

Psychodiagnosis of Personality Structure III: Neurotic Personality Organization

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This article, third in a series of three articles focusing on Kernberg's psychostructural diagnosis of personality organization, examines Rorschach contributions to the description and diagnosis of neurotic personality organization. Approaches in integrating Rorschach nomothetic data and idiographic-theoretical constructs, including test-taking behaviors, are applied to the neurotic range of personality functioning and appraised in light of the test's contribution to the clarification of the currently unfashionable but clinically useful neurotic diagnosis.

This article, third in a series, applies Kernberg's psychostructural framework of personality organization (Acklin, 1992; Acklin, 1993) to the Rorschach Test. The focus of this contribution is the "highest" level in Kernberg's framework, the neurotic range of personality organization (Kernberg, 1976). Using Rorschach resources derived from the integration of nomothetic approaches (data derived from Exner's Comprehensive System) and idiographic approaches (derived from classical and contemporary psychoanalysis), the goal of this article is an elucidation of neurotic functioning for the practicing psychodiagnostician using the inkblot test.

A focus on the more "severe pathologies" based on concepts of developmental deficit—the borderline and narcissistic disorders—has characterized clinical theorizing over the past 15 years (Blanck & Blanck, 1974). The integration of sign and theory approaches to the Rorschach has occurred as a result of the widening scope of psychoanalysis and its interest in borderline disorders.

The term *neurotic* has disappeared from the official diagnostic nomenclature (Bayer & Spitzer, 1985; Vaillant, 1984). The term has been criticized as lacking specificity and as being pejorative in tone and inconsistent with the

atheoretical tone of the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed. [DSM-III]; American Psychiatric Association, 1980). *DSM-III* has subsumed neurotic disorders broadly into the heterogeneous anxiety disorders with a focus on descriptive symptomatology, divorcing anxiety from its underlying origins and causes. The psychostructural approach, in contrast, understands neurotic functioning based on the viewpoints of psychoanalytic theory—the structural, economic, dynamic, genetic, and adaptive points of view (Rapaport & Gill, 1959)—or in ego psychological terms with a focus on ego structure and functioning (Bellak, 1989). To quote one commentator (Peterson, this issue) “Where have all the neurotics gone?”. Despite the apparent lack of fashionability of the concept of neurosis, it is this writer’s contention, and that of the symposium writers whose cases follow, that the concept of neurosis continues to offer useful, even critical insights, into the functioning of large segments of the clinical population.

Kernberg’s tripartite psychostructural framework of personality organization—psychotic, borderline, and neurotic—delineates broad ranges of personality functioning, based on prominent defenses, integration of identity and object relations, and anxiety tolerance and affect management, based on structural–developmental theory. In his highly influential proposals for the classification of character pathology, Kernberg (1976) attempted

(1) to establish psychoanalytic criteria for differential diagnoses among different types and degrees of character pathology; (2) to clarify the relationship between a descriptive characterological diagnosis and a metapsychological, especially structural analysis; and (3) to arrange subgroups of character pathology according to their degree of severity. (p. 139)

Table 1 presents Kernberg’s criteria, derived from ego psychology and object relations theories, for the differential diagnosis of personality organization.

Kernberg (1984) identified three primary criteria for differential diagnosis of personality organization—identity integration, types of defenses habitually employed, and capacity for reality testing. To quote Kernberg:

I propose that neurotic personality structure, in contrast to borderline and psychotic personality structures, implies an integrated identity. Neurotic personality structures present a defensive organization centering on repression and other advanced or high-level defensive operations. Reality testing is maintained in neurotic and borderline organization but is severely impaired in psychotic organization. These structural criteria can supplement the ordinary behavioral or phenomenological descriptions of patients and sharpen the accuracy of the differential diagnosis of mental illness, especially in cases that are hard to classify. (1984, pp. 5–6)

Despite the establishment of a secure inner/outer and self/other boundary, the achievement of object constancy, and the maintenance of reality testing,

TABLE 1
Kernberg's Differential Diagnosis of Personality Organization

Area	Neurosis	Borderline	Psychotic	Diff
Ego development	High	Moderate	Low	N/B/P
Reality testing	Generally intact	Good in distant relations, poor in intimate relations	Generally poor	N/B/P
Defenses	Predominantly high level	Predominantly low level	Predominantly low level	N/B
Affect	Modulated, stable, appropriate	Unmodulated, intense, unstable, inappropriate	Unmodulated, intense, unstable, inappropriate	N/B
Impulsivity	Highly selective, infrequent	Moderately selective, frequent	Unselective, frequent	N/B/P
Anxiety tolerance	High	Low	Low	N/B
Sublimatory channels	Yes	No	No	N/B
Superego integration	Contemporary, integrated, depersonalized	Archaic, unintegrated, personalized	Archaic, unintegrated, personalized	N/B
Dynamics	Oral, anal, phallic, genital	Oral aggressive	Oral aggressive	N/B
Object relations	Contemporary, depersonalized, abstract	Archaic, personalized, concrete	Archaic, personalized, concrete	N/B
Object constancy	Constant	Inconstant	Inconstant	N/B
Self-other differentiation	Good in most relations	Good in superficial relations	Poor in most relations	N/B/P
Identity	Intact	Diffusion likely	Diffusion	N/B/P
Interpersonal relationships	Stable with symptoms, anxiety inhibitions	Superficially stable, intimate relations chaotic	Unstable in all relations	N/B/P

Note. Adapted from Kernberg (1975, 1976, 1980b). Diff = relevant differential diagnosis. N/B/P = neurotic, borderline, and psychotic personality organization, respectively.

the neurotic individual demonstrates conflict-based inhibition of drive-laden fantasy in the face of castration and moral anxiety. The primary organizer of the neurotic range of functioning is the Oedipus complex, the successful resolution of which is the establishment of a gendered and generationally identified identity. "The perpetuation of the oedipal-parricidal or oedipal-incestual experience of objects via repression (or related defense maneuvers) constitutes the core of neurosis" (Hedges, 1983, p. 31). The Oedipus complex may be viewed as a developmental period or task, in terms similar to the earlier stages of separation-individuation posited by Mahler and other developmental theorists (Chodorow, 1978; Hedges, 1983). Neurosis, then, implies a structured ego and depersonified superego, intact but conflict-driven object relations, and the achievement of object constancy. Consequently, neurotic individuals are capable of forming organized and stable transference reactions (Greenson, 1968) in contrast to the rapid, affectively charged, and unstable transferences noted in borderline individuals (Kernberg, 1992). In neurotic personality organization, object relations are triadic, focused on the self in a system (Johnston, 1991) of relations, in contrast to the dyadic focus of preoedipal organization. Although the superego in neurotics is typically depersonalized, it may be harshly critical in the face of temptations for instinctual gratification, namely the expression of predominantly oedipal libidinal or aggressive fantasies and behaviors (compare Kernberg, 1984: "Most of these patients present no specific superego pathology other than an unconscious dominance of infantile morality linked with a fixation on oedipal prohibitions and demands," p. 288). Individuals who suffer from neurotic conflicts typically demonstrate problems in the areas of "love and work." A symptomatic picture of conflict, anxiety, and inhibition is typically noted. They commonly split their loving and sexual feelings (cf. Peterson, this issue) and have difficulties in healthy competition and self-assertion. Because of the "return of the repressed" and "compulsion to repeat," neurotic conflicts are rarely quiescent but require constant dynamic management through impulse defense configurations. Emphasizing the active aspects of neurotic functioning, Shapiro (1965) noted that the "neurotic person does not simply suffer neurosis, as, essentially, one suffers tuberculosis or a cold, but actively participates in it, functions, so to speak, according to it, and, in ways that sustain its characteristic experiences" (p. 20). Although neurotic individuals may be highly conflicted in their love and work situations, their overall level of social adaptation, in contrast to borderline and psychotic levels of organization, is not seriously impaired.

Classical psychoanalytic theory delineates between the symptom and character neuroses (Fenichel, 1945; Gitelson, 1963; Yorke, Wiseberg, & Freeman, 1989), though contemporary theorists have criticized a simple dichotomy (Shapiro, 1989: "all neurosis is characterological"). One of Freud's chief contributions was understanding symptom formation as a "compromise formation" between id-derived drives—organized by the pleasure principle—and the strictures of the ego and superego along lines similar to dream

formation. The symptom neuroses (conversion hysteria, phobias, and obsessional neurosis) present with well-circumscribed, ego alien symptomatology, typically related to anxiety management.

The psychoanalytic conceptualization of character has made a rich contribution to clinical theory and psychodiagnostic assessment. Combining views of Freud, Reich, and Fenichel, Moore and Fine (1968) defined character as

that aspect of personality...which reflects the individual's habitual modes of bringing into harmony his own inner needs and the demands of the external world. It is a constellation of relatively stable and constant ways of reconciling conflicts between the various parts of the psychic apparatus to achieve adjustment in relation to the environment. Character therefore has a permanent quality that affects the degree and manner of drive discharge, defenses, affects, specific object relationships, and adaptive functioning in general. (p. 25)

The character neuroses, or more appropriately, "neurotic disorders of character" (Yorke et al., 1989, p. 72), in contrast to the symptom neuroses, demonstrate the inhibiting effects of habitually utilized character defenses (typically based on repression and reaction formation) in relation to conflictual needs. In the neurotic character disorders, the ego is "hardened...defenses are consolidated into chronic attitudes, into chronic, automatic modes of reaction" (Reich, 1949, p. 156). Kernberg's psychostructural framework is especially useful in assessing the range and severity of personality style and diagnosis; for example, the more severe personality disturbances, such as paranoid personality, are found only in the lower levels of character organization. For example, Kernberg (1976) noted that most hysterical, obsessive-compulsive, and depressive-masochistic characters are organized at the higher (neurotic) level of personality organization.

In a fashion predating Kernberg's framework, character structure was described in two broad ranges of functioning: pregenital/preoedipal (characterized by part object relations, failure to integrate love and hate, predominance of the pleasure principle in coping and adaptation, and the use of omnipotent modes of conflict resolution; Josephs, 1992) and genital/oedipal (characterized by whole object relations, integration of sexual and aggressive feelings, and ascendancy of the reality principle; Josephs, 1992). Neurotic defenses—typically "higher" level defenses (repression, intellectualization, reaction formation, isolation, undoing, and rationalization)—are deployed in relation to warded-off and threatening impulses and their associated representations and affects (Kernberg, 1980a). These ego-defense configurations and their associated conflicts are the primary issues in the neurotic personality functioning and psychotherapeutic treatment.

In clinical practice, one may see individuals with pure symptom neuroses with well-circumscribed classical symptoms, such as generalized anxiety or phobias, symptom neuroses with characterological features, or non-symptomatic individuals with a neurotic character organization. In the fol-

lowing Rorschach case studies, neurotic functioning is exemplified in a symptomatic individual with neurotic character features ("A Neurotic Lawyer: AIDS or Oedipus"), a criminal motivated by the sense of guilt (Freud, 1916/1957) demonstrating a more purified case of a neurotic character disorder ("A Neurotic Criminal: I've learned my lesson..."), and a complex case of a teenager functioning "on the neurotic border" (Grinker, Werble, & Drye, 1968) with borderline personality organization.

Rapaport, Gill, and Schafer (1968) noted the Rorschach's prominence in the test battery in the diagnosis of neurotic conditions (p. 528). The typical neurotic Rorschach demonstrates notable ego-limiting mechanisms—constriction, conventionality, and inhibition of drive-laden material (Rapaport et al., 1968, p. 526; Schafer, 1948). In contrast to the more severe pathologies, one has the sense that taking the test is generally not as upsetting to the neurotic patient; there is less dysphoria and an absence of morbidity and fragmentation—evidence of ego weakness and malignant regression—in the record. In general, one observes less primary process "leakage," aptly referred to as "psychic bleeding" by Stern (1938), than in the borderline cases. The raw drive-laden content of the borderline Rorschach, typically revealed in morbid sex and anatomy responses, passively received aggression indicating feelings of damaged victimization (cf. the Aggressive Past score; Meloy & Gacono, 1992), and fabulized combinations reflecting boundary disturbances (Acklin, 1993) are absent.

Emerging conceptualization of borderline personality disorder views the disorder as a variant of posttraumatic stress disorder. In contrast to the borderline Rorschach in which the test seems to provoke an experience of retraumatization, neurotic regressions, revealed in lowered form quality and the emergence of special scores, are well circumscribed with good recovery and commonly focused on specific conflict-arousing material. The record is indicative of signal rather than traumatic anxiety (Blanck & Blanck, 1974). In fact, "indications of extreme anxiety or utter inability to express anxiety seen in the Rorschach test...are usually accurate in pointing to the presence of a maladjustment justifiably labeled neurotic." (Rapaport et al., 1968, p. 525). The borderline record is less evident in demonstrating borderline struggles around object constancy, sudden and deep regression, boundary disturbance, or malevolent traumatization.

Rigidity or flexibility of defensive functioning is a central issue in the psychodynamic assessment of neurotic functioning. Schafer, whose 1954 classic offers an encyclopedic overview of defensive processes on the Rorschach, writes that "insofar as operations are defensive, they seek to obstruct discharge of rejected impulses totally; insofar as operations are adaptive, they facilitate discharge of accepted impulses, although they may also greatly delay, refine, and limit expression of these accepted impulses" (p. 163). Bellak's (1989) and Holt's frameworks (Holt & Havel, 1960) are particularly valuable in assessing the quality and flexibility of neurotic defensive functioning in the expression of primary process material, defen-

sive functions, adaptive regression, and object relations. When drive-laden material is noted, the examiner may see, in relatively healthy neurotics, a flexible repertoire or defensive functioning and, in some cases, adaptive regression in service of the ego (Schafer, 1954). In less healthy neurotic individuals, constriction, inhibition, avoidance ("shock"), or focal regression are noted. Nevertheless, these regressions are well circumscribed and recovery is typically rapid.

Sign approaches to the diagnosis of neurosis "represent a brief and inglorious chapter in Rorschach research" (Goldfried, Stricker, & Weiner, 1971, p. 252) because of the vagueness of neurosis as a criterion variable and of "inadequately conceived and inappropriately constructed test indices" (p. 287). In terms of nomothetic data derived from the Comprehensive System (Exner, 1978), guided by a conceptual approach, one might expect the neurotic record to be characterized by banality (high Populars, high Intellectualization Index) without elevation of validity indicators (Λ), affective overcontrol (reflected in the predominance of *FC* responses in the Color Balance), generally adequate reality testing ($X+\%$ and $F+\%$), and immaturity (predominance of *FM* over *M*, Human Movement associated with Animal content, and Color Projection).

The Rorschach is particularly useful in illuminating not only the broad range of neurotic functioning, but also the stylistic features that distinguish the cognitive, perceptual, and emotional style of neurotic functioning (Shapiro, 1965). For example, in his discussion of the white space response, Fonda (1960) noted "the endless exceptions, qualifications, and occasions for undoing that are so beloved by the obsessive personality" (p. 98).

Current psychoanalytic characterology using the Rorschach understands the diagnostic process as an explication of the underlying structural organization of the personality—whether psychotic, borderline, or neurotic—and the more stylistic features that characterize thinking, affect management, and interpersonal relations—hysterical, narcissistic, obsessional, depressive (Acklin, 1992). Thus, an individual demonstrating narcissistic character features (arrogance, grandiosity, egocentricity) may function at a neurotic or a borderline level with obvious differences in the overall quality of adaptation. As a sample of behavior, the Rorschach provides an unparalleled opportunity to observe the stylistic features of the neurotic individual in action.

Atheoretical or sign-based approaches to Rorschach data, as noted here, have not been particularly useful in delineating neurotic personality features. Theory-saturated approaches are necessary to meaningfully organize and interpret complex clinical material into a meaningful personality description. Despite the disappearance of neurosis from the official diagnostic nomenclature (and with it psychodynamic modes of clinical theorizing), the term continues to be useful in delineating a broad range of human functioning based on intrapsychic conflict and of critical value in providing a multi-dimensional theoretical framework for the integration of Rorschach test data.

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