

**PERSONALITY ORGANIZATION DIAGNOSTIC FORM
(PODF)
MANUAL FOR SCORING
2006 edition**

Louis Diguier, Étienne Hébert, Dominick Gamache, Olivier Laverdière,
Jean-Philippe Daoust, & Sylvie Pelletier.

Laboratoire de recherche sur la personnalité et la psychopathologie
École de psychologie
Université Laval, Québec, Canada

© Louis Diguier. Correspondence regarding this document should be addressed to Dr Louis Diguier, École de psychologie, Université Laval, Québec, QC, Canada, G1K 7P4. Phone: (418) 656-5383. Fax: (418) 656-3646. E-mail: Louis.Diguier@psy.ulaval.ca.

Contents

A MODEL OF PERSONALITY ORGANIZATIONS.....	4
EMPIRICAL EVALUATION OF PERSONALITY ORGANIZATIONS.....	5
PO DIMENSIONS OF THE PODF.....	8
IDENTITY.....	8
Item 1.1 : Subjective experience of the self.....	10
Item 1.2 : Self-perceptions.....	10
Item 1.3 : Subjective experience of the self in time.....	11
Item 1.4 : Behavior-emotions integration.....	12
Item 1.5: Object perceptions.....	13
Item 1.6 : Perceptions of others.....	14
DEFENSE MECHANISMS.....	15
PRIMITIVE DEFENSE MECHANISMS.....	15
Item 2.1.1: Denial.....	16
Item 2.1.2 : Splitting.....	17
Item 2.1.3: Omnipotence (or primitive idealization).....	18
Item 2.1.4: Omnipotent control.....	20
Item 2.1.5: Primitive devaluation.....	20
MATURE DEFENSE MECHANISMS.....	22
Item 2.2.1 : Idealization.....	22
Item 2.2.2: Devaluation.....	23
Item 2.2.3 : Isolation.....	23
Item 2.2.4 : Rationalization and/or intellectualization.....	24
Item 2.2.5 : Denegation and/or suppression.....	25
REALITY TESTING.....	26
Item 3.1 : Lack of differentiation between self and others.....	27
Item 3.2 : Failure to differentiate intra-psychic from external origins of perceptions and stimuli.....	28
Item 3.3 : Lack of capacity to realistically evaluate one's own affect, behavior, and thought contents in terms of ordinary social norms.....	29
Item 3.4 : Presence of grossly inappropriate or bizarre affects, thought contents or behaviors.....	29
QUALITY OF OBJECT RELATIONS.....	31
1. Symbiotic with fear of disintegration and annihilation.....	32
2. Borderline object relations.....	32
2a. Low Borderline Organization with fear of the object.....	33
2b. Low Borderline Organization with exploitation and control of the object.....	33
2c. High Borderline Organization with fear of abandonment.....	33
3. Oedipal with fear of castration - depression.....	34

GUIDELINES FOR DIMENSIONS AND GPO SCORING.....35

REFERENCES.....36

THE PODF MANUAL FOR SCORING

A Model of Personality Organizations

Kernberg (1996; Kernberg & Caligor, 2005) defines a Personality Organization (PO) as a stable, mostly unconscious and dynamically organized structure that incorporates early experiences and phase-specific drive structure into a coherent organization. PO refers therefore to mostly unconscious contents and processes such as object relations, defense mechanisms, and unconscious dimensions of self and object representations. POs range from extremely disturbed, that is psychotic, through relatively reality-oriented and adaptive levels, to high-level neurotic functioning. Kernberg proposed a mixed model for PO and personality disorders that integrates both categorical (e.g., DSM and ICD) and dimensional (e.g., the Five-Factor Model) approaches. This model defines three POs (psychotic, borderline and neurotic) and is based on an object relations theory, which combines etiological, developmental, structural and impulse action elements, within an axis ranging from normalcy to pathology. These three organizations can be distinguished according to four main dimensions of psychological functioning: identity, defense mechanisms, reality testing, and object relations (see Figure 1).

The model of PO which underlies the Personality Organization Diagnostic Form (PODF) is mainly based upon Kernberg's model of PO, although it also integrates some concepts from other prominent psychoanalysts such as Edith Jacobson (object relations and developmental phases), Margeret Mahler (developmental phases of object relations, defenses and identity), Melanie Klein (schizo-paranoid and depressive positions, primitive defenses such as splitting, denial and manie), Nancy McWilliams (PO and psychological functioning, defense mechanisms) and Jean Bergeret (POs, POs and psychological functioning and health, object relations and defenses, drives, anguish).

Figure 1. *Kernberg's model of Personality Organizations*

Personality Organization	<i>Personality Dimension</i>			
	Identity : diffusion vs. integration	Defenses: primitive vs. mature	Reality testing	Object relations and typical type of anguish
Neurotic	Integration	Mature	Good	Oedipal with fear of castration
High borderline	Diffusion	Primitive	Mostly good	Anaclitic with fear of abandonment
Low borderline (narcissistic)	Diffusion	Primitive	Mostly good	Exploitation and control of the object
Low borderline (prepsychotic)	Diffusion	Primitive	Generally good	Fusional with fear of the object
Psychotic	Diffusion	Primitive	Impaired	Symbiotic with fear of desintegration

Empirical Evaluation of Personality Organizations

There are very few instruments which allow to measure the various dimensions of Kernberg's theory in a way that enables to formulate a PO diagnosis. For a long time the only available tool was the Structural Assessment Interview (SAI; see Kernberg, 1984), an interview aiming at the emergence of the subject's personality structure using psychodynamic techniques such as clarification, confrontation and interpretation. Although studies tend to show its reliability (Derksen, Hummelen, & Bouwens, 1994), the SAI is costly and can only be used by experienced clinicians. Kernberg and his colleagues (Oldham et al., 1985) thus developed the Inventory of Personality Organization (IPO). As it is a self-revealing questionnaire, the IPO is less costly and easier to use than its predecessor ; it shows adequate reliability in terms of internal consistency ($\alpha = .81$ to $.88$) and one month test-retest ($\alpha = .72$ to $.78$) (Lenzenweger, Clarkin, Kernberg, & Foelsch, 2001). However, self-report measures may be inadequate for assessing PO dimensions that are mainly unconscious (e.g., Block, 1995). Weinryb, Rössel & Åsberg (1991) were aware of this limitation of self-report measures. Hence, they developed the Karolinska Psychodynamic Profile (KAPP), which is an observer-rated instrument based on psychoanalytic

theories. The KAPP assesses 18 modes of mental functioning; however, PO is measured by only one item.

The Personality Organization Diagnostic Form (PODF; Diguier, Normandin, & Hébert, 2001) is a scoring system aiming to evaluate POs and their dimensions. From the start, we wanted the PODF to be a very flexible and relatively user-friendly instrument. It is therefore meant to be used in any several contexts (outpatient clinics, inpatient clinics, and laboratories) as well as with a very large set of materials : more or less structured interviews, clinical files, personality tests, therapy sessions, intakes, process notes, etc. We believe that its use may help researchers and clinicians to develop and refine the evaluation and treatment of PO and personality disorders. Recent studies have shown that the first version of the PODF had satisfactory psychometric properties (Hébert et al., 2003) and was a valid instrument for research purposes (Diguier et al. 2004a ; 2004b ; 2001; Hébert et al. 2005; Larochelle et al., submitted). Following suggestions from previous studies, an improved version of the PODF has been elaborated in order to allow a better representation of the different POs and thus, to improve the differential diagnostic between all three organizations. This manual pertains to this improved version. For further information on the development of this improved version, readers may consult Gamache et al. (submitted). Preliminary studies (Gamache, 2003; Laverdière, 2004) show that this new version of the PODF has good to excellent psychometric properties. Actually, Gamache et al. (submitted) show that the PODF can be scored with an interrater reliability ranging from good to excellent for the personality dimensions and the global score of Personality Organization. Factor analysis shows that items tend to regroup according to Kernberg's model. The optimal solution includes two factors: a Borderline-neurotic continuum and a Psychotic factor. Internal consistency and convergence with clinical evaluations also indicate moderate to good validity. Convergent validity with mental health and psychiatric severity is good, and in accordance with Kernberg's theory.

Even though the PODF may be scored from different types of materials, the present manual does not allow for detailed examples and illustrations of each item based on all possible types of materials. We had to choose between different options, and we believe our readers can easily generalize from the explanations provided here and extend them to the types of materials available to them.

For most previous studies and the scoring procedure illustrated here, we have used five types of materials: (a) sociodemographic data; (b) the Structured Clinical Interview for DSM-IV Personality Disorders (SCID-II), which is a semi-structured interview for evaluating Axis II of DSM-IV (First, Gibbon, Spitzer, Williams, & Benjamin, 1997); (c) the Structured Clinical Interview for DSM-IV Axis I disorders (SCID-I), which is a semi-structured interview for evaluating Axis I of DSM-IV (First, Spitzer, Gibbon, & Williams, 1997); (d) relationship narratives, as for example the Relationship Anecdotes Paradigm (RAP), a non-structured interview developed by Luborsky (1998) aiming to elicit accounts of interpersonal interactions on the part of the subject; and finally (e) self and object descriptions.

PO Dimensions of the PODF

Identity

Identity is defined as the continuous experience of the self as a unique and coherent entity over time (Moore & Fine, 1990). Notwithstanding this definition, the use of the concept of identity is ambiguous in the psychoanalytic literature. Indeed, some authors use it both to describe the resemblance and sharing of essential characteristics with others and to suggest a sense of internal continuity over time (Erikson, 1956). Thus, Erikson attaches great importance to social roles, values and ideals, and believes that some exterior social agents, such as recognition, expectations and other forms of feedback establish identity forming.

Kernberg (1996) roots identity development in the separation-individuation process, as described by Mahler et al. (1975) and Jacobson (1964). One cannot present a well-integrated identity unless he¹ reaches the object permanence stage; if he cannot reach that stage, he will show identity diffusion. Moreover, identity integration or diffusion also depends on defense mechanisms, especially splitting. As explained shortly later, splitting prevents object and self representations to be integrated into rich, multidimensional and nuanced mental structures that characterized identity integration.

Diagnostically, identity diffusion appears in the subject's inability to convey significant interactions with others to an interviewer, who thus cannot emotionally empathize with the subject's conception of himself and others in such interactions. During the interview, identity diffusion is also reflected in grossly contradictory behaviors, or in an alternation between emotional states implying such grossly contradictory behaviors and perceptions of self that the interviewer finds it very difficult to see the subject as a "whole" human being. Identity diffusion is also reflected in descriptions of significant individuals in the subject's life that do not allow the interviewer "to put them together", to gain any clear picture of them; the description of

1 The masculine pronoun (he) is used throughout the text as a neutral one in order to facilitate the reading.

significant others is frequently so grossly contradictory or simplistic that they sound more like caricatures than like real people (Kernberg, 1980).

Identity diffusion is characteristic of borderline and psychotic POs. However, identity diffusion is generally worse in psychotic POs and low borderline POs, and it can lead to confusion between ego and non-ego. The following assumptions underlie the lack of integration of the self and of the concept of significant other: (a) In borderline PO (BPO), there is enough differentiation of self-representations from object representations to allow the maintenance of ego boundaries (that is, sharp delimitation between the self and others). In psychotic PO (PPO), by contrast, a regressive refusion, or lack of differentiation between self and object representations is present. (b) In neurotic PO (NPO), self images contain good and bad aspects that have been integrated into a comprehensive self ; similarly, good and bad aspects of others can be integrated into comprehensive concepts of others. In BPO and PPO, such integration fails, and both self and object representations remain either flat and shallow, or multiple and contradictory, and there is no stable integration of affective – cognitive representations of the self and others. More narcissistic BPO may show apparently quite stable self images, which are nonetheless usually grandiose, unidimensional and very fragile. (c) This failure to integrate “good” and “bad” aspects of the self and others into rich and multidimensional representations is due to the predominance of splitting as a defense mechanism as well as the predominance of severe early aggression activated in these subjects ; dissociation of “good” and “bad” self and object representations protects love and goodness from contamination by overriding hate and badness (Kernberg, 1980).

Identity integration is characteristic of NPO and is expressed in the capacity to maintain deep, durable and complex object relations. Identity integration is associated with ego strength ; it is therefore also reflected in anxiety tolerance, drive management, efficiency and creativity at work, the ability to sublimate, and the ability to maintain sexual love and emotional intimacy,

which can only be interrupted by unconscious feelings of guilt apparent in pathological behavior patterns related to sexual intimacy (Kernberg, 1996).

Item 1.1 : Subjective experience of the self

1.1 Subjective experience of the self	Feeling of emptiness				Secure self-identity		
	-3	-2	-1	0	1	2	3

In order to mark item 1.1 in the negative pole (“feeling of emptiness”), the subject must report that he often feels bored or empty inside. For example, in SCID-II (First et al., 1997), if the score given by the subject for question #100 (“Do you often feel bored or empty inside?”) is 3, then the item 1.1 should probably be scored on the negative side.

The sense of secure self identity is manifested when the subject shows a sense of internal and affective security. However, we should not necessarily expect the subject to talk about this spontaneously. It will rather be observed through the different events and relationship episodes related by the subject : the subject does not fear for his own inner security when facing strangeness, novelty and unusual events. The subject is also able of behaving abnormally in contexts that may require such behaviors, without experiencing too disturbed feelings.

Item 1.2 : Self-perceptions

1.2 Self-perceptions	Contradictory				Integrated		
	-3	-2	-1	0	1	2	3

If the subject relates marked and persistent identity disturbance manifested by uncertainty about at least two of the following: self-image, sexual orientation, long-term goals or career choice, type of friends desired, preferred values, then item 1.2 should be scored negatively.

SCID-II (First et al., 1997), questions #92-95 may represent good examples of contradictory self-perceptions:

Question #92: “Have you all of a sudden changed your sense of who you are and where you are headed?”

Question #93: “Does your sense of who you are often change dramatically?”

Question #94: “Are you different with different people or in different situations, so that you sometimes don't know who you really are?”

Question #95: “Have there been lots of sudden changes in your goals, career plans, religious beliefs, and so on?”

Integrated self-representations usually contain areas of ambivalence, contradiction, hesitation or conscious vagueness ; however the subject acknowledges these areas (there is no denial), work on them and-or can even explain them according to his personality and history ; further, the self-representation is enriched by these elaborations.

Item 1.3 : Subjective experience of the self in time

1.3 Subjective experience of the self in time	Discontinuity				Continuity			
		-3	-2	-1	0	1	2	3

The sense of self continuity in time is expressed by the capacity of long-term investments in spite of role changes. It is also reflected in the capacity of the individual to maintain a consistent sense of identity through the various developmental stages and events that stand out as milestones in his life. The sense of continuity in time may also be depicted with a simple question: “When you think about your life, do you consider it as a series of short stories or like a long novel?”

Item 1.4 : Behavior-emotions integration

1.4 Behavior-emotions integration	No integration				Good integration		
		-3	-2	-1	0	1	2

For this item to be scored negatively, the subject must report potentially dangerous and self-destructive impulsive behaviors (e.g. compulsive spending, compulsive sexual behavior, substance abuse, shoplifting, reckless driving, compulsive eating, temper outbursts with displays of uncontrollable anger, recurrent physical fights). SCID-I questions about substance abuse as well as SCID-II questions #96-98 and #101-103 are good examples of contradictory behaviors that cannot be integrated with emotional experiences:

Question #96: “Have you often done things impulsively? What kinds of things?

How about...

... buying things you really couldn't afford?

... having sex with people you hardly knew, or ‘unsafe sex’?

... drinking too much or taking drugs?

... driving recklessly?

... shoplifting?”

Question #97: “Have you tried to hurt or kill yourself or threatened to do so?”

Question #98: “Have you ever cut, burned, or scratched yourself on purpose?”

Question #101: “Do you often have temper outbursts or get so angry that you lose control?”

Question #102: “Do you hit people or throw things when you get angry?”

Question #103: “Do even little things get you very angry?”

The degree of behaviors and emotions integration finds expression in the reflective capacity of the individual (the way Fonagy & Target [2003] conceive it), in other words, in his

capacity to explain the psychological motivations or causes of his impulsive and affective movements as well as his behaviors. The greater the integration is, the better the individual stays in touch with his internal world.

Item 1.5: Object perceptions

1.5 Object perceptions	Contradictory					Integrated		
	-3	-2	-1	0	1	2	3	

This item is scored according to the same criteria than those for self perception. If the subject relates a pattern of unstable and intense relationships characterized by alternating extremes of over-idealizing and belittling, then item 1.3 should be scored negatively. For example, if the score given by the subject for SCID-II (First et al., 1997) question #91 (“Do the relationships with people you really care about have a lot of extreme ups and downs? Were there times when you thought they were everything you wanted and then other times when you thought they were terrible?”) is 3, then item 1.3 should be scored negatively.

Like self-representations, object representations usually contain areas of ambivalence, contradiction, hesitation or conscious vagueness ; however the subject acknowledges these areas (there is no denial), work on them and-or can even explain them ; further, the object representations are enriched by these elaborations. Moreover, the subject must be able to tolerate contradictions and areas of incomprehension in others, as well as the disagreements that may occur in a relationship.

Item 1.6 : Perceptions of others

1.6 Perceptions of others	Shallow, flat						Empathy
	-3	-2	-1	0	1	2	3

For this item to be scored negatively, the descriptions of others given by the subject must be a lot poorer and unidimensional than what is normally expected, or empathy deficits must be present. Others are seen as mere utility objects of satisfaction, significantly lacking psychological depth and consistency.

Empathy is reflected in the ability to maintain an authentic interest for the affective state and internal dynamic of others. In other words, it is the ability to imagine complex affective states and inner motivations in others ; it is therefore manifested by the capacity to understand an internal world different from the subjects' and to behave according to these representations. This can usually be evaluated on the basis of narratives and descriptions of others.

Defense Mechanisms

In NPO, the defensive operations center on repression and other higher-level defensive mechanisms such as displacement, isolation, intellectualization, and rationalization. These defenses protect the ego from intra-psychic conflicts by rejecting a drive derivative or its ideational representation, or both, out of the conscious ego. Borderline and psychotic POs, in contrast, are characterized by a predominance of primitive defenses, especially splitting. They protect the ego by means of dissociation, or actively keeping apart contradictory experiences of the self and of significant others. When such mechanisms predominate, contradictory ego states are alternatively activated. As long as these contradictory ego states can be kept separate from each other, anxiety related to these conflicts is prevented and controlled. The mechanism of primitive dissociation, or splitting, and the associated mechanisms of primitive idealization, primitive types of projection (particularly projective identification), denial, and primitive devaluation protect the BPO subject from intra-psychic conflict but at the cost of weakening ego functioning, thereby reducing adaptive effectiveness and flexibility in life. These same primitive defensive operations when found in PPO protect the subject from further disintegration of the boundaries between the self and object (Kernberg, 1980; Moore & Fine, 1990; Willick, 1995). Several defense mechanisms have been examined as potential items of the PODF. After several pilot studies, some of them have been excluded because they were too rarely observed or were too difficult to score with good interrater reliability and stability (e.g. projection, displacement, projective identification, humor). Finally, we retained 5 mature and 5 primitive defense mechanisms.

Primitive Defense Mechanisms

We have identified two types of manifestations for some these defense mechanisms (e.g. denial). The score is given when the two types or only one type are-is manifested ; the rater is

asked to check in the little boxes which one of the two, or the two, he noticed, for more precise evaluation.

Item 2.1.1: Denial

2.1.1 Denial (borderline and psychotic):	Absence	Rare	Moderate	Frequent
<input type="checkbox"/> memory of perceptions, thoughts or feelings about split parts of the self or others without emotional relevance or <input type="checkbox"/> lack of concern, anxiety or emotional reaction about serious or pressing need, conflict or danger	0	1	2	3

Denial in BPO subjects is typically exemplified by denial of two emotionally independent areas of consciousness; actually denial reinforces splitting. The subject is generally not aware that his perceptions, thoughts, and feelings about himself or other people at one time or another are completely opposite to those he has had at other times ; when these oppositions are noticed by the subject, these seem to have no emotional relevance and they cannot influence the way he feels now.

Denial may also be manifested by a complete lack of concern, anxiety, or emotional reaction about an immediate, serious, pressing need, conflict, or danger in the subject's life, so that the subject calmly conveys his cognitive awareness of the situation while denying its emotional implications. Contrary to isolation, the subject is not worried by this lack of concern. It is also possible that an entire area of the subject's subjective awareness may be shut out from his subjective experience, thus protecting him from a potential area of conflict.

Item 2.1.2 : Splitting

2.1.2 Splitting:	Absence	Rare	Moderate	Frequent
<input type="checkbox"/> division of others into all good and all bad or <input type="checkbox"/> sudden and complete reversal of feelings and conceptualizations	0	1	2	3

Probably the clearest manifestation of splitting is the division of external objects into “all good” and “all bad”, with the concomitant possibility of complete, abrupt shifts of an object from one extreme to the other — that is, sudden and complete reversals of all feelings and conceptualizations about a particular person (including oneself). Extreme repetitive oscillation between contradictory self concepts is another manifestation of splitting. An increased anxiety when contradictory aspects of his self-image or his object representations are pointed out to him is also a possible indication of splitting.

This item can be easily scored on the basis of narratives, session materials, and SCID-II. For this item to be scored, the subject must for example show a pattern of unstable and intense relationships characterized by alternating extremes of over-idealizing and belittling. Moreover, if the subject relates evidence of affective instability (marked shifts from baseline mood to depression, irritability, or anxiety, usually lasting a few hours and only rarely more than a few days), then item 2.1.2 must be scored.

SCID-II question #91 may be a good example of clinical manifestations of this item:

Question #91: “Do the relationships with people you really care about have a lot of ups and downs? Were there times when you thought they were everything you wanted and then other times when you thought they were terrible? How many relationships were like this?”

Item 2.1.3: Omnipotence (or primitive idealization)

2.1.3 Omnipotence: <input type="checkbox"/> self representations or <input type="checkbox"/> object representations	Absence	Rare	Medium	Frequent
	0	1	2	3

Both omnipotence and primitive devaluation are derivatives from splitting operations affecting the self and object representations, and are typically represented by the activation of ego states reflecting a highly inflated, grandiose self, in relation to depreciated, emotionally degrading representations of others. Omnipotence and devaluation may become manifest in the subject's descriptions of significant others, as well as his behaviors and interactions with them.

This item can be scored on the basis of narratives, session materials, and SCID-II (First et al., 1997). For this item to be scored, the subject must show a grandiose sense of self-importance, e.g., exaggerating his achievements and talents, or expecting to be noticed as “special” even in the absence of appropriate achievement. The item must also be scored if the subject believes that his problems are unique and can be understood only by other special individuals. Finally, this item must also be scored if the subject is preoccupied with fantasies of unlimited success, power, brilliance, beauty or ideal love, or has a sense of entitlement, i.e. unreasonable expectations of especially favorable treatment, assuming for example that he does not have to wait in line when others do, etc.

SCID-II questions #27, #52, #54, and #73-84 may make up good examples of the clinical manifestations of this item:

Question #27: “Do you often feel that other people don’t understand you or don’t appreciate how much you do?”

Question #52: “Have you ever felt that you could make things happen just by making a wish or thinking about them?”

Question #54: “Do you believe that you have a ‘sixth sense’ that allows you to know and predict things that others can’t?”

Question #73: “Do people often fail to appreciate your very special talents or accomplishments?”

Question #74: “Have people told you that you have too high an opinion of yourself?”

Question #75: “Do you think a lot about the power, fame, or recognition that will be yours someday?”

Question #76: “Do you think a lot about the perfect romance that will be yours someday?”

Question #77: “When you have a problem, do you almost always insist on seeing the top person? Why do you have to see the top person?”

Question #78: “Do you feel it is important to spend time with people who are special or influential?”

Question #79: “Is it very important to you that people pay attention to you or admire you in some way?”

Question #80: “Do you think that it's not necessary to follow certain rules or social conventions when they get in your way? Why do you feel that way?”

Question #81: “Do you feel that you are the kind of person who deserves special treatment?”

Question #82: “Do you often find it necessary to step on a few toes to get what you want?”

Question #83: “Do you often have to put your needs above other people’s?”

Question #84: “Do you often expect other people to do what you ask without question because of who you are?”

Primitive idealization exaggerates the tendency to see external objects as totally good by increasing – artificially and pathologically – their “goodness”. Primitive idealization creates unrealistic and powerful all-good images. The idealized person may be seen as a potential ally against equally powerful (and equally unrealistic) “all-bad” objects.

Item 2.1.4: Omnipotent control

2.1.4 Omnipotent control: <input type="checkbox"/> by the self or <input type="checkbox"/> by the object	Absence	Rare	Moderate	Frequent
	0	1	2	3

This item must be scored when omnipotent control is used in object relationships ; it is often expressed by relationships of exploitation. This item can be scored on the basis of relationship narratives. For this item to be scored, the objects present in the various descriptions must be seen only as objects, i.e. must not be invested as subjects (with respect for their motivations, history, desires, identity, etc.). . Control and exploitation over objects must be strong or even complete, at least at a fantasmatic level. Frequent usage of this defense mechanism strongly suggests a low BPO (malignant or psychopathic subtypes) (see Figure 1) with a 2b score for quality of object relations (see later), although this mechanism can also be seen at times in high BPO or low BPO (prepsychotic type).

Item 2.1.5: Primitive devaluation

2.1.5 Primitive devaluation: <input type="checkbox"/> self-devaluation and self-destruction or <input type="checkbox"/> object devaluation	Absence	Rare	Medium	Frequent
	0	1	2	3

It is important to underline the radical and often overwhelming aspect of this defense mechanism. Self-devaluation relates to thoughts and attitudes towards the self. This defense mechanism is relatively conscious in the individual. As for self-destruction, beyond the very obvious and often spectacular behaviors (self-mutilation), we must include self-defeating conducts more or less conscious and deliberate.

SCID-I questions about substance abuse as well as SCID-II questions #12, #34 and #35 may make up good examples of the clinical manifestations of this item:

Question #6: “Do you believe that you’re not as good, as smart, or as attractive as most other people?”

Question #12: “Have you often volunteered to do things that are unpleasant?”

Question #34: “Do you believe that you are basically an inadequate person and often don’t feel good about yourself?”

Question #35: “Do you often put yourself down?”

Question # 97: “Have you tried to hurt or kill yourself or threatened to do so?”

Question # 98: “Have you ever cut, burned, or scratched yourself on purpose?”

The mechanism of primitive devaluation can also apply to object representations ; it then exaggerates the tendency to see external objects as totally bad by increasing – artificially and pathologically – their “badness”. The objects are depreciated and emotionally degrading representations.

SCID-II questions #30, #37-#38, and # 41 to #44 may are good examples of the clinical manifestations of this item:

Question #30: “Have you found that most of your bosses, teachers, supervisors, doctors, and other people who are supposed to know what they are doing, really don’t?”

Question #37: “Do you often judge others harshly and easily find fault with them?”

Question #38: “Do you think that most people are basically not good?”

Question #41: “Do you often have to keep an eye out to stop people from using you or hurting you?”

Question #42: “Do you spend a lot of time wondering if you can trust your friends or the people you work with?”

Question #43: “Do you find that it is best not to let other people know much about you because they will use it against you?”

Question #44: “Do you often detect hidden threats or insults in things people say or do?”

Mature Defense Mechanisms

Mature defense mechanisms are typical of NPO. They operate more on the inner borders of the subject (conscious vs. unconscious) than on external ones (ego vs. non-ego). Also, contrary to primitive defenses, they are usually not so radical and do not entail strong distortions of reality.

Item 2.2.1 : Idealization

2.2.1 Idealization	Absence	Rare	Moderate	Frequent
	0	1	2	3

This neurotic form of idealization is a mechanism by which the individual deals with emotional conflict, or internal or external stressors by attributing exaggerated positive qualities to others (APA, 1994). This idealization is not based on splitting; in other words, contrary to primitive idealization, it is not radical and the subject is able to perceive imperfect or non-idealized aspects in the object.

Item 2.2.2: Devaluation

2.2.2 Devaluation	Absence	Rare	Moderate	Frequent
	0	1	2	3

This neurotic form of devaluation is a mechanism by which the individual deals with emotional conflict, or internal or external stressors by attributing exaggerated negative qualities to others (APA, 1994). This devaluation is not based on splitting; in other words, this devaluation is not radical and the subject is able to perceive positive aspects in the object.

Item 2.2.3 : Isolation

2.2.3 Isolation	Absence	Rare	Moderate	Frequent
	0	1	2	3

Mechanism by which the subject deals with emotional conflicts, or internal or external stressors by separating the ideas from the feelings originally associated with them. The subject loses contact with the feelings associated with a given idea (e.g., a stressful or a traumatic event) while remaining aware of its cognitive elements (e.g., descriptive details) (APA, 1994). This mechanism allows to decrease anxiety and guilt, even if thoughts remain conscious (Willick, 1995).

Affect isolation implies that the individual is able to think about what is going on inside him. The subject is aware that he should feel some affects or emotions in such a context, he may even experience a sense of strangeness in the ego. Statement 37 of the Defense Style Questionnaire (DSQ; Andrews, Singh, & Bond, 1993) provides a good example of isolation:

Statement #37: "I often find that I don't feel anything while the situation should strongly disturb me."

Examples: One individual can think at the possible death of his father, but feel no emotion about this thought; one subject can tell his therapist that he has angry thoughts about him, without feeling angry (Willick, 1995).

It is important to distinguish affect isolation from the different forms of denial:

Reality denial: It never happened.

Affect denial: It did happen, but I don't care.

Affect isolation: It did happen, but oddly that doesn't bother me.

Item 2.2.4 : Rationalization and/or intellectualization

2.2.4 Rationalization and/or intellectualization	Absence	Rare	Moderate	Frequent
	0	1	2	3

Rationalization provides a logical and reasoned explanation to behaviors, thoughts or feelings in order to hide the unconscious signification or motives which could induce anxiety or guilt. The individual who rationalizes is usually unaware of the unconscious motives or signification (Moore & Fine, 1990).

Intellectualization is a process by which the individual tries to give a discursive formulation to his emotions in a way to master them. Preponderance is given to abstract thinking to the detriment of affects and fantasies (Laplanche & Pontalis, 1967). One of its main purposes is to keep away and neutralize affects. In this regard, rationalization is in a different position: it does not imply a systematic avoidance of affects, but rather confer them motivations that are more credible than true in giving them a rationale or ideal justification (e.g., a sadistic behavior in times of war, justified by conflict requirements, patriotism, etc.). Intellectualization is closer to isolation than rationalization because the latter allows itself to be closer to affects.

Item 2.2.5 : Denegation and/or suppression

2.2.5 Denegation-suppression	Absence	Rare	Moderate	Frequent
	0	1	2	3

Mechanism by which the individual deals with emotional conflict or internal or external stressors by intentionally avoiding thinking about disturbing problems, wishes, feelings or experiences (APA, 1994). This mechanism is based on repression, and reality is never denied.

Reality Testing

Both NPO and BPO show good maintenance of reality testing, in contrast to PPO. However, BPO may experience transient impairments of reality testing because of massive use of primitive defenses (particularly denial and splitting). Contrary to PPO, BPO subjects are deeply disturbed by these impairments and they do not try to integrate them into delusional thoughts. Therefore, while identity diffusion syndrome and predominance of primitive defensive operations allow structural differentiation of borderline from neurotic conditions, reality testing allows to differentiate BPO from the major psychotic syndromes. Reality testing is defined by the capacity to differentiate self from non-self, intra-psychic from external origins of perceptions and stimuli, and the capacity to realistically evaluate one's own affect, behavior, and thought content in terms of ordinary social norms. Clinically, reality testing is recognized by: (a) the absence of hallucinations and delusions; (b) the absence of grossly inappropriate or bizarre affect, thought content, or behavior; and (c) the capacity to empathize with and clarify other people's observations of what seem to them inappropriate or puzzling aspects of the subject's affects, behavior, or thought content within the context of ordinary social interactions. Reality testing needs to be differentiated from alterations in the subjective experience of reality, which may be present at some time in any subject with psychological distress, and from the alteration of the relation to reality that is present in all character pathology as well as in more regressive, psychotic conditions (Kernberg, 1980).

In order to score this dimension, one should look for crosschecks between narratives, SCID-I, and SCID-II, especially between SCID-I questions regarding psychoses, and SCID-II questions regarding paranoid, schizotypal, and schizoid personality disorders (questions #41-65). We must keep in mind that transient psychotic symptoms are not rare in BPO ; however, brief psychotic episodes are experienced by BPOs as abnormal and bizarre, suggesting that these subjects never lose touch with consensual reality. The low BPO (prepsychotic) is an intermediate

level that characterizes these subjects who experience psychotic symptoms on quite a regular basis without being psychotic ; they are often able to function relatively well in a secure and well-known environment that does not involve close and intimate relationships.

Item 3.1 : Lack of differentiation between self and others

3.1 Lack of differentiation between self and others	Absence	Rare	Medium	Frequent
	0	1	2	3

This item can be scored on the basis of narratives, session material, SCID-I, and SCID-II. Some SCID-I questions regarding delusions may provide reliable indications of the subject's incapacity to distinguish the self from others, but it does not necessarily imply that the item must be scored automatically if the subject answers some of these questions in the affirmative.

SCID-I questions:

“Have you ever received special messages from television, radio, newspapers or familiar objects?”

“Have you ever had the feeling that someone or something outside yourself was able to control your thoughts or your actions against your will?”

“Have you ever had the feeling that thoughts that were foreign to you had been introduced into your mind by someone else?”

“Have you ever had the feeling that someone or something was able to steal your thoughts from your mind?”

“Have you ever had the feeling that other people could hear your thoughts?”

Item 3.2 : Failure to differentiate intra-psychic from external origins of perceptions and stimuli

3.2 Failure to differentiate intra-psychic from external origins of perceptions and stimuli	Absence	Rare	Medium	Frequent
	0	1	2	3

This item can be scored on the basis of narratives, session material, SCID-I, and SCID-II. Some SCID-I questions regarding hallucinations as well as SCID-II questions #55-57 may provide evidence that the subject actually does suffer from an inability to distinguish the intra-psychic from the external origin of stimuli and perceptions, but it does not necessarily imply that the item must be scored automatically if the subject answers these questions in the affirmative.

SCID-I questions:

“Have you ever heard sounds that other people could not hear, such as noises or voices of people whispering or talking?”

“Have you ever had visions or have you ever seen things that other people could not see?”

“Have you ever experienced strange sensations in your body or on your skin?”

“Have you ever perceived smells that others were not able to smell?”

SCID-II questions:

Question #55: “Does it often seem that objects or shadows are real people or animals or that noises are actually people’s voices?”

Question #56: “Have you had the sense that some person or force is around you, even though you can’t see anyone?”

Question #57: “Do you often see auras or energy fields around people?”

Item 3.3 : Lack of capacity to realistically evaluate one's own affect, behavior, and thought contents in terms of ordinary social norms

3.3 Lack of the capacity to realistically evaluate one's own affect, behavior, and thought contents in terms of ordinary social norms	Absence	Rare	Medium	Frequent
	0	1	2	3

This item can be scored on the basis of narratives, session material, SCID-I, and SCID-II.

This item must be scored if the subject is unable to realize that other people see him as weird, if he is unable of taking a distance from his situation, or if he relates bizarre things or events during sessions without calling attention to them.

For Kernberg, this item is especially crucial to distinguish PPO from BPO. As aforementioned, BPO subjects may experience transient perturbations in reality testing (derealization, hallucinations, etc.). However, these brief episodes are experienced as abnormal and bizarre, suggesting that these subjects never lose touch with consensual reality. In contrary, PPO subjects can't evaluate appropriately the unrealistic nature of these perturbations, and remain convinced of their "reality".

Item 3.4 : Presence of grossly inappropriate or bizarre affects, thought contents or behaviors

3.4 Presence of grossly inappropriate or bizarre affects, thought contents or behaviors	Absence	Rare	Medium	Frequent
	0	1	2	3

This item can be scored on the basis of narratives, session material, SCID-I, and SCID-II.

This item must be scored if the subject's narratives contain serious flaws either in form or content. The subject's general attitude during the course of the evaluation should also be considered, as well as any relevant data reported in SCID-I, and SCID-II. Moreover, the various

SCID-II questions relating to schizoid, schizotypal, and paranoid personality disorders may provide reliable evidence of the “presence of grossly inappropriate or bizarre affects, thought contents, or behaviors.”

Quality of Object Relations

The fourth structural dimension pertains to the quality of object relations, which can be shortly defined as stable and deep (mostly unconscious) templates of relationships with significant others.

This dimension can be scored on the basis of narratives, session or intake material, therapeutic relationship (transference and countertransference), even SCID-I, and SCID-II. While scoring this dimension, the evaluator should address : (a) whether the object relationships are symbiotic, dyadic or triangular; (b) whether the subject experiences affects such as envy, rivalry, jealousy; and (c) what the subject is afraid of (type of anguish: being hurt, punished, abandoned, rejected, destroyed, annihilated, etc.).

Raters first determine which of the 5 levels of object relationships best describe the subject's typical functioning (see figure 2). Then raters identify, if possible, subtype of object relations into the BPO and NPO categories.

Figure 2 : Quality of Object Relations

1	Symbiotic with fear of disintegration and annihilation	<input type="checkbox"/>
2a	Low Borderline Organization with fear of the object <input type="checkbox"/> Paranoid <input type="checkbox"/> Schizoid <input type="checkbox"/> Schizotypal	<input type="checkbox"/>
2b	Low Borderline Organization with control of the object <input type="checkbox"/> Malignant narcissism <input type="checkbox"/> Antisocial	<input type="checkbox"/>
2c	High Borderline Organization with fear of abandonment <input type="checkbox"/> Dependant <input type="checkbox"/> Histrionic <input type="checkbox"/> Sado-masochistic <input type="checkbox"/> Narcissism <input type="checkbox"/> Borderline	<input type="checkbox"/>
3	Œdipal with fear of castration – depression <input type="checkbox"/> Hysteria <input type="checkbox"/> Depressive masochistic <input type="checkbox"/> Obsessive-compulsive	<input type="checkbox"/>

1. Symbiotic with fear of disintegration and annihilation

Psychotic object relations reflect a flaw in primary narcissistic organization during the very first stages of life. It is impossible for the child to be considered as a separate object from the “subject-mother”. This symbiotic relationship with the mother is endlessly repeated on an interpersonal level; a genuine object relation to an external well-differentiated object is not possible, neither genital nor anaclitic, even though the latter mode is certainly less demanding than the former. In the most regressive cases of PPO, the relationship is neither dual nor triadic. The superego has by no means reached the point where it can play a basic organizational or conflicting role. The self never becomes a whole; instead it is fragmented, whether this fragmentation is very obvious or whether some fragments are kept together, allowing a certain level of psychosocial functioning. The underlying anguish is not focused on genital castration or on the loss of the object, but rather on disintegration, annihilation, bursting. The underlying conflict is caused by a confrontation between reality and elementary impulses, leading to a denial of all those aspects of reality which have become too much of a burden to bear. It may even lead to delusions if a big part of reality has been denied, and then it becomes necessary for the subject to invent a new, favorable reality, which, though absurd, is indispensable for survival. Fear of annihilation is a grim kind of anguish made of desperation and withdrawal (Bergeret, 1974).

2. Borderline object relations

Borderline object relations are dual and anaclitic, and ego boundaries are generally maintained. Borderline subjects rely on the object for the satisfaction of basic needs: being loved, self-esteem, inner security, etc. Typical of these relations are fears of being manipulated, exploited, abandoned or rejected. Erotic and aggressive drives are not integrated and splitting

remains the main defense mechanism. For more precise evaluation, borderline object relations have been divided into the three following subtypes.

2a. Low Borderline Organization with fear of the object

This type of object relation involves extensive, long-lasting projection of extremely bad internal objects onto external objects. The subject has a deep fear of the object with which mere contact involves the risk of losing his identity. The subject hesitates between two unbearable positions: either he comes close to the object he desires – and then he fears annihilation and complete loss of his identity; either he cuts himself from the object – and then he feels desperately isolated. Such object relations are typical of paranoid, schizotypal and paranoid PO subtypes.

2b. Low Borderline Organization with exploitation and control of the object

This type of object relation implies the presence of a very archaic, idealized, persecuting and sadistic precursor of the superego. The object relation is basically one of exploitation aiming at gaining omnipotent control over the object. There is something Machiavellian in this type of object relation; everything is coldly planned and calculated. What differentiates malignant narcissistic from antisocial object relations is that the former does not engage exclusively in exploitation-type relationships. Indeed, a person with primarily malignant narcissistic object relations is capable maintaining some non-exploitative relationships. These object relations are typical of malignant narcissistic and psychopathic PO.

2c. High Borderline Organization with fear of abandonment

The subject must report fears (or defenses against them) of being abandoned, of being left without anyone to take care of him, or of being rejected. These object relations are typical of

borderline, narcissistic, sadomasochistic, histrionic, and dependent PO subtypes. Manifestations of such object relations can be found in SCID-II for example:

SCID-II questions #14, #15, #90 and #101 may provide good examples of the clinical manifestations of object relations typical of high borderline organization.

Question #14: “When a close relationship ends, do you feel you immediately have to find someone else to take care of you?”

Question #15: “Do you worry a lot about being left alone to take care of yourself?”

Question #90: “Have you often become frantic when you thought that someone you really cared about was going to leave you? What have you done?”

3. Oedipal with fear of castration - depression

Neurotic object relations are actualized in a fully genital and objectal mode; the object maintains a proximal position, existing as such and sought for this very reason. Neurotic conflict takes place between the superego and impulses, and is played out within the ego. In NPO, the ego is a whole, but may be distorted at its various levels of functioning, either following problems in the oedipal phase or because of pre-genital fixations which later disturbed genital elaboration; however, the ego is never split. The fear specific to neurotic organizations has nothing to do with fear of disintegration, but rather with the danger of castration. Fear of castration is a fear which has to do with guilt, and this guilt is often projected erotically into an anticipated future (Bergeret, 1974). Maso-depressive, obsessionnal-compulsive and hysterical POs present such object relations.

Guidelines for dimensions and GPO scoring

Dimensional scores are calculated by simply adding up the scores of all items within each dimension (although the object relation dimension includes only one item). We therefore obtain individual profiles on the dimensions of the model. Global PO diagnosis (GPO) (i.e. Psychotic, Borderline or Neurotic PO) is given according to the scoring of the four dimensions. A dimension is considered present when it exceeds mid-point. Psychotic PO is scored when there is identity diffusion, mostly primitive defenses, impaired reality testing and symbiotic object relations. Borderline PO is scored when there is identity diffusion, mostly primitive defenses, mostly good reality testing and one of the three subtypes of Borderline object relations. Neurotic PO is scored when there is identity integration, mostly mature defenses, good reality testing and oedipal object relations (see Figure 3 below). Usually both primitive and mature defenses are observed ; the rater must then determine which one prevails.

Figure 3. Guidelines for Global Personality Organization (GPO) Diagnosis:

GPO	Dimensions			
	Identity	Defenses	Reality Testing	Type of Object Relations
Neurotic	Integrated	Mostly mature	Good	Oedipal
Borderline	Diffused	Mostly primitive	Mostly good	Borderline: 2a,2b or 2c
Psychotic	Diffused	Mostly primitive	Impaired	Psychotic

The training of PODF raters should take approximately 20 hours, provided that they have a good pre-existing knowledge of Kernberg's model and psychanalytic works on object relations, defenses and identity.

References

- Abend, S. M. (1995). Identity. In B. E. Moore & B. D. Fine (Eds), *Psychoanalysis: The major concepts* (pp. 176-208). New Haven & London: Yale University Press.
- American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th Edition.). Washington, DC: American Psychiatric Association.
- Andrews, G., Singh, M., & Bond, M. (1993). The Defense Style Questionnaire. *Journal of Nervous and Mental Disease*, 181, 246-256.
- Bergeret, J. (1974). *La personnalité normale et pathologique*. Paris: Bordas.
- Block, J. (1995). A contrarian view of the Five Factor approach to personality description. *Psychological Bulletin*, 117, 187-215.
- Derksen, J. J., Hummelen, J W., Bouwens, P. J. (1994). Interrater reliability of the structural interview. *Journal of Personality Disorders*, 8, 131-139.
- Diguer, L., Laverdière, O., Gamache, D., Hébert, É., (2004a). *Specificity of transference dyads among personality organizations*. International conference of the Society for Psychotherapy Research, Rome.
- Diguer, L., Lefebvre, R., Drapeau, M., Luborsky, L., Rousseau, J. P., Hébert, É., Daoust, J. P., Pelletier, S., Scullion, M., & Descôteaux, J. (2001). The CCRT of Psychotic, Borderline and Neurotic Personality Organizations. *Psychotherapy Research* 11, 159-183.
- Diguer, L., Normandin, L., & Hébert, É. (2001). *Personality Organization Diagnostic Form*. Unpublished manuscript. Université Laval, Québec, Canada.
- Diguer, L., Pelletier, S., Hébert, É., Descôteaux, J., Rousseau, J.-P., & Daoust, J.-P. (2004b). Personality organizations, psychiatric severity, and self and object representations. *Psychoanalytic Psychology*, 21, 259-275.

- Erikson, E. H. (1956). The problem of Ego identity. *Journal of the American Psychoanalytic Association, 4*, 56-121.
- First, M. B., Spitzer, R. L., Gibbon, M., Williams, J. B. W., & Benjamin, L. S. (1997). *User's guide for the Structured Clinical Interview for DSM-IV axis II personality disorders (SCID-II)*. Washington, DC: American Psychiatric Association.
- First, M. B., Spitzer, R. L., Gibbon, M., & Williams, J. B. W. (1997). *User's guide for the Structured Clinical Interview for DSM-IV axis I disorders (SCID-I)*. Washington, DC: American Psychiatric Association.
- Fonagy, P., & Target, M. (2003). Fonagy and Target's model of mentalization. In Fonagy, P. & Target, M., *Psychoanalytic theories: Perspectives from developmental psychopathology*, 270-282. London: Whurr Publishers, Ltd.
- Gamache, D. (2003). *The Personality Organization Diagnostic Form-II (PODF-II): Étude d'entente interjuges et de validité interne*. Unpublished Master's thesis. Université Laval, Québec, Canada.
- Gamache, D., Laverdière, O., Diguier, L., Hébert, E., Normandin, L., Larochelle, S. & Descôteaux, J., (submitted). *The Personality Organisations Diagnostic Form : Psychometric properties of an improved version*.
- Hébert, É., & Diguier, L. (1999). *Construct validity and interrater reliability of the Personality Organization Diagnostic Form (PODF)*. Poster at the Society for Psychotherapy Research, Braga, Portugal.
- Hébert, E., Diguier, L., Descôteaux, J., Daoust, J. P., Rousseau, J. P., Normandin, L., & Scullion, M. (2003). The Personality Organization Diagnostic Form (PODF): A preliminary report on its validity and interrater reliability. *Psychotherapy Research, 13*, 243-254.

- Hébert, É., Diguier, L., Gamache, D., & Daoust, J.P. (2005). *Personality Organization and Sport Psychology*. Paper presented at the international conference of the Society for Psychotherapy Research, Montréal.
- Jacobson, E. (1964). *The self and the object world*. New York: International Universities Press.
- Kernberg, O. F. (1975). *Borderline Conditions and Pathological Narcissism*. New York : Aronson.
- Kernberg, O. F. (1980). *Internal World and External Reality*. New York: Jason Aronson.
- Kernberg, O. F. (1984). *Severe personality disorders: Psychotherapeutic strategies*. New Haven & London: Yale Universities Press.
- Kernberg, O. F. (1996). A psychoanalytic theory of personality disorders. In Lenzenweger, M. F., & Clarkin, J. F. (Ed.), *Major theories of personality disorders* (pp. 106-140). New York: The Guilford Press.
- Kernberg, O. F., & Caligor, E. (2005). A psychoanalytic theory of personality disorders. In M. F. Lenzenweger & J. F. Clarkin (Eds.), *Major theories of personality disorders* (pp. 114-156). New York: The Guilford Press.
- Larochelle, S., Diguier, L., Gamache, D., Laverdière, O., & Rousseau, J.P. (submitted). *Role of Personality Organization and Narcissism Pathology in the Prediction of Treatment Non-Completion among Child Molesters*.
- Laplanche, J., & Pontalis, J.-B. (1967). *Vocabulaire de la psychanalyse*. Paris: Presses Universitaires de France.
- Laverdière, O. (2004). *The Personality Organization Diagnostic Form II (PODF-II): Étude des propriétés psychométriques*. Unpublished Master's thesis. Université Laval, Québec, Canada.
- Lenzenweger, M. F., Clarkin, J. F., Kernberg, O. F., & Foelsch, P. A. (2001). The Inventory of Personality Organization: Psychometric properties, factorial composition, and criterion

relations with affect, aggressive dyscontrol, psychosis proneness, and self-domains in a nonclinical sample. *Psychological Assessment*, 13, 577-591.

- Luborsky, L. (1998). The Relationship Anecdotes Paradigm (RAP) interview as a versatile source of narratives. In L. Luborsky, & P. Crits-Christoph (Eds), *Understanding Transference: The Core Conflict Relationship Theme Method* (2nd Ed.) (pp. 109-120). Washington, DC: American Psychological Association.
- Mahler, M. S., Pine, F. & Bergman, A. (1975). *The Psychological Birth of the Human Infant ; Symbiosis and Individuation*. London : Hutchison.
- McWilliams, N. (1994). *Psychoanalytic Diagnosis -- Understanding personality structure in the clinical process*. New York: Guilford.
- Moore, B. E., & Fine, B. D. (1990). *Psychoanalytic terms and concepts*. The American Psychoanalytic Association and Yale university Press: New Haven and London.
- Oldham, J.M., Clarkin, J.F., Appelbaum, A., Carr, A., Kernberg, P., Lotterman, A., & Hass, G. (1985). A self-report instrument for borderline personality organization. In T.H. McGlashan (Ed.), *The borderline: Current empirical research*. Washington, DC: American Psychiatric Press.
- Weinryb, R.M., Rössel, R.J., & Asberg, M. (1991). The Karolinska Psychodynamic Profile. I. Validity and dimensionality. *Acta Psychiatrica Scandinavica*, 83, 64-72.
- Willick, M. S. (1995). Defenses. In B. E. Moore & B. D. Fine (Eds). *Psychoanalysis : The Major Concepts* (pp. 485-493). New Haven & London: Yale University Press.