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Carole. Vipond

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THE DEVELOPMENT OF TWO SCALES TO MEASURE SELF-OBJECT NEEDS

By:

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B.A., University of Toronto, 1965

A Thesis
Submitted to the Faculty of Graduate Studies
Through the Department of Psychology
in Partial Fulfillment of the
Requirements for the Degree
of Master of Arts at the
University of Windsor

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ISBN 0-315-43779-0
For

Bonnie and Art,

my incomparable selfobjects.
ABSTRACT

Using Kohut's ideas regarding the functions of the selfobject in the development of the self, the author constructed two self-report scales, one to measure the strength of selfobject needs (SON); the other to measure symptoms of fragmentation and hence the maturity of selfobject needs (SF). The author predicted that the SON Scale would express two factors corresponding to Kohut's concept of mirroring and idealizing. Based on Kohut's ideas regarding relationships among narcissism, selfobject needs and difficulties in self-esteem regulation, she also predicted that scores on the SON and SF Scales would correlate positively with each other, and with narcissism; and negatively with measures of level of self-esteem and stability of self-esteem.

One hundred university students and 59 psychotherapy patients completed a questionnaire consisting of the Narcissistic Personality Inventory (NPI) (Raskin & Hall, 1978), the SON Scale, the SF Scale, and Rosenberg's Self-Esteem Scale (RSE). Subjects completed the SF Scale twice, once with instructions to respond to items as they would if a self-selfobject relationship were functioning well, and a second time with instructions to respond to the items as they would if that same relationship were disrupted. The RSE was also completed as if subjects were in these two conditions, as well as under neutral conditions. SE and SF Scores were obtained
for each of these conditions. In addition discrepancy scores were calculated to indicate the difference between SE and SF scores under positive and negative conditions.

The Scales had high internal reliabilities, and moderate to high correlations in the predicted directions with each other and with measures of level of self-esteem and stability of self-esteem. These results support Kohut's theory regarding the role of selfobjects in both self development and self-esteem regulation.

No significant relationship was found between narcissism and selfobject needs.

The hypothesis that the SON Scale would express two factors related to Kohut's concepts of mirroring and idealizing was not supported. The scale expressed six factors which did, however, seem to bear some correspondence to aspects of mirroring and idealizing.

Limitations of the study, directions for future research, and implications regarding the self-selfobject relationship in various forms of self disorders are discussed.
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CHAPTER I
INTRODUCTION

Over the last half century psychoanalytic theorists and practitioners have reacted to what they viewed as inadequacies in classical psychoanalytic theory by formulating new models of personality development and psychopathology. From Freud's early concern with identifying the nature of the instincts and tracing their role in personality development, attention later shifted to emphasize the nature of the ego and its various functions. More recently still, the emphasis in psychoanalytic thinking has shifted once again, this time to attend more closely to the impact of the early parent-child relationship on later development, and particularly on the development of the self.

Representative of this most recent shift in emphasis are the object relations theorists (particularly Klein, Jacobson and Fairbairn), and the developmental theorists such as Spitz, Bowlby, Mahler, and Winnicott whose writings focus on the early parent-child relationship.

Lerner (1985) made the following observations about these recent developments:

With the integration of a systematic self theory, a modern object relations theory, and a developmental perspective into the mainstream of psychoanalysis, new models of personality formation and psychopathology are beginning to
appear. [These models have] permitted the introduction of a developmental perspective in which major attention is accorded the role of early object relations on structure formation.

.....Concepts of psychopathology predicated on impairments in psychic structure formation...prompt clinical diagnostic efforts focused on the nature and quality of the structures themselves (i.e. self systems, internalized object relations, and so on), the degree to which they have been internalized and their genetic roots (p.199-200)

It is in this historical context that the self psychology of Heinz Kohut and his collaborators have evolved. Whereas Kohut incorporates many of the ideas and concepts of developmental and object relations theorists, his theory is unique in that it focuses on the development of the self as the central process both in the healthy functioning of the person, and in the treatment of many psychological disorders. From its beginning as a set of formulations relating specifically to narcissistic patients in analytic treatment, self psychology has grown into "a major reformulation of theory and technique, and a new way of viewing the main psychological themes in human life" (Levine, 1985, p.216).

The Role of the Selfobject in Self Development: Kohut's Theory

The cornerstone of Kohut's theoretical framework is the concept of the selfobject: a person/object that is experienced
as incompletely separated from the self, and that serves to maintain the sense of self (Kohut, 1971, 1977).

In the first months of an infant's life, the parent-selfobject (most often the mother), performs virtually all the self functions for the infant who, as yet, has not developed a functioning self. For example, the parent performs the function of regulating the infant's tension level by responding empathically to his or her communications of joy or distress; by providing food to assuage hunger; by providing a safe, comfortable environment; by holding, talking to, and soothing the infant when he or she is frustrated or over-stimulated; by verbally, visually, and tactiley resonating with the infant's expressions of pleasure and contentment.

As the young child's self develops, and he or she begins to master the environment using increasingly sophisticated verbal and motor skills, the parent's function as a selfobject changes somewhat. During this period of development, the parent-selfobject performs more of what Kohut refers to as "mirroring functions": reflecting the child's joy and growing competence as he or she is increasingly able to master the world; encouraging, supporting, and empathically resonating with the child's movement toward individuation, while at the same time serving as an anchor-point to which the child can return when he or she needs to feel protected or to replenish his or her resources.
At a still later developmental stage, the child's "idealizing" needs become more prominent. During this period, the parent-selfobject functions as the object of the child's idealizations. The parent does this by accepting and empathizing with the child's need to merge with the parent's perceived omnipotence, thus allowing the child to become part of a larger unit from which he or she can derive meaning, comfort, and strength.

The parents' mirroring and idealizing functions are, under optimal circumstances, internalized by the child and become self-structures in a process that Kohut refers to as "transmuting internalizations." Provided the parents' empathic failures to meet the child's selfobject needs are not too frequent or too traumatic, the child is able to "take over" these functions during the parents' lapses, or to tolerate the emotional or physical loss of the selfobject without excessive disruption to his or her functioning. When the parents are able to respond in ways that are for the most part empathic, their minor empathic failures provide the opportunity for transmuting internalizations to take place, and the parents' selfobject functions are transformed into the child's self-structure. Ideally, this developmental process results in a cohesive adult self: a self that is the organizing centre of the person's skills and talents, and the centre of initiative; a self that allows the individual--guided by his or her ideals--
to work toward achieving goals and realizing ambitions which express his or her unique talents and skills (Kohut, 1977; Levine, 1985); a self that is able to maintain a healthy self-esteem, regulate internal tension states, and sustain a sense of continuity in time and space.

The achievement of self-cohesion, however, does not herald the end of the need for selfobjects. What does change as one's self becomes more cohesive is (1) the ability to recognize suitable selfobjects and to create for oneself a self-supportive social matrix (Wolf, 1984, p.155); (2) the ability to recognize that human selfobjects--while they are perceived as being incompletely separate from the self--are, in fact, separate selves with their own centres of initiative and their own selfobject needs; (3) the increased ability to tolerate the loss of selfobjects without experiencing symptoms of fragmentation or enfeeblement; and (4) the level of abstraction on which the selfobject relationships are conducted (Basch, 1984). For example, the idealized image of the parent-selfobject in the cohesive self is transformed into more abstract ideals which serve the same functions as the original selfobject, namely the provision of comfort, strength and meaningfulness that derive from being part of a unit larger than oneself.

This maturation of selfobject representations is retarded or arrested in persons whose parents have been unable to function as adequate selfobjects. That is, if the parents'
empathic failures as selfobjects are chronic or severe, optimal internalization of selfobject functions does not occur and self-structures are not firmly established. The result is a self that is vulnerable to fragmentation ("the threat of permanent or temporary breakup, enfeeblement or distortion of the self" (Kohut, 1977, p. 192)), a self that in adulthood is still dependent on others to perform its self-functions in the same way that the child or infant is dependent on parents to do so. It is this relative absence of a cohesive self, and the resulting vulnerability to fragmentation or enfeeblement that characterizes individuals with self disorders.

These persons, who have not developed a cohesive self, and who need selfobjects to perform for them the functions that supply them with self-esteem, that act as as the integrators of their ambitions, that regulate their internal tensions and/or that act as the "concretely present idealized power that dispenses approval and other forms of narcissistic sustenance" (Kohut, 1977, p.16), may experience themselves as functioning well as long as their selfobject units are intact (i.e. as long as their selfobjects are functioning in such a way as to substitute for their undeveloped self-structures). However, when the selfobject unit is disrupted (whether by physical absence, by emotional absence, or by what Brandchaft and Stolorow (1984) refer to as "prolonged unrecognized disjunction") symptoms of fragmentation or enfeeblement begin to appear. These symptoms may include loss of the sense of one's
continuity in time and space, loss of initiative, feelings of rage, a drop in self-esteem, and/or feelings of meaninglessness and empty depression.

Unlike the person whose self is stable and cohesive, the person with a self disorder is relatively unable to tolerate disruptions in the self-object unit. Wolf (1984) notes, however, that as successful psychoanalytic treatment of such patients progresses, fewer such disruptions occur, and, when they do occur, the accompanying effects are less dramatic.

The patient gradually becomes more tolerant of being "out of tune" with the needed self-objects. In addition, Wolf observes that the patient's "experience of empathic resonance with the analyst leads to an increased ability to recognize potential sources of empathic resonance in his everyday life" (1984, p.155).

Although Kohut's theory of the self was derived from observations he made of narcissistic patients in psychoanalytic treatment, and although his ideas seem to have been most salient to clinicians, nevertheless they have found some application in other areas such as developmental psychology (Basch, 1977), education (Shane, 1984), group processes (Lofgren, 1984), and career development (Robbins & Patton, 1985).

Previous Research on Kohut's Theory

In spite of the relevance of self theory to both clinical work and personality in general, Kohut's theories have generated
little empirical research. What research there is has focused largely on developing measures of narcissism (e.g. Ashby, Lee & Duke, 1979; Raskin & Hall 1979; Phares & Erskine, 1984); and on correlating scores on these measures with other personality characteristics such as sensation-seeking (Emmons, 1984), Machiavellianism (La Vopa, 1981) and empathy (Watson, Grishen, Trotter, & Biderman, 1984). Although researchers may have developed these measures of narcissism in response to interest in Kohut's ideas, nevertheless the measures themselves appear to be based more on the DSM-III's description of Narcissistic Personality Disorder than on the dynamics of the disorder as explained by Kohut.

More closely related to Kohut's theoretical formulations are two scales developed by Robbins and Patton (1985) which measure the development of the two poles of the bipolar self postulated by Kohut; and a series of ten scales constructed by Patton, Connor and Scott (1982). The latter scales identify various dimensions of self-cohesion and self functions discussed by Kohut, and are designed to be used by counsellors in rating counselling outcome.

The Need for Measures of Kohut's Concepts

No attempt has yet been made, however, to operationalize Kohut's concept of the self-selfobject relationship. Because this concept is so central to Kohut's thinking, and because it provides the foundation on which much of his theory is built, it
seems essential that this concept and the processes that underlie it be able to be studied if Kohut's theory is to be evaluated empirically. To be empirically useful, selfobject needs and the self-selfobject relationship must be made observable, their processes must be clarified, and their dimensions must be identified in ways that make them amenable to study outside the confines of the consulting room. This study is an attempt to begin this process.

Plan of the Present Study

The purpose of this study is to develop a self-report inventory to measure selfobject needs. The inventory will include two scales. One, the Selfobject Needs Scale, will measure the strength of selfobject needs by asking questions from which their strength can be inferred. It is predicted that the two kinds of selfobject needs—mirroring needs and idealizing needs—will be able to be identified using this scale. The second scale, the Symptoms of Fragmentation scale, will measure how archaic the selfobject needs are by asking subjects to indicate the nature and severity of symptoms they have experienced in response to disruptions in a self-selfobject relationship.

Next, to test the validity of the measures, scores on each of the two scales will be correlated with scores on existing measures of narcissism, level of self-esteem, and stability of self-esteem.
The author expects scores on her scales to correlate with scores on measures of narcissism and self-esteem for the following reason: Kohut's theory implies that there is a relationship between (a) the developmental level of selfobject needs and (b) narcissism and self-esteem. Persons whose selfobject needs and selfobject representations are more mature have greater self-cohesion and are therefore more able to maintain healthy levels of narcissism and self-esteem than persons whose selfobject needs and representations are more archaic.

Statement of Hypotheses

The hypotheses to be tested are as follows:

(1) The items in the scale measuring strength of selfobject needs will express two factors: one related to mirroring needs, the other related to idealizing needs.

(2) Scores on the scale measuring strength of selfobject needs will correlate positively with scores on the scale measuring the symptoms of fragmentation.

(3) Persons whose selfobject needs are stronger and/or more archaic will have scores on the Narcissistic Personality Inventory that are higher than the scores of persons whose selfobject needs are less strong and/or more mature.

(4) Persons whose selfobject needs are stronger and/or more archaic will have self-esteem that is lower than the self-esteem of persons whose selfobject needs are less strong and/or more mature.
(5) Persons whose selfobject needs are stronger and/or more archaic will have self-esteem that is less stable than the self-esteem of persons whose selfobject needs are less strong and/or more mature.
Subjects

The sample used for this study included 159 subjects. One hundred of these were students enrolled in psychology or social work courses at the University of Windsor who participated in the study for course credit. The remaining 59 subjects were psychotherapy patients. This group included 29 inpatients from the Queen Street Mental Health Centre in Toronto, 11 inpatients from North York General Hospital in North York, Ontario, and 19 psychotherapy patients who were being treated by therapists in private practice in Toronto and Windsor. Four of these patients were students at the University of Windsor who indicated on the questionnaires they completed that they were presently receiving psychotherapy. In addition to the 159 subjects used in the study, 11 inpatients began but failed to complete the questionnaire. These questionnaires were discarded and the responses on them are not included in the analyses.

The 159 subjects in the sample included 70 men and 89 women, ranging in age from 18 to 69. The mean age for the sample was 30.6 years. The patient group was, on average, slightly older than the student group, with the mean age of the patients being 36.1 years and mean age of the student group being 25.1 years.

Subjects' education ranged from Grade 8 to completion of a masters degree. The mean number of years of education for the
total sample was 14.1 or completion of one year of schooling beyond Grade 13. Whereas the educational level of the student group was relatively homogeneous (the mean number of years of schooling for this group was 14.5), there was considerable variation in the educational level of the patient group. The majority of hospitalized patients had not completed high school; however a number of the patients who were in treatment with therapists in private practice possessed advanced degrees. Thus, the mean number of years of schooling for this group (13.6) is somewhat misleading.

No other demographic data were collected, and no attempt was made either to randomize the samples or to determine the diagnoses of subjects in the patient group.

Materials

Subjects completed a 27-page questionnaire, which consisted of an introductory statement and five sections.

In the introductory statement subjects were informed of the general purpose of the study and assured that the information they provided would remain anonymous.

The remaining five sections of the questionnaire consisted of the following:

The Narcissistic Personality Inventory. Part "A" of the questionnaire is the Narcissistic Personality Inventory (NPI) developed by Raskin and Hall (1979). It consists of 54 pairs of statements. The respondent is asked to circle the statement in each pair that he or she agrees with more.
For each pair of statements one response is identified as narcissistic and one as non-narcissistic. The number of narcissistic responses yields a score which indicates the respondent's degree of narcissism, with higher scores indicating a greater degree of narcissism than lower scores.

Raskin and Hall (1979) reported that the two forms of the scale had a split-half reliability of .80; and they reported in 1981 that the eight-week alternate form reliability was .72. Emmons (1987) reported a coefficient alpha for the scale of .68. He also reported that the mean score on the scale using a sample of 721 college students was 20.08 with a standard deviation of 8.44. (unpublished material received 1987). The construct validity of the NPI has been supported by a number of authors (e.g. Emmons, 1981; La Vopa, 1981; Prifitera, 1984; Raskin, 1980, 1981; Watson et al., 1984).

The NPI was used in this study to test the validity of the scales developed by the present author. Based on Kohut's observation that pathological narcissism is related to archaic selfobject representations and vulnerability to fragmentation, the author predicted that NPI scores should correlate with scores on her selfobject needs (SON) scale and her symptoms of fragmentation (SF) measures.

In spite of the fact that the NPI's construction was based on the DSM III's criteria for the narcissistic personality disorder, and in spite of the fact that the NPI does not claim
to measure only pathological forms of narcissism, it was
nevertheless used in this study because the author believes it
is the most valid and reliable measure of narcissism now
available.

The Rosenberg Self-Esteem Scale. The Rosenberg Self-Esteem
Scale (RSE) is a 10-item scale. In using the RSE the author
ignored Rosenberg's recommendations to construct contrived items
and to use Guttman's scaling procedure. Instead, she used a
6-point scale and added the ratings. The RSE was used in this
study to test the construct validity of the two scales developed
by the author. Kohut believed that difficulties in self-esteem
regulation were related to archaic self-object representations
and to loss of self-cohesion. Therefore, the author predicted
that level of self-esteem under neutral conditions and
instability of self-esteem would correlate with scores on her
scales measuring self-object needs (SON) and symptoms of
fragmentation (SF).

The RSE was used as a measure of self-esteem because it
appears to measure those aspects of self-esteem that are most
closely related to self-development and self-object needs as they
are viewed by Kohut. The items identify general favourable or
unfavourable global self-attitudes rather than one specific
facet of self-esteem such as social self-confidence or
positiveness of body image.
Rosenberg (1979) reported that the RSE had a coefficient of reproducibility of .92 and a coefficient of scalability of .72, suggesting that the scale items have satisfactory internal reliability. Silber and Tippett (1965) reported a two-week test-retest reliability of $r = .85$.

Rosenberg (1979) also reported that scores on the RSE were significantly related to depressive affect ($r = .30$), anxiety ($r = .48$), and peer group reputation (no $r$ reported). These findings suggest that the RSE has acceptable construct validity. The convergent validity of the RSE was tested by Silber and Tippett (1965). The RSE correlated .67 with the Kelley Repertory Test (a self-ideal discrepancy test), .83 with the Health self-image questionnaire (20 items dealing with self- and social-ideal discrepancy), and .56 with psychiatrists' ratings of self-esteem.

The 10 items in the RSE were presented to each subject three times in the questionnaire. The first presentation followed the items in the SON scale. This was used as the measure of self-esteem under neutral conditions (SENEU). Second, it was given following the items in the symptoms-of-fragmentation scale as subjects responded to it under positive conditions (SFPOS). This score on the RSE was used as a measure of self-esteem under positive conditions (SEPOS). Third, the RSE was presented following the symptoms-of-fragmentation scale as subjects responded to it
under conditions of disruption in the selfobject unit (SFNEG). This score on the RSE was used as a measure of self-esteem under negative conditions (SENEG).

The Selfobject Needs Scale. The selfobject needs scale (SON) consists of the first 30 items in Part "B" of the questionnaire.

The SON scale was constructed by the author on rational grounds. She selected items to reflect mirroring and idealizing functions that a selfobject might be expected to perform. Mirroring functions, for example, are represented by items such as Item 13: "I feel more self-confident when I know others are behind me in what I am doing." and Item 21: "It is very important to me that people give me the recognition I deserve." Idealizing functions are represented by items such as Item 20: "I tend to put people on pedestals, and then find out later that they are not everything I had imagined them to be.", and Item 22: "Before I make important decisions about things, I like to try to imagine what someone I admire would decide."

Of the 30 items in the SON scale, 15 were designated to measure mirroring needs (Items 1, 4, 6, 7, 8, 11, 13, 15, 17, 18, 21, 23, 24, 27 and 29) and 15 were developed to measure idealizing needs (items 2, 3, 5, 9, 10, 12, 14, 16, 19, 20, 22, 25, 26, 28 and 30.).

Each item in the SON scale was scored on the following 5-point scale: (1) agree strongly, (2) agree moderately, (3)
agree slightly, (4) disagree slightly, (5) disagree moderately, (6) disagree strongly. Subjects were asked to rate each statement by circling the number on the scale that most closely expressed their degree of agreement or disagreement with the statement.

In calculating subjects' scores on the scale, the scores on each item (ranging from 0 to 5) were summed to yield a total score for the scale. Scoring was reversed for items which required scoring in a negative direction. Thus, a high score on the scale suggests stronger selfobject needs, while a low score suggests weaker selfobject needs.

The Symptoms of Fragmentation Scale. The Symptoms of Fragmentation scale (SF) consists of the first 30 items in Parts "C" and "D" of the questionnaire. These statements are indicative of feelings, cognitions, and behaviours which are associated with loss of self-cohesion or with fragmentation.

A rational approach was used in selecting the items for the scale, and the items were designed to identify both symptoms which are mild and indicate only slight loss of cohesion (e.g. Item 13: "My feelings are easily hurt."), and symptoms which are severe and indicate extreme fragmentation (e.g. Item 26: "Sometimes I feel as if I am really falling apart." or Item 15: "Sometimes I feel so panicky that I don't know what to do to calm myself down.") Twenty of the items are scored in a positive direction (i.e. a high score indicates greater loss of
cohesion than a low score), and 10 of the items are scored in a negative direction. Like the items in the SON and RSE scales, the items on the SF scale are scored on a 6-point scale (agree strongly to disagree strongly), and the item scores are summed to yield a total score for the scale.

The same 30 items are presented to each subject twice in the questionnaire, each time with different instructions. In Part "C" subjects are asked to respond to the items as they would if they were involved in a close and meaningful relationship that was "going well." In Part "D" subjects are asked to respond to the same items as they would if they were experiencing serious difficulties in that same relationship and felt in danger of losing it.

The scores on these two scales are referred to as symptoms of fragmentation under positive conditions (SFPOS), and symptoms of fragmentation under negative conditions (SFNEG). The discrepancy in scores between the positive and negative conditions (obtained by using the residuals of a regression of SFNEG on SFPOS) is referred to as SFDIS.

**Demographic data and miscellaneous information.** Part "E" of the questionnaire asks subjects to provide some basic demographic data such as age, gender, and education, and to answer several other questions. In this section subjects were asked about their involvement in psychotherapy so that they could be identified as belonging to either the patient or the
student group. Subjects were also asked whether they found it difficult to imagine themselves in the two different situations they were asked to identify with in responding to the items in Parts "C" and "D". The author asked this question as a way of indicating whether the data obtained in these sections was likely to be valid. Finally, subjects were given the opportunity to comment on the questionnaire and to record any thoughts or feelings that participating in the study elicited.

Procedure

To determine the length of time required to complete the questionnaire, and to identify any ambiguities in the wording of the items, five students and five psychotherapy patients were asked to complete the questionnaire. As a result of these individuals' comments, minor adjustments were made to the questionnaire prior to beginning the study.

Before being given the questionnaire all subjects were asked to sign an "Agreement to Participate" form which outlined the purpose of the study and informed them of their rights as participants.

The questionnaire was administered to the students in group sessions with the author present throughout the sessions. Before the subjects began to fill out the questionnaire, they were given verbal instructions and cautioned to read the instructions at the beginning of each section carefully before proceeding with that section.
In administering the questionnaire to patients, the author varied the procedure to best meet each patient's individual needs and abilities. Patients who were able to do so, completed the questionnaire independently or in a small-group setting arranged for that purpose.

The author was available to assist patients as required.

If patients were unable to complete the questionnaire independently, the author administered the questionnaire individually, reading and/or explaining the items as necessary. In the case of some hospitalized patients, staff members administered the questionnaire in consultation with the author.

The time required to complete the questionnaire varied from 30 to 90 minutes depending on the method of administration and the subjects' speed of working.

SPSSX programs (SPSS Inc., 1986) were used for all of the statistical analyses except one of the factor analysis programs for which a SAS program (SAS Institute Inc., 1985) was used.
CHAPTER III

RESULTS

The Selfobject Needs Scale

The Selfobject Needs (SON) Scale was designed to measure the strength of selfobject needs. It is made up of the first 30 items in Part "B" of the questionnaire.

The author hypothesized that this scale would express two factors: one related to mirroring needs; the other to idealizing needs. She also hypothesized that scores on the scale would correlate positively with scores on the Narcissistic Personality Inventory (NPI), positively with discrepancy scores derived from the symptoms of Fragmentation Scale (SFDIS), negatively with self-esteem under neutral conditions (SENEU), and negatively with stability of self-esteem (SEST) as measured by discrepancy scores derived from differences in self-esteem under positive (SEPOS) and negative (SENEG) conditions.

The mean total score for all subjects on the SON Scale was 82.6, and the standard deviation was 16.7. The grand mean for all items (each item scored from 0 to 5) was 2.75.

Reliability of the SON Scale

The SON scale is internally consistent. Its alpha is .80 and its standardized-item alpha is .79. There are six items in the scale which, if they were omitted, would leave the scale with alpha values equal to or greater than the overall alpha of .7959. Omitting these six items resulted in
an increase in both the coefficient alpha and the standardized item alpha to .82. Because removing these items did not yield a significantly higher alpha, all items in the scale were retained in the subsequent analyses.

Factor Analysis of the SON Scale

A components analysis of the 30 items resulted in nine components with eigenvalues of 1.0 or larger. The nine components accounted for 61.1% of the variance. Varimax rotation of the loadings on these nine components yielded a pattern of loadings in which some variables loaded substantially on two or more components. Accordingly it seemed appropriate to try an oblique rotation.

The plot of the eigenvalues in the components analysis showed a break after six components. The author did a promax analysis, requesting rotation of six factors. The six factors accounted for 50% of the variance. Loadings of the items on the rotated factors are shown in Tables 1-6, which also show the eigenvalues and percentages of variance explained. The tables include only those items that (a) have loadings of at least .30 on the factor and (b) load higher on that factor than on any other factor.

It should be noted that eight of the items in the SON scale have loadings >.30 on two factors. These are Items 2, 4, 15, 17, 18, 21, 25 and 28.
<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To be understood by others is more important to me than almost anything else.</td>
<td>.56</td>
</tr>
<tr>
<td>10.*</td>
<td>It makes me feel good about myself to belong to a group whose members and leaders I admire.</td>
<td>.39</td>
</tr>
<tr>
<td>13.</td>
<td>I feel more self-confident when I know others are behind me in what I am doing.</td>
<td>.42</td>
</tr>
<tr>
<td>17.</td>
<td>I am apt to give up doing something I want to do if others think it is not worth doing.</td>
<td>.58</td>
</tr>
<tr>
<td>20.*</td>
<td>I tend to put people &quot;on pedestals&quot; and then find out later that they are not everything I had imagined them to be.</td>
<td>.46</td>
</tr>
<tr>
<td>22.*</td>
<td>Before I make important decisions about things I like to try to imagine what someone I admire would decide.</td>
<td>.51</td>
</tr>
<tr>
<td>23.</td>
<td>To have people accept me is more important to me than it is to most people.</td>
<td>.63</td>
</tr>
<tr>
<td>24.</td>
<td>It is sometimes hard for me to go on with my work if I am not encouraged by my friends and colleagues.</td>
<td>.51</td>
</tr>
<tr>
<td>26.*</td>
<td>Even when I think I have made up my mind on something, I will easily change it if someone I really respect disagrees with me.</td>
<td>.55</td>
</tr>
<tr>
<td>27.</td>
<td>When I feel understood, I am more hopeful that I will be able to accomplish the things I would like to.</td>
<td>.49</td>
</tr>
</tbody>
</table>

Note. Eigenvalue = 5.11; proportion of variance explained = .17
* Indicates item predicted to measure idealizing need.
Table 2
Factor Loadings of Items on the SDN Scale which Load on Factor 2

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Sometimes I feel all alone in the world.</td>
<td>.52</td>
</tr>
<tr>
<td>5.*</td>
<td>People often disappoint me.</td>
<td>.57</td>
</tr>
<tr>
<td>6.</td>
<td>Unfortunately an individual's worth often goes unrecognized no matter how hard he or she tries.</td>
<td>.57</td>
</tr>
<tr>
<td>7.</td>
<td>Most people seem to understand how I feel about things.[item scored in negative direction].</td>
<td>.62</td>
</tr>
<tr>
<td>11.</td>
<td>It is almost impossible for one person to understand the feelings of another.</td>
<td>.30</td>
</tr>
<tr>
<td>12.*</td>
<td>It is better not to expect much; that way you are rarely disappointed.</td>
<td>.38</td>
</tr>
<tr>
<td>19.*</td>
<td>I feel that there is nothing much I can depend on.</td>
<td>.62</td>
</tr>
<tr>
<td>29.</td>
<td>Hardly anyone seems to really understand me.</td>
<td>.69</td>
</tr>
</tbody>
</table>

Note. Eigenvalue = 3.11; proportion of variance explained = .10
* indicates item predicted to measure idealizing need
Table 3
Factor Loadings of Items on the SON Scale which Load on Factor 3

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
<th>Loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.*</td>
<td>I like to let others know if I think they have done something well. [item scored in negative direction]</td>
<td>.62</td>
</tr>
<tr>
<td>14.*</td>
<td>What the world needs is more leaders that people can trust and respect.</td>
<td>.44</td>
</tr>
</tbody>
</table>

Note. Eigenvalue =2.13; percentage of variance explained = .07
* Indicates item predicted to measure idealizing need.
Table 4  
Factor Loadings of Items on the SON Scale which Load on Factor 4

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>It doesn't bother me much if people laugh at my ideas. [item scored in negative direction]</td>
<td>0.62</td>
</tr>
<tr>
<td>9*</td>
<td>I can't help feeling envious of people who are more successful in life than I am.</td>
<td>0.44</td>
</tr>
<tr>
<td>15</td>
<td>I get all the sympathy and understanding I should. [item scored in negative direction].</td>
<td>0.38</td>
</tr>
<tr>
<td>18</td>
<td>Being admired by others makes me feel fantastic.</td>
<td>0.35</td>
</tr>
<tr>
<td>21</td>
<td>It is very important to me that people give me the recognition I deserve.</td>
<td>0.40</td>
</tr>
</tbody>
</table>

Note. Eigenvalue = 1.74; proportion of variance explained = .06
*Indicates item predicted to measure idealizing need.
Table 5
Factor Loadings of Items on the SON Scale which Load on Factor 5.

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.*</td>
<td>It is exciting to be around people who devote themselves wholeheartedly to worthwhile causes.</td>
<td>.70</td>
</tr>
</tbody>
</table>

Note. Eigenvalue = 1.50; proportion of variance explained = .05
* Indicates item predicted to measure idealizing need.
<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>One of the main problems in the world today is that most people don't believe in anything.</td>
<td>.39</td>
</tr>
<tr>
<td>16</td>
<td>People do not really fulfill their human potentials unless they involve themselves deeply in some group whose values they share.</td>
<td>.60</td>
</tr>
<tr>
<td>28</td>
<td>It is very disappointing to me when I find out about the weaknesses of people I respect and admire.</td>
<td>.37</td>
</tr>
</tbody>
</table>

Note. Eigenvalue = 1.30; proportion of variance explained = .04
* Indicates item predicted to measure idealizing need
The author named the factors as follows: Factor 1, need for affirmation from others; Factor 2, feelings of alienation from others; Factor 4, need for recognition; Factor 6, need for ideals. Because only one item loaded on Factor 5 and only two on Factor 3 no names were given to these factors. These findings do not support the hypothesis that the scale would express two factors. There does, however, appear to be some correspondence between the items in Factors 1 and 4 and the need for mirroring, as well as between the items in Factors 2, 3 and 5 and idealizing needs.

In addition, there is not an exact correspondence between the items which the author predicted would express the two factors, and the items which load highly on each of the factors extracted. The items identified by (*) in Tables 1-6 are the items which the author predicted would express idealizing needs, whereas the remaining items were selected to express mirroring needs.

We can see that Factor 1 (which seems to correspond more closely with mirroring needs) includes six items which were predicted to be expressive of mirroring needs, but it also includes four idealizing items. Similarly, Factor 2, whose meaning seems more closely related to idealizing than to mirroring needs contains only three items that the author considered a priori to be idealizing, but includes five items that she believed to be mirroring items. Factors 3 and 6, however, which seem to correspond more closely to idealizing
needs, are both made up entirely of items which the author predicted would express idealizing needs.

It appears, then, that although the number of factors does not support the author's hypothesis, the meaning of the factors does show some correspondence with the concepts of mirroring and idealizing.

Validity of the SON Scale

The validity of the SON scale was tested in two ways:

1. Scores on the SON scale were correlated with scores on other measures which the author predicted would correlate with selfobject needs, and
2. Comparisons were made between scores in the student group and the patient group. The author predicted that the patient group would have higher scores than the student group.

Correlation of SON scores with NPI scores. The correlation of SON with NPI was -0.02 for the entire sample. For the student group the correlation was -0.02 and for the patient group the correlation was 0.06. None of these correlations is statistically significant.

Correlation of SON scores with self-esteem (SE) scores. Two self-esteem scores are relevant in testing the validity of the SON scale: First, the measure of self-esteem under neutral conditions (SENEU), and second, the discrepancy in self-esteem between positive and negative conditions (SEST) which measures the ability to resist the influence of the negative condition on self-esteem and hence measures stability of self-esteem.
To obtain the SEST score, a simple regression was performed with SENEG as the dependent variable and SEPOS as the independent variable. The residuals of this regression then became the measures of SEST to be used in subsequent analyses.

The hypotheses relevant to the relationship between SON and the self-esteem measures are (1) that SON scores are negatively related to SENEU and (2) that SON scores will be higher in persons whose self-esteem is more adversely influenced by the negative condition. (This relationship would result in a negative correlation of SON with the residual SEST because in the regression from which the SEST scores are derived, SENEG was the dependent variable. Thus, a negative correlation indicates a drop in self-esteem under the negative condition.)

The results of these analyses are shown in Table 7. All correlations were in the predicted direction, and all but one were statistically significant at the .0002 level. The relationships between SON and SENEU were stronger than the relationships between SON and SEST. The correlations between SON and both SENEU and SEST were unexpectedly higher in the student group than in the patient group. However, the differences between the two groups were not statistically significant.
### Table 7
Correlations of SON Scores with Various SE Scores.

<table>
<thead>
<tr>
<th>Sample</th>
<th>SE Scores</th>
<th>SE Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SENEU</td>
<td>SEST.</td>
</tr>
<tr>
<td>Students</td>
<td>-.41*</td>
<td>-.30*</td>
</tr>
<tr>
<td>Patients</td>
<td>-.43*</td>
<td>-.16</td>
</tr>
<tr>
<td>Total</td>
<td>-.45*</td>
<td>-.27</td>
</tr>
</tbody>
</table>

* p | .0002
Correlation of SON scores with symptoms of fragmentation (SF) scores. It was hypothesized that SON would be positively correlated with symptoms of fragmentation in both positive and negative conditions, as well as with the discrepancy between scores in the positive and negative conditions. As with the SEST measure, the discrepancy of symptoms between positive and negative conditions (SFDIS) was obtained by performing a simple regression (with SFNEG as the dependent variable and SFPOS as the independent variable), and retaining the residuals from this equation as the SFDIS scores. (In these analyses, because SFNEG scores are usually higher than SFPOS scores, a relationship between variables in the predicted direction results in a positive correlation.)

The results of this analysis are shown in Table 8. The correlations were all in the predicted direction, and all were significant at the .05 level. The correlations, however, were higher for the total group and the student group than they were for the patient group.

There was a statistically significant difference between the student group and the patient group in the correlations of SON with SFPOS (p < .05). With this one exception, differences in correlations between the two groups were not statistically significant.

The Symptoms of Fragmentation (SF) Scale

The Symptoms of Fragmentation Scale (SF) was designed to measure the vulnerability to fragmentation (and hence to
<table>
<thead>
<tr>
<th>Sample</th>
<th>SFPOS</th>
<th>SFNEG</th>
<th>SFDIS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>.58*</td>
<td>.58*</td>
<td>.43*</td>
</tr>
<tr>
<td>Patients</td>
<td>.28*</td>
<td>.34*</td>
<td>.25*</td>
</tr>
<tr>
<td>Total</td>
<td>.47*</td>
<td>.50</td>
<td>.38*</td>
</tr>
</tbody>
</table>

*p ≤ .05
measure how archaic the selfobject needs are) under positive conditions (i.e. when a selfobject unit is functioning well) and under negative conditions (i.e. when a selfobject unit is disrupted). The scale comprises the first 30 items in Parts "C" and "D" of the questionnaire. The items are identical in both sections, but subjects were asked to respond to the items as they would under two different conditions: one in which the selfobject unit is functioning well, the other in which the unit is disrupted. Responses under these two conditions yielded the SFPOS and SFNEG scores; whereas the discrepancy between the SFPOS and SFNEG scores (SFDIS) was obtained by performing a regression with SFNEG as the dependent variable and SFPOS as the independent variable, and retaining the residuals from this equation as the SFDIS scores.

The author hypothesized that scores on these three measures of symptoms of fragmentation (SFPOS, SFNEG, and SFDIS) would correlate positively with scores on the NPI, and negatively with measures of self-esteem and stability of self-esteem.

The mean score for all subjects on the DISPOS scale was 43.30, with a standard deviation of 23.51. The possible range of scores on the scale was from 0 to 150. The grand mean for all items, on a scale scored from 0 to 5 was 1.44.

For the SFNEG scale, the mean score for all subjects was 83.93, with a standard deviation of 31.48. The grand mean for all items was 2.80.
Reliability of the SF Scale Under the Two Conditions

The SFPOS scale had an alpha of .92 and a standardized alpha of .93. There were three items in the scale which, if omitted, would let the alpha for the scale improve; however, when all three of these items were removed, the alpha did not change significantly. Thus, all items were retained in subsequent analyses.

The SFNEG scale had an alpha of .95 and a standardized item alpha of .95. According to the computer printout, omitting four of the 30 items in the scale would allow the scale's reliability to increase; however the increase in the alpha that resulted after omitting all four of these items was not appreciable. Therefore all 30 items were retained in subsequent analyses.

Validity of the SF Scale

It was hypothesized that if the SF measures were valid, their scores should correlate positively with NPI scores, positively with SON scores, and negatively with the SE measures. It was also predicted that these correlations would be stronger in the patient group than in the student group.

Correlation of SF scores with NPI scores. None of the correlations between the SF scores and the NPI scores were in the predicted direction. In general the correlations were weak, with only two of them being significant at the .05 level. These correlations are shown in Table 9.

Correlation of SF scores with SON scores. The results of this analysis were presented in the earlier section
<table>
<thead>
<tr>
<th>Sample</th>
<th>SFPOS</th>
<th>SFNEG</th>
<th>SFDIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>-.15</td>
<td>-.19</td>
<td>-.15</td>
</tr>
<tr>
<td>Patient</td>
<td>-.16*</td>
<td>-.20</td>
<td>-.16</td>
</tr>
<tr>
<td>Total</td>
<td>-.16*</td>
<td>-.22*</td>
<td>-.18</td>
</tr>
</tbody>
</table>

* p < .05
dealing with the SON scale. ("Correlation of SON scores with symptoms of fragmentation (SF) scores.") Correlations were all in the predicted direction, and all were statistically significant at the .05 level.

**Correlation of SF scores with SE scores.** The SFNEG and SFDIS scores are relevant to testing the validity of the SF scores. It was predicted that both SFNEG and SFDIS would correlate negatively with SENEU, SENE, and SEST.

The results of these analyses are as follows: SFNEG correlates -.49 with SENEU, -.80 with SENE, and -.78 with SEST in the total sample. All these relationships are significant at the .0002 level.

A breakdown by group indicates that all the above relationships are significant at the .0002 level for both groups, and that relationships are stronger in the patient group than in the student group. A comparison of the correlations for the two groups, however, indicates that the differences between the groups are not statistically significant.

In the total sample, SFDIS, the measure of discrepancy in SF between the positive and negative conditions, correlated -.36 with SENEU, -.76 with SENE, and -.85 with SEDIS. The direction of these correlations remained the same when a separate analysis was done on each group. The relationships were stronger in the patient group than they were in the student group.

The correlations of SFNEG and SFDIS with the SE measures are shown in Tables 10 and 11.
<table>
<thead>
<tr>
<th>Sample</th>
<th>SENEU</th>
<th>SENEG</th>
<th>SEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>-.36*</td>
<td>-.74*</td>
<td>-.74*</td>
</tr>
<tr>
<td>Patient</td>
<td>-.58*</td>
<td>-.86*</td>
<td>-.80*</td>
</tr>
<tr>
<td>Total</td>
<td>-.49*</td>
<td>-.80*</td>
<td>-.78*</td>
</tr>
</tbody>
</table>

* p < .0002
### Table 11
Correlations of Various SE Scores with SFDIS Scores

<table>
<thead>
<tr>
<th>Sample</th>
<th>SENEU</th>
<th>SENEQ</th>
<th>SEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>-.24*</td>
<td>-.70*</td>
<td>-.80*</td>
</tr>
<tr>
<td>Patient</td>
<td>-.43*</td>
<td>-.82*</td>
<td>-.89*</td>
</tr>
<tr>
<td>Total</td>
<td>-.36*</td>
<td>-.76*</td>
<td>-.85*</td>
</tr>
</tbody>
</table>

p < .0001
CHAPTER IV
DISCUSSION

The SON Scale as an Expression of Mirroring and Idealizing Needs:

The results show that the SON scale has an internal reliability that is acceptable. The meaning of the scale in terms of the factors expressed, however, is less clear. The hypothesis that the scale would express two factors—the one related to mirroring needs, the other related to idealizing needs—was not confirmed.

Of the six factors which were extracted, Factor 1 (need for affirmation from others) and Factor 4 (need for recognition) seem to bear some relationship to mirroring needs. Contrary to the hypothesis, however, the items loading high on these factors include items which the author predicted would measure idealizing needs as well as items which she predicted would measure mirroring needs.

Factor 2 (feelings of alienation) Factor 3, and Factor 6 (need for ideals) appear to relate to idealizing needs. Of these factors, Factor 3 and Factor 6 contain only items which the author predicted would measure idealizing needs, whereas the items that load high on Factor 2 include items which she predicted would measure both mirroring and idealizing needs.

Another limitation of the factor structure is that there were eight items that loaded significantly on two factors.
In all but one of these cases, the items loading on two factors loaded on one factor that was related to mirroring needs and one factor that was related to idealizing needs.

These findings give rise to two possible interpretations. Either the items selected to measure mirroring or idealizing needs were not well chosen, or mirroring and idealizing needs are not distinct entities and may be better conceptualized as a single entity (selfobject needs) comprised of a number of different aspects.

**Selfobject Needs and Narcissism**

The hypothesis that the strength of selfobject needs would be related to narcissism was not confirmed. This absence of relationship may be accounted for in the following way.

Whereas Kohut's observations of narcissism and selfobject needs were based on his work with patients whom he had diagnosed as having narcissistic pathology, the subjects used in this study were not identified as having narcissistic disorders. And, while Kohut observed that his narcissistic patients all exhibited selfobject transferences, it does not necessarily follow that all persons with strong selfobject needs will exhibit narcissistic symptoms.

For example, a number of authors since Kohut have proposed that narcissistic vulnerability is associated with depression (e.g. Altman, & Wittenborn, 1980; Coffer & Wittenborn 1980; Mollon & Parry, 1984; Wittenborn & Maurer 1977).
If one can assume that narcissistic vulnerability is related to selfobject needs—and if one accepts Kohut's theory it seems a reasonable assumption to make—then it is also reasonable to conclude that selfobject needs are related to depression.

Similarly, other authors have observed a relationship between narcissistic vulnerability and other disorders such as schizophrenia (e.g. Skovgaard, 1983), borderline personality disorders (e.g. Battergay, 1985), and affective disorders (e.g. Milden, 1984).

In spite of this observed relationship between narcissistic vulnerability and various forms of pathology however, the ways in which narcissism may manifest itself may vary among diagnostic groups. For example, although narcissism may be present in depression, it may, as O'Leary and Wright (1986) suggest, be disavowed. This disavowal would result in low scores on the NPI, as the NPI measures overt narcissism rather than narcissism that is disavowed or denied.

Thus, because the scale used in this study to measure narcissism is based on the behavioural characteristics of narcissism described in the DSM III rather than on the dynamics of narcissism as understood by Kohut, and because the NPI does not measure narcissism that is present but disavowed, NPI scores would not necessarily be expected to be related to selfobject needs as measured on the SON Scale.
Future research may further clarify the relationship between the behaviours exhibited by persons with narcissistic disorders and the underlying dynamics of the disorder, as well as clarifying the relationship among selfobject needs, narcissism and other forms of self disorders.

Selfobject Needs and Symptoms of Fragmentation

The hypothesis that scores on the SON scale would correlate positively with scores on the SF scales was supported. This finding indicates that strength of selfobject needs is related to vulnerability to fragmentation. If one accepts Kohut's observation that persons who are vulnerable to fragmentation have archaic selfobject needs and representations, then the findings reported above also indicate that strength of selfobject needs is related to how archaic these needs are.

The greater vulnerability to fragmentation of persons with stronger selfobject needs holds true in both positive and negative conditions. The relationship is stronger, however, in the negative condition. There is also a relationship between the strength of selfobject needs and the discrepancy SF scores (SFDIS), but this relationship is weaker.

These relationships between selfobject needs and vulnerability to fragmentation are found in both student and patient groups. The relationships are unexpectedly stronger in the student group, although the differences between groups
does not reach a level of statistical significance. The author speculates that this difference between groups may be due to the fact that a significant proportion of the patient sample would probably be diagnosed as schizophrenic. Whereas Kohut classified schizophrenics as suffering from severe and chronic loss of self-cohesion, it is nevertheless possible that the defensive mechanisms used by schizophrenics to cope with this chronic absence of cohesion may be quite different from the mechanisms used by persons in other diagnostic categories. For example, schizophrenics may emotionally isolate themselves from meaningful contact with others to the extent that they do not use others as self-objects in an attempt to prevent or diminish fragmentation.

**Selfobject Needs and Self-Esteem**

The hypothesis that strength of selfobject needs would correlate negatively with self-esteem under neutral conditions was supported. Correlations were moderately high for both students and patients, and slightly, though not significantly, higher for the patient group.

This relationship was predicted. This finding lends support to the idea that persons with low self-esteem may look to others to try to maintain adequate self-esteem. It also provides support for the author's speculation regarding the relationship between selfobject needs and forms of self disorders other than narcissism.
The hypothesis that selfobject needs are negatively related to stability of self-esteem was also supported. The relationship, however, was weaker than that between selfobject needs and level of self-esteem under neutral conditions. In the patient group the correlation of -.16 was not significant. This, again, could be explained by the high proportion of schizophrenics in the patient group. Whereas schizophrenics may suffer from chronically low self-esteem, their inability to engage in sustaining relationships may result in their self-esteem remaining relatively stable rather than being affected positively or negatively by the vicissitudes of their relationships with others. Another possible explanation is that persons whose self-esteem is low even under favourable conditions, will show relatively less drop in their self-esteem under negative conditions because their self-esteem scores are lower to begin with; therefore less range in their scores is possible.

Symptoms of Fragmentation and Narcissism

The hypothesis that narcissism would be positively related to archaic selfobject needs (as measured by the symptoms of fragmentation scale) was not confirmed. Statistically significant but very weak negative relationships were found between scores on the NPI and all measures of symptoms of fragmentation (SFPOS, SFNEG, and SFDIS).
These findings parallel the relationship found between SON scores and narcissism, and corroborate speculations about the relationships between narcissism and other forms of self disorders.

**Relationship Between Symptoms of Fragmentation and Self-Esteem**

The hypothesis that high scores on the SFNEG and SFDIS scales would be negatively correlated with SENEU was supported. Stronger correlations were found under negative conditions, and stronger relationships were found in the patient group than in the student group. All correlations were significant and they ranged from -0.24 (SFDIS with SENEU in the student group) to -0.58 (SFNEG with SENEU in the patient group). Differences between groups were not statistically significant.

These findings seem to indicate that persons who suffer from chronically low self-esteem (as measured by SENEU) are more vulnerable to fragmentation when confronted with disruption in their self-selfobject units, and further, that persons with chronically low self-esteem show a greater increase in the number and/or severity of these symptoms of fragmentation when selfobject relationships are disrupted than do persons with higher levels of self-esteem under neutral conditions.

It was also hypothesized that persons with higher SFNEG and SFDIS scores would have self-esteem that was less stable.
than the self-esteem of persons with lower scores on these two SF scales. This hypothesis was supported by strong negative correlations between stability of self-esteem and symptoms of fragmentation scores. In addition, correlations were stronger, though not significantly so, in the patient group than in the student group.

These findings support Kohut's contention that difficulties in self-esteem regulation and vulnerability to fragmentation go hand-in-hand.

**Summary and Conclusions**

Using Kohut's ideas regarding the functions of the selfobject in the development of the self, the author constructed two scales, one to measure the strength, and the other to measure the maturity of selfobject needs. In this way the author attempted to clarify the nature of the self-selfobject relationship, and to explore the function of the selfobject in self-esteem regulation.

The scales had high internal reliabilities, and had moderate to high correlations with measures of level of self-esteem and instability of self-esteem. These results lend support to the hypothesis that persons with stronger and more archaic selfobject needs have self-esteem that is lower and less stable than persons whose selfobject needs are less strong and less archaic. The results are consistent with
Kohut's observation that persons with archaic selfobject needs are more dependent on selfobjects to stabilize their self-esteem than are persons whose selfobject representations are more mature. These correlational analyses represent an initial attempt to establish the construct validity of the two scales.

The hypothesis that strong and archaic selfobject needs would be positively correlated with narcissism was not supported. In this study, the relationship between narcissism and selfobject needs may have been obscured by the inclusion in the sample of subjects with forms of self-disorders other than narcissism.

Also not supported was the hypothesis that the scale measuring strength of selfobject needs would express two factors which corresponded to Kohut's categorization of selfobject needs into mirroring and idealizing needs. The scale expressed six factors which, although not entirely clear in their meaning, did bear some correspondence to various aspects of mirroring and idealizing needs.

This study highlights the need for further research into the nature of, and the processes involved in both self-selfobject relationships and the use of selfobjects in self-esteem regulation. Of particular relevance is the manner in which persons with different forms of self-disorders (e.g. narcissistic, depressive, and schizophrenic disorders) make use of—or perhaps fail to make use of—selfobjects to regulate their self-esteem.
In addition, if the two scales developed by the author are to be used clinically or in future research, it will be necessary to simplify their administration, and further test their reliability and validity.

Despite its limitations, this study is useful in that it renders selfobject needs more observable and opens the door to further empirical study of the nature and function of self-selfobject relationships.
APPENDIX

The Questionnaire
Instructions to Participants

The purpose of this questionnaire is to find out what kinds of things you look for in your relationships, and to determine how your relationships affect your feelings and attitudes.

There are no right or wrong answers to any of the questions you will be asked. We are interested only in knowing your true opinions and feelings, so please answer each question as honestly as you can, and be sure you understand the instructions at the beginning of each section before proceeding.

You will not be asked to put your name on your questionnaire, and there will be no other way that the researchers will be able to identify your answers. No one but you will know how you answered the questions, and the information you give us will be used only for research purposes.

Thank you for participating in this study. Your cooperation is appreciated!
PART A

INSTRUCTIONS

This section consists of a number of pairs of statements with which you may or may not agree. Consider this example: A "I like having authority over people" versus B "I don't mind following orders." Which of these two statements is closer to your own feelings about yourself? If you identify more with "liking to have authority over other people" than with "not minding following orders," then you would choose option "A".

You may agree with both "A" and "B". In this case you should choose the statement which seems closer to your personal feelings about yourself. Or, if you do not agree with either statement, select the one which is least objectionable or remote. In other words, read each pair of statements and then choose the one that is closer to your own feelings. Indicate your answer by drawing a circle around the letter ("A" or "B") that precedes that statement. Do not skip any items.

1. A I am a fairly sensitive person.
   B I am more sensitive than most other people.

2. A I have a natural talent for influencing people.
   B I am not good at influencing people.

3. A Modesty doesn't become me.
   B I am essentially a modest person.

4. A Superiority is something that you acquire with experience.
   B Superiority is something you are born with.

5. A I would do almost anything on a dare.
   B I tend to be a fairly cautious person.

6. A I would be willing to describe myself as a strong personality.
   B I would be reluctant to describe myself as a strong personality.

7. A When people compliment me I sometimes get embarassed.
   B I know that I am good because everybody keeps telling me so.

8. A The thought of ruling the world frightens the hell out of me.
   B If I ruled the world it would be a much better place.

9. A People just naturally gravitate towards me.
   B Some people like me.
10. A I can usually talk my way out of anything.
    B I try to accept the consequences of my behavior.

11. A When I play a game I don't mind losing once in a while.
    B When I play a game I hate to lose.

12. A I prefer to blend in with the crowd.
    B I like to be the center of attention.

13. A I will be a success.
    B I'm not too concerned about success.

14. A I am no better or no worse than most people.
    B I think I am a special person.

15. A I am not sure if I would make a good leader.
    B I see myself as a good leader.

16. A I am assertive.
    B I wish I were more assertive.

17. A I like having authority over other people.
    B I don't mind following orders.

18. A There is a lot that I can learn from other people.
    B People can learn a great deal from me.

19. A I find it easy to manipulate people.
    B I don't like it when I find myself manipulating people.

20. A I insist upon getting the respect that is due me.
    B I usually get the respect that I deserve.

21. A I don't particularly like to show off my body.
    B I like to display my body.

22. A I can read people like a book.
    B People are sometimes hard to understand.

23. A If I feel competent I am willing to take responsibility for making decisions.
    B I like to take the responsibility for making decisions.

24. A I am at my best when the situation is at its worst.
    B Sometimes I don't handle difficult situations too well.

25. A I just want to be reasonably happy.
    B I want to amount to something in the eyes of the world.

26. A My body is nothing special.
    B I like to look at my body.
27. A. Beauty is in the eyes of the beholder.
   B. I have good taste when it comes to beauty.

28. A. I try not to be a show off.
   B. I am apt to show off if I get the chance.

29. A. I always know what I am doing.
   B. Sometimes I'm not sure of what I am doing.

30. A. I sometimes depend on people to get things done.
   B. I rarely depend on anyone else to get things done.

31. A. I'm always in perfect health.
   B. Sometimes I get sick.

32. A. Sometimes I tell good stories.
   B. Everybody likes to hear my stories.

33. A. I usually dominate any conversation.
   B. At times I am capable of dominating a conversation.

34. A. I expect a great deal from other people
   B. I like to do things for other people.

35. A. I will never be satisfied until I get all that I deserve.
   B. I take my satisfactions as they come.

36. A. Compliments embarrass me.
    B. I like to be complimented.

37. A. My basic responsibility is to be aware of the needs of others.
    B. My basic responsibility is to be aware of my own needs.

38. A. I have a strong will to power.
    B. Power for its own sake doesn't interest me.

39. A. I don't very much care about new fads and fashions.
    B. I like to start new fads and fashions.

40. A. I am envious of other people's good fortune.
    B. I enjoy seeing other people have good fortune.

41. A. I am loved because I am lovable.
    B. I am loved because I give love.

42. A. I like to look at myself in the mirror.
    B. I am not particularly interested in looking at myself in the mirror.

43. A. I am not especially witty or clever.
    B. I am witty and clever.
44. A I really like to be the center of attention.  
   B It makes me uncomfortable to be the center of attention.

45. A I can live my life in any way I want to. 
   B People can't always live their lives in terms of what they want.

46. A Being an authority doesn't mean that much to me. 
   B People always seem to recognize my authority.

47. A I would prefer to be a leader. 
   B It makes little difference to me whether I am a leader or not.

48. A I am going to be a great person. 
   B I hope I am going to be successful.

49. A People sometimes believe what I tell them. 
   B I can make anybody believe anything I want them to.

50. A I am a born leader. 
   B Leadership is a quality that takes a long time to develop.

51. A I wish someone would someday write my biography. 
   B I don't like people to pry into my life for any reason.

52. A I get upset when people don't notice how I look when I go out in public. 
   B I don't mind blending into the crowd when I go out in public.

53. A I am more capable than other people. 
   B There is a lot that I can learn from other people.

54. A I am much like everybody else. 
   B I am an extraordinary person.
PART B

INSTRUCTIONS

This section consists of a number of statements with which you may or may not agree. Please read each statement and indicate how much you agree or disagree with it, using the scale underneath the statement to record your answer.

Consider the following example:

I like to play tennis.

1 2 3 4 5 6
agree agree agree disagree disagree disagree
strongly moderately slightly slightly moderately strongly

If you like to play tennis a great deal, you would circle the number 1 on the scale underneath the statement. If you dislike playing tennis a little bit, you would circle the number 4, and so on. Please be sure that you circle the number that corresponds most closely with your own feeling or opinion. Do not skip any statements.

NOTE: On the scale underneath each statement, only the end points will be labelled (i.e. "agree strongly" and "disagree strongly"). However, the scale will be reproduced with all six points labelled at the top of each page of statements in case you need to refer to it.

Now, if you are sure you understand these instructions, go to the next page and begin rating the statements.
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1. To be understood by others is more important to me than almost anything else.

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| 1 | 2 | 3 | 4 | 5 | 6 |
| agree strongly |
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2. One of the main problems in the world today is that most people don't believe in anything.

```
| 1 | 2 | 3 | 4 | 5 | 6 |
| agree strongly |
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3. I like to let others know if I think they have done something well.

```
| 1 | 2 | 3 | 4 | 5 | 6 |
| agree strongly |
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4. Sometimes I feel all alone in the world.

```
| 1 | 2 | 3 | 4 | 5 | 6 |
| agree strongly |
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5. People often disappoint me.

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| 1 | 2 | 3 | 4 | 5 | 6 |
| agree strongly |
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6. Unfortunately an individual's worth often goes unrecognized no matter how hard he or she tries.

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| 1 | 2 | 3 | 4 | 5 | 6 |
| agree strongly |
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7. Most people seem to understand how I feel about things.

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8. It doesn't bother me much if people laugh at my ideas.

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9. I can't help feeling envious of people who are more successful in life than I am.

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10. It makes me feel good about myself to belong to a group whose members and leaders I admire.

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11. It is almost impossible for one person to understand the feelings of another.

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12. It is better not to expect much; that way you are rarely disappointed.

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13. I feel more self-confident when I know others are behind me in what I am doing.

1 2 3 4 5 6
agree agree agree disagree disagree disagree
strongly moderately slightly slightly moderately strongly

14. What the world needs is more leaders that people can trust and respect.

1 2 3 4 5 6
agree strongly disagree strongly

15. I get all the sympathy and understanding I should.

1 2 3 4 5 6
agree strongly disagree strongly

16. People do not really fulfill their human potentials unless they involve themselves deeply in some group whose values they share.

1 2 3 4 5 6
agree strongly disagree strongly

17. I am apt to give up doing something I want to do if others think it is not worth doing.

1 2 3 4 5 6
agree strongly disagree strongly

18. Being admired by others makes me feel fantastic.

1 2 3 4 5 6
agree strongly disagree strongly
19. I feel that there is nothing much that I can depend on.

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20. I tend to put people "on pedestals", and then find out later that they are not everything I had imagined them to be.

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21. It is very important to me that people give me the recognition I deserve.

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22. Before I make important decisions about things, I like to try to imagine what someone I admire would decide.

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23. To have people accept me is more important to me than it is to most people.

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24. It is sometimes hard for me to go on with my work if I am not encouraged by my friends or colleagues.

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25. It is exciting to be around people who devote themselves wholeheartedly to worthwhile causes.

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26. Even when I think I have made up my mind on something, I will easily change it if someone I really respect disagrees with me.

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27. When I feel understood, I am more hopeful that I will be able to accomplish the things I would like to.

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28. It is very disappointing to me when I find out about the weaknesses of people I respect and admire.

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29. Hardly anyone seems to really understand me.

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30. I can understand how people might get great comfort from religion.

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31. On the whole I am satisfied with myself.

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32. At times I think I am no good at all.

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33. I feel that I have a number of good qualities.

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34. I am able to do things as well as most other people.

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35. I feel I do not have much to be proud of.

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36. I certainly feel useless at times.

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37. I feel that I am a person of worth, at least on an equal plane with others.

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38. I wish I could have more respect for myself.

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39. All in all I am inclined to feel that I am a failure.

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40. I take a positive attitude toward myself.

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PART C

INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE GOING ON.

While you are answering the next set of questions, I would like you to try to imagine how you would feel if you were in the following situation:

Imagine that you are involved in a relationship with someone you feel very close to. You are feeling very good about the relationship, and getting a lot out of it. You are getting along very well with this person and there are no major problems between the two of you.

You have probably been involved in a relationship like this at some time in your life - perhaps with a family member, a friend, a therapist or teacher, a boyfriend or girlfriend, a husband or wife. If you have, it might help you to think back to a time in that relationship when you felt that you and he/she were getting along particularly well. Remember things that you did during that time, and how you felt about doing them. Remember how you felt about yourself, your work, your free time, other people, your future, your life in general.

Take a minute or two to think about this time in your life. Try to remember or imagine it as clearly and vividly as you can. Put yourself in the same frame of mind that you were in then. How do you feel?

When you are able to remember or imagine very clearly how you felt or would feel in that situation, go ahead and answer the questions in this section.

ANSWER THESE QUESTIONS AS YOU WOULD ANSWER THEM IF YOU WERE INVOLVED IN A CLOSE SATISFYING RELATIONSHIP THAT WAS GOING WELL.

Use the same scale to answer these questions that you used in part B. But remember that this time your feelings and opinions are not necessarily those you have right now. The attitudes you are expressing this time are those you would have if you were involved in a close, satisfying relationship that was going well.
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<th>RATING SCALE</th>
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<td>1  2  3  4  5  6</td>
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<tr>
<td>agree agree agree disagree disagree disagree</td>
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<td>strongly moderately slightly slightly moderately strongly</td>
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1. I have very clear goals in life.

| 1  2  3  4  5  6 |
| agree agree agree disagree disagree strongly |
| strongly disagree strongly |

2. Criticism or scolding makes me very uncomfortable.

| 1  2  3  4  5  6 |
| agree agree agree disagree disagree strongly |
| strongly strongly |

3. I tend to be restless and irritable.

| 1  2  3  4  5  6 |
| agree agree agree disagree disagree strongly |
| strongly strongly |

4. I feel quite content even when I am doing ordinary everyday things.

| 1  2  3  4  5  6 |
| agree agree agree disagree disagree strongly |
| strongly strongly |

5. I am optimistic that things will generally turn out well.

| 1  2  3  4  5  6 |
| agree agree agree disagree disagree strongly |
| strongly strongly |

6. I feel that nobody really cares about me.

| 1  2  3  4  5  6 |
| agree agree agree disagree disagree strongly |
| strongly strongly |

7. I find it hard to make even simple decisions.

| 1  2  3  4  5  6 |
| agree agree agree disagree disagree strongly |
| strongly strongly |
**RATING SCALE**

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8. I am easily discouraged.

1 2 3 4 5 6

agree
strongly disagree strongly

9. Life is interesting and exciting.

1 2 3 4 5 6

agree
strongly disagree strongly

10. I find it hard to concentrate on a task or job.

1 2 3 4 5 6

agree
strongly disagree strongly

11. Facing my daily tasks is a source of pleasure and satisfaction

1 2 3 4 5 6

agree
strongly disagree strongly

12. I often wonder what the meaning of life really is.

1 2 3 4 5 6

agree
strongly disagree strongly

13. My feelings are easily hurt.

1 2 3 4 5 6

agree
strongly disagree strongly

14. I spend a lot of time aimlessly.

1 2 3 4 5 6

agree
strongly disagree strongly
RATING SCALE

1 2 3 4 5 6
agree agree agree disagree disagree disagree
strongly moderately slightly slightly moderately strongly

15. At times I feel so panicky that I don't know what to do to calm myself down.

1 2 3 4 5 6/agree disagree
strongly strongly

16. It is sometimes hard not to give up hope of amounting to something.

1 2 3 4 5 6/agree disagree
strongly strongly

17. Life is worthwhile.

1 2 3 4 5 6/agree disagree
strongly strongly

18. Others seem to respect and care about me.

1 2 3 4 5 6/agree disagree
strongly strongly

19. I feel bored much of the time.

1 2 3 4 5 6/agree disagree
strongly strongly

20. The future looks pretty bleak.

1 2 3 4 5 6/agree disagree
strongly strongly

21. I am usually full of energy.

1 2 3 4 5 6/agree disagree
strongly strongly
22. I feel restless and unable to concentrate.

23. I am likely to fly into a rage when something goes wrong.

24. Every day is new and different

25. I often spend time thinking of ways I could get back at people who have treated me badly in the past.

26. Sometimes I feel as if I am really falling apart.

27. I don't like to be alone because it makes me feel so empty inside.

28. I usually expect to succeed in the things I do.
29. I don't seem to care whether I get anywhere in life or not.

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30. I don't feel very involved in the things I do.

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31. On the whole I am satisfied with myself.

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32. At times I think I am no good at all.

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33. I feel that I have a number of good qualities.

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34. I am able to do things as well as most other people.

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35. I feel I do not have much to be proud of.

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36. I certainly feel useless at times.

37. I feel that I am a person of worth, at least on an equal plane with others.

38. I wish I could have more respect for myself.

39. All in all I am inclined to feel that I am a failure.

40. I take a positive attitude toward myself.
PART D

INSTRUCTIONS

Now I am going to ask you to imagine yourself in another situation. Imagine that it is a few weeks after you answered the last set of questions. Something has happened to put a lot of strain on your relationship, and things are not going well between you and the person you felt so close to. In fact you are wondering whether the relationship will last much longer. Even though this relationship and this person have been very important to you, you feel very dissatisfied and disturbed about your relationship now.

Try to put yourself in this situation now. If you have had an experience like this at some time in your life try to remember it now. (It does not necessarily need to be an experience you had with the same person you were thinking about in Part C). Remember things you did during that time and how you felt about them. Remember how you felt about yourself, your work, your free time, other people, your future, your life in general.

Take a minute or two to think about this time in your life. Try to remember or imagine it as clearly and vividly as you can. Put yourself in the same frame of mind as you were in then. How do you feel?

When you are able to remember or imagine very clearly how you felt or would feel in that situation, go ahead and answer the questions in this section.

ANSWER THESE QUESTIONS AS YOU WOULD ANSWER THEM IF YOU WERE INVOLVED IN A CLOSE RELATIONSHIP THAT YOU FELT IN DANGER OF LOSING.

Use the same scale to answer these questions as you used in the last two sections. Do not go back and look at the answers you gave in part C. It makes no difference whether the answers you give this time are the same as, or different from the answers you gave earlier. Just remember that this time the attitudes you are expressing are those that you would have if you were involved in a close relationship that you felt in danger of losing.
RATING SCALE

1  2  3  4  5  6
agree agree agree disagree disagree disagree
strongly moderately slightly slightly moderately strongly

1. I have very clear goals in life.
   
   1  2  3  4  5  6
   agree disagree
   strongly strongly

2. Criticism or scolding makes me very uncomfortable.
   
   1  2  3  4  5  6
   agree disagree
   strongly strongly

3. I tend to be restless and irritable.
   
   1  2  3  4  5  6
   agree disagree
   strongly strongly

4. I feel quite content even when I am doing ordinary everyday things.
   
   1  2  3  4  5  6
   agree disagree
   strongly strongly

5. I am optimistic that things will generally turn out well.
   
   1  2  3  4  5  6
   agree disagree
   strongly strongly

6. I feel that nobody really cares about me.
   
   1  2  3  4  5  6
   agree disagree
   strongly strongly

7. I find it hard to make even simple decisions.
   
   1  2  3  4  5  6
   agree disagree
   strongly strongly
8. I am easily discouraged.

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9. Life is interesting and exciting.

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10. I find it hard to concentrate on a task or job.

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11. Planning my daily tasks is a source of pleasure and satisfaction.

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12. I often wonder what the meaning of life really is.

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13. My feelings are easily hurt.

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14. I spend a lot of time aimlessly.

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15. At times I feel so panicky that I don’t know what to do to calm myself down.

1
agree
2
strongly

16. It is sometimes hard not to give up hope of amounting to something.

1
agree
2
strongly

17. Life is worthwhile.

1
agree
2
strongly

18. Others seem to respect and care about me.

1
agree
2
strongly

19. I feel bored much of the time.

1
agree
2
strongly

20. The future looks pretty bleak.

1
agree
2
strongly

21. I am usually full of energy.

1
agree
2
strongly
22. I feel restless and unable to concentrate.

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23. I am likely to fly into a rage when something goes wrong.

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24. Every day is new and different

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25. I often spend time thinking of ways I could get back at people who have treated me badly in the past.

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26. Sometimes I feel as if I am really falling apart.

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27. I don't like to be alone because it makes me feel so empty inside.

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28. I usually expect to succeed in the things I do.

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<td>moderately</td>
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29. I don't seem to care whether I get anywhere in life or not.

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30. I don't feel very involved in the things I do.

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31. On the whole— I am satisfied with myself.

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32. At times I think I am no good at all.

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33. I feel that I have a number of good qualities.

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34. I am able to do things as well as most other people.

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35. I feel I do not have much to be proud of.

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36. I certainly feel useless at times.

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37. I feel that I am a person of worth, at least on an equal plane with others.

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38. I wish I could have more respect for myself.

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39. All in all I am inclined to feel that I am a failure.

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40. I take a positive attitude toward myself.

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PART E

BACKGROUND INFORMATION

1. Age ____
2. Sex ____
3. Education (highest grade completed) ____________
4. Have you ever been a psychotherapy patient/client? ______
5. If so, (i) for how long? ____________
   (ii) how long ago was your most recent therapy session? ____________
6. If not, are you anticipating beginning therapy in the near future? ____________
7. How difficult did you find it to imagine yourself in the situations you were asked to put yourself in while rating the statements in Parts C and D of this questionnaire?
   ______ very difficult
   ______ a bit difficult
   ______ not at all difficult
8. Did responding to this questionnaire bring to mind any feelings or personal experiences you have had in your own relationships that you would like to comment on? (Use the back of the page if you need more space for your comments.) __________________________

THANK YOU FOR YOUR PARTICIPATION!
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1942  Born September 3, in Halifax, Nova Scotia.
1965  Graduated from the University of Toronto.
      with a B.A. degree in Psychology.
1965-1973 Employed as a Research Assistant with the Ontario
      Ministry of Health, and a Child Care Worker in a
      residential treatment centre.
1975  Graduated from the Ontario Institute for Studies
      in Education with an M.Ed. degree in Adult
      Education and Counselling.
1975-1984 Employed as a Life Skills Coach in a C.A.A.T., and
      as a Vocational/Assessment Counsellor with the
      Metro Toronto Association for Community Living.
1985  Accepted into the Doctoral program in Clinical
      Psychology at the University of Windsor.