

### CHAPTER 3

## THE DEVELOPMENT OF SELF AND OBJECT REPRESENTATION AND ITS AFFECTIVE VISSISITUDES AS ARTICULATED THROUGH THE LENS OF THE DEVELOPMENTAL STRUCTURALIST PSYCHOANALYTIC MODEL (DSPM)

### Introduction

The development of self and object representation holds special meta-theoretical status in psychoanalytic theory, especially since the inception of the object relations school of thought. This chapter explores the ideas of various theorists on representational development and the complex interrelationship between self, object and affect. This is done through the following models and theories:

1. The developmental structuralist model of Greenspan (1989a, 1989b)
2. Roy Mendelsohn's views on development as reflected in his four volume works (1987a, 1987b, 1987c, 1987d)
3. The clinical and meta-theoretical theories of Blatt and Ford (1994), Otto Kernberg (1976), James F. Masterson (1972, 1976, 1981, 1983, 1985, 1989, 1991, 1993, 1995, 2000, 2004, 2005) and Donald B. Rinsley (1982, 1989)

Psychoanalytic and developmental scholars seem to accentuate either the self, object or affect realities of mental life. Although it is not the aim of the chapter to review the various theorists it is important to trace the thread of *representational development* as both structural and dynamic interface starting between mother and child. According to Modell (1993), psychoanalytic theories seem 'split' between models that view the self as a psychic structure versus those (especially modern psychoanalytic models) that view the self as a dynamic, and intermingling aspect of consciousness (Tronick, 2007). Epistemologically, they pose interesting views and methodological, if not clinical, challenges. This chapter aims to

articulate and extrapolate the self-object-affect tie as endopsychic reality within a dynamic vital relationship with maternal other. Using ego-psychological terminology, it will follow a chronological layer by layer reality, influencing both unconscious and conscious processes, through five stages of separation-individuation (SI) (Colarusso, 2000). The dominant anti-structure argument proposes that layer by layer reasoning should not necessitate a ‘structure-only’ approach, but can be viewed as an interactive evolving patterning that involves the various biological and psychological potentials of the dyad.

Given the stage debate it is also the contention that, by definition, SI in later stages of life are not ‘exact’ replicas of previous SI sagas,<sup>1</sup> although internal structure and endopsychic reality is argued to play a defining role in the assimilation and accommodation of life challenges and strains (Mikulincer & Shaver, 2007). Succinctly stated, the complex reality that is self, object and affect serve as a *foundation* for continual psychological development. The observations of the scholar and clinician Margaret Mahler remind us that it is a difficult task to conceptualise any development *per se*, as it is such a personal experience and thus not always clear and accessible to the observer. She argues that it is unfortunately *failures* that alert theorists and support the building of developmental theory:

The development of the sense of the self is an eminently personal internal experience that is difficult, if not impossible, to trace to its beginnings by observational studies or by reconstruction in psychoanalysis. *It reveals itself by its failures* much more readily than by its normal variations. (Mahler & McDevitt, 1982, p.827; italics added)

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<sup>1</sup> For example, Jacobson (in Kernberg, 1976, pp.97-98) states:

Thus, the development of self and object representations and object relations, of ego functions and sublimations, and of adult sexual behavior leads to the development of affect components with *new* qualities, which are then *integrated with earlier infantile affect components into new units*. These developments contribute at least as much as the main power of the ego and superego to the constructive remodeling of the affects and affective qualities, to the molding of complex affect patterns, emotional dispositions and attitudes, and enduring feeling states; in short, to the *enrichment as well as to the hierarchic and structural organization of emotional life*. (italics added)

## **Self, Object and Affect in Psychological Development: A Representational View**

### **Introduction**

Research focussing on self, object and its affective vicissitudes has experienced tremendous growth and support from various schools of psychology (Blatt & Lerner, 1983, 1983; Kissen, 1996; Kwawer et al., 1980; Lerner, 1991; Masterson, 1972, 1976, 1981, 1983, 1985, 1989, 1991, 1993, 1995, 2000, 2004, 2005). As stated in chapter 1, empirically-driven psychoanalytic approaches to the self, object and affect constellations allow scientifically-validated options when conceptualising the internal world of various patient populations. The development of a consolidated and cohesive sense of self in relation to a stable and satisfying relationship with another, and in which subjective and objective states of mind can be modulated and experienced in reflexive fashion, remains a complex and elusive process. The process is influenced by variables such as constitution, temperament, family dynamics, environmental realities (e.g. war and poverty), gender, birth order, and so forth. Each factor plays a pivotal role in the development of the personality. In spite of this, a focus on developmental psychoanalysis and character-structure work in which self, object and affect units are actively explored and articulated, facilitates greater understanding of patients' mental functioning. This is evident in the work of Blatt (1983, 1992, 1994) Mendelsohn (1987a, 1987b, 1987c, 1987d), Kernberg (1976), Masterson (1972, 1976, 1981, 1983, 1985, 1989, 1991, 1993, 1995, 2000, 2004, 2005), Rinsley (1982, 1989) and Greenspan (1989a, 1989b). All these authors attempted to develop unique conceptual frameworks to track and articulate the *basic units* of intrapsychic structure and its developmental pathways in terms of stages of self, object and affect differentiation. Being both clinical psychoanalysts and theorists, they faithfully extracted, debated, and applied various developmental and structural concepts inherent in the psychoanalytic theories of Sigmund Freud, Margaret Mahler, Edith Jacobson, Ronald Fairbairn, and Melanie Klein to understand the process of normality and its

deviance. Table 3.1 and figure 3.1 illustrate the debate to follow.<sup>2</sup> Given the structuralist work inherently supported by most metatheorists, the work of Greenberg (1989a, 1989b) is of special theoretical value as he successfully integrated ego development with the development of representational life.

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<sup>2</sup> S-O: Self (representation)-Object (representation); G: good experiences, thus good self and object; B: bad experiences, thus bad self and bad object. Theorists such as Masterson hold that narcissists are developmentally at a lower level than borderline as the S-O units remain fused. In borderline pathology there is clearer S-O differentiation. This becomes evident in later sections, but is not dealt with in depth in the current study,

Table 3.1

*Human Development: Birth to Three Years (Chatham, 1985, pp. 204-205)*

PHASE	INFANT'S ROLE	CARETAKER'S ROLE	STATUS OF SELF OBJECT	FORMS OF CARETAKER PATHOLOGY	INFANT'S PATHOLOGIC RESPONSE	DIAGNOSIS RELATED TO ARREST
<b>Normal autism (birth to 4 weeks)</b>	Homeostatic equilibrium	Total management of infant's needs	Undifferentiated matrix	Serious failure of caretaking (perhaps inadequacy of organism)	<ul style="list-style-type: none"> <li>No anticipatory position at nursing</li> <li>No reaching out</li> <li>No smiling response</li> </ul>	Infantile autism
<b>Symbiosis (4 weeks to 5 months)</b>	Attachment to the caretaker	"Good-enough mother" <ul style="list-style-type: none"> <li>Satisfy needs</li> <li>Buffer and modify incoming stimuli</li> <li>Act as auxiliary ego</li> </ul>	Fused self-object representation	<ul style="list-style-type: none"> <li>Persistent unresponsiveness to needs</li> <li>Start of parasitic symbiosis</li> </ul>	<ul style="list-style-type: none"> <li>Failure of optimal attachment (e.g. false self)</li> <li>Defensive detachment</li> </ul>	<ul style="list-style-type: none"> <li>Symbiotic psychosis</li> <li>Schizophrenia</li> <li>Schizoaffective syndromes</li> <li>Psychopath borderline personality</li> </ul>
<b>SEPARATION-INDIVIDUATION</b>						
<b>Differentiation (5-10 months)</b>	Physical differentiation from mother	Consistent frame of reference for infant	Start of differentiation of body-image from that of mother	Increased resistance to child's move toward autonomy	<ul style="list-style-type: none"> <li>Premature differentiation &amp; chronic anger</li> <li>Anxiety over differentiation</li> <li>Proclivity to depression</li> </ul>	<ul style="list-style-type: none"> <li>Schizoid personality</li> <li>Some primary affective disorders</li> </ul>
<b>Practising (10-16 months)</b>	Exploration with temporary ability to ignore mother (height of omnipotence)	Tolerate, enjoy, and set appropriate limits on infant's exploration	<ul style="list-style-type: none"> <li>Split self-object representations</li> <li>Positive self-image differentiates from object image first</li> </ul>	<ul style="list-style-type: none"> <li>Inhibiting exploration or abandoning child</li> <li>Failing to mirror pleasure at new skills or deflating at will</li> </ul>	<ul style="list-style-type: none"> <li>Formation of pathologic grandiose self (to protect self)</li> <li>Excessive aggression</li> <li>Failure to explore</li> </ul>	<ul style="list-style-type: none"> <li>Narcissistic personality (original point of difficulty according to some)</li> <li>Some primary affective disorders</li> </ul>
<b>Rapprochement (16-25 months)</b>	Consolidation of autonomy; acceptance of separateness from mother (height of dependence and reliance on idealised caretaker)	Respond without anxiety to infant's conflicting needs for both dependence and autonomy	Continuation of above	<ul style="list-style-type: none"> <li>Withdrawal of libidinal supplies for autonomy</li> <li>Reward for aggressive behaviour</li> <li>Excessive overhauling of child, with disregard for child's authentic needs</li> <li>Reward for premature independence</li> </ul>	<ul style="list-style-type: none"> <li>Inhibition of self-assertion (abandonment fears)</li> <li>Heightened anxiety</li> <li>Excessive splitting</li> <li>Excessive aggression</li> <li>Proclivity to depression</li> <li>Belief in magic solutions</li> </ul>	<ul style="list-style-type: none"> <li>Borderline personality (original point of difficulty according to Kernberg and Masterson)</li> <li>Narcissistic personality Kernberg and Rinsley place between rapprochement and object constancy</li> </ul>
<b>On-the-way-to-object-constancy (25 months-3 years)</b>	<ul style="list-style-type: none"> <li>Consolidation of previous stages</li> <li>Achievement of object constancy</li> </ul>	Continuation of above	<ul style="list-style-type: none"> <li>Whole self (and object)</li> <li>Representations</li> </ul>	Minor aspects of the above	<ul style="list-style-type: none"> <li>Continued dependence on object to provide sense of well-being</li> <li>Ambivalence toward caretaker</li> <li>Anxiety and depression - fear of loss of love of object</li> </ul>	Preneurotic character

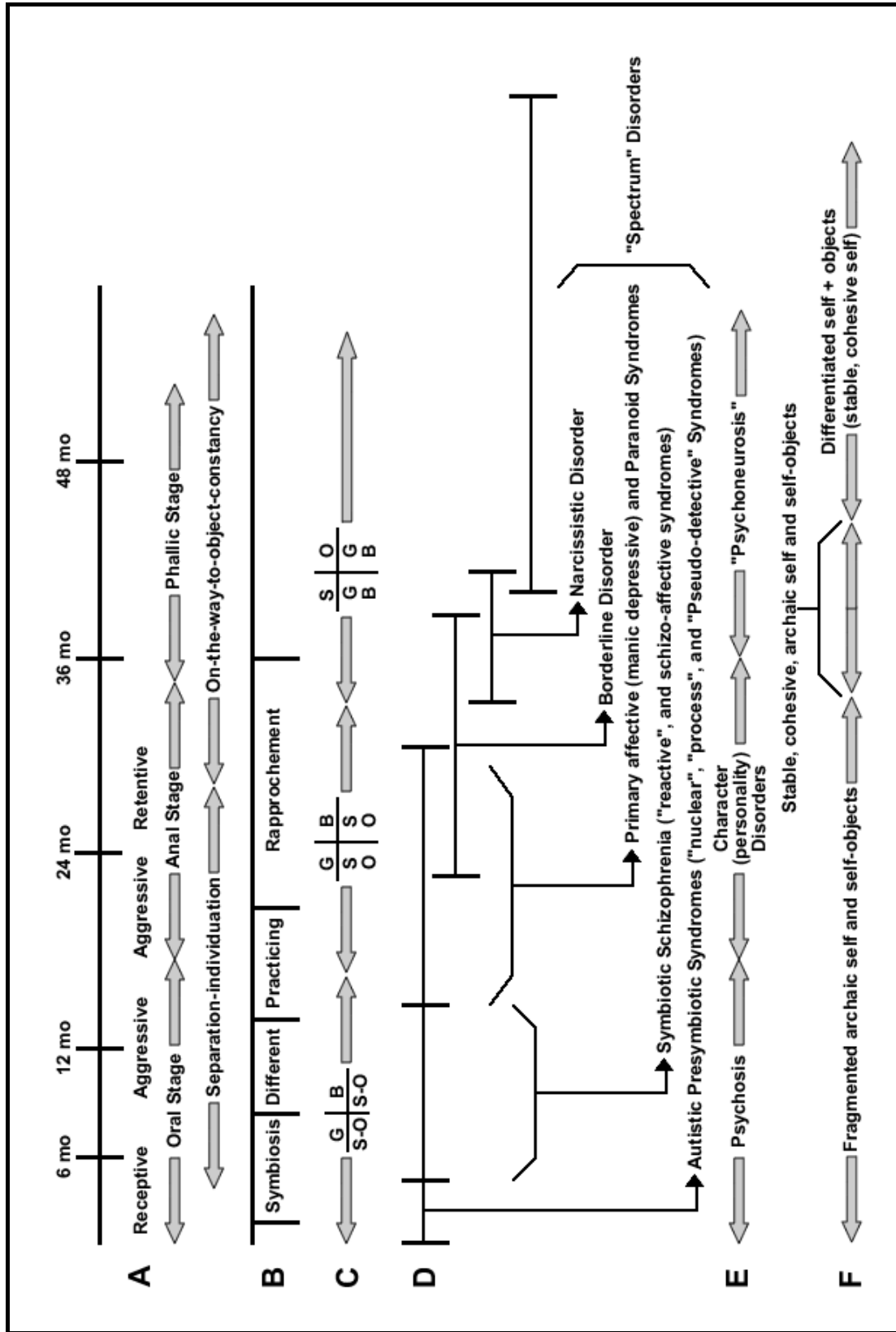


Figure 3.1 The Developmental-Diagnostic Spectrum of the Major Groups of Psychopathological Syndromes

It can be argued, and rightly so, that the theorists used in this study adultomorphise the infant. However, their unique contributions, even with their limitations, support greater access to and understanding of even the most severe cases of pathology, both qualitatively and quantitatively<sup>3</sup>. Separation-Individuation (SI) could also be viewed a lifelong process that reflects the adaptation of distancing from the lost internal symbiotic mother and thus the ideal state of self. The process of a maturing representational system is a *lifelong* reality that can be artificially defined as encompassing five developmental stages (Colarusso, 2000).

Synoptically, and according to Colarusso (2000), the first phase of SI can be conceptualised in traditional Mahlerian fashion. This spans the first three years of life and states that the main task of the infant and toddler is the development (through differentiation and individuation) of self and object constancy. The second phase of individuation entails the developmental process of adolescence and includes the maturing body, the development of sexuality as part of the self-structure, the changing relationship between the sexes, and the capacity for cognitive abstraction. The latter phase sees the beginning of the capacity for mature adult love.

In the third phase of individuation, young adulthood (ages 20 to 40), the differentiation from primary objects is supported by the reality of new and intimate attachments with others through courtship, marriage, work and children. These events shape self and object representation. The first signs of ageing must also be incorporated into the individual's self-representation. The fourth phase of SI, middle adulthood (ages 40 to 60), is characterised by a growing awareness of mortality as individuals encounter dying parents, children growing up and leaving home, changes in job realities and so forth. According to Colarusso (2000),

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<sup>3</sup> See Cases A and B (1987a) of Mendelsohn as clinical examples.

In addition to real and contradictory experiences of being left by growing children and dying parents while fusing with new objects such as grandchildren, students, and mentees, midlife individuals must mournfully let go of youthful aspects of the self and replace them with the (in many ways more gratifying) realization that the midlife self can exercise the greatest degree of autonomy, competence, power, and relatedness to others possible in the human life cycle. (p. 1471)

Finally, during the fifth phase of SI, late adulthood (60 and beyond), there is a growing awareness of ‘leaving’ rather than being left, as individuals face their own death. Despite the pain this entails, this developmental phase also sees a greater awareness of becoming part of loved ones, the community and greater culture/humanity at large, as well as respect and need for this process. Theoretically, the SI process can be summarised as developing a cohesive, flexible and integrated sense of self (an introjective developmental line, according to Blatt and Ford, 1994) in relationship with a differentiated other where mature interdependence exists (anaclitic developmental line, according to Blatt & Ford, 1994).

Because of the current study’s focus on the internal configuration of the cycloid personality, special emphasis is given to the *first phase of SI* and will be presented as follows<sup>4</sup>:

- (1) The *nuclear self* and pre-caesura mentality as first psychic organiser
- (2) *Homeostasis*, which includes self-regulation and interest in the world, and which spans the first three months of development
- (3) The *attachment phase*, that is evident between the second and seventh month of development

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<sup>4</sup> Some of the developmental phases overlap.



- (4) The phase of *somato-psychological differentiation*, which includes purposeful communication and is observable between the third and tenth month of development
- (5) The phase of *behavioural organization, initiative, and internalisation* that serves as foundation for a complex sense of self. This stage usually develops between the ninth and eighteenth month of development
- (6) The *representational capacity* phase, which is evident between eighteen and thirty months of development
- (7) The *representational differentiation* phase, which emerges between the second and fourth year of life

The developmental structuralist psychoanalytic model (DSPM) follows an ego-psychological perspective. This allows for the tracking of the development of self and object representation as seen through the seven phases mentioned above. It includes the nuclear self and the pre-caesura reality, somatic pre-intentional world self-object, intentional part self-object, differentiated behavioural part self-object, functional (conceptual) integrated and differentiated self-object, representational self-object elaboration, and differentiated-integrated representational self-object. The model also considers the impact affects may have on development (see table 3.2 below). The self and object representations are hypothesised to follow a developmental progression as the ego matures and over time, seem able to organise, differentiate and elaborate both inner and outer reality. According to Greenspan (1989a, 1989b), each ego developmental phase can be described in terms of (a) motor aspects of ego development; (b) thematic or experiential–thematic aspects of ego development; and (c) phase specific ego tasks as well as their deviations, which support greater self and object differentiation (and thus representational capacity needed to navigate a complex social world). Table 3.2 summarises Stanley Greenspan’s prolific work. Together with table 3.1 and figure 3.1, it is used as a theoretical frame for the discussion to follow.

Table 3.2.

*Stages of Ego Development According to Greenspan (1989a, pp. 64-66)*

<b>STAGES OF EGO DEVELOPMENT</b>			
<b>Age and phase</b>	<b>Self-object relationship</b>	<b>Ego organisation, differentiation &amp; integration</b>	<b>Ego functions</b>
Homeostasis from 0 to 3 months	<b>Somatic pre-intentional world self-object</b>	Lack of differentiation between physical world, self and object worlds	Global reactivity, sensory-affective processing and regulation or sensory hyper- or hypo-reactivity and dysregulation
Attachment from 2 to 7 months	<b>Intentional part self-object</b>	Relative lack of differentiation of self and object. Differentiation of physical world and human object world	Part-object seeking, drive-affect elaboration or drive-affect dampening or liability, object withdrawal, rejection or avoidance
Somato-psychological differentiation from 3 to 10 months	<b>Differentiated behavioural part self-object</b>	Differentiation of aspects (part) of self and object in terms of drive-affect patterns and behaviour	Part self-object differentiated interactions in initiation of, and reciprocal response to, a range of drive-affect domains (e.g. pleasure, dependency, assertiveness, aggression), means-ends relationship between drive-affect patterns and part-object or self-object patterns OR Undifferentiated self-object interactions, selective drive-affect intensification and inhibition, constrictions of range of intrapsychic experience and regression to stages of withdrawal, avoidance or rejection (with preference for physical world), object concretisation
Behavioural organisation – emergence of a complex self from 10 to 18 months	<b>Functional (conceptual) integrated and differentiated self-object</b>	Integration of drive-affect behavioural patterns into relative “whole” functional self-objects	Organised whole (in a functional behavioural sense), self-object interactions characterised by interactive chains, ability in space (i.e. distal communication modes), functional (conceptual), abstractions of self-object properties, integration of drive-affect polarities (e.g. shift from splitting to greater integration) OR Self-object fragmentation, self-object proximal urgency, pre-conceptual concretisation, polarisation (e.g. negative, aggressive, dependent, or avoidant, self-object pattern, regressive state, including withdrawal, avoidance, rejection, somatic dedifferentiation, object concretisation)
Representational capacity and elaboration – 18 months to 3 years	<b>Representational self-object Elaboration 1½ to 3 years</b>	Elevation of functional behavioural self-object patterns to multisensory drive-affect invested symbols of intrapersonal and interactive	Representational self-objects characterised by mobility in time and space; e.g. creation of object representation in absence of object drive-affect elaboration (themes ranging from dependency and pleasure to assertiveness and aggression now elaborated in symbolic form evidenced in pretend play and functional language), gradual drive affect stability (self-object representations slowly survive intensification of drive-affect dispositions) OR

Representational differentiation from 2 to 4 years	<b>Differentiated, integrated representational self-object</b>	experience (mental representations). Interactive experience (mental representations) Abstraction of self-object representations and drive-affect dispositions into higher level representational organisation. Differentiated along dimensions of self-other, time and space	Behavioural concretisation (lack of representation), representational constriction (only one or another emotional theme), drive-affect liability, regressive states including withdrawal avoidance, rejection, and behavioural dedifferentiation and object concretisation Representational differentiation characterised by genetic (early somatic and behavioural patterns organised by emerging mental representations) inter-microstructural integration (i.e. affect, impulse and thought). Basic structure formation (self-object representations abstracted into <i>stable</i> patterns performing ongoing ego functions of reality testing, impulse control, mood stabilisation, etc.). Self and object identity formation (i.e., a sense of self and object which begins to integrate past, current and changing aspects of fantasy and reality) OR Representational fragmentation (either genetic, dynamic or both). Lack of or unstable basic structures (e.g. reality testing, impulse control, etc.) defective, polarised or constricted (global or encapsulated) self-object identity formation
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Table 3.2 shows that development commences from a somatic pre-intentional world self-object, and proceeds through intentional part self-object, differentiated behavioural part self-object, functional (conceptual) integrated and differentiated self-object, representational self-object, to finally, a differentiated, integrated representational self-object representation. For the debate to follow, a pre-somatic pre-intentional world self-object will also be included, namely the *primordial nuclear self*. In addition, the current developmental phases as discussed by Greenspan (1989) will also be integrated as far as possible with the developmental stages and clinical work as defined and articulated by Otto Kernberg (1976) and James Masterson (2000). This is done to enhance an understanding of the endopsychic reality of the cycloid individual.

### **On Beginnings: The Nuclear Self and Pre-Caesura Mentality as First Psychic Organiser**

The process of engagement begins *in utero* and establishes a body ego experience, represented as the background object of primary identification, which is the foundation for the psychological symbiosis in post-uterine life. This part self-representation serves as the first object of libidinal activity in the earliest stages of development. I will detail the formation of *two functional systems or representations*, which can be described as the bipolar self. *At one pole, body ego experiences coalesce into a system of self-representations. At the other pole, the object impressions counterparts coalesce into a system of object representations.* (Mendelsohn, 1987a, p.16; italics added)

Mendelsohn (1987a, 1987b, 1987c, 1987d, 1987e), constructed a theoretical sound and clinically rich developmental theory hypothesising that body ego experiences serve as the foundation of all mental productions. This is very much in line with Freudian thinking

although Mendelsohn goes as far as to conceptualise the in-utero existence as first psychic organiser. According to Mendelsohn (1987a), the following developmental facts are evident:

- (a) The nuclear self is realised with the activation of the functions of *perception*.
- (b) The nuclear self develops in utero (primordial nuclear self) and one may infer an autonomously functional perceptual process that creates a boundary through the mutual influence of the environment and the foetus/infant's own bio-physiology. The primordial nuclear self registers the holding, containing, and regulating aspect of the intrauterine maternal environment.

- (c) Perceptual experiences stimulate two distinct but interrelated areas of mental activities. These are conceptualised as the area of representation (mental impressions) and the area of organisation (mental impressions *into units*). More specifically,

Perceptual processes activate<sup>5</sup> the representational and organizational functions of the ego, which ultimately eventuates in the consolidation and the unification of two discrete, well-differentiated functional systems of mental representations. One, the *self system*, is based upon body ego experiences. The other, the *object system*, is based upon their object impression counterparts. An *interdependent relationship* is established between perception and the *functional systems of representation to attain progressively advanced levels of psychic organization*. (Mendelsohn, 1987a, p.17; italics added).

- (d) In its nuclear state, the infant is thought to have a non-object-related core of perceptual activity, that serve as original self-other organisers through perceptual experiences of *close receptors* (touch, temperature, smell, and taste) and *distant receptors* (sight and hearing).

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<sup>5</sup> This is evident in projection techniques such as the Rorschach.

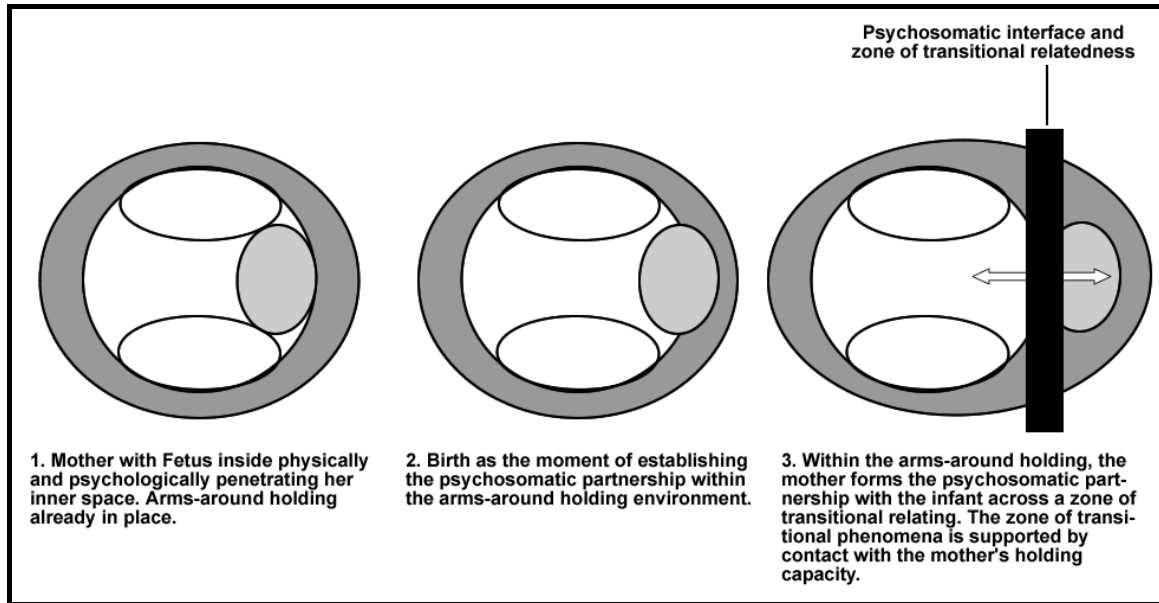
- (e) The perceptual processes are influenced by the very *nature of stimuli* (parenting, environment) and the nature and capacity (ego capacity and temperament) of the child.
- (f) As the perceptual processes coalesce, the first part of psychic organisation may be inferred and forms the basic building blocks of the self and object representational system.

The mother is hypothesised to serve as a regulatory ‘background figure of primary identification’, pre- and especially post-uterine. This allows the needed psychological symbiosis so clearly described by Mahler and her colleagues (1975). According to Cohen et al. (1954):

Much evidence on the infantile development in the early postnatal period (Ribble, 1943) demonstrates that the infant reacts selectively to various attitudes in the mothering one. He thrives in an atmosphere of warm, relaxation, and tenderness, while he experiences digestive disorders, shows a variety of tension disorders, and may even die of marasmus in an atmosphere of tension, anxiety, and physical coldness. *Under these circumstances, a vague, chaotic, and somewhat cosmic concept of another person-the mothering one- very soon begins to develop, and to this person the infant attributes his feelings of well- being or ill- being; this person is experienced as being extremely powerful.* (in Wolpert 1977, p.307; italics added)

The original primordial part self-representation is build upon the reality and quality of biophysical strata, and the nature and quality of the mothering one. It relies on close and distant receptors. Instinctual excitation is primarily orally determined although close and distant receptors help organise the experience of instinctual pressure and the activities of the mothering one. According to Mendelsohn (1987a), the autonomous ego functions are not yet developed but the so-called conflict free sphere of the ego has a primitive form. The following figures (3.2 and 3.3) from the work of Scharff and Scharff (1991) provide

examples of this process. The primordial self is psychologically born and is henceforth reflected in the somatic pre-intentional world-self object representation.



*Figure 3.2.* The Movement from the Pre-Birth Somatic Partnership to the Establishment of the Psychosomatic Partnership at a Birth. The Transitional Zone, Across Which the Psychosomatic Partnership Occurs, is Mediated and Supported by its Intimate Contact with the Arms-Around Holding of the Mother. (Scharff & Scharff, 1991, p.22)

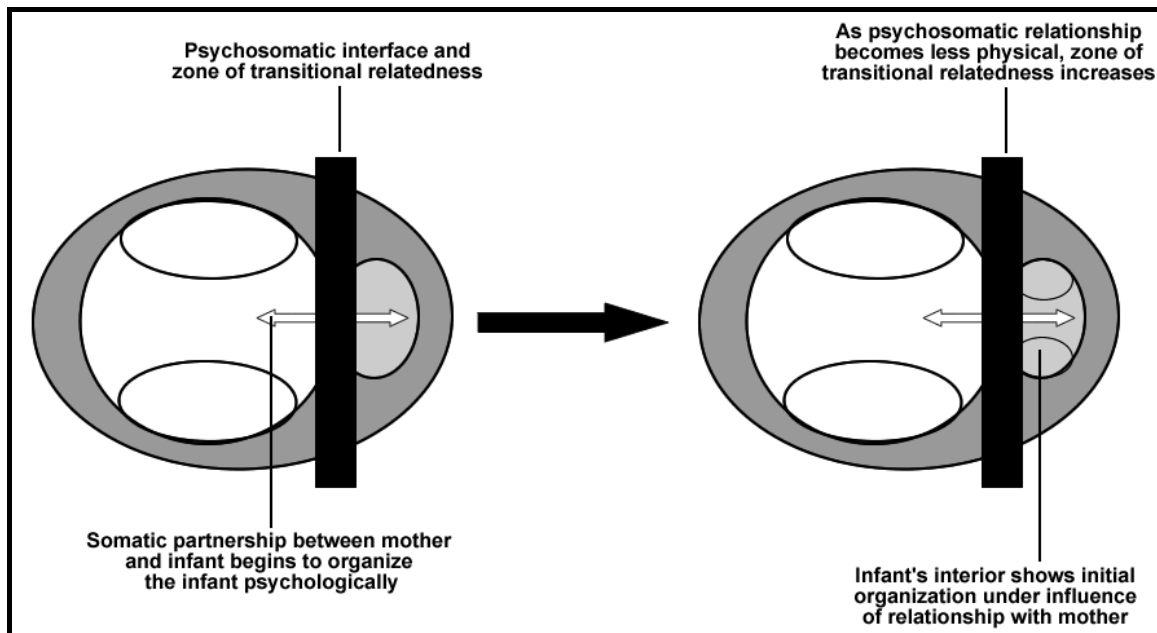


Figure 3.3. The earliest psychosomatic partnership between mother and infant. This begins the organization of the infant's psyche and of the mother-as-mother. As the physical component of the relationship wanes, the area of transitional relatedness and transitional phenomena takes prominence, inheriting the core issues of the psychosomatic partnership. It is still closely connected to the function of arms-around holding. (Scharff & Scharff, 1991, p.24)

### Homeostasis: Self-Regulation and Interest in the World (0-3 Months)

During the stage of homeostasis Greenspan (1989a) postulated a self-object relationship characterised by a *somatic pre-intentional world self-object*, in which there is a *lack of differentiation* between the physical, self, and object worlds. Given the lack of differentiation, the ego functions mainly include what is referred to as global reactivity, sensory-affective processing, and sensory-affective regulation. Difficulties in the latter are frequently evident in sensory hyper-hypo-reactivity and general sensory-affective dysregulation (Greenspan, 1989a).



In terms of sensory organisation, the infant's initial task is twofold: (1) taking 'interest' in the world, and (2) beginning the highly complex and lifelong task of regulating itself. Three sensory pathways seem probable, at least theoretically: (1) hyper-arousal, (2) hypo-arousal and (3) neither of the above, as evident in general processing disorder.<sup>6</sup> With hyper-arousal the infant may overreact to sensory stimulation, whereas with hypo-arousal the infant may seem to show limited or no signs of affectivity to general stimuli from the outside world – the so-called 'floppy baby'. Disorders encountered during this stage of development involve (a) the perception, modulation, and processing of stimuli; (b) the integration of stimuli with other sensory experiences known as cross-sensory integration; (c) integration of stimuli with previously stored experiences; and (d) the integration of stimuli with various motor proclivities (Greenspan, 1989a). Processing disorders involve and negatively influence representational capacity throughout development.

Theoretically and developmentally, a healthy infant is also expected to rely on and actively employ all sensory pathways to experience inner and outer reality. For example, an unhappy infant may cry, and may become calmer after observing the mother's face, when the mother soothes it with her soft voice, rocks it, and so forth (gestural system). Although it is expected that the infant will rely on all sensory pathways, for reasons not yet clearly understood it appears that some infants may be more comfortable with (or more inclined to rely on), for example, the visual field rather than the auditory field (or on the auditory and visual but not touch and movement fields). They seem to organise and regulate information with greater efficiency using their preferred sensory pathway. This may be largely the result of constitutional features and can have an effect on later organising experiences. The self's organising proclivities may always be observed in terms of hearing, seeing, motor activities and touch. As stated, sensory hyper-hypo-reactivity and dysregulation may lead to various

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<sup>6</sup> It is the author's contention that some high *lambda* individuals may reflect difficulty, most concretely, in all three given sensory pathways. Over time, and with further research, it may help clinicians differentiate between neurotic constriction and deficit.

difficulties in later life. In a beautiful description of perceptual hyper-development, psychoanalyst Peter Giovachinni (1979) describes a patient as an example of the latter:

My young woman patient had well-developed senses and she seemed to have a superior ability to distinguish nuances of feeling. Although she had not much experience to listening to music, she could hear a selection and readily identify that various instruments in the symphony orchestra. She could recognize a work, the conductor, and certain players. She became an excellent photographer after very little training, indicating her inherent visual skills; she also had an unusual taste sensitivity as evidenced by the fact that she could tell whether certain sauces had been properly prepared and, more impressively, could identify different wines and their vintage years. Apparently she was also sensitive to smell and had an unusual ability to recognize various perfumes. Her sense of touch was also thought to be very sensitive, and she could easily detect small temperature changes. This patient's unusual sensitivity was quantitative as well as qualitative. Her hearing and sight were much better than average, as determined by testing. Intense stimuli, however, did not disturb her; she probably has a better than average tolerance for loud noises...The generation of affect in order to maintain a sense of identity indicates another unusual aspect of this patient's perceptual system. An affective experience involves various psychic systems (including the id), but the *experience of feeling, by definition, is a function of the perceptual system*. The patient had an unusual ability to generate, experience, and discriminate among feelings – she had what might be considered a *hyper-development of the perceptual system* (and her history showed that these qualities had been present since early childhood, indicating a precocious development). (p.75; italics added)

This tendency has also been described by the Mastersonian Ralph Klein (in Masterson, 1995) and Doidge (2001) in schizoid states, and is found in other

characterological and primitive mental states (Giovachinni, 1979,1993). In terms of affective thematic organisation it is not surprising that the infant can actively seek human/environmental contact, based on own constitutional endowment, external reality, as well as a kind of emotional moro-reflex. Various psychoanalytic scholars have hinted that the human infant is first and foremost object seeking and is not just a biological driven entity striving to rid itself from various libidinal excitations.

It may also be hypothesised that some infants have difficulty in organising this phase-specific task. Certain babies have difficulty with the physical or emotional closeness (proximal modes) of the primary other due to sensory hyper or hypo-sensitivity. Both hyper- and hypoactivity can seriously influence the interaction between mother and child and thus greatly influence self, object and affect organisation/representation. That is, infants with a tendency toward either hyper-or hypo-arousal may show limited capacity to organise the so-called affective-thematic domains such as pleasure and exploration. This is especially of concern if the infant seems to react with apathy towards primary objects and prefers to over-focus on inanimate objects. As such, inherent regulatory difficulties may directly influence development. According to Greenspan (1997), three types of regulatory difficulties may be evident:

(a) **Type I** - The hypersensitive type. This type can be described as excessively cautious, inhibited and even fearful. As such, infancy may be characterised by (a) a general restricted range of both exploration and assertiveness; (b) clear dislike of changes in known routine; and (c) a tendency to be frightened by novel situations, which in turn activates clinging relatedness (Greenspan, 1989a, 1997). Early childhood may also be characterised by excessive fear, worries and shyness in relation to new experiences. This in turn influences both peer relationships and engaging with new adults. Later childhood and adulthood may be characterised by feelings of anxiety and shifts in mood, and depression and anxiety states are

self-evident. In summary: “he or she tends to be sensitive, reactive, detail-type of person, who can become overloaded by emotional or interpersonal events. He or she tends towards having a more fragmented, rather than an integrated, internal representational world, and may be easily distracted by different stimuli” (Greenspan, 1997, p.90).

(b) **Type II** - The withdrawn/difficult-to-engage individual. In contrast to the *type I* individual, this type seems largely disinterested in exploring either the inanimate or animate worlds. Such an infant may appear largely apathetic, easily exhausted, withdrawn, delayed or depressed, and may evidence difficulty in both motor exploration and responsivity to sensations and social cues (Greenspan, 1989a). As infants, type II individuals may have appeared self-absorbed and are often under-reactive to sound, and either over-or under reactive to touch. If they, as pre-schooler, evidence paucity of ideation they may as adults appear withdrawn, depressed, apathetic and generally disinterested. The opposite is also true: self-absorbed types of individual may prove to be very creative and imaginative as they can access or tune into their own sensations, their thoughts, and emotions. Unfortunately this may exclude being tuned into other people’s communications<sup>7</sup>, thoughts and feelings. The latter type, again from an early age onwards, may also tend to escape into fantasy when faced with external challenges (e.g., demanding preschool activity). When pressured they may appear inattentive, highly distractible or preoccupied, and may need to be ‘pulled’ back into two-way communication. If not managed, they may prefer solitary play and fail to invite others into their play. Greenspan (1997) adds that when not moderated, and depending on the intensity of the pattern, disturbances in thinking may become increasingly evident.

In summary, evident in the under-reactive type is the lack of both interest in and use of the external world, and the over-valuing of the internal world, even at the expense of

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<sup>7</sup> This seems very reminiscent of schizoid states of mind.

reality testing. Distal modes are preferred over proximal modes. This constructs a very enclosed perceptual system.

(c) **Type III** – The stimulus seeking, impulsive, aggressive and motor discharge type. This type is known for behavioural patterns that are characteristically highly active, impulsive and even at times aggressive. The need to be active, to continually seek stimulation and contact, may be the direct result of a combination of under-reactivity to touch and sound combined with poor motor modulation and planning. As infants, such types seek stimulation; as pre-schoolers they may engage in risk-taking behaviour; and as adults they may show overtly aggressive and risk-taking behaviour. There may also be a preoccupation with aggressive themes in play (even pretend play), and when anxious or unable to self-reflect, they may become counter-phobic and act out. Suspiciousness (paranoid attitude) and depression may also follow. Furthermore, “when able to verbalize and self-observe, he or she may describe the need for activity and stimulation as a way to feel alive and vibrant” (Greenspan, 1997, p.94).

Despite regulatory difficulties, such patterns may also be a reality for constitutionally healthy infants if they are exposed to parents that suffer from disorders of the self (Kernberg, 1976; Masterson, 1972, 1985, 2000; Mendelsohn, 1987a, 1987b, 1987c, 1987d). Various psychotic, anxiety or affect disturbances may under or over-stimulate the infant (Boyer, 1983; Giovachinni, 1979). Affects such as joy, the experience of pain and pleasure, and even eventually exploration may be compromised due to the mismatch<sup>8</sup>. To regulate sensory demands, the baby may respond with apathy, withdrawal, gaze aversion and, as with autistic children, may focus excessively on inanimate objects (Beebe & Lachmann, 1988; Tronick, 2007).

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<sup>8</sup> What may be intrusive and overwhelming for one infant may not be so for another; for example, a hypersensitive infant may not need an overly energetic parent as the communication/contact may be experienced as disorganising, intrusive and even overwhelming. For a hypoactive child, the opposite may be true and even desired. Goodness of fit is of importance.

Furthermore, various sensory processing difficulties can lead to (and later be observed in) various ego deficits, distortions and constrictions. The basic process of processing stimulus and organising it into a tolerable affectional field serves as a basis for later regulatory capacity. The ability to regulate without becoming hyper- or hypoaroused may be interfered with, and thus may constitute a major ego deficit throughout subsequent development. The neuro-psychoanalytic work of Alan Schore (1994, 2003a, 2003b) has contributed greatly to this area. Sensory process difficulties are seen especially in autistic states, psychosis, schizophrenia, ADHD, and so forth. The lack of sensory integration is especially evident in deaf children who are often diagnosed as retarded and seem very withdrawn (Greenspan, 1989a). It is evident that the sensory pathways (auditory, tactile, vestibular, olfactory, and proprioceptive systems) serve as an initial 'bridge' between self-representation, object-representation and affect regulation. Any difficulty in one area can lead to discrimination difficulties, although it seems that one sensory pathway is not necessarily better than the other. For example, Greenspan (1989) argues that one does not need the auditory channel for symbol formation. Symbols can be constructed from visual and tactile input.

Sensory difficulties may also impact on mothering. For example, if the infant has difficulty with the auditory pathway a mother may become anxious, talk faster and/or become more vocal, further arousing the struggling infant. Families at risk may certainly contribute to further sensory pathology, again negatively influencing affect regulation and the development of self and object representation. Finally, it may be assumed that the first three months of development constitute a pre-intentional stage of object relatedness where the emphasis is primarily on a "physical-human world sensory unity" (Greenspan, 1989a, p.15). The main developmental goal is sensory awakening and taking interest in the world. As intentional object-seeking proclivities are not observed, one cannot infer focussed and intentional affect

interaction. In spite of this, Mendelsohn (1987a) suggests that the perceptual system activation serves as a foundation for the development of the nuclear self, however primordial and primitive, and is highly dependent on the maternal presence and tender nurturance. Even though there is a so-called non-object related core of perceptual activity (Mendelsohn, 1987a), mental impressions are possible, and thus constitutes the *start* of representational life and the structuralisation of the self through sensory pathways.

This developmental stage also overlaps with Kernberg's (1976) developmental theory of **stage 1** (normal autism/ primary undifferentiated stage). Relying on Freud's use of the bird egg model, the infants' psychological potential is largely encapsulated (a closed psychological system). Self and object representations are undifferentiated as the infant cannot distinguish that there is an external object, part or whole, that is needed for sustenance. Classically this age was defined by Freud as primary narcissism. Similarly to Greenspan (1989) and Mahler et al. (1975), Kernberg (1976) believes that

this phase covers the first month of life, and a pathological arrest, failure or fixation of development at this stage would be reflected in the lack of development of the undifferentiated self-object image and the consequent incapacity to establish a normal 'symbiotic' relationship with the mother – a condition characteristic of infantile psychosis. (pp. 59-60)

It is not that the infant is totally unaware of the environment. Fleeting states of awareness may be possible, and the pleasure-displeasure principle (reflected in affect) creates the first 'memory islands' or schemata. These are rudimentary to begin with, and form the foundational experience for later self-other organisation. Throughout this stage there is a gradual build-up of the "*normal, primary, undifferentiated self-object representation*"

(Kernberg, 1976, p.60; italics added). Kernberg<sup>9</sup> also states that the emotional atmosphere, as articulated in the work of Greenspan, is central to the development of the self and object representations. Kernberg (1976) goes as far as to state that affect dispositions serve as a ‘psychological glue’ to integrate the perception of internal affect states, physiology, behaviour, representational capacity and the environment:

Affect dispositions constitute the primary motivational systems which integrate the perception of (1) central (pleasurable or displeasurable) states, (2) physiological discharge phenomena, (3) inborn perceptive and behavior patterns, and (4) environmental responses as they impinge on specialized and general extroceptive and introceptive perceptions. *The earliest ‘self-object-affect’ units are, I suggest, constellations of affectively integrated and cognitively stored perceptions of affective, physiological, behavioural, and environmental changes-perceptions within which the ‘self’ and ‘non-self’ components are as yet undifferentiated.* (p.87; italics added).

### **The Attachment Phase: Differentiation of the Human vs. Non-Human World (2-7 Months)**

The attachment phase of development is mainly characterised by the ability of the infant to differentiate *the physical world and human object world*. This includes the presence of an *intentional* part self-object although ego organisation, differentiation, and integration are characterised by a relative lack of differentiation of self and object.

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<sup>9</sup> Kernberg also relies on the work of Maclean (1967, 1972) who conceptualised a unique tripartite model of the brain, that is, (a) the reptilian brain, (b) limbic brain and (c) the neo-cortical brain. The latter work holds very similar views to contemporary neuro-psychoanalytic work (for example Schore, 2003a, b), and is argued to facilitate understanding of the development of representational life. This includes the impact of the nonspecific reticular activating system that controls inborn-instinctual type of reactions, to higher level cognitive functions that maintain affect potential but ‘down tones’ affect as to allow symbolisation. This stands in contrast to acting out. See chapter 3 of Kernberg (1976), as well as Kernberg’s unique approach to Bowlby and Jacobson’s work. The latter allows the integration of classic drive models with modern-day object relations models of development.



During the stage of attachment, which lasts from approximately two to seven months of age, there is clear evidence of interest in the human world, and highly pleasurable affect seems linked with the primary caretaker(s). It is thus disheartening to observe babies that avoid all sensory contact with the outside world and their caretakers. Although not so dramatic, there are children that tolerate some sensory pathways better than others. For example, some babies prefer visual to tactile contact. A baby might smile at mother's voice but still avert her gaze. In such cases one may speculate that the infant shows difficulty in orchestrating both the full range and depth of sensory experience (Greenspan, 1989a). Again this is expected to have an impact on general thematic affective organisation as pleasurable *attachment is expected to organizes* affect proclivities such as pleasure, curiosity, assertiveness, joy and the like. Furthermore, it is important to note that a healthy attachment style is not solely the product of pleasurable affect, but that non-pleasurable affect(s) such as protest and anger are to be organised with mutual interest and containment (Greenspan, 1989a). Emotional interest is protected by positive experiences so as to allow curiosity in endopsychic and external reality. By definition, external reality will and is expected to frustrate. Contrary to active protest behaviour (that may be necessary and even developmentally important), the baby may also be overly *compliant*, show both limited interest in affectional exchanges, and show flattened affect. Constriction may thus include both affectional *range* as well as *organising ability*, introducing the possibility of an '*ongoing defect*' (Greenspan, 1989a). That is, it is to be expected that various affective themes such as joy, curiosity, protest, and frustration be part of the interchange between infants and their environment. Constriction of range, and thus ability, influences affectional range and organisational stability, and serves as foundation for pathological self and object representations. It is clear from modern-day affect regulation and attachment theories that the latter may present itself as serious and permanent deficits in the personality (Bowlby, 1969,

1973; Schore, 1994). Given the importance of meaningful interest in the external world it is not surprising that serious deficits can be seen in autistic, schizophrenic and pervasive developmental disorders (the 'shallow attachments'). On the other hand, some of the pathologies evident in this developmental phase may be more circumscribed and less obvious. Irrespective of the latter, the *world object* is largely foreclosed and concrete perceptions may dominate, constricting the development of self and object representations.

It terms of general ego development and deficits, the infant illustrates certain preferences for either the human or physical world. Active avoidance of the external human world and the preference for the physical world could result in permanent deficits. Interactive object seeking could be replaced by joyless interaction and shallow/muted experiences and expression of affect. Paradoxically, given the lack of pleasurable object choice there may even be an indiscriminate (what Greenspan, 1989a, calls 'promiscuous') choice of object ties. It is important that the representational life of the infant is still global and lacks the more goal-directed or intentional activity evident in older children. For example, an eight-month old can, for example, woo a caregiver. During the attachment phase the 'I' and 'you' are not differentiated. According to Greenspan (1989a),

The four-month old under optimal conditions evidences synchronous interactive patterns, smiling and vocalising in rhythm with the caregivers.<sup>10</sup> When under clinical distress he evidences global reactivity; in comparison, the eight-month old can explore alternative ways of having an impact on his caregiver. This suggests that not until this next stage is there a full behavioural (pre-representational) comprehension of cause and effect or part object-self differentiation. Representational/comprehension does not occur until late in the second year of life. (p.19)

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<sup>10</sup> Beebe and Lachman (1988) refer to this as "mother-infant kinesic interaction" (p. 318), which they consider to be the dominant mode of relating at four months of age.

Mahlerian (1968, 1975) descriptions of symbiosis fit very well with Greenspan's attachment phase. The function of the ego is threefold: (a) being actively object seeking (intentionality); (b) organising experience along the human/non-human continuum (mother and the world), and organizing and strengthening (c) globalised patterns of reactivity<sup>11</sup> to the human object (Greenspan, 1989a). These global patterns may include pleasure seeking, withdrawal, avoidance, rejection of the human world in preference of the physical world, or 'hyperaffectivity,' characterised by diffuse discharge of affects (Greenspan, 1989a). The infant's *seemingly* intentional and interactive object seeking proclivities has a global and (still) undifferentiated quality to it. That is, certain pleasurable contact gestures such as vocalisation, smiling and so forth, are tracked or followed. Relating to a differentiated conceptual other is not possible at this developmental age:<sup>12</sup> "Most likely, during this stage the infant progresses from the earlier stage of an undifferentiated global object (in which the human and nonhuman worlds are as yet indistinct, as are self and non-self) to a stage of intentional yet still undifferentiated self-object organization" (Greenspan, 1989a, pp.19-20). This also corresponds with Kernberg's (1976) **Stage 2**, the normal symbiosis stage of the primary undifferentiated self-object representations. Kernberg argues that from the second month onward there seems to be a gradual awareness of the need-satisfying object. This dim awareness can be conceptualised as the beginning of the second developmental phase, that is, normal symbiosis. Following Mahlerian logic, the autistic wall or shell, needed to achieve homeostasis, seems to become increasingly porous. This allows for the development of a *dual unity*;

At this time, the quasi-solid stimulus barrier (negative because it is uncathected) – this autistic shell which kept external stimuli out – begins to crack. Through the aforementioned cathectic shift towards sensori-perceptive periphery, a protective, but

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<sup>11</sup> These patterns may evolve into fixed regulatory patterns: Type I, Type II or Type III as discussed above. .

<sup>12</sup> This will stand in contrast with those object relations schools that conceptualize the infant as having a differentiated internal phantasy life capable of various unconscious phantasies, defenses and functions.

also receptive and selective, positively cathected stimulus shield now begins to form and to envelope the symbiotic orbit of the mother-child dual unity. (Mahler et al., 1975, p. 44)

It is argued that the ego and id are also undifferentiated and thus both libido and aggression remain undifferentiated. As stated, the symbiotic orbit is believed to be cathected and thus protects the underdeveloped ego against strain and trauma. Overstimulation, parental withdrawal and neglect will seriously affect the ego. Representations of the body ego are now possible due to the developmental shift of proprioceptive-enteroceptive cathexis towards sensoriperceptive cathexis of the periphery (Mahler et al., 1975). The body ego and its representations are needed for the development of the infant's inner representations, which forms part of the *core* of the self representation. It is from here that later feelings of self and a sense of identity will emerge<sup>13</sup>. The infant has no concept of 'I', although memory traces of good and bad experiences do develop. Kernberg (1976) also integrates the first stage of separation individuation (the differentiation subphase) as the self-object differentiation is not yet complete. This is especially evident in traumatic states where a regressive refusion of good/bad self-object states occurs. During later developmental stages the mechanism of splitting may be used while the boundaries between self and object images remain relatively stable. Loss of differentiation between self and object images are found in depressive psychosis and schizophrenia. Finally, as Kernberg's central contribution states, "affects are the organizers of internalized object relations" (Modell, 1993, p. 24). The interaction between mother and infant is central to the protection and experience of positive affect, and it directly influences the development of self and object representations as primarily good or bad. Both are evident although it is believed that the good-self-object representation should

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<sup>13</sup> As Freud stated, the ego is first and foremost body ego.

predominate to create a feeling of *basic trust* versus a feeling of a ‘basic fault’ (Balint, 1968).

In Kernberg’s (1976) own words:

I mentioned before that the primary, undifferentiated ‘good’ self-object representation is built up under the influence of pleasurable, gratifying experiences involving the infant and his mother. Simultaneously with the development of this ‘good’ self-object representation, another primary, undifferentiated self-object representation is formed, integrating experiences of a frustrating, painful nature: the ‘bad’ self-object representation, cantering on a primitive, painful affective tone. *It needs to be stressed that the ‘good’ and the ‘bad’ primary intrapsychic structures are organized separately under different affective circumstances, determining two separate constellations of ‘affective memory’.* (p.61; italics added)

In addition, Kernberg adds: “As the baby cannot yet differentiate self from non-self, painful affect, painful visceral constrictions, and the perception of a dark room belong to one, undifferentiated self-object representation-part of the prototype of the ‘all bad’ self-object representation” (1976, p. 92).

Primitive affect, the most rudimentary subjective experiences of pleasure or displeasure/pain, serves a primary, albeit primitive, organising function of self-object images and representations. As the undifferentiated self-object representations develop and mature, so will affects gradually differentiate (see figure 3.4. below). Differentiation of the self and object representations is argued to begin during the third to fourth month of life, and *completed* between six and nine months. Kernberg argues that good object representations, however rudimentary and undifferentiated, are invested with libido, whereas bad object representations are invested with aggression. Greenspan’s work adds to the latter observation by introducing the notion of purposeful communication starting from the third month onward. However, he would argue that although the differentiation of self and object may be

completed by nine months of age, it is still concrete as it is a *behavioural part self-object representation*<sup>14</sup>.

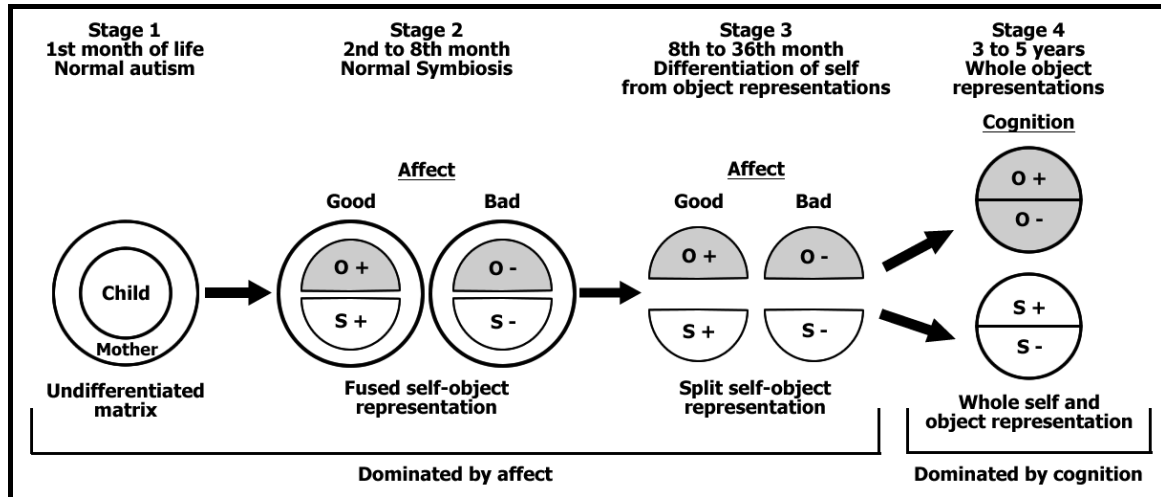


Figure 3.4. Kernberg's Developmental Model of Internalised Object Relations (in Chatham, 1985, p.235)

### Somato-Psychological Differentiation and Purposeful Communication (3-10 Months)

Greenspan (1989a) postulated the existence of a self-object relationship characterised by a *differentiated behavioural part self-object* during the somato-psychological differentiation and purposeful communication phase of development. The differentiated *behavioural part self-object* representation allows the infant and caretaker greater behavioural 'patterning' of drive-affect domains. Differentiation is needed for further structuralisation. This entails the possibility of expanded affective range and thus deeper interaction ('intensification'). It is therefore reliant on the behavioural patterning between mother and child. Deficits could support de-differentiation seen in avoidance, regression and general

<sup>14</sup> It is frequently evident in the conceptualisations of various object relations schools that the *behavioural part self-object representation* becomes imbued with very complex and differentiated phantasy. It is the current author's opinion that such highly dramatic (affectively charged) and differentiated internal phantasy configurations and representations may be more the projected logic of the other concerning the 'psychological meaning' of the behavioural part self-object's intentions. For example, it is frequently found that parents argue that their two-year old may be doing things on 'purpose', ascribing complex psychological processes and intent clearly too advanced for a two-year old. This holds true also for younger infants.

constriction. The process of differentiation of self and object can thus fall under the general sway of drive-affect patterns and behaviours. This stage also seems very closely related to the late stage two as conceptualised by Kernberg (1976) above.

Furthermore, during this stage ‘means-end type communication’, or the capacity for ‘cause- and- effect’, is highly dependent on the type of attachment formed between mother and child as well as the increasingly complex use of sensory organisation. Differentiated use of the senses remains important when interacting with the primary caretaker, and any mismatch in the latter may become increasingly evident. For example, a tactile defensive child may become increasingly chaotic with gentle touch. ‘Orchestrating’ sensory experiences is extremely important, as the rudimentary forms of the ‘cause-and-effect’ level of behavioural organisation depend on it. The various sensory realities are needed to differentiate between proximal and distal modes of communication<sup>15</sup>. Motor pathways also play a pivotal role in the infant’s ability to ‘signal’ intent and wishes. The greater the contingency between the latter, the greater the potential for both differentiation and structuralisation. Proximal modes of relating (direct physical touching, holding, and so forth) are replaced by distal modes of communication, involving “communication that occurs through vision, auditory cuing, and affect signalling” (Greenspan, 1989a, p.22). As stated by Mendelsohn (1987), both proximal and distal modes are needed for negotiating later separation-individuation realities, and thus the structuring of stable internal representations of self and others. For example, a mobile baby of eight months of age can communicate over a distance by vocalising, glancing and gesturing. Greenspan (1989a) notes that any limitation in negotiating space through both distal and proximal modes will affect the infant’s capacity to construct internal representations.

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<sup>15</sup> In conceptualizing two fundamental modes/attitudes of managing and negotiating ‘space’, that is, either philobatic (distal mode) and ocnophilic (proximal mode), the work of Balint (1968) may be viewed as an early clinical attempt to understand this reality in general development as well as its resulting failures.

In terms of thematic-affective organisation, “the full range of affective-thematic proclivities, evident in the attachment phase, become organised in the context of cause and effect (means-end) interchanges” (Greenspan, 1989a, p.23). Reciprocal interchange, signalling intentionality and greater differentiation, become increasingly evident. The affective interchange between mother and child may become distorted by parental pathology or disorders of the self (Kernberg, 1976; Masterson, 2000). Affect dampening, hypomanic affective states, clinging behaviour, chronic fear and crying, irritability, lack of curiosity and assertiveness, difficulties in sleeping and eating may also be evident.<sup>16</sup> The baby’s own maturational needs must be sensitively mirrored by the parent. Frequently however, the baby is expected to mirror the adult’s need. This creates the potential for a gross mismatch between adult and child. Alternatively, with negative consequences in itself, *uneven developmental success and failures* may prevail due to the mismatch. That is, the infant may be able to reciprocate certain affects and affect themes but not others. This may also be so for the mothering other, due to her own preferences and deficits. In combination with the infant’s preferences the mothering other may support certain affect themes to progress and differentiate, but may fail in the differentiation and articulation of other affect themes. On an endopsychic level the latter speaks to the infant’s ability (and capacity) to not only elicit responses from others but to also enact a preference; and in turn elicit parental preference and parents’ own unique psychological ability to identify, elaborate and articulate the various ‘messages’ from their infant. Psychoanalytically this process speaks to processes such as projective identification and in neuro-psychoanalysis right brain to right brain communication.

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<sup>16</sup> "Hilde Brush (1973) anticipated what we now observe directly when she suggested that in some primary eating disturbances the dyadic signal system was not well formed because caregivers were rigid and unresponsive to the child's communications. For example, the child never learned to distinguish basic physical hunger from other sensations, such as dependency needs" (Greenspan, 1989b, p.109). This is also evident in other pathologies such as schizoid personalities. Schizoid patients are frequently quoted as being unable to 'know' when they are truly hungry, as if hunger and its connection to dependency is absent, alien and even dangerous to them. Dynamically, the latter are related and signal deep fears of need and incorporation.



It is as though he needs to be met at his own level to maintain his affective-thematic range. Most interesting are the subtle cases where the baby can reciprocate certain affects and themes, such as pleasure and dependency, but not others, such as assertiveness, curiosity, and protest. Depending on the baby's own maturational tendencies and the specificity of the consequences in the caregiving environment, one can imagine how this *uneven development* occurs. For example, caregivers who are uncomfortable with dependency and closeness may not afford opportunities for purposeful reciprocal interactions in this domain but may, on the other hand, be quite 'casual' in less intimate domains of assertion and protest. *The baby's own 'sending power,' and the degree of differentiated consequences he is able to elicit, may have important implications for how he differentiates his own internal affective-thematic life (as well as how he organizes these dimensions at the representational or symbolic level later on).* (Greenspan, 1989, pp.23-24; italics added)

The work of clinicians such as Eigen (1996) and Masterson (2000) are filled with examples of the latter. Furthermore, the metapsychological work of Blatt and Ford (1994) explores how anaclitic (relationship with others) and introjective (self-definition) fixations in the caregiver may greatly influence the anaclitic and introjective developmental trajectories of their children, both consciously and unconsciously. Analytically, the work of Freud, Klein (1935), Ogden (1986), Grotstein (1982a, 1982b, 1983a, 1983b, 1996), Eigen (1986, 1996) and Bion (1965, 1967, 1970), have relied on the concept of projective identification to articulate this 'sending power' of the infant (its positive and negative vicissitudes), the various ways in which it is contained (or not) by caregivers, and how the latter affects the experience of self and others.

During the somato-psychological differentiation and purposeful communication stage of development various ego deficits, distortions and constrictions may also become

increasingly present. During the stage of development, eight-month olds can show signs of pleasure, the need to be held, exchange loving ‘gestures’ with the caretaker, and find pleasure in sucking and placing objects in their mouth. There are also clear signs of assertiveness, curiosity and goal-directedness. Cause and effect is explored by banging objects together, and one may even observe the first signs of being thwarted, with angry protest and anger. The caregiver’s response to anger and dependency, precursors to SI, are important. As is clinically evident, no family can ever prove effective in all areas of development, but it is especially problematic “when a *whole area* like dependency, pleasure, or exploration does not receive reciprocal, purposeful cause-and-effect feedback” as pre-representational differentiations may be limited (Greenspan, 1989a, p.25; italics added). Since cause and effect plays such an important role, rudimentary forms of reality testing will also start to occur – all behaviour have effects and thus consequences. Causality is part of an ever-increasing ontological reality, and of the fundamental importance of feeling grounded in a world filled with ‘law’. Various pathologies suggest causality in certain areas and absence in others. For example, behaviour and thus motor mastery may be intact and purposeful, although thinking may not be (Greenspan, 1989a, b, 1997). Various psychotic and lower level borderline syndromes may display a certain lack of causality and thus remain trapped in an undifferentiated pre-representational causality state leading to difficulties in thinking, the management of affect and so forth. The implications for ego psychology and object relations theory are also evident: given developmental difficulties and failures in parent-child interaction, the full range of affective thematic patterns may be compromised, for example, a child may be clingy but not assertive. More pathological cause and affect pathways may be present and the infant may react with fragmented and non-purposeful activity, become chaotic and even withdraw. This is vividly seen in the so-called disorganised attachments. Furthermore, infants at this stage of development are believed to show both love and anger at the primary caregiver and

thus intentionality may be inferred. Self and object may be differentiated, at least on a behavioural level:

The intentionality of the infant in both adaptive (reaching out, protesting, etc.) and maladaptive (rejecting modes) suggest at least a behavioural comprehension of a ‘self’ influencing an ‘other’. *It also suggests self-object differentiation at the behavioural level.* Behavioural level in this context means the organization of behavioural patterns or tendencies rather than the later organizations of symbols. (Greenspan, 1989a, pp.28-29; italics added)

Differentiation at the behavioural level is achieved late in the second year of development. The ‘I’ becomes a physical and behavioural ‘I’, and paves the way for the development of a more conceptual ‘I’ (Greenspan, 1989a).

### **Stage of Behavioural Organisation, Initiative, and Internalisation: A Complex Sense of Self (9-18 Months)**

Greenspan (1989a) sees the self-object relationship at this stage as characterised by a functional (conceptual) integrated and differentiated self-object. Greenspan argues that ego functions include “organized ‘whole’ self-object interactions (in a functional behavioural sense).” (p. 31) and may be the product of (a) a greater reliance on distal modes of communication; (b) greater dyadic signal system interaction due to effective two way cuing; and (c) the continual integration of affective polarities (due to the lessening of splitting<sup>17</sup>). The result of failure in the dyadic system interaction may result in an over-reliance and overuse of splitting. Over-reliance on proximal modes may be evident, reflecting the fear of self-object fragmentation and dedifferentiation. Regressive states at this developmental phase include the following; (a) active withdrawal, (b) avoidance and/or overt rejection of the

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<sup>17</sup> Splitting is needed to ensure differentiation of self and object representation in earlier phases of development (Kernberg, 1976).

external other, (c) somatic de-differentiation, and (d) object concretization<sup>18</sup> (Greenspan, 1989a, p.31). Object concretisation does not allow for optimal self-object differentiation and supports the use of primitive defence mechanisms such as projective identification.

Concretization precludes the development of dimensionality and complexity of representations.

Given the increasing sensory organisation of this phase, the toddler is usually able to make the environment aware of its needs. This is usually reflected in complex behavioural sequences. The ever increasing 'cause- and- effect' capacity supports greater interaction with both a rudimentary behavioural inner life as well as outer objects, linking wish, intention and object, inner reality and outer reaction. For example, toddlers needing a drink of water can take mother's hand, bang on a cupboard, and point to what they want whilst trying to also verbalize the need. Both distal and proximal modes<sup>19, 20</sup> are used to communicate. The greater the fit between self and object, the more secure the primary attachment, the greater the use of distal modes of communication will be. 'Refuelling' in the Mahlerian sense (Mahler et al.,

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<sup>18</sup> The implications of object concretization for and in thinking processes have been articulated by psychoanalysts such as Wilfred Bion and Donald Meltzer.

<sup>19</sup> According to Greenspan (1989a):

As adults, there is a balance between proximal modes (being held and cuddled by our loved ones) and distal modes (we enjoy warmth and security through the nodding and gesturing of a close friend in a good conversation, or even that of a new acquaintance at a cocktail party). Adults who cannot receive experience through the distal modes often feel deprived and isolated and so resort to more proximal modes. This makes adult life difficult. (*As far as I know, this deficit has not been examined as a significant component of borderline disturbances or severe character disorders in which there is an inordinate sense of isolation, emptiness and loneliness*). The transition to distal and the ideational modes create flexibility. One can carry with one the love object, first over space and then over time. One sees the failure at this stage in deficits in the functional (conceptual) self-object, and in limitations in the affective-thematic proclivities of that self-object. (p.40; italics added)

Although I agree with the latter conceptualization, the work of Balint (1968) on the 'basic fault' and 'primary love' as related to ocnophilic and philobatic proclivities, and especially the work of James F Masterson (1972, 2000), addresses the latter clinging behavior as a defense against abandonment depression. A clearer (theoretical and clinical) differentiation should also be made between the concept of object permanence as concrete and abstract reality, as well as object constancy, as it implies permanence but does not seem to adequately describe and explain the emotional/affective reality linked to permanence *per se*.

<sup>20</sup> Balint's (1968/1992) central conceptualization is as follows:

In the ocnophil's reaction to the emergence of objects is to cling to them, to introject them, since he feels lost and insecure without them; apparently he chooses to over-cathect his object relationships. The other type, the philobat, over-cathects his own ego functions and develops skills in this way, in order to be able to maintain himself alone with very little, or even no, help from his objects. (p.68)

1975) can happen through both modes, although adulthood, as we know it in Western society, seems to prefer and rely on distal modes of refuelling. Parents and family systems may also have preferred modes<sup>21</sup>, stimulating various anaclitic and introjective pathologies (Blatt & Ford, 1994). Overanxious parents may prefer the proximal mode, stimulating clinging behaviour and the under-development of distal logic and later symbolisation (Greenspan, 1997). Others may also prove overprotective but for various reasons rely on distancing mechanisms and denial, pushing the child away and stimulating counter-dependent attitudes (Masterson, 1972, 2000). Such children may come to rely on introjective developmental strategies at the expense of balanced anaclitic adaptation. Again analysts should expect that biological and temperamental difficulties of the child may interfere with normal developmental expectations. For instance, a child may have an auditory processing difficulty, which makes it difficult to interpret cues from mother, in turn making the mother anxious or over-protective. The child may also have difficulty with frustration (anger), influencing sensory integration and the modulating other. Neo-Freudian revisionists such as Kernberg (1976) have tried to articulate the latter and it seems central to Kleinian thinking.

In terms of thematic affective organization, the developing 'cause- and- effect' units involve various experiences. These include pleasure, displeasure, closeness (dependency) and varying distance (independence) sequences that seem to create an ever-expanding interactive and complex bi-personal field. Given the reaction to the sequencing, affect storms seem to become increasingly controlled. According to Greenspan (1989a) and Mahler et al. (1975), it is not uncommon for a toddler to initiate an affective interchange with a proximal mode, such as hugging or moving away from the primary object, initiate a game, and enjoy distal modes of interaction. Within this *sequencing* the toddler can show a variety of affect states, signalling intent and a self-state that needs to be negotiated by the present parental other. The

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<sup>21</sup> These patterns are a complex blend of individual, couple and cultural variables.

affects demonstrated in the sequencing may be intense and un-modulated at times, stimulating the moderating influence of another (down- regulating). The opposite is also true, that is, up-regulating a more under-reactive child. The latter allows for greater behavioural organisation and the sense of self undergoes greater structuralisation. This integration is needed in the later development of object constancy and the ability to later tolerate ambivalence.

Whereas a child in the first year of life can be described as having a ‘somatic attitude’ to the world, the second year is characterised by a ‘conceptual attitude’ to the world, the self and its objects (Greenspan, 1989a). The world is understood in terms of *functions*; and even objects’ intent may be seen to be acted upon. Although a conceptual attitude, it remains pre-symbolic but no less important. Acceptance, rejection, closeness and distance are communicated through the *gestural system*. The gestural system plays an important role throughout development, and at times communicates as powerful, if not more so, than the verbal mode. Studies on double-bind communication frequently hint at the impact of nonverbal gestures and their profound impact on the bi-personal field. Based on reciprocity in the bi-personal field, behavioural patterns may serve as foundation to later representational thinking. Behavioural patterns and the gestural system have the ability to bind affect, inner and outer reality, and supports greater ego-structuring. Lack of parental support (through play, humour, and admiration) may leave the young child’s *functional self* with various deficits such as splitting. Affect is then experienced as all bad; self and others are experienced and described in discrete behavioural sequences; and the labelling of affect becomes highly problematic. For example, in frustration a 14-month old may say: ‘Hate Mommy!’, and then proceed to angrily push or hit mother (gestural level of communication). If the mother fails to engage positively, that is, soothing the child whilst communicating cause-and-effect and providing solutions (the concept communication being: *I can see you are angry/upset - how*

*can I help you so that you feel better and in doing so do not hit mommy*), the child may fail to organise the affect pattern and further differentiate self and object representations. In adulthood, one finds similar descriptions in compromised adults when they describe their behaviour: ‘I was drunk, I hit her, she ran away’ or ‘I was feeling nothing, needed sex, was okay then’.

The young child does seem to develop the ability to hold, albeit initially precariously, the idea that the bad mother is also the good mother. For example, if a child is not allowed to have an ice-cream, she can become intensely upset and angry, but in a few minutes may move back to mother, sit on her lap and engage or re-engage in playful, loving interaction. The later development of higher representational levels is dependent on the use and understanding of both gestural and verbal levels of interaction.

Finally, it can be argued that if the *functional self* has not been allowed to develop a *conceptual attitude* to the self, to affects and others, the individual’s endopsychic and interpersonal reality will remain under the sway of the concrete self and object representations. Reality and relationships will then be interpreted as a series of “interrelated but somewhat discrete behaviours” (Greenspan, 1989a, p.37). Without a conceptual attitude the notion of, for example, “I get so angry when she does not understand me that I punish her by withdrawing and protect myself by drinking” will remain foreign, and the individual is left with “I don’t know, I get angry and drink – what is there more to say?” To complicate matters further, a conceptual attitude may also become split. In other words, the intellectual domain may develop sufficiently but the emotional sphere may remain concrete<sup>22</sup>. Various pathologies exist where the patient’s intellectual sphere remains largely intact, although the

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<sup>22</sup> "Nemiah (1977) has suggested that in certain psychosomatic conditions, such as drug abuse and impulse disorders, there is the lack of a signal affect capacity. Hence, there is a lack of the transitional capacity to elevate dysphoric affect into a conceptual, and subsequently a representational signal" (Greenspan, 1989a, p.39). This seems similar to the debates in chapter two concerning the cycloid process as part of an impulse neurosis and cycloid individuals' reliance on ATM mechanisms.

emotional sphere seems more primitive and nonsensical. The clinical work of psychoanalyst Judith Mitrani (2001) explores this phenomenon in depth.

### **Representational Capacity (18-30 Months)**

Greenspan (1989a) holds that this stage entails a self-object relationship characterised mainly by a *representational* self-object. Given greater developmental maturity, general ego functioning allows for the creation of object representations that function in the absence of the object. Self and object representations also show greater stability in the face of affective storms. Young toddlers are able to manage more than one emotion at a time and in the absence of mother may start to rely on symbolic forms such as pretend play and language to elaborate affective themes. Given sufficient stress and lack of environmental support, regression and dedifferentiation is still possible and may be evident in affect- regression, withdrawal, avoidance as well as self, object and behavioural concretisation.

Greater sensory organisation is also clearly evident in the developing child's ability to (a) organise behavioural patterns, (b) abstract the meaning of these behavioural patterns, (c) understand the function of objects, and finally, (d) to form mental representations of the latter. According to Greenspan (1989a), "a mental representation is multi-sensory and it involves the construction of objects from the perspective of all the objects' properties (including levels of meaning abstracted from experiences with the objects)" (p.45). Psychoanalyst Christopher Bollas (1989, 1992) hinted at the latter when he stated, from an object relation point of view, that an object can be 'used' projectively, mnemically, structurally, sensationally, conceptually and symbolically. In terms of sensory organisation, all the senses are used in contact with the object, and add to the formation and complexity of



the mental representation of the self and object. Deficits<sup>23</sup> in sensory pathways create various deficits in mental representations.

Optimal sensory organisation also ensures greater thematic-affective organisation. Given the representational capacity, the toddler is finally able to not merely act on feelings but to label and even interpret them. This is evident in pretend play. Greenspan (1989a) suggests the hypothesis that representational capacity can be divided into three main categories: (a) the more ‘descriptive use of the representational mode,’ which is evident in children labelling pictures and providing general descriptions of objects; (b) the ‘limited interactive use of the representational mode,’ seen in children who can describe a single or multiple thematic-affective interactions such as ‘me angry’, ‘me want x’ (in play where two dolls are interacting); and lastly, (c) the ‘elaboration of representational, affective thematic interactions,’ which is seen in thematic-affective episodes being knitted together into more interactive dramas, for example, Spiderman is eating, then he goes to a building, then he catches a bad guy, then he goes to bed, and so forth. The initial sequencing may not be overtly logical but is expected to become more so through play, the use of language, and feedback from the environment: “the causal–logical infrastructure of the child’s representational world emerges in his pretend play and the use of language” (Greenspan, 1989a, p.47). The *range* of themes is also expected to become more complex, affectively congruent, and logical.

Deficits in representational capacity can be ascribed to parental difficulties in assisting the child to use ideas “in emotionally relevant contexts” (Greenspan, 1989a, p.47). Parents may be afraid of phantasy, or of certain affect laden themes, such as sexuality and aggression on the ideational sphere. This creates a psychological situation in which the child cannot experiment and play with both phantasy and reality, which greatly influences

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<sup>23</sup> Greenspan (1989) refers to the latter as range, depth and integration of sensory experiences.

representational capacity and development. Furthermore, “parental anxiety often leads to overcontrolling, undermining, hyperstimulating, withdrawn, or concrete behavioural patterns (i.e., let’s not talk or play; I will feed you)” (Greenspan, 1989a, p.47).

This is an important phase in analytical terms, as the adult should protect the child’s capacity to move to the ideational sphere rather than remain at a pre-representational reality. The latter is characterised by acting out and self-object-affect concretisation (the behavioural discharge mode/acting out). The debates of chapter 2 refer to theorists who articulate the importance of non-introspective parenting when considering cycloid pathology. It may be assumed that the so-called impulse neurosis may contribute to cycloid pathology, and even disorders such as bipolar disorders, ADHD and the like.

Children’s own constitutional-maturational patterns and potential may also create difficulty for them, as they might become overwhelmed and frightened by their own ideas and feelings, and are unable to experience, organise or reorganise on a higher representational plane<sup>24</sup>. Both the child and parent in interaction should support “the return to the ideational” (Greenspan, 1989a, p.47) when in difficulty. The reason for the return to the ideational rests on the developmental assumption that the ideational enables the containment of behaviour so that one may choose between options through reasoning. This also enables the labelling of affects and invites two-way communication and regulation. In the words of Greenspan (1989a):

The *ideational mode* allows for trial action patterns in thought (to contemplate and choose among alternatives). One can reason with ideas better than with actual behaviours. Therefore, one has an enormous deficit if a sensation, or a series of sensations, that are distinctly human do not have access to the ideational plane... As

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<sup>24</sup> Greenspan gives various examples of this reality in his book ‘Developmentally based psychotherapy’ (1997).

children go from the conceptual mode to being able to label affects, they learn to talk about feelings. (p.48; italics added)

Ignoring certain affect areas, such as aggression ('My child should never play with guns –they are bad!'), only relegates them to the behavioural discharge mode. Furthermore, deficits may also be *circumscribed* to specific thematic affect realities – some children may develop representational capacity along the line of either positive or negative feelings. That is, some children may have developed some capacity to label and work with an area such as aggression, but lack '*range*'. They are thus susceptible to acting out behaviour when under environmental or psychological stress. Greenspan (1989a) described this process as follows:

At a somewhat less severe level, we see children who have developed a representational capacity in both the inanimate and animate spheres but show severe limitations and regression with even minor stress in certain areas of human experience. For example, they may be able to use symbolic modes only around negativism, dominance, and aggression and consequently look solemn, stubborn, and angry, showing little range of representational elaboration in the pleasurable or intimate domain. When frustrated or angry some children may quickly regress to behavioural modes. (Greenspan, 1989a, p.48)

The implications for ego development, self and object representations are clear: representational constriction, due to either endowment and environmental impingement or neglect, may create regressive behaviour and somatic discharge patterns (Greenspan, 1989a). Succinctly stated, constricted parenting in areas of thematic-affective experience, as well as developmental delays within the child, can create both organisational and ego- structural deficits. Greenspan (1989a, 1989b, 1997) continuously emphasises range, delineation, access and limitation to representational elaboration, and introduces various developmental vertices. For example, certain emotions, like dependency, may be experienced and acted out in various

behavioural patterns such as clinging only with mother but not necessarily with others. Parents may react to the clinging in a very circumscribed fashion themselves: 'my child is just like his grandmother', and may or may not be able to allow for elaboration into greater ideational capacity. This is typically a later diagnostic indicator that differentiates higher from lower level borderline disorders of self. Some higher level patients may act out in very circumscribed ways in certain areas but remain effective and integrated in other areas, while lower level borderline patients may experience psychotic-like regressions. Finally, Greenspan (1989a) argues that if the parent is (a) concrete, (b) distorts, or (c) ignores various representational themes then various ego-operations are probable, that is, the concretisation of experience, behavioural-representational splitting, representational constriction, representational encapsulation, and finally, representational exaggeration and liability. With the concretisation of experience 'access' to the representational is not achieved. During behavioural-representational splitting it would seem that the child/adult does gain access in certain areas but core affective areas remain at the behavioural level of functioning. With representational constriction certain areas remain outside the representational system. With representational encapsulation certain areas remain in concrete form. Lastly, with representational exaggeration or liability the distorted or ignored domains are seen to become exaggerated or labile, and even their opposites may become exaggerated or labile.

Although self and object representations are organised at a representational level, they are not as yet fully differentiated, although pre-representational behavioural and somatic organisations are. From this Greenspan assumes that children are increasingly able to comprehend intentionality, and that their behaviour has consequences. This understanding is very rudimentary and all experience is organised along somatic, behavioural and representational lines. These will be reworked in adolescence as abstract thinking becomes more complex.

Finally, this stage overlaps with **Stage 3** of Kernberg's theory (1976), but since the next developmental phase also shares similarities with Kernberg's **Stage 4** conceptualisations it will be discussed under the heading 'Representational Differentiation'.

### **Representational Differentiation (24-48 Months)**

During this phase of psychological development one may postulate a differentiated and greater integrated representation of self and object. According to Greenspan (1989a), the young child is supported by various expanding and complex ego-functions. These include representational differentiation characterised by the higher level organisation in the form of mental representations. Mental representations in turn organise somatic and behavioural patterns as well as the integration of drive-affect tendencies. Intermicrostructural integration that includes the integration of affect, impulse and thought is also facilitated by emerging mental representations. Self and object representations are theorised to be abstracted into stable constellations supporting reality testing, mood stabilisation, impulse control, cognitive functions and the like. Stable self and object representations also support the process of identity formation in which past, present, and changing aspects of self and object (in phantasy and reality) can be integrated. Despite various structural progressions the young child remains vulnerable to representational fragmentation, lapses in reality testing and impulse control, and susceptible to defective, polarised, or constricted self-object identity formation.

It is clear during this developmental stage that the child shows greater awareness of self-other and inside-outside. Experiences are categorised on a much higher level, such as me, not-me, 'real', and 'make believe'. Given the latter, the sensory pathways are expected to organise information spatially and temporally, as well as "in the context of abstracting emerging cognitive and affective meanings" (Greenspan, 1989a, p.54). The developmental demands at this stage is that the child is expected to understand not only ideas *per se*, but

ideas in relation to what is me and not-me, past, present and future. Processing information through sequencing and categorisation is imperative. When considering thematic-affective organisation, in contrast to Freudian and even Mahlerian theory, Greenspan (1989a) believes that there is no movement from magical representational thinking to reality thinking (this has implications for primary and secondary process logic). The child experiences cause and effect feedback at the representational level from empathic parents, and this process serves as a basis for reality testing and the continual development of self and object representation as well as the modulation of affect. It is also interesting to observe that the play initiated by the child will thus contain a greater number of differentiated themes (dependency, aggression and so forth) and greater sequencing coloured with *affective* realities. Play may contain or reflect themes of aggression, competition, separation, nurturance and the like. Reality and play co-mingle and are structured by parental responsiveness and feedback. This activates children's various self and object representations and their affective vicissitudes.

Ego deficits, distortions, and constrictions may become increasingly evident given the greater movement between phantasy, imagination, and reality. Inner sensations are elaborated, enriched and survive the 'reality' of reality. They also allow for cause and effect, but only if parental feedback remains consistently adequate, appropriate and largely supportive of the child's budding sense of self. Greenspan (1989a) proposes that defects and constrictions in representational elaboration and differentiation are seen in children who remain concrete and fail to master the representational mode, are severely constricted and only able to represent a limited number of affective-thematic domains, remain undifferentiated along ideational dimensions irrespective of being able to experience the full range of affective-themes, or who actively avoid affective-thematic realms that are potentially disruptive. Furthermore, self and object representations are now becoming increasingly

elaborated. Both *range* and *stability* are important, and depending on the affective colouring the child may experience dedifferentiation.

The self-object units (such as the dependent and sexual self-object units) may have different degrees of differentiation and contain affective colouring that could lead to expansion, constriction, and so forth. It is the author's view that the level of differentiation, complexity, and coherence may duly influence instinctual expression and further affective integration, elaboration and management. The latter is argued to have a cyclical influence on self-experience and the quality of object choice and object relations (internally and externally). Greater self-object differentiation as well as affect maturation supports (a) reality testing (due to a differentiated representational self and a representational other), (b) impulse control (a greater understanding of a representational self having an 'impact' on a representational other), (c) the stabilisation of mood (the representational self and other are organised along a dominant mood and "affects are abstracted into larger affective patterns" (Greenspan, 1989a, p.60), (d) various cognitive functions such as attention, planning, concentration and the like, as well as (e) the integration of bodily self-representations.

Given the ever increasing representational capacity it is to be expected that endopsychic conflict as well as anxiety may play a greater role, that is, good me and you versus bad me and you, giving me versus greedy me, and so forth. Finally, observations of both normal and disturbed young children suggest that the 'approaches' available to the ego may include realities such as (a) the *dedifferentiation* of thoughts, drives, behaviour and of affects (selective or global), (b) constriction (selective or global) of various affective themes, (c) *intensification* of affects, behaviour or thoughts, (d) differentiated, and at times encapsulated *representational distortions*, and (e) various *compromises* in representational integration and identity. In the thinking of Greenspan (1989);

- (1) Global lack of differentiation (reality and the object ties that provide reality

- feedback is too disruptive or “scary”)
- (2) Selective dedifferentiation (blurring boundaries and changing meanings, as with “my anger won’t make mother leave because we are the same person”)
  - (3) Thought-drive-affect dedifferentiation (“I can think anything, but I won’t have feelings so I won’t be scared”)
  - (4) Thought-behaviour (impulse) dedifferentiation (“If I do it, it’s not me. Only when I think and plan it is it me”)
  - (5) Selective constrictions of drive-affect-thematic realms (areas such as anger or sexual curiosity are avoided and may remain relatively undifferentiated, often due to be associated with disorganising interactive experience such as withdrawal, overstimulation, etc)
  - (6) Affect, behavioural, or thought intensification (“If I exaggerate it or its opposite, it can’t scare me”)
  - (7) Differentiated representational distortions (changing meanings along lines of drive-affect dispositions, “I am Super-girl, the strongest.” But basic reality testing is maintained – e.g., “It is only pretend”)
  - (8) Encapsulated distortions (dynamically based conflict driven, highly selective shifts of meanings; e.g., “I am the cause of mother’s anger”)
  - (9) Transforming differentiatinal linkages. This is an early form of rationalisation. As the child’s capacity to connect representational units is forming, he or she can collaborate. (“I like mommy because she is home all the time and am mad at daddy because he travels a lot”.) These logical links can undergo subtle shifts to change meanings for defensive purposes. (“I like daddy to travel a lot because he brings me presents. I am mad at mommy,” etc.)



- (10) Compromises in representational integration and representational identity. The integration of somatic, behavioral, (and representational self-object organisations) and associated drive-affect proclivities are not fully maintained, as evidenced by the irritable looking three-year-old who ‘feels fine’ or the hitting three-year-old who ‘loves everyone’. (pp. 62-63)

From an object relations perspective, and to add to Greenspan’s thorough observations, Kernberg’s **Stages 3 and 4** articulate the differentiation process of good and bad object representations in further depth. **Stage 3**, referred to as the ‘Differentiation of self from object representations,’ is said to begin with the

completion of the differentiation of the self-representation from the object representation within the core ‘good’ self-object representation, and includes the later differentiation of self from object representation within the core ‘bad’ self-object representation. (Kernberg, 1976, p.64)

This stage ends with the integration of the ‘good’ and ‘bad’ representations into an integrated and consolidated self-concept, as well as the integration of good and bad object representations into what Kernberg’s (1976) referred to as ‘total object representations’, which is the final achievement of object constancy.

As there is no integrated sense of self or object at the start of stage 3 it is hypothesised to be a stage of *part object relations*, which is also articulated by Greenspan (1989a,b). Stage 3 begins at between six to nine months of age and reaches relative completion between eighteen and thirty-six months of age. This seemingly overlaps with Greenspan’s stages of attachment, somato-psychological differentiation, complex sense of self as well as the representational self phases of development. In reading Greenspan (1989a), Kernberg’s conceptualisations make theoretical sense as the self-object representations become organised in relation to the human world, within good and bad experiences (that are increasingly

organised), as well as in relation to greater reality orientated feedback. Theoretically Kernberg's Stages 3 and 4 also correspond with the separation-individuation phases described by Mahler and her colleagues (1975). There is a growing recognition of mother and thus of the self and the object/external world. The self and object representations become increasingly differentiated and there is a progressive reshaping of the self-concept based on the interaction between mother and child, as well as its predominant affective vicissitudes. It must be mentioned that "*this differentiation powerfully reinforces the perceptual and cognitive developments which differentiate self from non-self*" (Kernberg, 1976, p.66; italics added).

The main defence mechanism used during this phase is splitting. It is used to protect the development of good self-object representations from the bad self-object representations. The separation is seen as a developmental achievement although extreme stress can lead to a regression to *Stage 2* where there is a re-fusion of good self-object images in a desperate attempt to ward off negative experiences. Ambivalent mothering may cause the use of splitting to continue or even increase. This may in turn lead to identity diffusion as individuals may be unable to integrate libidinally and aggressively invested self-representations into a self-concept that reflects a true/actual self. They may also be unable to integrate libidinally and aggressive object representations and may be unable to 'understand' the complexity of another (Kernberg, 1976).

Kernberg's **Stage 4**, known as the 'Integration of self-representations and object representations and the development of higher level intrapsychic object relations-derived structures', usually begins by 36 months and will last throughout the Oedipal phase of development. During this phase the integration of both positive and negative self representations, as well as the integration of positive and negative object representations, enable self and object constancy. Kernberg (1976) writes:

This stage begins in the latter part of the third year of life and lasts through the entire Oedipal period. It is characterised by the integration of libidinally invested and aggressively invested self representations into the definite self system and of libidinally invested and aggressively invested object images into 'total' object representations. Ego, superego and id, as definite, overall intrapsychic structures, are consolidated in this phase. (p.67)

Under the sway of repression and the lessening of the mechanism of splitting during this phase, the psychic structure gains greater cohesion and complexity. Firstly, Kernberg believes that repression and its associated defences such as reaction formation, isolation, and undoing, allow for the id to become a differentiated and separate entity. This entity contains the anxiety and guilt ridden self-object experiences that threaten the psychic integrity of an individual. It is further argued that as the self-object and primitive affect structures are repressed they stay unchanged (in the id) and thus always remain a danger to the overall personality. In Kernberg's (1976) own thinking:

In short, in the context of this developmental analysis of internalized object relations, I propose that the predominance of repression over earlier defences organized around splitting consolidates the id as an overall intrapsychic structure containing the sum of those internalised object relations which are unacceptable because of the dangerous, anxiety-and guilt producing experiences involved in the respective intrapsychic and interpersonal interactions. Thus, the most frightening and disturbing units involving self-and object-images under the influences of primitive affect are repressed, and this interferes with their ultimate differentiation and integration within the total personality. *Primitive, unrealistic self and object representations remain relatively unchanged in the id, and so do their correspondingly primitive cognitive constellations of self and object representations and their associated primitive affect*

*dispositions persist.* This accounts for the many characteristics of the id, such as displacement and condensation (of primitive self and object representations), and the primitive nature of the aggressive and libidinal drive derivatives involved. (p.70; italics added)

Secondly, as the id becomes a psychological structure in its own right and with its paradoxical holding function, the superego begins its integration and final structuralisation. It is believed that the earliest superego is under the sway of primitive self-object and its resulting affect representations. Theoretically Kernberg argues that the superego comes into being as differentiation occurs between good self-object representations. In an active attempt to protect the good relationship with the much needed object, the infant will expel and project the bad self and object experiences. The relationship with the mother is thus idealised and negative self-object experiences are turned against the self. The superego forerunner is therefore sadistic. It is beautifully described by Melanie Klein as the primitive, sadistic superego, and by Fairbairn as the anti-libidinal ego (Kernberg, 1976). The second part of superego formation starts with the integration of the ego-ideal self and object representation with the more sadistic self-object representations. This leads to a “toning down” (Kernberg, 1976, p.71) of the “absolute, fantastic nature of primitive idealization (the early ego ideal) and of the sadistic forerunners within the superego occurs, along with a decrease in the processes of projection of such sadistic and idealised superego nuclei.” (p.71). Internalisation of more realistic parental figures becomes possible. The latter is also dependent on the representational capacity and its vicissitudes as described by Greenspan (1989a, 1989b). The lack of integration leads to a re-projection of the sadistic forerunners and thus a *paranoid adaptation to external and internal reality in which the person is plagued by primitive self-object relation images.* Neurotic pathology, seen by excessive and sadistic demands for

perfectionism and the denial/repression of instinctual need, may be the product of the pathological integration of sadistic and idealised superego imagos dominated by aggression.

Thirdly, and lastly, the ego identity is consolidated as the self and object representations under the synthetic function of the ego. Kernberg also includes a fifth and final stage, known as the 'Consolidation of superego and ego-integration.' This is hypothesised as the final stage of development characterised by an expanding capacity to integrate experience of self and others in such a way that self-identity and 'realistic' appraisals of self and others increase. This is based on the integration of the superego and a more harmonious relationship between the superego and the ego. If development progressed adequately within a safe and holding environment, the internal self and object representations allow for reality oriented reshaping and integration, and an ego-superego flexibility that allows lifelong adaptation. If primitive defence mechanisms predominate in the presence of traumatic self-object failures, the psyche may sacrifice its natural integrative capacity and entropy ensues. Fixations and regression may be seen as desperate and last ditch efforts at homeostasis. Theoretically, to love oneself one has to have been loved. Given the developmental model, this love provides the inner resources, an inner knowing and conviction in one's own and others' goodness. It also serves as foundation of trust and receptiveness to new experiences. In Masterson's (1985) language, adequate development allows for the following capacities of the self: spontaneity and aliveness of affect, healthy self-entitlement; self-activation, assertion and support; acknowledgement of self-activation and maintenance of self-esteem; soothing of painful affects; continuity of self; commitment; creativity and finally, the capacity for true intimacy.

In terms of the current research and the descriptive categories created by Weiner (2003) when using Rorschach psychology, adequate development would include the ability to modulate affect adequately, pleasurably and in moderation. It would also entail an ability to

maintain a healthy sense of self, including the ability to review and reflect on one's own thoughts, feelings and behaviour in a productive fashion. A stable sense of identity would be present, which would promote positive self-regard and sustains interpersonal interest, involvement and comfort. This in turn would anticipate interpersonal intimacy and security, and balance interpersonal collaboration with acquiescence, competitiveness and assertiveness. Failure to manage these functions is clearly seen in the disorders of the self (see figures below) where the experience of the self and the other is riddled with difficulty. To illustrate this process, psychotic disorders, three disorders of the self (schizoid, borderline and narcissistic pathology), and neurosis will be discussed within the object relations approach. The three disorders of self are linked in the general cycloid literature: cycloid pathology is conceived as being a possible narcissistic disorder (see Freud, Abraham, Klein), a schizoid disorder (see Guntrip), or as indicative of borderline pathology. Exploring the object relations view, specifically the self-object and affect constellation of the disorders, may assist in conceptualising the endopsychic experience more thoroughly.

## **Character Structure Development of the Cycloid Personality According to the Object Relations Paradigm**

### **Introduction**

Tracing and conceptualising the development of pathology, either psychotic, character disordered, or neurotic, has been the aim of various psychoanalytic thinkers. Various theorists have traced character structure possibilities in people with cycloid pathologies. Figure 3.4 shows how the autistic-presymbiotic syndromes as well as symbiotic schizophrenia can be ascribed to developmental and environmental deficits in the first few months of life (up to six months). It is thought that both homeostasis and attachment are severely compromised. This in turn negatively affects the somatic pre-intentional world of self-object representation, the

intentional part self-object representation, as well as the differentiated behavioural part self-object representations (Kernberg's Stage 1 and 2). The latter is evident in the preference for the inanimate, lack of psychic volition, lack of differentiation between self and object, as well as the lack of differentiation of both the human and physical world. This is a world of the unreal, chaotic, concrete and is immensely terrifying even for the well-developed psyche of the neurotic. Late Stage 2 and beginning Stage 3 of development (as described by Kernberg, 1976), as well as the emergence of a more complex sense of self (Greenspan's functional integrated and differentiated self-object) are argued to represent the beginning of possible affective (cycloid) and character disorders (Greenspan, 1989a, 1989b; Kernberg, 1976; Masterson, 2000). Differentiation, practicing and rapprochement difficulties play an important role in the development of well-differentiated self and object representations, as well as in the management and modulation of affect. Theoretically, fixation in the rapprochement subphase of development (Kernberg's Stages 3 and 4; Greenspan's complex sense of self, representational self and representational differentiation phases of development) can lead to various borderline difficulties characterised in a split internal world. Such difficulty is attributed to a lack of *maternal libidinal availability* in supporting the evolving self of the child during individuation, and greatly impairs the development of a differentiated self and object representation. Before turning to the borderline dilemma, the following table illustrates the various relational failures that may result in the various compromises, dilemmas, or disorders of the self in later life:

Table 3.3.

*Greenspan's Developmental–Structural Delineation of Stage-Specific Capacities*

<b>Developmental-Structural Delineation of Stage-Specific Capacities<sup>2</sup></b>				
Stage	Illustrative adaptive capacities	Illustrative maladaptive (pathologic) capacities	Adaptive caregiver	Maladaptive caregiver
Homeostasis (0-3 months)	Internal regulation (harmony) and balanced interest in the world	Unregulated (e.g. hyperexcitable) or withdrawn (apathetic) behaviour	Invested, dedicated, protective, comforting, predictable, engaging, and interesting	Unavailable, chaotic, dangerous, abusive; hypo- or hyperstimulating; dull
Attachment (2-7 months)	Rich, deep, multisensory emotional investment in animate world (especially with primary caregivers)	Total lack of or nonaffective, shallow, impersonal involvement (e.g. autistic patterns) in animate world	In love and woos infant to “fall in love”; effective, multimodality, pleasurable involvement	Emotionally distant, aloof, and/or impersonal (highly ambivalent)
Somatopsychological differentiation (3-10 months)	Flexible, wide-ranging, affective, multisystem contingent (reciprocal) interactions (especially with primary caregivers)	Behaviour and affects random and/or chaotic or narrow, rigid, and stereotyped	Reads and responds contingently to infant's communications with a range of senses and affects	Ignores or misreads (e.g. projects) infant's communications (e.g. is overly intrusive, preoccupied, or depressed)
Behavioural organisation, initiative, and internalisation (9-24 months)	Complex, organised, assertive, innovative, integrated behavioural and emotional patterns	Fragmented, stereotyped, and polarised behaviour and emotions (e.g. withdrawn, compliant, hyperaggressive, or disorganised behaviour)	Admiring of toddler's initiative and autonomy, yet available, tolerant, and firm; follows toddler's lead and helps toddler organise diverse behavioural and affective elements	Overly intrusive, controlling; fragmented, fearful (especially of toddler's autonomy); abruptly and prematurely “separates”
Representational capacity, differentiation, and consolidation (1½-4 years)	Formation and elaboration of internal representations (imagery); organisation and differentiation of imagery pertaining to self and nonself, emergence of cognitive insight; stabilization of mood and gradual emergence of basic personality functions	No representational (symbolic) elaboration; behaviour and affect concrete, shallow, and polarized; sense of self and “other” fragmented, undifferentiated, or narrow and rigid; reality testing, impulse regulation, mood stabilisation compromised or vulnerable (e.g. borderline psychotic and severe character problems)	Emotionally available to phase-appropriate regressions and dependency needs; reads, responds to, and encourages symbolic elaboration across emotional and behavioural domains (e.g. love, pleasure, assertion) while fostering gradual reality orientation and internalisation of limits	Fears or denies phase-appropriate needs; engages child only in concrete (nonsymbolic) modes generally or in certain realms (e.g. around pleasure) and/or misreads or responds noncontingently or unrealistically to emerging communications (i.e. undermines reality orientation); overly permissive or punitive)
Capacity for limited extended representational systems and multiple	Enhanced and eventually optimal flexibility to	Derivative representational capacities limited or defective,	Supports more complex, phase- and age-appropriate	Conflicted over child's age-appropriate propensities (e.g.



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<p>extended representational systems (middle childhood through adolescence)</p>	<p>conserve and transform complex and organised representations of experience in the context of expanded relationship patterns and phase-expected developmental tasks</p>	<p>as are the latency and adolescent relationships and coping capacities</p>	<p>experiential and interpersonal development (i.e. into triangular and posttriangular patterns)</p>	<p>competitiveness, pleasure orientation, growing competence, assertiveness, and self-sufficiency); becomes aloof or maintains symbiotic tie; withdraws from or overengages in competitive or pleasurable strivings</p>
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This chart is an illustrative summary and should not imply a level of precision or finality to this conceptualisation beyond a relative approximation of important events in early development (Greenspan, 1981).  
(Greenspan 1997, pp.418-419)

### **The Cycloid and the Borderline Dilemma**

According to the developmental theory of Masterson (1972), the borderline dilemma can be ascribed to a borderline mother that, due to her own separation failures, fostered clinging relatedness at the expense of the child's unique individuality and separation-individuation needs. Such mothers express attitudes and behaviours such as either withdrawing or punishing their children when they express individuation (self-activation) needs, related self-states and affect (for example: healthy self-assertion through healthy aggressive play). Linking with Greenspan (1989a), the withdrawing or punishing behaviour and attitudes could be global (aggression-curiosity) or more circumscribed to, for example, dependency. If this happens, the separation-individuation phase is severely stifled and much needed autonomy strivings are impaired. The complex sense of self, representational self and representational differentiation phases of development will thus be compromised.

Paradoxically, the child is seen to be 'rewarded' for not individuating, implying that certain areas of development are differentiated and elaborated through two-way communication (Greenspan, 1989a, 1989b; Kernberg, 1976, 1980, 1984; Masterson, 1972, 1976, 1981, 1983, 1985, 1993, 2005; Schore, 1994, 2003a, 2003b), although both the self and object representation will suffer in due course. As the mother of the borderline fails to enforce and support the separation-individuation process by acting within a withdrawal or rewarding paradigm, the child is left regressed and conflicted (Greenspan, 1989a; Masterson, 2000). That is, certain appropriate behaviours and ego-functions are not sufficiently developed and the self is constantly under threat of *abandonment* affects ('if you leave me, if you don't do what I say, I will stop being your mother and leave you'). This is believed to fuel defences such as distancing (fear of engulfment) and/or clinging (fear of abandonment), again expressing the various ego-deficits evident in the disorder. In Masterson's words (1972):

The abandonment feelings then recede into the unconscious where they lie submerged like an abscess, their overwhelming but hidden force observable only through the tenacity and strength of the defense mechanisms used to keep them in check. These defenses, however, effectively block the patient's developmental movement through the stages of separation-individuation to autonomy. He suffers from a developmental arrest. (p.23)

Theoretically, Masterson (1981) argues that the internalisation of a withdrawing-rewarding mother creates an internal world characterised by both a *split ego* and *split object relations unit*. The use of splitting allows for the keeping separate two contradictory primitive affective states with its co comment self and object representations or units. According to Masterson (1972, 1976, 2000, 2004) the units can be described as *withdrawing object relations part unit (WORU)*, and the *rewarding object relations part unit (RORU)* (see figure 3.4 below).

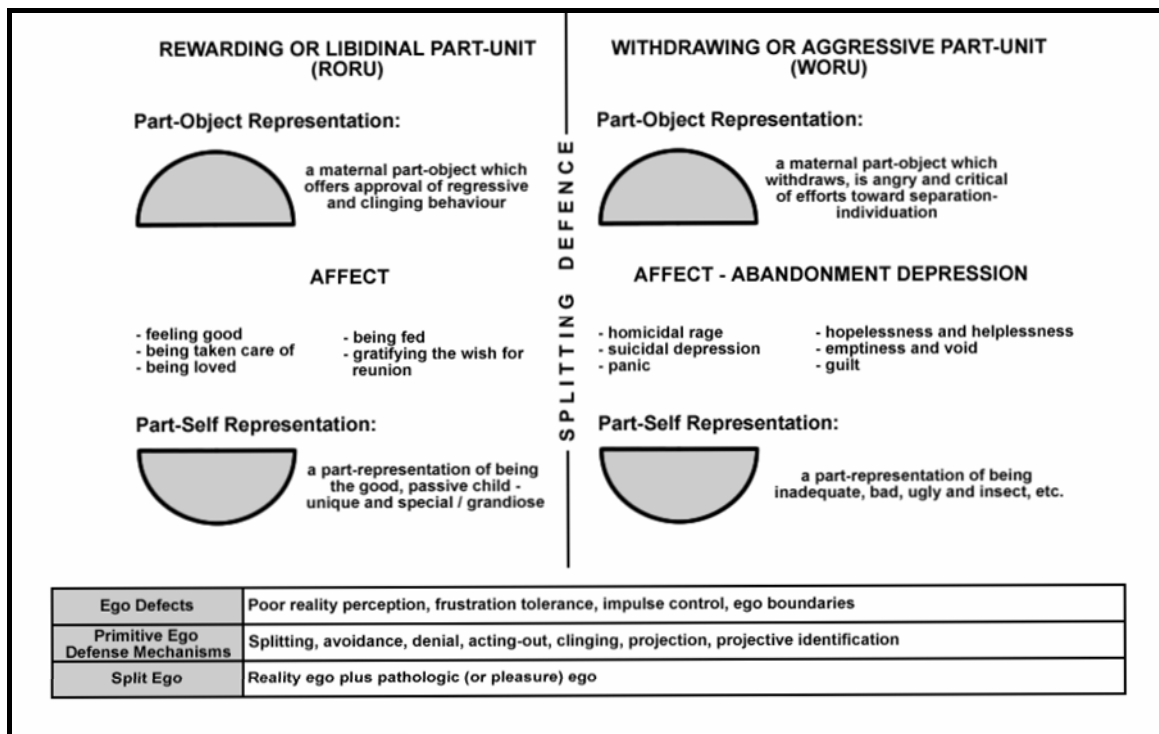


Figure 3.5. Split Object Relations Unit of the Borderline Personality Disorder (Masterson, 2000, p.68).

In the WORU the object representation is one of a maternal part object which is experienced as critical, rejecting, hostile, and angry. It withdraws support and libidinal supplies in the reality of the child asserting itself or satisfying its needs to further separation-individuation. The part self representation of the WORU is characterised by inadequacy, helplessness, guilt, and emptiness. The linking affect is frustration, chronic anger and resentment, which mask the underlying abandonment depression. The RORU is characterised by a maternal part object that is loving, approving and supportive of regressive and clinging tendencies. The part self representation is of being a good, compliant and passive child. The linking affect is of feeling good and being gratified (linked with the pathological ego) and stimulating the wish for reunion. The latter has also been described in the cycloid literature where the WORU may be equated with the depressive phase of the illness, and where symbiosis is needed to sustain a fragile false self. Cycloid patients also seem sensitive to the RORU, frequently downplaying their natural abilities in favour of remaining dependent (see dynamic systems theory section). In addition, the variance in mood (between depression, anger and rage at the object) found in the WORU has been described in the cycloid personality. Anger and aggression are experienced and seen as dangerous to self and others, and are the affects most frequently encapsulated; they also aid in representational constriction. Losses, in the form of love relationships that were overly symbiotic, may naturally activate the WORU and leave the self undefended. Mania may be seen as desperate attempt to ward off the WORU.

### **The Cycloid and the Narcissistic Dilemma**

The developmental pathway of the narcissistic patient, and thus the endopsychic dilemma, differs from that of the borderline (or the schizoid for that matter). According to Masterson (1981), healthy narcissism is to be expected and even protected by the maternal

environment as to allow a child to develop feelings of vitality, competence and adequacy. The work of Kernberg (1976) and Greenspan (1989a) explains that healthy narcissism allows for the exploration of the world within a dual orbit, using the mother's representational ability and needed 'reality' feedback. So it is that infants and toddlers receive more 'mirroring' support of their abilities ('look how wonderful you are, you are amazing, I can't believe you are so good, you walk so well' and so forth) than would an adolescent or adult. This supports the adequate development of the earliest self-representation, protects against potential dedifferentiation, and prevents affect flooding due to an inordinate amount of frustration (Greenspan, 1989a, 1989b). When not supported or thwarted, narcissistic injury is to be expected, and may lead to the formation of a narcissistic character structure:

Healthy narcissism, or the real self, is experienced as a sense of self that feels adequate and competent, *a feeling derived mostly from reality*, with some input from phantasy. This sense of self includes appropriate concern for others, and its self-esteem is maintained by the use of self-assertion to master challenges and tasks presented by reality. The intrapsychic structure, which underlies this sense of self, consists of a self-representation that has separated from the object representation, has had its infantile grandiosity and omnipotence defused, and is whole – that is, it contains both positive and negative at the same time, and is able to function autonomously. (Masterson, 1981, p.12; italics added)

During the *practising* subphase of SI the toddler is allowed the 'imperviousness' and sense of omnipotence needed to explore the world within a sense of one-mindedness with mother. If maternal attunement and mirroring fails to support the toddler during this time, the phase will be compromised. With expected age appropriate frustrations and limit setting, children learn (see Greenspan's ideas on reality feedback) to become increasingly aware of a larger world. In this world law, cause and effect plays a central role, bridging obliviousness

and imperviousness and supporting the realm of ‘reality’. This process is also theorised to slowly support the differentiation between self and object representation, so that the self becomes less *fused*<sup>25</sup> and omnipotent. Mother is constantly turned to, relied upon, and actively used for refuelling and thus for structuralisation. Theoretically, it seems possible that the narcissistic patient did not enter or complete the rapprochement crisis and that the omnipotent unity still exist endopsychically. The illusion of fusion and an omnipotent dual unity is protected by various defence mechanisms, and reality is continuously denied:

The fixation of the narcissistic personality disorder must occur before this event [rapprochement] because clinically the patient behaves as if the object representation were an integral part of the self-representation – an omnipotent, dual unity. The possibility of the existence of a rapprochement crisis doesn’t seem to dawn on this patient. The fantasy exist that the world is his oyster, he must seal off by avoidance, denial and devaluation those perceptions of reality that do not fit or resonate with this narcissistic, grandiose self-projection. Consequently, he is compelled to suffer the cost to adaptation that is always involved when large segments of reality must be denied. (Masterson, 1981, pp.12-13)

Faulty environmental support may take two developmental pathways. Firstly, due to her own conflicts, mother could use her child as a narcissistic extension, stimulating the child’s grandiosity at the expense of reality considerations and limitations. This developmental possibility in cycloid pathology has been conceptualised by family therapists such as Cohen and colleagues (in Wolpert, 1977) and psychoanalysts such as Freud (1917) and Fenichel (1946). To stay connected and not abandoned, the child has no choice but to identify with the idealising tendencies of the mother. A second developmental possibility is

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<sup>25</sup> Here one notices the difficulty in conceptualizing narcissistic pathology. In Rinsley’s figure (figure 3.1), narcissistic pathology is viewed as developmentally more advanced than borderline pathology, while Masterson (1981, 2000) views the narcissist as suffering a greater developmental deficit than the borderline, as the self and object representations remain fused (unlike borderline pathology). Kernberg (1976), in contrast, views narcissism as part of the borderline personality organization and susceptible to Stage 3 pathology.

the presence of a rejecting mother, who forces the child to harbour omnipotent phantasies as a way to protect the self against extreme injury, vulnerability and aloneness. According to the Masterson tradition, the latter developmental pathways create the following narcissistic scenarios: (a) The real self can be dismissed and the individual may try to recapture the narcissistic relationship by becoming grandiose (*manifest/exhibitionistic narcissist*); (b) the real self can be pushed underground, the object can be idealised and the individual will comply (*closet narcissist*); or (c) the self may feel under constant attack and frightened to such an extent that the individual may give up on both mirroring and idealising tendencies and project the aggressive unit (*devaluing narcissist*).

The developmental fixation thus becomes evident in a split internal world. The intrapsychic structure (see figure 3.5 below) of the grandiose (manifest) narcissist consists of a grandiose self-representation and an omnipotent object representation which are fused into a single unit and which seem to be continuously activated (Masterson, 1981). The latter activation is to defend and protect against the underlying aggressive or empty object relations fused unit and thus the possibility of the abandonment depression (Masterson, 1981).

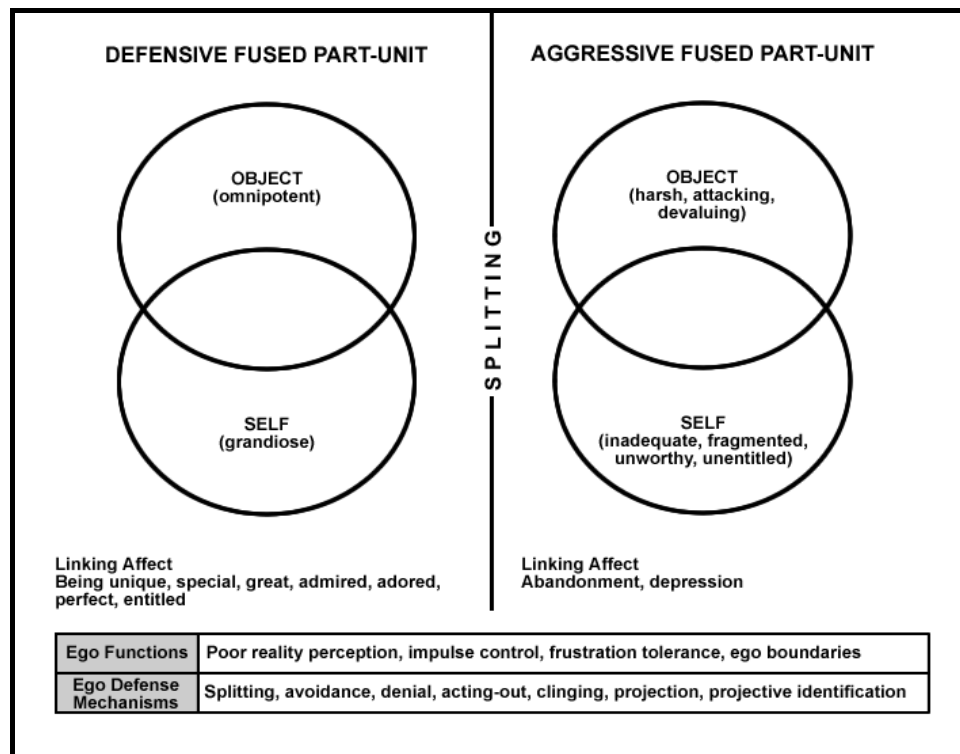


Figure 3.6. Split Object Relations Unit of Narcissistic Personality Disorder (Masterson, 2000, p.71).

The defensive/libidinal grandiose self-omnipotent object relations fused unit consists of a grandiose object representation that contains power, perfection and so forth, fused with a grandiose self-representation of being perfect, superior, entitled. Its linking affect is a feeling of being unique, adored and admired. The exhibitionist projects this fused unit while underneath the patient defends against the aggressive object relations fused unit that consists of a fused object representation that is excessively punitive and attacking and a self-representation that is experienced as humiliated, attacked, and empty. The latter is also linked by the abandonment depression affects that is experienced as *self-fragmentation (falling apart)* rather than the loss of the object as evident in borderline pathology (Masterson, 1993). Masterson (1993) further argues that pathological narcissism of the exhibitionistic narcissistic disorder or the inflated false defensive self is to be experienced as unique, special, adored,



and admired and is a false defensive self as it is mainly reliant on phantasy, and aims to protect the individual from experiencing the pathological affect of abandonment depression. Its aim is not to deal with reality but to distort reality. The manifest narcissist maintains the illusion of greatness by actively seeking perfection and perfect mirroring of others. The pathological narcissism of the closet narcissistic disorder is to feel special or unique in presence of the idealised, omnipotent and perfect other (basking in its glow).

Grubb (in Masterson et al. 1995) states that it is not difficult to recognise that the activation of the defensive/libidinal grandiose self-omnipotent object relations fused unit usually occurs during the manic phase of the illness. The latter is held to be a defence against the activation of the aggressive object relations fused unit. The movement between mania and depression could thus indicate desperate attempts against the activation of the aggressive object relations fused unit and its destructive affects. This conceptualization, although informed by a developmental self and object relations approach seems similar to Kleinian thinking.

### **The Cycloid and the Schizoid Dilemma**

The developmental history of the schizoid can be differentiated from both the narcissistic and borderline pathology. Individuals who develop borderline pathology are rewarded for regression, and punished with withdrawal of support when they attempt to separate and individuate. Children who go on to develop narcissistic pathology serve as an extension to narcissistic grandeur. The schizoid patient is confronted with an unbearable ontological situation (Fairbairn, 1952; Guntrip, 1969). It would seem that in the schizoid dilemma *meaningful connection itself* is compromised and the real self is relegated to a life of exile and/or servitude. According to Guntrip (1969), and similar to the conceptualisations as held by Mendelsohn (1987a), meaningful connection reflects a primordial being-at-one-with-

mother. As a deep unconscious psychological umbilical cord, the being-at-one-with-mother protects the evolving ego-identity of the child. Without the latter experience separation-individuation may constantly evoke death anxieties:

The mother first supplies the baby with his basis for 'being' while he is still in the womb, and must be able to prolong that secure experience of 'being-at-one-with-her' after birth, so that as the baby begins to experience his physical and psychological separateness from the mother on a conscious level, he is protected, by the unconscious persistence of the feeling of 'being-one-with', from the shock of what might be otherwise be experienced as a feeling of being 'cut off', lost, dying. A secure sense of being, shared with a stable mother before and after birth, must remain as a permanent foundation in the unconscious, on the basis of which a separate ego-identity can develop stably and elaborate into a highly individual personality. (Guntrip, 1969, p.266)

Masterson (1995, 2000) further argues that the internal world of the schizoid consists of two units, each with its own unique self-representation, object representation and linking affect. The units are described as master/slave (attachment) and the sadistic object/self-in-exile (nonattachment) units. In the master/slave unit the object representations are of a maternal part-object which is manipulative and coercive – a master that only wants to 'use' the person. The part-self representation is of a dependent slave who provides a function for the object and is a victim. The central affect linking the part representations is of being jailed but connected, and a relief in not being totally alienated:

What is meant to be conveyed by the designation of the object representation as the master? A schizoid patient who makes an effort at relatedness (in the internal world or external reality) is likely to experience the object as being manipulating, coercive, and appropriating. The object is enslaving and imprisoning. The conditions of attachment,

therefore, are fraught with danger and fear. Attachment is perceived as hazardous to the schizoid's health. The quality of attachment can only marginally be characterized as emotionally gratifying and sustaining; it seems to fulfil only the most basic needs associated with relatedness. At times it may only function to exert the gravitational force necessary to keep the schizoid patient from hurtling beyond the point of no return... Ideas, phantasies, abilities, possessions – all will be used by the object for the object's own purposes and own needs, with a total disregard of ownership as it rightfully resides in the patient. (Klein, 1995d, pp.59-60)

The object representations of the sadistic object/self-in-exile unit are of a maternal part-object which is sadistic, dangerous, devaluing, depriving, and even abandoning in relationship to a part-self representation of being alienated, in exile, and isolated although self-contained and self-reliant. The central affect is the abandonment depression which is characterised by depression, despair, rage, loneliness, and fear of cosmic aloneness (see figure 3.6). According to Klein (1995d),

'home' for the schizoid patient is the nonattachment unit. Such patients usually 'live' within the sadistic/self-in-exile unit... For schizoid patients, the self-in-exile is the place where they have to go and that will always take them in safely. Whereas patients with other disorders of self are constantly struggling to live within their attachment experiences (the RORU or the omnipotent object/grandiose self unit), the schizoid patient's first and primary concern is to stabilize and secure his or her existence within the sadistic object/self-in-exile unit. (p.52)

Psychiatric nomenclature hints that the schizoid does not seek or need relationships, and as with Guntrip's main schizoid characteristics (1969), it may very well seem so *behaviourally*. Endopsychically, however, another life is lived. As both Klein and Guntrip argue in chapter 2, the various dangers associated with introjection of an object (and by

definition contact with such an object in real life) lead to a deep-seated petrification and collapse of a viable, vital self. Mania can be viewed as a desperate attempt to ward off inner danger, together with the resultant feelings of weakness (depressive anxieties). The loss of a viable and vital self activates reliance on archaic defences most concretely observed in the use of ATMs. Alternatively it may be found in manic elation as “a desperate attempt to force the whole psyche out of a state of devitalized passivity, surrender of the will to live, and regression” (Guntrip, 1969, p.154). In contrast to Kleinian psychology, the work of Guntrip (1969) and Galatzer-Levy (1988) speaks to the heart of the schizoid dilemma, namely devitalisation as a result of *not having* any good object in the depressed stage. In the manic state it is the revolt against the sadistic object (superego), fear of regression, and total exile.

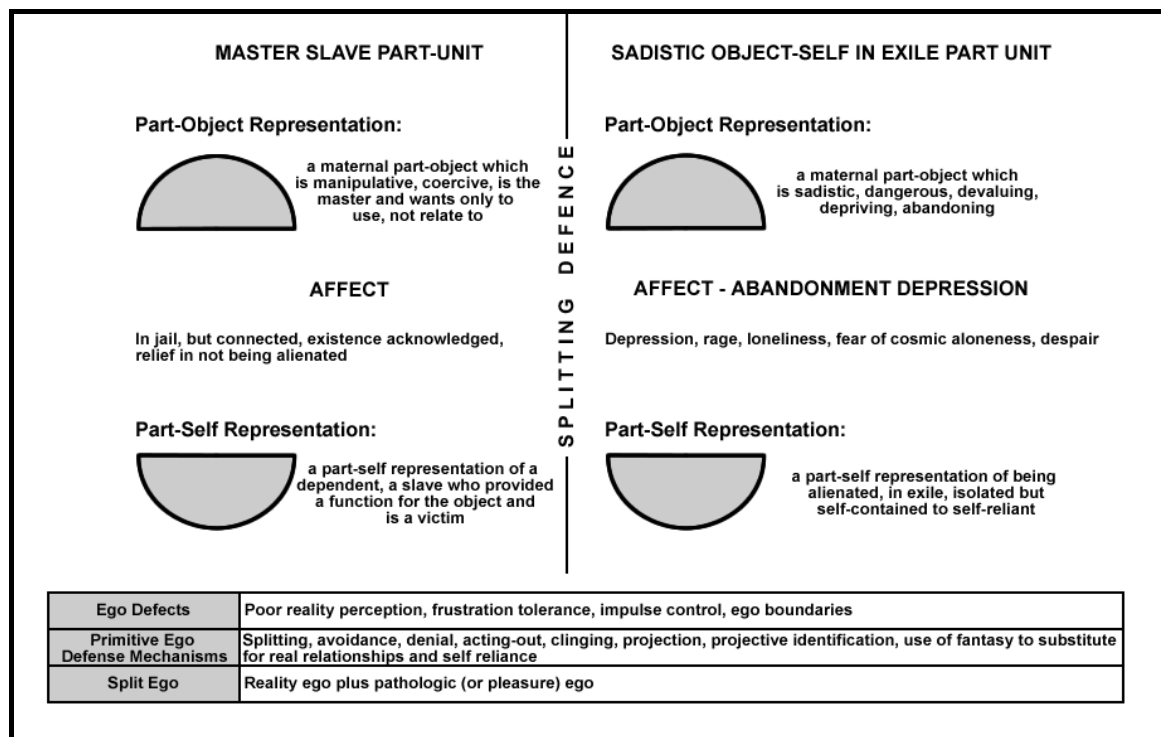


Figure 3.7. Split Object Relations Unit of Schizoid Disorder of the Self (Masterson, 2000, p.72).

Finally, in considering the disorders of the self, inner experiences of self and others are usually characterised by rigidity. Defence mechanisms primarily ensure quasi-psychological survival at the expense of vitality, creativeness, acceptance, and a feeling of equanimity (representational distortions, representational encapsulations, constriction of drive-affect-thematic realms, and compromised representational integration). In pathology the self and its representations are ‘automised’ (Kernberg, 1976), and inner and outer reality become more miss-attuned. An integrated self can be defined as follows:

An integrated self, a stable world of integrated, internalised object representations, and a realistic self-knowledge reinforce one another. The more integrated the object representations, the greater the capacity for realistic appreciation of others and reshaping one’s internal representations on the basis of such realistic appraisals. A harmonious world of internalized representations, including not only significant others from the family and immediate friends but also social group and a cultural identity, constitutes an ever growing internal world providing love, reconfirmation, support, and guidance within the object relations system of the ego... In periods of crisis, such as loss, abandonment, separation, failure, and loneliness, the individual can temporarily fall back on his internal world; in this way, the intrapsychic and the interpersonal worlds relate to and reinforce each other. (Kernberg, 1976, p.73)

### **The DSPM and the Psychoanalysis of Cycloid Pathology**

The psychoanalytic approach discussed in chapter 2 supports the current research in describing the various developmental defences and deficits found in cycloid disorders. The clinical observations of the various scholars discussed, combined with the DSPM, facilitate the conceptualisation of the cycloid patient’s self and object representational development and deficits, as well as its affective tie or colouring.

Given the descriptions of the family environment, reflecting *both* maternal and paternal failure, a unique picture of their possible representational development is created. There does seem to be a constitutional factor involved in the development of the disorder<sup>26</sup> (Galatzer-Levy, 1988; Greenspan, 1989a, 1989b), supporting modern day psychiatric nomenclature. It could be argued that a genetic sensitivity (Greenspan, 1989a, 1989b; Schore, 1994, 2003a, 2003b) in the dyad of mother and/or child could and would, by definition, play an important role in mastering the developmental demands as proposed by the DSPM (Ablon, Davenport, Gershon, & Adland, 1975; Cohen et al., 1954; Davenport et al., 1979; Fromm-Reichman, 1949; Wolpert, 1977).

Classical psychoanalytic theory suggests that there is a specific fixation of libido on the oral level of development (Abraham, 1911; Fenichel, 1945; Freud, 1917), whereas ego-psychological and object relations theorists (Grubb in Masterson & Klein, 1995) include difficulty in the anal and early genital phases of development, as separation-individuation difficulties are evident. Although accentuating various fixation points in the development of cycloid pathology, various psychoanalytic schools of thought recognise that *pre-oedipal trauma* is at play. In other words, the difficulties of the cycloid patient may be found at the various developmental levels discussed in this chapter (Kernberg, 1976, situates it in the first four stages of development). It can therefore be assumed that a traumatic injury to infantile narcissism may have occurred due to *repetitive* disappointment of love; that the traumatic injury is usually pre-oedipal in nature; and that repetitive disappointments in later life re-voke and/or exacerbate the early infantile trauma. By definition the models described in chapter 3 do not necessarily talk about 'love' but rather focus on the quality of holding, the importance of attachment, libidinal availability, reality feedback and care that is 'perceived' as love, and that will by definition develop into mature notions of love.

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<sup>26</sup> This statement deserves more detailed research as cycloid pathologies may indeed be reclassified as developmental disorders rather than mood disorders.

To reiterate, the caretaking other seems unable to support the developing child in managing the various stages of ego-development as defined by Greenspan (1989a, 1989b) and Kernberg (1976). This in turn will have an impact on the organisation, differentiation, and integration of the nuclear self, somatic pre-intentional world self-object, intentional part self-object, differentiated behavioural part self-object, functional (conceptual) integrated and differentiated self-object, representational self-object elaboration, and the differentiated-integrated representational self-object. One may conceptualise the cycloid patient with psychotic tendencies as having regressed to (or showing signs of) the somatic pre-intentional world self-object where there is a relative lack of differentiation between the physical world and the self. This has been documented in the work of Hammersley, Dias, Todd, Bowen-Jones, Reilly and Bendall (2003) in a thought-provoking article that links childhood trauma with hallucinations in bipolar affective disorders. They also cite the work of Goodwin and Jameson who, in 1990, reviewed 20 studies undertaken between 1922 and 1989 to investigate “the prevalence of hallucinations in bipolar disorder and calculated a weighted mean average of 18%” (Hammersley et al., 2003, p 543). As argued by various theorists (see Jacobson, 1953), fortunately the pathology of the psychotic cycloid individual does not suffer the same debilitating ego-deficits as the schizophrenic individual.<sup>27</sup> As such the latter is argued to be mainly situational, reversible, and not a permanent condition. It also seems evident that although the mother<sup>28</sup> is described as using the child as an extension, being symbiotically oriented and at times impinging (thus working against separation-individuation), *attachment did occur*. This supports the individual’s development of an intentional part self-object as well as a differentiated behavioural part self-object. Furthermore, individuals do seem able to

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<sup>27</sup> This is also evident in the Rorschach research that will be discussed in chapter 4.

<sup>28</sup> It may prove beneficial to observe and study longitudinally the impact of cycloid mothers on their children to better track such an hypothesis. Researchers such as Heim and Nemeroff (2001), Leverich, McElroy, and Supples (2002), and Garno, Goldberg, Ramirez and Ritzler (2005) logically believe that childhood abuse (in multiple forms) can affect the course of bipolar disorders.

differentiate the physical world and the human object world, and thus also to differentiate aspects (part) of self and object in terms of drive-affect patterns and behaviour.

Given the symbiotic nature of the pathology, it may be that drive-affect intensification and inhibition takes place. This could later influence affect modulation (in moderation, pleasurable and adequately), the representational self and object development, as well as the experience or development of a *complex sense of self*. This is especially evident in the behavioural organisation phase (10-18 months) of development where a functional (conceptual), integrated and differentiated self-object is expected. Since attachment did occur, it is hypothesised that the intentional, differentiated, behavioural self-object as well as the functional, integrated and differentiated self-object development also occurred. However, certain deficits also developed due both to environment failure and own biological sensitivity. Distal communication modes and the integration of affect polarities may have become compromised. Given the examples of the object relationships in the work of Masterson (2000) on borderline, narcissistic and schizoid disorders, this is not difficult to imagine. The implications on ego development are also obvious. This stage lays the foundations for the representational self-object elaboration stages (18 months to three years), when difficulties start to become evident. As discussed by Greenspan (1989a, 1989b) if deficits are evident before the self-object elaboration stage, the creation of object representation in the absence of the object may become compromised. Drive-affect elaboration through symbol formation may also become constricted (that is, in language and pretend play<sup>29</sup>). In addition, gradual drive affect stability needed for stabilisation, elaboration and consolidation of self and object representation may become compromised, leading to behavioural concretisation (lack of representation), representational constriction (only one emotional theme or limited emotional themes), and drive-affect instability. Self and object representational instability may stimulate

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<sup>29</sup> See chapter two and the work of the self psychologists on depletion depression and the use of ATM.



regressive states that may include withdrawal, avoidance, rejection, hypervigilance or its opposite (megalomania). This may be behaviourally evident in the three types (Type I, II, III) of regulatory problems described by Greenspan (1989a, 1989b, 1997).

If the maternal environment is unable to support children in elaborating their developmental experiences; if genetic/temperamental difficulties within the cycloid child make the use of the external precarious; or if a combination of both occurs, various deficits in both mentalisation and the use of language may be expected. In line with Greenspan's work (1989a, 1989b), one may hypothesise that the child may have difficulty at *various levels* of representational development simultaneously! This could account for the various 'types' of cycloid patients as described by Millon (1990, 1994), or the unclear diagnostic picture in Axis 2. Specifically, the cycloid patient is conceptualised to have difficulties in the following areas:

- (1) They may experience difficulty in modulating affect activated by either endopsychic or environmental demands. The demands are usually related to losses (in phantasy or reality) or to cumulative stress.
- (2) The difficulty in the modulation of affect (in moderation and adequately) is related to various self and object representational realities (most notably representational de-differentiation and/or constriction). For example, during the depressed phase of the illness cycloid patients seem to experience a self that is (only) devitalised, sinful, bad, and so forth. This is linked to an object representation invested in and experienced as being omnipotent and capable of saving the self. The opposite is found in mania.
- (3) The self and object representation is subject to the level of family pathology and thus could influence various character pathways (cycloid individuals as predominantly narcissistic, schizoid, borderline, and so forth). The expression

of the disease seems to follow observable, Kraepelinian trends as reflected in modern-day psychiatric nomenclature.

- (4) Although the self and object representation is subject to differentiation, certain realities suggest that cycloid patients fail to successfully complete the representational differentiation phase of development. In Kernbergian logic, they failed to successfully negotiate the demands of Stages 3 through 5 (some cycloid patients may experience even earlier deficits). If these demands are not met, various ego-functions will also suffer. As such, deficits in emerging complex mental representations influence in turn the *organisation* of affect, impulse and thought (intermicrostructural integration).<sup>30</sup> Structurally, self and object representations cannot be abstracted into “stable patterns performing ongoing ego functions of reality testing, impulse control, mood stabilization, etc” (Greenspan, 1989a, p.53). This influences self and object identity formation and the differentiation of self and object representations over time. In addition, in terms of phantasy and reality, it leads to ‘representational fragmentation’, an unstable endopsychic structure (impaired reality testing,<sup>31</sup> impulse control difficulty and nonspecific signs of ego weakness), and finally, “defective, polarized, or constricted (global or encapsulated) self-object identity formation” (Greenspan, 1989a, p.54).

The implications of concrete losses and excessive stresses in the cycloid patient’s world are often tragic. Abraham (1911), Galatzer-Levy (1988) and Guntrip (1969) suggest that cycloid patients seem unable to allow for the loss of objects or of various self-experiences, thus prompting the cycle of either the depressive or the manic phase. These phases are characterised by an inability to understand and use words to work through losses.

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<sup>30</sup> This reality has been investigated and described by various quantitative researchers and will be discussed in chapter 4.

<sup>31</sup> Impaired reality testing is evident in earlier Rorschach research and will be discussed in chapter 4.

This results in a regression to, or a dependence on, the concretisation of affect, reliance on primitive defence mechanisms such as the overuse of grandiose phantasy (possibly pre-representational phases of development entailing an active search for the magical restitution of the self and the world unconsciously), or a devitalised-depleted and collapsed state of mind, stimulating further concretisation of affect (ATM). Clearly this process also supports representational constriction reflected in the following: ‘it can only be bad-me (self-representation), good-you (object representation), bad feelings (affect) or grandiose-me (self-representation), nothing-you (object representation), euphoria (affect)’. The reality seems to have an encapsulated quality in which reality testing becomes increasingly impaired, and endopsychic life may ‘flow’ over into reality. In this reality, the self may also become fused with positive, infinite capacities in a world of objects that serve as extension (food, in mania), or that stand against the self and are withholding (polarised object representation, hence depression and possible paranoia).

The deeper the pathology, the more severe the representational deficits and thus ego-self-object-affect difficulties may be. Part-object relationships and the inability to relate to whole objects may be present. Modulating affect will be impaired, maintaining adequate self-esteem may prove difficult, positive self-regard may vacillate depending on defence mechanisms used, and forming a stable sense of identity may be severely compromised. Sustaining interpersonal interest, involvement and comfort may also be compromised since the earliest object relationship did not develop or contain the necessary support and trust needed for healthy<sup>32</sup> development. Anticipating interpersonal intimacy and security will be riddled with defences, and remaining interpersonally empathic may also be difficult

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<sup>32</sup> Health, as defined by Kernberg (1976), contains the following: (1) depth and stability of internal relations with others, (2) an ability to tolerate ambivalence towards love objects, (3) the capacity for tolerating guilt, (4) the capacity for tolerating separation, and (5) the capacity to work through depressive crises. It also depends on (6) the extent to which the self-concept is integrated, and finally, (7) the extent of congruence between self-concept and actual observable behavior.

(especially when manic). Biological realities can also negatively influence even the most competent of parents. Finally, and tragically, an authentic self “can come about only when diverse self-images have been organised into a central self-concept, which relates, in turn, to integrated object representations” (Kernberg, 1976 p.121). As such, without long-term therapeutic intervention, this may be a lost reality for many cycloid patients.

### **Summary and Chapter Overview**

This chapter explored the development of self and object representations from within the psychoanalytic model. Special attention was given to the developmental model of Greenspan (1989a, 1989b) which focuses on the following developmental phases: (1) the nuclear self and pre-caesura mentality as first psychic organiser; (2) homeostasis–self-regulation and interest in the world (0-3 months); (3) attachment phase (2-7 months); (4) somatopsychological differentiation–purposeful communication (3-10 months); (5) stage of behavioural organisation, initiative, and internalisation (9-18 months) leading to a complex sense of self; (6) representational capacity (18-30 months); and finally (7) representational differentiation (24-48 months). These stages were integrated with the object relations model of Kernberg (1976) as well as the clinical thinking of Masterson (2000). Tentative links were to cycloid pathology were made as a way to conceptualise patients’ self-object and affect difficulties. The following chapter will attempt to integrate these theoretical insights with the work of Weiner (2003). It will also review both historical and contemporary Rorschach research that focuses on cycloid pathology.

## CHAPTER 4

### RESEARCH TRENDS IN CYCLOID PATHOLOGY AND THE SELF-OTHER- AFFECT MODEL OF I.B.WEINER

#### Introduction

The use of projective techniques promotes a unique understanding of the representational life of the cycloid patient. Current methodologies support clinicians to make meaningful inferences concerning the patient's developmental strengths and deficits. They also help describe cognitive processes (ideation, mediation and processing), various self-experiences, experiences of others, affect realities and disturbances, capacity for control, management of stress (internal and externally activated), and so forth. The development of Rorschach methodology, not as a test *per se* but rather as a method for understanding the patient, has had tremendous impact on general practice. Even the most ardent anti-Rorschach sentiments seem unable to stop the development and research currently in progress throughout the world.

The use of projective methodology and its relationship to structural developmental and psychoanalytic discourse are also well known and well documented, and shall not be addressed here in depth. Suffice it to say that Rorschach methodology supports analytic praxis in adding both descriptive and empirical vertices.

#### **Exner's Comprehensive System Psychology and Weiner's Psychodynamic Notations**

Two central Rorschach methodologies will be explored in this study. Exner's (1993, 2003) structural psychology, as articulated and elaborated by Weiner (2003), will serve as the main foundation for conceptualising the internal configuration of the cycloid personality. The results obtained will then be tentatively linked to object relations theory and psychiatric

realities. Theoretically the object relational paradigm allows the researcher to construct an endopsychic understanding of both the perceptual and representational life of an individual. Previous chapters hypothesised that these representations (of self and others) serve as an *organizing principle* that enables an individual to adapt to the complexities of living. The development of such representations is highly complex as most analysts would attest, and tends to evolve throughout the life-cycle. The constellations of self-object images as well as the affects that bind them constitute the basic building blocks of personality development:

Just as self and object representations are affectively invested, so is the reciprocal true: Affects, needs, and wishes are related to the self and other objects. In both sets of circumstances, therefore, object relations have dual functions. Ontogenetically, they are the basis of ‘...the formations and pattering of psychic structures’ (Dorpat, 1981) over the life span. Self and object representations also interact to interpret immediate life situations in ways favourable to fulfilment of relevant object relations, beginning in childhood and continuing throughout adult life. (Masling et al., 1994, p.31)

Despite this complexity, there exists a growing body of research evidence that examines skewed object relations development and its direct implication on psychological health and illness (Berg, Packer, & Nunno, 1993; Blatt & Maroudas, 1992; Blatt & Zuroff, 1992; Blatt & Ford, 1994; Blum, 1994; Bollas, 1986; Bollas, 1989; Bollas, 1992; Fonagy, Gergely, Jurist & Target, 2004; Grotstein, 1982a, 1982b, 1983a, 1983b; Horner, 1995; Jacobson, 1964; Josephs, 1995; Klein, 1946, 1952, 1957; Kocan, 1991; Mahler, Pine & Bergman, 1975; Mahler & McDevitt, 1982; Mitrani, 2001; Mendelsohn, 1974; Millon & Davis, 1996; Millon, 1990; Ogden, 1986, 1993, 2001; Riesenber-Malcolm, 1999; Segal, 1978; Scharff, 1992; Sperling, Berman & Fagan, 1992; Symington & Symington, 1996; Waddel, 1998). The exploration of such internal working models is usually exclusively

available to general psychotherapeutic dialogue (psychotherapy), and is thus subject to the parameters of general therapeutic praxis. Moreover, it is also available to empirical methodologies such as the Rorschach Inkblot Method (specifically the Exner method) (Berg, Packer, & Nunno, 1993; Carlson, 1999; Kleiger, 1997; Kocan, 1991; Singer & Barbender, 1993; Viglione, 1997; Viglione, Perry, Jansak, Meyer & Exner, 2003; Weiner, 1994, 1995, 1996, 1997, 1998; Westen, Lohr, Silk, Gold & Kerber, 1990; Wetzler, Khadivi & Oppenheim, 1995).

To date there has not been an empirically driven Rorschach approach to the internal configuration of cycloid patients in the South African context. This study seeks to address this gap. The study of cycloid pathology<sup>1</sup> in the Rorschach fraternity currently seems to focus mainly on the cognitive triad of unipolar and bipolar patients, that is, their ideation, mediation and cognitive processing difficulties (see for example Khadivi, Wetzler, Wilson, 1997). Although such research is important, it is contended that the representational domain needs greater articulation, as it may help describe the structure and quality of the internal object relations configuration and, together with existing research, may facilitate greater therapeutic efficacy<sup>2</sup>. *Such research may provide a foundation for understanding both trigger and maintaining factors in cycloid illness, and further our understanding of the relationship between cycloid and character pathologies.* The following section considers the Rorschach as a representational method, as well as the variables relevant to the empirical study of self and object representations and their affect dimensions.

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<sup>1</sup> The reference here is primarily to English-language studies

<sup>2</sup> It is also evident that there remains a direct relationship between thought processes and representations.

### Previous Rorschach Research<sup>3</sup>

Unsurprisingly, the first work completed on bipolarity as measured by the Rorschach was done by Herman Rorschach himself in 1921. Table 4.1 provides a summary of his studies as well as the work of Bohm (1958), who furthered Herman Rorschach's original project. Succinctly, both Rorschach and Bohm found that in the depressive phase of the cycloid illness patients would usually give a below average number of responses, take longer to complete the test, have lowered original perception, have a 'constricted' experience balance characterised by  $M$  equalling zero, fewer colour responses, greater rigidity, and  $F$  predominant protocols. The exact opposite was evident in mania, with results characterised by lowered form quality, 'dilated' experience balance, more originals, reduced response time, and so forth. Levy and Beck's (1934) results were comparable to those of Rorschach and Bohm, although they added two possible but alternating hypotheses concerning the production of  $M$ :

On the one hand, they say  $M$  should increase in the manic state because it indicates fantasy activity which derives its energy from affect: but, on the other hand, they would anticipate a decrease in  $M$  in the manic state because the augmented motility<sup>4</sup> should drain off the  $M$  tendency. (Levy & Beck in Schmidt & Fonda, 1954, p.428)

According to Last (in Bedlmaker et al., 1980), Schmidt and Fonda completed the most authoritative historical study in 1954. They compared 42 manic patients with 42 schizophrenic patients and their results are summarised in table 4.2 below:

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<sup>3</sup> For an excellent review of psychometric studies on bipolar disorders the reader is referred to the work of Goodwin and Jamison (1990, chapter 12). Studies using the Sentence Completion Test, TAT, Eysenck Personality Inventory (EPI), Minnesota Multiphasic Personality Inventory (MMPI), Guilford-Zimmerman Temperament Scale (GZTS), California Psychological Inventory (CPI), 16 Personality Factor Inventory (16PF), and Comrey Personality Scales (CPS), to name a few, are critically reviewed and integrated.

<sup>4</sup> Acting out.



Table 4.1.

*Research of Rorschach (1921) and Bohm (1958)*

<b>Depression Markers Rorschach and Bohm</b>	<b>Mania markers Rorschach and Bohm</b>
a. Below average number of responses	a. Above average number of responses
b. Lengthened response time	b. Shorter response time
c. Elevated accurate form perception (F% between 80 and 100)	c. Poorer form perception (F% 60-70)
d. Lowered W (0-3)	d. Elevation of W (8-10)
e. Poor approach	e. Richer approach
f. Rigid sequence	f. Loose sequence
g. Decreased variability in content (A% 60-80)	g. Variation in content increases (A % 40-50)
h. Lowered original perception (0-10%)	h. Originals increase (20-30%) (but are poor in quality)
i. A constricted experience balance (M close to or equals 0, colour responses absent or nearly absent)	i. Experience base is 'dilated' (M>3, FC= 1 to 2; CF= 2 to 3 and C- 1 to 2) <sup>5</sup>

Table 4.2.

*Research of Schmidt and Fonda (1954)*

<b>Schmidt and Fonda (1954) Manics compared to Normals</b>	<b>Schmidt and Fonda (1954) Manics compared to Schizophrenics</b>
a. Manics respond more rapidly than normals	a. Manics have higher Sum C
b. Manics evident greater emotional dilation (Beck's lambda index)	b. Higher Z and thus intellectual synthesising capacity
c. Manics discharge greater intellectual energy through organisational activity (Beck's Z score)	c. H and M scores reflecting a greater involvement and interest in interpersonal domain
d. Higher W and lowered A%	d. Greater amount of pure C responses than normals, as well as FC and Y responses
e. Inferior perceptual accuracy (Ft%= 62)	e. V responses limited and thus the ability for "detachment and critical self-appraisal" (Belmaker, 1980, p.329)
f. Produce low P, that is conventional modes of thinking impaired	
g. Elevated emotional responsiveness (Sum C index raised)	
h. Greater number of pure colour responses, FC and Y responses than normals	
i. Less V responses than normals (ability of detachment, critical self-appraisal)	

Further research (Donnelly, Murphy, & Scott, 1975; Wittenhorn & Holzberg, 1951) found that the affective responsivity of cycloid patients may serve as initial marker in the presentation of manic symptoms on the Rorschach (elevation of *CF* responses). It was also interesting to find that cycloid patients tended to mention 'colour' but without much

<sup>5</sup> Bohm (1958) notes that in true mania F% = 50-70, A% = 50-70, originals =10-30%, M= 5 or more, FC= 1-3, CF= 2-3, C=1-3 and W actually decreases.

elaboration, had a more global approach as a response style, and seemed to recognise and attend to the more obvious qualities of the cards. The latter, described as perceptual noninvolvement (or neurotic ‘uninvolvement’), contrasts with unipolar depressives who projected a greater number of their inner experiences onto the test stimuli:

Donnelly et al. noted a second feature besides the primary responsiveness to color as characteristic of bipolar subjects’ response style to the Rorschach. This feature they label as ‘global approach’, which is seen in bipolars’ selective recognition of and attention to the more obvious qualities of the stimuli without associational integration with inner experience. This ‘global approach’ may be seen, for example, in frequent production of amorphous percepts, and reveal, in their opinion, a kind of ‘perceptual noninvolvement’, which stands also for neurotic noninvolvement, and an apparent lack of dysphoric affects and conflictual contents. Rorschach productions of unipolar depressive patients are, on the other hand, characterized by ‘perceptual involvement’, namely the projection of inner experience onto the test stimuli, thus disclosing considerable degree of neurotic concern. (Belmaker & van Praag, 1980, p.330)

Klopfer and Spiegelman (1956) compared schizophrenic and manic patients. They argued that manic patients produce *M*- responses due to haphazard processing, whereas schizophrenic patients produce *bizarre M*- responses. Piotrowski (1957) commented that hypomanic patients produce poor quality movement responses as well as light shading responses. Johnston and Holzman (1979) found that manic patients have similar thought-process disturbances to schizophrenic patients, although manic patients have more combinatory thinking, that is, more incongruous and fabulised combinations. Relying on Exner’s comprehensive system, Singer and Brabender (1993) found that bipolar manic patients were more psychotic (*positive SCZI*) than their bipolar depressive counterparts, “including more thought disorder (*Sum6*; *WSum6*) at higher level of severity (Level II

responses, including *DR2*, *FAB2*) more ideational effort (*Zf*), and higher cognitive sophistication (*DQ+*)” (in Khadivi et al., 1997, p.366). Finally, Khadivi, Wetzler and Wilson (1997) compared manic inpatients with paranoid schizophrenics and schizoaffective inpatients. They found that all the groups showed signs of ‘moderate’ thought disorder, although the manic group produced more combinatory thinking as well as “ affective content responses” (p. 365). The two comparisons groups also did not produce significantly more schizoid content than the manic group as measured by both the Rorschach and the Schizoid-Affective Rating Scale (SARS). Although the research results have been promising and may help differentiate cycloid pathologies from other disorders, limited attention has been given to other Rorschach variables such as affect, interpersonal relations, and so forth.

### **The Rorschach as a Representational Test**

#### **Introduction**

Lerner (in Auerbach et al., 2005) observes that:

Blatt (1990) was the first contemporary theorist to draw attention to the importance of representational processes as central to the Rorschach. He argues that because Rorschach himself developed the method at a time when the scientific zeitgeist emphasized perceptual processes and behavioural responses, it was inevitable he would consider his technique as ‘a test of perception’. In contrast to this view, *Blatt notes that perception and representation are interrelated...* Whereas the earlier assumption that Rorschach percepts reflect a characteristic way of perceiving, a newer *representational conceptualization* holds that inferences from the test responses ‘are based on the premises that there are consistencies in how individuals represent their experiences across different symbolic modalities and different situations’ (Leichtman,

1996, p.180). Here, emphasis is placed on the ways in which an individual *experiences and represents his world.*” (pp.165-166) (italics added).

The Comprehensive System (CS) aims to study a variety of personality structures in an empirical fashion. To discuss all the areas is beyond the scope of this study. The aim is to explore the affect structure and self and object representation, and so only those variables that pertain to these dimensions (as articulated by Weiner, 2003) will be discussed. These variables are summarised in table 4.3 below. Prior to describing the variables, the results achieved should be considered in terms of psychological preferences, known by Rorschach scholars as the *Erlebnistypus* or *EB*, which is relied upon to differentiate introversion, extratensive and ambitent preferences.

Table 4.3.

*Modulating Affect, Viewing Oneself, and Relating to Others: Variables Articulated by Weiner (2003)*

<b>(a) Modulating affect variables</b>	<b>(b) Viewing oneself variables</b>	<b>(c) Relating to others variables</b>
<p>a.1. Modulating affect adequately:</p> <p><i>Affect ratio or Afr. compares the total number of responses to the last three cards to the total number of responses to the first seven cards.</i></p>	<p>b.1. Maintaining adequate self-esteem:</p> <p><i>Fr+rF-this score is a tally of the total number of form reflection and reflection form determinant responses.</i></p>	<p>c.1. Sustaining interpersonal interest, involvement and comfort:</p> <p><i>(SumH, [H: Hd + (H)+ (Hd)], The ratio H: Hd + (Hd)+ (H) contrasts all whole human content responses to all whole human content responses that are scored as fictional or mythological as well as all human detail content responses that are nonfictional, fictional or mythological.</i></p>
<p><i>WSumC: SumC' or constriction ratio compares all the weighted chromatic colour responses to the all of the achromatic colour responses.</i></p>	<p><i>The egocentricity index or <math>3r + (2)/R</math> explores the total number of reflection responses as well as pair determinant responses to the total number of responses given during the administration.</i></p>	<p><i>The isolation index or ISOL compares 5 content responses- botany, clouds, geology, landscape, and nature to the total number of responses given during the administration.</i></p>
<p>a.2. Modulating affect pleasurably</p> <p><i>Sum C' is the sum total of all responses with an achromatic colour determinant.</i></p>	<p>b.2. Promoting positive self- regard:</p> <p><i>Vista responses or V is a tally of all responses with a vista determinant and includes V, FV, and VF.</i></p>	<p><i>Good Human Responses to Poor Human Responses or GHR:PHR</i></p>
<p><i>Colour-shading blends or Col-Shd Bld indicates the use of colour and shading in the same response.</i></p> <p><i>Sum total of all shading determinant responses or SumShd.</i></p> <p><i>Space only responses or S is the total of all space location responses.</i></p>	<p><i>Morbid responses or MOR is a tally of the total number of morbid content special score responses.</i></p> <p>b.3. Enhancing self- awareness:</p> <p><i>Form dimension or FD is a tally of the total number of form based dimensional determinant responses.</i></p>	<p>c.2. Anticipating interpersonal intimacy and security:</p> <p><i>The sum total of all texture responses or Sum T is a tally of all texture responses used.</i></p> <p><i>The hypervigilance index or HVI is one of six special indices and is associated with an approach to the world in which people experience close relationships as discomfiting, view them with alarm, and avoid them in favour of keeping their distance from others, carefully guarding the boundaries of their personal space, and taking pains to preserve their privacy</i></p>
<p>a.3. Modulating affect in moderation:</p> <p><i>A pervasive Erlebnistypus or EBPer, is a ratio that is calculated when there is a marked EB style indicated (either intratensive, extratensive or ambitent).</i></p>	<p>b.4. Forming a stable sense of identity:</p> <p><i>The ratio H: Hd + (Hd)+ (H) contrasts all whole human content responses to all whole human content responses that are scored as fictional or mythological as well as all human detail content responses that are nonfictional, fictional or mythological.</i></p>	<p>c.3. Balancing interpersonal collaboration with competitiveness and assertiveness:</p> <p><i>Cooperation or COP responses is a tally of the total number of cooperative movement special score responses.</i></p>

*Sum FC: CF + C or Form-colour ratio focuses on colour and form determinant usage. All form-colour determinants are on the left side of the ratio and all the colour-form and pure colour use determinants are on the right side of the ratio.*

*Colour projection or CP is the sum total of all colour projection special score responses.*

*Aggression or AG is the total number of aggressive movement special score responses.*

*The active to passive ratio or a:p is a relationship of active (left side of ratio) and passive (left side of ratio) movement determinants.*

*c.4. Remaining interpersonally empathic:*

*Accurate Human movement response or M. Inaccurate Human movement response or M-*

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### The Erlebnistypus or *EB*

Being either introversive or extratensive is hypothesised to have an impact on how affect is modulated, how relationships are managed, how closeness is anticipated and handled, as well as how the self is expressed in general. According to Exner (1993, 2000, 2003), extratensive individuals use the interpersonal sphere as a way to find expression, whereas introverts, although sociable and interactive at times, find gratification mainly from their internal world. Extratensive individuals tend to be more sociable, rely on emotions to make decisions, and so try various options in the decision-making process. Introverted individuals tend to think before they make a decision; prefer to keep their emotions aside and “delay initiating behaviours until they have had time to consider various options” (Exner, 2000, p.81).

According to the CS, an introversive style is usually indicated when the value of the left side of the *EB* is higher than the right side. An extratensive style is indicated by its opposite. A coping style, whether introverted or extratensive, is present if the value of either side of the *EB* exceeds the other by two or more points when the *Experience Actual*<sup>6</sup> or *EA* is 10 or less ( $EA < 10$ ), or more than 2 points when the *EA* is greater than 10 ( $EA > 10$ ). It may happen that both sides of the *EB* are not markedly different. In this case, the patient is described as *ambivalent*, which indicates no distinctive style or preference. In contrast to both introverted and extratensive types, ambivalent individuals do not “show consistency of either the introversive or extratensive styles in their decision making or problem solving” (Exner, 2000, p.82). They tend to be more inconsistent and thus at times less efficient than the other coping styles. This does not, however, imply the presence of psychopathology.

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<sup>6</sup> *Experience Actual* is the Sum of Human Movement + Weighted Sum Color ( $Sum M + WSumC$ ). It has a Mean = 8.66, SD = 2.38, with  $M > 1$  and  $WSumC > 2.0$ . Normals range 6-10.  $EA < 6$  may be indicative of limited coping resources and “are more likely than most people to meet life’s demands in an inept and ineffective manner that provides them little gratification and earns them limited success.” (Weiner, 2003, 149). Exceptions are protocols with elevated *Lambda*. In short valid protocols where both *low EA* and *high Lambda* seems evident guardedness may be present. Limited competence or loss of functioning is usually found in average length protocols, *low EA* even if there is an elevation of *Lambda*.

Exner (1993, 2000, 2003) further argues that when considering *EB*, *Lambda* (being open to experience) should also be taken into consideration. An elevated *Lambda* (*F* predominate protocols) suggests that an avoidant style is present, which reflects a tendency or preference to simplify complexity through either disregarding or denying aspects of perceptual field:

This is because the avoidant style includes a marked predisposition to simplify complexity or ambiguity by disregarding or even denying some aspects of a stimulus field. This can also include emotional experiences, both internal and external.

Therefore, the *Lambda* value also must be considered whenever the *EB* is reviewed to determine if the *EB* style reflects the distinctive coping orientation, or whether it may be modified by the presence of the more pervasive avoidant style. (Exner, 2000, p.83)

Furthermore, if either side of the *EB* equals zero various exceptions come into play. Protocols that have an *Experience Actual* (*EA*) less than 4.0, and an *EB* of, for example, 2:0 or 0:3.5 (at times the values will be higher but less so given the  $EA < 4$ ), the data from the *EB* is too limited to infer a distinctive coping style. These records will also have an elevated *Lambda* of greater than 0.99, indicating an avoidant style. The *EB* should then not be relied upon to identify the coping style when considering affective features. The second exception concerns protocols that have a zero on the left side and the value on the right side is greater than 3.5 (0:4.5), as well as protocols that have a zero on the right side and more than or at least 3 on the left side (4:0). If the zero is on the left side of the *EB* it could indicate that the testee is being overwhelmed or flooded by affect. The current affective state should be focussed on and explored rather than using the *EB* to identify a coping style. Ideational as well as behavioural difficulties may be present. It is also important to identify whether this state of affairs is due to a current stressor or difficulty, or whether some trait-like features may be present. This information is important because it will influence the therapeutic



approach to such a patient. If the zero is on the right side of the *EB* it “signals a massive containment or constriction of affect” (Exner, 2000, p.84). Exner (2000) eloquently describes the latter process as emotionally holding one’s breath, and given the precarious nature of such an intrapsychic manoeuvre, a labile situation may be present.

Further findings of Exner (2000) given *Lambda* and *EB* are as follows:

- If the *EB* is indicative of an extratensive coping style and *Lambda* is less than 1.0, it may be assumed that the participant tends to “intermingle” (Exner, 2000, p.84) feeling with thinking when making decisions or solving problems. Such individuals may rely on trial and error behaviour. Such behaviour is risky because continual failure may stimulate negative emotions that may, at times, lack effective modulation and control. However, this should not be accepted as the rule.
- If the value for *Lambda* is greater than 0.99, and the *EB* is indicative of an extratensive coping style, an *avoidant-extratensive coping style* exists. As with (a), the individual may use a trial and error approach, may be more tolerant of problem-solving errors, but may have a lackadaisical approach to decision making that could both reinforce and worsen ineffective behaviour as well as the modulation of affect:

When an avoidant-extratensive style is present, this inclination often becomes exaggerated because of the tendency to disregard complexity and keep things simple. In other words, avoidant-extratensive people often can become negligent about controlling emotional displays and may seem to be impulsive at times (Exner, 2000, p.86)

- If the *EB* indicates an introversive style and the value for *Lambda* is less than 1.0, it can be hypothesised that the individual keeps emotions at a peripheral level during both problem solving and decision making. Trial and error behaviour is avoided, internal evaluations are called and relied upon, and external feedback may be used based on its

informativeness. Introversive individuals are less tolerant of problem-solving errors than non-introversives and as such they rely on caution when making decisions. Contrary to popular opinion, introverted individuals may display feelings openly but are concerned about the modulation of such feelings as well as about controlling such displays.

- If the *EB* indicates an introversive style, but *Lambda* is greater than 0.99, an *avoidant-introversive style* exists. Similar to (c), such individuals may be inclined to keep feelings at a more peripheral level during problem solving and decision making, but given the presence of an avoidant style, the ideational orientation may become less effective as complexity is subverted. Simplistic reasoning may predominate, which negatively affects judgement. Emotions may also become over-controlled or even totally avoided.
- If the *EB* does not indicate an introversive or extratensive orientation and *Lambda* is greater than 0.99, an *avoidant-ambitent* is present. According to Exner (2000, 2003), since there is a reliance on avoidance and simplifying the perceptual field, and because there is no clear secondary extratensive or introversive coping style to fall back on, the avoidance may be more pervasive and

will be invoked in relation to the extent that the person perceives the situation as being complex or ambiguous. Thus, the frequency of incidents in which emotions are less well modulated or overly constricted, or in which thinking is less sophisticated are likely to be much greater than for the ambitent who does not have an avoidant style. (Exner, 2000, p.87)

Again, the latter may be present in children and makes developmental sense as they cannot always effectively manage complexity and ambiguity.

Finally, as the *EB Pervasive (EBPer)* plays an important role in the affective constellations described by Weiner (2003), this deserves a review. Firstly, *EBPer* is taken into account when the *EB* indicates either an introversive or extratensive coping style and the

*Lambda* is less than 0.99. The *EBPer* allows the clinician to evaluate the *pervasiveness* of the coping style when making decisions or solving problems. Exner (2000) further states that “the result is not a linear estimate of style pervasiveness, but can be used in a categorical (yes or no) predictive model” (p. 88). Furthermore, the presence of pervasiveness does not mean pathology but does indicate a greater likelihood of reduced flexibility when making decisions or solving problems. The following findings concerning *EBPer* are relevant:

- If the participant is extratensive and the value for *EBPer* is less than 2.5, it may be hypothesised that “the subject is prone to mix feelings with thinking much of the time when coping is required” (Exner, 2000, p.89). The extratensive style is relied upon and the participant may at times also favour ideation.
- If the participant is extratensive and the value for *EBPer* exceeds 2.5, it may be hypothesised that decision making is heavily influenced by emotion. The lack of flexibility may become a liability, especially in situations that demand thoughtfulness, used of rational thinking, delay of impulses, less trial and error behaviours and emotional modulation and restraint.
- If the participant is introversive and the value for *EBPer* is less than 2.5, feelings are sometimes relied upon to make decisions although the ideational approach is generally preferred.
- If the participant is introversive and the *EBPer* is 2.5 or more, the individual is extremely unlikely to use emotions in making decisions, even if the situation warrants such an approach. Even the display of feelings may be overly controlled and/or negatively modulated, affecting general adjustment.

A final note on *EBPer* and *Lambda* concerns the psychological meaning of complexity. The integrative approach of Siegel (1999) suggests that emotional growth is

based on the balance between the expression and experience of continuity, as well as on retaining flexibility:

The attainment of maximum complexity is a function of the balance between flexibility and continuity of the system. Flexibility is based on the generation of diversity of response and variation in the flow of states; it allows for the creation of a degree of uncertainty in the novel adaptations to changing environmental conditions. In contrast, continuity emerges from the system's learning processes, which establish a degree of certainty in response patterns as determined by an engrained set of constraints. The balance between flexibility and continuity, novelty and familiarity, uncertainty and certainty, allows a dynamical system to recruit increasingly complex layers neuronal groups in maximizing its trajectory towards complexity. Over time, cohesive states achieve enduring continuity within their organization as self-states. Each self-state is created and maintained in order to carry out specific information-processing tasks. As environmental conditions change, the context-dependent nature of states leads to the instantiation of a particular self-state required at the time. The healthy, adaptive mind is capable of entering a range of discontinuous (but minimally conflictual) self-states, each within its own cohesion and sense of continuity. (Siegel, 1999, pp. 236-237)

Due to developmental difficulties, both cohesion and continuity, and thus flexibility and capacity for complexity, may become impaired<sup>7</sup>. For example, in an attempt to protect and maintain a certain self-organisation, people with avoidant attachment may rely on a degree of rigidity. Ambivalently-attached individuals may be easily disrupted by interpersonal demands, may be highly sensitive to non-verbals and “inadvertent misattunements” (Siegel, 1999, p.238), and may experience feelings of shame that last longer

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<sup>7</sup> Especially in the cycloid – see the previous section on Rorschach research.

than anticipated. Others may exercise a kind of hypervigilance against intrusion and rely on a measure of interpersonal disconnect. Finally, for those with disorganised attachment, cohesive and fragmented self-states may be disassociated over time. Paradoxically, and as stated by Siegel (1999): “*Stability of the system is achieved by the movement towards maximizing complexity*” (p.219; italics added). The following section considers affect.

## Affect

**Introduction.** The impact and importance of affect cannot be underestimated. It is clear that affects permeate all of psychological life, and greatly influence thinking, judgment, and decision making, both consciously and unconsciously (Greenspan, 1989a, 1989b; Weiner, 2003). Affects may transform or work against an individual, and seem to influence our basic attitude to and investment in our inner and outer life. Processing emotional experience<sup>8</sup> is a complex phenomenon and determines the way people manage feelings about themselves and others as well as how they function in emotionally charged situations. As Weiner (2003) states:

Good psychological adaptation is fostered by well-developed capacities to modulate affect *sufficiently, pleurably, and in moderation*. Should such capacities be deficient or become impaired, affect frequently becomes processed in a constricted, dysphoric, or overly intense manner that leads to adjustment difficulties. (p.133)

In the sections to follow, Weiner’s (2003) thinking will be explored under the headings of adequate, pleasurable and moderate affect modulation.

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<sup>8</sup> In the thinking of Daniel Siegel (1999):

Emotional regulation refers to the general ability of the mind to alter the various components of emotional processing. The self-organization of the mind in many ways is determined by the self-regulation of emotional states. How we experience the world, relate to others, and find meaning in life are dependent upon how we have come to regulate or emotions. (p.245)

Clinically, Siegel describes seven aspects of emotional regulation: (a) intensity, (b) sensitivity, (c) specificity, (d) windows of tolerance, (e) recover process, (f) access to consciousness, and (f) external expression. All of these areas are directly linked to the areas under study in this research.

**Modulating affect adequately (Afr., WSumC:SumC).** According to Weiner (2003), affect modulation refers to the ability to engage in emotionally toned situations as well as to exchange emotions with another. The ability to involve oneself in emotional situations and to feel comfortable with emotional content without becoming under- or overmodulated is viewed a personality asset. This also includes the ability and willingness to engage, exchange and thus respond to one's own and others' emotions. Modulating affect adequately is described by two variables: (a) affective ratio or *Afr.*, and (b) *Weighted SumC:SumC*'.

**Affective ratio (Afr.).** The *Afr.* index is derived from the proportion of answers obtained to the last three cards, (Cards VIII, IX and X). It is important to note that the last three cards are the only complete chromatic cards, enabling the clinician a special glimpse of the emotional responsiveness of a participant. According to Exner (1993, 2003), the *Afr.* should always be evaluated in relation to the *EB*, as extratensive individuals are expected to have higher *Afr.* than introversive or ambitent individuals (regardless of the *Lambda* score) (see table 4.4 below). Statistically it is argued that extratensive individuals should fall between .60 and .95, whereas introverted and ambitent types should fall between .50 and .80. The higher the *Afr.*, the greater the investment and interest in emotional stimuli, whereas the lower the scale the greater the tendency to avoid emotional stimuli. In other words,  $Afr. < 0.50$  indicates the possibility of an aversion to situations "involving the expression of feelings" (Weiner, 2003, p.134) and occurs in approximately 6% of extratensive adults, 15% of introversive adults, and 16% of ambitents adults.  $Afr. < 0.40$ , indicating maladaptive emotional withdrawal, occurs in approximately 1% of extratensive adults, 5% of introversive adults and 4% of ambitent adults. Low *Afr.* people are more likely than others to be emotionally withdrawn, and logically, more likely also to withdraw socially. All kinds of emotional expression, even positive forms, may be experienced as uncomfortable and therefore actively avoided.

Table 4.4.

*Affective Ratios as Indicated by the CS (Exner 2003, p. 294)*

<b>Group</b>	<b>Average range</b>
<i>Extratensive</i>	0.60 to 0.89
<i>Introversive</i>	0.53 to 0.78
<i>Ambitent (no distinct coping style)</i>	0.53 to 0.83
<i>Avoidant (high Lambda)</i>	0.45 to 0.65

**Weighted Sum Chromatic colour use to the Sum Achromatic colour use ( $WSumC$ :  $Sum C'$ ).** A normative consideration of  $WSumC:SumC'$  among adult nonpatients shows that those with an introversive  $EB$  obtain a mean  $WSumC$  of 3.14, whereas those with an extratensive  $EB$  obtain a mean of  $WSumC$  of 6.05. Despite these differences it is conceptualised that a  $WSumC$  of 2.5 can be regarded as a “basically adequate capacity to experience and express affect in adaptive ways” (Weiner, 2003, p.135). A  $WSumC < 2.5$  could thus indicate a *maladaptive* capacity to both experience and express feelings adequately (regardless of the number of  $M$ 's). The functional difficulty limits a person's ability to recognise and describe feelings adequately, and to relate or describe their feelings in a meaningful way to others. Acting out (or turning feelings inward) may become a defensive process, and as such, this reaction is frequently found in relationship with a low  $Afr$ . The latter is especially detrimental when  $Sum C' > WSumC$ , indicating a constriction of the capacity to express affect as well as the *internalisation* of negative affect. According to Weiner (2003),

aside from the emotional tone suggested by an elevated  $SumC'$ , a finding of  $SumC' > WsumC$  indicates a maladaptive constriction of capacity to express affect. Although a low  $Afr$ . and a low  $WSumC$  also speak in part to insufficient capacity to express affect, it is  $SumC' > WsumC$  that is specifically designated in the Comprehensive System as the *Constriction Ratio*. (p. 136)

Such a score indicates the likelihood of bottled-up emotions, possible somatisation if conflicts are repressed or split off (e.g., gastrointestinal difficulties and tension headaches), and general psychophysical dysregulation.

**Modulating affect pleurably.** According to Weiner (2003):

Pleasurable modulation of affect consists of being able to *sustain a positive emotional tone that promotes feeling happy and enjoying oneself*. Capacities for happiness and enjoyment provide the foundation for being able to take pleasure in oneself and one's activities. ... The likelihood of a positively toned affective life is enhanced when the structural data combine an adequate level *WSumC* with a low frequency of determinants and location choices that typically identify dysphoria, anhedonia, ambivalence, and anger. (pp. 127-128; italics added)

Individuals who have developed the ability to process affect pleurably will thus produce protocols with few, if any, *C*'s, no Colour-Shading Blends (*Col-Shd Bld*), a Sum Shading (*SumShd*) equal or less than *FM+m*, and infrequent White Space (*S*) answers.

**Sum Achromatic colour use (*SumC'*).** As part of the depression (*DEPI*) criterion score it is argued that the presence of  $C' > 2$  could be viewed as a maladaptive extent of painful internalised affect (Weiner, 2003) and indicates feelings of sadness, unhappiness, misery and gloom.

**Colour-Shading Blends (*Col-Shd Bld*).** According to RIM psychology the presence of even a single *Col-Shd* blend response could be indicative of dysphoria "associated with ambivalent emotionality" (Weiner, 2003, p.137). Thus, in protocols of  $Col-Shd Bld > 0$  one could argue that participants may be confused about their feelings as they imbue both people and events in their lives simultaneously with positive and negative emotional characteristics. The latter will greatly influence the ability to experience affect *pleurably*. It should be noted that the *EB* style does play a role in  $Col-Shd Bld = 1$ . In other words, nonpatient



reference data have shown that extratensive individuals are twice as likely as introversive people (51% v. 23%) to give a *Col-Shd Bld*. This suggests that extratensive people may “accommodate a modest degree of emotions uncertainty more easily than introversive persons, without it interfering with their adaptation” (Weiner, 2003, p.138).

***Sum Shading (Sum Shd).*** *Sum Shd* is argued to show a mean frequency of 3 for both extratensive and introversive nonpatient adults. The four components of *SumShd*, that is, *C'*, *Y*, *T* and *V* indicate a variety of affectional realities. The presence of an elevated *C'* indicates the internalisation of negative affect; diffuse use of shading (*Y*) ( $Y > I$ ) indicates stress-related feelings of “paralysis and hopelessness” (Weiner, 2003, p.138); texture responses ( $T=0$  and  $T > I$ ) indicates an awareness of not having as close a relationship as one would prefer; and Vista ( $V > 0$ ) reflects self-critical tendencies that interfere with positive affective experience. The combination  $SumShd > FM + m$  “constitutes an emotional stress flag and bears witness to maladaptive unpleasurable affect” (Weiner, 2003, p.138). Although this may be part of the psychological makeup of an individual, Weiner argues that patients may not be aware of this, or of its extent, due to defence mechanisms such as denial and intellectualisation. If they are aware, they may inhibit such experiences or their observation of these experiences due to an introversive character style.

***Space (S).*** According to Weiner (2003), a median *S* of one is expected for nonpatient adults. However,  $S > 2$  reflects a personal liability as it indicates an inordinate degree of anger and even resentment towards people and events. As articulated by Exner (1993, 2003) and Weiner (2003),  $S > 2$  indicates oppositional rather than adaptive autonomy and will thus interfere with the pleasurable modulation of affect and the management of behaviour.

**Modulating affect in moderation.** According to Weiner (2003), “Modulating affect in moderation consists of maintaining an adaptive balance between emotional and ideational channels of expression, between reserved and expansive patterns of emotional discharge, and

between modest and strained efforts to process affective experience in a positive manner” (p.139). Therefore, individuals who modulate affect in moderation can both experience and express emotions and become neither too emotional nor manipulate people or situations to induce positive experiences. Modulating affect in moderation is measured by the variables *EBPer*, *FC:CF+C*, and *CP*.

*A pervasive Erlebnistypus (EBPer)*. The variable gives information concerning the impact of affects on basic psychological preferences. If an extratensive style is present it can be hypothesised that the individual uses both thinking and feeling during problem solving and decision making. Extratensive people are more likely to both use and be influenced by their emotions, are inclined to display emotions more readily, and may at times seem less concerned about carefully modulating and controlling emotional displays through ideational channels. If the *EB* indicates an introversive style, it suggests that individuals prefer to keep emotions at a more “peripheral level” during both decision making and general problem solving. Although they may be willing to display emotions openly they are concerned about modulation and expression and tend to rely on reflection and other ideational modes of adaptation. Both these styles may be pervasive (*EBPer*). According to Weiner, an *EBPer* where the *WSumC* exceeds *M* by 2.5:1 reflects an individual that who relies too much (excessive preference) on affective and emotional channels in decision making. Intuition, impulse and ‘gut reactions’ are preferred rather than reflection and adequate conceptualisation (analysis, planning). It may also happen that the *EB* fails to indicate a coping style, which reflects an inconsistency in the impact of emotion on thinking, problem solving and decision making (ambitent style). The individual may thus be vulnerable to the effects of such a modulating style. The opposite can be argued for pervasively introverted individuals who think and plan without the support of the affectional domain.

**Colour Projection (CP).** Originally described by Piotrowski in 1957, colour projection can be scored when a participant gives chromic responses in/to achromatic areas. Theoretically, *CP* can be viewed as an ingenuine emotion where participants deal with feelings of emotional helplessness with an unsuited emotional reaction. Analytically, the latter is closely related to the defence mechanism of *denial*. In Exner's (1993) own thinking:

Generally, if the value for *CP* is greater than zero it signifies that the subject often denies the presence of irritating or unpleasant emotion or emotional stimulation by substituting a false positive emotion or emotional value to the situation. This is a hysteroid like process that disregards or violates reality. Typically, people who use this process feel very uncomfortable about their ability to deal adequately with negative feelings, and frequently, they do have problems modulating their own affective display. They often bend reality to avoid dealing with perceived or anticipated harshness in the environment and as a result their interpersonal relationships are prone to suffer. (p. 498)

By needing to change the feature of the card it is hypothesised that the dysphoric effect expected is negated or managed by making it more attractive: "Such responses accordingly identify tendencies to deny unpleasant affect by attributing attractive qualities to situations and events that are in fact quite otherwise" (Weiner, 2003, p.145). Clinically, it is also rare to find that *CP* is accompanied by unpleasant connotations, and it should be seen as a clear marker that the modulation of affect is impaired. Thus a  $CP > I$  usually indicates reliance on denial of reality (a primitive defensive structure). *CP* remains a primitive and fragile defence, and in combination with other depressive markers, may even indicate the presence of bipolar or cycloid pathology.

**Form-colour ratio or FC:**  $CF + C$ . This ratio provides an index of the extent to which emotional discharges can be controlled or modulated. The ratio is important especially when

considering its relationship to *D* scores. If the *D* scores fall in the minus range, the capacity for control will be compromised and thus the modulation of affect will become more susceptible to stress experiences (either from internal or external sources). Theoretically, the *FC* response correlates with the more well-controlled and modulated emotional experiences, whereas *CF* responses reflect less modulated or restrained forms of affective discharge. Pure *C* can be hypothesised to correlate with more unrestrained expression of emotion. In Weiner's (2003) logic:

*FC* responses are associated with relatively well-modulated and reserved processing of emotion in which feeling emerge and dissipate slowly and are deeply felt but mild to moderate in their intensity. *CF* and *C* responses, by contrast, are associated with relatively unmodulated and spontaneous processing of emotion in which feelings come and go quickly and tend to be superficial but often quite intense while they last.

(p.140)

The modulated expression of affect is expected in adult life, and the adult reference data suggests a median frequency for *FC*: *CF* + *C* of 5:3:0 among extravertive person, and 3:2:0 among introvertive persons. If *C*+*CF* is larger than one when compared to *FC*, or when *FC* exceeds *CF*+*C* by more than three [ $(CF+C) > FC+1$ ;  $FC > (CF+C) + 3$ ], adaptation becomes increasingly difficult as modulation of affect becomes compromised. It is argued that when  $(CF+C) > FC+1$  the modulation of affect is more impulsive and intense; and that individuals are experienced as immature, at times superficial, and even dramatic. Similar to children and young adolescents, they develop strong feelings quickly and also easily let them pass. The emotional reactivity makes such individuals difficult to read, excitable, and experienced as naïve.<sup>9</sup> Weiner (2003) also adds:

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<sup>9</sup> As the reader might have noticed, although the description may evoke the word 'impulsive' it was not used – according to Weiner (2003): Contrary to persistent belief, however, the maladaptively unrestrained emotionality that is associated with  $CF+C > FC+1$  and intensified by the presence of *C* does not necessarily imply *impulsivity*. Strictly defined, impulsivity refers to episodes of loss of control consisting of emotional outbursts or ill-conceived actions that are uncharacteristic of how the person ordinarily behaves. People who are being impulsive usually recognize that they are expressing themselves or acting in ways that are atypical for them, that feels unnatural,

Although unrelated to impulsivity as strictly defined, the overly intense and labile affectivity indicated by excessive  $CF + C$  has significant implications for mood disorders. In particular, the rapidly fluctuating emotions of  $CF + C$  people raise the possibility of mood swings associated with bipolar or cyclothymic conditions.

Especially when excessive  $CF + C$  appears in conjunction with many of the previously noted indices of unpleasurable affect, persons giving such records are likely to show alternating episodes of dysphoria and euphoria that, if sufficiently marked or prolonged, will have diagnostic significance. (p. 143)

Weiner believes that a  $CF + C > FC + I$  combined with a low  $Afr.$  could also indicate an awareness that one's behaviour is a liability. Depression may thus be more obvious.

Theoretically and clinically it may prove beneficial to explore the so-called burnt-out personality disorders as possibly containing some of the latter reality.

Contrary to the labile affectivity of  $CF + C > FC + I$ , a ratio in adults of  $FC > (CF + C) + 3$  indicates an emotionally reserved individual "whose affects run deep and long but who typically experience and express feelings in a very low key" (Weiner, 2003, p.144). Emotions are built up over time and are both deeply felt and stable. Although seemingly a positive attribute, it is also evident that such individuals may find it difficult to relax emotionally, may lack emotional spontaneity, and even have difficulty in relating to others in informal ways., Even in a very aware individual, such a situation could create both social and emotional withdrawal that is clearly detrimental to long-term adjustment ( $FC > (CF + C) + 3$  and low  $Afr.$ ).

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and that they will come to regret. By contrast, the lack of restraint reflected in an excessive  $CF + C$  constitutes a personal preference and an abiding disposition to let one's affects and actions flow freely. Overly expressive and overly active  $CF + C$  people are merely behaving in ways that typify how they conduct their lives, that help them feel comfortable, and for which they do not anticipate and need to apologize. Accordingly, when  $CF + C$  individuals display relatively unrestrained behavior, their actions rarely surprise people who know them, because they are behaving as they usually do. By contrast, individuals displaying episodes of impulsivity are imposing less restraint on their behavior than is their custom, and their lapses in self-control lead to actions that surprise and perplex others. (pp.142-143)

**Viewing oneself.** The capacity to view oneself thoroughly, accurately and favourably is part of mental health. It is needed to maintain adequate self-esteem and promote positive self-regard. The data in this cluster provide some evidence of individuals' experience of self, self-image and self-esteem. According to Exner (1993):

Self-image is the view that one harbours about himself. It is the product of an internal lexicon that describes the characteristics of the self, such as bright, dull, beautiful, ugly, talented, vulnerable, kind, selfish, sensitive, and so on. Some of these characteristics may be reality based while others may be more imaginary. Regardless of their basis, they form a *collective representation* of the assets and liabilities of the person as perceived by the person. (p.506; italics added)

Personal worth is always in dynamic relationship with both internal and external sources and meaningful relations, both *real and imagined*. The following variables convey a quantitative sense of self-perception, which are central to measuring a participant's self-representation: (a) maintaining adequate self-esteem ( $Fr+rF, 3r + (2)/R$ ); (b) promoting positive self-regard ( $V, MOR$ ); (c) enhancing self-awareness ( $FD$ ); and finally, (d) forming a stable sense of identity ( $H: Hd + (Hd)+ (H)$ ).

***Maintaining adequate self-esteem.*** Self-esteem can be defined as the central attitude that individuals develops towards their personal qualities and capabilities (Weiner, 2003). Self-esteem is usually assessed and developed by comparative judgments. Unfortunately comparative judgments can be clouded by an individual's attitude (as in narcissism). Weiner (2003) further argues:

Adequate self-esteem promotes self-acceptance, self-respect, and self-confidence based on realistic appraisal of one' capabilities, and it contributes to people feeling generally satisfied with themselves and their actions... People with adequate self-esteem can also typically strike an adaptive balance between two poles: at the one end

of the spectrum, pre-occupation with themselves at the expense of adequate attention to the needs and interests of others; at the other end, total absorption in what other people want and enjoy at the cost of sufficient regard for their own preferences and individuality. (p.160)

Self-esteem seems to be a complex developmental process that relies on the successful negotiation of self-interest, self-activation, and individuality in relation to true concern for others, the reliance on altruism and so forth. Narcissism and masochism seem to express (negative) variations in self-esteem in a skewed developmental process.

*Egocentricity index* or  $(3r + (2)/R)$ . The Egocentricity index “provides an estimate of self-concern and possibly self-esteem. The index is a crude measure of self-focusing or self-attending behaviour” (Exner, 1993, p.506). If  $(3r + (2)/R) > 0.45$  (in nonpatient adults the mean value is 0.40 and ranges on average between 0.33 and 0.44), it can be hypothesised that the participant tends to be much more self-involved than positively involved with others. Combined with Reflection responses, the preoccupation and investment in the self may have narcissistic-like features. If no Reflection responses are present it could still suggest an unusually strong concern with the self at the expense of healthy investment in the external world and its demands. If  $(3r + (2)/R) < 0.32$  it can be hypothesised that the individuals not only view themselves in negative terms but also compare themselves less favourably in relation to others. This is evident in the development of depressive states. In addition, if these indicators are found in the presence of a Reflection response, “it indicates that the subject is in serious conflict regarding self-image and self-value. The likelihood of mood fluctuations is substantial and behavioural dysfunction is likely” (Exner, 1993, p.507). It is also important to keep in mind that this variable remains highly stable over time and could thus provide a clue to long-term difficulties in maintaining self-esteem. Weiner (2003) states:

Of further importance with respect to the implications of low Egocentricity for adjustment difficulties is the fact that the level of  $3r + (2)/R$  is highly stable over time, with re-test correlations in adults of .90 over 3 weeks, .89 over 1 year, and .87 over 3 years. Consistently with general knowledge concerning the development of continuity of self-esteem as a personality trait characteristic, then, a low Egocentricity Ratio in the record of older adolescents and adults is unlikely to have emerged recently or in reaction to any current experience of failure or inadequacy. Instead, low Egocentricity tends to be associated with chronically low self-esteem that dates back to childhood and ordinarily show little situational fluctuation. (p. 163)

Finally, without Reflection responses, a high Egocentricity index can indicate self-focus, but not of the pleasurable or entitled variation it may imply. Vista (*V*) and Morbid (*MOR*) responses should also be taken into consideration when exploring these two variables. This also makes psychodynamic sense as the elevated Egocentricity index could reflect a defence against underlying feelings of worthlessness and abandonment (see Masterson, 2004).

*Reflection responses* ( $Fr + rF$ ). According to Aronstam (2003),  $Fr + rF > 0$  is a stylistic feature “that includes a marked tendency to overvalue personal worth” (p.44). Although not necessarily negative in itself, this narcissistic-like characteristic could become a set response style (trait) that negatively influences both decision-making processes as well as behaviour. According to Weiner (2003), only 8% of the nonpatient adults give Reflection answers and “with few exceptions, people with  $Fr + rF > 0$  in their records are self-centred individuals who have an inflated sense of their importance and an exalted estimate of their attributes” (Weiner, 2003, p.160). Due to their self-centred approach to life they would deny difficulties in themselves, externalise, act out a sense of entitlement and superiority, and seem unable to comprehend either the emotions of others their general impact on others.



Dynamically, one could also differentiate between the so-called ‘nasty’ versus the ‘nice’ narcissists. Nice narcissists are those who seem to have an ability to build relationships in the spirit of collaboration and mutual mirroring, while nasty narcissists seem to exhibit psychopathic tendencies. This index should be considered in relationship to various indices of interpersonal perception.

***Promoting Positive Self-Regard.*** Self-regard shares similar features with self-esteem. Self-esteem can be defined as how individuals value themselves. It is typically a stable characteristic. In contrast, self-regard can be viewed as;

comprising numerous specific attitudes that people have towards themselves, some more favourable than others. Unlike level of self-esteem, which is a unitary characteristic with a single value, self-regard from this perspective is a *composite* of relatively positive and negative self-attitudes. (Weiner, 2003, p.164)

As such, self-regard is more susceptible to environmental input. Positive self-regard in conjunction with good self-esteem facilitates good adjustment. It is also evident that people can have generally good self-esteem but at this very moment feel negative about an aspect of themselves (regard). The variables that provide a glimpse into self-regard are the Vista (*V*) and Morbid (*MOR*) responses respectively.

*Vista (V).* According to Weiner (2003), Vista responses occur in no more than 20.6% of the protocols of nonpatient adults. The presence of  $V > 0$  is usually associated with self-critical attitudes. *V* should always be evaluated in terms of recent history as well as in relationship with the Egocentricity index and Reflection responses.  $V > 0$  combined with an elevated Egocentricity index as well as Reflection responses could indicate situationally related self-critical attitudes.

*Morbid (MOR).* According to Exner, morbid responses “are embellishments of the stimulus field that attribute features to the object that are not obvious in the field... *MOR*

*responses provide indirect, or sometimes direct, self-representations*” (Exner, 1993, p.514; italics added). If the value for *MOR* responses is usually  $>3$ , one could hypothesise a self-image that is “marked by negative characteristics” (Exner, 1993, p.514). Weiner (2003) adds that exploring the *MOR* responses thematically could also assist the clinician to identify two types of Morbid response use. The first is the identification with the object as damaged, dead, torn, and so forth, which indicates a negative view of the self and even of one’s body. The second type of Morbid response suggests an identification with the aggressor. This complicates the clinical picture as it may be important to ascertain if it is a reflection of narcissistic-psychopathic tendencies, a defence against masochism, or even a combination of both. Type one *MOR* responses may manifest, for example, as “a damaged petal or a leaf”, whereas type two may read, for example: “two animals that are bleeding from their wound – this is how they look after I have shot and killed them”.

***Enhancing Self-Awareness.*** Form dimension (*FD*) responses usually provide information on self-inspecting behaviour or processes. According to Weiner (2003), “Adequately introspective people tend to be cognizant of how best to meet their needs, sensitive to how their behaviour affects other people, and relatively amendable to reconsidering their image and impression of themselves” (p.168). Both ‘over-’ or ‘under-aware’ people are at risk for adjustment problems. Individuals who lack self-awareness may underestimate their impact, have difficulty examining their own motivations, affects and behaviour and adjusting their behaviour accordingly. An overly self-aware a person may have difficulty relaxing, which in turn may lead to adjustment difficulties.

***Form Dimension (FD).*** It is expected that a normal record contain one or two *FD* responses and no Vista (*V*) responses. If Vista responses are present with *FD* (and two or more), it could indicate ruminative and inherently destructive self-processing. The absence of the latter determinants in adult records could be indicative of a person less involved in self-

awareness and possibly more naïve than expected. Seen with either an elevated or low Egocentricity index, the presence and/or absence of *FD* responses may provide important information on how self-image is generally maintained or neglected. An  $FD > 2$  may be indicative of “an unusual degree of self-consciousness and soul-searching” (Weiner, 1998, p.169).

***Forming a Stable Sense of Identity.*** A stable sense of identity, is the culmination of all previous identifications throughout the pre-oedipal, oedipal, latency, adolescent and early adulthood developmental stages. It allows people a “clear and consistent impression of the kind of individual they are, what they believe in, and where they are heading in their lives” (Weiner, 2003, p.169). To know oneself, to feel comfortable with one’s strengths and weaknesses, is a major source of good adjustment. This recalls very much the work of Masterson, who argued that a ‘true’ accepted and accepting self reflects the following functions or capacities: (a) spontaneity and aliveness of affect; (b) healthy self-entitlement due to feelings of mastery; (c) self- activation, assertion and support in managing one’s own wishes and supporting them in reality; (d) acknowledgement of self-activation and maintenance of self-esteem; (e) soothing of painful affects; (f) continuity of self; (g) commitment; (h) creativity; and finally, (i) intimacy, without constant fear of engulfment or abandonment. As argued in chapter 3 a stable and realistic sense of self is developed over a period of time in which children constantly receive feedback from their maternal and paternal environments and thus are constantly introduced to reality considerations.

*Number of whole Human responses seen to the number of partial or imaginary human figures [H: (H) + Hd + (Hd)]. Adaptive identifications are usually indicated by the presence of at least two whole, real human figures (H=2), and an H equalling, or at least exceeding, the number of partial or imaginary human figures given [Hd+ (H) + (Hd)]. According to Weiner (2003):*

Participants with a sufficient frequency of  $H$  to meet these criteria typically have adequate capacity to identify comfortably with people who are a real part of their lives and with whom they have had opportunities to form such identifications. This combination of identificatory capacity and opportunity provides the foundations for developing a clear and stable sense of personal identity. (p.169)

A participant inclined to focus on human detail, whether in phantasy or not, is thought to rely on the psychological defence mechanism of object splitting. Furthermore, those that focus on imaginary figures [ $(H)$ ,  $(Hd)$ ] seem to be communicating that it is difficult for them to identify with real objects and that they prefer to identify with more remote, imaginary and fictitious objects. This may actively interfere with the formation of a stable sense of identity. As such, the exploration of the presence and elaboration and description of human content has several uses. According to Exner (1993), “the absolute frequency of all human content provides some information about *interest* in people” (p.511; italics added).

Exploring pure  $H$  in relations to  $Hd$  and  $(H/Hd)$  gives the clinician some “indication about whether the conceptions of people, including the self, are based on actual experience or are derived more from imaginary conceptions” (Exner, 1993, p.511). Statistically, adults are expected to be interested in more mature and accurately perceived self-other relations, reflected in the accepted equations of 3:2. It should again be mentioned that the  $EB$  plays a role in this equation. For introversive individuals the ratio is approximately 3:1, while the ratio for ambitent and extroversive types is 1.3:1. When the left side is larger than or equal to the right side it can be argued that the participant’s self-image and value is based on actual experience rather than imagination: “This finding is generally positive, but should not be translated to mean that the self-image and/or self-value is necessarily accurate or realistic” (Exner, 1993, p.512). The greater the focus on the right side, the more self-image and self-

value is dependent on imaginative life, and thus the greater it can be removed from reality consideration. Also, if one or more of the latter answers include the Human Experience (*Hx*) response it could be indicative of an overly intellectualised stance that subverts reality considerations. This may also lead to ideational and impulse control difficulties.

**Relating to Others/ Interpersonal Perception.** The manner in which one person relates to another seems to be influenced by their attitude towards others, the degree of interaction, and the way the relationship is managed. For example, in the work of Karen Horney (1946), this entails moving toward, away from and against others. As articulated by Weiner (2003):

Adaptive interpersonal relationships are characterized by the abilities (a) to sustain a reasonable level of interest, involvement, and comfort in interacting with other people; (b) to anticipate intimacy and security in these interpersonal interactions; and (c) to balance collaboration and acquiescence with competitiveness and assertiveness in relating to other people; and (d) to perceive people and social situations in an accurate and empathic manner. (p. 170)

Being disengaged, excessively reliant on distance mechanisms (Masterson, 2000, 2004), feeling uncomfortable in the presence of others, seeing intimacy and closeness as engulfing or threatening to the experience of a self, and frequently misperceiving and misinterpreting the behaviour and motives of others is seen as a liability to good adjustment. In Exner's (1993) logic: "The variables in this cluster represent some of the needs, attitudes, sets, and coping styles that often exist in people" (p.522). The variables discussed in the sections that follow are difficult to measure accurately, and the hypotheses derived should therefore be interpreted conservatively.

**Relating to Others.** The way that people relate to one another is largely dependent on their attitudes towards others. The attitude may also influence the degree of interaction as

well as how attachment is managed. Weiner's (2003) criteria for adaptive interpersonal relationships may be investigated using the following indices: anticipating interpersonal intimacy and security (*Sum T, HVI*); balancing interpersonal collaboration with acquiescence with competitiveness and assertiveness (*COP, AG, a:p*) and remaining interpersonally empathic (*accurate M*). Being or becoming disengaged, distanced, and/or uncomfortable with others, experiencing intimacy as intrusive or dangerous, being either domineering or subservient, or misinterpreting the cues of other will greatly influence adjustment and interpersonal relationships in general.

*Sustaining Interpersonal Interest, Involvement and Comfort.* Central to all psychological discourse is the ability to relate to others. As described in chapter 3, the anaclitic developmental line (Blatt et al, 1994) proposes that all growth is stimulated by being in a relationship with another (initially, the mother). Psychological isolation and the absence of another, both emotional and physical, is traumatic. To adjust to reality a person should be able to sustain interpersonal interest (even one-sided interest, as described in chapter 3 in the section on character disorders) and involvement, and experience a measure of comfort from this interaction.

*Sum of all Human responses or SumH as well as the number of whole Human responses seen to the number of partial or imaginary human figures [H: Hd + (H)+ (Hd)].* As previously discussed *SumH*, [H: Hd + (H)+ (Hd)] gives the clinician ample opportunity to explore a patient's interpersonal interest, level of involvement, type of involvement, and experience of interpersonal comfort. A *SumH*>3 is seen as an average interest in others whereas *SumH*<4 usually indicates limited interest in others. *Hd + (H) + (Hd) in excess of H* does not only indicate a lack of a stable sense of self but also "a maladaptive extent of social discomfort" (Weiner, 2003, p.171). This lack of comfort can

develop into avoidance and distancing patterns as well as a sense of isolation measured in part by the *Isolation index (Isol Index)*.

*Isolation index* ( $Bt + 2 CL + Ge + Ls + 2Na / R$ ). According to Exner (1993, 2003), social isolation is usually found when the index  $> 0.33$ . Theoretically it has also been described that when the Isolation index  $> 0.33$  a participant also tends to have less than 2 Cooperation (*COP*) responses combined with a low *Afr*. There seems to be difficulty in both creating and sustaining meaningful relationships. It may also be of importance to explore *GHR:PHR*.

*Good Human Response to Poor Human Response (GHR:PHR)*. *GHR* responses are perceptions and representations of positive schemata of self, others and relationships. These are manifested in accurate, realistic, logical, intact, human responses, and benign or cooperative interactions. *PHR* responses are negative or problematic perceptions or representations as manifested in distorted, unrealistic, damaged, confused, illogical, aggressive, or malevolent representations or perceptions (Exner, 2000; Weiner, 2003). Satisfying relationships are usually characterised by  $GHR > PHR$  and occur in dynamic interaction with Human Movement Responses (*M*) and Human (*H*) Responses.

*Anticipating Interpersonal Intimacy and Security*. According to Blatt et al. (1994), the anaclitic developmental line indicates that it is important for adults to develop the capacity to form stable and lasting relationships with others. Well-adjusted adults look forward to establishing relationships with others as they are perceived as containing possibilities for satisfaction<sup>10</sup> and growth. As a relationship matures, greater intimacy develops on both a psychological and physical level. Chapter 3 shows how this capacity is the product of earlier object relationships and develops throughout one's life (see also Kernberg, 1976; Masterson, 2000, 2004). Weiner's (2003) position on this is as follows:

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<sup>10</sup> By definition the expectation is built not only on instinctual demands but on 'object relating' needs such as companionship, friendship, etc. with both sexes.

Looking forward to opportunities for intimacy defines the nature of security in interpersonal relationships. Like the capacity for attachment, feeling secure in close relationships develops early in life, as a consequence of consistently nurturing experiences that promote a child's sense of trust in other people. Individuals who have developed the capacity for trust feel secure in the expectation that close relationship will add pleasure and richness to their lives without posing any threat to their safety and peace of mind. (p. 173)

The variables that describe this capacity are *Sum T* and the Hypervigilance index (*HIV*).

*Sum of Texture responses (Sum T)*. As stated by Weiner, *T* is a complex variable. It is hypothesised that those who react to the various textural qualities of the cards have a need to make contact with others, both emotionally and physically. The absence of a texture response could indicate that participants are particularly cautious in their interpersonal life and may be overly concerned about personal space.<sup>11</sup> This is not to say that they live without relationships – they may marry and have friends, but it seems that their relationships are characterised by distance and some form of detachment. Again, if their interpersonal world is filled with others that respect them and support such an adaptation without intrusion, a *T*-less protocol does not exclude satisfactory adjustment (if the individual's level of interpersonal interest is at least average). Unfortunately, any demand for physical and/or emotional closeness will activate various defence mechanisms, and difficulties in adjustment may ensue:

*T*-less persons themselves neither anticipate nor seek out intimate interpersonal relationships...From the perspective of  $T > 0$  people who befriend and marry *T*-less persons, on the other hand, these friends and spouses are likely to be experienced as

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<sup>11</sup> In Balint's (1968) thinking this is the so-called philobatic attitude. In Blatt et al.'s (1994) thinking, this refers to those that develop introjective rather than anaclitic pathology. Masterson (2000) would argue the case for distancing defences in all the disorders of the self.



cold, distant, remote, and undemonstrative people, even though they may be loyal friends and loving spouses. (Weiner, 2003, p.174)

Statistically only 18% of nonpatients give  $T$ -less protocols as compared to  $T$ -less protocols in 56% of inpatients diagnosed with depression, 64% in outpatients, and 74% in inpatients diagnosed with schizophrenia (Weiner, 2003). Weiner does caution the clinician that the absence of  $T$  could also be ascribed to cognitive immaturity or insensitivity; some participants seem to ignore the shading and grey-black qualities of the inkblot. This response may also imply the absence of  $SumShd$ . Caution should also be exercised when considering protocols that are guarded or constricted, that is, where  $R < 17$  and  $Lambda > 0.99$ , or avoidant ( $R > 16$  and  $Lambda > 0.99$ ).

In contrast, an elevation of  $T$  could be interpreted as (a) an indicator of a possible recent loss, or (b) a loss that led to a chronic state of affectional deprivation and even blocked mourning. Indicative of possible “affect hunger” (Weiner, 2003, p.175), acting out such needs could lead to adjustment difficulties well described in the literature on disorders of the self:

In particular,  $T > 1$  people are at risk for reaching out desperately and indiscriminately for close relationships, and their interpersonal neediness may at times transcend their better judgement. Should this happen, they may become involved in embarrassing, unrewarding, exploitative, or promiscuous entanglements that bring new difficulties into their lives as the price of momentarily easing their loneliness. (Weiner, 2003, p.175).

Weiner also argues that as a *trait variable*  $T=0$  and  $T > 1$  does not seem to change over time. This supports the developmental research on attachment and its vicissitudes.  $T > 1$  participants are especially vulnerable to reactive depressive symptoms in response to a loss (of an important relationship).  $T > 1$  could thus provide insight into reactive depressive

symptomology even if the Depression scale is not elevated (*DEPI*). If both  $T > 1$  and the *DEPI* scale is elevated, endogenous depression may be inferred.

*Hypervigilance Index (HVI)*. The Hypervigilance index reflects the participant's general tendency to be overly alert to potential dangers in the environment. It stems from a basic distrust in the motives in others and a pervasive lack of security in the environment and interpersonal relations in general:

More specifically, HVI is associated with an approach to the world in which people experience close relationships as discomfiting, view them with alarm, and avoid them in favour of keeping their distance from others, carefully guarding the boundaries of their personal space, and taking pains to preserve their privacy. In addition, because hypervigilant individuals regard the world as dangerous and other people as duplicitous, they approach and assess people and situations cautiously, often suspiciously, before making any commitments to them. Usually concerned about needing to protect themselves, they typically conduct their lives in a circumspect fashion, taking few risks and keeping their thoughts and feelings largely to themselves. (Weiner, 2003, p.176)

When considering the variables that are reflected in a positive HVI, central adjustment difficulties become evident:

- a.  $T=0$ .
- b.  $[H+ (H)+ Hd+ (Hd)] > 6$  indicating that considerable attention is paid to people.
- c.  $[(H)+ (A)+ (Hd) + (Ad)] > 3$  indicating the distancing/protecting of the self by viewing others as imaginary rather than as real.
- d.  $H+ A: Hd + Ad < 4:1$  indicating a hypercritical focus on parts of figures rather than the whole (object splitting).
- e.  $Cg > 3$  indicating a possible concern in protecting oneself.

- f.  $(Zf) > 12$ : “identifies considerable concern with how events relate to each other” (Weiner, 2003, p.177).
- g.  $Zd > 3.5$  indicating the careful scanning and searching of the environment before coming to a conclusion.
- h.  $S > 3$  indicating underlying anger or resentment, even the presence of the defence mechanism of projection where others are attributed disavowed anger. It is usually evident in a critical, hostile, and even dangerous and paranoid attitude.

Finally, in the logic of Exner (1993), “it is reasonably certain that the person uses considerable energy to maintain a relatively continuous state of preparedness that is formulated in a negative or mistrusting attitude toward the environment” (p.522). Participants with a positive HVI scale are unusually vulnerable and thus in need of personal space, and interpersonal relationships are usually only sustainable if *controlled*.

*Balancing Interpersonal Collaboration with Acquiescence, Competitiveness and Assertiveness.* It is a difficult task to develop a healthy and creative balance between the anaclitic and introjective lines of development (in other words, between interpersonal collaboration and being assertive and competitive) without compromising a sense of security, support and comfort. The preferences and tendencies of this cluster are measured by the variables Cooperation (*COP*), Aggression (*AG*), and the active to passive ratio or *a:p*.

*Cooperation (COP).* Cooperation seems to be a variable that indicates both a willingness and positive expectation to partake in interpersonal engagements. When  $COP=1-2$  and  $AG=0$  it is hypothesised that the participant has the ability to perceive positive interaction and shows a willingness to partake in them. According to Exner (1993, 2003), it is important to always evaluate *COP* in light of *AG*. An absence of *COP* may indicate “a maladaptive deficiency in the capacity to anticipate and engage in collaborative activities

with others” (Weiner, 2003, p.178). Non-*COP* participants may actively dislike participating in collaborative interaction and may thus be viewed unfavourably by others. Combined with an elevated *ISOL* and low *SumH*, interpersonal withdrawal and avoidance may be expected.

*Aggression (AG)*. Whereas *COP* usually reflects a collaborative attitude, aggression responses (*AG*) reflect a central expectation that interactions are more likely to be competitive and thus assertive. It is important to note that *AG* is not necessarily a pathonomic sign, which reflects the complexity of such a variable. In terms of introjective development (Blatt et al., 1994), a certain amount of assertiveness is needed and expected. As such, a medium frequency of 1.0 is expected in nonpatients, and a total absence of *AG* responses is found only in a third of nonpatient norms (Weiner, 2003). According to Weiner (2003), only 12% of nonpatient adults show  $AG > 2$ . An elevation of *AG* could interfere with collaborative interaction. Again, a cautionary note by both Weiner (2003) and Exner (1993) is that some occupations actually rely on  $AG > 2$ , for example, surgeons and professional athletes who specialise in contact sports such as football.

Given  $AG > 2$  it is also important to review the presence of *COP* responses as both types of interaction may be expected. Also,  $AG > 2$  in combination with  $S = 0$  could indicate that the assertiveness is not fuelled primarily by anger. By definition, when  $AG > 2$ ,  $COP = 0$ ,  $S > I$  one could expect domineering and bullish behaviour fuelled by anger, which may be either long- or short-term in nature. Lack of an *AG* score could indicate anaclitic pathology as defined by Blatt et al. (1994). Combined with  $S > I$  it could be seen to reflect those that have difficulties with repressed anger (also see *a:p* ratio in the following section). According to Exner (1993):

The composite of studies appears to support the notion that elevations in *AG* signify an increased likelihood for aggressive behaviours, either verbal or non-verbal, and that they also indicate attitudes towards others that are more negative and/or hostile

than is customary. Quite likely, people with elevations in *AG* see the social environment as marked by aggressiveness, and they have incorporated the attitude or set, so that it has become a feature of their own personality, and consequently a feature that marks some of their behaviour. (p.528)

Finally, whether or not the aggressiveness has a functional or adaptational value, it should always be viewed in terms of the entire protocol. If  $COP < 3$  and  $AG > 2$  the subject's interpersonal relations are likely characterised by aggressive interaction. It is hypothesised that the latter serves a defensive purpose due to discomfort in interpersonal relationships. If  $COP > 2$  and  $AG < 2$  it can be hypothesised that the individual is open to interpersonal interaction although some of these may be coloured by aggressive forms of exchange. If  $COP > 3$  and  $AG < 2$ , and even 0, it is hypothesised that the individual tends to be outgoing and likeable to others and views the interpersonal domain as an important area of functioning. Lastly, if  $COP > 3$  and  $AG > 2$  there is a tendency to be unpredictable and even inconsistent in interpersonal relationships.

*Active to Passive ratio (a:p).* The Active to Passive ratio (*a:p*) gives an indication of the *attitude* accepted in interpersonal interaction. According to Exner (1993), "if the value for passive movement exceeds the value for active movement by more than one point, it indicates that the subject generally will assume a more passive, though not necessarily submissive role in interpersonal interaction" (p.522). The greater the passivity, the more participants may try to avoid taking responsibility for decision making in relationships. They may thus be unable to learn new behavioural patterns and to find solutions to conflicted interactions. Statistically the mean value for active is more than twice the mean value for passive in nonpatient adults (6.44:2.90), and as such,  $a > p$  "does not have any interpretative significance" (Weiner, 2003, p.181). As a unidirectional variable it is only the total absence of *p* or when  $a < p$  that maladaptive proclivities may be inferred. When  $p > a + 1$  (only found in

2% of nonpatient adults), one may assume that the participant tends to be subservient and even dependent in relation to others:

Such people are inclined to subjugate their needs and wishes to those of others, to defer in their choices to what others prefer, and to accommodate their actions to satisfy their requests to those around them. High  $p$  individuals frequently lead their lives at the pleasure of others on whom they dependent. They are more comfortable being followers than leaders, they shrink from taking initiative, and they feel most comfortable when other people make decisions for them and spare them any responsibilities for these decisions. (Weiner, 2003, p.181)

*Remaining Interpersonally Empathic.* The ability to be empathic, which is, to accurately understand, feel and appreciate the emotional life of others, is both an internal achievement and a relational necessity. Weiner (2003) defines empathy as “being able to see events from other persons’ perspectives and appreciate how they feel, [which] helps people understand the needs, motives, and conduct of individuals with whom they interact” (p.181). Those with limited empathy frequently misjudge/misinterpret other’s attitudes, behaviours and intentions.

*Accurate Human Movement (M) and Inaccurate Human Movement (M-).* Empathic capacity on the Rorschach is measured by the  $M$  response. It is also subject to perceptual accuracy: “The form level of responses involving human movement ( $M$ ) typically provides information about the accuracy of participants’ social perception and their ability to form realistic impressions of people and interpersonal events” (Weiner, 2003, p.182). Empathic capacity is thus reflected in accurately seen  $M$  responses which would include  $M+$ ,  $M_o$  and  $M_u$  responses. Deficient empathic capacity is reflected by both low  $M$  and  $M-$  responses. It is also important to review  $M$  in relationship to the participant’s  $EB$  style. In nonpatient adults, introversive individuals have a mean  $M$  of 6.2, whereas extratensive people have a mean  $M$  of

2.99. This should not be interpreted to mean that introversive individuals are more empathic – what is important is the presence and number of *M*- responses. Interpretatively, two or more accurately perceived *M*'s are seen as someone having *adequate capacity for empathy*, whereas *M*->*I* reflects an impairment of social and interpersonal perception (therefore its inclusion in the *Perceptual Thinking index or PTI*).

The following section describes the structure of the research design.

## Research Design

### Introduction

As the Comprehensive System (CS) is mainly a quantitative methodology the study is chiefly quantitative in nature. This study is of *limited scope*, is situated in a psychiatric hospital (where no formal sampling frame exists), and pertains to a disorder diagnosed in only 1-5% of the population. Fifty male and female participants with a diagnosis of Bipolar Disorder, aged between 18 and 60 years and having no organic impairment, were chosen through *opportunity sampling*. As such, a quantitative exploratory-descriptive research design using a non-probability sampling method was used. The patients selected could be either inpatients or outpatients. To ensure ethical practice and given their association with the hospital, the research participants had access to both psychiatric and psychotherapeutic interventions. All the patients approached for this study were selected and screened by an independent clinical psychologist and psychiatrist working in the hospital setting, and participation was voluntary. At no stage of the study were any incentives provided and participation was not linked to any third party processes (for example forensic decisions, placement and so forth). It was also clearly stated that due to the confidential nature of the study, as well as because it is quantitative in nature, no formal feedback would be provided. The acting departmental heads of both the Department of Clinical Psychology and the

Department of Psychiatry gave permission for the study (see Volume 2, Appendix A). The participant group may be described as follows:

- No less than fifty participants with a principal diagnosis of Bipolar Disorder (either I or II)
- Male or female
- Aged between 18 and 60 years
- Represent various cultural backgrounds to reflect the multicultural setting of psychiatric treatment in the South African context
- Stabilised on medication
- No mental retardation, active psychosis or organic impairment
- Not currently being treated for substance abuse (if previously treated the participant must have abstained for at least three months prior to participation)
- If treated with ECT, the participant must be three months post-ECT

After formal selection the Rorschach examiners (seven in total) approached the participants at the selected provincial hospitals to administer the test. The test administrators were selected according to the following criteria:

- registered clinical psychologists or intern clinical psychologists that had successfully completed a psychiatric rotation in which psychodiagnostic assessments were a prerequisite for registration
- had themselves completed Rorschach research that had been accepted by the University of Pretoria (they were thus aware of the ethical code of test administration as well as the management of assessment difficulties)
- had also completed a basic course in CS scoring and interpretation as part of their clinical training (year course with weekly sessions), or completed a basic CS training course that



was accredited as a Continual Professional Development (CPD) activity under the guidance of a CPD service provider

The administrators applied Exner's administration and coding criteria (Exner, 2003), and all protocols and scoring were independently re-evaluated by both the researcher and his promoter as well as by three additional Rorschach examiners. This was done to ensure interrater reliability of a standard advocated by McDowell and Acklin (1996) and Weiner (1991). Weiner (1991) provides guidelines to determine interscorer agreement and argues that an agreement of at least 0.80 is required for the chosen Rorschach indices. Fifteen protocols were randomly selected and evaluated by the three raters. To ensure effective test-taking behaviour and administration, the researcher did not participate in the formal administration of the test, and only served as co-rater in the consensus coding process as proposed by Aronstam (2007). The Rorschach Interpretive Assistance Programme, Version 5.51 (RIAP-5.51; Exner & Weiner, 2008) was used to produce structural summaries for the accepted protocols. All protocols used in this study are included in Volume 2 (Appendix B and C), and the interrater protocols appear in Volume 2 (Appendix E). Given the confidential nature of the study volume 2 will be available in digital format only and be kept at the Department of Psychology. All protocols may be used for further research with the express permission of the Department.

### **Descriptive Statistics**

Given the limited sample size, the choice of opportunity sampling, the heterogeneity of the sample, as well as the exploratory-descriptive nature of the study, descriptive statistics was considered appropriate. Focus was on the mode, median, standard deviation, variance, range and frequency distributions of the sample. To describe the participants and to summarise the findings, the following statistics were applied (Voster, 2009, 2010):

1. **Central tendency statistics.** These estimate the centre of a distribution of values (responses). The mean (or average) was computed by adding all the values together (for ratio or interval data) and dividing this total by the number of values that were added. The Mode, as the response given most often for a specific question/item, was also computed. This is the specific value at the exact midpoint of all the values in the data.
2. **Dispersion/variability statistics** indicate the spread of the values around the central tendency. This included the range (minimum, maximum) as the difference between the highest and lowest value for a specific variable, question or item, and the standard deviation, which showed the relationship between the set of values for an item to the mean of the sample for that item. Lastly, the sample variance ( $s^2$ ) was computed and reflected the differences in distribution.
3. **Frequency distributions** give an indication of how many responses are given for each category of nominal variables. This was completed although no correlations (describing the degree of relationship between variables) were computed.

The variables represented in table 4.3 were analysed using the R Foundation for Statistical Computing (R version 2.9.1, 2009) under the supervision and guidance of Ms Leonie Voster, a *registered research psychologist* and director of the well-known and reputable research company Evolutions Research Solutions (ERS). Throughout the research ERS functioned independently and had no vested interest in the outcome of the research. All statistical procedures were also reviewed by a senior research psychologist in the University of Pretoria.

Before turning to the statistical results, contextual factors relevant to the research and its possible impact on the research design and results will be discussed. Psychiatric hospitals in South Africa deal with the complexities of diverse cultural populations, eleven official languages, and various socioeconomic disadvantages that create a heterogeneous context that

is generally difficult to study (M. Aronstam, personal communication, April 12, 2007). The realities of context, age, cultural background, socioeconomic status, and gender warrant special attention, and the current study is no exception. Weiner (2003) has developed guidelines to aid Rorschach researchers in addressing some of these difficulties. These recommendations are reported in a later section.

### **The Rorschach in South Africa and various Research Challenges**

Rorschach research in South Africa has a very rich tradition. Although most training programmers in the 1970 and 1980s relied upon the Rorschach as part of the ‘holy trinity’ of testing (Rorschach, Thematic Apperception Test, and the Wechsler Intelligence Test), the Exner system has not received the attention and dedication it deserves. Currently, mainly due to socio-political changes and epistemological difficulties in training modern-day clinical psychologists, only a few formal training institutions continue to provide training in the CS, and very few academic hospitals support its use as part of formal patient evaluation. To complicate matters further, only two postgraduate training seminars exist in the method. These are led by pioneer Rorschach academic, clinician and trainer Dr Maurice Aronstam, and clinician Me. Maretha Brink. Currently, the Rorschach is not usually applied to the study of client populations in South Africa as it is criticised for being biased, unscientific, gender and race insensitive, and cost-ineffective. Although the clinical landscape has changed dramatically, forcing academics and clinicians to relate differently to their work and intervention strategies, it remains imperative to employ diverse and creative methods to investigate a wide range of clinical phenomena. The Rorschach Inkblot Method (RIM) has proven to be a reliable and valid method<sup>12</sup> of studying most patient populations (Weiner, 2003). The research conducted by previous Masters’ students at the University of Pretoria has

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<sup>12</sup> One may even argue that it offers an integrative psychology that may be used by psychotherapists of any orientation. For instance, cognitive psychologists may be able to use the CS just as effectively as psychoanalysts.

included the RIM to investigate such wide-ranging topics as dreams, trichotillomania, post-traumatic stress disorder, and borderline personality disorder. This has contributed greatly to the application of CS methodology in South Africa, and continues to do so.

Furthermore, studying patient populations in South Africa has also become a complicated reality, practically, politically and ethically. This is reflected in the review and acceptance process of the current study and is included in appendix 1. Many clinicians and non-clinicians are involved in the processing and acceptance of proposals. Some of the complexities are reflected in the current study, and indeed have been a source of excellent research in Europe and elsewhere. Firstly, the process of acceptance is lengthy and the current study had to be accepted first on departmental level, then by faculty (humanities and medical sciences), as well as by the various representatives of the two provincial hospitals used for the study (appendix 1). Factors to be considered included the participants' availability, informed consent, the participants' ability to understand the research process, their language, race, and the fact that no remuneration was offered. The process of inclusion had to ensure both confidentiality and non-discrimination. The challenge was to be inclusive, rather than exclusive, while still ensuring that the psychometric instrument was used ethically and reliably. The research process also needed to produce results that were reliable and valid, and that could stimulate further research. The current research proposal met the criteria needed for permission and took approximately 18 months to complete.

Given the exploratory nature of the research, both adult male and female patients between the ages of 18 and 60 were included. Two hospitals were approached and permission was granted for opportunity sampling of at least 50 bipolar participants. As the sampling was conducted in provincial hospitals the sample reflects current SA patient populations, namely, Caucasian, Coloured and African patients. Some protocols were excluded due to clear evidence of misunderstanding in terms of the use of words or meanings, or where the inquiry

phase did not provide the participants the opportunity to express themselves fully. Although this study did not focus on the cognitive cluster, special attention was given to assigning special scores and all uncertainty was documented for further scrutiny by the interraters. The complexity of this methodology added to the lengthy research process. During the research there were no reports of any detrimental effects on the participants.

### **Age, Gender, and Socioeconomic Realities in the Study**

In a section entitled “Age, gender, and cross-cultural considerations in interpretation” Weiner (2003) set forth important gender, developmental, cultural and research parameters to support clinicians facing these difficulties in their research. According to Weiner (2003), when considering the *age* of the patient, the researcher need only to rely on one set of interpretative hypotheses, as its implications (for personality characteristics) are *similar irrespective of age*. Weiner (1998) states:

As elaborated by Exner and Weiner (1995, pp.11-12), Rorschach examiners working with participants of different ages need to learn only one set of interpretative hypotheses. This is true because Rorschach responses have similar implications for personality characteristics whatever the participant’s age. On the other hand, personality characteristics inferred from Rorschach responses may differ in what they imply for adjustment among persons who differ in age, and conclusions concerning how people give certain kinds of responses are adapting to everyday life demands must be framed accordingly. (p.45)

Although only a single set of interpretative hypotheses is needed, it remains important to be sensitive to the developmental demands of participants. For example, it can be argued that all adults should be able to modulate affect to the extent that impulsivity is kept to a minimum. This ability is usually reflected in the ratio  $FC: CF+C$  where  $FC > CF + C$ . Among

young children the ratio can be  $CF+C>FC$ , as one expects children to be less regulated. In spite of this however, the set of interpretations is similar: the more control is present, the greater  $FC>CF+C$  will be; the less control, the greater  $CF+C>FC$ . Using similar logic, Weiner (2003) discusses the interpretative significance of *gender* as follows:

Such life cycle and contextual issues that affect males and females differently should be considered in judging the implications of personality characteristics inferred from Rorschach findings. On the other hand, unlike Rorschach protocols of persons differing in age, the records of non-patient males and females show *virtually no normative structural differences* that alter the implications of interpretations according to gender. (p.47; italics added)

Nonetheless, Weiner does caution and advocate a sensitive approach to life cycle realities, for example ageing and the resulting imagery it could create on the Rorschach. Weiner (2003) also debates various stereotypes concerning male-female development. For example, it is frequently argued that men tend to be more active compared to women, as well as more aggressive and assertive. However, research suggests that an elevation of *AG* is indicative of a physically or verbally assertive behavioural style *irrespective* of gender. Furthermore, passive over active movement responses “(p>a+1) identifies behavioural passivity in interpersonal relationships among males and females alike” (Weiner, 2003, p.48). Weiner (2003) argues that nonpatient males and females closely resemble each other statistically. In other words, well-adjusted women and men may be equally assertive and equally passive.

Finally, Rorschach variables also seem to operate independently of a participant’s socioeconomic status:

In parallel with the previous discussion of differences in age and gender, Rorschach variables mean what they mean regardless of a participant’s socio-economic status,

ethnicity and national origin. Wherever people live and whatever their cultural background, their Rorschach responses will reflect the kind of person they are and the concerns that are likely to influence their behaviour. (Weiner, 2003, pp.48-49)

### **The Rorschach, Cultural Background and Language**

One of the most pertinent challenges facing the South African Rorschach researcher, and certainly so for Rorschach researchers in various parts of the world, is that many do not support the use of projective techniques in general, not to mention applying it to participants from various cultural and ethnic backgrounds. They actively (at times vehemently) argue that the Rorschach should never be used outside the very specific norm group that the test was developed on and for. Theoretically, the various critiques against the use of the RIM are understandable, and even at times warranted, as many RIM users (clinicians and even researchers) have not understood the use of projective techniques, their limitations, and their ethical implications. Weiner (2003) proposes various remedies to ensure both the scientific and ethical use of the Rorschach:

Like the significance of age and gender differences in application of the Rorschach, the import of cultural differences must be assessed with respect to four considerations: (a) the interpretive significance of Rorschach variables for identifying personality characteristics, (b) the influence of cultural differences on the coding of the responses, (c) the impact of language on the delivery and comprehension of the responses, and (d) the implications of inferred personality characteristics for adaptation within the participant's cultural context. (p.48)

Weiner (2003) writes that Rorschach variables "mean what they mean, regardless of a participant's socioeconomic status, ethnicity, and national origin" (pp.48-49). All cultures have people that are either more introversive or extratensive; those with cognitive distortions

will have difficulties in reality testing; those who have difficulties relating to others as whole objects will have difficulties in interpersonal connections, and so forth:

Across the entire range of structural and thematic features of Rorschach data, those features that have been validated in relation to particular cognitive, affective, or behavioural correlates will *validly identify these same correlates in people of all kinds, anywhere in the world.* (Weiner, 2003, p. 49; italics added)

This offers encouragement to researchers who wish to employ the Rorschach *method* as a general psychology and not just as a test *per se* (therefore the newer reference to the Rorschach as a method). The debate on cross-cultural differences in normative data has also been researched by clinicians such as Andronikof-Sanglade<sup>13</sup> (2000), Ephrain (2000), Meyer (2002) and Weiner (2003), and is expected to yield further important observations for clinicians in the near future. Furthermore, most South African patients are currently treated using a predominantly Western medical system that rests upon certain epistemological foundations. The scientific language and training needed to navigate such a system is complex and takes years to master. It should not be discarded, but needs to be extended to understand cross-cultural realities. By doing so, researchers and clinicians can support and even treat cross-culturally<sup>14</sup>. This schism may reflect larger political and ideological issues and may differ somewhat from the experience of clinicians working diligently in understanding all human difficulty in a respectful, ethical and scientific way. Nonetheless, research on cross-cultural issues continues to be important so that clinicians may use the results to improve the lives of the patients they work with. Finally, one cannot evaluate culture without being sensitive to language:

The substantial impact of cultural-specific language usage on Rorschach responses leaves little room for compromise with respect to the matter of fluency. In order for a

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<sup>13</sup> See Andronikoff's work (2000) on West African immigrants in Paris.

<sup>14</sup> As stated in chapter two, bipolar disorder is found in all cultures.



Rorschach protocol to be properly coded and correctly interpreted, people need to be responding in their native tongue or a very well-known second language, and examiners need to be thoroughly familiar with the language being spoken and its cultural context. (Weiner, 2003, p.55)

In the current research design, the participants were screened for their ability to converse fluently in either Afrikaans or English. In most schools in South Africa, either English or Afrikaans is relied upon as a second language. Only a small percentage (24%, n=12) of the participants did not have a Grade 12 education. More than 30% of participants had tertiary education qualifications, which is usually offered in either Afrikaans or English. Nonetheless, all evaluators were alert to language difficulties and all protocols were re-examined by Dr. Maurice Aronstam, who has more than three decades of Rorschach experience, and who has worked and consulted extensively in a variety of multicultural settings as both a psychotherapist and Rorschach clinician. Those protocols that seemed to reflect difficulties in response articulation or that lacked sufficient clarification were excluded.

### **Limitations of the Study and the Research Design**

The limitations of the study are mainly as follows:

- a. A thesis of limited scope.
- b. The small sample size (N=50).
- c. A heterogeneous sample due to the reliance on opportunity sampling.
- d. A lack of a control group, and so the relevant statistical comparison to a larger population could not be made.

### Summary and Chapter Overview

This chapter aimed to explore and articulate the central research methodologies of both Exner (1993, 2003) and Weiner (2003). In an attempt to contextualise contemporary Rorschach research on cycloid pathology, the chapter reviewed the work of Herman Rorschach (1921), Bohm (1958), Levy and Beck (1934), Last (in Bedlmaker et al., 1980), Schmidt and Fonda (1954), Wittenborn and Holzberg, (1951), Donnelly, Murphy, and Scott (1975), Klopfer and Spiegelman (1956), Piotrowski (1957), Johnston and Holzman (1979), Singer and Brabender (1993), and Khadivi, Wetzler, and Wilson (1997). As a representational test, the CS is able to articulate and describe participants' psychological preference (EB), modulation of affect (sufficiently, pleurably, and in moderation), view of the self (maintaining adequate self-esteem, promotion of positive self-regard, enhancing self-awareness and forming a stable sense of identity), and how they relate to others (interpersonal perception, including sustaining interpersonal interest, involvement and comfort in interacting with others, anticipating interpersonal intimacy and security, balancing interpersonal collaboration with acquiescence with competitiveness and assertiveness, and remaining interpersonally empathic).

As the CS is mainly a quantitative methodology the main focus of the study is quantitative in nature. The study is of limited scope, is located in a psychiatric hospital (where there exists no formal sampling frame), and concerns a disorder diagnosed in a small percentage of the population. Fifty male and female individuals diagnosed with Bipolar Disorder, aged between 18 and 60 years and having no organic impairment were chosen through opportunity sampling. Participants included both inpatients and outpatients. All ethical requirements were met and participation was *voluntary*. All the test administrators were thoroughly trained in the CS method and a further three clinicians were used to ensure interrater reliability. The Rorschach Interpretive Assistance Programme, Version 5.51 (RIAP-

5.51; Exner & Weiner, 2008) was used to calculate the various selected areas. The use of the Rorschach in South Africa and challenges facing the study were discussed. Finally, limitations of the study and the research design were explored.