A DIFFERENTIAL CONTEXT APPROACH TO TREATMENT BASED ON A SOCIAL COGNITIVE MODEL OF CHARACTER STRUCTURE

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iii

ii

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ABSTRACT

Definition of character structure as a person's social cognitive style and his major life investment calls upon different treatment approaches in order to "meet the client where he is." Three character structures, the operational, the intuitive, and the symbolic, are described. Then three treatment approaches are discussed.

TABLE OF CONTENTS

CHAPTER I

INTRODUCTION

This project proposes a treatment system based on integrating knowledge of cognitive development into a psychodynamic theory of character structure. Using case examples and selected material from the literature and taking into account character structure, a treatment theory is outlined with special emphasis on context of treatment.

Piaget's work on the stages of cognitive development in children plays a significant role in providing a foundation for this treatment system. Also relevant are recent developments in the study of social cognition and self psychology. Orthodox psychoanalytic literature (including some recent changes), ego psychology, and some of the psychoanalytically oriented approaches to schizophrenia also offer support.

Assumed is an understanding of psychoanalytic theory and method as well as a general knowledge of the treatment of schizophrenics, borderline personalities, and behavior disorders. While this project introduces an additional body of knowledge, i.e., the psychology of Jean Piaget, it does not presume to review Piaget's theory in total nor to present an exhaustive comparison with psychoanalysis; rather, the focus is on three levels of cognitive development in children described by Piaget.

Also relevant are the works of clinicians who treat behavior disorders. Similarly the newer psychotherapies, such as Gestalt and Transactional Analysis, enter into the discussion as well as casework as it pertains to traditional social work values and precepts.

The character structure model proposed in this project is drawn from a previous work by Malerstein and Ahern (1978). In their Piagetian-oriented model of character structure, they describe three types: the symbolic character, the intuitive character, and the operational character. These styles of social cognition parallel Piaget's three levels of cognitive development in children: the symbolic and intuitive stages of the preoperational period and the concrete operational period.

The first fundamental tenet in this study specifies that treatment interventions and treatment in general are experienced differently by each different character structure; hence, there is no single treatment approach applicable to all clients. Without this understanding, therapists may make interventions that miss their mark.

A client whose self-esteem depends upon outside feedback may experience an intervention, intended by the therapist to provide insight, as merely a criticism. Because this client evaluates only in terms of his current feelings, if the intervention makes him feel bad, he assumes the therapist is saying he is bad or that the therapist intends to hurt him. He does not take into account the possibility that the therapist may have had a different intent or that the client himself has had previously gratifying experiences with the therapist. In other words, he reasons from the outcome: if he is hurt, the hurt must have been intended or he must have deserved it. Understanding the world as a

place in which survival is the issue, this client looks to his feelings as an automatic alert to danger.

A therapist described a session in which his client, whom he diagnosed as a narcissistic personality, thanked him for positioning the ashtray where the client liked it. With the intent of offering the client an insight into his dependency and thus fostering his autonomy, the therapist interpreted to the client that he was casting the therapist in the role of caretaker. The client reacted by becoming uncomfortable and talking about the possibility of moving out of the city. This the therapist thought was related to the client's earlier resistance when he had twice before discontinued treatment. Because he was aware the client was already feeling miserable, he did not share this observation. At the end of the session the client apologized for having made a "social blunder" by thinking the ashtray had been positioned especially for him. This outcome indicates that the therapist did not understand that clients of different character structures experience treatment interventions differently. In other words, he did not "meet the client where he was." A correct diagnosis was not sufficient. The therapist, in this case, diagnosed the client correctly as a narcissistic personality but proceeded to treat him as if he were not narcissistic.

The second fundamental tenet specifies that clients of different character structures experience treatment interventions in terms of their styles of social cognition, that is, their system for processing social and emotional data and their system for understanding their social world as well as themselves as social beings. From this point of view, it follows that the therapist must have a knowledge of the styles of social

cognition as they function within the different character structures in order to understand the dynamics of a particular character structure and select an appropriate treatment approach.

In the previous example, the client experienced the therapist's intervention as punishment for his "social blunder." Although the therapist had diagnosed the client as a narcissistic personality and knew that his intervention had hurt the client's feelings, he did not understand that his client perceived the world from a different point of view than he. The client's view of the world was an egocentric one: he assumed that objects and events revolved around him. Accordingly, when the ashtray was properly positioned, he thought it had been done to please him. When the therapist's intervention made him uncomfortable, the client naturally assumed that his discomfort was the intent of the therapist. Because he viewed the world only from his point of view, the client did not take into account the therapist's intent to help him. The therapist, although aware his client was narcissistic, did not intervene with an awareness that his client would process all interventions narcissistically. In other words, the client interpreted the interventions with an expectation of approval or criticism rather than with the therapist's expectation of receiving information about himself.

Clients manifesting the other two character structures described in this project would handle such an intervention differently. The operational character would process the data of the intervention as information and "if the shoe fits wear it." The symbolic character would pay more attention to the therapist and whether he, the client, were in contact with the therapist than to the content of the interpretation.

The third fundamental tenet specifies that the context in which the client is approached determines how he will receive the treatment intervention. While the selection of appropriate goals and methods and the proper use of techniques are important in treatment, it is the context which is vital: the stance taken by the therapist and the message conveyed by that stance. For example, a stance of analytic neutrality which conveys the message that the client is on his own to sink or swim is a necessary context for fostering autonomy and discouraging dependency in a client whose major problems involve function and the inhibition of function and whose process approach to interventions is primarily informational as opposed to approval or criticism. The more appropriate stance for the client in the ashtray example would have been a protective, loving one rather than the analytic neutrality the therapist actually assumed.

Because its tenets are consistent with traditional social work values and precepts, this model for character structure is relevant to the practice of clinical social work. "Starting where the client is" translates into knowing <u>who</u> the client is characterologically and approaching him from a context consistent with that understanding.

The question arises whether a single therapist is capable of adopting such different stances or whether it is wiser to identify therapists who, because of personality or theoretical orientation, represent one stance more than another. Certainly this has often been the practice. Certain therapists become noted for their work with certain groups of individuals and become specialists in their fields. For example, Searles and Arieti are both authorities on the treatment of

schizophrenia.   Similarly, Aichhorn was noted for his work with
delinquents.

Therapists who do not specialize must be able to shift from one
stance to another, in other words, to put themselves in the "place" of
their client. This ability to "empathize" varies, to some extent,
depending on the therapist's style of social cognition. However, the
more the therapist knows about the particular styles of social cognition
of each of the different character structures, the more he is able to
foster his empathic facility.

There are those therapists who respond to the client "where he is"
intuitively* but cannot explain what has happened. Such a phenomenon is
not unlike Piaget's finding that children can perform certain tasks but
are not yet able to describe or explain what they have done. These
intuitive therapists, like these children, lack a conscious "scheme," or
conceptual model for explaining what they have been able to do. A
conscious conceptual model may be useful even for such gifted therapists.
Indeed, it may provide something on which to rely when their intuition
alone is not enough and may allow them to teach others their method.

In an introduction to August Aichhorn's book, Wayward Youth,
Freud wrote of Aichhorn's "warm, sympathetic approach" and "intuitive
understanding" of the delinquent boys with whom he worked. Freud went on
to say "psychoanalysis could teach him little that was new to him in a
practical way but it offered him a clear theoretical insight into the
justification of his treatment and could enable him to explain his
method to others in the field."

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*Later in this work, I will use the term "intuitive" in a
technical sense as Piaget used it.

In this project, the objective is to outline a conceptual model for adult character structure that can be used as a framework for understanding the world from the client's point of view. This, in its turn, will point to a differential context approach to treatment which is appropriate to "meeting the client where he is."

CHAPTER II

SOCIAL COGNITION

The term social cognition refers to the system by which one
processes information about events and objects in the social world and
about one's self as a social being. An individual's view of the world
is primarily dependent upon his style of social cognition. Thus, an
individual who perceives the social world only in terms of its parts
experiences a more fragmented world than one who perceives it in terms
of a relationship of parts to a whole. Depending upon the situation in
which he finds himself, a person who conceptualizes in terms of the
parts may find his moods shift dramatically. During the course of a
conversation his entire focus may shift when someone else makes an
irrelevant comment.

A Review

Chandler's review of the growing literature on Piagetian-oriented
social cognition, reveals that most of the literature is not directly
relevant to clinical practice. Few of the Piagetian-oriented social
cognition studies have dealt with individual differences or pathology,
areas that relate directly to clinicians' interests. Most of the
research is directed at developing more precise measurements, testing
performance across tasks to determine whether development is stage-like,
and replicating Piaget's findings regarding the timing of cognitive

achievements. Some social cognition investigations view persons as things rather than as social beings. For example, Lempke studied identity in terms of the age at which a child knows that a person is made up of a trunk as well as limbs. Such studies do not deal with the kinds of identity issues which interest clinicians.

Piaget provided clinicians with a theory of general cognition which encompassed the development of both physical and social cognition. In his system there is no split between the two, although possibly the child understands the social world as things around him a little sooner than he understands the physical world (Piaget, 1973). Most likely this earlier understanding of social objects is a result of the child's frequent interaction with persons in his world and the significance of these interactions in attending to his needs.

The works which suggest that the child understands persons sooner than he understands things rests upon studies of persons as things. For example, a child will search behind a couch for his mother before searching for a favorite toy (Décarie, 1966). He will use his mother as an instrument before he will use a stick as an instrument (Piaget, 1962). It is uncertain whether object constancy with reference to persons precedes object constancy with reference to things. In other words, it is not certain whether a child is able to see the good mother and the bad mother as the same person before he is able to see two views of the same mountain as the same mountain.

Finally, those studies which do not work with a concept of syndrome cluster but, rather, study one variable or one diagnostic group often provide only a superficial measure of the person's constructs.

An exception to this is Brock and Del Guidice's finding that children who steal are not as well oriented to concepts of time. In their stories, for instance, they did not make use of time factors as often as most children. This type of beginning use of syndrome cluster is interesting since it is not tied to the illusion that personality or character organization is just an addition of traits. Instead, such a study understands character or personality as an internal organization that may only be sampled by these surface parameters.

Probably the best studies of social cognition have grown out of the psychoanalytic school. Particularly noteworthy are: the study of the thinking of schizophrenics and parents of schizophrenics either by tests (Wynne, Singer and Toohey, 1978) or clinical treatment (Hill, 1955); the efforts at refinement of the borderline syndrome (Deutsch, 1942; Gunderson and Singer, 1975; Kernberg, 1975); and the study of the narcissistic personality (Kohut, 1977).

Some of the investigations related to the child's understanding of morals, conventions, and role-taking attempt to look at the child's ability to see a situation from another person's point of view (Flavell, 1968). Such studies are promising especially as they are applied to clinical groups (Kohlberg, 1969; Selman, 1976). Thus far, however, they remain sketchy and generally fail to explore their experimental subjects deep enough to differentiate the subject's rationalizing from genuine investment. Such distinctions are critical if one is to understand how a person perceives himself or another as a feelingful, social being.

Clinical social workers are familiar with the theories of psychosexual development and the theories of development within a social group such as the family or society. They are not as familiar with the evolution of cognitive competencies (Rosen, 1977). Before sketching Piaget's stages of cognitive development, a brief comparison of the work of Freud and Piaget might be helpful in understanding why the two systems have never been integrated in clinical practice even though psychoanalytic and Piagetian theory are complementary.

To begin with, while both Freud and Piaget used the clinical method, a consistent trend in Piaget's methodology is his reliance on direct work with children. Typically, Piaget started with a question (e.g., what makes the wind?) or with a physical task (e.g., the child is requested to arrange dolls in the order of their size). Then Piaget asked relatively open-ended questions of the child. In both instances Piaget, in attempting to inquire into the child's line of reasoning, followed the child's cues. Additionally, some of Piaget's finest work was done with his own children in their nonverbal years. His experiments consisted of simple tasks such as hiding his child's bottle in one place or another. By carefully observing the child's behavior, Piaget was able to ascertain the level of understanding the child had acquired. In contrast, Freud's developmental psychology is based primarily on reconstruction from the verbal productions of his adult patients. He relied upon their fantasies, associations, transference responses, and memories.

Another important difference is that Piaget's theoretical model is open-ended and quasi-biological; while Freud's model parallels a closed, physical energic system.

Both Freud and Piaget proposed that the child's psyche starts in an undifferentiated state. Freud assumed that the child has, as a given, energies and certain perceptual capacities, e.g., hallucinations of the breast. Piaget assumed that the child starts with some biological givens, e.g., reflexes, which the child then utilizes to begin building his perceptions. Starting with a reflex scheme, Piaget shows how a child actively constructs thoughts, perceptions, self, objects, and eventually attributes of self and object.

Both Freud and Piaget have a concept of structure. Freud's system, however, is primarily energic, while Piaget's is primarily structural. Piaget starts with the reflex schemes as basic building blocks and describes an evolving series of better equilibrated structures which the child constructs from his interactions with the environment and which maturational shifts impact. Freudian theory holds that all structure except innate perceptions are derived from energies pitted against one another or diverted on the basis of pleasure-pain, itself a function of the intensity of energy. Later psychoanalysts (Hartman, 1964) postulated primary autonomous ego functions which allow room for innate, nonenergic-bound structures.

Freud's stress on intrapsychic reality and Piaget's concept that the child actively constructs his own world through interaction with the environment both call attention to the idiosyncratic aspect of the content and, to some extent, the structure of an individual's psychological organization. Hence, it is the child's (ultimately, the

client's) construct of the world and not the therapist's which must be addressed in psychotherapy.

Piaget's Stages of Cognitive Development

Piaget divided cognitive development from birth to adolescence into four periods: (1) the sensory-motor period, the first two years of life;[*] (2) the preoperational period, age two through seven; (3) the concrete operational period, age eight through eleven; and (4) the formal operational period beginning at age twelve. The concrete operational period and the two stages of the preoperational period, the preconceptual or symbolic stage (from age two through four) and the egocentric or intuitive stage (from age five through seven), are of most interest from a clinical perspective. This is so because the style of general cognition characteristic of one or the other of these three stages corresponds to the style of social cognition which characterizes each of the adult character structures.

Fantastic development takes place during the sensory-motor period (birth to 24 months). The child's cognition evolves from an undifferentiated state with some biological givens, such as reflexes, to an organism which recognizes the outside world as separate from itself, differentiates perception from thought, and begins to use symbols and signs. The symbolic-stage child, however, does not yet grasp the essence of an object. He confuses one object with another and part objects with whole objects as well as symbols with objects. For instance, Piaget's daughter, Jacqueline, spoke of slugs at some

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[*]All ages are approximate.

distance from each other as if they were the same slug (Piaget, 1962).
She used transductive part-to-part reasoning: if two things are similar,
they are the same. She thought her younger sister, Lucienne, was a
different person when she was in her bathing suit and not in her usual
clothes. At this stage the child views the same object as different
if a change occurs in one of its parts. Jacqueline did not understand
what parts were essential to an object and what parts defined it as a
different object. Similarly, she was frightened when she looked at a
picture of herself being carried along the mountainside. She confused
the symbol (the picture of herself) with the thing (herself).

When the child enters the intuitive stage, he generally under-
stands the essence of an object and does not confuse one object with
another or a part object with a whole object. His new task is to under-
stand the attributes or values of objects and events. His embrace of
such attributes, however, is only impressionistic or global; thus, he is
able to take into account only his most immediate point of view. When
shown a cluster of mountains, he thinks his view of the cluster will be
unchanged if he stands in another location (Flavell, 1963). He thinks
that there is more lemonade, if the glass is narrow or filled to the
brim (Inhelder, Sinclair, and Bovet, 1974). Similarly, in the social
sphere he believes, regardless of the child's intent, that he should be
punished more if he makes a big ink blot than if he makes a small one
(Piaget, 1965). An intuitive-stage child also believes in immanent
justice. If one is bad, he will be punished; if good, he will be
rewarded. If punished, he must have been bad; if rewarded, good. He
judges by the end stage. When playing marbles he will assert that

the rules are divine in origin and must never be broken; then func-

tioning in accord with his current state, he may run roughshod over

these same rules.

Only as he is able to coordinate different points of view,

including his own past point of view, does he become able to understand

quantity and other attributes. Then he is able to play games by the

rules. When he advances from the intuitive stage to the concrete

operational period, he points out, when pouring lemonade from a wide

glass into a narrow one, that, while the lemonade rises higher in the

second glass, that glass is narrower; hence, the quantity is unchanged.

He explains that one could pour the lemonade back into the original

container, thus the quantity is the same. Similarly, when asked to

arrange sticks of different sizes in order, he considers the relation-

ship between each stick and its neighbors as well as the overall task

of arranging the sticks in order (Piaget, 1956). Likewise, when

judging the severity of a transgression, he takes into account the

transgressor's intentions and recognizes that a defective bridge struc-

ture may explain a child's falling into the water rather than his

having just stolen an apple (Piaget, 1965). Hence, he has constructs

of concepts, such as quantity, order, or right and wrong, that

include several relevant dimensions at once and are more abiding and

more descriptive of his world than any one dimension.

Styles of Social Cognition

Ordinarily we expect adults to use operational thinking: to

make use of class and subclass; to think in degree, not black or white;

to coordinate different appearances and see different points of view;

to dispel a belief in immanent justice; and, certainly, to have no
problem with differentiating self from object, or symbol or part object
from the whole object. We expect most adults to use operational think-
ing when dealing with their physical world and their social world. How-
ever, this does not appear to be the case in the social sphere. While
some adults use operational social cognition primarily, the majority of
clients, and probably the majority of the general population, use social
cognition that is typical of either the intuitive stage or the symbolic
stage.

The (Concrete) Operational Style

The operational style* involves the use of classification and
seriation. Included in classification is an understanding of subclass,
the relationship of part to whole as well as an understanding that the
part is always included in the whole. Included in seriation is the
understanding that each unit is more than one of its neighbors and
less than the other and that they are all part of a series. These
understandings are not only conscious (indeed, they may not even be so)
but also the base which the operational person truly and generally uses
in handling values and attributes that apply to persons and emotions.

The coordination of different perspectives including one's own
past and present point of view, the relationship of the part to the whole,
and an understanding of a hierarchy of values characterizes the opera-
tional style of social cognition. One who acts from an operational

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*Piaget uses operational in its logical sense. He applies it
to a transformation which leaves at least one property invariant and
which is reversible, e.g., addition, multiplication, etc. (Piaget, 1971).

style takes into account another person's point of view. He responds to
a person as having good and bad attributes rather than classifying
him as all good or all bad which would require that he either accept the
other person fully or discard him totally. An operational character
evaluates people and social situations in degree rather than dichoto-
mously. He distinguishes between events and intent. He orders
priorities on the basis of principles rather than on the basis of what
makes him feel good or bad.

Closely related to social cognition is superego function. In
the operational style, moral perception is graded. In other words, it
takes into account degrees and range: it is particulate not global. If
a person with operational thinking does something against his conscience,
he feels guilty but does not feel like a totally worthless person. He
sees some transgressions as worse than others. If he feels bad about
some defect in himself, e.g., not being intelligent enough, he does not
feel totally defective. His system of ideals and prohibitions is
essentially separate from object-representation, self-representation,
affect, and impulse. This system is relatively stable regardless of
his current situation. His system of moral values functions relatively
autonomously and unconsciously and deals with a range of goodness and
badness that is applied to abstract ideals and prohibitions. Involve-
ments are not time, concrete instance, or person-bound.

Intuitive Style

The intuitive style[*] is global, subjective, in a sense concrete,

and unidimensional. In its global nature, it moves from the specific to

the general with a kind of affectual response or blurring of judgmental

boundaries. Affect washes over self and object-representations. For

example, a person who acts from this style of social cognition feels

he is rotten and has totally failed, if he has failed in one enterprise.

His processing of affects shows no separation of the part valuation from

the whole valuation. In the sphere of values, not in the sphere of

identity of self or object, there is a failure to think in terms of

degree. He or the object-representation is black or white, all good or

all bad, which shows he fails to use seriation.

His style is subjective or egocentric in that he interprets the

weakness or strength of the object-representation as a reflection on

himself. A person who employs this style of social cognition may feel

inferior when he associates with a person whom he regards as refined or

elegant. Conversely, he may feel refined or elegant with such an assoc-

iation. The quality of his material surroundings, for example, feeling

shabby in a shabby setting, greatly affects him. Thus, the mark or

quality of the setting determines the mark or quality of the subject.

He does not separate the values or attributes of the object-representa-

tion from those of his self-representation indicating a diffusion of

boundaries within the ego. This is not a diffusion of boundaries between

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[*]The intuitive style of social cognition is intuitive in the
sense of "attaining immediate apprehension or cognition . . . knowing
or perceiving or gaining conviction without rational thought and
inference" (Webster).

self and object; rather, the values or attributes of the (present) object diffuse into the values and attributes of the self.

His style of thinking is concrete as he processes intangibles as if they were tangibles in short supply. This is not the type of concrete thinking sometimes found in symbolic style thinking in which a symbol is seen as a thing; rather, in the intuitive style attributes of objects are processed as if they were independent, concrete objects. For example, a person utilizing an intuitive style responds to recognition as if it were a piece of pie and there was not enough to go around. If someone else receives praise, he feels deprived. If he receives it, he feels he has taken something away from someone else. He sees all sources of gratification as finite which is a failure in abstraction and class inclusion. He does not consider that there is no true concept of recognition as an abstract value existing in all degrees nor does he grasp its essential inexhaustibility.

The intuitive style is unidimensional in that only the dimension the person is currently experiencing matters; thus, what has gone before and what is to come are not considered. Such a person reasons from the current perspective and the end stage, i.e., from effect to cause (usually a single cause). For example, if a person breaks his leg on his way to work, an observer using intuitive-style reasoning might assume that the person did not really want to go to work. No thought is given to other facts in the case. This "jumping to a conclusion" is typical of the intuitive style. In this case, the reasoner has also projected a motive onto the person with the broken leg. Typical also of the intuitive style is projection of the judgmental

function which he sees as outside himself and capable of dealing out
automatic immanent justice. This is simple, primitive, tit for tat,
eye for an eye, tooth for a tooth justice. The reasoning is "you get
what you deserve and you deserve what you get." If a good thing happens,
you must be good; if a bad thing happens, you must be bad. If you are
good, good things will happen to you. If you have prospered, you are
good; if you are in bad circumstances, you are bad. If you break your
leg, you must have sinned. Guilt comes not from going against one's
principles but from being caught. An accusation can also provoke
guilt even if there has been no misdeed. There is no abiding, consis-
tent, encapsulated system of values. Values are in flux as a function
of the setting. Right and wrong are defined outside the self. There
is no clear demarcation between the value of the self and the value of
the object.

The Symbolic Style

Here the symbolic style of social cognition is the term used for
preconceptual cognition in the social sphere. In this style of thinking
the demarcation between the self-representation, the object-representa-
tion, and symbols is unclear. Part self is not differentiated from
whole self and part object is not differentiated from whole object.

As distinguished from the intuitive style in which the judgment
of values and attributes of the self and the judgment of values and
attributes of the nonself (including past self and object) are not
separated, in symbolic thinking the identity of the self is not sepa-
rated from the nonself. For example, a person who sees his position in
a corporation or university as defining him, as being his identity, may,

upon losing his job, question his existence or what is real. He
understands himself in terms of external criteria. Such reliance on
roles and symbols to define the self is a way of taking a part object
for a whole object.

In symbolic thinking the word is not separated from the deed.
The wish, the fantasy, and the word are convergent with the deed. The
person sees certain objects and events as signs that refer to himself.
He does not divide the external world from the internal world nor dif-
ferentiate symbols from objects or events; thus, external objects
dictate his goals. For example, one who is committed to the I-Ching
or astrology thinks symbolically in the sense that he uses the readings
or signs to direct his activities.

In the extreme, symbolic thinking can amount to confusion of
part and whole, self and object, object and other object. The resemb-
lance of one object or part object with an aspect of another usually
triggers this misidentification. For instance, ideas of reference have
a valid nuclear resemblance. In such symbolic thinking there is no
abstract concept to distinguish part from whole, symbol from event or
object, nor is there an abstract concept of the self. The self is
defined from moment to moment, from particle to particle. For example,
one client saw himself alternately as phobic and then as washed clean
of any fears. He could not integrate the parts of himself into a whole
which would be doing well now and inclined to phobias at other times.
Similarly, perceiving others in multiple images is characteristic of
the symbolic style. The wife who satisfies sexually becomes a different
person than the woman who is unwilling to cook breakfast the next

morning. In this response the object lacks an individual identity. The symbolic-style person does not understand what is essential and non-essential to an object or to the self.

Symbolic thinking does not provide for chance. If two things happen in conjunction with each other, they must be connected; if two things are similar, they must be the same. This eagerness to connect is the essence of transductive reasoning.

The essential relevance of Piaget's work to clinical practice lies in the parallel between three of the levels of cognitive development which he describes in children and the three styles of social cognition which are observable in adults who present themselves for psychotherapy.

CHAPTER III

CHARACTER STRUCTURE

In this model the three basic character structures are named
for their style of social cognition: the operational character, the
intuitive character, and the symbolic character. Character structure
in this thesis refers to a person's most stable and basic psychological
organization as a social being. The relationship of character to cogni-
tive structure is emphasized because the developing cognitive struc-
ture is viewed as the central organizer around which the salient qual-
ities of character structure form.

In this model the boundaries between the three character struc-
tures have a different definition than in other characterologies. The
theory of character formation is also somewhat different. Here the
theory of character formation is based on a synthesis of the work of
Piaget and a proposal of Malerstein and Ahern (1977). Piaget's work
focused on the process an individual must go through in developing his
view of himself and the world. Adapting Piaget's developmental system,
Malerstein and Ahern proposed that the kind of caretaking a child exper-
iences in his formative years is integral to the type of character
structure he later develops.

There is an intimate bond between a person's style of social
cognition and his major life investments or concerns. For example, a
symbolic character, whose social cognition tends to be fragmented, is
concerned about intactness. Much of his activity centers around

attachment or avoidance of attachment in the service of feeling intact.

It is these two characteristics, the style of social cognition and the individual's major life investments, that form the essence of character structure. The use of and preference for defenses and coping styles are more peripheral characteristics of character structure. To a greater or lesser degree, certain personality syndromes are associated with the different character structures. For example, an hysterical personality* usually has the social cognition and investments of the intuitive character, while paranoid and schizoid personalities invariably have the investments (attachment or avoidance of attachment) and the social cognition of the symbolic character.

In terms of major life investments, the operational character and the intuitive character are almost diametric opposites. An operational character is invested in principles, social roles, and codes. Most of his activity centers around function and production in the service of these principles, social roles, and codes. An intuitive character, on the other hand, is invested in feeling good: in getting, having, and being. Most of his activity is in the pursuit of narcissistic supplies which help him feel good. The investments for the

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*I use personality as generally used by clinicians. For instance, hysterical or obsessive syndromes are somewhat abiding, presumably have an internal organization, and can be recognized readily by the traits they evidence, e.g., the obsessive's obstinacy, parsimony, punctuality, tidiness, etc. Character structure I use to refer to more basic internal organizations, as specifically described by Malerstein and Ahern, organizations which parallel the classification of functions for persons as social beings such as the borderline syndrome (Grinker, Werble, & Drye, 1968) or the neurotic character (Alexander, 1952).

symbolic character are less easily defined because they may be either

pure or mixed. Some symbolic characters are invested primarily in

attachment or avoidance of attachment. Others are invested in attach-

ment combined with either an investment in principles or in narcis-

sistic supplies or combined with both principles and narcissistic

supplies.

Piaget stressed that the complex events in a child's life do

not merely make an imprint on a passive mind; instead, the child

actively constructs an internal meaning system which continuously

develops into a highly organized and interlocking network of cogni-

tive structures or schemes.* This is accomplished by the interacting

processes of assimilation and accommodation. In assimilation the exist-

ing cognitive structure does not change; instead, assimilation is a

process whereby information from the outside is made to fit into one's

own subjective scheme or view of the world.

Rosen gives the example of a very young child whose contact with

four-legged, furry creatures was confined to small dogs. The first

horse he saw was to him a large dog. While at this point his classifi-

catory scheme was simple and global, his continued interaction with the

environment and his exposure to horses over time should lead him to

recognize that horses gallop and kick while dogs do not. Thus, even-

tually he will have to modify his mental structure in order to differ-

entiate between horses and dogs. This emergence of new mental struc-

tures through the modification of pre-existing ones is called accommoda-

tion. Eventually the classification scheme will become sophisticated

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*Piaget's term for the basic unit of cognitive structure.

enough not only to allow him to differentiate among four-legged, furry creatures but also to deal with them in a hierarchical and inclusive relationship. Then he will recognize that horses and dogs are two of many types of creatures all of which may be classified as animals.

The formation of character structure, that is, the way in which the child constructs his system for processing social and emotional data and developing his major life investments, occurs in his formative years (ages 2-7) as he participates in interactions with his social environment. The specific interactions held as paramount in this thesis take place between the child and his caretakers, in this society, usually the mother or a mothering person. Through his experience with the mothering person, a child builds social identity and social reality as well as the attributes of self and object (Malerstein and Ahern, 1979). In other words, he constructs his understanding of the social world through assimilating and accommodating the input from the mothering person. If he experiences the mothering person as neglectful, he will see the world as neglectful and a place in which he must look out for himself. If he experiences the mothering person as protective, he will see the social world as trustworthy and may believe that people have his best interests at heart. If his experience with the mothering person is inconsistent, sometimes neglectful, sometimes protective or if the caretaker reverses roles with him making him the caretaker, he will see the world as confusing and will not develop a stable view of his social world or himself. In this last instance, he will also see that if he makes his social world (mother) stable, his social world will have his best interests at heart.

The abiding experience with the mothering person allows the child to construct a stable character structure. By the time he is seven or eight years old (or shortly thereafter) his style of social cognition and his major life investments, the main ingredients of his character structure, are most likely set. In adolescence and later he will acquire traits of personality* and new behaviors. He may even find that his system for processing information is not as useful to him as it might be and he may build in a corrective system. However, under pressure of situational stress or strong affect, he most likely will revert to his earlier established systems.

While each character structure has a particular style of social cognition, one character structure may on occasion use a cognitive mechanism integral to another character structure. An operational character may evidence a diffusion of ego boundaries, for example, when he has a full belly and declares that it is a beautiful day. This type of diffusion of ego boundaries, incomplete differentiation between self-valuation and object-valuation, is much more frequent and integral to an intuitive character.

A major mental reorganization takes place around the end of the seventh year. After this, any significant change in major life investments is not likely. It is probably not happenstance that Catholics and Moslems hold the child at this age accountable for his actions.

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*Personality is more complex than character structure in that, while often personality reflects or solves a character problem, it does not seem to draw on one age. Some components may be acquired very early, e.g., certain anal or compulsive traits. At the same time, these qualities may be reversed, de-emphasized or strengthened or new ones added during adolescence or later. I do not believe this happens with character structure.

It should be emphasized that not all children experience the same input from the mothering person in the same way. There are neonatal differences which make for a poor mother-child match. Escalona commented on the importance of the mother-newborn match. Energetic mothers with lethargic babies or lethargic mothers with energetic babies are probably better matches than those in which both are energetic and clash or both are lethargic and there is little interaction. It is likely that some children experience neglect because their needs are so great they cannot be adequately met whatever the caretaker does. A child whose needs are not great might experience neglect with a naturally protective mother who has had lengthy hospitalizations or who has been occupied with caring for an ill sibling. A naturally independent child may feel controlled by parents who exercise normal protectiveness. Not the style of the caretaking as such but the child's experience of the caretaking and his interaction with his caretakers lead him to see the world as a jungle, a park, or a dream.

While in no way is character pathology a complete explanation for psychopathology, to the extent that an individual with a particular style of social cognition or investment carries either or both of these elements to an extreme, the character is pathological. The extreme or pathological prototype of the symbolic character is the schizophrenic.* The extreme or pathological prototype of the intuitive

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*While the genetic factors of conditions such as schizophrenia are not denied, they will not be addressed here.

character is the behavior disorder or the narcissistic personality. The extreme or pathological prototype of the operational character is the obsessive-compulsive personality.

This is not to imply that one character structure is "sicker" than another. One may be more adaptive than the other to a particular culture or subculture or to a particular period in history. For example, the character structure with a major investment in narcissistic supplies, getting, having, and being, may be more adapted to our modern, big business, big government, free enterprise system. The character structure directed toward function and control of function, producing and initiating, may be more adaptive to a craft society. Similarly, one with concerns about fragmentation and attachment may be more adaptive to a culture in which the tribe or the clan, rather than the individual, is the unit of identity.

Character pathology is often defined culturally referring not to the "health" of a person but to the degree to which his social order tolerates his behavior. In some periods of history cultural norms are looser than at other times and a wider range of behavior is acceptable, e.g., the counter-cultures that have been tolerated in recent years. Certain cultures at certain times can tolerate what at other times would be unacceptable. Rural Ireland, for example, was, and to a certain extent still is, able to absorb "quare fellows" (paranoid schizo-phrenics) into their communities, while such behavior would be con-sidered "sick" and merit professional attention in urban areas in the United States. If pathology is defined as painful symptoms or the inability to function in a way that is satisfying to the individual and

in accordance with the demands of his environment, then each character

structure in this model presents a continuum from normal to patho-

logical.

Abnormal character formation or character pathology results

when the child experiences an abiding extreme of one or another style of

caretaking: abiding over-protection; abiding neglect; or a continuing

shift back and forth between protection and neglect which necessitates

ignoring parts of the self in exchange for protection.

In contrast to the psychoanalytic approach, this concept of

character pathology is more structurally oriented and less phase-

specific and places more emphasis on the interaction between parent and

child. Psychoanalytic ego psychologists and object relations theorists,

such as Erikson, Spitz, and Mahler, adhere more to an interactional

model than classic psychoanalysts but they basically retain drive

theory and phase-specificity. Hartman introduced autonomous ego func-

tions as separate, not drive derived, while Kohut recently called for

a self system separate from the drive system.

The position taken here (Malerstein and Ahern, 1979) points

out that: (1) the developing cognitive system of structures is basic

and probably biologically triggered in its epigenetic unfolding;

(2) the evolving system is modified by the input, whether the input is

physical or social; (3) and the more consistent findings in the

physical sphere are likely due to basic physical input which does not

vary as greatly (since we all live on earth) as social input.[*]

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[*]When I use the word "input," I wish to emphasize that it is
always the organism's construct of the input which is important.

The Operational Character

There is a close tie between the operational character's investment in the principles basic to social codes and roles and his style of social cognition. He uses abstract principles to coordinate different perspectives, to relate part to whole, and to order priorities in the social sphere.

An operational character is invested in the rituals and beliefs of his culture or subculture as things in themselves. For example, he may value education, science, religion, etc. as important in themselves. Typically an operational character truly believes in the espoused values of his culture, such as the goodness of hard work, justice, and truth. Usually he abides by and is invested in the culture's stated rules. Indeed, he may be so involved with principles or cultural values that he is out of touch with his own or other people's fantasies or needs. Ordinarily he will not deliberately use people but in pursuit of his principles he may be somewhat oblivious to the needs of other people.

From this point of view, he may be considered immoral. Indeed, his beliefs and rituals need not be virtuous except in terms of his family or subculture. If his cultural and familial code is fascist, then, one can anticipate he will have a strong investment in fascism as a basic good. The operational character is able to postpone gratification and tolerate discomfort in the service of developing and carrying out long-term (i.e., principled) goals. Sometimes these goals are so consuming that he misses much of everyday life. Indeed, he may

bypass the standard rewards of love, fame, fortune, or friendship to some extent in order to do what he believes is principled.

Generally speaking, an operational character's basic self-esteem is not particularly vulnerable to external input or to his current affect. His expectations for himself within his social order may be intense but such expectations are part functions which do not embrace the whole. Thus, when he fails to meet his expectations, he condemns only part of the self. His basic sense of worth remains intact. He is not dependent for gratification on externals, i.e., being loved, admired, or taken care of; rather, he relies on internal standards. If he measures up to these, being generous or parsimonious, being democratic or autocratic, he is narcissistically gratified.

Since his judgment of himself is not particularly responsive to the environment, one can anticipate that he will not readily experience narcissistic injury. Since his disappointments are particularized, not global, one can also anticipate that he will be able to tolerate narcissistic injury when it occurs.

Because he is invested in his own function and the control of his function, the operational character is concerned with taking care of himself and maintaining his autonomy. Some may resist help when they are in need of it; while others may seek dependent gratification or ask to be told what to do. At root, however, their bid for dependency is a defense against a more genuine wish for autonomy or assertiveness about which they feel conflicted, guilty, or anxious.

The operational character has no significant problem with reality testing, no problem differentiating self from object, no major

concerns about identity, and no problem differentiating self-valuation from object-valuation. However, to the extent that he believes everyone else, like himself, is concerned with issues of function, moral code, and definition of social roles, he may experience a failure in reality testing. He may assume that others function along with him and toward him in accord with the same or similar codes. Even when he "learns" that others are not necessarily invested in standards like himself, he "forgets" from time to time and goes back to his earlier construct.

When the operational character has an obsessive-compulsive personality, he is undifferentiated particularly in the area of function and role, especially in regard to "authority" figures. He is uncertain whether his function belongs to himself, an authority figure, or a social convention. He may react to this uncertainty with defiance or submission or by alternating between the two.

The development of the operational character draws upon the child's experience of consistent, protective parenting for the first seven or eight years of life. From this experience the individual constructs a belief in the protectiveness and caring of those around him. Generally, he trusts that his social world is a safe place and that, like his parents, those who people it, particularly those whom he casts in the role of authority, have his best interests at heart. In spite of any struggles he may have with authority around specific achievement issues, i.e., sometimes feeling the authority wishes to hold him back or push him forward, this basic expectancy is usually firm.

When a child reaches the concrete operational period he has the ability to coordinate discrepant appearances into his constructs of attributes. He knows that if he pours juice from a wide container into a narrow one the juice has not increased even though it rises higher in the glass. He knows, even though it looks like more because the height has increased, the width has decreased. Just as he is able to construct an understanding of the attribute amount, which coordinates surface discrepant appearances for physical objects, so he is able to construct the attribute goodness or badness for persons (i.e., social behavior) which takes into account surface discrepant variables.

An on-balance consistency of protective parenting (i.e., keeping the child's own best interests at heart) provides the operational character with the experience of disparate variables, such as his caretaker waiting for him to tie his shoes but pushing him to cross the street quickly. Initially the child might see these interactions as discrepant: in one instance he is slow and his caretaker waits for him, even praises him; while in the other, his caretaker pushes him, even punishes him. Later when a child is able to coordinate such surface discrepant variables into constructs of attributes, if his caretakers have, for the most part, had his interests at heart in their interactions with him, he will be able to construct codes of good (for-him-in-the-long-run) behavior. Similarly, if his caretakers promise to take him to the park later, if he is good now, and they do so, then he will be able to construct a sense of trust toward these persons and their words in spite of the fact that they deprive him of having fun at the moment.

Aside from the caretaker's relatively consistent, helpful inter-action with the child, including the promised pay-offs, probably a major, if not the major, mechanism the child uses in developing his sense of social roles, is his identification with his protective parents. Yarrow, Scott, and Waxler's work strongly supports the view that the child's identification with a nurturant model is the basic mechanism involved in superego formation. In their experiment, a nurturant and non-nurturant model worked with children for several weeks in their classroom. Following the nurturant model's example of being helpful to a person in distress (e.g., when the teacher bumped his head, the nurturant model went to his assistance), the children in a high percentage of cases attempted to be helpful (e.g., when a kitten was caught in string). Lickona, on the other hand, com-pared several styles of learning moral behavior and found that a didactic approach had the most impact; thus, the precise mechanism for superego formation is unsettled. Incidentally, Piaget (1965) did not invoke identification mechanisms in his concept of superego formation.

Generally, from the perspective of this project, character pathology in the operational character derives from an experience of mothering which is over-protective and over-controlling of the child's function. This results in the formation of an obsessive-compulsive/anal personality. This does not mean that all operational character structures are obsessive nor that all obsessive-compulsive personalities have operational character structures. Indeed, some obsessive person-alities have symbolic character structures. Other personalities whose focus is more on sexual or initiative issues, e.g., some hysterics,

phobics, phallic-narcissistic or phallic-inhibited personalities, tend
to have an operational character structure. The relationship between
this last group and the operational character is not as reliable as
the relationship between the obsessive personality and the operational
character. Most of this group, if operational, will show obsessive
features. The possible reason for the strong bond between the opera-
tional character structure and the obsessive personality rests with
the concept that the primary factor in the formation of the operational
character is the child's experience of protective parenting. If the
protective parenting is overdone to the point of forming an obsessive
personality, then the obsessive personality is merely an extreme of
the same protective axis essential to the formation of the operational
character.

The Intuitive Character

The intuitive character is the inverse of the operational
character. Whereas the operational character is attuned primarily to
internal systems (the internal valuation of self and object, the
reliance on internal principals and roles as the basis for reasoning,
and the use of thought as a coping mechanism), the intuitive character
is attuned primarily to external systems (the reliance on externals for
self-esteem, the importance of appearances and the end-stage in reason-
ing, and the use of action rather than thought as the preferred coping
style). Both the operational and the intuitive character differentiate
self from object, i.e., both the self and the object have established
identities. Both character structures also have strong and facile
defenses.

Particularly marked is the difference between the operational and intuitive characters' investments. While the operational character is invested in abstract principles (in social roles, codes, and functioning), the intuitive is much more narcissistically invested. He is concerned with feeling good, with getting, having, and being. Since he reasons from appearances, his self-worth relies upon having things, being loved, having a prestigious position, and the like. In sizing up what he is doing and what is going on around him, the intuitive character bases his judgment on how an object or event makes him feel. The operational character, on the other hand, bases his judgment on rules and standards.

An intuitive character shows evidence of global thinking when he is unable to entertain different perspectives at the same time and when he is unable to coordinate past with present. For example, he does not "remember" that, although something bad happened to him today, something good happened yesterday. In fact, good and bad things happen to him. Being egocentric, he sees the things that happen to him as a comment on his worth or lack of worth; thus, he often turns to narcissistic supplies to remind him that he is a worthy person. The supplies, then, provide a means by which he can maintain his self-esteem. Since his self-esteem rests on externals, the intuitive character is particularly sensitive to the criticism or praise of others.

An intuitive character has major problems in the area of trust: he does not count on others to have his best interests at heart. This mistrust is manifest in his relationship with the therapist, with friends, with lovers, etc. Related to the intuitive's mistrust is a

tendency to be untrustworthy himself. This untrustworthiness extends

from telling a little white lie, when he is late for an appointment or

fails to meet an obligation, through the opportunistic behavior of the

upwardly mobile member of middle management to the extreme anti-social

behavior of a criminal.

Akin to trust and mistrust is the intuitive's tendency to be

impulsive. His desire for immediate gratification often leads to a

chaotic highly mobile style of life. His inability to delay gratifica-

tion and his intolerance for pain make him particularly vulnerable to

deprivation and loss which he will attempt to avoid by fleeing. He is

likely to reach for any appealing external object that promises gratifi-

cation, whether this be a car or a house he cannot afford or a charming

associate or lover. Because of his impulse to choose surface appeal,

even though he is himself manipulative, he is vulnerable to the manipula-

tion of others. He has little faith in the future and is usually

unable to learn from the past. Pleasure or pain in the present direct

him.

Dependency issues are paramount for the intuitive character.

Focused on what is coming to him, he sees relationships as sources for

narcissistic supplies and, accordingly, tends to use people. Because

the intensity of his dependency needs makes him vulnerable to disappoint-

ment, he is subject to depression. He is repeatedly disappointed,

especially in the long run because he tends to take the first appealing

thing that comes along and avoid any uncomfortable situation.

While impulsiveness and dependency are usually present, they

may not be obvious. Impulsiveness is seldom manifest in overt behavior

(consider the fact that most hardened criminals are not often engaged in impulsive acts). The impulsivity, or moving about, may not be geographical. An example is the professor who announces different plans for his department from one day to the next. An intuitive character may be able to delay immediate gratification in the service of upward mobility or enlightened self-interest. He may get his more immediate gratification from thinking about, or telling others, how well he carried off his latest manipulation. Within a large organization, an intuitive character often uses and serves the system effectively because he plays politics for power, prestige, and personal gain.

The intuitive character adapts particularly well in American culture where success itself is a value not just success through hard work or excellence of function. The intuitive is not generally interested in whether or not the "game of life" is played according to the rules as the operational character is. He is more interested in whether he wins or loses. Actually he is often talented in knowing how to adapt the rules. He also may be good at bargaining; hence, he is often found in politics, law, management, and sales, less often at an accountant's desk and, least of all, at a shoemaker's task.

When carried to an extreme, an intuitive character can be a predatory person, such as a criminal. Most narcissistic and impulsive personalities are intuitive characters, although many have the fragmented structure of the symbolic character. In extreme form, the intuitive character has a "jungle" mentality: everything is subordinated to his survival, to his getting ahead. He operates on the basis of "me first," "by hook or by crook," "catch as catch can." His

ethic rests on his belief that "his end" justifies his means. If he engages in a good deed, he may wear it as an emblem to deny his true nature to the outside world as well as to himself.

Whenever possible, the intuitive character tries to deal with matters as outside himself. He prefers action to thinking; thus, he often chooses to act out or use manipulation. He employs projection, externalization, denial, and rationalization as defense mechanisms. Most intuitive characters do not use conversion but, when conversion is used, usually a person who has an intuitive character structure uses it.

The intuitive character has generally experienced consistent, significant neglect, emotional and often physical deprivation, even abandonment, in his formative years. Usually this is actual parental neglect. For example, the caretaker may be absent, changing or uncaring. In some cases, parental neglect may not be the fault of the parents per se. A given child's needs may outstrip the average parents' ability to meet them. Likewise, neglect may be the result of a child's physical illness or frequent hospitalization or the actual or psychological absence of the caretaker because of family size, illness of another family member, etc.

An intuitive character is subject to his caretakers' broken promises: he receives praise or punishment at their convenience. In a sense, he does construct principles, for example, that he had better look out for himself and take what he can because everyone else does. In contrast to the principles of the operational character, these principles take into account only that which can be seen or felt at

the moment. His caretakers do not provide him with surface discrepant variables which he can coordinate through his principles, his guides to his social world. Thus, the intuitive character has the mechanisms available to him during the concrete operational period but not the appropriate input.

The intuitive character learns early that he is on his own, that others do not have his best interests at heart, and, if his needs are to be met, he must see to them himself. Not knowing what his long-term needs are, he judges them by appearances and how they make him feel at the moment. Thus, he learns to reach out for anything that looks good. He learns to move quickly, without delay, since he does not trust a need fulfilling object to be available to him again.

In the pathological intuitive character, such as prison inmates, there is an early history of chaotic or erratic family life. Not experiencing warmth from a mothering person, such a person does not develop socialization skills or humanistic qualities. Some will develop a veneer that passes for socialization until the surface is scratched and the "jungle" mentality appears.

The Symbolic Character

While the operational and intuitive character structures are opposites and essentially pure types, the symbolic character structure may be pure or mixed. A pure symbolic character favors symbolic think-ing and has major investments in attachment and identity. The mixed types not only favor symbolic thinking and the investments in attach-ment and identity but also present three combinations: (1) the symbolic character type who shares autonomous superego function, investment in

function, and control of function with the operational character type;
(2) the symbolic character type who shares the externalized superego
function and the investment in narcissistic supplies with the intui-
tive character type; and (3) the symbolic character type who manifests
a mixture of operational and intuitive character types.

A symbolic character's manifest goals, like the intuitive's,
tend to be narcissistic. Conversely, he may be heavily involved with
roles, codes, and function. More basic and integral to any need he
has for narcissistic supplies or for any focus on roles, codes, or
function is his need for, or struggle against, attachment and/or
confusion. The symbolic character has significant problems with iden-
tity and reality testing which, in a severe form, may take the form of
uncertainty about his own existence or whether a characteristic or
part-object belongs to him or to an associate. Some symbolic characters
have relatively clear but warded-off identities. To such individuals,
their identities are bad, as if they were basically evil persons.

In an attempt to feel whole and centered, the symbolic character
may gravitate toward another person, a cause, religion, or movement.
Often when the attachment is to a movement, there is a particular
person in the movement who carries the attachment. The attachment
may also be to alcohol or drugs. A partial identity or attachment
solution may be through a somatic illness, i.e., the identity of a sick
person, or through the professed identity of an alcoholic, i.e., the
Alcoholics Anonymous member who identifies himself "I am an alcoholic."

A symbolic character depends on external clues such as ascribed
roles, the expectations of others, and, in some cases, "signs" to

define his self. Many well functioning symbolic characters have successfully defined themselves in terms of some professional or social role. For example, some women define their identity in terms of their roles as wife and mother. Without a role the symbolic character may be identity-less. One man who was a clerk in a large university felt big and defined as part of this large, socially significant organization. When he quit to go back to school, he did not know who he was and became preoccupied with the meaning of words and whether he knew how to speak.

A symbolic character may deeply wish for attachment or merger with another but, at the same time, be afraid of such involvement. On some level, he realizes that such a merger may result in more identity confusion or that such an attachment may leave him vulnerable to separation and loss. One person whose character style was symbolic handled her conflict about separation by attaching herself to three different men. Thus, if she lost one, she still had two-thirds of the total attachment. When unattached, such a person may experience a loss of identity or a loss of a center, a feeling of being lost, cut off, in-between, or incomplete.

The symbolic character's investment in attachment is directly connected to his style of social cognition. Since, to a significant degree, he does not distinguish self-representation from object-representation and part-self from whole-self, he lacks identity and a sense of center. His investment in attachment, or the avoidance of attachment, is an attempt to solve these problems. If he is able to attach himself to some person, organization, or cause, he can experience

identity as well as a sense of wholeness in unity with the other.

For some, attachment may be a coping device which provides an identity solution. For others, attachment threatens identity and may lead to a major break with reality. Paranoid and schizoid personalities resolve the identity problem by avoiding attachment. Such personalities rely on distance to avoid merging and to preserve an established sense of center or identity. Whether sought or avoided, attachment is of special significance to the symbolic character.

In a symbolic character identity, dependency, narcissistic gratification, and self-esteem may not be differentiated but, instead, intertwined with each other. Loss of self-esteem or depression may cause such a person to lose his sense of identity and become psychotic: "If I am not special, or if I am bad, I am nobody." From part-valuation or part-identity, he defines the whole self. It is as if the part that is in focus determines from moment to moment his worth and identity.

Intuitive and operational characters, in contrast to the mixed symbolic character, each have distinct internal consistency. Their defenses and goals differ as do their general approach to the fundamental areas of trust, control, dependency, autonomy, the need for narcissistic supplies, and reality testing. Such internal consistency may not prevail in the symbolic character. Hence, the boundary between the symbolic character and the operational character or between the symbolic character and the intuitive character is not as discrete as that between the operational and intuitive characters. The symbolic

character may use projection, a narcissistic defense, along with
undoing, an obsessive defense, to serve his narcissistic goals.
Although trust-distrust is always an issue for the symbolic character
(just as for the intuitive), he may focus on function, which is not
a concern for the intuitive character, and/or on narcissistic supplies,
which are usually not important to the operational character. Such
a mix is not found in either the operational or intuitive characters.
The mix of these factors when present distinguishes the symbolic
character from the other two character structures.

The extremity apparent in the defenses and characteristics are
a greater aid to the recognition of a symbolic character structure than
the type of defenses and characteristics per se. As previously stated,
the basis for defining a symbolic character does not rest with whether
or not he is trustworthy or trusting, has narcissistic goals, or is
dependent. Like the intuitive character, trust, narcissism, and
dependency are often major involvements for a symbolic character; how-
ever, he may be suspicious or trusting, dishonest or reliable, self-
centered or self-sacrificing, dependent or independent, function-
oriented or not. He may be an extreme narcissist, a criminal, a saint,
or none of these. When a person presents an exaggerated picture:
super moral, entirely selfish, gruesomely criminal, consumingly narcis-
sistic or dependent, brooking little or no compromise in his approach,
he, most likely, has a symbolic character structure.

Many symbolic characters are extremists or perfectionists who
expect themselves to be perfect or to perform perfectly without neces-
sarily differentiating one stance from the other. Control, which is

an important issue for the operational character, may be critical for the symbolic character: if he is not in perfect control, he may feel like a monster or a slave. A tightly controlled symbolic character, who is not likely to be irresponsible at all, may dread the slightest relaxation of his absolute moral behavior as if any deviation were criminal. If he is not "pulling the strings" in a relationship, he may feel the other person will know his weak side and gain the advantage which would put him in the position of slave.

The symbolic character's defenses are generally transparent, absent, exaggerated, or brittle. The extremity or the unyielding quality and/or the brittleness or transparency of the defense mechanisms is often diagnostic. With little or no stimulus barrier, i.e., weak defenses, some symbolic characters are particularly vulnerable to pressures and feedback both from within and without. One symbolic character who identified with little lost animals could not pass a stray animal on the street without feeling he had to find a home for the stray or keep it himself. Seeing the vulnerability of the animal, he was responsible for doing something about it. To do otherwise would have been negligent. The situation which presented itself, i.e., the needy cat, defined his responsibility.

Related to a symbolic character's lack of defensive structure is his diffuse and overwhelming affect which may disorganize his thinking. He may describe it as physical pain. His depression may have a sick, open sore quality. Similarily, his rage or terror may be unbounded. The opposite may also prevail in which the defensive operations may be so stringent that his feelings are absolutely

controlled. A week's delay may occur before he recognizes any feelings about a given situation. His defenses may also be transparent. One client, in order to deny his low self-esteem, spent an entire therapy hour prior to becoming psychotic telling his therapist, one way or another, how wonderful, unselfish, generous, attractive, and intelligent he was. This is in contrast to the intuitive character's less transparent defenses. The intuitive character's denial of dependency may be difficult to detect as he complains about his roommate and threatens to throw him out.

A symbolic character tends to employ the same defenses as an intuitive character: denial, projection, externalization, rationalization, and acting out. Although some symbolic characters may employ undoing, isolation, and intellectualization along with denial and projection, an intuitive character generally does not. A symbolic character may act up or act out not only to escape discomfort or to move toward that which is momentarily promising (the kind of motivation expected in the intuitive) but also to ward off confusion. Involved activity is often a valuable coping mechanism. Impulsive activity, itself, does not differentiate a symbolic character from an intuitive character; however, unbridled primitive impulses in fantasy or in action, extremely stringent control of the impulses, or a transparency evident in the defenses surrounding an activity is indicative of a symbolic character structure. The quality of the defenses as well as the mixture of defenses is a more reliable distinguishing feature for the symbolic character than the type of defenses.

The pathological prototype or the extreme of the symbolic

character is the schizophrenic, the latent schizophrenic (Bleuler,

1924), the ambulatory schizophrenic (Zilboorg, 1941), the pseudo-

neurotic schizophrenic (Hoch and Polatin, 1949), the "as if" person-

ality (Deutsch, 1942), etc.* Several of the personality disorders fall

within the range and functioning of the symbolic character. Paranoid

and schizoid personalities are partial solutions for the identity and

reality confusion of the symbolic character. Others, such as the

narcissistic, impulsive, or hysterical personalities, while more

closely allied with the intuitive character structure, may serve the

symbolic character structure. Similarly, obsessive personalities,

while more closely allied with the operational character structure,

may also serve the symbolic character structure. Like an operational

character, an obsessive who has a symbolic character structure is

concerned about principles; however, his major investment is in attach-

ment and usually he employs a mixture of defenses. As mentioned

earlier, a narcissistic personality who has a symbolic character struc-

ture, while interested in narcissistic supplies, will focus more on

how these connect him to the supplier and define him as a person. In

the author's experience, people with psychosomatic disorders, such as

asthma, ulcerative colitis, etc., usually have symbolic character

structures.

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*Kohut's narcissistic personalities appear to be symbolic
characters, although earlier concepts of the well-defended narcis-
sistic personality more likely fit the intuitive character structure.
As I understand it, Kernberg's borderline personality organization
includes some clients I would classify as symbolic characters and some
whom I would see as intuitive characters.

The symbolic character's experience with his caretakers during his formative years is often confusing. His caretaker, or the mothering person, is not usually neglectful or absent. She may, however, be confused, confusing, sometimes overwhelming, panicky, or over-protective. Frequently she herself has a symbolic character structure and may use the child to meet her own needs which in turn relate to identity and attachment. The child in such a situation learns early that his needs will be met when he meets his mother's needs; thus, the process of symbiosis begins. When he is unable to learn this procedure due to the erratic or idiosyncratic quality of his mother's needs, he is likely to become hopeless or confused. To a significant degree, he fails to build a sense of self and looks to his environment for clues to know how to behave, to recognize who he is, and, in extreme cases, to assure himself of his existence.

The mother of a child with a symbolic character structure usually provides a kind of unpredictable protection which to some extent involves role reversal. However, in contrast to the typical mother or caretaker of the intuitive character, once mother is served, she may be giving, understanding, and protective. Once this symbiosis is established, the situation is fairly predictable for the child, even though it may require the sacrifice of his own identity or his self-interest.

The mother's reassurance for herself that she is a good mother or a whole person may rest on incomplete or hollow evidence, i.e., part-object or part-event. For instance, she may feel that she is a good mother, if her child does not become ill and, therefore, need to

see a psychiatrist, take pills, or manifest fright. As a consequence,
she may go to extremes to prevent treatment for her child or to pre-
vent him from exhibiting his difficulties in front of her. She
reasons: if he is not seeing a psychiatrist, taking medication, or
showing anxiety, he is not emotionally disturbed and, therefore, she
is not a bad mother or a bad person. On the other hand, she may feel
whole and worthwhile as long as her child is the ill member of the
family and requires treatment. In these ways, she may run roughshod
over parts of her child in order to preserve her necessary self-image.
This extreme of pathological mothering is often found in the history
of schizophrenics.

It is possible that the mother of a symbolic character may not
directly elicit parentalizing (role-reversal). For example, a symbolic
character, who suffered a profound depression when his wife divorced
him, described the extremity of his attachment as comparable to an
addiction which only reattachment to another woman could assuage. He
suggested that it derived from the extreme poverty he experienced
during childhood when his mother had to "take the food out of her own
mouth" to feed him. He felt this experience made for intense closeness
and sharing. Although there was not sufficient evidence to be sure
his mother did not actually parentalize him, his strong attachment
needs could have developed out of his awareness that his mother sacri-
ficed for him and out of their profound need to share sustenance in
such a poverty-stricken situation.

In an example of limited role-reversal, a client experienced
parentalizing to the extent that he learned early to betray no anxiety

or uncertainty. If he exposed any such feelings, his mother became panic-stricken and told him he was not frightened and must not be intimidated. The client learned that his mother's safety somehow depended on her child's appearing strong. Once he took care of her by meeting this requirement, his mother was a very reliable resource for him. In order to appear to be a better mother or out of her own fear of social interaction, the mother of a symbolic character may over protect her child, creating great fear of the outside social world. On the other hand, like the mother just mentioned, she may thrust her child forward to deal with the world she fears.

In more extreme instances, a child may experience such stringent expectations from his caretaker that he surrenders any chance to live as a separate being. The child may be torn between an attraction to the specialness and closeness of the union and his struggle against a union which requires that he sacrifice a life of his own. In some way this child cannot distinguish who is mother and who is child, what parts belong to him and what parts do not. He finds he must be a certain way whether it suits his internal condition or not. For example, he may have to eat when his mother needs to feed him, that is, when she needs to display herself as the good mother in front of family, friends, or even herself. She feeds him in response to her needs not his. It is not surprising that he becomes confused as to whose needs are whose, what is outside and what is inside, what is real outside and what is facade, what is whole and what is fragment.

CHAPTER IV

TREATMENT

Since clients who have different character structures exper-
ience treatment interventions differently, there is no single treat-
ment approach which is appropriate for all clients. Within the context
of this study, the term "treatment approach" includes the objective or
goal of treatment, the method and techniques of treatment, and, partic-
ularly, the context in which the therapist approaches the client.

To the degree a therapist is trained or has specialized in one
particular treatment approach, e.g., psychoanalytic, behavioral,
systems, problem solving, etc., he may be tempted to use the same
approach with all clients. The therapist who gives into this tempta-
tion, for example, one who makes a "transference interpretation" in the
analytic mode to a narcissistic personality, may succeed in bringing
humiliation, not insight, to his client. Interestingly enough, some
therapists who claim they use an analytic method actually approach a
narcissistic personality in a supportive context. They sense that only
in a supportive context, that is, through the expression of the thera-
pist's concern for him, will the client accept the "interpretation."
Regardless of the specific content, the client improves due to the
supportive context. The therapist, unaware of the importance of con-
text, may continue to claim that he is "analyzing" the client and that
the goal of the therapy is to make the unconscious conscious.

Objective, method, and context are inseparable in an internally consistent treatment approach. The objective or goal is the end product or desired outcome which the therapist and client implicitly, sometimes explicitly, agree upon and work toward. For example, in traditional psychoanalysis the desired outcome is to allow the client to become free to work and to love by stripping him of his defenses and, through acquired insight, ridding him of the Oedipal conflict with its accompanying symptoms, inhibitions, etc.

Method refers to the means by which the objective will be accomplished. For example, in classical psychoanalysis the method is the analysis of the defenses, the impulses, and the transference through the use of interpretation and clarification and by recognizing the necessity for working through.

The context is the stance the therapist takes toward the client and the message he intends to convey to the client by that stance. Again, to take psychoanalysis as an example, the therapist's stance is analytic neutrality. He is passive, permissive, neither having nor applying the criteria of right or wrong, proper or improper to the client's behavior. He presents himself as a blank or ambiguous screen onto which the client can project his unconscious attitudes. He also "abstains" from gratifying the wishes of the client. He conveys the message that the client is the active agent, that he is free to say anything which comes to his mind, and that anything he says is a proper subject for analysis.

In the treatment model presented in this study, the context of treatment merits particular attention. Just as the "medium is the

message," the context determines whether or not the stated objective and method is the actual objective and method. A therapist who approaches his client in a supportive context conveys the message that he cares about and will care for the client and that he thinks the client needs to be taken care of. If the therapist's objective is the resolution of the Oedipal conflict through the method of psychoanalysis, this supportive context will "contaminate" the transference and make it more difficult, sometimes impossible, to analyze.[*]

Selection of a treatment approach depends upon the therapist's understanding of the client's character structure and the problem he presents for treatment, i.e., the diagnosis. It should be borne in mind that the client does not always present himself or a part of himself as the problem for treatment. Sometimes he is seeking, and primarily needs, another kind of help such as a referral to another agency or individual. Even so, the context in which the therapist offers any kind of help should take into account, whenever possible, the client's character structure.

In diagnosing character structure, the therapist takes into account the client's complaint/request, his stance and his way of relating to the therapist, his manner of reasoning, his view of the world as reflected in the concerns he expresses, any information he offers about his early caretaking experience, the helpful relationships

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[*] This does not mean that the analyst may not show empathy or respect for the analysand or that the analyst must be cold but it precludes expressions of approval or efforts to bolster the patient's self-esteem.

or circumstances in his past, his previous and current coping skills including his mental mechanisms, and his social situation including any precipitants to his seeking treatment.

The complaint/request, the stance taken toward the therapist, the experience of early caretaking, the themes in the interview, etc., all reflect the client's abiding character structure and point to the context or medium through which the therapist can reach him most effectively.

Complaints may reflect character structure to the extent that they are externalized or internalized, specific or global, concerned with appearance or function, or focused on something wrong or missing. For example, an intuitive character who depends strongly on externally oriented coping and defense mechanisms will most likely present an external complaint. Similarly, since he tends toward a global style of social cognition, his complaint will likely be global.

The client's stance toward the therapist may also reflect character structure. If the client looks to the therapist for approval, for narcissistic gratification, for bolstering his self-esteem, he probably has an intuitive character structure; while a client with a symbolic character structure, perhaps bidding for similar feedback, is more likely looking for affirmation of his identity in addition to affirmation of his self-worth.

On some level the client knows the context which will best help him deal with his dysfunction or pain whether this be connectedness (in Kohut's term, self-object tie), protectiveness (i.e., parenting), or neutrality. Often he makes this clear in his stated or underlying

request for treatment which is, then, not only a clue to the diagnosis but also an indicator of where treatment must begin.

One woman who came for treatment complained about overeating and wanted help in trying to stop. She claimed she could not stop by herself because she was "an addict," "a weak person." The therapist, intending to raise her self-esteem, suggested that there was more to her than the attributes of addictiveness and weakness. He pointed to some instances in her past, which she had told him about, when she had controlled her eating and had been more in charge of herself. By the third interview the client had become insistent that she was really an addict and a weak person. She would not accept the therapist's efforts to bolster her self-esteem. The therapist thought the client was trying to engage him in a power struggle. He felt he could not "reach" her and was concerned she would discontinue treatment. He failed to recognize that his client was making an identity statement. In other words, she was trying to tell him how she saw herself: she did not see her identity as separate from her attributes. She viewed her addiction and weakness not as a part of her identity but as comprising her whole self. She did not see the relationship of part to the whole; instead, she saw the part as equal to the whole. The underlying message she was trying to convey to the therapist had to do with her feeling that the things that were wrong with her were not behavioral but basic. She was insisting that he accept her as she was. The therapist, on the other hand, was saying no. He would accept her only if she agreed to give up being the person she saw herself to be. It was suggested to the therapist that he accept her as she requested in

order to make a connection with her; thus, he might send her the message that he understood and accepted her in spite of the fact that she saw herself as a defective person. She needed a connection with him, a dual unity, in which she could borrow or identify with his strength in order to solve her problems.

What the client is asking for in treatment is in line, although not coincident, with his major life investments and concerns. In this last case the woman's major life investment had to do with attachment, i.e., connectedness, to the affirmation of her identity as she defined it. The client's request also reflects his style of social cognition. In this case she equated the part (her addiction and weakness) with the whole (her identity).

In this model, although individuals whose characteristics are at an extreme are pathological, it must be emphasized that none of the character structures are pathological in and of themselves. It is not necessary to change a person from one character structure to another nor is it likely that an adult can significantly alter his style of social cognition or his major life investments. These he has constructed out of his experience with his social world, particularly the cumulative experience with his significant caretakers in his first seven or eight years of life.

Wheelis spoke humorously about the subject of change. He pointed out that, for a time, it was thought that a complete, orthodox psychoanalysis would leave the analysand free of pathology, subject only to mild disruptions occasioned by real-life trials. Wheelis noted that a casual glance at the track record of the emotional well being of "fully analyzed" psychoanalysts leaves any such notion in tatters.

While it is not necessary or likely that a client will change from one character structure to another, he may be helped to feel better about himself, deepen his consciousness of his self, alter some part of his social situation, and improve his function including his behavior. He can even develop new cognitive skills. He may learn, for example, that he thinks dichotomously. As a consequence, in a particular instance, he may catch himself thinking in dichotomies and make a correction but his thinking will not become automatically graded. He will not automatically think in degrees rather than in black and white. Another client may learn that he is over-trusting and that he expects others, particularly his superiors, to act in his best interest. He may be disappointed when he learns that, instead, they are busy looking after their own interests. He may be able to remind himself in a particular instance that a superior has been treacherous in the past but this same client will not automatically guard himself against such treachery again as a less-trusting person might.

In this model the development of the person's potential within his particular character structure is the general objective of treatment. Hence, the therapist must understand the problem the client presents for treatment in terms of the client's character structure. The treatment plan should specify the objective within the potential of that character structure. For example, a specific objective in the treatment of an intuitive character might be to help him develop a capacity for tolerating discomfort and postponing immediate narcissistic gratification in the interest of more permanent gratification.

Ultimately, this might stabilize his life and/or keep him out of trouble. However, the therapist cannot expect him to give up the pursuit of narcissistic supplies and substitute the pursuit of principles. It may come about, through increasing his ability to delay gratification, that he may appear more concerned about principles than supplies and be more acceptable to those who are concerned about principles when he travels in such circles.

The therapist might hope to develop the potential of a client who has a symbolic character structure by encouraging the client to establish a sense of who he is through an extrapsychic or psychosocial solution, e.g., attachment to a religion, a social cause, or an institution.

The selection of the appropriate treatment approach is based on the therapist's understanding of the client's character structure. This is the thesis of this project. While such an approach should be internally consistent in terms of objective, method, and context, the emphasis rests with the treatment context. The context in which the therapist makes the interventions determines whether or not the client receives them in the manner intended by the therapist.

The following sections in this chapter address the objective, method, and context of the three basic treatment approaches which are appropriate for the three different character structures: the operational, the intuitive, and the symbolic.

Treatment of the Operational Character

Operational characters often present in treatment as obsessive-compulsive/anal personalities. Some may focus primarily on issues

involving sexuality or initiative; however, even these usually have some obsessive qualities.

The operational character's complaint usually involves function or inhibition of function. For example, he may say that he is in a rut or unable to do something he wants to do, such as an opera singer who complained she could not make her voice sing on stage the way she could for her teacher.

The complaint also tends to be specific rather than global. A young executive, for instance, complained he was not able "to take the bull by the horns," "stick his neck out," and "throw his hat in the ring" in making the decision to apply for a big promotion he has reason to believe he could get. Rather than not knowing what he wanted to do, he had difficulty initiating the act. Despite the intensity of his effort to weigh the pros and cons, he was unable to come to a conclusion. Usually this kind of indecision involves ambivalence, anxiety, or guilt about one's goals not an absence of goals or direction. The client saw his indecision as the problem which points to a common tendency in the operational character to internalize complaints.

Sometimes, although the problem is primarily external, such as an infantile wife or a treacherous superior at work, an operational character may see the problem as internal and wonder what he should be doing differently. If his complaint is about a symptom, e.g., depression, the discomfort itself may not concern him as much as the symptom's interference with his ability to function. He is often interested in gaining some understanding through treatment about what is going on with him even if the process is difficult and what he learns about himself is painful.

He has a degree of tolerance for painful affect, such as anxiety, guilt, and depression. Since his superego structure coordinates and particularizes those things he regards as taboo or meritorious, perhaps his affects are not as intense or all-pervasive as those the intuitive character and some symbolic characters experience. However, because his investment in function and the control of function is more likely under his auspices than if he were dependent upon external supplies or attachments, he is less subject to disappointment.

In treatment an operational character tends to be problem-oriented. Some will take off on their own, consciously or unconsciously select a problem, and try to understand it. Difficulties in starting, continuing, or finishing a task may be reflected in the treatment situation. Since an operational character often has an obsessive-compulsive personality, he may vacillate between compliance and defiance, sometimes getting into a bog. Although generally observant of limits, an operational character may push limits at times, e.g., coming late or not paying the bill on time, to assert autonomy or defy the therapist.

In treatment many operational characters show some degree of conflict between dependency and autonomy. These individuals may plead ineptitude of function in a bid for a safe, dependent role. They cannot believe the therapist does not want to control them and may try to get the therapist to take a stand on one side or the other of their ambivalence.

An operational character tends to use the obsessive-compulsive/anal personality defenses: compartmentalization, isolation, undoing, and intellectualization. He may use rationalization, externalization,

or denial on occasion but these defenses are not his stock-in-trade. Reaction formation in its active form is not usually seen in an operational character, although it may be reflected in his personality traits, e.g., neatness and promptness. Just as he tends to use thought in coping with the outside world, he tends to think rather than act out in therapy.

Usually the elements addressed in the formulation of the treatment problem are guilt, anxiety, inhibition, or confusion about function. These are the result of boundary diffusion between self and object in the area of function (not in the areas of identity or valuation of self and object). Function in this sense refers to social roles: one's role in the family (e.g., son) or one's role at work (e.g., cobbler).

The operational character may not be sure to whom his function belongs. Such confusion may be manifest in a conflict between autonomy and submissiveness, as in an obsessive-compulsive personality, or in some conflict or inhibition around assertion, competitiveness, or initiative, as in the phobic, counterphobic, phallic, or inhibited-phallic personalities.

The treatment plan, therefore, is directed toward doing something about this confusion. While it is understood that the client may be reluctant to give up what he must give up in order to "choose" autonomy and initiative, it is also assumed that, since he came to treatment, there is some impetus toward growth. This impetus toward growth in the operational character is similar to Weiss' notion of the client's conscious and unconscious wish to solve his problems (1977). Weiss states in his Control/Mastery Theory that the chief motive of the

(psychoanalytic) client is to solve his problems by making them conscious and mastering the underlying unconscious conflicts. In doing this he wishes to enlist the analyst as an ally.

Piaget's (1977) concept of reequilibrations, i.e., the tendency of the organism to reach up the spiral of knowledge toward evermore refined and adaptive balances, in a general way is supportive of an impetus toward "health." Piaget believes that the organism, unimpeded and subject to varied and sufficient input from the environment, is impelled toward the highest level of organization, formal operations. The concept presented here departs from this premise. Malerstein and Ahern (1978) hold that, unlike the physical sphere, in the social sphere an individual selects that particular level of organization of social cognition that best fits the social (family/subculture) life one has known. They also contend that the "lower" levels of organization are sometimes more adaptive to a particular culture or period in history than the "higher" levels. In their opinion the impetus toward "health" is a thrust within a given character structure, not a thrust to become another more "mature" character structure.

Classically, the treatment objective for the kind of problems the operational character presents has been the resolution of the Oedipal conflict through insight, that is, making the unconscious conscious which includes an analysis of the transference. Thus, the method has been psychoanalysis. Recently Weiss (1967) suggested a modified objective: integration of the defenses. The difference between classical psychoanalysis and Weiss' concept of the objective of psychoanalysis is: rather than the client's ending up stripped of his defenses and rid of

his conflicts, he is able to exercise more control and mastery over his defenses and the unconscious contents of his mental life. In this latter process the analysand widens his range of choices.

In the classical or libidinal model of psychoanalysis the recommended context in which the therapist approached the client required a stance of analytic neutrality. In other words, he followed the rule of abstinence and did not gratify the client's infantile and neurotic wishes (Greenson, 1967). He was nonintrusive and did not impose his values and standards on the client. Furthermore, the analyst presented an opaqueness which did not allow the client to know anything about him. These rules were thought not only to safeguard the transference but also to allow the build-up of libidinal force and anxiety to drive the analysis.

Weiss (1977) interpreted analytic neutrality as a climate of safety in which the client develops confidence by testing whether or nor the therapist will try to control him, i.e., traumatize him by undermining his autonomy as his parents once did. The analyst's task in the Control/Mastery Theory is to "pass the test" which the client sets for him. The analyst must resist the temptation offered by the client to treat him the way his parents did. If the analyst "passes the test," the client can feel safer, give up more readily his defenses, experience previously warded-off contents, and allow himself to remember experiences which have interfered with his progress toward his developmental goals.

Analytic neutrality is compatible with the approach set forth in this study which defines the therapist's stance as one of "hands off"

and allows the client to proceed under his own auspices. This conveys the message to the client that he is on his own to "sink or swim" which includes the decision to start, continue, or stop treatment. Thus, the therapist implies to the client that he is able to swim. In Control/ Mastery terms the therapist "passes the test" when he is able to resist the client's attempt to cast him in the role of caretaker. The Control/ Mastery concept of the child's traumatization by his parents translates in this model into the client's cumulative experience with over-protective parents during his formative years.

The essence of treatment for the operational character, be it formal analysis or not, is the client's experience with someone who does not want or cannot be encouraged to run him. "Safety" for the operational character is a situation in which neither his autonomy (acting on his own) nor his initiative (being "in charge" or the leader) is undermined. The traditional analytic situation, however, is in some ways intrinsically authoritarian. While the analyst does not undermine autonomy, i.e., the client is free to produce, the "in charge" posture of the analyst can easily undermine initiative, i.e., the client's being the one "in charge." The traditional position of the client on the couch under instruction to free associate, therefore regress, and the position of the analyst as the expert and interpreter of the material which the analysand produces generally places the analyst in charge. The attitude of the analyst may minimize this. He need not come on as "the expert." He may keep interventions to a minimum by merely calling something to the attention of the client and making only piecemeal interpretations which allow the client to generalize from

the specific. (Operational characters do not have to have the interpretation done for them as intuitive characters frequently do or be protected from insight as symbolic characters often need.) Inasmuch as the analyst does the interpreting for the operational character, he undermines the client's independent function: his autonomy and initiative, his sense of being an adult.

When the client makes his own interpretation, the analyst need not agree. If he has a different view, he may propose his alternative referring to his evidence and trusting the client's willingness to consider and process the analyst's point of view.* The two are, then, working together on the therapy: the analyst, in a sense, demonstrates the tools he uses and the client identifies with that function. This conveys the message that the client is entitled to take over the tools and the function of the analyst, thus, becoming his own analyst.

Since the client with an operational character structure usually comes to treatment with concerns about, and/or the inhibition of, function and some confusion as to whom his function belongs, it is natural that during the course of treatment the client may not believe the therapist will allow him to function autonomously or to use initiative in his own treatment. When the client projects this restraint onto the therapist, the therapist will have to interpret or undermine the transference. The resolution of the transference is the core of therapy for an operational character. The client then understands that what inhibits

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*Here I am talking about a general attitude. I do not wish to imply that the analyst must never make interpretations or ignore resistances.

his function is not the therapist but his own guilt and anxiety as well as his wish and fear that he might overthrow the parent/therapist and risk possible castration.

Learning to use one's observing ego is a first step in analysis. The analyst helps the client step back and look, thus, making certain behavior and attitudes somewhat ego dystonic. It is appropriate here to make a distinction between self-awareness and insight. In the analytic mode, insight refers specifically to the intellectual and emotional understanding of unconscious contents including their genetic roots. It implies a better grasp of a situation and a correction of previous attitudes and approaches. For example, an operational character may have a transference insight which helps him grasp the fact that the therapist is not running him as his parent(s) did. Self-awareness, the use of one's observing ego, is a more general term. One may gain self-awareness through intellectual means without recourse to the genetic component just by observing one's own behavior or thinking.

In the treatment of the operational character, the therapist encourages the observing ego function by enlisting the client's aid. In order to bring about insight, they work together to undermine the client's own defenses and allow the unconscious, including its genetic components, to become conscious and available for interpretation.

The same technique would not be used with intuitive or symbolic characters. Their defenses should not be undermined, although they may be taught about their defenses as they would be taught about certain personality traits, attitudes, or behavior. In other words, they must not be "stripped of their defenses" in order to allow the unconscious to

become conscious and available for interpretation because they do not
have the social cognitive structure to process the "insight." For
example, it is often undesirable for a therapist to point out to a
narcissistic client who complains of some wrong done to him that he is
projecting his destructive wishes onto the other person. If this
client accepts the interpretation, he will likely process it not as
information, as an operational character would, but as a criticism and
may merely become depressed. He is not able to process in terms of
degree, that is, to realize he might have destructive wishes without
being a totally bad person. Sometimes it is undesirable to encourage
an intuitive character or a symbolic character to use or develop his
observing ego at all, since severe depression or psychosis may follow.

Treatment of the Intuitive Character

The intuitive character's goals in treatment are usually nar-
cissistic, oriented to the present, global, and externalized. In some
cases there is no disguise to his presentation for treatment. His
global request of the therapist is: "All I want is to be happy." When
he does have a defensive disguise, his efforts in therapy may bend inner
and outer reality in pursuit of narcissistic supplies or avoidance of
pain as he tries to achieve his global goal of happiness. He is not
particularly interested in improving his function in one sphere or
another. Indeed, he has little investment in function. He tries to
avoid painful affect in treatment. Talking about a painful subject may
make it seem more real and, thus, more humiliating to him.

Insight is not his goal. He may merely report the week's
events, since he is primarily motivated to capture the interest,

affection, or concern of the therapist. Depending upon whether an insight makes him feel good or bad, he takes the therapist's attempts to give him insight as the therapist's like or dislike for him. Basically he does not process insight as information. He is often very sensitive to any affective response from the therapist even though he may effectively hide his sensitivity.

He may cast the therapist in the role of caretaker or idealize him in which case he approaches treatment hoping to be suffused by feelings of well being. On the converse side, he may project onto the therapist responsibility for his own failure to work in treatment.

In treatment, the therapist can expect that the intuitive character will act up and act out. Often he will push limits not necessarily out of defiance but because his limits are usually more responsive to external control than to internal regulation and also because he is needy.

He often comes to treatment with an externalized complaint, for instance, his wife is having an affair with another man or others are forcing him to come, such as the probation department or an irrate member of the family who insists he see a therapist.

While the formulation of the problem for an operational character usually has something to do with internal conflict or a complaint about himself or his functioning, the formulation of the problem for an intuitive character usually reflects some conflict with the external world, i.e., a conflict about something or somebody other than himself. Even when he presents feelings of depression or anxiety, the intuitive character usually recounts his problem as external, such as depression having befallen him, rather than as something arising out of himself.

Because such clients are inclined to define problems in terms of externals, a psychosocial formulation is often appropriate. Likewise, the treatment plan often has a psychosocial component. Such a plan might include use of social resources. In other words, the therapist may have to work with the person to help him establish or reestablish himself within his social support system, for example, with his probation or parole officer or with family members. At the very least, any plan must include helping the client cope better with his social reality.

The intuitive character's own plan, as reflected in his complaint/request, often shows some degree of recognition that he is not doing as well as he might within his social reality and that he hopes by coming for treatment to do better. Of course, rather than make any changes himself, the client may hope to manipulate the therapist into "fixing" something in his situation. Traditionally, social case workers have "manipulated the environment" with the goal of making life better for the client, while at the same time trying to help the client adapt to that which could not be changed.

Whether or not the client expects the therapist to fix his environment, he usually does expect the therapist to do something, e.g., give him advice, information, support, validation. He often comes to treatment because his self-esteem has been damaged: he feels depressed, he is not "getting enough," he wants to feel better. On some level, he already knows what he needs to feel better and, perhaps, do better. In other words, he knows that he needs what he was deprived of in childhood: caring and parental love.

The intuitive character has translated this need for love into the pursuit of narcissistic supplies. When he receives narcissistic supplies from the therapist, he may feel better temporarily. However, if he is to make any changes, such as developing the capacity to delay gratification, he will need an abiding parental love from the therapist to encourage him, to reward him for his gains, etc.

The objective of psychotherapy in working with the intuitive character is not to turn him into an operational character nor to turn him from the pursuit of narcissistic supplies, since such supplies, e.g., material goods and prestige, can often serve to maintain the degree of self-esteem essential to his stable functioning. Instead, the objective is to teach him to control his impulses, to think sometimes instead of act, to monitor his behavior in the service of better social functioning, to delay immediate gratification, and to tolerate immediate discomfort in favor of more continuing satisfaction. While it may not be feasible to build an internalized, automatic system of values, improving his ability to evaluate consciously what might get him into trouble is a reasonable treatment objective for the intuitive character.

An intuitive character can be taught about his global and dichotomous thinking and his inclination to believe in immanent justice. He can learn to talk out, rather than act out, his feelings. He can learn about his tendency to externalize, to deny, and to project. To the extent that he develops self-awareness, he can have some choice about his behavior and his attitudes. At times, an intuitive character will be able to catch himself in intuitive-type thinking, defenses, etc. Where these do not serve him, he may be able to make corrections.

As alluded to earlier, the recommended treatment approach for an intuitive character is one in which the therapist assumes the stance of a loving, protective caretaker, the good parent. The message the therapist conveys is: "I have your best interests at heart, your best interests in the long run." Implied in the intuitive character's complaint/request is the message: "Take care of me; give me." The message implicit in the parental stance of the therapist is: "I will help you achieve your goals or make them more achievable." The therapist "promises" this even knowing the goals of the intuitive character have to do with gratifying his narcissistic needs. In this promise the therapist, in support of the client, will do his best to help the client keep out of trouble in the pursuit of his goals.

The therapist creates a nonjudgmental, nonpunitive, accepting, loving climate in which the client can feel safe and comfortable while he considers his behavior and attitudes. While safety for the operational character is a context in which the therapist promises (by passing the test) that he will not try to control the client, for the intuitive character safety is a context in which the therapist promises that the client can trust him to be caring, kindly, tolerant, and patient despite "bad" behavior on the part of the client. This is not to say that the therapist might not express concern over behavior that is getting the client into trouble; however, such concern is best expressed within the caretaking context and with the understanding that the therapist has the client's best interests at heart.

The context described here is similar to what Lippman and Hyman describe as treatment for chronic juvenile delinquents. They state

that, although chronic juvenile delinquents do not want to give up their ingrained patterns of behavior which are directed toward immediate pleasure with minimum effort, resistance may give way when they realize the therapist is nonpunitive and accepting. These writers claim that delinquents "recognize the attitude without being told by long continued experience with adults where they must be able to distinguish friends from enemies to be successful delinquents." Their clients were more delinquent than most clients who seek treatment voluntarily. However, clients, who as children were left to take care of their own psychological and sometimes physical needs, do not start out in therapy particularly trustful that the therapist has their best interest at heart. Therefore, the therapist must assume a stance which conveys his message over and over again. He must pass a test, just like the therapist who works with an operational character. In this case, however, the test requires that he be a reliable, loving, protective parent figure.

Since the intuitive character does not coordinate discrepant variables, e.g., intent and event, and since he does not, at least in the beginning, trust that the therapist acts in his best interest, he may interpret the therapist's intervention as intended to hurt him, if, indeed, he feels hurt. In the ashtray example presented in the introduction to this study, this was the case. The therapist's intent was to offer an insight but, since the intervention was painful, the client assumed the pain was intentionally caused. If the intervention had been made in the context of parental concern, rather than analytic neutrality, the client may have perceived the therapist as "giving him something."

Even though the intervention hurt, the client might have accepted it
had he felt the therapist liked him and was on his side.

Since the client does not coordinate past and present, the
therapist cannot expect him to "remember" from one time to the next
the therapist's message that he has the client's best interest at
heart. In other words, although this week an intervention may have
hurt the client and last week's made him feel good, he may think last
week the therapist liked him and this week he does not. Thus, the
parental stance of the therapist assumes the burden of conveying "love"
whether he is offering recognition of positive functioning or concern
about the inappropriateness of some piece of behavior. Thus, every
intervention must somehow convey the message that what is done is done
in the best interest of the client.

The parental context implies that the therapist knows better
than the client what his best interests are. The rationale for this
approach is based on the formulation that the client tends to evaluate
what is good for him in terms of what feels good at the moment. He
also does not associate what makes him feel good at the moment with
what got him into difficulty in the past. His system for processing
information does not coordinate the two pieces of information. He
does not think of postponing immediate gratification because his exper-
ience as a child taught him that, if he did not "get while the getting
was good," he might not get anything at all. The therapist takes the
authoritarian or parental stance because the client cannot be counted on
to judge what is in his best interest since he has not constructed an
internalized system for judging.

An intuitive character may idealize the therapist and deny any negative attributes of the therapist. He may be inclined to project the negative aspects of the therapist and himself onto the outside world, thus, naming those who interfere with his getting what he wants the bad guys and seeing himself and the therapist as the good guys. Sometimes he can only accept a therapist as a beautiful or colorful object. Because his sense of worth is tenuous, he wants to associate with some-one whose worth he hopes will reflect well on him. He may need to see himself as special in order not to see himself as worthless. With some intuitive characters, an attractive office may be important since these clients immediately feel better in a nice setting. Other intui-tive characters, however, may feel shabby in elegant surroundings.

The method used in the treatment of intuitive characters is not geared toward making the unconscious conscious. While self-awareness is important for the intuitive character, as with anyone else, insight in a psychoanalytic sense is not a goal. The recovery of memories is not particularly helpful to the intuitive character, for one reason, because he may experience much more painful affect than the operational character who is able to isolate. The transference is not "interpreted" in a psychoanalytic sense. Therefore, the therapist does not need to safeguard the transference by a stance of analytic neutrality. Instead, the therapist seeks to establish a relationship in which he communicates a caring and nonjudgmental attitude. The defenses are not analyzed, although they may be examined with the client provided the context is appropriate. The therapist must always support the client's self-esteem when he is encouraging the client to work at his defenses, his

behavior, etc. For example, the therapist may call the client's attention to the typical intuitive defenses of externalization, rationalization, or denial with the attitude of teaching him something important, interesting, and special about himself. Additionally, he must convey to the client that the client may be able to get his needs met by learning to recognize these things about himself.

The therapist might do almost anything in treatment that a good parent would do: encourage, teach, support, protect, set limits, scold, reward, present himself as a model for identification, reassure, advise. He may correct reality distortions, bolster self-esteem, and give positive reinforcement for stable functioning. Within this context, the therapist can respect the client's typical complaints, such as "it isn't fair," as *bona* *fide* from the client's point of view.

The intuitive character experiences problems with management of affect. The therapist can help him recognize and verbalize his feelings instead of act them out in a way that gets him into trouble. For example, he can learn to recognize and verbalize angry feelings not in an attempt to "get rid of" them but to process them and have better control over their expression.

The therapist must always keep in mind that the intuitive character depends on external clues for self-esteem. For example, when the therapist is "correcting" him, he must help the client feel he is being given to, not punished. In a sense, the treatment must be a sugar-coated experience.

The therapist might try to help the client translate his global wish to be happy into a pleasurable feeling about accomplishing a

specific goal. The therapist can reward the client with praise when he has accomplished a small goal, such as an instance of not acting immediately on the basis of feelings. Encouraging the client to put his feelings into words may reduce the global quality of his affects.

Although they have the same style of social cognition and the same investment as more "adaptive" intuitive characters, often those who come for treatment are too "needy" or have not learned the skills necessary to insure that they can get what they are after. They come to treatment hoping the therapist will either see that their needs are met or teach them how to get them met. They can be taught to behave in a manner which will more likely lead to what they want. This, however, usually means they will have to forego immediate gratification in favor of longer term rewards. Often they do not really want to "work" for what they want; therefore, when they are working at practicing these skills, the therapist must gratify them in the therapy by offering encouragement, praise, etc., until the positive feedback begins to come from others as a consequence of their improved skills.

In the initial stage of treatment the therapist must accept the client as he is. His conduct should go unnoticed and unchallenged. If he eventually comes to trust that the therapist is acting in his own best interest, some of his conduct may be challenged and his reality distortions corrected. Slavson suggests that, in the service of establishing inner controls, the therapist should permit even extreme acting out and only later engage the client in reflecting on his actions and share with the client his own perceptions and values of the material produced. Slavson speaks of the need to establish some degree of

communication between the unconscious and conscious in order to "reconstruct the seriously impaired ego function, i.e., self-control." In the model described in this project self-control is the "conscious" exercise of some degree of choice about whether to gratify the self in a particular instance or to postpone gratification for a longer term goal. This comes about as a result of an experience with a caring therapist/parent and identification with that therapist/parent.

It is not possible to spell out all the interventions for specific situations but several examples may shadow the approach. With some intuitive characters the therapist may make a bargain or contract. Generally when making the bargain he must be certain the client has delivered before he, the therapist, pays off and he must be sure to pay off as promised. For example, one might promise to answer a client's questions after the client has explored his reason for asking. If a client comes late for his appointment, the therapist might argue with him that he is shortchanging himself in dismissing or not claiming what is his. This is different from how one might approach an operational character who needs to have the use of his time left up to himself including the choice to use it to defy authority. The therapist might wonder with him about the meaning of his being late but the decision remains with the client.

Once the therapist has allowed the client to become dependent, he must be particularly careful in handling separations, such as vacations. The therapist can give the client a learning task which helps him feel he is getting something from the separation. This keeps the client from feeling deserted and free to act out. For instance, the therapist

may assign the client the task of trying to catch himself when he starts

to act out, attempt to relate it to his sense of loss, and remember the

loss is not permanent. In given cases, it is appropriate to bring a gift

back much as one would for a child. The gift should be something which

conveys a message about the client's progress not something which sug-

gests regression, such as candy or a bauble. It should be a practical

gift, something that is "good for him."

Thus far, all these techniques have referred to individual

psychotherapy. Group therapy, however, is often a particularly suitable

treatment for intuitive characters. The socialization process of the

group is sometimes more effective than individual work. In a group, the

peers can provide rewards, teaching, protection, and many of the func-

tions a parent would provide and, thus, assist the client in modifying

his behavior and attitudes. The peers can also teach the rules of the

game, e.g., in encounter groups, transactional analysis groups, etc.

Piaget (1965) believed that superego development occurred in

children not through identification with protective parents, as described

in this model, but through interaction with peers. There is no debate

that some children who miss out on protective parenting learn the ethics

of the group and are able to operate within its value system through

interaction with their peers. However, this generally remains a con-

scious, rather than an automatic, internalized function. Thus, they

are alert to the ethics and values of the groups they are with and tailor

their behavior accordingly. Their "superego" may be more adaptive than

the autonomous superego of the operational character which is inclined to

hold to principles, whether or not they are in his own best interest.

Many of the new psychotherapies provide an appropriate context for the intuitive character, e.g., gestalt therapy, transactional analysis, communication therapy, reality therapy, and rational emotive therapy which are generally practiced in groups. The context of these therapies is largely nonparental. The group functions as a surrogate, extended family of which the therapist is an egalitarian leader who works by contract with the group members and does not invade their privacy uninvited. The contract is not an abdication of responsibility to the therapist or to the group but a task and goal the client has chosen and assumed responsibility for carrying out. The therapist "promises" to assist the client in carrying out his responsibility for behavioral change. The goal of therapy is to bring the client to the point where he can ask for and negotiate with others about his wants. There are, of course, differences in emphasis between the therapies, e.g., reality and communication therapists function as facilitators, rational emotive and transactional analysis therapists perform a major teaching function. Rational emotive therapists are inclined to be more parental and hortative (Edwards, 1976). Gestalt and other encounter therapists focus more on the "mutual self-disclosing relationship between the participants" (Kempler, 1973).

The essence of treatment for the intuitive character is the parental context. Such a context would impede and undermine treatment of the operational character. The essence of the treatment context for the symbolic character is more difficult to describe.

Treatment of the Symbolic Character

When a symbolic character comes for treatment his complaint/
request may be sweeping and more global than the intuitive character's
in its reflection that something (i.e., his identity) is missing: "I
don't know who I am," "I have no goals or direction." If he says he
wants to be average or normal, he is sensing he is somehow different
in a major way. He feels he does not pursue things as others do or is
set apart in some undefined way. When his concerns center on symptoms,
they are often extreme. His depression includes a sense of emptiness
and his anxiety can be to the point of panic. Sometimes he comes to
treatment because of impending, past or current schizophrenic symptoms.
Other than the above complaints, which reflect his problems with attach-
ment and identity, his presenting problems do not distinguish him from
those of the other two character structures.

In treatment, he behaves as he does outside of treatment. He
wishes for or struggles against attachment to the therapist and con-
cerns himself with his vulnerability to loss of identity or separa-
tion. If the desire for attachment tempts him, he may vacillate
between total trust, i.e., putting his care completely into the hands of
the therapist, and paranoid mistrust of the therapist. He may push
the limits because his needs are intense and he does not know the
boundaries between himself and the therapist. Conversely, he may
overly abide by limits in order to defend against attachment or, by
insuring the therapist's good favor, avoid separation. Often, par-
ticularly in the early part of treatment, he needs feedback which he
can use to reality test or as assurance that he is in union with the
therapist.

In keeping with his stringent or almost absent defensive struc-
ture, a symbolic character may present a constricted or distorted
picture and show either lack of insight or rich insight into himself
and others.

The formulation of the problem for an operational character
addresses his dissatisfaction with himself and his functioning, an
internal issue. The formulation for an intuitive character addresses
his dissatisfaction with someone or some circumstance outside himself,
an external issue. Because the symbolic character may be mixed or
pure and because all symbolic characters confuse inside with outside
to some extent, the formulation of the problem for a symbolic character
does not fall into such simple categories. Nonetheless, whether the
presenting complaint/request be internal or external, about function
or appearance, at some level the symbolic character's problems stem
from confusion about identity and reality. The formulation and treat-
ment plan must address this fact. Usually basic to the symptom or
request, which could be the same as that for an operational or an
intuitive character, are the issues of attachment and/or identity. One
young man who presented an agoraphobic complaint revealed that he could
not go out by himself because he was not sure he existed unless he had
feedback from others. Another client, after a suicide attempt,
asserted that she really did not want to die but needed help in "getting
in touch with her feelings." The precipitant to her suicide attempt
had been rejection by a lover with whom she had developed a symbiotic
relationship. The loss had left her feeling empty and with no sense
of center. The "feelings" she wanted to get in touch with were her
way of speaking about herself.

When the symbolic character presents as an obsessive or hysterical personality, the therapist may not recognize he is treating a symbolic character. Unknowingly, he may undermine the person's defenses. This puts at risk the structure the client has built to solve his identity confusion. Fortunately some symbolic characters are tenacious about hanging onto what they have so painstakingly constructed over the years. Such clients (usually those with bad or defective identities), if they encounter a therapist who insists on undermining these structures, may discharge the therapist. A few are able to withstand the assault and benefit by the relationship to the therapist. Other symbolic characters who are vulnerable to undermining may become psychotic.

Individuals with identity and attachment problems may make a request/demand on the therapist which is much heavier than that of clients whose problems involve only internal conflict or who need much watching and guiding. Even with a well-functioning symbolic character, the demand on the therapist as a total person may be much greater. This demand emerges from the client's need for a therapist who will share himself. Searles goes so far as to recommend that, when the client is schizophrenic, the therapist allow diffusion of his own ego boundaries in order to participate in the psychosis. From his point of view, the therapist needs to take the psychotic process into himself. Treatment is complete when the therapist recovers. The position taken here is less sanguine than Searles'. However, it is maintained that the essence of psychotherapy with a symbolic character lies in the management of the sharing or connection. Even when the therapist tends to

limit the tie not for the patient's sake but for his own, some benefit

for the patient may result. Even when the therapist elects not to carry

the demand for sharing, it is helpful if he is aware of its presence.

Here the focus is on a treatment approach which offers a quality of

sharing or connection governed largely by the patient's needs.

Within the treatment approach proposed here, the symbolic

character's objectives may range widely and encompass the extreme

variations in persons who make up the symbolic character group.

Because of this wide diversity, there may be considerable divergence

in the treatment goals. In one instance, the therapist may attempt

to help a client who has a bad identity accept his bad qualities of

envy, despair, etc. as part of the human condition and as a piece of

self. This may help him gain some awareness of his unrealistic desire

for perfection. In another instance, the therapist may help the client

build bits and pieces of self through defining the self in terms of

social roles, skills, and allegiances and, thus, help him establish a

sense of center and ward off the feeling of emptiness. In still another

instance, a symbolic character may go back and forth between primary

and secondary process thinking and, accordingly, suffer more than a

well-defended individual. Such a symbolic character is more able to

handle suffering than most others. If, as in some therapies, the

therapist glorifies suffering, this kind of symbolic character may be

able to see his suffering as a piece of identity. In another instance,

the therapist may help best by assisting the client to "hook up" with a

relatively stable setting, person, or pursuit. With still other clients,

the therapist may use some combination of all these efforts.

From the perspective of this project, the desired treatment outcome for the symbolic character is not separation/individuation in spite of the fact that this has been the ideal prototype of Western culture over the last two or three centuries and is the wish/goal of many therapists who work with these clients. These therapists hope someday the client with a symbolic character structure will "cut off" or break his connection with the therapist and go on his way as a fully separate individual. With the exception that the goal is more difficult to achieve and takes longer, they have the same goal for the symbolic character as for the operational character. Searles, Arieti, Kohut, Kernberg, and others who write about treatment for the pathological prototypes of the symbolic character, e.g., schizophrenics, borderline personalities, narcissistic personalities, imply that individuation or achievement of a separate identity is the objective of treatment. While basically in agreement with certain treatment approaches these theorists outline, the model proposed in this project does not agree with their objective. For example, Kohut contended that transmuting internalizations of parental functions eventuates construction of an entirely separate identity in the adult narcissistic personality.

From the point of view of this treatment model, rather than forming a separate identity, the symbolic character works out a system for continuing a partially externalized connection with the therapist. One system the symbolic character may use for maintaining this connection is to imitate some aspect of the therapist, for example, his way of speaking or dressing, smoking a cigar or growing a mustache. Sometimes the client may even pursue the same profession as the therapist.

Some clients maintain the connection, after formal termination, by

sending the therapist a Christmas card report which outlines their prob-

lems and progress for the year. Still others come back for a "shot in

the arm" visit from time to time. Of course, many symbolic characters

do terminate treatment. These individuals have usually transferred

their attachment to somebody or something else, such as a religion, a

professional organization, etc.

Speaking symbolically, one may conceive of the connection between

the client and the therapist as a cord, a string, or a rope. The treat-

ment objective is not to cut it but to make it looser and longer and

thinner.

The desired treatment outcome of the symbolic character's

character problems, as with the other character types, is not change of

the basic character structure, that is, the particular style of social

cognition or the basic life investment. Instead, the objective is to

help the symbolic character handle those problems which have their

source in his character structure, to help him feel better, and to

stabilize or improve his functioning within the character structure he

has already developed. This may involve his constructing more effective

coping skills and learning more about himself including his basic needs,

his investments, and his way of processing social information. While

these accomplishments are significant, this treatment model does not

conceive of them as major structural changes.

Just as the operational character on some level knows that his

opportunity for growth lies in a context which allows autonomous func-

tion and the intuitive character knows on some level that his opportunity

for growth lies in a context which provides love and protection, the symbolic character on some level knows that his opportunity for growth lies in a context in which he can feel (optimally) connected to (in communion, union, merger, or on the same wave length with) the therapist. He hopes to feel whole, "not crazy," and "not out of control" through this union.

The overall treatment goal for a symbolic character is the establishment or re-establishment of a sense of wholeness. Such a person comes to treatment to find or repair a broken identity. He is in search of a role, a definition, a purpose, or a place for himself. The goal is not to strip the defenses, which in some cases are flimsy and primitive, in order to allow the unconscious, which is not very well repressed, to become conscious. As mentioned earlier, uncovering the unconscious may lead to confusion or psychosis. The major problems of the symbolic character do not stem from unconscious conflicts but from identity diffusion. Whatever defenses the symbolic character sets up to try and deal with this diffusion are all to the good and should be left intact. The aim is not toward interpretation of defenses or recovery of genetic material, i.e., making the unconscious conscious. Many symbolic characters do not have the social cognitive structure to integrate constructively; rather, they are inclined to over-connect, sometimes to the point where everything becomes undifferentiated. Often a major treatment objective is to help the symbolic character build structure, to separate out bits of identity and reality, to draw lines and boundaries. This view supports the position that the therapist does not expect the client to integrate a psychotic experience but, rather,

to isolate or to repress it, to make it ego-alien. The position taken here is basically opposed to Volkan's position which encourages transference psychosis with the hope of complete resolution.

In the following case, a client allowed merging to occur in only a very limited way. Threatened by identity loss, this young woman came to treatment. Her husband's company was transferring him to another town which meant she would have to leave her job, a source of separate identity for her. She became aware that she was in danger of merging with her husband and "disappearing" if she did not have something of her own on which to hold. She felt disoriented, out of charge of herself, and despairing. For a few days, she fell almost mute.

Her husband brought her to see a therapist who presented himself as open for attachment, communicating by his responses that he understood her identity was at stake, making offers to help but not seducing her or forcing himself upon her. One of her hesitations about seeing a therapist was her belief that, if she saw someone, it meant she was crazy and, conversely, if she did not see someone, she was not crazy. The therapist did not try to force a logical argument on this issue, but, instead, continued to work at "making a connection." After several reluctant visits, she made a contract-like connection with the therapist, her crisis passed, and she returned to work. She and the therapist then started to work on the situation which occasioned her decompensation. Because she was interested in mastering, through an act of the will, the personality traits which she believed led to the crisis and because she was not as open to growth per se, the therapist did not place the emphasis on trying to help her master or

integrate the psychotic-like experience. As a result, she recognized and began to change her tendency to inhibit her expression of feeling. She also began to look at her inclination to want to control the future instead of "taking one step at a time," "each day as it comes along." She brought up reality problems with the therapist, asked and heeded his advice, and even distilled principles from the advice. A particularly important therapeutic intervention took place when she asked the therapist how he thought she should explain her absence to her colleagues at work. He attempted to answer in a way that communicated to her that she was a person; therefore, she could have problems and was entitled to do what she needed to cope with them. She then gave herself permission to express how she felt to her husband because she felt entitled to do what she needed to cope with her problems.

The therapist who works with a symbolic character must meet a test the same as the therapist who works with the operational or the intuitive character. In the case of the symbolic character, the test has to do with whether or not the therapist will honor the client's wish/fear of merging, of diffusion of ego boundaries between himself and the therapist. In other words, the client tests whether the therapist will allow the client to attach or to avoid attachment as needed, whether the therapist will allow the client to make the kind of connection he needs in order to do his work in therapy. Paranoid and schizoid personalities who are afraid of merging still need to make a "connection" with the therapist but it is more a "contract" connection in which the client sets certain boundaries and the therapist abides by them. For example, early in treatment a paranoid personality may let it be known

that he will not tolerate intrusive questioning. The therapist who expects to make a connection with the client will have to honor that limit.

In treating the symbolic character, one of the tasks is to assess his strengths. Since the therapist must gear the treatment toward building, instead of undermining, the defensive structure, the therapist needs to know with what kind of a structure he is working. He is interested in the range of coping skills available to the client, the strength of the client's defenses, his major investment in attachment, and other motives or investments. The therapist must respect any identity or part identity the client has constructed including the identity of a bad person or a weak person. One client attempted suicide because, when others did not treat her like a special person, she felt like a bad person. In therapy, she learned to project the evil outside onto others or onto society. It would be nice to think she could have learned to attribute good and bad qualities both to others and to herself but this was not a differentiation she was able to make at that time. Her social cognitive structure was such that she saw things in totalities and interpreted everything that happened around her as a comment about herself. As time went by she developed a fairly stable paranoid stance in which she used projection and denial to protect her image of herself as an acceptable person. She continued a connection with the therapist over the years to help her reinforce her defenses lest she revert to her sense of evil and again try to kill herself.

Another client, a chronically suicidal person who complained of losing herself in close relationships, eventually built a schizoid

lifestyle in which she avoided intimate relationships. She was able

to have fairly warm relationships with others around specific activi-

ties and interests and could relate with some warmth to people in groups

as well as to those with whom she was in a giving and/or "in control"

position. She decided she could function with more stability by living

alone and she used her house as a retreat to "recenter herself." She

referred to her house as her "ego boundary" and her activities and

interests as part of her "internal structure," i.e., her identity.

The stance of the therapist must be one of openness to the

client. He is available for the degree of attachment that is comfortable

to the client. Sometimes, however, the therapist must protect a client

from merging, if the merging threatens to cause a loss of identity. The

therapist "promises" to respect the client's need for attachment or

avoidance of attachment, the coping mechanisms the client has estab-

lished, and any identity or pieces of identity he has constructed. The

therapist promises to be available for attachment but not to intrude or

diffuse ego boundaries uninvited. He promises to be a real person and

to have a real relationship with the client. He also accepts the

client's need to think of the therapist as part of himself. Although

he participates in a dual unity, a kind of symbiotic relationship with

the client, he conveys the message that he is a human being with needs

of his own. Quite early in the treatment he may indicate certain indi-

vidual preferences or eccentricities. (This does not give the therapist

license to do his own thing or to reveal himself just for his own benefit.

Neither does he have permission to reveal himself in such detail that it

places a burden on the client or disillusions him.) To some extent he

lets the client know what he can provide and what he can put up with from the client. In other words, the dual unity is a limited one. The therapist conveys the message that he is with the client, that he understands and can feel what the client is feeling, that he has empathy for the client. He does not convey the message that he and the client are one person; rather, they are two parts of the dual unity. There is a boundary to the therapist which the client is liable to come up against during the course of their relationship. This boundary lets the client know the therapist is a real person and not really part of the client.

The therapist who works with a symbolic character should be able to accept his own lack of perfection, his own fallibility. Although the client may try to engage the therapist's feelings of omnipotence or omniscience, the therapist should not feel he has to be either of these for the client. The symbolic character has trouble accepting himself as human: he is either perfect or not acceptable. Typically, the symbolic character feels he has to change any qualities in himself that he perceives as negative. Identification with a self-accepting human being, the therapist, can help him accept his negative qualities as part of his human nature and as pieces of identity.

Since the core issues for the symbolic character are the degree of identity diffusion including his uncertainty about who he is, many of his activities center around either trying to find an identity, a sense of wholeness, or trying to maintain an already established identity. For example, in terms of social roles, a person in search of an identity often demonstrates a wish/fear of merger with another or a

wish/fear of being "cut off" from that which defines him for himself. Often a symbolic character will demonstrate both.

The therapist who works with a symbolic character must recognize that the wish/fear to merge or attach versus the wish/fear to cut off or be cut off will provide the major issues in therapy. He, therefore, adopts a stance which conveys the message that he accepts these needs. However, he does not convey the message that total merger or total cut off are the goal.

The first step in the course of treatment with the symbolic character is to establish a connection. If this does not happen in the first interview, sometimes the client will discontinue. Typically, the symbolic character establishes the connection himself unless the therapist thwarts his attempt by asking too many questions or failing to acknowledge the connection, etc.

Treatment usually starts with the client's forming an idealizing transference, a kind of symbiotic tie to the good mother. Eventually, the therapist will do something which breaks the connection, for instance, withdrawing support or attention or saying "no" to the client. With the break in the tie, the client becomes disillusioned, sometimes depressed, hostile, envious, etc., and manifests hatred and fear of the therapist. The therapist becomes a bad and/or incompetent person. The client feels the therapist should be controlled, triumphed over, denounced, ridiculed, devalued. All of which the client may or may not share with the therapist. If the wish for the symbiotic tie is very strong, the client will try to suppress his negative feelings or apologize for any that slip out. The therapist's task is to recognize

when the tie has been broken and the unexpressed negative feelings are present. His decision about how he will handle the situation will depend upon the treatment goal for the particular client.

Sometimes the therapist may decide not to verbalize the client's feelings but try to repair the tie. He may tell the client he feels he has done something to estrange the client and enlist his aid in examining what has happened. If the therapist is not attuned to the breaking of the tie and if he does not somehow re-establish it, the client will eventually drop out of treatment. The therapist who has had experience with these clients often knows the moment when the connection breaks. If it is early in treatment, he may elect to mend it quickly without any verbal acknowledgment. He may make a nonverbal gesture which indicates he is back with the client again. With a client whom the therapist has reason to believe is capable of constructing a somewhat separate identity, the therapist may elect to let the break run until the client decides to surface his feelings himself. This is ticklish business because the therapist assumes the client will disclose his negative feelings rather than discontinue treatment. In this case when the client reveals his feelings, the therapist may suggest "I have disappointed you and you now see me as a bad person." Generally speaking, the therapist accepts, encourages, and even solicits the expression of these negative feelings towards himself. Furthermore, as Hill has suggested, the therapist must admit his errors, e.g., his lapse of attention, but insist his intentions were basically therapeutic. He may elect to point out the client's tendency to split, i.e., to see the therapist in multiple images, as an omnipotent, omniscient person at

times and as an evil person at other times. By this action, the therapist hopes the client will come to see the therapist as neither a saint nor a devil but as a real person with good and bad attributes. Although treatment cannot undertake to "heal" this split, the client may learn in time that he has this tendency and may remind himself, when he is seeing only one side of the coin, that there is another side. Furthermore, the therapist hopes the client will give up his own quest for perfection to some extent and part of the time accept himself as a person with positive and negative attributes.

When symbolic characters are schizophrenic, there is often a severe communication problem when they speak metaphorically, in sentence fragments, etc. At such times the therapist may have no idea what the person is talking about. As a first step the therapist must communicate to the client that he is truly interested in understanding and communicating with him. The therapist's understanding the client, i.e., the communication between the client and therapist, is the treatment.

Sometimes the client does not try hard to communicate because he thinks sentence fragments will do and the therapist who is omniscient will know what he means. Sometimes when the therapist feels cut off by faulty communication with the client, it reflects the client's feeling of being cut off from the therapist. This is the time to examine what has happened to break the connection. For example, often the break is in response to perceived slights from the therapist such as tardiness, interruptions during the therapy session, the therapist's absence, apparent preoccupation, or over-enthusiasm. All of these, the client may take as negative communications from the therapist. As

Hill points out, no tacit understanding should go unchallenged. For example, one should not assume that a brief telephone interruption is of no consequence.

A few techniques clearly relevant to this proposed model are of value here. When the therapist, because of his experience with a particular client, knows that the connection is again being tested or needs reinforcing, nonverbal mirroring of the client's feelings may be very useful (e.g., the use of expression, gesture, or posture). For example, when the client is describing some future event the therapist knows is frightening to the client, even though the client does not say so, the therapist may show consternation on his face or say "oh no!" This can be very relieving to the client who feels the therapist shares his feeling and sees they are in it together. The therapist's tone or expression should convey the sense that even though the event is scary, it is lifesize and, therefore, manageable and tolerable.

Closely related to this is the therapist's expression of feelings the client has denied to himself. For example, with one client who always told the therapist, without affect, about the wrongs done to her, the therapist repeatedly said, "Oh, that makes me mad." He would not ask or suggest to the client that it made her angry because she would deny it. This client who felt she should be "above" anger suffered from depression and used alcohol as her comforter. With another symbolic character, the therapist often used the word "we" and, thus, identified himself with some aspect of the client. In this instance, because the client was in a similar profession to the therapist, they sometimes discussed professional problems. The therapist used the term

"we" to refer to their similar problems and, thus, reinforced the tie between them. Although this client was doing well professionally, had established a stable schizoid lifestyle, and saw the therapist regularly but infrequently, the therapist did not see him as ever being entirely on his own.

The therapist may also make use of role reversal as a technique. Since most symbolic characters have experienced role reversal in their relationship with the mothering person, they know how to identify to some degree with the mothering or caretaking role. The therapist's acceptance of help from the client can help him feel more like a peer, help him define their relationship and feel a more secure tie with the therapist. The therapist should be alert to the fact that role reversal is often going on even when he is not consciously attempting to use it. For example, a client may talk on some subject he has reason to believe is interesting to the therapist. He is entertaining or taking care of the therapist's need in order to strengthen the tie between them and in order to insure that the therapist owes him caretaking. The symbolic character is often willing to pay any price for attachment. The therapist must consider whether the client's caretaking in this instance is a benefit or a detriment to the client.

Even the client's small steps and small achievements merit the therapist's recognition and safeguard. Each bit of progress bolsters the client's self-confidence and his ability to take the next step. Since he reasons from part to part, in large measure he defines himself at each step of the process. If he has a success, he is a successful person. Conversely, if he has a failure, he is a failure.

In general, in the treatment of the symbolic character the therapist must support rather than interpret defenses. The therapist may appropriately try to interest the client in his defenses by presenting them as something special and interesting about the client or as bits of identity which the client may use to define himself or a part of himself. At times, it is appropriate to help the symbolic character construct certain defenses, such as externalization and intellectualization, those defenses which enable him to take distance. This also aids in the construction of identity.

At times, particularly when some circumstance in a client's life has caused him to fragment or disorganize again, the therapist's talking to the client about himself (the client) helps him reorganize. The therapist, in making statements, such as "you're an in-charge person" or "you are a very sensitive person" may be a nidus around which the client reconstructs some sense of self.

The expectation is not that the symbolic character internalize a whole identity, in other words, develop self and object constancy; instead, the therapist can expect the symbolic character to maintain a connection with him or establish a stable connection outside the therapy. Many symbolic characters continue in treatment indefinitely.

The treatment of the symbolic character is complicated, varied, and at times difficult to characterize. The treatment approach in this project has focused on the context of treatment, its range, and those techniques which are consonant with the context.

CHAPTER V

SOCIAL WORK VALUES AND PRECEPTS

The tenets of this model of character structure and this
approach to treatment are consistent with the basic values and precepts
of social work. Implicit in this model is the assumption that there
is an intrinsic worth and dignity in people which allows for an accep-
tance of differences as well as a belief in their capacity for growth
and their right to self-determination.

The notion of allowing the client to grow toward fulfillment
of his potential instead of urging him to undergo a major structural
change reflects the emphasis of social work on the acceptance of the
client "where he is." Because the character structures are not
pathological in themselves, a major structural change, i.e., from one
character structure to a "higher" one, is unnecessary. Instead, the
treatment goals are directed toward maximizing the client's ability
to function and relieving him of his suffering.

This approach respects the client's right to self-determina-
tion by helping him with the problems he brings to treatment without
expecting him to give up his major life investments in exchange. For
example, the therapist may help the intuitive character pursue his
narcissistic goals more effectively and acceptably from society's
point of view rather than require that he give up his goals in order
to fit into society's standards.

In the naming of the character structures, the model attempts to offer a nonjudgmental tone. The names are meant to reflect styles of social cognition rather than deficits or psychopathology.

The emphasis on the context approach to treatment comes close to the earlier social work concept which emphasized the client-worker relationship as the essential tool in casework (Towle, 1969). However, in the model presented here, this earlier concept is made specific to the different character structures.

The social work orientation of help rather than cure is compatible with the assumption underlying this model: treatment has limits. The goals of treatment are based not on the assumption that man is perfectable but on the notion that with assistance some clients can alter their environment or themselves to some extent. With an orientation toward help rather than cure, the client's participation in his own treatment, including his purpose in seeking treatment and the purpose and function of the agency from which he seeks help, become intrinsic to the process.

Whatever the circumstances, e.g., the client's request, the agency's function, etc., the therapist can offer the most effective help only within the context most appropriate to the client's particular character structure. This is a basic precept in this model. Starting "where the client is" or meeting him "where he is" is another way of saying that the therapist should make treatment interventions which recognize the client's view of his social world and himself as a social being. Thus, the treatment approach is client-centered. In earlier times starting "where the client is" referred to talking to

the client in a way he understood (Garrett, 1942). For example, if he was uneducated, the worker would avoid literary references. In this model, starting "where the client is" includes knowing who the client is characterologically.

In both social work tradition and this model, the view is toward the client's strengths. Coping and mastery, dealing successfully with the realities of life, and using the social support system are as respectable as insight (Towle, 1969).

This model is also adaptive to cultural explanations of behavior. As a developmental model it places heavy emphasis on the role of styles of caretaking in the formation of character structure. Consistency between a culture's coherent value system and its child-rearing practices makes for normal character structure formation, be it symbolic, intuitive, or operational. Of course, deviation from the norm in particular instances may result in pathology.

In a culture with a noncoherent value system, such as ours, where there is a stated value system (i.e., honesty, hard work, etc.) and an actual value system (i.e., success), with childrearing practices left to the discretion of individual parents, several normal character structures result which are more or less adaptive and which allow for varieties and degrees of pathology.

CHAPTER VI

SUMMARY AND CONCLUSIONS

This project asserts that an understanding of character struc-
ture is essential in formulating the problem for treatment and in plan-
ning an effective treatment approach. Character structure is best
understood through a knowledge of the styles of social cognition and
the kinds of major life investments which accompany these styles.

In the project three styles of social cognition are outlined
and three character structures discussed as well as three treatment
approaches appropriate to these character structures. The three treat-
ment approaches are described in terms of treatment objectives, context
of treatment, and treatment methods. The primary focus is on the con-
text of treatment. The project concludes with an evaluation of this
model in terms of social work values and precepts.

This project embraces a new system for conceptualizing
character structure and provides a comprehensive organization of treat-
ment theory. Meeting the client "where he is" rests upon knowing how
the client views his social world and himself as a social being, i.e.,
understanding the client's character structure. This is the major
theoretical point in this project. The approach to treatment which is
formulated is integral to the client's character structure. This
approach offers new therapeutic possibilities, for example, the use of
role reversal as a technique.

Because the system is basically simple and was derived in the clinical setting, those who have some knowledge of theory and some experience in treatment can easily adopt its methods and beginning clinicians can easily learn to use it. Finally, because of its simplicity, the system lends itself to investigation.

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