

## EGO-PSYCHOLOGICAL INDICATORS OF DIFFERENTIAL DIAGNOSIS BETWEEN BORDERLINE AND PSYCHOTIC PERSONALITY

Peter Praper

Inštitut za klinično psihologijo in psihoterapijo  
Savlje 74c, 1000 Ljubljana, Slovenija  
peter.praper@guest.arnes.si

### Abstract

The question of diagnostic phase is still relevant in clinical psychoanalysis and psychoanalytical psychotherapies. Orthodox psychoanalysis was not preoccupied with the question of diagnostic assessment. The psychoanalyst simply introduced the methods and techniques of analysis into his clinical work to determine the analysability of a patient. The first decisive developmental thrust on specific psychoanalytic diagnostic assessment followed the shift to relational theories and clinical practice with borderline patients. The Psychiatric Interview introduced by Harry Stack Sullivan (1954) exposed the question of the need for a specific psychoanalytic assessment. The next step was the development of Hartmann's Ego-Psychology. The Ego (mechanism of regulation between reality and the person), includes the processes of regulating and organizing experiences that are particularly relevant to understanding near-psychotic and psychotic personalities. Examined as such, it enables the differential descriptive interpretative psychodynamic as well as developmental assessment, including the criteria of indication and prognosis.

**Key words:** Rorschach test, Ego psychology, differential diagnosis, borderline phenomena

The question of diagnostics in psychotherapy came into focus during the second half of the 20th century. Even then, every approach introduced an endeavour to develop its specific diagnostic system.

Orthodox psychoanalysis was not preoccupied with the question of diagnostic assessment, although when Jung introduced "his" test of free associations, he in fact adopted Fechner-Galton's test. Freud (Fine, 1979), rejected the classical medical model of disease. During his first period of work, he followed the idea of a causal model of understanding neurosis; however, he simply introduced the methods and

techniques of analysis into his clinical work to examine the analyzability of a patient. On that ground (in contrast to psychoses) he differentiated between the “transference neuroses” accessible to analysis, and “narcissistic neuroses”, inaccessible to the analytical process. He was criticized for abandoning the usual psychiatric classifications, while introducing his own at the same time. This argument leads us to the constantly present question of the common points and the differentiation among the psychiatric diagnostic categories or clinical-psychological assessment on the one hand and specific psychotherapeutic assessment on the other.

Freud's (1914) denotation of narcissistic neuroses brought a contribution to the positive diagnosis (replacing diagnosis “per exclusionem”) of neurosis as the consequence of a repressed infantile conflict residua, compared with “something else”, nowadays known as personality disorders or ego-deficient developmental modification, typical in borderline personalities. His advanced work on the structural theory introduced the assessment of a holistic picture of a personality structure instead of a clinical picture of the symptoms. Probably the most important concept, from the diagnostic point of view, represents Freud's idea of the developmental progress from the primary to the secondary principle of thinking, the cut-off point among the infantile and post-infantile period of mental life.

The first decisive developmental thrust on specific psychoanalytic diagnostic assessment followed the shift to relational theories and clinical practice.

Harry Stack Sullivan (1892-1949, 1954), analyzed by Clara Thompson in the atmosphere of the Berlin institute tradition, became the key-promoter of “interpersonal psychoanalysis”. Along with other immigrants from Berlin, he represents the core of the so-called “neo-Freudians” or “neo-Analysts”. Integrating Freud's drive theory with the interpersonal model of thinking, they represent the crucial source of the developing theory of object relations. Similarly to Freud (with the theory of psychosexual development) or Piaget (in the cognitive developmental theory), Sullivan's developmental approach is organized around specific epochs of development introducing the theorem of reciprocal emotion, the condition under which not only the personality structure, but also personification (self) is organized. To follow the basic processes influencing the structuring of a personality and organizing the personification, Sullivan introduced the method of directed questions, starting the treatment with a well-developed directed diagnostic interview. The book “The Psychiatric Interview” by Harry Stack Sullivan was edited by his students in 1954, five years after his premature death (Barton, 1996). The need for a specific psychoanalytic assessment was just a question of time.

The next step was the development of Hartmann's Ego-Psychology. Since Freud developed the concept of ego, first as a synonym for the self and second as a self-preserving mechanism, the ego-functions have been carefully examined. According to Hinsie and Campbel (1963), the Ego is part of the psychic apparatus which is the mediator between the person and reality; the perception of reality and adaptation to it. Hartmann (1964) focused his work on the third aspect of the Ego: mechanisms of

regulation between reality and the person, which he called *ego apparatuses*. These have their own maturation and developmental logic from birth according to their own timetable and interconnecting with perception, cognitive and motor development, organization of sensorimotor intelligence and experience to use the capacity for reality testing. In contemporary psychoanalysis ("The Ego is the term psychoanalysis uses to include the aspects of mental functioning that regulate and mediate between the experience of reality and the experience of emotions" (Marcus, 1992, p.1). It includes the processes of regulating and organizing experiences that are particularly relevant to understanding near-psychotic and psychotic personalities.

Kellerman and Burry (1981) introduced the concept of *thought organization*. They connected the assessment possibilities of reality testing with the hierarchical model of developmental steps in ego-autonomy, following the model of the psychoanalytic structural approach.

The *primary autonomous ego function* is the level where the dispositions of perceptual (relational) functions enable the infant to enter eye-contact and mirroring. However, according to Spitz (1965), it is a critical phase (the end of the 2<sup>nd</sup> month), when distinct and gross perceptual distortions may also appear. As a consequence, progress may remain impaired in the sense of fragmentation of perception, thinking and feeling, including a diminished capacity for appreciation of stimuli in an integrated and coherent manner. Impaired primary autonomy ego function represents a strong indicator of a psychotic process reflecting the disintegration of cognitive organization. The patient is out of contact with reality.

*Secondary autonomous ego function* relates specifically to the capacity for directed thought connected to the primary process as seeking pleasure or avoiding discomfort. A vital question that we have to examine is to what extent the patient is impulse dominated and his or her cognitive organization characterized by propensity for acting-out. Impaired secondary autonomous ego functions may still result in demonstrated processes of decompensation and depersonalization in psychotic personalities or serious borderline conditions of ego-syntonic behaviour. The impairment of secondary autonomous ego functions can also be found in patients with some organic involvement. Thus, any impairment of primary and secondary autonomous ego functions may be connected to disturbance in the ego boundary or ego integrity typical of psychotic or serious borderline personalities.

Restored *integrative ego function* represents the milestone where the capacity for reality testing and contact are no longer in question. Though the person may play around fantasy and reality or even show some difficulties in the regulation of drives, impulses or affects, the cognitive organization essentially shows an intact ego. Impairment of the integrative function of the ego means that a person, although in contact with reality, may from time to time (mostly in specific psychodynamic contexts) misapprehend, distort or react in an infantile, defensive manner, typical of neurotic personalities.

*Synthetic ego function* represents a developmental achievement where not only reality testing and contact are unquestionably intact. It manifests itself in the suc-

cessful management of contradictions, ambiguities, uncertainties, in goal oriented activities, planning, judgment and commitment. Impaired synthetic function can compromise all of these functions and inconsistencies. In reality, conditions are channeled into passive compensatory fantasies rather than into active, assertive striving.

The most sophisticated level of cognitive function is the *adaptive ego function*. It involves flexible problem solving, creative, inventive and adaptive assimilation of unconscious fantasies into actual practice, the comprehension of contradictions as integrated bimodal systems. All of these achievements are also reflected in gratifying relationships.

Kellerman and Burry (1981) opt for an assessment phase where they rely on experience in the use of a flexible semi-structured psychoanalytic interview, but also give credit to certain psycho-diagnostic tests. Similarly Kernberg (1975) “has spoken to the unique contributions psychological testing can make to diagnosis of borderline personality in particular, viewing selective emergence of primary process thinking on less structured (projective) psychological tests”.

Rapaport (1957), whose work on the application of a psycho-diagnostic examination within clinical psychoanalytical diagnosis was very impressive, investigated the Rorschach indicators of the primary process thinking or so-called “deviant verbalizations” as a dimension of altered (pathologically increased or lost) “distance” from the reality task. He found three main categories: non-realistic fabulized combinations (i.e. two percepts, combined purely by virtue of the contiguity of the blot areas involved), confabulation (i.e. the associative process to the exclusion of reality cues in the blot) and contamination (when the response determination as a single percept arises from merging two different things simultaneously).

Holt (1965), within an extension of Rapaport’s work, developed a multitude of score types, a hierarchical system corresponding to the characteristics of primary and secondary process thinking.

Johnston and Holzman (1976), continuing Holt’s work and the related implications of object representation for normal thought organization, developed a “Thought Disorder Index”, a system of scoring primary process thinking.

Later, Athey continued this work towards a “Binary Multimodal Approach to Rorschach Thought Organization”, elaborating Rapaport’s description of the Rorschach response process as “co-wheeling of the progress of perceptual organization with the associative process” (Athey, 1986, p. 24). The model follows the continuum from primary process thinking to secondary process modes (observed from the developmental view) or, in the opposite direction, when following the idea to delineate normal, healthy forms of thought organization from pathological modes, stemming from the primary process unconscious material, both reflecting through the Rorschach response process. The modes of pathological thought organization reflect a disturbance in the normal articulation and integration of the subjective experience with objective reality.

Through the developmental process towards healthy thought organization, the subjective experience and objective reality integrate through:

- restraint of the subjective associative process by the perceptual-representational realities through internalized external stimuli (in our case the realities of the Rorschach blot);
- enrichment and guidance of the perceptual differentiation-integrative reorganization process.

Healthy thought organization is reflected through flexible moving and maintaining an appropriate distance and closeness from perceptual reality, allowing some space for the subjective experience and the related associative process, without loss of reality control. Such a position may be followed by *fabulation*, concordant with the reality of the percept (e.g. Rorschach blot) and *combination–construction* of responses. The successful perceptual organization is followed by successful and creative associative embellishment reflecting the adaptive function of the ego. The emergence of associative or combinatory activity appears in the form of fantasy, but in a way which indicates simultaneous awareness of the departure from reality. The creative synthesis of the divergent fantasy and reality context demand some adaptive regression (or regression in the service of ego). Without it we may lose creativity to preserve reality control. On the other hand, what begins as adaptive regression may become pathological if the person's representational processes are insufficiently autonomous and/or his or her unconscious repressed conflicts are too strong for a person to maintain an optimal distance and closeness from perceptual reality. The situation is followed by the loss of reality control to a certain degree.

The rigid position on the fusion at extreme closeness or extreme distance followed by the loss of contact (boundary deficit) as well as shifting from one extreme to another, are the capital signs of pathological thought organization.

### Primary process thought organization

“Primary process thinking is the organization of our feelings in thought which is dominated by the content, organization, and qualities of emotion (Marcus, 1992, p. 6). We can understand it as parallel to group organization according to Bion's “basic assumptions” (Praper, 2008, 2013). The emotional background is completely unconscious while thoughts (through communication) may sometimes become pre-conscious or even conscious.

Primary process thinking relies mostly upon images – as in dreams composed in a series of condensed images. *Condensation* is the fundamental principle of the primary process, the ability of the mind to form a complex representation of many related percepts, ideas and feelings. The experience gathered on the basis of the primary process (typical through the infantile period of development) has a pre-

dominant relational meaning in which many generalized ideas are determined by the quantity and quality of emotions. Our responses driven by these (internal) mental representations are mostly the result of tropism and parts of the condensed content are easily *displaced* through projective identification.

Those aspects of the primary process are predominant in psychotic or near-psychotic personalities. Not that we do not find these phenomena in normal persons. The difference lies in their flexible moving among primary and secondary process without losing the ability of reality control and contact.

### Secondary process thought organization

Freud (1920) introduced the concept of the secondary process as the opposite of the primary process (1900) to denote thought orientation on the principle of reality and functionality including anticipation. He thought that this capacity developed later than the emotionally determined primary process under the influence of the socialization processes in the sphere of conflict and frustration. He was criticized using Hartmann's argument that ego developed in the conflict-free sphere from the inborn cognitive dispositions or the so-called undifferentiated matrix representing the primary autonomy of the ego as developmental potential. The secondary process as mostly conscious, reality-oriented logical thinking develops since birth (Piaget and Inhelder, 1958; Stern, 1985). However, autonomous apparatuses tend to be organized to the level of the secondary autonomous ego function through the process of differentiation, separation of the parts from the whole, and temporally sequential understanding of relations. These categories include both the functional boundaries and contacts in thinking (comprehension) as well as in interpersonal relationships.

The exploration of boundaries represents a vital part of diagnostic assessment on different levels.

*Percept boundaries:* The ego should be able to set a boundary to the percept so that it does not contaminate and is not contaminated by other mental events such as concept or affect.

*In / out boundary:* The percept consists of the inner, mental, sensory experiences of the stimuli; the ego should be able to differentiate between the inner representation and outer reality.

*Concept boundaries:* Conceptualization (through abstraction, generalization and application) should not be interchangeable with or flooded by the affect or actual percept.

*Affect boundaries:* Ego should be able to set boundaries to affects so that they do not flood the conscious percept, concept or other affects; one should be able to differentiate between different affects and the actual affect from the generalized mood.

*Conscious-preconscious-unconscious boundary:* The ability to modulate and screen is the crucial boundary function of the ego; the mind should have the ability

to screen the continuous conscious sensory impressions from the outside, emotional reactions from the inside and conflicted emotions causing distress.

*Primary process – Secondary process boundary:* The ability to distinguish between emotionally determined thinking and fantasy; the reality-determined thinking should be maintained at the level of consciousness.

*Self – other boundary:* The ego development progress interlaced with the separation-individuation process as well as the attachment processes; the result is a transition from the fused, dedifferentiated experience to an autonomous position in relationships.

The intersubjective field is the playground and conflict sphere at the same time where mental representations are growing. To understand the development of a personality structure, either normal or pathological, we have to integrate Ego-psychology, Theory of object relation with Self-psychological concepts and Attachment theory.

### Thought organization and object relations

Blatt, Brenneis, Schimek and Glick (1976) were among the first to offer an understanding of the relationship between object relations and thought organization seen through Rorschach. Rorschach scores, such as fabulized combination, con-fabulation, contamination, were viewed as reflecting different intensities of “loss of boundary” between separate ideas. Such a loss of conceptual boundaries was seen as “a process that runs parallel, within the domain of thinking, to the progressive loss of boundary between self and other which may occur in regressive representation or experience of relationships” (Athey, 1986, p. 20). Thought organization and object relations are different sides of the same coin, although not always at the same level of regression or fixation.

Years ago (1991), in a presentation on the diagnostic relation, I took a risk with a statement on how our perception is in fact the reflection of our dynamic position towards a perceived object. Nowadays we should complete the statement: “... the reflection of our dynamic position and our internal object relation representations, as well as the relation to the objective and object world.”

The “boundary deficit hypothesis” may lead to differential diagnostic criteria in the field of pathological (in relation to normal) personality structure. Kernberg (1975) provides a structural model of “key object-relation states”. Associated with psychotic personality organization (as well as thought organization) we may find autistic pre-symbiotic unity or psychotic experience currently dominated by symbiotic merging, while those with borderline personality organization retain a strong interest in symbiotic relationships but have, at the same time, progressed to the point of conflicted separation-individuation, to a counter-dependent position. Neurotic personalities succeeded in establishing firmly differentiated and integrated experiences of self and other, reflecting in the capacity for reality testing, though they may have many problems with conflicts and repressed basic needs.

Primitive object-relation organization and boundary deficit between the self and other is not only parallel to boundary loss in the field of cognition. Both interact in an active relation. Recent findings do not support the idea of unitary dimensions or clean developmental lines in the field of separation-individuation or in the progress from primary to secondary thinking processes. There are other cue mechanisms. Urist (1980) underlined two of them: the pathological use of condensation and displacement is probably on the brink of regression to the pathological modes of the primary process. However, the boundary deficit between the self and other may appear without a parallel cognitive regression to a level of condensation (which is typical for borderline personalities), while pathological thought organization seems to inevitably involve the loss of boundary between the self and other at the same time, typical of psychotic personalities.

Healthy or pathological modes of thought organization are at the same time a healthy or pathological organizer of the relations between the self and other as well as between subjective and objective reality.

#### Recent research data and differential diagnostic assessment

During the last three decades we witnessed a strong cross-fertilization of medical sciences, psychology, philosophy, neuro- and cognitive sciences. The results support the idea of a relationship between the attachment processes and the development of the capacity to envision mental states in the self and others as a mentalization in the sense of reflective function (Fonagy, Gergely, Jurist and Target, 2002). The concept of mentalization in combination with the models of Theory of mind (developed in psychology and philosophy) has an important value attributed to explaining a person's behavior. Numerous research data support the clinical experience with regard to the interconnected factors of the borderline personality disorder, such as: disorganized attachment, impaired reflective function and distortions in mentalization, resulting in deficient self and other representations as well as in relationships.

The results of research in neuro- and cognitive sciences indicate that psychological patterns are at the same time patterns of neurological organization and vice versa. We are referring to two-way influences and brain plasticity. Early relationships are grounded in the right-brain as implicit memory - defining dimensions of empathy, trust and attachment in later relationships. Simultaneously with these psychological processes, stimulated in the atmosphere of emotional attunement, the maturation of the right-brain is being stimulated, which supports the social cognition (Schoore, 2012).

Analytical psychotherapists can conduct the diagnostic phase by means of the initial interview and some projective tests. Perhaps the advantage of the interview is valid to better detect the starting points of the therapeutic process, while the assessment is taking place throughout the therapeutic process. On the other hand, when

there is a question of selection, we may not want to engage long initial interviews as the starting points. The advantage of using projective tests lies in the clinical experience where the client is much less dependent on interaction details of the patient-examiner relationship, which makes the Rorschach both economical and ethical in actual clinical practice. The client's transference contents are exposed in relation to the test (not the examiner), while, at the same time, the client's potential to restore the therapeutic working alliance may also be revealed. However, the diagnostic phase has many practical advantages – it enables the initial understanding of a patient's personality supporting decision making about the indications as well as revealing the starting points of the therapeutic process.

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## EGO-PSIHOLOŠKI POKAZATELJI DIFERENCIJALNE DIJAGNOZE IZMEĐU GRANIČNE I PSIHOTIČNE LIČNOSTI

### Sažetak

Pitanje dijagnostičkog stadija i dalje je relevantno u kliničkoj psihoanalizi i psihoanalitičkim psihoterapijama. Dijagnostička procjena nije bila od primarne važnosti u klasičnoj psihoanalizi. Psihoanalitičar je jednostavno uključio analitičke metode i tehnike u svoju kliničku praksu kako bi utvrdio pogodnost pacijenta za analizu. Prvi odlučujući razvojni poticaj specifične psihoanalitičke dijagnostičke procjene slijedio je pomak prema odnosnim teorijama i kliničkoj praksi s pacijentima s graničnim poremećajima. Psihijatrijski intervju koji je uveo Harry Stack Sullivan (1954) otkrio je potrebu za specifičnom psihoanalitičkom procjenom. Sljedeći je korak bio razvoj Hartmanove ego-psihologije. Ego (regulacijski mehanizam između stvarnosti i osobe), uključuje procese regulacije i organizacije iskustava koji su relevantni za razumijevanje bliskopsihotične i psihotične ličnosti. Taj način istraživanja omogućava diferencijalni opis interpretativne psihodimanike i razvoj procjene, uključujući kriterije pokazatelja i prognoze.

**Ključne riječi:** Rorschachove mrlje, ego-psihologija, diferencijalna dijagnoza, granični poremećaj