

REPRESENTATIONAL STRUCTURES AND PSYCHOPATHOLOGY: ANALYSIS OF SPONTANEOUS DESCRIPTIONS OF SELF AND SIGNIFICANT OTHERS IN PATIENTS WITH DIFFERENT MENTAL DISORDERS

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SUMMARY

Background: The article was designed to contribute to the empirical clarification of representational structures among adult psychiatric patients. According to psychoanalytic concepts, cognitive developmental psychology and attachment theory, various forms of adult psychopathology involve fundamental impairments in representational structures or cognitive-affective schemas.

Subjects and method: We conducted a study to research the structural characteristics of representations of self and significant others in patients with different, mostly severe mental disorders according to DSM-IV and Kernberg's structural criteria for personality organizations. The modified Blatt's method for assessment of conceptual levels of object representations, Kernberg's criteria for identity diffusion and some others measures were used in the analysis of spontaneous descriptions of self and significant others in 186 adult psychiatric in- and outpatients and 109 controls of both sexes.

Results: The results show significant differences in the developmental level of representational structures between different groups of psychiatric patients and healthy controls. Patients (particularly schizophrenic) reached lower scores on the Conceptual Level Scale compared to healthy controls. Patients' descriptions of self and significant others were more preoperational, concrete, one-dimensional, less differentiated and less integrated. They also described significant others and themselves in a more diffuse, contradictory and shallow way in comparison to healthy controls.

Conclusions: Results support previous empirical findings and are for the most part in accordance with developmental cognitive and psychoanalytic theories. As mental representation is a central theoretical construct in cognitive science, in developmental and social psychology and also in psychoanalytic theory and research, the studies of representational structures may demonstrate an important contribution in understanding aspects of personality and psychopathology.

Key words: representation of self and significant others - cognitive-affective schemas - self descriptions - Conceptual Level Scale - personality organizations

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INTRODUCTION

Cognitive schemas are long-term, enduring psychological structures, generalizations about the self (Marcus 1977), modes of processing and organizing information, including affects, that provide templates guiding and directing an individual's interactions in the interpersonal and impersonal world (Blatt 1995). These schemas are

established in interpersonal interactions throughout the life cycle, beginning with the earliest experiences of the infant in its relationship with mother or caregiver. Infants form mental representations of self and others and develop and generalize expectations about interpersonal relations which are based on repeated transactions with significant others. Cognitive-affective schemas develop as the child matures and experiences various develop-

mental demands (Blatt 1995). This “complex mental schemata” developmentally become less diffuse, affective, physicalistic and variable toward more symbolic, abstract, conceptual, and consistent (Blatt & Lerner 1983, Damon & Hart 1988, Horowitz 1972). Object relations, cognitive, self and attachment theorists consider mental schemas as pivotal psychological structures in personality development, which is based on processes of internalization, differentiation and integration of self and object representations. Object and self representations are “an enduring personality dimension” (Blatt & Lerner 1983) which is developed within an attachment relationship (Bowlby 1988). Early formation of representations is reflected in actual and potential relationships and perceiving of self (Blatt 1974, Kernberg 1976, Kohut 1971, Mahler et al. 1975, Stern 1985). These representations provide a template for processing and organizing information so that new experiences are assimilated into existing mental structures. The concept of internal representations in psychoanalysis is also consistent with developments in social cognition and cognitive-information processing (Bandura 1999, Blatt 1995, Westen 1998).

According to psychoanalytic concepts, cognitive developmental psychology and attachment theory, various forms of severe adult psychopathology (e.g. schizophrenia) involve fundamental impairments in representational structures - cognitive-affective schemas (Auerbach & Blatt 1996, 1997, Beck & Freeman 1990, Blatt 1991, 1995, Blatt et al. 1997, Kohut 1977, Marziali & Oleniuk 1990, Westen & Cohen 1993, Westen et al. 1990, Young 1999) or self identity (Erikson 1956, Kernberg 1986). In severe forms of pathology significant disruptions of organization of schemas (representations) are present. Representations of self and others in patients with severe psychopathology are poorly integrated, disorganized, transitory, fluctuating, contradicted, fragmented, exaggerated, polarized (idealized or devaluated), rigid and less complex. For example, perceptions of self and others in patients with schizophrenia are diffuse, unstable, fluid and unarticulated (Blatt 1995). Patients with borderline personality disorder have an impairment in

evocative constancy, the ability to establish and sustain an enduring sense of self and of a sense of relatedness with significant others during stressful moments (Blatt & Auerbach 1988, Kohut 1977). Significant impairments of self and others representations are also found in patients with major depression and other forms of severe pathology (Blatt 1995). Less serious forms of psychopathology (e.g., mild depression, neuroses, etc.) can be understood as involving only particular disruptions in the integration of schemas of self and others in persons whose capacities for boundary, recognition, object, and self constancy are largely intact (Blatt et al. 1997). From the cognitive perspective, differentiation and cohesiveness of self representations are an important factor of mental health as well. For example, the term self-complexity refers to the ability of people to think of themselves in many different ways. The less complex person's self-representation is linked to the more extreme (pathological) person's response to the positive and negative event (Linville 1985, 1987). However complex and differentiated self-representations are beneficial for health only if they are well integrated with one another (Brown 1998, Labouvie-Vief 2005). Self-schemas are thought to provide not only control over individuals' environments, but also control over behavior, since they help to define those domains over which individuals believe they should have control or have claimed as their own responsibility (Markus 1983).

Different measures for assessing self and object representations have been developed and adopted (e.g. Bell 1995, Benedik 2008, Blatt et al. 1976, Fertuck et al. 2004, Fitts & Warren 1996, Nieznanski 2003, Porcerelli & Dietrich 1994, Urist 1977, Westen 1991, Young 1999). In recent years research has begun to focus on people's implicit (i.e. unconscious, relatively uncontrolled, and over learned) self-evaluations (e.g. DeHart et al. 2006, Franck et al. - in press, Greenwald & Farnham 2000). Blatt and his team have developed measures that evaluate self and object representations from spontaneous descriptions individuals give of their parents, another significant person, and themselves. They have developed methods for assessing the degree of differentiation and relatedness, the

degree of cognitive organization (conceptual level) and qualitative dimensions in descriptions of self and of significant others (Blatt et al. 1997). For object descriptions, these measures include the Conceptual Level and Ambivalence scales, which are considered structural dimensions of object representations, as well as qualitative characteristic scales (Blatt et al. 1992). The Conceptual Level scale provides a five-stage developmental evaluation (from sensorimotor to conceptual) of object representations. For self representations, a separate manual, the Assessment of Self Descriptions (ASD; Blatt et al. 1993), was developed. Measures of object and self descriptions integrate developmental cognitive theories of Piaget (1954, 1962) and Werner (1948), as well as works of Mahler and Stern on affective development (Blatt 1995, Labouvie-Vief & Marquez Gonzales 2004). It was shown that these measures could evaluate object and self representations reliably, even with seriously disturbed patients (Bers et al. 1993).

The aim of the present study was to examine the relationship between structural aspects of object and self representations (measured by modified Blatt's Conceptual-Level Scale and selected Kernberg's criteria for diffusion of identity) and psychiatric severity according to DSM-IV and Kernberg's criteria for personality organizations (Kernberg 1986, 1996). We formed a hypothesis that the healthy (nonpsychiatric) group presents more mature, integrated and differentiated self and object representations (presented in spontaneous descriptions of self and other people) than patients, particularly those with severe mental disorders. We expected most impaired and poorest self and others' descriptions in patients with psychotic and borderline personality organizations. This means that patients with severe psychopathology should use significantly less attributes in descriptions of self and significant others, descriptions should be more diffuse and contradictory than in normal population or less disturbed patients. Patients should have a higher percentage of lower level responses on Conceptual-Level Scale than normals. Blatt's and Kernberg's models state that self and object development are closely correlated, so we expected

a positive correlation between characteristics of self and different objects descriptions.

SUBJECTS AND METHODS

Sample

The final sample included 186 adult psychiatric in- (71%) and outpatients (29%) serving as participants in this study (54% men and 46 % women). Prior to the study, the informed consent of all participants was obtained. The average age of the patients was 34.00 (SD= 11.61), the average schooling was 11.50 years (SD= 4.04). Only Caucasians participated. All patients were from Psychiatric Hospital of Begunje, Slovenia and Center for Treatment of Drug Addiction of Kranj, Slovenia. Most participants live in a rural area and all have at least average intellectual capacities (WAIS). We excluded patients suffering from acute psychosis or severe distress, those with comorbid somatic illnesses, intoxication and poor motivation (seven patients were dropped because they provided insufficient responses). Patients were assessed prior to the study in order to determine current diagnosis using the Structured Clinical Interview for DSM-IV (SCID; First et al., 1997) and Kernberg's Structural Interview (1986). According to Kernberg's types of personality organizations and criteria for severity of pathology, patients were divided into three main groups. Patients met the DSM-IV criteria for the following mental disorders:

- patients with psychotic personality organization - psychotic disorders (N=99): schizophrenia and schizoaffective disorder (N=40), nonschizophrenic psychotic disorders (delusional and brief psychosis, N=39) and severe mood disorder with psychotic features (bipolar disorder or unipolar depression, N=20).
- patients with borderline personality organization - nonpsychotic disorders with severe personality pathology (N=51): opioid dependence (N=36), alcohol dependence (N=15). The majority of these patients (90%) had comorbid personality disorders from DSM-IV Cluster B (borderline, narcissistic or antisocial disorder).

- patients with neurotic personality organization - nonpsychotic disorders without severe personality pathology (N=36): moderate or mild depressive disorder without psychotic features (N=16) and anxiety spectrum disorders (N=20).

The final control sample included 109 individuals (46% men and 54% women) without history of mental disorders or severe medical illness: hospital staff, members of a sport club, factory workers and army recruits (two normal participants were dropped because they provided insufficient responses). The mean age of the healthy individuals was 31.40 (SD=10.99); the average schooling of subjects was 12.10 years (SD=4.40). Most participants live in rural area and all have at least average intellectual capacities (WAIS).

Procedure

We gave the participants booklets that included instructions to »Describe your significant person from your past, e.g. childhood«, »Describe your actual significant person« and »Describe yourself«. The significant other was defined as "someone you know very well and who is very important to you (now) or has been for many years (a parent, close relative or friend)." According to previous investigations these instructions elicited representations of significant others from childhood as well as those formed later in life (Andersen & Baum 1994, Andersen et al. 1995, Andersen et al. 1998). Five minutes were allowed for each description.

Measures

Self and other representations were assessed by using a modified version of the procedure developed by Blatt and colleagues (Blatt et al. 1992) which evaluates the structure of spontaneous descriptions of the self and significant others. *Blatt's Conceptual Level Scale* evaluates the degree of differentiation and quality of object representations through five levels of cognitive development:

1. sensorimotor-preoperational level. Persons are described primarily in terms of the

gratification or frustration they provide. There is little sense that others exist as entities separate and independent of their direct effect on the subject's pleasure or pain. This level includes descriptions which reflect only temporary, accidental and not personal characteristic of person (e.g. "Yesterday my mother went to the city");

2. concrete perceptual level. Persons are described primarily in concrete, literal terms, usually on the basis of physical attributes and features (e.g. "I have long hair");
3. external iconic level (emphasizing behavior and actions). Persons are described primarily in terms of manifest activities, functions and specific role attributes. These exist independent of whether they gratify or frustrate the subject (e.g. "He is a great tennis player");
4. internal iconic level (noting feelings and other mental states). At this level the object's internal thoughts, feelings and values are included in the description. Unidimensional and separated character traits or personality dimensions may be recognized as well (e.g. "She is an angry woman");
5. conceptual level. Persons are described as independent actors, developing and changing in time, with complex traits, needs, and goals. Descriptions integrate external appearances and activities (behavior) with internal dimensions (feelings, thoughts, and values). Apparent contradictions are resolved in an integrated, complex and coherent synthesis (e.g. "He looks shy but this is only a mask in his manipulation games").

The original method of assessment was modified according to Marziali and Oleniuk (1990). First, the scale was simplified for the purpose of getting a more clear and uncomplicated picture. The five levels were dichotomized into one lower level score (Levels I and II summed) and one higher level score (Levels III, IV and V summed). Second, in the original method, an entire description is given a global score for each scale. However, Marziali and Oleniuk (1990) observed that a person might use different levels of conceptual representations in the same description.

They therefore suggested scoring smaller units rather than scoring the entire description. In our method each personal attribution as “thought unit” (Benjamin 1986) of the transcript was used as the unit of analysis. A minimum of five units was required and at least one attribution per each description. Contrary to previous investigations, we did not exclude protocols with very poor descriptions because we considered them as a potentially important expression of disturbed representations. Each thought unit was underlined and scored. Third, for each subject, a profile of two-level scores (lower and higher) for each of the three objects (self, significant other from past, and significant other from present) was generated. Code scores were obtained by summing the number of units for each of the two summed codes assigned. Each sum was then divided by the total number of units in the transcript. Each subject received a score for two summed codes and the magnitude of the scores reflected the proportion of response for each code. Separate self and object representation profiles were generated for each person described.

In addition to the Blatt's conceptual level we included two criteria for assessment of descriptions, which are potentially an important measure of quality of self and object representations.

Richness of Mental Representations. The scale represents one of the measures of richness of mental representations. It is supposed that more attributions used in descriptions represent more rich and complex representation of self and others. Blatt et al. (1979) found that conceptual level correlates significantly with length of description. The final score represent a sum of personal characteristics given in each description (synonyms were excluded).

Diffuseness and Contradictory of Self and Object Representations. A coding scheme was developed according to Kernberg's (1986) criteria of identity diffusion in patients with immature personality organization. The scale consists of attributions which describe:

a) subjective experience of chronic emptiness (Example: I am empty);

- b) contradictory perceptions of self and others (Example; I am good person, but others don't think so);
- c) contradictory behavior that cannot be integrated in an emotionally meaningful way (Example: I am very happy, my mother died);
- d) little capacity for realistic evaluation of self and others and empathy (Example: I have three heads);
- e) shallow, flat, impoverished or undefined perception of self and others (Example: I don't know who I am);
- f) lack of integration of super-ego functions (poor identification with moral standards; inability of regulation feelings of guilt, extensive use of primitive defenses, e.g. idealization and devaluation). (Example: Other people are weak and deserve to be taken);
- g) weak self boundaries (repeated or opposed attributes in two or more descriptions which could be an expression of symbiosis or counter-dependent tendencies). (Examples: I am big – my father is big, I am strong... I am weak).

Only attributes which clearly and explicitly describe characteristics which are listed above were counted in the global score of the Diffuseness and Contradictory of Self and Object Representations Coding Scheme. The score represent the sum of attributes of all listed criteria.

Interrater Reliability

The written descriptions were scored by two independent trained judges who were also blind to the participant's diagnosis. The interrater reliability for this sample was calculated from a random subsample of 55% significant figure and self descriptions. Cohen's Kappa was used to calculate the level of agreement between the two judges. For the agreement on the conceptual level codes the kappa values ranged from .66 to .78 (M=0.71). The Pearson's correlation coefficients indicated good interrater reliability ($r = .67 - .80$). Good interrater reliability in Blatt's Conceptual Level assessment of descriptions was supported by other studies as well (Blatt et al. 1979, Marziali & Oleniuk 1990, Salo et al. 2004). For the additional criteria (richness of the representations, contradictory or

diffuse representations, and repeated or opposed attributes) the kappa values ranged from 0.70 to 0.98 ($M=0.85$) and the Pearson's correlation coefficients ranged from $r=0.72$ to $r=0.98$, which represents very good to excellent reliability.

RESULTS

Characteristics of Sample

There were some considerable differences between the groups of patients and normals, with the borderline personality organization group (patients with nonpsychotic disorders with severe personality pathology) tending to be less educated than other groups ($F(3,294)=5.04$, $p<.01$), with a significant difference between patients with nonpsychotic disorders and the group of healthy participants ($t=3.48$, $p<0.01$, Cohen's $d=0.60$). There were no significant differences in education between other groups. Patients with nonpsychotic disorders without severe personality pathology tended to be younger than other groups ($F(3,294)=5.77$, $p<0.01$), with the only significant difference

between patients with nonpsychotic disorders without severe pathology and normals ($t=3.24$, $p<0.01$, Cohen's $d=0.68$).

Richness of Descriptions

The richness of mental representations of the self and the significant others was operationalized in terms of the number of attributes used to describe each person. As expected, sums of attributes used in descriptions of significant other from the past and significant other from present were highly positively correlated ($r=.71$, $p<0.01$), the correlation between the sum of self and object attributes was moderate ($r_1=0.56$; $r_2=0.45$, $p<0.01$). A planned contrast showed significant differences in the sum of attributes used to characterize self and significant others. Participants' descriptions of self were richer than descriptions of significant others from present and past (table 1). This result was supported by other studies as well (Andersen et al. 1998). No significant difference was found between richness of descriptions of significant others from past and present.

Table 1. Richness of descriptions of self and significant others (N=295)

No. of attributes	M (SD)	t-test	df	p	Cohen's d
OPAST vs. OPRE	0.38 (4.68)	1.38	294	0.170	0.16
OPAST vs. SELF	-2.29 (6.38)	-6.17	294	0.000	0.72
OPRE vs. SELF	-2.67 (6.58)	-6.96	294	0.000	0.81

Note: OPAST = other from past; OPRE = other from present; SELF = self; Cohen's d = effect size measure

Our central prediction was that an interaction would emerge showing that descriptions of the self and others are richer in healthy persons when compared to the patients. A difference was expected between normals and patients with severe and nonsevere personality pathology. ANOVAs and Tukey tests were performed on the four factors to examine PO group differences in terms of self and others descriptions. The results confirmed a significant difference between healthy participants and patients of different diagnostic groups (according to Kernberg's personality organizations). Healthy persons used significantly more characteristics in descriptions of self ($F(3,294)=12.25$, $p<0.001$), person from the past ($F(3,294)=13.33$, $p<0.001$) and person from the present ($F(3,294)=8.12$, $p<0.001$) than patients. A weak

influence of education on the number of descriptions (better educated people used more characteristics in descriptions) could only partially explain group differences.

Diffuseness and contradictory of self and object representations

Descriptive statistic of words which marked contradictory or diffuse self and object representations and (counter)dependent tendencies did not meet criteria for normal distribution because of low frequency of used attributes ($Me_1=2$; $Me_2=1$), therefore nonparametric tests were used. The Kruskal-Wallis test revealed a significant difference regarding the sum of marked contradictories in descriptions of self and others between normals and patients ($\chi^2=7.05$;

$p < 0.01$). There was strong likelihood that patients' descriptions had more contradictory attributes than those of normals. On the contrary, there were not any differences in the sum of repeated or opposed attributes in two or more descriptions of persons between normals and patients ($\chi^2 = 1.16$; $p = 0.28$).

Conceptual level

For each respondent in each group, proportional scores for the two levels, lower (Conceptual-Levels 1, 2 and 3) and higher (Conceptual-Levels 4 and 5), were generated for the descriptions. Medium correlations were found between levels of descriptions of self and significant others (from $r = 0.32$ to $r = 0.55$; $p < 0.01$). The paired samples test failed to reveal significant differences between descriptions of significant other from the past and significant other from the present. Descriptions of a person from the past

were not on a conceptual lower level in comparison to descriptions of a person from the present time. The hypothesis that describing persons from the past may raise more immature representations (e.g. early experience with parents) than describing a person from the present was not confirmed. Considering these findings, results of both significant figures (from present and past) were combined into one measure.

ANOVAs and Tukey tests were performed to assess group differences in Conceptual-Level proportional scores. Significant differences in proportional low Conceptual-Level scores in all descriptions (significant others and self) were found between groups of patients and normals. The nonpsychiatric group had proportionately lower frequencies of responses on the lower levels of the self and object representational continuum. Patients had higher proportional scores on the lower levels (Table 2).

Table 2. Mean Scores, Standard Deviations, and Personality Organization Group Comparisons for Self and Object Representations

	M(SD)				Difference		Effect size	
	PPO (n=99)	BPO (n=51)	NPO (n=36)	N (n=109)	F(3,294)	p	Groups	Cohen's d
Self	0.19 (0.28)	0.18 (0.28)	0.10 (0.22)	0.08 (0.17)	4.30	0.005	N < PPO, BPO	0.65; 0.59
Others	0.62 (0.27)	0.62 (0.28)	0.60 (0.31)	0.39 (0.32)	13.34	0.0001	N < PPO, BPO, NPO	0.72; 0.72; 0.66

Note: PPO = psychotic personality organization; BPO = borderline personality organization; NPO = neurotic personality organization; N = normals

Comparison of groups of patients, arranged according to Kernberg's criteria of severity of personality pathology (Kernberg, 1986), and normals showed significant differences on Conceptual-Level scores. According to the theory, the smallest difference was found between normals and patients with neurotic level of personality organization (patients with nonpsychotic, mild or moderate depressive and anxiety disorders), the biggest difference was found between normals versus borderline (patients with opioid and alcohol dependence with comorbid personality disorders – according to DSM-IV) and psychotic personality pathology (patients with nonschizophrenic psychotic disorders, severe mood disorder with psychotic features and schizophrenia). No differences were found between borderline and psychotic groups (Table 2 and Figure 1).

ANOVAs and Tukey tests were computed to examine diagnostic group differences for descriptions of self ($F(7,294) = 2.29$, $p = 0.028$) and others ($F(7,294) = 5.86$, $p < 0.001$). Normals had particularly significantly smaller proportion of descriptions of significant others on lower conceptual level than groups of patients with schizophrenia ($p = 0.001$; $d = 0.72$) and mood disorders with psychotic features ($p < 0.001$; $d = 0.78$). Results revealed that there are no significant differences between normals and patients with nonpsychotic depressive, anxiety and nonschizophrenic psychotic disorders. According to Kernberg's theory of personality organizations (1986), healthy persons and neurotic patients share the same neurotic level of personality organization, so no differences between them were expected. Against our expectation was a nonsignificant

difference between normals and nonschizophrenic psychotic disorders. According to psychoanalytic theory, psychotic disorders are linked with immature (borderline or psychotic) personality organization. One of the reasons for this unexpected

outcome could be diagnostic heterogeneity of this group which included patients with brief – transient and paranoid psychosis. It is likely that brief psychosis is not inherently linked with a borderline or psychotic personality organization.

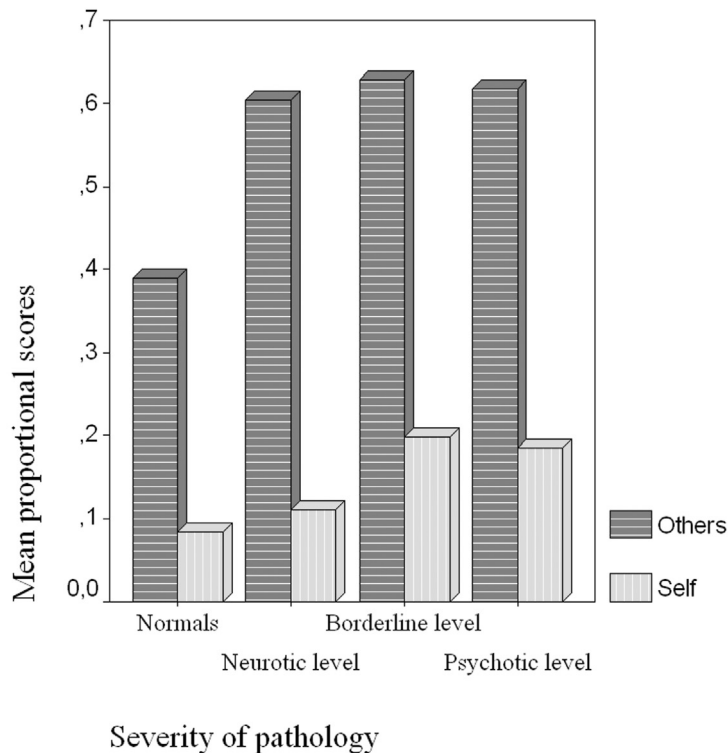


Figure 1. Group differences in proportional Conceptual-Level scores according to severity of pathology

DISCUSSION

Mental representation or cognitive schema is one of the central theoretical constructs in cognitive science, in developmental and social psychology, and also in psychoanalytic theory and research. This theoretical construct gives us an opportunity for better understanding of characteristics of personality development, psychopathology, and the therapeutic process. The investigation of the structure of spontaneous descriptions of significant persons and self descriptions represents one of the possible ways to examine mental representations from psychoanalytic and cognitive developmental perspectives. As many researchers demonstrated (e.g. Blatt and Kernberg), the increased structural complexity of descriptions of self and objects is strongly related to development of personality organization and severity of psychopathology.

The present study was conducted to contribute to the empirical clarification of the representational structures among adult psychiatric patients with different mental disorders. According to psychoanalytic concepts, cognitive developmental psychology and attachment theory, various forms of adult psychopathology, from schizophrenia to the neuroses, involve inherent impairments in representational structures or cognitive-affective schemas (Blatt 1991). The modified and simplified Blatt's method for assessment of conceptual levels of object representations (Blatt et al. 1992), Kernberg's criteria for identity diffusion (Kernberg 1986) and some other measures show significant differences in the structural characteristics of representations between different groups of psychiatric patients and healthy controls.

Patients with severe psychopathology (particularly schizophrenic) reached lower scores on Conceptual Level Scale as compared to healthy

controls. Patients' descriptions of self and significant others were more preoperational, concrete, one-dimensional, less differentiated and integrated. Patients also described significant others and themselves in a less rich and more contradictory, diffuse and shallow way in comparison with healthy controls. These results support previous findings (e.g. Blatt et al. 1979, Diguier et al. 2004, Fertuck et al. 2004, Levy et al. 1998, Marziali & Oleniuk 1990, Nieznanski 2003) and are in accordance with developmental cognitive and psychoanalytic theories. The description of self is generally richer in used attributes than descriptions of significant others. The significant correlations between structural characteristics of descriptions of different people (significant others) and self support the psychoanalytic and social cognitive theories that representations of several significant objects are built according to the same psychic processes and structures. These findings may contribute to clarify phenomena such as the social nature of self and social perception (transference, projection, displacement etc). On the other hand, the hypothesis that describing persons from the past may give rise to more immature representations than would a person from present was not confirmed. This may be result of shortcomings in the methodology. The persons selected by the participants were not controlled: We did not know whether the selected persons for description were from the patients' childhood or not.

Differences in characteristics of descriptions between patients of different levels of personality organization (or severity of pathology) were only partly supported. There were some differences between most "pathological" group of patients (schizophrenic) and other patients, but we found no clear difference between patients with neurotic, borderline and psychotic personality organizations as expected, especially in descriptions of self. Personality organization is a complex theoretical construct of many characteristics and dynamics, so differentiation of their levels only on basis of partial criteria is probably too optimistic. Patients may differ in terms of other dimensions of object and self representations that were not evaluated,

such as affective characteristics, reflective functioning, empathy, attachment etc. Further studies should include more dimensions in assessment of object and self representations, and content criteria as well.

Differentiation of psychotic and borderline personality organization is problematic because the only criterion for delineation of these two levels is reality testing (Kernberg 1996), which is mainly preserved in patients with borderline organization (but also during remission in patients with psychotic disorders). Modell (1986) stated that it is not possible to explain the differences between the borderline and the schizophrenic groups on purely psychological grounds. From a psychological point of view, the main difference in personality organization is between normal/neurotic and borderline/psychotic level, between neurotic disorders and other psychopathology.

CONCLUSION

Overall, despite some psychometric limitations (validity and psychometric properties of selected measures are not completely established, inequality of some compared groups, heterogeneity in symptoms within the diagnostic categories) it appears that the present study supports the validity of assessing developmental levels and structural characteristics of self and object representations from spontaneous descriptions and their relation to psychopathology. This is also an attempt toward narrowing the gap between psychodynamic theories and empirical psychology and integrating different perspectives in understanding psychological processes in mental disorders.

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