KAROLINSKA PSYCHODYNAMIC PROFILE

KAPP

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ABSTRACT:

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The Karolinska Psychodynamic Profile, KAPP, is a rating instrument founded upon psychoanalytic theory. Its validity is satisfactory, and high interrater reliability can be attained with modest training of the raters in using the instrument. It enables relatively stable and only slowly variable modes of mental functioning and character traits to be assessed psychodynamically. The profile is based upon eighteen subscales, by means of which these modes of mental functioning and character traits can be represented. The subscales have been chosen with a view to obtaining a comprehensive assessment of modes of mental functioning and character traits, as reflected in the patient's self-image and relationships with others. The subscales and their scale steps have been provided with relatively detailed descriptions which are kept close to clinically observable phenomena. The information needed for making the assessments is obtained through a structural interview procedure. The manual, the subscales and their scale steps, and the assessment procedure is presented.

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MANUAL

The KAPP is a rating instrument founded upon psychoanalytic theory. Its validity is satisfactory, and high interrater reliability can be attained with modest training of the raters in using the instrument ([1]; [2]). It enables relatively stable and only slowly variable modes of mental functioning and character traits to be assessed psychodynamically. The profile is based upon eighteen subscales, by means of which these modes of mental functioning and character traits can be represented.

According to classic drive theory and ego psychology, modes of mental functioning are described in terms of fixation points and ego functions. In their conceptual structure, such metapsychological theories ([3] p 225) are remote from clinically observable phenomena. In the psychoanalytic theory of technique, on the other hand, concepts such as transference and resistance are more closely related to such clinically observable phenomena as desires, feelings and actions ([4]).

During recent decades the focus of metapsychological theories has been the subject of debate in psychoanalytic literature, and both their clinical applicability and their importance have been challenged. They are considered to be too remote from clinically observable phenomena (4; [5] ; [6] pp 102-120; [7]). In current psychoanalytic thinking, object relations is an aspect that has attracted increasing attention ([8]; [9] pp 19-83).

Existing profiles and scales ([10]; [11]) have been primarily based upon drive theory and ego psychology approaches. In the descriptions adopted in the KAPP, our aim has been to achieve a closer correspondence with clinically observable phenomena. The subscales have been chosen with a view to obtaining a comprehensive assessment of modes of mental functioning and character traits, as reflected in the patient's self-image and relationships with others.

A person's individual lifestyle and mental attitudes defy delineation with a rating procedure. The breakdown and description of reality in terms of a number of subscales is inevitably artificial, limited, and to some extent arbitrary. Naturally, the modes of mental functioning described by the subscales are not specific 'functions' with an independent existence. The KAPP is a conceptual tool the purpose of which is to conceptualize a complex reality.

The subscales are as follows:

Subscales 1, 2 and 3 essentially describe the quality of interpersonal relations:

1. Intimacy and reciprocity
2. Dependency and separation
3. Controlling personality traits

Subscales 4, 5, 6 and 7 describe more specific aspects of personality functioning:

4. Frustration tolerance
5. Impulse control
6. Regression in the service of the ego
7. Coping with aggressive affects

Subscales 8 and 9 reflect affect differentiation, both with regard to experience and expression:

8. Alexithymic traits
9. Normopathic traits

Subscales 10, 11 and 12 describe the importance attached to the body as a factor of self-esteem:

10. Conceptions of bodily appearance and their significance for self-esteem
11. Conceptions of bodily function and their significance for self-esteem
12. Current body image

Subscales 13 and 14 provide more specific descriptions of one aspect of interpersonal relations, namely sexuality - both with regard to function and satisfaction:

13. Sexual functioning
14. Sexual satisfaction

Subscales 15, 16 and 17 describe the individual's impression of his own social significance:

15. Sense of belonging
16. Feeling of being needed
17. Access to advice and help

Subscale 18 is intended to elicit a more comprehensive description of the individual's personality structure - *i.e.*, modes of mental functioning and character traits that are more or less independent of time and place, and which constitute the core of the individual's personality.

18. Personality organization.

The KAPP subscales are ordinal scales intended to describe levels of mental functioning. The intervals between the levels of functioning on the scales are not envisaged as being equal but as graded from relative normality toward increasing degrees of disturbance. Each subscale consists of a definition of the subscale itself, and of three defined levels on the scale. Two additional intermediate levels may be used on each scale resulting in a five-point scale - 1, 1.5, 2, 2.5 and 3, where level 1 represents 'most normal' and level 3 'least normal'. As the concept of normality in such contexts is of necessity a theoretical abstraction (3 p 235; [12] pp 236-237), the scope of level 1 on the scales has been made broad enough to include 'normal neurotic' modes of mental functioning. The definition of each level on the scales has been complemented with illustrative examples.

Before using the KAPP it is essential to become familiar with the definitions of each subscale and its constituent levels. The definitions of the levels are intended to give an idea of the graduations within the subscales. The examples are intended to illustrate the levels in greater detail. Specific comments by the patient, that may happen to coincide with a certain illustrative example, should not necessarily be taken as reflecting that particular level. Neither the definitions, the levels on the scale, nor the examples are to be taken literally, but as guides to conceptualization of the levels within the subscale.

The three defined levels on the scales are not directly related to the degree of psychopathology in a psychiatric sense, although there may be some correspondence. Nor, of course, is the degree of disturbance on one subscale necessarily related to the degree of disturbance on another. It is thus important to assess each subscale independently, and to avoid becoming influenced by any form of general picture that may seem to be emerging, even if certain profiles are more unlikely than others. Within the same level of personality organization or category of psychiatric diagnosis, for example, the KAPP profile may vary from one individual to another.

The information needed for making assessments of the KAPP subscales is obtained by interview, the approach adopted having been developed from Kernberg's structural interview procedure ([13] pp 27-51). This should be complemented with open questions intended to elicit the information necessary to the assessment of the subscales. The interview does not consist in structured interrogation, but takes the form of free conversation - though the interviewer should bear in mind all the aspects to be covered in order to gather sufficient material for a satisfactory assessment. When vagueness or confusion arise, the interviewer should ask clarifying questions and even confront the subject. Tentative interpretations may also be used. This usually means that the patient with a largely neurotic personality organization is afforded abundant opportunity for self-reflection, while the conversation between patient and interviewer proceeds relatively smoothly. This will not be the case, however, with a more disturbed patient. Questions, clarifications and confrontations then need to be more widely used, in order to obtain adequate information for the assessment. The interview usually takes about two hours, but may take much longer in certain cases.

The assessments should be based upon interpretations not only of what has been said, but also of what has been expressed non-verbally and of the total interaction between the patient and the interviewer during the interview. It is thus important not to take what has been said at face value, but to consider how it may agree with the interaction during the interview as a whole. In this respect, the interviewer's counter-transference reactions are of great importance, inasmuch as they provide clues to such as may not be expressed verbally. Knowledge of psychoanalytic theory and clinical experience of psychodynamic processes is essential to satisfactory execution of the interview and the assessment.

As the subscales represent different levels of abstraction, the extent of interpretation required will differ from one subscale to another. Subscale 18, for instance, which concerns assessment of the structural level of personality organization, represents a considerably higher level of abstraction than do the remaining subscales.

For each subscale, assessment should be made with reference to the individual's general functional level. This means that in case of difficulties with a specific situation or relationship, but where function in all other situations described by the subscale may be satisfactory, the lower rating should not be given. Nor should specific but marginal difficulties be given undue predominance in the assessment. An overall assessment should be made for each subscale.

An important point to bear in mind is that for the subscales 3 (Controlling personality traits), 10 (Conceptions of bodily appearance and their significance for self-

esteem), and 11 (Conceptions of bodily function and their significance for self-esteem), level three on the scale may represent two opposing modes of mental functioning. In the case of more serious disturbances of these kinds, associated needs and desires may either be given uninhibited expression or be the subject of severe inhibition. Such attitudes may also alternate or occur in conjunction with one another.

The expression 'capacity' is frequently used in the KAPP. By this is meant the individual's actual ability to achieve whatever is described by the subscale - in contrast to any potential ability or a predisposition in a genetic sense; *e.g.*, that the individual is currently capable of establishing lasting and reciprocal relations, where the other's unique personality as well as emotional and practical functions are crucial elements, as distinct from any future possibility that this might be achieved by an individual at present unable to relate to others in this manner.

1. Intimacy and reciprocity

The capacity to establish, maintain and deepen reciprocally rewarding relations with other people has its roots in early childhood and subsequently becomes of crucial importance to the individual's continued development and sense of identity. Disturbance to the individual's capacity to relate to other people in an intimate and reciprocal manner is a source of serious problems. A satisfactory capacity in this respect may also be a source of problems, though problems of another kind.

The subscale describes different ways of relating to others - from relations characterized by intimacy, reciprocity and consideration to unilateral relations based upon selfish needs (8 pp 64-76; 9 pp 215-239; [14]; [15]; [16]; [17]; [18]; [19] pp 121-154, 277-306; [20]; [21]; [22]; [23]; [24]; [25]; [26]).

2. Dependency and separation

This subscale concerns two specific aspects of the individual's capacity for relationships - namely, his capacity for mature dependency and his capacity to come to terms with losses. Capacity for establishing mature dependency relations, and to be able to relinquish them, requires both confidence in one's ability to manage on one's own and trust in others (8 pp 64-76),'basic trust' (15; [27]). To be able to grieve, to console oneself, and to show concern for one's own welfare in a healthy and rewarding manner, presupposes an ability to endure external losses and come to terms with them (20; [28]). Lack of 'basic trust' gives rise to dependency relations involving fear of abandonment, though it may also result in denial of all dependency ([29]). The subscale describes different types of dependency - from relative independence, as a more adult form of dependency, to infantile dependency (22; [30] pp 43-49, 62-92; [31]; [32]).

The individual's capacity for mature dependency and separation is related to his capacity for intimacy and reciprocity as described in subscale 1, though it is not synonymous with it. Inadequate capacity for mature dependency and separation may in itself constitute a specific problem.

3. Controlling personality traits

By controlling (anal) personality traits is meant the manner in which the need of power and control is expressed in relation to people and things. In interpersonal relations these traits are expressed in a need to dominate or be submissive ([33]; [34]; [35]; [36]). When sublimated and subordinated to the reality principle, these traits, like such classic anal personality traits as orderliness, parsimony and obstinacy ([37]), promote satisfactory function. In other words, the individual is able to utilize such personality traits in a flexible manner when the situation warrants it, but is also able to refrain from so doing.

The subscale describes different ways in which the need of power and control may be expressed - from mature and flexible attitudes to less mature and more compulsively rigid forms made manifest in relations both to people and things. These traits may be expressed covertly and indirectly by avoidance of overt bids for power or control, or by fluctuation between dominance and submission.

4. Frustration tolerance

By frustration tolerance is meant the capacity to endure the tension and displeasure arising from the conflict between wishes felt to be essential and the internal or ex-

ternal limitations involved.

Frustration is an inevitable facet of human existence, as all wishes can not possibly be fulfilled. This is something hard to accept in early life when expectations of perfection are still strong ([38]). Usually frustration is tolerated better and better as time goes on, as are the resultant feelings of displeasure. Among other things, mental maturity involves enduring and coming to terms with reverses and disappointments ([39]). In other words, it entails being able to tolerate and accept the loss of infantile fantasies of omnipotence, security and perfection. The individual's capacity to endure and come to terms with frustration, and the feelings it gives rise to, is of great importance to him in dealing with the limitations imposed by reality and by his own shortcomings (12; [40] pp 339-357).

The subscale describes different ways of responding to frustration - ranging from tolerance and coming to terms with it, to manifest difficulty in enduring the disagreeable feelings it engenders (13 pp 10-24; 30 pp 134-138).

5. Impulse control

By impulse control is meant the individual's capacity to permit subordination of the pleasure principle to the reality principle. This entails being able to postpone immediate gratification of needs and wishes, with a view to their eventual realization when it may be more compatible with reality (40 pp 339-357).

The capacity to endure the disagreeable feelings aroused when various needs and wishes are not immediately gratified is extremely limited in early life. However, the capacity to consider realistic ways and means of satisfying needs and wishes usually increases with age, and thus in time the reality principle is enlisted in the service of the pleasure principle. Satisfactory impulse control is a prerequisite for any goal-oriented endeavour, and is, of course, associated with though not identical to the ability to endure frustration (13 pp 10-24; 30 pp 134-138; [41] pp 3-47).

The subscale describes different ways of controlling impulse - ranging from a mature balance between wishes and reality, via undue emphasis upon the dictates of reality at the cost of wishes, to manifest difficulty in taking reality into consideration in the pursuance of gratification.

6. Regression in the service of the ego

The capacity for regression in the service of the ego is a prerequisite for creativity and emotional resilience. It entails indulgence of sublimated, less rational and more childlike sides of the personality. Ability to regress in the service of the ego presupposes basic trust, permitting the individual to relinquish voluntarily certain established modes of mental functioning. Regression in the service of the ego is characterized by voluntary, playful and temporary relinquishment of the reality principle, and the ability to put a stop to the regression at will (41 pp 22-37, 74-79; [42]; [43]; [44]).

It is important to distinguish between regression in the service of the ego and involuntary regression, temporary or permanent, which can not be controlled or brought to an end at will.

The subscale describes the capacity to regress in the service of the ego - ranging from a satisfactory capacity to relinquish the reality principle temporarily, both playfully, voluntarily and under control, to manifest difficulty in doing so.

7. Coping with aggressive affects

We distinguish between aggression (the instinct) as a theoretical concept and its direct or indirect expression (derivatives). Opinion differs widely as to how the theoretical concept of aggression should be considered and defined, and to what extent it reflects an underlying reality. On one hand, aggression is understood as a primary innate instinct, analogous with the sexual instinct (17; [45]; [46]); on the other, it is viewed as being secondary to frustration (8 pp 64-76; [47]). Nor is there any more or less generally accepted theory regarding the relationship between the theoretical concept of aggression, and its observable direct or indirect expression in the form of aggressive feelings or acts ([48]; [49]).

Thus, in the KAPP, we have confined ourselves to the consideration of various expressions of aggression, which are made manifest in the form of aggressive thoughts, feelings and acts, and in self-assertiveness and setting boundaries. They may also be expressed covertly and indirectly in various ways (6 pp 165-170, 281-283).

In this context, the meaning of aggressive expressions is not confined to destructive manifestations intended to harm someone or something. In the KAPP we have

adopted a broader definition which embraces self-assertiveness, boundary-setting and other goal-directed acts that promote the individual's adaptation (17).

Manifestations of aggressivity may vary from the purely physical to more verbal and sophisticated forms. These more mature expressions of aggressivity are not mastered in early life, but are something which at best may be learned in time. One reason for this is the insight that direct physical manifestations of aggressivity can have unfortunate consequences both for the self and others. As a result the aggressive manifestations are modified by means of various defence mechanisms. Such transformations may result in aggressivity being expressed in a covert and indirect manner. Normally, aggressive expressions chiefly take verbal forms, such as arguing or shouting instead of fighting, though they may also be made manifest in appropriate self-assertiveness and boundary-setting ([50]).

The subscale describes various ways of coping with aggressive affects - ranging from adaptive and goal-directed attitudes, via non-adaptive inhibition of aggression, to impulsive and destructive expression.

8. Alexithymic traits

Alexithymia refers to a relative inability to identify, experience and articulate variation in feelings and emotional states in a subtle and differentiated manner ([51]; [52]), and by disturbance to the capacity to symbolize ([53]). Manifest alexithymia is characterized by great difficulty in distinguishing between different feelings and sensations (*e.g.*, between irritation, anger, sorrow, hunger or cold) and putting a name to them. Instead, feelings and emotional states may be expressed in actions or in the form of physical sensations (29; [54]; [55]; [56] pp 147-179). With relative normality, feelings are differentiated, desomatized and verbalized, whereas in alexithymia they are undifferentiated, somatized and non-verbalized ([57]). Alexithymia is tangential both to the concept of normopathy and the capacity for regression in the service of the ego . The relationship between alexithymia and normopathy is dealt with in the description of the following subscale (Normopathic traits).

The concept of alexithymia describes a specific disturbance, and the concept is now generally recognized. In the definition of this subscale, therefore, we have chosen to describe the disturbance itself, in contrast to the earlier subscales where definition has been based upon relative normality. However, the scale itself is analogous with the earlier scales, ranging from relative normality toward increasing degrees of disturbance.

The relationship between alexithymia and the capacity for regression in the service of the ego is complex. To be able to experience and indulge pleasurable fantasies in sublimated form, such as in regression in the service of the ego, presupposes a capacity to symbolize and to experience and verbalize differentiated feelings and emotional states. Patent disturbances in these respects, as in manifest alexithymia, are incompatible with a satisfactory capacity for regression in the service of the ego. Manifest difficulty in regression in the service of the ego does not in itself imply disturbances in the capacity to experience and express differentiated feelings and emotional states - *i.e.*, alexithymia. Difficulty in regressing in the service of the ego may, for instance, be due to neurotic inhibition or other disturbances, unconnected with the capacity to experience feelings and emotional states.

With this subscale, it is of particular importance to take into consideration the intellectual level of the individual, his social background, education and cultural environment ([58]). It is not a question of how many words are used to describe states of emotion, but of how feelings and emotional states can be communicated within the limits of the vocabulary at the individual's command. Apparent limitations in choice of words may tend to obscure a rich capacity for non-verbal nuance (facial expression, intonation, etc.). The reverse may also be true - facility with words may conceal an underlying emotional aridity. For these reasons, assessment of this subscale demands special alertness on the part of the rater ([59]).

9. Normopathic traits

To be able to experience and give active expression to *personal* and *individualized* needs and wishes, a prerequisite is a capacity for fantasy and daydreaming. In its extreme form, normopathy implies an incapacity for such personal fantasies; instead, the individual clings to social conventions or mores (55; 56; 57). The normopathy concept is tangential both to that of alexithymia and to the capacity for regression in the service of the ego, but

has a more psycho-social orientation.

As the concept of normopathy describes a disturbance, in defining this subscale we have chosen to describe the disturbance itself, as with the alexithymia subscale. The scale itself is, however, analogous with the earlier scales, ranging from relative normality toward increasing degrees of disturbance.

The presence of normopathy does not necessarily mean that the individual also has alexithymic traits, with difficulty in differentiating and expressing feelings and emotional states. In normopathy, the range of emotional expression is severely limited - primarily due to the rigid, stereotype system of mores with which the individual identifies. Naturally, alexithymic traits may occur in conjunction with normopathic traits, giving rise to difficulty in expressing feelings and emotional states even within the limits of what is permissible according to the mores with which the individual identifies.

Capacity for regression in the service of the ego is not primarily dependent upon mores and conventions, or upon the social group with which the individual identifies. Thus, normopathy does not necessarily exclude a capacity for regression in the service of the ego, though its manifestations will be severely limited owing to the rigid, stereotype framework of convention to which the individual subscribes.

Thus, the concept of normopathy is related to the social and cultural group with which the individual identifies. In the assessment of this subscale, it is immaterial whether this social or cultural group is itself divergent; the question is whether the individual is able to experience and indulge in personal and individualized wishes and fantasies beyond the confines of the group's conventions.

10. Conceptions of bodily appearance and their significance for self-esteem

With this subscale is assessed the individual's more enduring conscious and unconscious conceptions of the appearance of the body and its significance for self-esteem.

An individual's earliest experiences of himself as a person and of his surroundings are intimately connected with physical experience (45 pp 26-27). The ways in which physical and emotional needs are satisfied are crucial determinants of the individual's conception of himself as a person. An integral component of the individual's self-image is an evaluation of his own body, its appearance and function.

The individual's conception of his own appearance, and the extent to which his self-esteem is based upon it, is decided in early childhood. By their attitudes and manner, parents and other significant persons contribute to the evolvement of the child's conceptions of his own appearance and its value. Infantile conceptions of personal appearance are characterized by illusions of perfection and beauty. Through mortifying experiences in interaction with others, these conceptions gradually become modified.In the course of time, the individual normally comes to terms with these mortifications, and is able to accept flaws in his appearance. The infantile, perfectionist ideal usually persists as a conscious or unconscious fantasy, wishful thinking or a pipe dream, that neither compels active expression nor gives rise to disturbances of self-esteem. At best, the individual accepts his appearance, is able to tolerate the discrepancy between the ideal and reality, and has a largely pleasurable and unproblematic attitude to personal grooming. As physical appearance undergoes changes throughout life, coming to terms with it is a neverending process.

In cases where for any reason the individual has failed to come to terms with his appearance, he may attempt to achieve his perfectionist ideals in various ways, in fantasy and overt behaviour. Certain individuals, with support from their environment, are able to maintain conceptions of their own perfection of appearance, and nurture them solicitously (16; [60]). At the same time, they usually feel contempt for ugliness and flaws in the appearance both of themselves and others. The maintenance of his perfectionistic illusions of his own appearance, and avoidance of becoming the target of his own contempt, often place formidable demands upon the individual. Self-esteem becomes crucially dependent upon evaluation of his personal appearance by himself and others. Physical changes, even normal signs of aging, constitute a constant threat to self-esteem. Certain individuals attempt to avoid the issue by neglecting their appearance and utterly denying its importance ([61]; [62]; [63]).

11. Conceptions of bodily function and their significance for self-esteem

With this subscale is assessed the individual's more enduring conscious and unconscious conceptions of the

function of the body and its significance for self-esteem.

This subscale has the same conceptual basis as the previous one. The individual who fails to come to terms with infantile illusions of bodily functional perfection, strength and invulnerability, attempts in various ways to sustain his omnipotent illusions. Self-esteem becomes critically dependent upon evaluations of his bodily function by himself and others. Physical weaknesses and imperfection both in the self and others are the subject of contempt. To avoid this contempt, the individual devotes himself to demanding activities of various kinds. Certain individuals, however, attempt to resolve the issue by neglecting their body and utterly denying the importance of physical function.

(References, see. subscale 10.)

12. Current body image

This subscale concerns current conceptions and, unlike the other subscales, it is extremely subject to change with time. The reason for its inclusion is that, as mentioned above, the individual's evaluations of his own body, its appearance and function constitute an integral component of his self-image. This subscale enables assessment not only of the effect of recent events and the experiences associated with them on the individual's current conceptions, conscious and unconscious, of his physical appearance and function, but also of the current effect of these conceptions on his self-esteem (63).

13. Sexual functioning

Sexuality is an essential component of the individual's identity. The way he forms his sexual life is of crucial significance in his relations with others - both with regard to his own and the opposite sex. Whether they do so consciously or unconsciously, everyone decides for themselves the form their sex life will take.

With this subscale is assessed only the functional capacity of the individual, with regard to sexual activity with a partner. No consideration is made here of how the individual has chosen to direct his sex life, or of his choice of partner or erotic accessories. Nor is the degree of sexual interest, desire or satisfaction at issue here.

14. Sexual satisfaction.

With this subscale are assessed sexual interest, desire and satisfaction in relation to a partner, irrespective of whether the individual's preference is heterosexual or homosexual. Sexual interest in itself does not, of course, necessarily mean that sexual desire and satisfaction are achieved. A rewarding sexual experience entails the fulfilment of all three aspects (9 pp 215-239, 19 pp 277-331; 20; [64]). This subscale is graded from an active attitude to sex toward greater inhibition and passivity.

15. Sense of belonging

16. Feeling of being needed

17. Access to advice and help

These three subscales concern the capacity, as experienced by the individual himself, to establish meaningful and close personal relations, a capacity that constitutes an essential aspect of identity. The sense of belonging, of being needed and of being able to rely on the support of intimates, is founded in the individual's own activities. It is not something supplied from without, requiring only passive acceptance (19 pp 121-153; 27; [65]).

These subscales enable the individual's capacity to relate socially to be assessed, though it is his own experience of this and not 'objective' fact that is assessed.

18. Personality organization

The level of abstraction is higher in this subscale than in the previous subscales. It has been included to permit structural assessment of the level of personality organization. By this is meant the more enduring and relatively stable ways of experiencing and coping with internal and external reality ([66]; [67]; [68]; [69]). This is not covered by the previous, more specific subscales that describe more restricted aspects of personality function.

With this subscale are assessed the degree of differentiation and integration of internalized object relations, and habitual defence strategies (9 pp 139-160; 13 pp 3-27; 29; 56 pp 3-16). The subscale is graded from neurotic to psychotic personality organization.

THE PROFILE

1. Intimacy and reciprocity

The ability to establish, to maintain and to deepen reciprocal relationships with others.

1. Can establish lasting and mutually rewarding relationships. The other's (the object's) unique personality as well as emotional and practical significance are essential features. Relationships may contain elements of conflict and ambivalence.

(Consideration for the object despite possible problems and conflicts. A predominant and enduring desire to satisfy the other's needs, not just one's own. This desire may occasionally seem to have entirely disappeared, for example during a quarrel or heated discussion, though it returns later in the form of reparative needs such as guilt feelings with a desire to set things straight and achieve some form of reconciliation.)

2. Can establish relationships with others, but of a clinging, demanding or unilateral, need-related character. The emotional and practical function of the object are of predominant importance, the object's unique personality being of secondary importance (part-object relation). This means that the object is exchangeable, and that the relationship is not reciprocal.

(*E.g.*, promiscuous and parasitic relationships with unilateral exploitation. The other's personality and needs may be understood, but concern for the other is minimal and subordinate to the subject's own needs. The relationship is primarily of a 'disposable' nature, the main purpose being the satisfaction of the subject's own needs. When the object is no longer able to satisfy the person's needs or desires, he or she is rejected and replaced by someone or something else. The object is used as an 'attribute', an appendage intended to bolster one's own self-esteem and security - *i.e.*, a partner that is a status symbol or a 'prop'.)

3. Can not establish or has serious difficulty in establishing lasting relationships of a reciprocal nature with others.

(*E.g.*, serious difficulty in seeing others as individuals with their own desires and needs. Lack of concern for others. What may seem to be concern for others is primarily an expression of a fear of losing a 'life buoy'. Other people become simply 'instruments' for satisfying one's own needs. Manifest difficulty in establishing relationships with others apart from primary objects - *e.g.*, parents. Elements of adult reciprocity are lacking in their relationships; *e.g.*, an adult son who lives with his parents, regards them as fulfilling a service function, and has never had any deeper relationships outside of the family. Possible relationships outside the family are often characterized by coldness, distance and the avoidance of emotional involvement and intimacy.

Schizoid, pathological narcissistic, antisocial, 'psychopathic' and psychotic modes of relating.)

2. Dependency and separation

The ability to establish mature dependency relationships and the ability to grieve and work through the loss of important persons, ideals, parts and functions of the body as well as material possessions.

1. Can establish mature dependency relationships and can grieve and work through loss, so that an adaptive adjustment is gradually achieved.

(Can become attached and emotionally dependent upon people, things and ideals, and allow these to become significant. Important losses, such as death or some other separation, after a period of grief and working through result in readjustment and increasing maturity.)

2. Can establish dependency relationships, but often with a considerable fear of separation. This can lead to pathological grieving or depressive preoccupation with some real or imagined loss, so that the subject never becomes reconciled to it even after many years.

(Strong separation anxiety expressed in the form of stereotype emotional reactions in conjunction with different types of loss. Dependency with considerable dread of being abandoned. This can be managed by anxiously adapting in order to avoid loss, or by actively abandoning in order to preclude being abandoned. Instead of working through grief and dejection, attempts to escape by plunging into new activities. States of decompensation as a consequence of unreconciled loss. Grief that is expressed primarily through physical symptoms, possibly with demands for physical examination and care.)

3. Can only establish infantile dependency relationships. The significance of such relationships may be denied. This can lead to a denial of loss in such a way that the sense of reality is threatened or lost.

(Dependency that renders the object, person, ideal or thing of almost all-embracing emotional significance for one's own existence. Denial of all dependency upon people, ideals or things. Loss may lead to psychotic reactions or massive denial of a psychotic nature. Such reactions are not merely the immediate expression of an acute crisis, but are persistent over an extended period of time.)

3. Controlling personality traits

The ability to express, in a sublimated form, the need of power and control over people and things. These needs are expressed through such (anal) personality traits as obstinacy, parsimony, scrupulousness, orderliness, as well as in the way they are dealt with in interpersonal relationships.

1. Need of power and control over others is sublimated and integrated in the personality. They are essentially advantageous to the individual's function without being rigidly compulsive-obsessive.

(Can be parsimonious, meticulous, orderly, obstinate, dominant, but also careless, generous and submissive depending upon the circumstances. Can 'compulsively' organize work when necessary, but can also relax this control when no longer necessary. Has a flexible attitude to power and control.)

2. Need of power and control over others is handled through strong and relatively stable defences such as denial, displacement, reaction formation or isolation. The purpose is to avert the conscious awareness and expression of these needs. Instead, these needs are expressed in various obsessive-compulsive attitudes and traits.

(Obsessive-compulsive need of routines, order and planning. Pronounced apprehension over the prospect of losing such control. Parsimonious, scrupulous and meticulous. This behaviour is usually ego-syntonic and rationalized, and the individual usually has a matter-of-fact and unemotional 'quasi-logical' explanation of the behaviour. Little or no ability to relax this behaviour when it is unnecessary; instead it is compulsive in character. Ambivalence and manifest difficulty in situations requiring a choice and decision. 'Chronic' friendliness and generosity. Submissiveness, often apparent rather than real, with little consideration for one's own needs.)

3. Need of power and control over others is handled through strong, but often unstable defences (reaction formation, isolation, splitting). The instability makes it possible for expressions both of defences and impulses to appear simultaneously or to alternate with one another.

(Pronounced ego-syntonic, unshakable, self-willed and compulsive demand of power over others and of their submission. Relationships are dominated by such contrasting dyads as big-small, smart-dumb, strong-weak, superior-inferior, where the power relationship itself is the crux. Very strong needs of order, control, routines and planning. Pronounced miserliness, stubborn defiance, obstinate self-assertion and determined need to dominate. Such attitudes can coexist or alternate with their converse - *e.g.*, alternation between sadistic dominance and masochistic submission.)

4. Frustration tolerance

The ability to endure the fact that wishes that are considered essential by the individual cannot be immediately, if ever, satisfied, as well as the ability to endure the thoughts and emotional reactions that arise as a result.

1. Frustration is tolerated and worked through, with only temporary dejection and without lasting regressive reactions as a consequence.

(Occasional, transient, more or less strong emotional reactions in the face of frustration and obstacles. These reactions subside after a relatively short time. Where frustration does lead to psychological or physical symptoms, these are of transient, non-generalized nature and reflect specific conflicts engendered by the frustration. After the frustration has been worked through, a more realistic judgement can be made of one's own ability to satisfy the wish that has been thwarted - *e.g.*, after a period of temporary disappointment and dejection in conjunction with a specific set-back, the subject can decide whether to give up the goal in question or to struggle on.)

2. Frustration is not worked through in an adaptive manner, but is handled within the individual (autoplastic), primarily through lasting regressive reactions.

(Shuns ambitions and hope - *i.e.*, ego-restriction in order to preclude disappointment. Considerable apprehension in the face of future risks and potential disappointments. Relinquishment of life goals, as a generalized pattern in order to avoid frustration. Where frustration leads to anxiety, depressive feelings and other psychological or physical symptoms, these tend to persist and are more general. Denial of frustration which instead may be expressed - *e.g.*, through passive expressions of dissatisfaction, complaining, whining or diffuse physical malaise without somatic cause.)

3. Frustration generally causes strong emotional reactions of anxious, aggressive or depressive nature.

(Generally strong emotional reactions in the face of setbacks, disappointments and frustration. These reactions are often of a global and infantile character, with a pervasive effect on the individual's experience of his existence. The individual's mood can suddenly change without any previous working through of the frustration. Reactions may, for example, take the form of impotent rage or of bottomless despair and be coupled to destructive or self-destructive thoughts.)

5. Impulse control

The ability to contain urgent affects, wishes and needs of a sexual, aggressive and narcissistic nature, and the way these are expressed in action.

1. Can express and handle urgent affects, wishes and needs in an adaptive manner. Can balance realistically and adaptively between wishes and needs on the one hand, and the possibilities and limitations of reality on the other.

(Can *consciously* experience strong feelings, wishes and needs without allowing them to force action. Ability to assert needs and interests, but also to *consciously* refrain from doing so when the situation demands it. Is capable of striving to achieve a goal, but also of retiring gracefully.)

2. Urgent affects, wishes and needs are handled through a non-adaptive balance between wishes and needs on the one hand and the possibilities and limitations of reality on the other.

(Exaggerated control of feelings and impulses. Difficulties in setting limits. Generalized difficulties in asserting wishes and needs, making demands or voicing criticism. This can lead to inhibition in need situations, 'needlessness', difficulty in asking openly and directly for help and support. When they are given expression, wishes and needs may be displaced to the 'wrong' person or situation, where they are then acted out. Under special circumstances wishes and needs may sometimes be given expression - *e.g.*, under the influence of alcohol or drugs, or in regressive states caused by a crisis. This may also happen when the group among whom the individual finds himself tacitly or overtly appears to sanction a release of inhibitions - *e.g.*, at a party, on vacation, in a crowd. The individual may subsequently experience such behaviour as totally alien to his nature.)

3. Manifest difficulty in postponing the satisfaction of urgent wishes and needs and in controlling the affects they may give rise to.

(Generalized impulsive behaviour in word or deed. Wishes and needs are of a compulsive character and 'must' be acted upon immediately, with little or no regard for the consequences. Poor ability to stop and reflect before acting out impulses. Little or nothing learned from earlier impulsive behaviour and its consequences. Although the individual may regret such impulsive behaviour after the event, these experiences seldom lead to subsequent modification of behaviour.)

6. Regression in the service of the ego

The ability to express and satisfy pleasurable fantasies and wishes in a sublimated form and in a voluntary and controllable way.

1. Can, when the situation allows, in a sublimated form express and satisfy pleasurable fantasies and wishes in thoughts or actions.

(Can playfully indulge in fantasy and daydreams, expressing this in the form of pleasurable activities. Can be playfully childish and relinquish a measure of adult rationality - *e.g.*, to enjoy games, music, dance, art, nature and sports. The crux is that such activities be indulged in with pleasure and with controlled regression, not their performance itself.)

2. Ability, though strained, to regress in the service of the ego in a voluntary, pleasurable and controlled way.

(Embarrassed, inhibited but not incapable of playful fantasy. Enjoyment of such thoughts or actions is often impeded by embarrassment and conventional 'adulthood'. ''No fun without booze''.)

3. Manifest difficulty in indulging in voluntary, pleasurable and controlled regression in the service of the ego.

(Very limited capacity for pleasurable fantasy and daydreaming, and for its expression in some form of activity. Other people's playfulness and expressions of regression in the service of the ego are met with indifference and looked askance at rather than experienced as a source of stimulation. 'Constricted adulthood' where expressions of regression in the service of the ego are conspicuously absent. Anhedonia, that not is a part of depression.)

7. Coping with aggressive affects

The ability to differentiate and express aggressive affects and transform them into adaptive, goal-oriented activity.

1. Can differentiate between various degrees of one's own aggressive affects and assert, in an adaptive manner, one's own interests with reasonable flexibility. This does not exclude the presence of circumscribed conflicts concerning aggression.

(Can experience and express aggressive feelings of varying intensity such as irritation, anger, rage and fury. The intensity of the aggressive feeling generally corresponds to that of its cause. Good capacity for mature self-assertiveness, even if this leads to open conflict. Ability, in such situations, to tolerate conflict and try to resolve it without submission or demanding the submission of others. Can tolerate and accept justified criticism from others. Can tolerate others' expressions of anger.

A *specific* and *circumscribed* problem concerning aggression can exist, however, such as an inhibition or fear in the presence of authority figures.)

2. Difficulty in differentiating various degrees of one's own aggressive affects and in adequately confronting different types of aggressive expressions of others.

(Difficulty in experiencing and expressing aggressive feelings and tolerating such feelings either in oneself or others. Poor ability to take criticism or the anger of others in one's stride. Reacts in such situations with despondency, feelings of inadequacy, self-criticism, and of being misunderstood, and possibly with introverted, suppressed anger. Conflicts and mature self-assertiveness are avoided. Tries to be 'nice' and to 'tiptoe' in order to avoid conflicts and the anger of others. One's own anger and criticism are often expressed indirectly . Mopes around sulking, is quiet or carps and whines.

Difficulties in expressing aggressive feelings may sometimes result in explosive outbreaks. In such situations there is a manifest discrepancy between the strength of the feeling and its immediate cause. Displacement of aggressive feelings to the 'wrong' person or situation.)

3. Generalized difficulties in differentiating and expressing aggressive affects and transforming these into adaptive, goal-oriented activity. Aggressive affects are expressed essentially in an undifferentiated and non-selective manner.

(Inability to experience and express aggressive affects of varying intensity such as irritation, anger, rage and fury. Instead, aggressive feelings are global, undifferentiated and stereotype in character. There is a marked discrepancy between the intensity of the aggressive feeling and its immediate cause. Little ability to be self-assertive in a mature way. In certain situations the individual may attempt to get his own way through an explosive fit of rage, because people tend to become afraid of him and back off when he does so. Cannot bear conflicts and cannot resolve them without demanding the submission of others.

Dissatisfaction with others, possibly as a consequence of the experience of a conflict with or antagonism toward them, can often lead to explosive fits of rage, given verbal or physical expression, regardless of the type and degree of any opposition or antagonism. Readily believes himself to be innocent victim of others' aggressiveness, to which his own aggressive reaction is simply a legitimate response.)

8. Alexithymic traits

Disturbed capacity to experience and describe affects and affective states in a differentiated and subtle manner, both in oneself and in others.

1. Can experience and describe affects and affective states in a relatively differentiated and subtle manner, and in a way that makes them understandable and easy to empathize with.

(Can convey feelings and experiences in an animated and appealing manner, expressed in a rich and varied vocabulary, whereby the words convey a feeling of something actually experienced. These feelings can also be conveyed through facial expressions, intonation and gestures, even if the language itself may not be especially rich.)

2. Can crudely experience and describe affects and affective states, but in a stereotyped manner without nuance. There is a lack of subtle differentiation. Emotional experiences can be conveyed, however, so that other people are able to empathize to some extent.

(Describes crudely differentiated feelings and emotional states and understands the relevance of these in oneself and others. Speaks, or can be persuaded to speak, about these without dwelling on specific details. Answers questions about feelings. The difficulty in conveying subtle emotional experiences may be obvious, despite a rich and subtle use of language.)

3. Considerable difficulties in experiencing, differentiating and describing affects and affective states.

(*Pensée opératoire* which includes literal thinking and preoccupation with descriptive details. Difficulty in distinguishing amongst different emotional states such as feeling angry, sad, hungry or cold. Instead the individual experiences and describes global, vague expressions of feelings - *e.g.*, ''everything is hopeless; all is shit'', or feelings of malaise. Emotional descriptions are characterized by lifelessness. Feelings and emotions are conveyed primarily non-verbally through body language or acting out behaviour. Describes oneself as a 'witness', an onlooker *vis-à-vis* one's own life and emotional reactions, and not as a responsible participant.)

9. Normopathic traits

Generalized sensitivity to social conventions and mores, which leads to an overadaptation to *the social group with which the individual identifies*. Expressions of personal originality and individuality are lacking. This is true both of the individual's activity and his imagination.

1. Can adapt to social conventions and mores when necessary, but also set them aside when external circumstances permit.

(Can, without a feeling of inner compulsion, abide by social conventions and roles that are associated with certain situations, and yet dare to set them aside. This means that such roles may vary or be abandoned by the individual depending upon the situation. No need to 'be like everyone else', follow the herd or always live up to class models, or sexual or professional roles. Can, when the situation permits, actively express an individualized inner life of wishes, needs, fantasies and day-dreams. The individual's own wishes may deviate from his own conception of what is acceptable or appropriate in the social group with which he identifies.)

2. Is bound by established social conventions and mores. Has difficulty in setting them aside, even when external circumstances permit.

(Identifies strongly with and seldom breaks from the mores and roles associated with certain situations. Seldom experiences needs that do not conform with one's conception of the social group with which one identifies. When such needs are experienced, there is a great sensitivity to conflicts between ones own wishes and established mores. This makes it difficult to give outward expression to an individualized and private inner life of wishes, needs, fantasies and day-dreams. If the attempt is made, it is accompanied by apprehension or anxiety.)

3. Is bound by established social conventions and mores and has little need to set them aside either in imagination or overtly.

(Is socially overadapted and identifies uncritically with established mores, which are not questioned at all, but become a self-evident part of the individual's sense of identity. Both in imagination and overtly abides by the clichés of the social subgroup with which he identifies, including clichés of socio-economic status, or sexual and professional roles. Individualized fantasies with wishes and dreams are lacking. Expressions of individualized needs are rare. Attitudes toward oneself and others are of a consistently rigid, conventional and overadapted nature.)

10. Conceptions of bodily appearance and their significance for self-esteem

Attitudes that reflect relatively stable conscious and unconscious conceptions of bodily appearance and how these conceptions affect self-esteem.

The greater the significance of perfectionist conceptions of bodily appearance is for self-esteem, the more fragile is the individual's self-esteem in the face of subjectively experienced changes in physical appearance and the greater is his contempt for 'ugliness' in himself and in others.

1. Relatively conflict-free and essentially pleasurable attitudes toward one's physical appearance. Self-esteem is only partly based on one's appearance.

(Accepts and approves of one's own appearance with all its assets, defects and shortcomings, and makes the best of it. Enjoys maintaining one's appearance through bodily care and hygiene, choice of dress, cosmetics etc., though without their becoming a pervasive or overly demanding interest. Can enjoy 'getting dolled up' or 'made up' without experiencing it as an obligation.)

2. Preoccupation with physical appearance in thoughts, feelings or activities. Self-esteem is fragile and based to a large extent on one's appearance.

(Anxious vanity and sensitivity as to how other people may perceive one's appearance. Afraid of 'making a fool of oneself' by wearing the 'wrong' clothes. Well-groomed or well-dressed in an anxious manner in order to 'fit in'. May develop phobic tendencies owing to one's conceptions of physical appearance.

Lavish vanity and profligate preoccupation with appearance in the form of bodily care and hygiene, selection of clothing, cosmetics etc. Spends a lot of time and money on appearance in order to reinforce self-esteem.)

3. Obsessive thinking about or preoccupation with physical appearance in a very profligate manner, **or** a manifest denial of its significance. Self-esteem is very fragile and based mainly on one's appearance.

(Contempt for physical defects or ugliness in oneself and in others is common. Difficulties in accepting changes in appearance that are associated with normal aging. This can be expressed in compulsive, perfectionist care of appearance that consumes considerable time and money. Compulsive athletics, extreme snobbery, compulsive dieting, plastic surgery or social phobias due to appearance.

The converse can also occur - *i.e.*, a resigned neglect of one's appearance. Pronounced neglect of and disdain for appearance - *e.g.*, scruffy clothes, gravy stains or demonstratively unkempt appearance.)

11. Conceptions of bodily function and their significance for self-esteem

Attitudes that reflect relatively stable conscious and unconscious conceptions of bodily function and how these conceptions affect self-esteem.

The greater the significance of perfectionist conceptions of bodily function is for self-esteem, the more fragile is the individual's self-esteem in the face of subjectively experienced changes in bodily function and the greater is his contempt of physical weakness in himself and in others.

1. Relatively conflict-free and essentially pleasurable attitudes toward bodily function. Self-esteem is only partly based upon physical function.

(Accepts and approves of the way the body functions with all its assets, defects and shortcomings, and makes the best of it. Can adjust to changes in the physical function of the body due to normal aging, illness or injury. Concern for one's health without its becoming a pervasive or overly demanding preoccupation. Can consciously balance between health and wholesomeness on the one hand and enjoyment and pleasure on the other, without suppressing either.)

2. Preoccupation with bodily function in thoughts, feelings or activities. Self-esteem is fragile and based to a large extent upon how the body functions.

(Profligate preoccupation with various physical functions such as weight, mobility, strength, digestive tract functions and secretion products. This can be expressed through such self-disciplinary measures as dieting and physical exercise. Shame and social anxiety associated with bodily functions - *e.g.*, apprehension of sweating, body odour or audible bowel movements and gas when going to the toilet. This may lead to the development of phobic tendencies such as suppressing the need of going to the toilet all day at work for fear that it might be heard.)

3. Obsessive thinking about or preoccupation with physical needs and functions in a very profligate manner, **or** a manifest denial of their significance. Self-esteem is very fragile and based mainly upon how the body functions.

(Contempt for physical weakness or dysfunction in oneself and in others is common. Difficulty in accepting changes in the function of the body that are associated with normal aging, illness or injury. This can be expressed in compulsive, perfectionist concern with physical functions that consumes both time and money - *e.g.*, inordinate training of strength and physical fitness, compulsive dieting, obsessive almost hypochondriac preoccupation with physical needs, sensations and functions or anorectic behaviour in an attempt to 'control' physical function. Cannot balance health and wholesomeness on the one hand and enjoyment and pleasure on the other. Social phobias due to subjectively experienced bodily dysfunction.

The converse can also occur - *i.e.*, a resigned neglect of and pronounced disdain for various physical needs. Neglect of health in a pronounced and systematic manner.)

12. Current body image

Attitudes that reflect current conscious and unconscious conceptions of the appearance and the function of the body, and how these conceptions affect self-esteem at present.

1. Basically satisfied with physical appearance and function, except for what may be due to actual conditions and difficulties. This does not however lead to any significant limitations in one's way of life.

(Accepts and approves of one's appearance and body function at present with all their assets, defects and shortcomings. Self-esteem is not significantly affected by subjectively experienced defects and deficiencies. Such defects do not prevent the individual from trying to lead a normal life, with reasonable adjustment to the nature of the difficulties, even in the event of manifest handicap - *e.g.*, avoids appearing naked in front of others than close relatives if he has an ileostomy, but does not avoid going to a public pool, though he uses a less revealing bathing suit.)

2. A sense of defect or shameful insufficiency regarding aspects of physical appearance or function. This leads to a limited, but manifest distress and entails considerable limitations on one's way of life.

(Self-esteem is affected by subjectively experienced deficiencies which hinder a normal life and adjustment to the nature of the difficulties. Avoids being seen in certain social situations due to subjectively experienced deficiency in appearance or function. Is ashamed of subjectively experienced deficiencies - *e.g.*, dares not bathe in public owing to subjectively experienced obesity, thinness or scanty muscle volume.)

3. Profound feeling of helplessness or feeling of being repulsive, contemptible, shameful, weak or worthless due to the body's appearance or function. This causes generalized distress with severe restrictions to one's way of life.

(Profoundly disturbed self-esteem due to subjectively experienced deficiencies in appearance or function - *e.g.*, obesity, audible bowel movements, bad breath, acne, large or small nose, large or small breasts. Develops extensive phobias for any such reasons.)

13. Sexual functioning

Attitudes that reflect sexual functioning in relation to a partner, regardless of whether the individual's preference is heterosexual or homosexual.

1. Sexual functioning is not significantly affected by functional disturbances.

(Functions well sexually when desire is aroused. Rarely becomes impotent or frigid, and generally achieves orgasm.)

2. Sexual functioning is often affected by functional disturbances.

(Even when sexual desire is aroused, intercourse is often affected by such functional disturbances as impotence, frigidity, *ejaculatio praecox* or *retarda*, or for somatic reasons.)

3. Sexual functioning is seriously affected by functional disturbances.

(Rarely or never functions sexually, even when sexual desire is aroused. Intercourse is virtually always affected by such functional disturbances as impotence, frigidity, *ejaculatio praecox* or *retarda*, or for somatic reasons. Such disturbances may lead to an avoidance of sexual intercourse.)

14. Sexual satisfaction

Attitudes that reflect conscious and unconscious conceptions of sexual interest, sexual desire and satisfaction in relation to a partner, regardless of whether the individual's preference is heterosexual or homosexual.

1. Has an *active* sexual interest, feels sexual desire and usually experiences sex life as satisfying.

(Experiences sexual desire as something pleasurable and enriching. Enjoys sexual fantasies and actively takes sexual initiative. Finds sexual intercourse satisfying. Usually achieves orgasm. Some erotic props or special conditions may intensify sexual satisfaction, but these are of subordinate significance (*e.g.*, foreplay to sexual intercourse). The achievement of satisfaction is not contingent upon their presence nor is foreplay an end in itself.

This level on the subscale also applies to individuals who have previously had satisfying sexual relationships but, for various reasons such as divorce or death, do not have a partner now.)

2. Has an occasional sexual interest, occasionally feels sexual desire and occasionally experiences sex life as satisfying.

(Inhibited, and rarely has sexual fantasies or takes open and active sexual initiative. Occasionally enjoys sexual intercourse if the partner takes the initiative. Occasionally achieves orgasm and sexual satisfaction, though this does not lead to active sexual initiative in order to repeat the satisfaction on another occasion. Sexuality is experienced as something one can take or leave. Special conditions are often required to enable any sexual desire and satisfaction at all - *e.g.*, special lighting arrangements such as candlelight or total darkness.

For some individuals special arrangements and erotic props are necessary in order to achieve sexual desire and satisfaction. These conditions may become an end in themselves.)

3. Rarely or never experiences sexual desire and satisfaction, even if sexual interest can be aroused.

(Can experience and show anything from a lack of interest to an active resistance toward sex. Sexual intercourse is experienced as a reproductive duty, and not as a source of desire and satisfaction. Can have a certain sexual interest, *e.g.* pornographic, but cannot feel sexual desire and satisfaction in relation to a real partner.)

15. Sense of belonging

Attitudes that reflect the experience of belonging to one or more groups of people as well as the experience of satisfaction in social contexts.

1. Takes an essential and *active* role in social contexts and usually finds this satisfying.

(Takes responsibility for maintaining relationships with others, in the family, with friends, at work or in other groups. Finds satisfaction in participating in social contexts. Takes active initiatives to social contact. Enjoys being with people, but can also choose to be alone.)

2. Participates *passively* in social contexts and often finds this satisfying.

(Passive and reserved in social contexts, such as in the family, amongst friends, at work or in other groups. Enjoys being with others, but takes very little responsibility for maintaining relationships. Finds satisfaction in participating in social contexts, if someone else takes the initiative. Stays at the periphery of groups and follows the herd.)

3. Isolates oneself and feels little sense of belonging or satisfaction in social contexts.

(Does not make social contacts and avoids social situations as far as possible. Prefers to be alone. Has difficulties in feeling a sense of belonging anywhere, either in the family, or amongst possible acquaintances or colleagues.)

16. Feeling of being needed

Attitudes that reflect the experience of being *emotionally* significant to someone and needed.

1. Feeling of being emotionally significant to someone and needed.

(Feels liked, needed and appreciated by others - *e.g.*, partner, children, friends or colleagues. Has something to give to others emotionally and believes they care about how one is and how one feels.)

2. Has difficulty in feeling emotionally significant to anyone or needed.

(Has difficulty in feeling liked, needed and appreciated by others, *e.g.* partner, children, friends or colleagues, but can occasionally do so. Does what is needed or expected in the family or in other social contexts, but despite this does not feel particularly significant to anyone or needed. Feelings of having little to give to others emotionally, and difficulties in feeling appreciated, that others care about how one is and how one feels. '' Blow, blow, thou winter wind,/ thou art not so unkind/ As man's ingratitude.'')

3. Does not feel emotionally significant to anyone or needed.

(Does not feel liked, needed or appreciated by others. Feels replaceable, despite the fact that his work or other

contributions may be essential. Feelings of having nothing to give emotionally and of being useless to others. Instead, feels like a helpless burden on others. Dependent on support and help from others in order to manage. ''Nobody cares if I live or die''.)

17. Access to advice and help

Attitudes that reflect the experience of having *close* relationships to turn to when in need of help.

1. Has someone to turn to when in need of help.

(Feels secure in having close relationships, *e.g.* family, relatives, friends, colleagues, who are relatively easy to turn to and who are willing to help out when necessary. This help may consist in someone who gives practical or economic help, advice, or merely listens.)

2. Counts on help, but only in truly difficult situations.

(Counts on help from close relationships in truly difficult situations - *e.g,* psychosocial crises or illness. Lack of security in relationships with others makes it difficult to ask for and expect help in other situations.)

3. Has no one to turn to for help.

(Has no close relationship to draw on when in need of help, whether it's a matter of advice, practical problems or economy. Has only social welfare organizations, health care or other institutions to turn to for help in such situations.)

18. Personality organization

The longterm and relatively stable ways of experiencing and relating to inner and outer reality, *i.e.* , the personality organization, is determined by the degree of differentiation and integration of the internalized object relations.

Differentiation in this context means the ability to distinguish self from non-self and inner fantasy from outer reality, a prerequisite for reality testing.

Integration in this context means the ability to experience *simultaneously* both oneself and others as whole persons with both good and bad qualities. Self and object constancy has been achieved, when integration remains relatively stable even in the face of frustration. This is a prerequisite for the ability to experience intrapsychic conflict and ambivalence.

Criteria for assessment of the personality organization are to what extent differentiation with a capacity for reality testing has been achieved and whether self and object representations are predominantly integrated and constant (stable identity) or not (identity diffusion). The defensive strategies are also assessed.

1. Neurotic personality organization.

A good capacity for reality testing, stable self and object differentiation and stable identity. Internalized conflicts are describable in terms of intrapsychic and structural conflicts. Mature defences predominate - *e.g.*, repression reinforced by inhibitory and reactive defences (reaction formation, isolation of affect etc.).

(Can see oneself and others in a relatively differentiated way. Experiences of internal conflict, ambivalence; 'there are two sides to every question' and capacity for guilt feelings.)

2. Borderline personality organization.

Capacity for reality testing with relatively stable self and object differentiation. However, the integration of self and object representations is not stable which leads to deficient constancy and to identity diffusion. Externalization of conflicts and their causes. Primitive defences predominate, primarily splitting.

(Pronounced difficulties in simultaneously experiencing love and hate toward the same person, accompanied by a sense of inner conflict. Difficulty in experiencing continuous identity in oneself and in others - *e.g.*, as in 'as-if-personalities'. Conflicting and often sweeping descriptions of oneself and others as completely good or bad. Often rapid shifts between such descriptions, without any awareness of contradiction or internal conflict.)

3. Psychotic personality organization.

Loss of stable reality testing and of stable self and object differentiation. Deficient integration of self and object representations, which leads to identity diffusion. Primitive defences predominate - *e.g.*, severe splitting and fragmentation of the internal world, de-differentiation and re-fusion of self and object representations.

(Delusions of a psychotic nature, hallucinations, loss of boundaries between self and object representations.)

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