taking turns here.
Mr. T.: Neither did I.. (starts to continue)
Caseworker: I want you to answer some of my questions, OK?
Mr. T.: Okay.
Caseworker: Is there any basis for any of this?
Mr. T.: Yeah, alcoholism. This has been stated, restated, admitted, everywhere we've gone.
Caseworker: What did you do when you were drinking?
Mr. T.: I was aggressive and abusive only when I was aggravated. You've got to attack somebody for them to attack back. Here, let me tell you. The other night, I had just gotten out of the hospital. She ran across the kitchen and threw me against the refrigerator...

and submission to a hated, powerful, punishing other.

This is an example of the exclusion of the other from the undifferentiated matrix. The entire focus in this episode is on Mr. T.'s blaming righteousness and on the unfair "abuse" he experiences.

By objectifying alcoholism, Mr. T. does not take responsibility for his behavior. He describes incidents as if they were events in someone else's life at the same time that he expresses rage and seems to obliterate the other.
Mrs. T.: (interrupts) God! I wish I could do that! (Screaming)

Mr. T.: (Continuing) In self defense I threw my hands up. At that, my son and daughter ran at me.

Mrs. T.: She wasn't even home. This is ridiculous. (screams). I don't believe it. She wasn't even home! Oh! Oh! (There is some confusion as they both talk) ...Damn right he's got two sides.

Mr. T.: This situation wasn't that bad. It was allowed to get out of hand by Mr. R. (wife's worker)

EPISODE SHIFT

Mrs. T.: Oh! (screaming) I don't believe it!!

Caseworker: (to Mrs. T.) What was your intention in setting up this appointment?

Mr. T.: I know what the hell she wants. She wants ...

Caseworker: I don't want you to tell me what she wants, because I'd like her to tell me, Okay?

Mrs. T.: I feel that I would like to straighten my life out, one way or another. I want to do something legal.

Caseworker: A divorce?

Mrs. T.: No, just something legal, because he won't change. It's impossible. This won't help. I need something legal. I was dumb to take it for so long. I've had it.

EPISODE SHIFT

Mr. T.: Just a minute! Now, first of all, you are drinking on the sly!

Mrs. T.: Is that right?

Mr. T.: Yeah ...

Mrs. T.: And you're not drinking?

Mr. T.: You start hiding a bottle ... (shouts) Hiding a bottle of whiskey ...

Mrs. T.: I hide it from you, kiddo, not the kids. It's to keep you away from it!

The wife's rage, and perhaps even her reminder to Mr. T. that she is still alive and separate leads to an escalation of violent feelings.

Mrs. T. was rated as focusing negatively on the other at a 2.0 level, for this episode.

Mr. T. exhibits his exclusion of others by answering for his wife. He does not clearly distinguish himself from others, and perceives every element of the interaction as directed at him. He inflates himself and assumes total responsibility for the interaction. He also expresses an extreme, or dichotomous world view, because in his "martyr" role, he sees his wife as unjustly abusing him and creating any problems he has.

The wife's ambivalence begins to be expressed, along with her global rejection of Mr. T. Her attacks on him lead to an escalation of violence.

Mr. T. seems to lose differentiation completely under the attack. He attributes his own behavior to Mrs. T. As the undifferentiated matrix becomes dominant, the couple become more and more enraged and polarized.

The wife continues to push toward a polarized, unbalanced interaction.
Mr. T.: Ha! She's sneakin...
Mrs. T.: I am not sneaking... So, I have a highball every night. He doesn't give a damn...
Caseworker: Hold it! Hold it! I don't want you to talk to each other. If you have anything to say, tell me.
Mr. T.: Sorry about that (subdued).

The interaction is beginning to move to the 1 level.

When the caseworker injects himself as a buffer zone, a degree of balance is attained. The husband makes a global statement taking responsibility for the outburst, and negating the wife.

The interaction oscillates between severe self focus on the husband's part with severe negative focus on the wife. The wife's focus is on the husband only. She does not focus on herself, but on him as the center. Boundaries between the two are indistinct and shift from severe exclusiveness to over inclusiveness and confusion between self and other. The violence of feelings at the borderline/narcissistic level and the inability to balance self focus with focus on others is illustrated.

Case Description and Treatment Plan

This is a mother and two sons, ages thirteen and eleven. The father was a drunk and deserted the family right after the youngest (age eleven) was born. Three older brothers are in jail for serious crimes. Presenting problem was youngest son's school problem and continued enuresis.

Mother frequently criticizes the sons, relying on the observations of others to define her sons for her. If the boys receive a compliment she will briefly idealize them. Most of the time she is ready to criticize them and is not able to reject negative information about them. She is especially critical of the younger son. The thirteen year old is rather sadistic and she relates seductively to him. The thirteen year old is in a delinquent peer group. Mother occasionally indicates pride (defensive?)
in her own abilities, but rarely focuses on herself. She does not see any negative things about herself. Usually she is living through the sons, especially the younger one.

Based on the rating schemes and episode descriptions, it became clear that the mother has no sense of self, and that she sees the boys as parts of herself. She has no inner basis for evaluating them or herself, so she relies on others. It is as if others discussing her sons were defining this woman. She criticizes the younger son as if he were herself. She fears the thirteen year old son and defers to him (when this was presented to the worker who had provided the tapes, the worker added that the mother had been abused as a child by her father). She is not differentiated from the eleven year old, and everything he says that she wouldn't say (which is everything.), she criticizes. He, in turn, punishes her with his behavior, but clings to her, idealizing her if she is attacked. The two sons often argue at mother's instigation, and often have to interpret each other to the mother. They literally integrate for her.

Because she sees herself as bad, the mother seeks out bad feedback about herself (sons) from the environment. Her hostility toward men is expressed in her criticisms of the sons. Their lack of limits and lack of respect for boundaries come out as they relate to her. The eleven year old can be sent into tantrums by the lack of regulated hostility. Both boys respond well to the worker's rules and limits. Mother likes the worker only because sons have told her they like him. There is no sense of her being interested in insight. The problem is seen as being with the sons.

The ratings show the mother to be severely narcissistic in that she
sees her sons as extensions of herself. She is not psychotic, in that she exhibits no symptoms and is in superficial touch with reality. Yet, she demonstrates the characteristic narcissistic/borderline relationship to time as an on-going present. She is inconsistent and does not differentiate the sons well from each other. The focus is on the other, with little sense of self. The thirteen year old is somewhat omnipotent and sadistic, and shows narcissistic personality traits. Both boys received scores at level 3, while mother is at level 2.

Mother was diagnosed as "borderline" by the rater and "inadequate" by the independent diagnostic panel. The eleven year old was diagnosed as "unsocialized aggressive reaction of childhood," and the thirteen year old received the same diagnosis.

Perhaps the following rater descriptions of some episodes with the family will illustrate the way in which these clinical assessments were made.

(1) Mother: Orders the kids to tell the worker what happened all week, tells them they are not nice. Talks of sending one son to camp, he protests, she tries to convince him through negating what he's said.

(2) The sons talk of the thirteen year old's jacket being stolen at school. He wants revenge and feels hopeless. Talks of proving his right to the jacket and receiving justice. The eleven year old notes that his brother probably can't get revenge, and feels that it is too bad.

(3) Mother then criticizes younger son, focusing on him as a problem, and simultaneously teasing and condemning him with statements like "Tell Mr. A. (therapist) your progress, tell him
what you did."

(4) Son responds by thwarting mother by talking about his dislike for school. He defends himself from her criticisms that he doesn't work, and begins to get upset at her characterization of him as bad. He begins arguing with mother and reacting to her.

(5) Mother calls him cute and talks about what a nice child model he could be. She argues details with the sons and accuses them of killing a pet hamster. She begins calling the eleven year old by the thirteen year old's name and confusing them. The boys argue with her about this.

(6) The older son starts out defending himself from mother's accusation that he gives her nothing, becomes frustrated, then brags that mother can't control him and tries to get out of the session. He withdraws from most of the interaction.

Some of the inconsistent images of the other and the total lack of self focus should be evident.

Treatment Planning

The clinical insight afforded by the rating scheme can be applied to planning interventions. In the case just described, the worker had reached an impasse. Mother had decided to farm the boys out to a foster home and was defensively idealizing the therapist. In a consultation, I suggested that (1) he see the mother alone, since she cannot focus on herself when the sons are with her (because she is relatively undifferentiated); (2) that the boys be given "big brothers" in order to have some positive ex-
periences of maleness; (3) that the worker be a "pal", rather than a therapist with the sons since they look up to him and need training in how to be men who are not hateful and destructive; (4) that these changes in the treatment be instituted in a particular way:

(a) Since the mother seems to be trying to engulf the worker and to devalue him, I suggested bringing in a "consultant" to observe a session and make some of the recommendations.

(b) The "consultant" would be an older female therapist. This is because mother focuses out and will take advice from those outside of her. As a man, the worker has already been negated by not being recognized as separate. Mother tends to respect and defer to older women;

(5) based on the rating schemes and the theory, after scoring the family, I was able to pick up countertransference problems which were interfering with the worker's handling of the case. We spoke of the therapist's frustration about feeling irrelevant, and his need to protect himself from the mother. The worker's hesitancy to explore in certain ways was discussed, and we agreed that he was avoiding the rage he sensed in the mother. Attempts to differentiate on his part or on the sons' parts would provoke an attack. Part of the reason for the "consultant" was to help the worker defuse his own rage and anticipation of mother's rage.

We also discussed the possibility that the sons and their problems are a major defense and that the mother may not tolerate treatment without the defense. The worker was helped to see that he could only do so much, and that he could not avoid focusing more clearly on her narcissism for fear of losing the case. It was pointed out to the worker that if the
reality was that this woman would not be able to focus on the problems which were at hand, but would need to continually defend herself by shifting the focus, it would be unfair to both the family and the worker to prolong treatment under those circumstances.

It was my suspicion that the therapist's "letting go" and willingness to give up the case would paradoxically enable him to confront the primitive destructive issues. Mother's underlying fears of abandonment and her demands for symbiosis seemed to be inducing in the worker a sense of dread which led to being captured in her defenses.

The ultimate test for all of this apparent conjecture are the worker's perception of the accuracy of the analysis and the effectiveness of the suggestions for the movement of the case. The worker agreed that the analysis was correct, and was able to use the insights into the countertransference. The new approach was begun with the mother. So far she has remained in treatment and is working out a new relationship with the worker. The sons are more relaxed, and seem to be modelling more after the worker.

**Demonstrating Treatment Progress**

The rating scheme has shown itself to reliably measure clinical reality at a particular point in time, but what clinically useful information can it provide over time? In Table 14, scores for two individuals who were rated over an extended period of time (over nine months) are presented:
Table 14. Scores Over Time

<table>
<thead>
<tr>
<th>Tape Number</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Episode Score</td>
<td>1.94</td>
<td>1.47</td>
<td>2.33</td>
<td>2.21</td>
<td>Client 1</td>
</tr>
<tr>
<td></td>
<td>2.42</td>
<td>2.0</td>
<td>4.74</td>
<td>5.0</td>
<td>Client 2</td>
</tr>
<tr>
<td>Average Differentiation</td>
<td>2.0</td>
<td>1.44</td>
<td>2.33</td>
<td>2.14</td>
<td>Client 1</td>
</tr>
<tr>
<td></td>
<td>2.5</td>
<td>2.0</td>
<td>4.75</td>
<td>5.0</td>
<td>Client 2</td>
</tr>
<tr>
<td>Average Attribution</td>
<td>1.75</td>
<td>1.33</td>
<td>2.33</td>
<td>2.29</td>
<td>Client 1</td>
</tr>
<tr>
<td></td>
<td>2.0</td>
<td>2.0</td>
<td>4.55</td>
<td>5.0</td>
<td>Client 2</td>
</tr>
<tr>
<td>Average Distance</td>
<td>2.0</td>
<td>1.33</td>
<td>2.33</td>
<td>2.29</td>
<td>Client 1</td>
</tr>
<tr>
<td></td>
<td>2.0</td>
<td>2.0</td>
<td>4.70</td>
<td>5.0</td>
<td>Client 2</td>
</tr>
<tr>
<td>Average Appropriateness</td>
<td>2.0</td>
<td>1.78</td>
<td>2.33</td>
<td>2.14</td>
<td>Client 1</td>
</tr>
<tr>
<td></td>
<td>2.67</td>
<td>2.0</td>
<td>4.85</td>
<td>5.0</td>
<td>Client 2</td>
</tr>
</tbody>
</table>

In both cases, over time there are shifts from one level of differentiation to another, higher level. It may be possible to utilize a rating scheme such as this to measure client change as treatment progresses.

Rater Comments

The three raters other than myself were asked to comment on the rating process and on the rating scheme. The following statements summarize their comments:

1. Distance was sometimes difficult to rate; the scale descriptions sometimes did not fit the situation.

2. Direction/valence scores were difficult to distinguish.

3. Sometimes it was difficult to divide a tape up into episodes,
and it seemed easier to do an overall rating.

(4) For some raters it was difficult to avoid identifying with the therapist’s stance.

(5) One rater, who became convinced that the rating scheme reflected important clinical phenomena, used the scheme to train students.

Summary

In this chapter I have discussed some of the clinical understandings embodied by the theory I have developed. Actual instances of poorly differentiated functioning are presented. The sensitivity of the ratings to changes in an individual over time are touched upon. Some of the reactions of the raters were presented.
Summary of Method and Findings

The subjects were thirty-six clients of three out-patient clinics and three private therapists. Therapists were asked to provide tapes of one to four sessions with each subject. The tapes were rated by independent judges on the basis of the rating scheme I developed as a condensation of relevant theory on the borderline/narcissistic individual. A clinician other than the rater also listened to the tapes on each subject in order to make an independent diagnostic assessment.

The data analysis included correlations, stepwise regression, analysis of variance, classification. The items on the rating scheme relating to the differentiation axis of the self/social matrix, were found to be highly intercorrelated ($r = .90$). The items relating to the self/social focus were also intercorrelated ($r = .72$). These findings indicate that the two axes of the matrix I hypothesized, differentiation and self/social emphasis, could be measured fairly reliably. In the reliability study, it was found that the raters differed in both the number of episodes which they perceived in a given tape, and the degree of variation in an individual's scores. Yet, despite these differences, differentiation scores, and assessments of self/social emphasis remained surprisingly stable between raters. An individual's scores remained stable except in those cases
where information was available over a long period of time. In these cases, therapeutic progress could be observed in the differences between the early and later ratings on the same individual.

The scores distribute themselves on a continuum, as expected. There are qualitative distinctions between the various categories on the continuum. A strong relationship between the level of disturbance revealed in classical psychiatric diagnostic schemas and scores on my rating scheme has been found (r = .66 p < .001). In developing the ratings, I used concepts of diagnosis and hoped to find a relationship between the levels on my scheme and the degrees of disturbance described in diagnostic paradigms. For instance, in developing the ratings, I assumed that level three would reflect behavior traditionally described as "neurotic"; if this were the case, it could be tested by comparing traditional diagnoses with scores on my rating scheme. I have found that individuals with ratings in the range 2.90 - 3.90, do in fact frequently receive diagnoses of "neurotic".

In the case of borderline/narcissistic individuals, the expectation has been that individuals with scores between 2.10 - 2.90 would be given diagnoses of "borderline", "narcissistic personality", "alcoholism", "acting-out", "immature personality", and the like. This has been demonstrated with the data collected for the present study.

I have been able to demonstrate that borderline/narcissistic individuals fall into a specific category on a continuum of mental health functioning. The continuum is defined by two axes: 1) self/social differentiation; 2) self/social emphasis. By simultaneously examining both differentiation and self/social emphasis, I have been able to define the matrix associated with borderline/narcissistic functioning.
Self/social differentiation refers to the degree of distinction and coordination of the self and others. Five levels of differentiation have been suggested. Self/social emphasis reflects positive or negative attention to the self or others. There are four types of self/social emphasis: (1) positive self regard; (2) negative self regard; (3) positive regard of others; (4) negative regard for others. There is also a fifth category called "equal emphasis", which refers to a balanced focus on self and other.

Self/social differentiation and self/social attention together provide a qualitative as well as a quantitative picture of the individual. The two axes of the continuum, when looked at together, reflect the degree to which the individual's attention is inclusive or exclusive of self or others. Exclusiveness refers to the tendency in poorly differentiated individuals to focus on either the self or others in an extreme, uncoordinated fashion. Inclusiveness refers to a coordinated focus on both the self and others. In its more extreme, undifferentiated form, exclusive self focus is grandiosity; similarly, the extreme case of focus on others has been described as idealization.

The borderline/narcissistic configuration has been shown to be stable over time. This means that even though the individual appears to be volatile and unpredictable, the extremes of his or her behavior fall within a definite range on a continuum. There was not much variance on an individual's differentiation scores, indicating that he or she tends to remain at about the same level of functioning. However, the self/social emphasis scores vary considerably. Because the borderline/narcissistic pattern is characterized by poor self/other differentiation, extremes of self or other focus at the borderline/narcissistic level take on a characteristic quality.
Identifying the Problem

The problem which this research has addressed is that of developing a clinically useful conceptualization of the borderline/narcissistic character structure. Borderline and narcissistic problems have begun to appear more and more frequently in the clinical literature. Much of the writing in this area is difficult and lacks clarity. Words like "transmuting internalization" (Kohut, 1971) "self-object," (Kohut, 1971) "projective identification", (Kernberg, 1975) and "split object relations unit" (Masterson & Rinsley, 1975) are complex and require translation in order for most clinicians to use the underlying concepts.

The discussions of borderline and narcissistic personalities are particularly relevant to understanding such varied social and personality problems as sociopathy, addiction, the "new" narcissism, alienation and depression. All of these problems have something to do with the quality of relationships and with the interface between the individual and society.

David Riesman has pointed out (1950), that as a society advances, concern with the material necessities of living is replaced by a concern with how one relates to others. The proliferation of new therapies, healing cults, religions, encounter groups, and the like, point in this direction. The concern with alienation, anomie, ennui, and angst point out the social significance of some of the dynamics relating to the borderline. If one accepts Durkheim's point that certain members of a society express that society's pattern, the increase in identified borderline and narcissistic problems may, in fact point out some of the social and psychological costs associated with current western society.

The magnitude of the issue would seem to dictate that those on the
front line of treating social-psychological problems ought to be well versed in the dynamics and implications of the problems being termed "borderline" or "narcissistic". Yet, the theories currently available are difficult and tend to lose sight of the individual-in-society.

As an example of the muddiness of the theoretical waters, even the terms to describe borderline or narcissistic phenomena are confused and cannot be agreed upon. Some writers distinguish borderlines from narcissistic personalities, yet the concept of "narcissism" is used to describe both types. "Borderline" is a category which has been used to refer to a wide range of disorders. "Narcissistic disorders" covers a wide range also. The attempts in the literature to distinguish borderlines from narcissistic personalities are indistinct since the same dynamics seem to apply to both disorders. In this research, the lack of clarity in these terms is reflected by pairing them and referring to "borderline/narcissistic" configurations.

Clarifying the Formulation

It has been my belief that despite the complex theoretical formulations, there is a relatively simple underlying structure that is basic to understanding the borderline/narcissistic character. If one considers a matrix of self/social relating, and defines that matrix along two axes, differentiation and self/social emphasis, much of the discussion about borderline/narcissistic processes can be given a grounding.

I tested this view by developing a set of rating schemes reflecting a formulation based on the self/social matrix. While not rejecting prior formulations, indeed while clarifying them, I found support for my thesis that a simple structure underlies the complex abstractions in the literature.
In addition to my research testing, another test for this assertion lies in the meaning which my formulation is able to add to current theory. My attempt to get at the underlying structure of theories of borderline/narcissistic functioning rests on prior work, and is actually a bringing together of much parallel work. For example, a central concept used to explain the borderline/narcissistic character is that of continuity. This concept refers to the ability to maintain a consistent sense of self, others and the world, over time. A sense of being the same person in various situations, the idea of consistent and continuing self (Lichtenstein, 1964; Federn, 1952) seems to be lacking in the borderline/narcissistic individual. My formulation asserts that as the distance from a baseline of mutuality increases, the individual is less differentiated and less able to integrate experiences. The self and the other are either blended or seen as too distant to coordinate.

Differentiation refers to the establishment of boundaries between the self and the world. Coordination or integration assumes the ability to let differentiated parts of the self/social matrix interact in a way which maintains a differentiated identity while simultaneously enabling a close connection and contact. The coordinated matrix can tolerate the dialectics of interdependence in which individuals can keep their identity while close to others. The individual can be both dependent and independent. However, if the individual lacks a sense of continuity, he or she experiences the dialectic of independent selfhood in an interdependent relationship as a threat to existence.

This is because in borderline/narcissistic states, the ego boundaries often include the other in a way which confuses the self and others. The result is that the individual considers the other as part of himself, or
fears being lost in others. If there is no certainty as to who the self is, it is easy to become confused and to assume that others think as one thinks, or will do whatever the individual wants. Alternatively, attraction to another may threaten the individual with having to become the other because the differentiation involved in maintaining an independent identity is perceived as a threatened loss of the other.

In the undifferentiated matrix, the loss of continuity leads to an "unanchored" focus; there is a constant shifting between a self lost in others to a self who contains others. The paradox in this is that in the extreme, grandiosity and idealization blend into each other! For instance, older persons who isolate themselves may appear to be extremely self absorbed, yet one may discover that this isolation is a "punishment" to relatives, and may involve elaborate reactions and attention to those relatives. Alternatively, an adolescent who acts out rebelliously against the parents, may actually be asserting himself or herself omnipotently. In the undifferentiated matrix the extremes of self or other focus has many behavioral and psychological manifestations. The individual may appear to behave inconsistently or impulsively. He or she may push others away one moment and cling to them the next. The individual may experience tremendous rage or depression or may shift from rage against others to self denunciation quite rapidly and arbitrarily. All of this points to the inability to maintain a consistent identity if the matrix is undifferentiated to the point that self and others cannot be coordinated.

The experience of continuity, then, is tied up with the degree of differentiation and integration of the self and others. If individuals do not experience a consistent, continuous identity, they can easily feel
that self/other boundaries might be violated. Feelings of helplessness and omnipotence become confused, and the individual behaves in a chaotic fashion.

Even though many borderline/narcissistic individuals maintain a semblance of social adaptation, this shifting identity base and lack of self/other distinction lead to the qualitative sense of strangeness about these individuals experienced by persons who relate to them. Rather than any particular symptom distinguishing them, it is more the quality of hollowness, or the violent reactions to intimacy which characterizes the borderline/narcissistic character.

The concept of a continuous, or coherent identity comes up frequently in the literature. Kohut, (1971, 1977), for instance, describes the borderline as not having achieved a coherent identity. He explores the various fragments of an identity which characterize borderlines. Other theorists for example Masterson (1976), Kernberg (1975), also discuss the lack of a cohesive self at the borderline/narcissistic level. They fail however, to describe clinical observation within a compact theoretical formulation.

It can be seen that by taking one frequently described observation in the literature, that of a fragmented identity, one can infer the significance of the underlying concept of a continuous identity. This one concept alone generates a series of statements about borderline/narcissistic functioning. My formulation has been an attempt to get at the underlying concepts which can be used to coordinate many of the observations contained in the literature.
Let us take as an instance Kohut's idea of the self-object. He describes the self-object as a person in the environment who performs some of the functions of the ego. Kohut goes back to childhood development in describing the concept. The mother carries out certain buffering and organizing functions for the immature self of an infant. In normal development, these formerly external functions become internalized through the process of transmuting internalization. In pathological development, the individual continues to rely on others to perform some of his or her ego functions.

In my formulation, this observation can be accounted for as the way in which the poorly differentiated individual confuses the self and others. The self-object is an instance of expanding ego boundaries and taking others into the self. In my formulation, the lack of distinctness between self and other, and the confusion as to who is who accounts for the clinical observation that many borderline/narcissistic individuals set up auxiliary (maternal) egos in the environment. This means that someone is used as a supplement to one's ego rather than as a separate, coordinated individual. The other's separateness as a person, with needs, ideas,

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independence, is diminished so that the other may be treated as if he or she were an extension of oneself.

Another frequently used concept in the literature on the borderline/narcissistic personality is that of the transitional object. The concept was introduced by Winnicott (1951), to describe the child's movement from the embedded mother infant matrix into a social environment. Winnicott describes the transitional object as the first "not-me possession," meaning that the child is beginning to recognize distinctions between itself and the world. The transitional object is also a stand-in for the mother and is neither the self nor the other, but is both. It is a transitional ego structure. (A. Orstein, 1974).

Many clinicians have observed transitional-object type, relations in borderline/narcissistic individuals (Sperling 1969, 1974; Giovacchini, 1967, Masterson, 1976; A. Ornstein, 1974). The concept can be explained by looking at the confused boundaries between self and others at the borderline/narcissistic level. The concept refers to the borderline/narcissistic characteristic of emptiness, and blandness. It actually describes a form of psychological non-commitment and ambivalence. The transitional object is neither self nor other, it is both, occupying the fuzzy boundary area between the self and the other. To move relationships out of this limbo would mean potential destruction, since either the self or the other would be absorbed into the undifferentiated matrix.
Perhaps some diagrams will illustrate the issues.

**Figure 22. Normal and Borderline/Narcissistic Coordination of Self and Others**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Borderline/Narcissistic</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Diagram" /></td>
<td><img src="image" alt="Diagram" /></td>
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</table>

*Normal: The distance between the self and the other is small, so that it is possible to coordinate the two.*

*Borderline/Narcissistic: The distance between self and other is so great that they are either (1) held apart as uncoordinated extremes (splitting), or (2) the self becomes lost in the other or the other is swallowed by the self.*

The diagram illustrates that because of the distance between self and other, the space between them can be experienced as "dead" space. This is where the borderline/narcissistic individual lives. Because self and other are not coordinated, the space between them is empty, reflecting the early experience of not existing between episodes of contact with the maternal environment. The borderline/narcissistic individual constructs this twilight zone to protect and establish boundaries, and to maintain sufficient distance to avoid contact between the self and others.
This diagram illustrates that in borderline/narcissistic individuals, the great distance between the self and others is filled in with the transitional object. This object can create a pseudo-boundary, or a buffer between the self and others.

Contact is feared because of its potential dangers: engulfment or incorporation of the other. In the poorly differentiated matrix of the borderline/narcissistic character, grandiosity easily becomes paranoia, and idealizing can become omnipotence. A constant shift between self-inflation with devaluing of others, fear of retaliation, idealization and self-devaluation, fear of engulfment, and back to self inflation reflect the way in which omnipotence gets played out. Because omnipotence in an undifferentiated matrix can mean anihilation, the individual strives to avoid contact.

If one attempts to break through the transitional zone established by the borderline/narcissistic individual, the result is often rage or depression. Most theorists of the borderline/narcissistic configuration identify these two "symptoms". With my formulation, one can view the rage as an attempt to re-possess the self from the other into whom one
has become lost. Take as an example, the statement by a client: "I hate ..... because she is so attractive that I can't hold onto myself in her presence." Rage is also a primitive form of setting boundaries between the self and other when one fears intrusion.

Depression in borderline/narcissistic individuals can be seen as the feeling of being dead or empty. If the other has been temporarily expelled, the borderline/narcissistic character, because he or she cannot distinguish self from other, will feel that the self has been lost and emptied by the withdrawal of the other.

This state of affairs reflects the concept of splitting so often referred to in the literature on borderline/narcissistic disorders. Figure 22 reflects the distance between self and other at the borderline narcissistic level. In my rating scheme, I incorporated the concept of the good/bad self and the good/bad object; I found that at the borderline/narcissistic level, bad self/bad object and good self/good object tended to be related. Individuals perceive the world as all good or all bad. When the undifferentiated matrix is seen as good, grandiosity and positive idealization are seen. When the matrix shifts to bad, there is self devaluation fear of damage by the other, and tearing down of the individual's "idol".

The constant shifting, which I refer to as the balance phenomenon, relates to the concept of self-esteem regulation. Many theorists (e.g., Mennaker, 1977, Annie Reich, 1960) have noted the problems of self-esteem regulation evidenced by borderline/narcissistic individuals. The concept of self-esteem regulation is tied to pathological superego development (Kernberg, 1975). Theorists who refer to the concept describe self-esteem regulation in terms of a cycle of self inflation and idealizing of others.
Aggression and envy result in an object which is either "glorious or it is nothing" (A. Reich, 1960, p. 22f). She describes the process as: (1) incorporation of objects which the individual envies; (2) a "poisoning from within" because of the aggression involved in incorporating envied objects; (3) an attempt at repair by endowing self and other with ideal qualities; (4) soon envy of the idealized other occurs and the cycle is repeated.

According to the theory I have presented in this research, self esteem shifts can be accounted for by the primitive attempts to coordinate the undifferentiated self/social matrix. This results in expansively devouring the other, spitting out the bad other, being eaten oneself, and having oneself thrown out as garbage. Individuals tend to pick characteristic patterns of good and bad self and other. This was demonstrated in the testing out of the theory.

The above examples should illustrate some of the ways in which I have used my formulation to structure a discussion of theoretical issues. The theory itself, upon which I have based this understanding, has been subjected to testing, and the early results indicate that it holds up. The rating schemes which formed the empirical basis for the study were grounded in the theory. Analysis showed that my hypotheses could be demonstrated.

Implications for Practice

In order to meet my original goal of explicating theories of borderline/narcissistic functioning for use by clinicians, it is necessary to explore some of the implications of my formulation for practice.
One implication is that by recognizing that the dynamics I've described refer to a specified level on a continuum, clinicians can better identify borderline/narcissistic problems. As one thinks about narcissism, self focus, other focus, intimacy, and other borderline issues, it is easy to recognize that these are not only borderline/narcissistic phenomena. There is a self/social balance at each level of differentiation. What I have described are the processes at one level of an overall continuum. Clinicians can benefit by looking at the way in which the individual focuses on both the self and the other. By being aware of both sides of an individual's focus, the clinician can go beyond symptoms alone and can address underlying dynamics.

The concept of a continuum defined by self/other differentiation and the degree of inclusiveness of self/social focus has implications for clinicians. One can recognize that similar processes are played out in different ways at each level on the continuum. In this way, therapeutic goals and interventions can be based on the assessment of an individual's position on the continuum.

Another implication for practice is that the clinician can be aware that in an undifferentiated individual, self-destructiveness and depression can easily shift to other-destructiveness and rage. The individual may act this out rather than discuss it, so the clinician needs always to focus on bringing the extremes closer to the baseline or mutuality.

Positive self focus can have self destructive, negative self focus lurking behind it. The same will hold true of focus on the other. The clinician will need to keep in mind that the opposite feeling state can appear in response to the client's shifting perception of the therapist. A clinician working with borderline/narcissistic individuals must be pre-
pared to be idolized, destroyed, attacked, and ignored. The client, who is himself or herself undifferentiated, may stereotype the clinician, or refuse to deal with the relationship on other than superficial terms.

A central issue in dealing with borderline/narcissistic individuals is the countertransference. First there are those reactions induced by the client: the clinician will feel pressure to behave in a less differentiated way with these clients; clients may induce hatred or a desire to take over control of their lives. Borderline/narcissistic clients, to be understood, require that the clinician enter the undifferentiated matrix, yet in order to help them, the clinician must maintain a separate identity. Then there are the clinician's personal reactions: it is difficult to be a "dead", ignored object and if one forces contact, the rage or suicidal reactions can terrify the clinician. The clinician may become frustrated at never achieving consistent "insights," or at the seemingly transient and superficial nature of the relationship.

In working with borderline/narcissistic individuals, one must keep one's own differentiation intact while permitting the client expression of his or her undifferentiation. In addition, the goals of treatment can be specified, based on an understanding of processes at the borderline/narcissistic level on the continuum. Central goals ought to include (1) the establishment of a sense of continuity; (2) developing the ability to tolerate intimacy; and (3) developing a coordination between positive and negative feelings about the same person.

What is being suggested is that the client can develop a more differentiated functioning by learning that his or her emotional shifts will be tolerated by one relationship, that intimacy without destruction is possible, and that one can hate someone without losing that person's
love. The maintenance of a consistent environment and the coordination and balancing of extreme responses provides an environment in which the borderline/narcissistic personality can safely begin to venture from an undifferentiated level of functioning to a more articulated, coordinated level.

**Summary**

In this chapter, I have reviewed the results of the research and explored some theoretical and practice implications. I have described the research as consisting of two pieces: (1) theoretical explication; (2) operationalizing and testing theory. I have found that the theoretical formulation is a useful tool for clinical understanding, and that the formulation holds up when tested. The research illustrates the potential for operationalizing difficult clinical theory in a way which does not distort the meaning of the theory or reduce the clarity of phenomenological explanations.
Appendix A

FORMS

The forms used to record data for the study follow. They are:

1. The Tape Rating Form
2. The Subject Summary Sheet
3. Direction/Valence Tables
4. Self/Social Graph
5. Reliability Sheets (two)
6. Diagnostic Sheets (two)
7. Consent Form
Tape Rating Sheet

Tape #_____  
Rater_____  
Client #_____  use additional sheets if a tape contains more than 8 episodes

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<th>Valence/Direction</th>
<th>Total Differentiation</th>
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<th>Clinical Description</th>
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| total episodes |   |   |   |   |
| total direction/valence |   |   |   |   |
| total differentiation |   |   |   |   |
| total attribution |   |   |   |   |
| total distance |   |   |   |   |
| total appropriateness |   |   |   |   |
### Direction/Valence Table

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**Total Episodes =**
Self-Social Matrix Graph

| Episode # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|-----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Self      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Mutuality |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Other     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
RELIABILITY SHEET

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subject code

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<td>Appropriateness</td>
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RELIABILITY SHEET

EPISODES

subject

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163
Research Participation

is involved in research in which the way people interact and relate to each other is being studied. The researcher, Terry Carrilio, has asked us to provide clients with an opportunity to participate. This requires that on-going sessions be taped and that permission be given to the researcher to hear the tapes. The researcher will not have any personal contact with clients. The tapes will be used as examples of how individuals experience situations in their lives. The experiences of many people will be looked at. There will be no interviews or questionnaires. Only the client's regular sessions will be looked at in an attempt to focus on common ways in which people deal with experience.

For those who would like to participate, there is very little involved. The main requirement is written permission to use tapes of three or four regular sessions at . If there is a particular tape which the client would like to omit, even after agreeing to participate, the client's wishes will be respected. A client can also decide at any point to change his or her mind about participation. Involvement in the study is completely voluntary. Confidentiality will be strictly maintained.
Name______________________________________________.

This will authorize__________to release confidential treatment information to:____________for the purpose of research for a Bryn Mawr College Dissertation.

The specific information to be released is:

1. tapes (3 or 4) of sessions
2. write-up of initial evaluation, with names and identifying information whited-out

I understand that I may revoke this authorization at any time by contacting my therapist at______________.

Client's signature ____________________________________________ date

Therapist or other responsible person ________________________________ date

This authorization is void after the requested number of tapes have been received.
Appendix B

CODE BOOKS

The codebooks for key punching the data follow. There are two codebooks because after the first analysis, some variables were dropped and others added.
# Codebook 1

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<th>Column</th>
<th>Format</th>
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<td>Identification Code</td>
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<td>F1.0</td>
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(1) for 12 variables:  (8x, F2.0, F1.0, F3.2, 9 (F4.2), 30x)
(2) for 24 variables:  (8x, F2.0, F1.0, F3.2, 9 F4.2, 4 (F20, F4.2), 5x)
The computer is instructed to read the following format:

(6x, F1.0, F4.2, 5F4.0)
The following is a survey of some of the main contributions to the understanding of borderline/narcissistic individuals. The summaries are not meant to be complete discussions of each theorist, but instead represent those ideas which seem most relevant to the study presented here. The reader may also gain some appreciation of the kinds of debates current in the literature on the borderline/narcissistic personality.

Heinz Kohut

Kohut emphasizes the libidinal aspects of narcissism, and he posits two separate lines of development: narcissistic (self love) and object (love for others). He differentiates the narcissistic and borderline personalities on the basis of self cohesion; the borderline is more fragmented, while the narcissistic personality possesses a cohesive, albeit

1 The following works were consulted in developing this summary of Kohut's position:

immature, self. Kohut sees the narcissistic disorders as fixations at stages of normal development along the narcissistic line. He specifies the stages which an infant goes through in developing modulated self esteem, ambition, ideals, and expectations of others.

Kohut sees object relations in narcissism as either using the object in service of the self, or seeing the object as part of the self (self-object). The object can also be used to fill in for missing ego functions, thereby placing parts of the ego in the outside world. Kohut sees two major types of object relation developing in transference situations: idealization and grandiosity, called the idealizing and mirror transferences. The idealizing transference focuses on the therapist as the ideal parent, while the grandiose transference focuses on the therapist as part of the self or a mirror image of the self. Kohut relates his idealizing and grandiose transferences to Melanie Klein's introjective identification and projective identification concepts. He also describes a process called "transmuting internalization", in which a psychic structure develops to take over a function which the parental figure at first fulfilled.

Kohut feels that the borderline and narcissistic disorders do not result from structural conflict (i.e., id, ego, superego; the object line of development), but from problems in the development of a cohesive self. He sees narcissistic vulnerability as a result of overstimulation which results from a defect in the ability to neutralize drives. Kohut sees narcissistic rage as a reaction to flaws in the narcissistically perceived world. The absolute omnipotence of the self or others must be preserved in order to maintain balance; aggression, for Kohut, arises out of imbalances in the narcissistic matrix.
Followers of Kohut have attempted to further elaborate upon the implications of some of his concepts, especially that of the separate developmental line of narcissism. M. Toplin (1972) discusses the development of psychic structure as a gradual internalization of the mother's soothing activities. She indicates that the transitional object (Winnicott, 1951) plays an important role as a transitional mental structure which maintains narcissistic balance during the slow process of developing structures to take over the mother's functions.

Ornstein (1975) discusses the undifferentiated narcissistic matrix, indicating that narcissism cannot exist prior to the cohesiveness of a self upon which to invest libido; therefore, since the borderline personality has a defect in the self and in self-objects, borderline individuals have not yet reached the stage of narcissism. This, of course, differs from Freud's formulation, since Freud (1914) postulates a "primary narcissism" corresponding to what Ornstein refers to as the undifferentiated matrix, and suggests "secondary narcissism" to cover both libido directed toward the ego on the way to object love and libido returned to and withdrawn from objects.


Joseph Palumbo (1977), another follower of Kohut's, discusses some of the more difficult aspects of Kohut's theory. He indicates that the problem of our time is not conflict, but rather, the attempts to grapple with ourselves, leading to a feeling of incompleteness and a search for others to complete us. He indicates that classical psychoanalytic theory does not
adequately account for healthy narcissism, necessitating the development of a theory like Kohut's. However, Palumbo also recognizes that coordinating the traditional object love line of development with the narcissistic line is problematic. Palumbo sees the process of development as a gradual modulation of the grandiose self and of the idealized parent. The ability to calm oneself and to regulate oneself is associated with the transmuting internalization of parental power. Palumbo sees self-based excitement as an organizing process, but it can also be disorganizing, if the individual is overwhelmed with excitement or needs to generate excitement in order to escape from emptiness.

Otto Kernberg

Otto Kernberg disagrees with Kohut and his followers on several points, one of the most significant of which seems to be the role of

2 The following book and articles have been consulted in summarizing Kernberg's approach:

aggression. As Loewenstein (1977) points out, for Kohut, aggression seems to be secondary, and in service of narcissistic needs, while Kernberg follows what has become the more classical psychoanalytic drive theory. That is, Kernberg subscribes to the two-drive theory (aggressive and libidinal). He indicates that the preoedipal personality condenses pregenital and genital aims under the influence of the pre-genital aggressive needs. This means that what appear to be genital, or Oedipal strivings, often turn out to be overlays concealing earlier, more primitive concerns.

Kernberg also disagrees with Kohut in that he describes borderline conditions and pathological narcissism not as fixations, but as pathological structures. Kernberg argues that the self in these cases is pathological, fusing the real self, the ideal self, and the ideal object. He indicates major superego pathology, and the resulting reliance of borderline/narcissistic people on external structures. Kernberg studies the borderline narcissistic disorders in three dimensions: libidinal, aggressive, and internalized object relations.

He emphasizes that the major defenses are splitting, primitive idealization (a form of omnipotent control of the object to defend against aggression), denial, omnipotence, and devaluation. Kernberg describes splitting as a state in which there are intensely bad self and object images co-existing, and not integrated with, defensively idealized good self and object images. Kernberg places the pathology of borderline/narcissistic disorders with poor internal object relations, inability to integrate libidinal and aggressive drive derivatives, and the resulting pathological ego structures.

Kernberg calls himself an "object relations" theorist, and considers
internalized object relations to be essential to understanding borderline and narcissistic problems. Kernberg sees pathological narcissism as a defensive investment in a pathological self rather than as an investment in an immature self (Loewenstein, 1977). He sees pregenital oral conflicts, with rage and envy, as important determinants. Kernberg also defines three kinds of narcissism: mature, infantile, and pathological. He sees devaluation of others as a defense against oral rage. Kernberg seems to suggest a continuum of mental health functioning. In fact, he also has tried to classify character disorders into levels of severity based on a) ego/superego structures; b) libidinal and aggressive drive derivatives; c) internalized object relations.

Volkan (1976) elaborates upon Kernberg's concepts of primitive internalized object relations and splitting. He indicates too that the inability to integrate libidinal and aggressive derivatives leads to "emotional flooding", a term which refers to eruptions of primitive affects. Volkan discusses the object relations of borderlines as similar to a child's relation to the transitional object. This involves the use of substitutes for real objects to maintain the pretense of contact. The substitute may be a fantasy which depicts contact even as distance is kept from others. The control over the transitional object enables the individual to control the distance between himself and others. Volkan notes that borderlines have such problems with intimacy because they are unable to keep self and object images separate. When the self and object images fuse, the individual cannot distinguish the source of affects.

Volkan's discussion of the aggressive problems of borderline/narcissistic individuals involves rage as a reaction to frustration. He discusses an "introjective-projective cycle" in which the individual is threatened by a
re-internalization of the rage and bad primitive images which had been externalized. Thus the individual will fluctuate from extreme positive to extreme negative feeling states, depending upon his or her position in the cycle at any given time.

Roy Grinker

Roy Grinker (1968), presents less of a theoretical explanation for what he calls the "borderline" constellation, and more of an attempt to clearly identify and describe a stable gestalt. In his research on hospitalized borderline cases, Grinker was able to discriminate a stable configuration, and he postulated four categories of borderline functioning: 1) the psychotic border; 2) the core borderline syndrome; 3) the as-if configuration; 4) the neurotic border.

Grinker found anger to be a significant affect in these patients. He also found a peculiar form of depression which lacked regret or guilt, but was characterized by loneliness and isolation. He described these people as feeling "anger when close, loneliness when distant".

Grinker asserts that this configuration is the result of a developmental arrest leading to a structural defect of the ego. The defect is characterized by deficient self and object constancy. He asserts that it is not a product of regression, but of the structural ego defect created by fixation. This differs somewhat from Giovacchini's idea of variable regression in response to aggressive material, and from Spotnitz's concept

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3 Roy Grinker, Beatrice Werble, Robert Drye, op cit.
of regression as a result of the increased tension of frustration-aggression.

Grinker also proposes a way to differentiate character pathology from neurotic or psychotic pathology: the neurotic defends against anxiety, the psychotic manifests defects in affect and cognition, while character defects show developmental defects in ego functioning.

Werble (1970), who was involved in the original research with Grinker, did some follow-up research on the subjects who could be located; she found that over time, these individuals did indeed remain stable. They did not fade into psychosis, nor did they become more like "garden variety" neurotics. Grunewald (1970) administered psychological tests to those participating in the follow-up; she discovered that performance on the tests corroborated Grinker's four categories of borderline functioning.

Donald Winnicott

Green (1977) calls Winnicott "the analyst of the borderline", noting especially, the relevance of Winnicott's concepts of transitional phenomena and the false self. Indeed, much of Winnicott's work is relevant to the issues raised by current observers of borderline/narcissistic individuals.

Winnicott describes early development in detail, indicating that

normal, immature processes re-appear regressively in severe disturbances. He sees depression underlying all development. Winnicott suggests that manic mechanisms are often used to defend against the depressive anxiety which is inherent in emotional development. Winnicott places a great deal of emphasis upon the movement from lack of integration to integration, the differentiation between inside and outside of the individual, and the role of the outside world in the child's maturation.

Winnicott sees the child as relating to an environment which, if it is "good enough" provides a "holding" function; that is, the mothering figure provides a sense of continuity which then enables the infant to be alone and to begin discovering himself or herself. The capacity to be concerned about others and to take responsibility for (as well as to recognize) one's impulses receives a great deal of attention from Winnicott. A "good enough" environment is necessary for this development.

Winnicott places an emphasis upon the development of a true self through interaction with a mother who can appropriately match the infant's changing needs. He suggests the development of a "false self" as a defense when the environment has not provided the support for the individual to gradually assimilate excitement and to differentiate its internal or external sources. Winnicott indicates that "false self" personalities lack spontaneity and a personal core. Rather than acting upon or pushing against the environment, false self personalities comply and react to the environment. In this way, Winnicott's formulation relates to Deutsch's (1942) as-if personality.

Winnicott discusses the way in which others become "real" to the individual. He suggests that a child needs to hate and to be hated as well as to be loved and to love in order to tolerate his or her own positive and
negative feelings. Winnicott indicates that one can only believe in being loved after being hated. Related to this is his discussion of aggression. Winnicott sees aggressiveness as originating in early, primitive activity; that is, the undifferentiated tendency toward activity, which pushes against the environment. With a consistent environment, the child learns to differentiate the effects of his own excitement upon others and within himself. The child also begins to recognize that the object which is destroyed in the height of excitement is the same object which he values at other times. The child, then, becomes capable of guilt, concern, and the desire to mend. Winnicott indicates that the experience of impulsive excitement and its integration is required for a sense of reality. If the environment is too inconsistent, the individual cannot develop a personal pattern of discovering and re-discovering the environment through activity. Instead, the individual responds to environmental impingement, while the core of the self withdraws and doesn't develop. Thus, a shell, or a false self develops, and the sense of reality comes from outside the person.

A major concept in the development of the sense of reality is Winnicott's concept of the "transitional object". This is the first "not-me" possession, and it describes an intermediate area of experience in which the child is learning to distinguish what is inside and what is outside of his or her body. The transitional object is neither inside of the person, nor outside; it literally exists at the boundary between in and out. Kohut's concept of transmuting internalization is related to this concept in that Kohut sees the process of transmuting internalization as one whereby the child, through interacting with a "holding environment" gradually internalizes the holding functions which were once performed by the mother.
Green (1977) elaborates upon some of Winnicott's ideas. Green sees borderline/narcissistic problems as failures in the creation of a "transitional space". This means that psychic distance regulation is a problem for these individuals. Green suggests that this results in a bipolar fear: that of intrusion/isolation. The individual suffers from both separation anxiety and fears of being intruded upon, and this results in elastic ego boundaries. Green also suggests another outcome of the failure to develop a "transitional space": action is used to fill space and the individual cannot tolerate the suspension of experience, because the bad object will come. This also indicates that the splitting of the world into good and bad is operational in borderline/narcissistic individuals.

Peter Giovacchini

Peter Giovacchini (1967a, 1967b) writes a great deal about the process of externalization, which is a defensive process maintaining psychic balance. Essentially, the borderline/narcissistic person reproduces the

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4 The following works were consulted for this summary:

reality which he or she knows; the individual sees the world as a homogeneously bad place, recreates this emotional environment, and then indiscriminately attacks the self and objects (this is because of poor self/object distinction). Giovacchini indicates that good experiences cannot be integrated, and these individuals often force the environment to repeat the frustrating, but familiar early environment.

Giovacchini suggests a continuum of differentiation, and indicates that borderlines are often poorly differentiated. There are degrees of differentiated ego structures as well as of the time sense and the distinction between self and other. As Giovacchini notes (1965): "Since he may have little capacity for self-object differentiation, all objects can become a source of danger insofar as hateful introjects and external objects become fused." He sees rage and hatred as central dynamics in a pathologically distorted ego structure. The relationship to objects is either megalomaniac manipulation or withdrawal.

Giovacchini discusses the uneven nature of ego functioning, which results in the borderline/narcissistic individual's over development of certain functions and abilities. The hyper-developed portions are not well integrated with less developed aspects of the personality. The individual is unable to integrate positive experiences, and often uses the over developed portion of his or her personality as a last resort way to rescue himself or herself from sure annihilation.

An important defense which is related to the defect in integration capacity is called the "frozen introject" (1967c); this involves keeping people on ice as a defense against rage. Essentially, this is a way of keeping the early maternal introject suspended between life and death. Giovacchini indicates that good introjects are necessary for the development
of adaptive techniques. A "frozen introject" leads to a fixed ego state which paralyzes the individual and interferes with adaptation. If others are kept suspended at a distance, the individual's rage, and the consequent fear of retaliation can be defended against.

Hyman Spotnitz

In Spotnitz' work, "preoedipal" disorders and schizophrenia are often considered together. Spotnitz emphasizes preoedipal rage, and indicates that individuals suffering from what he calls narcissistic disorders have not developed past the first two years of life. Spotnitz considers many of the borderline/narcissistic problems to relate to the preverbal period; this means that issues are poorly articulated, often acted out, and frequently not clear to the individual himself or herself.

A major concept in Spotnitz' formulation is called the "narcissistic defense". He describes this as a result of a) overstimulation and the lack of a protective barrier; and 2) insufficient discharge patterns for aggression. This idea relates to Winnicott's assertion that in order to adequately develop boundaries between the self and others there must be a maternal environment which protects the child from too much stimulation,

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and which helps the child to organize experiences. Spotnitz uses the term "contact" to relate to the concept of distance; these people often cannot make contact because of the operation of the narcissistic defense.

The pathology comes from the individual's inability to tolerate or integrate aggressive impulses, and the consequent attempt to prevent action upon those impulses. Because the poorly differentiated person equates thinking with acting, it is necessary to defend against negative thoughts and feelings in order to protect others. Spotnitz focuses on the self sacrificing nature of the narcissistic defense: the object which is bad or frustrating is also needed and loved, and the individual cannot integrate the two extremes; thus the individual takes the bad object into himself or herself, and violently attacks it, preserving the outside object as good.

In the extreme, the result of such self sacrifice is that the individual goes out of contact by withdrawing, or attacks his own ego to the point of fragmentation. Spotnitz suggests that this narcissistic defense is a process which can be more or less severe. He presents his formulation of the dynamics of the defense as follows:

Schizophrenia is an organized mental situation, an intricately structured but psychologically unsuccessful defense against destructive behavior. Both aggressive and libidinal impulses figure in this organized situation; aggressive urges provide the explosive force while libidinal urges play an inhibiting role. The operation of the defense protects the object from the release of volcanic aggression but entails the disruption of the psychic apparatus. Obliteration of the object field of the mind and fragmentation of the ego are among the secondary consequences of the defense.6

6 Spotnitz, 1969, p. 28.
The object field and ego field boundaries become loosened, making it possible to either "egotize" the environment or to "objectify" the ego. This means that the environment is seen in terms of the ego, leading to what others (Kernberg, Kohut) refer to as grandiosity. Or, the ego is confused with the environment, getting lost in others, idealizing them, and leading to what has been called the as-if pattern.

Frustration-aggression is a concept which Spotnitz utilizes to explain the activation of the narcissistic defense. Over-stimulation which cannot be integrated, or actual frustration, require some form of discharge. If there is no protection from the build up of stimulation, the child or undifferentiated individual cannot adequately discharge it.

Spotnitz indicates that it is the undischarged frustration-aggression which becomes a problem. The impulses are so over-whelming that the individual fears the actual destruction of the object, so instead, destroys himself.

Spotnitz uses the analysis of the Narcissus myth to illustrate the existence of both libido and aggression in narcissism. Spotnitz traces the Narcissus myth through four major versions which progress from external aggression to internalized aggression in the Ovid version. Spotnitz contends that in this, the most popular version, Narcissus is the object of both his own love and his own aggression, with the result: being his own destruction of himself. The myth is used by Spotnitz as a paradigm for self-hatred in the guise of self love, a state which he calls the "narcissistic defense".

Melitta Sperling, Annie Reich, Margaret Mahler

Sperling (1968) made the important observation that action can be
directed either internally, in psychosomatic disorders, or externally, in character disorders of the impulsive type. Both types of patient treat people as "fetish objects". She elaborates (Sperling, 1974) upon this concept, indicating that fetish object relations are associated with the pathology of separation. Sperling places the pathology at the anal stage of psychosexual development, and describes fetish object relations as controlling, manipulative, and possessive. She relates it to early, inconsistent, excessive stimulation and deprivation, both libidinal and aggressive. The result is the development of stereotyped ways of dealing with objects; this stereotyping does not repeat a specific trauma, but reproduces the infantile emotional climate.

Reich (1960) explores self inflation as a compensatory device for the maintenance of self esteem. She suggests a superego disturbance involving unneutralized aggression, resulting in external dependence. Reich describes an oscillation between feelings of grandiosity and those of worthlessness in which the self and the other are destroyed, then idealized, and then destroyed again.

Margaret Mahler (1977) relates her work (1969) on the separation individuation stage of development to borderline functioning. She states that separation-individuation contains two trends: 1) an integrating, synthesizing trend, and 2) a differentiating, boundary setting trend. Mahler indicates that separation-individuation must be gradual, or the object will remain unassimilated (or not "metabolized" in Kernberg's formulation), leading to a confusion of the self representation with the bad introject. Mahler identifies borderline pathology at the rapproachement subphase, in which the individual wants closeness, but fears engulfment.
James Masterson

Masterson (1976) further elaborates upon the relationship between Mahler's separation-individuation phase (which he places at 18-36 months) and the borderline/narcissistic personality. He describes the response to intimacy as either clinging or distance, indicating problems at the rapprochement subphase. Masterson considers the borderline/narcissistic disorders to be problems of arrested development with a stable pathological structure. He identifies difficulties with separation anxiety, ambivalence, and self cathexis. Masterson discusses problems of split object relations, indicating that borderline patients manifest developmental defects in both object relations (split object relations unit) and ego structure (split ego). Masterson describes these patients as fearing engulfment or abandonment and exhibiting two basic feeling states: worthlessness or exceptional goodness.

The split object relations unit refers to the mother's withdrawal at separation-individuation and her rewarding of clinging behavior. The child does not learn how to integrate or neutralize aggression, since attempts to do so provoke withdrawal from the mother. The child projects the "push-pull" quality of the relationship with the mother. The individual fears both abandonment and engulfment. Because there is a split object relations unit, the individual experiences two basic feeling states: worthlessness or total goodness.
Donald Rinsley, a co-worker of Masterson's describes the borderline object relations unit:

Agressive

1. Withdrawing part unit  
   part object representation:  
   a. mother is hostile and critical of attempts to individuate  
   b. Affect: chronic anger, frustration, abandonment, depression  
   c. Part self representation: inadequate, helpless, guilty, evil, empty

Libidinal

1. Rewarding part unit  
   a. part object representation: support for clinging  
   b. Affect: feels good, full, wishes to re-unite  
   c. Part self representation: good, passive, compliant child

The split object relations unit, according to Rinsley, is composed of two "part units", withdrawing and rewarding, which are each composed of a part self representation plus a part object representation tied together with an affect. The part units are not united, and the individual undergoes cyclical swings between them.

Self Cohesiveness

Yet another perspective which seems relevant to understanding the borderline/narcissistic personality is that of self cohesiveness. Heinz Lichtenstein, Paul Federn, and Richard Chessick all describe the importance of the sense of self in integrated, mature functioning. Lichtenstein (1965) ...

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describes an "inner core" which continues through the revolutionary changes wrought by development and maturation. Federn (1952) describes "ego feeling" and relates this to boundary regulation between the self and the external world.

Federn indicates that in undifferentiated states, objects are recognized, but the cathexis is in the ego; the sense of an external world requires that the objects in the world be released from ego feeling. Consciousness objectifies formerly egotized contents. Progressive verbalization leading to integration is seen by others (Hayman, 1966; Spotnitz, 1969, 1976; Giovacchini and Boyer; 1967) as a significant process in boundary development. Chessick (1972) describes the borderline as lacking the experience of Being, and relates this to the process of externalization in which part of the self is projected out, reality is manipulated, and all non-relevant reality is simply not perceived.

**Narcissism**

Since narcissism is usually a central dynamic in discussions of the borderline/narcissistic concept, some of the formulations of narcissism need to be considered. Most of the discussions of narcissism build upon, or reinterpret, Freud's formulations. Freud's 1914 paper on narcissism introduced a number of concepts which continue to appear in the literature: a) narcissism might have a place in normal development, and self regard may be tied up with narcissistic libido; b) primary narcissism occurs in everyone; this is a state in which object love and ego love are not yet distinguished from each other. There are two ways for the individual to restore this state; one is loving and being loved, and the other is withdrawing back into the self in what he calls secondary narcissism;
c) there are ego instincts and sexual instincts, and there is ego libido and object libido; d) overestimation, or idealization, indicates narcissistic features in an object choice; this idealization can concern either another person, or one's own ego as the object of narcissistic libido. That is, the loved object can be another, or it can be the worship of oneself in the ego ideal; e) homosexual libido goes into the ego ideal; f) there are vacillations in the amount of libido focused upon objects or upon the self. Cathexis of an object can lower self regard, since dependence on an object means that relinquishment of some part of narcissism; balance can be restored if one is loved in return; f) people do not remain in a state of primary narcissism because when the ego is cathected with libido which exceeds a certain degree, there is a push towards outside objects.

In 1916, Freud expressed some additional thoughts on narcissism: a) sexual and ego instincts are separate; the sexual instincts refer to species continuation, while the ego instincts refer to self preservation; b) narcissism is the original state, and object love develops later; narcissism does not necessarily disappear; c) auto-eroticism is the mode of the narcissistic stage of libido (indicating that narcissism is a step on the way to object love); d) narcissism is the libidinal component of egoism (ego instincts); e) again, he notes that the accumulation of a certain amount of narcissistic libido is intolerable, and that this provides impetus for object cathexis; f) object choice can be narcissistic, based on the object being like oneself, or like one wants to be, or it can be based on attachment needs.

Two early theorists who explored narcissistic processes were Ferenczi
and Tausk. Ferenczi (1913) indicates that autoeroticism and narcissism are the omnipotence stages of eroticism; this is part of a larger discussion concerning the development of the reality sense in which omnipotence is posited as the first step out of primary narcissism. According to Ferenczi, one only moves outside of oneself as a result of frustration; that is, the external world's infringement forces the child to make new attempts at synthesis. This differs from Freud's suggestions that there is pressure within the individual, independent of environmental pressures, which requires that organization of relations with the environment takes place.

Tausk (1919) indicates that accumulated narcissistic libido isolates a person, and that one defense against this womblike objectlessness is the projection of oneself into the environment. He also suggests that there is a primary undifferentiated state in which the ego and the outer world are not distinguished. There are oscillations in the "libido tonus", or the balance between self emphasis and emphasis on others.

Federn (1952) describes "objectless libido" as primary narcissism. He sees narcissistic cathexis as an important force in maintaining one's boundaries. It is when there are excessive amounts of object cathexis that the ego boundaries become blurred, because the narcissistic cathexis which maintains the boundary is decreased. He relates variations in ego feeling to this boundary cathexis. This perspective is quite a contrast with formulations which consider narcissism to be a negative process of self absorption; Federn is saying that reduction of narcissism through absorption in the other is the source of difficulty.
Appendix D

FURTHER DISCUSSION OF THE DATA ANALYSIS AND ITS INTERPRETATION

The research described here is of an exploratory nature. While the findings seem to indicate that the theory presented holds up, one must be cautious in interpreting the findings. In this appendix, some of the thinking behind the data analysis will be reviewed and elaborated, and further interpretation of the findings will be made.

Prior to data collection, there are several questions which need to be considered:\(^1\)

1. What are the variables to be investigated?
2. How will the following be dealt with:
   - reliability
   - missing data
   - validity
   - measurement problems
3. What subjects are needed?
   a) how will they be classified?
   b) how will they be assigned?
4. What sample size is needed?
5. What type of analysis is needed?

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\(^1\) This procedure has been suggested by Dr. Mark Fulcomer in numerous lectures and conversations.
What are the Variables to be Investigated?

The dependent variable in this study is qualitative. It has been defined as the diagnostic category in which an individual is placed.

There are potentially fifteen independent variables which are quantitative. They are:

- the average score
- the differentiation score
- the attribution score
- the distance score
- the appropriateness score
- the direction/valence percentages (five)
- the levels of direction/valence scores (five)

The study attempts to illustrate that the independent variables fall on two axes of a multi-dimensional matrix. The simultaneous consideration of both axes should predict placement in the borderline/narcissistic category.

Issues of Reliability, Validity, Missing Data, Measurement Problems

Reliability

This study considers reliability from two angles: (1) homogeneity of items in the rating scheme; (2) agreement between independent raters using the same rating schemes. As chapter six illustrates, items on the differentiation axis are highly related to each other, as one would expect. On the self/social emphasis axis, the items are somewhat related, but the
relationships are not clear cut. This may relate to measurement problems, the fact that theoretically one would expect the direction/valence items to be uncorrelated with each other, and with the differentiation dimension, and because the sample size may be inadequate.

Validity

The rating scheme, because it is theoretically based, is assumed to be measuring levels of functioning on a self/social matrix. Generalizing from this study must be done with caution, since the sample is very small (n = 36). In addition, this is the first use of the rating schemes, and generalizability can be improved by refining the instrument.

Missing Data

Because the sample is so small, and because of my own lack of mathematical sophistication, it was decided that variables with missing data would either be eliminated or transformed. The transformed variables have all been on the self/social emphasis axis. No dimension on this axis could possibly be scored one hundred percent of the time. This resulted in less available data for each direction/valence score, which probably accounts for some of the instability of these scores in the analysis.

Measurement Problems

The differentiation axis is scaled reasonably well. The self/social focus axis is not specific enough and is not sensitive enough to the dimension it refers to. Because it was measured, in a sense, at a nominal
level (i.e., either present or absent), this part of the rating scheme is less stable than it could be. Future attempts to work with the self/social matrix ratings will include at least ordinal scaling of the self/social focus axis.

The differentiation axis is measured on an ordinal scale, but because I assumed equidistance between categories, it has been treated as an interval measure.

(3) What Groups of Subjects are Needed? How will they be Classified and Assigned?

In order to see if my rating scheme distinguishes borderline/narcissistic functioning, it is necessary to look at both borderline/narcissistic and non-borderline/narcissistic subjects to see how the rating scheme is able to distinguish the two groups. Ideally, subjects ranging from psychotic to very healthy should have been used. Because of difficulties in getting a large sample, only borderline/narcissistic and neurotic subjects were used in the analysis. There were not enough subjects in the other categories to maintain stability in the analysis.

Subjects were classified by independent diagnosticians, and assigned to groups based on the diagnostic level which had been decided upon. (see Table 3, Chapter five).

(4) What Sample Size is Needed?

Ideally, the sample should have included 150 subjects, or 10 subjects per independent variable. Since the sample used is only about one-fifth of what is optimal, the results can be seen as showing directions for future
research rather than showing definitive findings.

(5) What Type of Analysis is Needed?

The following table illustrates the use of statistical techniques in univariate and multivariate data analysis.²

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Table 15. Determining Techniques of Data Analysis

² Again, I am borrowing from notes of discussions with Dr. Mark Fulcomer.
Table 15. (continued)

Multivariate

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</tr>
<tr>
<td>?</td>
<td>multiple analysis of variance</td>
</tr>
<tr>
<td>classification</td>
<td>cannonical correlation</td>
</tr>
</tbody>
</table>

The study presented here is actually a classification, discriminant analysis problem. I have a qualitative dependent variable, and am looking for quantitative independent variables which will accurately place individuals in a diagnostic category. These are discrete, non-quantifiable groups.

Classification relies on computations based on regression and analysis of variance procedures. For this reason, much of the work can be done with a standard stepwise regression program. The basic idea is to look at both diagnostic groups as well as the total, to find patterns among the variables which are different between the two groups. In distinguishing groups this way, it is best to have variables that are unco-related, since redundant variables will act together.

A Look at Results

The following tables illustrate some of the differences between the borderline/narcissistic subjects and the neurotic subjects.
Table 16. Distribution of Average Score*

<table>
<thead>
<tr>
<th>Score</th>
<th>Borderline/narcissistic</th>
<th>Neurotic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.70</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.80</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.20</td>
<td></td>
<td></td>
</tr>
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<td>3.30</td>
<td></td>
<td></td>
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<tr>
<td>3.40</td>
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</tr>
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<td>3.50</td>
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<td>3.70</td>
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<tr>
<td>3.80</td>
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<td></td>
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<tr>
<td>3.90</td>
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<td></td>
</tr>
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<td></td>
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<td>4.25</td>
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<tr>
<td>4.50</td>
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<td></td>
</tr>
<tr>
<td>4.75</td>
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<td></td>
</tr>
<tr>
<td>5.0</td>
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<td></td>
</tr>
</tbody>
</table>

*Scores at levels two and three are listed in smaller intervals because most cases cluster here.
<table>
<thead>
<tr>
<th>% positive self focus</th>
<th>Borderline/Narcissistic</th>
<th>Neurotic</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>10%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>20%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>30%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>40%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>50%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>60%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>70%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>80%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>90%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>100%</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% negative self focus</th>
<th>Borderline/Narcissistic</th>
<th>Neurotic</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>10%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>20%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>30%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>40%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>50%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>60%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>70%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>80%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>90%</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>100%</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>
Table 18. Distribution of Social Scores*

<table>
<thead>
<tr>
<th>% positive focus on others</th>
<th>Borderline/Narcissistic</th>
<th>Neurotic</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>~</td>
<td>~</td>
</tr>
<tr>
<td>10%</td>
<td>~</td>
<td>~</td>
</tr>
<tr>
<td>20%</td>
<td>~</td>
<td>~</td>
</tr>
<tr>
<td>30%</td>
<td>~</td>
<td>~</td>
</tr>
<tr>
<td>40%</td>
<td>~</td>
<td>~</td>
</tr>
<tr>
<td>50%</td>
<td>~</td>
<td>~</td>
</tr>
<tr>
<td>60%</td>
<td>~</td>
<td>~</td>
</tr>
<tr>
<td>70%</td>
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</tr>
<tr>
<td>80%</td>
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<td>~</td>
</tr>
<tr>
<td>100%</td>
<td>~</td>
<td>~</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% negative focus on others</th>
<th>Borderline/Narcissistic</th>
<th>Neurotic</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>~</td>
<td>~</td>
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<tr>
<td>10%</td>
<td>~</td>
<td>~</td>
</tr>
<tr>
<td>20%</td>
<td>~</td>
<td>~</td>
</tr>
<tr>
<td>30%</td>
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</tr>
<tr>
<td>90%</td>
<td>~</td>
<td>~</td>
</tr>
<tr>
<td>100%</td>
<td>~</td>
<td>~</td>
</tr>
</tbody>
</table>

*Since the borderline/narcissistic group had no instances of equal emphasis, and the neurotic group had very few instances, a table was not developed.
Table 19. Correlation Matrices
(Differentiation Dimension)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Group Assignment*</td>
<td>1.0</td>
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<td>-.56</td>
<td>-.66</td>
<td>-.57</td>
<td>-.56</td>
<td>.10</td>
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<tr>
<td>Av. Score</td>
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<td>.97</td>
<td>.95</td>
<td>.93</td>
<td>.91</td>
<td>.91</td>
<td>.03</td>
</tr>
<tr>
<td>Differentiation</td>
<td>1.0</td>
<td>.93</td>
<td>.89</td>
<td>.90</td>
<td>.92</td>
<td>.90</td>
<td>.02</td>
</tr>
<tr>
<td>Attribution</td>
<td>1.0</td>
<td>.87</td>
<td>.86</td>
<td>.88</td>
<td>.87</td>
<td>.87</td>
<td>.02</td>
</tr>
<tr>
<td>Distance</td>
<td>1.0</td>
<td>.84</td>
<td>.86</td>
<td>.88</td>
<td>.86</td>
<td>.86</td>
<td>.06</td>
</tr>
<tr>
<td>Appropriateness</td>
<td>1.0</td>
<td>.87</td>
<td>.89</td>
<td>.90</td>
<td>.92</td>
<td>.92</td>
<td>.12</td>
</tr>
<tr>
<td># Episodes</td>
<td>1.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Assignment</td>
<td>1.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Av. Score</td>
<td>1.0</td>
<td>.96</td>
<td>.92</td>
<td>.87</td>
<td>.94</td>
<td>.94</td>
<td>.13</td>
</tr>
<tr>
<td>Differentiation</td>
<td>1.0</td>
<td>.88</td>
<td>.79</td>
<td>.80</td>
<td>.80</td>
<td>.80</td>
<td>.13</td>
</tr>
<tr>
<td>Attribution</td>
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<td>.75</td>
<td>.77</td>
<td>.78</td>
<td>.78</td>
<td>.78</td>
<td>.12</td>
</tr>
<tr>
<td>Distance</td>
<td>1.0</td>
<td>.78</td>
<td>.79</td>
<td>.80</td>
<td>.80</td>
<td>.80</td>
<td>.17</td>
</tr>
<tr>
<td>Appropriateness</td>
<td>1.0</td>
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<td>.80</td>
<td>.80</td>
<td>.80</td>
<td>.80</td>
<td>.10</td>
</tr>
<tr>
<td># Episodes</td>
<td>1.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 19. (continued)

<table>
<thead>
<tr>
<th>Neurotic Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>-------</td>
</tr>
<tr>
<td>Group Assignment</td>
</tr>
<tr>
<td>Av. Score</td>
</tr>
<tr>
<td>Differentiation</td>
</tr>
<tr>
<td>Attribution</td>
</tr>
<tr>
<td>Distance</td>
</tr>
<tr>
<td>Appropriateness</td>
</tr>
<tr>
<td># Episodes</td>
</tr>
</tbody>
</table>

* "Group Assignment" refers to a dichotomous variable used in the analysis. The values are: 0 = neurotic; 1 = borderline/narcissistic. Values for this variable are only meaningful when both groups are looked at together. There are no figures for this variable when the groups are examined alone because there is no variance under that condition.
Table 20. Correlation Matrices
(Self/Social Emphasis Axis)

### All Cases

<table>
<thead>
<tr>
<th></th>
<th>Av.</th>
<th>%G₁</th>
<th>%G₂</th>
<th>%I₁</th>
<th>%I₂</th>
<th>%EE</th>
<th>Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>1.0</td>
<td>.03</td>
<td>-.27</td>
<td>-.02</td>
<td>-.11</td>
<td>-.49</td>
<td>-.85</td>
</tr>
<tr>
<td>% Positive Self</td>
<td>1.0</td>
<td>-.32</td>
<td>-.08</td>
<td>-.25</td>
<td>-.01</td>
<td>-.00</td>
<td></td>
</tr>
<tr>
<td>% Negative Self</td>
<td>1.0</td>
<td>-.18</td>
<td>-.51</td>
<td>-.24</td>
<td>.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Positive Other</td>
<td>1.0</td>
<td>-.13</td>
<td>-.12</td>
<td>.08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Negative Other</td>
<td>1.0</td>
<td>-.42</td>
<td>.16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Equal Emphasis Assignment</td>
<td>1.0</td>
<td></td>
<td>.47</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Neurotic Cases

<table>
<thead>
<tr>
<th></th>
<th>Av.</th>
<th>%G₁</th>
<th>%G₂</th>
<th>%I₁</th>
<th>%I₂</th>
<th>%EE</th>
<th>Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>1.0</td>
<td>.10</td>
<td>-.36</td>
<td>-.24</td>
<td>-.07</td>
<td>.36</td>
<td>-</td>
</tr>
<tr>
<td>% Positive Self</td>
<td>1.0</td>
<td>-.16</td>
<td>-.08</td>
<td>-.39</td>
<td>-.02</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>% Negative Self</td>
<td>1.0</td>
<td>-.16</td>
<td>-.30</td>
<td>-.39</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Positive Other</td>
<td>1.0</td>
<td>-.16</td>
<td>-.22</td>
<td></td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Negative Other</td>
<td>1.0</td>
<td>-.58</td>
<td></td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Equal Emphasis Assignment</td>
<td>1.0</td>
<td></td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Assignment | 1.0 |
## Table 20. (continued)

### Borderline/Narcissistic Cases

<table>
<thead>
<tr>
<th></th>
<th>Av.</th>
<th>%G₁</th>
<th>%G₂</th>
<th>%I₁</th>
<th>%I₂</th>
<th>%EE</th>
<th>Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>1.0</td>
<td>0.03</td>
<td>-0.22</td>
<td>0.19</td>
<td>0.12</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>% Positive Self</td>
<td>1.0</td>
<td>-0.40</td>
<td>-0.09</td>
<td>-0.16</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>% Negative Self</td>
<td>1.0</td>
<td>-0.30</td>
<td>0.71</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>% Positive Other</td>
<td>1.0</td>
<td>-0.15</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>% Negative Other</td>
<td>1.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>% Equal Emphasis</td>
<td></td>
<td>1.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1.0</td>
</tr>
<tr>
<td>Assignment</td>
<td></td>
<td>1.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1.0</td>
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</tbody>
</table>
Table 21. Proportion of Variance Explained by the Self/Social Axis*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Borderline/Narcissistic</th>
<th>Neurotic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$r^2$</td>
<td>$r^2$</td>
</tr>
<tr>
<td>% Positive Self Focus</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>% Negative Self Focus</td>
<td>.5%</td>
<td>13%</td>
</tr>
<tr>
<td>% Positive Other Focus</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>% Negative Other Focus</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>% Equal Emphasis</td>
<td>-</td>
<td>13%</td>
</tr>
</tbody>
</table>

*For the groups separately, there is no variance on the dependent variable, since it is dichotomous. Since the average score explains 72% of the variance on the dependent variable, the $r^2$ on this table refer to the variance in average score explained by the dimensions of the self/social focus axis.
Table 16 shows that the differentiation axis is distributed normally, and that borderline/narcissistic and neurotic individuals can indeed be categorized accurately on the basis of this dimension.

Tables 17 and 18 show the following:

(1) There may be different patterns of self/social focus between the two groups.

(2) The sample is too small for the actual distribution to become clear.

(3) It is possible, but unknown, that the distributions of scores on this axis are non-linear.

Table 19 illustrates that the relationships between the variables on the differentiation dimension are strong and are not affected by number of instances or group membership.

Table 20 illustrates that, for the most part, the self/social axis variables are uncorrelated. Table 21 shows that the self/social axis alone explains very little of the variance; however, there may be different patterns between the two groups.

Discussion

The findings indicate that, in fact, borderline/narcissistic individuals can be identified on the axis of differentiation. The ability of the self/social focus axis to distinguish borderline/narcissistic functioning is somewhat disappointing. The problems with this area of the rating scheme are two: (1) insufficient cases to have enough instances in each cell. (2) measurement is not refined enough. Future research will need to focus
more on teasing out patterns of self/social focus which relate to level of differentiation, and, thereby, to diagnostic category. As a preliminary step, I am planning a discriminant analysis which will explore the contribution of each self/social focus variable to the ability to place an individual in the borderline/narcissistic category.
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SELECTED ADDITIONAL SOURCES

A. Theoretical


B. Methodology


C. Style


D. Statistical Programs