

REVIEW ARTICLE

Assessment of personality according to Otto Kernberg's conception

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The subject matter of this paper is the model of personality developed by Otto Kernberg and the research tools designed on the basis of that conception. The paper presents the spectrum of diagnostic methods differing in terms of the level of structuralizing and the form in which they are applied. The first one constructed, the Structural Interview, due to the high requirements within psychoanalytical knowledge and clinical abilities for the individuals who apply it, initiated the development of subsequent methods. They include: the Structured Interview of Personality Organization (STIPO), inventory methods, and a clinician-rated instrument referred to as the Personality Organization Diagnostic Form (PODF). Within the scope of inventory methods, two princi-

pal tools for which Polish adaptations have been developed are presented, namely: the Inventory of Personality Organization of Kernberg and collaborators, and the Borderline Personality Inventory of Leichsenring. The existence of a broad spectrum of assessment methods of the personality structure makes it possible to take advantage of the conception of Kernberg in the realms of clinical diagnosis, scientific research, and recently also forensic psychology.

KEY WORDS

diagnosis of personality; structure of personality; organization of personality; structural interview; personality inventory

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BACKGROUND

The model of personality presented by Kernberg (1976, 1983, 1984, 2004) constitutes one of the more complex, and simultaneously coherent, ways of perceiving the human mind. In contrast with the approaches concentrating on characterizing personality by means of describing the traits of which it is composed (for example, the Five-Factor Model of Personality of McCrea and Costa (1995)), Kernberg focuses on characterizing the structure of it (Kernberg, 1984; Kernberg & Caligor, 2005). The structure refers to the internal pattern of the organization of mental processes constituting a matrix for shaping, and also for revealing, traits and behaviors (cf. Christopher, Bickhard, & Lambeth, 2001). That property determines the enormous usefulness of the concept in the clinical area, in particular connected with research into personality pathology. The model makes it possible to formulate the diagnosis reaching beyond the scope of the assessment of the available observations of symptoms, and referring to the level of depth of personality pathology. As it was revealed, that level, in turn, is a better foundation for formulating prognoses, for example concerning the effectiveness of the therapy than the diagnosis of the type of personality disorder itself (cf. Stone, 2004, quoting after: Soroko, 2014).

Furthermore, the conception of Kernberg, applied hitherto, first and foremost, by clinicians, is becoming more and more popular as the foundation of scientific research. *Ipsa facto*, it contributes to the elimination of the division between the area of clinical practice (in particular, practice based on psychoanalytical conceptions) and the area of academic research.

LEVELS OF PERSONALITY ORGANIZATION IN THE MODEL OF KERNBERG

The conception of personality of Kernberg draws inspiration from the work of earlier leading psychoanalysts. As those works which provided the foundation of it, the author (Kernberg, 1983) indicates, among others, the theory of libido of Freud (1950), the psychology of ego of Jacobson (1964), and also that of the ego functions of Hartmann (1958), the object relations theory of Mahler (1972), and also Klein (1946). Furthermore, reaching beyond the scope of psychoanalytical theories, Kernberg draws upon the cognitive-affective model of personality of Mischel and Shoda (1995, 1999; Kernberg & Clarkin, 2013).

Describing the process of shaping the mental apparatus, Kernberg (1976) bases that description, first and foremost, on the object relations theory. In accordance with the assumptions contained in it, important figures in the life of a child, and also

relations with them, as the elements of the external world, become the elements of an internal mental structure in the course of the process of internalization. They are subjected to internalization in the form of the self-object dyads, which means the representations of the self connected with the representation of the object in the context of a particular affect. Describing the process of shaping personality, Kernberg (1976) ascribes importance not only to the actual events, but also constitutional factors (temperamental and cognitive). This way, he becomes a member of the group of researchers who postulate that it is not the actual individuals and events, but rather the way in which they are experienced that is subjected to internalization.

The self-object dyads constitute, according to Kernberg, the most basic units of the structure of personality. They are subjected to developmentally determined transformations (integration and hierarchization), resulting in the formation of structures of ever higher order such as the id, ego and superego (Świtała, 2005). Finally they compose the personality – “the dynamic organization of enduring patterns of behavior, cognition, emotion, motivation, and ways of relating to others that are characteristic of an individual” (Caligor, Kernberg, & Clarkin, 2007, p. 11).

The regular course of development results in shaping a normal and healthy personality. Disorders occurring at certain stages of it, on the other hand, cause fixations of it – inhibitions. *Ipsa facto*, Kernberg, apart from the level of a normal personality (1984, 1996, 2004), describes the subsequent three levels originating from the inhibition of development in the particular phases of it. From the earliest, and simultaneously, the most profoundly disordered to the latest and least disordered, he enumerates the following levels: the psychotic level of personality organization originating from disorders in the period of primary, undifferentiated self-object representations, the borderline level of personality organization¹ originating from the phase of differentiation of self from object representation, and the neurotic level of personality organization, which constitutes the expression of reaching the phase of integration of self representations and object representations, where possible disorders are afterwards connected with the course of the phase. The level of organization may, therefore, be treated as the generalization of the specific structures of personality determined by the achieved stage of development. It determines the scope of changeability within the intra- and interpersonal functioning, including also the possible forms of psychopathology. The levels of personality organization differ, therefore, in terms of their structural properties. It makes it possible to characterize them in reference to those properties within the framework of so-called structural-functional diagnosis (cf. Cierpiąłkowska, 2014).

As major structural features differentiating the levels of personality organization referred to above, Kernberg et al. (Caligor et al., 2007; Kernberg, 1984, 1996; Kernberg & Caligor, 2005) indicate: 1) reality testing, which means the ability to differentiate between the internal and external sources of stimuli, the adequate assessment of own functioning (intrapersonal and interpersonal) in relation to social criteria of reality, 2) primitive psychological defenses, which refers to the degree of the domination of mechanisms included in the group of primitive ones – splitting and the derivatives – over the repression and the derivatives, 3) identity diffusion, which refers to the level of coherence and differentiation within the concept of self, and also the concept of others.

The major features of a normal personality are a well-integrated identity, functioning on the basis of mature defense mechanisms such as suppression, sublimation, altruism, anticipation, humor, and also intact reality testing. The neurotic level of personality organization differs from it in terms of the domination of defense mechanisms based upon repression. Similarly to mature mechanisms, it makes it possible to integrate the libidinal and aggressive aspects of the self and of the object, resulting in identity stability. However, at the same time it introduces rigidity and restrictions in the functioning of an individual, assuming, principally, the form of the inhibitions of desire fulfillment. The borderline level of personality organization and the psychotic level of personality organization are characterized by the domination of immature defense mechanisms, based on splitting, resulting in the lack of identity integration: the libidinal and aggressive aspects of self and object are maintained in the state of separation. In addition, in the case of individuals with psychotic personality organization, differentiation of the representations of the self and of the object did not occur. They still exist as non-differentiated constellations of self and object representations, which results in the elimination of reality testing (differentiation of the world of internal experiences from the external reality does not occur). In the case of individuals presenting the borderline level of personality organization, decreased reality testing may occur, but usually it is restricted to the sphere of social relations, in particular that of intimate relations. That may find its expression in, for example, wishful thinking, perceiving others in the perspective of one's individual needs. Usually, impairment in reality testing, causing hallucinations and delusions such as is in psychotic individuals, does not occur in their case. If such states do occur, they are stress-determined temporary decompensation, which means regression to less mature functioning. Furthermore, in contrast to those determined by psychotic structure, a critical attitude towards them is maintained or can be comparatively easily regained

by an individual (Cierpiałkowska, 2014; Gamache et al., 2009; Kernberg, 1984, 2004; Matuszewska-Krawcowska, 1991).

Within the scope of borderline level of personality organization, Kernberg et al. (Clarkin, Yeomans, & Kernberg, 2006) postulate, furthermore, differentiating sublevels: a higher one, describing the functioning of individuals suffering from a less severe disorder of the personality structure, and a lower one, which means typical for deep, severe personality disorders. In recent years, in particular, within the framework of Kernberg's model as the basis for the diagnosis and therapy of criminal offenders, there also appear further elaborations of that division (cf. Table 1).

In addition to the three main structural features, Kernberg et al. (Caligor et al., 2007; Stern et al., 2010) also describe other dimensions of the differentiation of individuals at particular levels of personality organization. They include: the quality of object relations, which means the character of internal, mental relations with the object, referring, in particular, to the ability to create and maintain stable bonds based on empathy, intimacy and mutuality; coping and the rigidity of functioning, which means the intensification of tendencies towards the automatic activation of those same traits, behaviors and ways of coping stereotypical for oneself irrespective of the requirements of a situation and the efforts undertaken in order to take those under control; aggression, which means the degree of saturation of internal life, and also of behaviors, with aggression, and defenses against aggression; moral values, associated with the functioning of the superego of an individual determined by the construction of it, in particular, by the level of internal integration. The above-mentioned features are perceived in the form of dimensions. They are commenced with the extremity describing mature functioning, and are concluded with the extremity referring to the severe level of disorder of function described by them.

Proposing the differentiation of the levels of personality organization, Kernberg et al. (Caligor et al., 2007) indicate that its categorical format is more of an ordering character. The levels of personality organization determined by the course of development are, in their opinion, more accurately reflected in the form of the continuous spectrum of pathology characterized by particular dimensions rather than by distinguishing separate categories. Similarly to the progressive maturing of mental structures in the development of personality (the subsequent and gradual transformations of the self-object dyads), psychopathology may be described in that conception as a continuum reflecting the consequences of failures in the subsequent moments of development. So as to provide an example, the structure of normal personality differs from the neurotic one in terms of the less

Table 1

Levels of personality organization relevant in the forensic context and their structural features

	Perversion	Impulse control	Psychopathy
Neurotic personality organization (NPO)	benign	extra tight impulse control	perfectionist super-ego (“criminals from a sense of guilt”)
Higher level of borderline personality organization (HLBPO)	situational – transgressive	good impulse control in general, but casual breakthroughs of impulses	coherent super-ego – with situationally activated weak points
Medium level of borderline personality organization (MLBPO)	habitual – transgressive	habitual (but confined) impulsivity	antisocial traits (“holes in the super-ego”)
Lower level of borderline personality organization I (LLBPO I)	malign, but sadism ego-dystonic	largely absent impulse control	chronic antisociality (severe super-ego disorder, but feelings of guilt possible)
Lower level of borderline personality organization II (LLBPO II)	malign, but sadism ego-syntonic	ego-syntonicity of delinquency	malignant narcissism (lack of guilt feelings, but masochistic mechanisms present)
Lower level of borderline personality organization III (LLBPO III)	malign, destructivity predominant	ego-syntonicity of delinquency	severe psychopathy (lack of guilt feelings and of masochistic mechanisms)

Note. Lackinger (2009).

frequent activation of repression for the benefit of the domination of mature defense mechanisms such as sublimation or the sense of humor. Simultaneously, both of them have as the major feature the integration of the self and of the object, the foundation of which is the discontinuation of the domination of the splitting mechanism. That determines the significant similarity of their internal structure in that aspect, different from the borderline level of the personality organization, which, in turn, is constructed upon the basis of the domination of the splitting mechanism. Following solely that structural feature, it seems justified to treat them as one level of organization, within the framework of which the integration of the self and of the object has been achieved, whilst simultaneously maintaining the different proportion of mature mechanisms and neurotic ones. The greater the domination of mature defense mechanisms is, the more it is possible to speak about personality “styles” (Caligor et al., 2007, p. 12), for example, obsessive-compulsive. They do not present, however, a character sufficiently rigid and exacerbated to make it possible to define them in the categories of psycho-

pathology. In the case of the greater domination of the defense mechanism of repression, the intensification and the rigidity of traits become sufficiently strong to disturb the adaptiveness of functioning. The difference between the normal level of personality organization and the neurotic would, therefore, be of a quantitative rather than a qualitative character (Gamache et al., 2009).

A significant issue that needs to be taken into consideration in the course of a discussed diagnosis is the possibility of periodical functioning in a way suggesting a different (frequently underappreciated) level of personality organization. Even though the structure of personality is comparatively stable, under the influence of a strong stress it is possible that regression to less mature functioning may occur. An example is episodes of psychotic decompensation in the case of individuals with a borderline level of personality organization. As noted by Cierpialkowska and Marszał (2013), the difference between functioning which is periodically disordered and determined by the comparatively permanent structure of personality is not always taken into consideration in

a diagnosis. Those authors mention, so as to provide an example, that in Poland it is rather infrequent to formulate the diagnosis of a psychotic syndrome in the state of decompensation of patients suffering from borderline or narcissistic personality disorders. Instead, they are usually diagnosed with schizoaffective disorders.

The diagnosis of the level of personality organization may also be complicated, to a certain degree, by the fact that a fixation occurs virtually in every phase of development (cf. Soroko, 2014). That results in the existence in the case of the same individual structural elements differing in the level of maturity. Caligor et al. (2007) describe the possibility of the occurrence, in the case of individuals with a neurotic level of personality organization, also the mechanism of splitting encompassing selective, particularly conflictive, contents. The level of personality organization would, therefore, be based on the dominating kind of mechanisms. That does not make it impossible, simultaneously, that there will occur situations in which the structures connected with the different level of maturity are activated.

The presented complications and nuances connected with the diagnosis of the particular levels of personality organization are to a different degree possible to address by diagnostic tools of different constructions. The differences existing between them are relevant to the scope of the manifestations of functioning they allow one to assess, and also to the ways of conducting that assessment. That, in turn, implies the possibility of formulating a description of psychopathology the major feature of which is the diversified subtlety and validity.

DIAGNOSTIC TOOLS FOR ASSESSMENT OF THE LEVEL OF PERSONALITY ORGANIZATION

In order to conduct the diagnosis of the level of personality organization, different methods of assessment have been developed. Kernberg et al. (Kernberg, 1981; Clarkin, Kernberg, & Somavia, 1998; Clarkin, Foelsch, & Kernberg, 2001; Stern et al., 2010) are the authors of the following methods: the Structural Interview, the Structured Interview of Personality Organization (STIPO), and the Inventory of Personality Organization (IPO).

Working independently, Leichsensring (1999) developed the Borderline Personality Inventory (BPI), whereas Gamache et al. (2009) developed a clinician-rated instrument known as the Personality Organization Diagnostic Form (PODF). All these methods make it possible to perform diagnosis within the scope of selected, and partly different in the case of particular methods, major features of the levels of the organization of personality. Apart from the structural

interview, they do not include questions directly concerning the psychopathological symptoms of a patient. Therefore, it is recommended to complement the structural diagnosis by means of additional methods making it possible to obtain such information.

DIAGNOSIS OF THE LEVEL OF PERSONALITY ORGANIZATION – STRUCTURAL INTERVIEW

The structural interview (Kernberg, 1981; Clarkin et al., 1998) has the form of a conversation with the studied individual, on the basis of the contents and the course of which a diagnosis is formulated. The subject matter of it is constituted by the issues concerning the current disposition of the studied individual, the symptoms occurring in their case and being the cause why treatment is sought, expectations regarding a treatment, and also the way in which the individual perceives themselves, and individuals from their milieu. Therefore, that method does not take into consideration the issues connected with the history of the life of the individual being diagnosed. Collecting data relevant to that latter issue may precede the structural interview or follow it.

The characteristic feature of the structural interview is that the diagnosis formulated upon it is based on two kinds of data: 1) the contents of the answers provided by the studied individual, and 2) the way the studied individual reacts to the techniques applied by the diagnostician in the course of the structural interview: clarification, confrontation, and tentative interpretations.

The techniques of clarification, confrontation, and interpretation are applied consistently in reference to the issues being raised in the course of the interview. The studied individual presents information about themselves which they elaborate upon while responding to the clarifications of the diagnostician. Subsequently, the diagnostician indicates – by means of confrontations – possible contradictions in the material being provided, which may be the manifestation of the activity of defense mechanisms and also formulates the tentative interpretation of those contradictions.

In accordance with the assumption of Kernberg (1981, 1984), the techniques applied by a diagnostician activate the studied individual's structure of personality and, *ipso facto*, make it possible to conduct the assessment of the features significant from the point of view of the diagnosis of the level of personality organization: the degree of identity diffusion, the dominating defense mechanisms, and reality testing ability. As an example, individuals who have maintained reality testing ability are capable of understanding a contradiction being indicated by

a diagnostician, and address it in a constructive way. However, in the case of individuals deprived of such an ability, which means having a psychotic organization, a confrontation will instead result in obtaining a non-constructive answer, which means deepening the lack of logic, continuity and coherence in the material being provided.

A diagnostician does not base, therefore, their diagnosis exclusively on the description of the symptoms occurring in the life of the studied individual on a day-to-day basis. The assessment concerns in that case, first and foremost, their functioning, which is observed "here and now", in the context of interactions with a diagnostician, and is stimulated by the techniques being applied by them. This way, in the structural interview, there occurs the combination of psychoanalytical concentration upon the relations between the studied individual and a diagnostician with psychoanalytical interventions. This way it is possible simultaneously to gain access to the symptoms typical in the case of a patient, and also to the structure of personality being the foundation of them (Kernberg, 1981, 1984).

The structural interview is divided into 3 parts: initial, central, and final.

The initial phase is commenced by asking the studied individual a few questions concerning the reasons why they decided to undergo the interview, and also their expectations concerning the treatment. As an example of formulating such a sequence of questions, Kernberg (1984) provides the following proposal: "I am interested to hear what brought you here, what is the nature of your difficulties or problems, what you expect from treatment, and where you are now in this regard" (p. 31). According to the author, merely an answer to the questions formulated in that way makes it possible to conduct the assessment of numerous issues, for example, to gain access to one's awareness of his illness, the realistic or unrealistic character of expectations concerning the treatment, and also ability to retain a few questions which need to be answered in memory. Difficulty in terms of memorizing questions may, for example, be evidence, in accordance with the opinion of Kernberg (1984), of lowering intellectual functioning or an organic brain syndrome. In the case of patients with a borderline level of personality – in particular, those with more severe disorders that are situated in the lower areas of the borderline level – the manifestations of the transference may be clearly observable as soon as in the course of that initial phase. To provide an example, the manifestation of paranoid transference may be, among other things, attempts to explain the questions asked by a diagnostician suspiciously. In every situation of that kind, taking advantage of clarifications – making it possible for the studied individual to elaborate upon the answers, confrontations – indicating the difficulty encountered by the

studied individual when trying to provide answers, and also formulating the initial interpretations of the underlying causes of that difficulty, makes it possible to verify the hypotheses formulated by the diagnostician, and allows for the deeper understanding of the person.

Discussing the causes of seeking treatment, and also the expectations connected with it, is afterwards followed by raising the issue of perception of themselves by the studied individual, and also of the perception of other individuals important to them. Again, diagnostic significance is ascribed to the way in which answers are provided, and understanding the studied individual is made more profound by means of subsequent clarifications, confrontations and interpretations. A conversation devoted to the abovementioned subjects constitutes the contents of the central part of the structural interview. The final part, in turn, is devoted to discussing possible additional issues, which, according to the opinion of the studied individual, may be of significance, and which have not been raised before, and also to addressing any possible questions which the studied individual may have. That is also the stage at which it is possible for the studied individual to share their feeling connected with their participation in the interview.

As soon as in the initial phase, the course of the structural interview is of an individualized character with respect to a particular person. Irrespective of the constancy of the order and the contents of the introductory questions, and the issues being raised, detailed questions, and also the entirety of the interactions between a diagnostician and the studied individual, should depend upon the psychopathology of the latter. Furthermore, obtaining the information needed for the diagnosis is not always possible in the course of a single meeting. Not only, therefore, the course, but also the duration of formulating the diagnosis, is subjected to adjusting to the specific character of the functioning of the studied individual.

Kernberg (1981) indicates that, virtually since the very beginning, the way of functioning and formulating answers by the studied individuals is different depending on the level of personality organization presented by them. Individuals of a psychotic structure, for whom the impairment in reality testing is typical, as soon as at the beginning of the interview may provide answers that are inappropriate to the questions asked, and/or bizarre, and also manifest emotions and behaviors inappropriate to the situation of the diagnosis and to the raised contents. Kernberg (1984) – after having made sure that those reactions are not the results of a constitutional disease or intellectual deficits – recommends, in such situations, restricting further confrontation with contradictions and the inadequacy of functioning, which would only make the discomfort of the studied individual more profound. Instead, he recommends concentrating upon

attempts to understand the world of their internal experiences, which should make it possible to gain better insight into the psychotic process in progress.

In the case of individuals presenting a borderline level of organization, reality testing remains intact. They may present not very realistic expectations relevant to treatment; they find it difficult to formulate a coherent picture of themselves, the major feature of which would be depth and reflexivity, and also a similar image of individuals important for themselves.

Individuals presenting a neurotic level of personality organization, on the other hand, are capable of understanding the questions asked by a diagnostician, not only in their general meaning, but also within the scope of subtleties connected with them. They do not find it difficult to formulate a description of the causes for which they wish to undergo treatment. They are capable of expressing their opinions about that subject in a way which is simultaneously succinct and exhaustive. Furthermore, these individuals provide a picture of themselves and other people characterized by a high degree of depth, coherence and integration. Any possible contradictions are usually immediately noticed by the studied individual themselves, who feels discomfort because of them, and is capable of making attempts to explain them. The contents of such contradictions frequently suggest that the underlying cause of them is the conflict between desires and requirements of the super-ego.

Conducting a structural interview, and also formulating a diagnosis upon the basis of it, is a task requiring advanced knowledge within the scope of psychoanalytical theories, and also the techniques of interventions based on them. In particular, it is important to be able to use the information provided by countertransference for the purpose of diagnosis. Also important is the previous experience in clinical work with patients presenting a wide spectrum of psychopathology. Such high requirements in relation to diagnosticians significantly restrict the possibility of wide application of the structural interview. Furthermore, irrespective of the constant framework of research, the customized character of it, dependent on the functioning of every studied individual, restricts the possibility of comparisons between the course of particular interviews. Taking into consideration also the lack of clearly formulated criteria for making diagnostic decisions within the framework of that method, the possibility of determining the reliability of it is highly restricted. This, in turn, determines the restricted usefulness of it in the area of scientific research.

Furthermore, critical comments indicating the sources of restrictions of the validity of diagnoses formulated on the basis of a structural interview, including clinical area, are present in the literature.

Reich and Frances (1984) state that the way the studied individual reacts to the interventions of a di-

agnostician may not reflect solely the structural traits of their personality, but also result from the current, but passing, functioning (for example, connected with the current affective state).

It may be modified as well by the reactions of the studied individual to the specific traits of a diagnostician, for example, their age or sex. In accordance with their opinion, this same individual in relation with one diagnostician may react in an inhibited way, and in relations with another one they may be more aggressive, manifest a stronger tendency to reject interpretations and react with irritation to confrontations. Another source of a mistake may be, unconscious for the researcher themselves, contents contained in their interventions, and resulting from both countertransference and situational factors (e.g. being pressed for time), for example, less valid or more aggressive-provocative interventions.

The restrictions of a structural interview which are referred to above, as well as high requirements formulated towards the diagnostician, are highly likely to have exerted an influence on the comparatively small popularity of that method. Nevertheless, the idea of diagnosing the structure of personality on the basis of the analysis of the particular features of it was continued in assessment methods developed in the further course.

DIAGNOSIS OF THE LEVEL OF PERSONALITY ORGANIZATION – A SEMI-STRUCTURED INTERVIEW (THE STRUCTURED INTERVIEW OF PERSONALITY ORGANIZATION)

The Structured Interview of Personality Organization (Stern et al., 2010) is another tool which makes it possible to formulate the diagnosis of the level of personality organization on the basis of the assessment of the particular structural features of it. In contrast to the structural interview, in STIPO, the procedure of conducting the research was described very precisely, and so was the procedure of interpretation of the data obtained. Thanks to that, it is possible to determine the reliability of this method.

The research has the form of an interview, in the course of which the following subjects, each being relevant to two spheres of the functioning of a studied individual, are raised: 1) external, which means observable behaviors, traits, and situations being experienced, 2) internal, which means connected with intra-mental functioning, for example, emotions being experienced. Subsequent questions, formulated taking into consideration the spheres referred to above, are relevant in terms of their contents for particular structural features. Apart from the three principal ones, i.e. the degree of identity diffusion, the dominating defense mechanisms, and reality test-

ing ability², STIPO also encompasses four others: the quality of object relations, coping and the rigidity of functioning, aggression, and moral values. For each of those features, a list of questions was developed. Addressing them to the studied individual should make it possible to obtain information allowing for the assessment of the maturity of the functioning of a person within the scope of those features (Doering et al., 2013; Stern et al., 2010).

The significant number of issues being taken into consideration results in the large number of positions contained in STIPO. Not all of them always have to be, or may be, raised (for example, when the studied individual has never been in an intimate relationship). Nevertheless, conducting research based on that method of diagnosis may require even as many as several meetings. Doering et al. (2013) estimate that such an interview usually takes approximately 90-180 minutes.

Apart from the manual relevant to subject areas which ought to be raised in the course of research together with specifying a list of questions for each of them, STIPO also provides the dual system of the assessment of answers obtained (Doering et al., 2013; Preti, Sarno, Prunas, & Madeddu, 2012; Stern et al., 2010). The first of them consists in ascribing to the answers being obtained a number of points matching the intensification of a disorder being diagnosed. It is possible to ascribe, respectively 0, 1 or 2 points, and such an assessment is performed by a diagnostician on a current basis in the course of conducting an interview. On the scale proposed by the authors, 0 means a lack of pathology within the scope of the issue being researched, 1 a certain, but also non-significant, level of disorders, whereas 2 refers to the clear presence of pathology. In the case of some of the questions, it is also possible to ascribe assessment amounting to 3, the significance of which is different, depending upon the position, and may mean, for example, that the studied individual was incapable of understanding the question. For each of the positions being assessed, detailed criteria of conducting the assessment and resolving the reservations connected with that were prepared by the authors. Eventually, within the scope of each of the areas, a mean assessment reflecting the general level of a disorder being the typical feature of it is calculated.

The other, and parallel, way of diagnosing consists in the independent assessment of the level of a disorder within the scope of each area on a five-point scale. That assessment is performed by a diagnostician immediately after having asked the last question in a given scope on the basis of a subjective impression concerning the level of pathology being presented by the studied individual. Introducing that additional assessment results from adopting the assumptions that: 1) the contents of the utterances may not encompass the entirety of

diagnostically significant information, and it may be contained, for example, in non-verbal communication messages, 2) a clinician may ascribe different weight to the separate utterances of a studied individual. The assessment being performed by them is, therefore, based on both the contents of the answers and non-verbal communication, and also on the general clinical impression which the studied individual makes.

The Structured Interview of Personality Organization is a method which was subjected to the analysis of psychometric properties.

Stern et al. (2010) conducted research concerning the properties of the three principal scales: reality testing, dominating defense mechanisms, and the degree of identity diffusion in a clinical group. Within the scope of reliability, all the three scales were characterized by good internal coherence, determined with Cronbach's α coefficient: the scale of identity: $\alpha = .86$, the scale of defense mechanisms $\alpha = .85$, the scale of reality testing $\alpha = .69$, and also appropriate compatibility of the assessment of diagnosticians determined with the interclass correlation coefficient (ICC) (Shrout & Fleiss, 1979): the scale of identity ICC = 0.96, the scale of defense mechanisms ICC = 0.97, and the scale of reality testing ICC = 0.72.

The research into the validity of a tool (Stern et al., 2010) provided results indicating statistically significant correlations between each of the three scales referred to above and the measures of a positive (one negative correlation) and negative affect, measures of aggression, and the traits of personality disorders situated around the clusters, A, B, and C, of the DSM classification (APA, 2000).

Those results are in accordance with the assumptions of Kernberg (1984; Kernberg & Caligor, 2005). He indicates that, together with a deepening level of personality pathology, more frequently experiencing negative emotions, less frequently experiencing positive emotions and a higher level of aggression are observed, and also that the underlying cause of the majority of personality disorders encompassed within the framework of particular clusters in the DSM classification are the structural traits of the borderline level of personality organization.

Simultaneously, application by the authors of the research of the regression analysis revealed the existence of differentiation within the scope of the independent connection of the particular scales of the STIPO and the measures of the constructs referred to above. As it was revealed, the scale of identity was negatively connected with the measure of a positive affect, and positively with the measure of a negative affect, as well as with the traits of personality disorders from cluster A. The scale of defense mechanisms was positively connected with the measures of aggression and with the traits of personality disorders situated within the framework of cluster B, whereas

the scale of reality testing was positively connected with the measure of a negative affect, and also the traits of personality disorders situated within the framework of clusters A and C. Those results may indicate the specific character of the content scope of the positions ascribed to the particular scales of the STIPO (Stern et al., 2010). As an example, the scale of identity includes questions concerning the capacity for stable involvement in relations with other people, and also in work and interests, which, in particular, may be conducive to experiencing positive sensations, and also reduce the frequency of experiencing negative emotions. The scale of primitive defense mechanisms includes questions concerning, among other things, attempts to control other individuals, and extremities in the perception of oneself and other people. Even though splitting and the derivatives of it make it possible to avoid internal conflicts (between the positive and negative representations of the self and of the object), that happens at the expense of the ego strength, ability to control impulses which is connected with it, and the adaptiveness of behavior (Kernberg, 1984). Such functioning may be conducive to activating aggressiveness in relationships, which is particularly typical in the case of individuals suffering from personality disorders from cluster B, rather than clusters A or C. For personality disorders situated in cluster A, more typical traits are passivity, anxiety and inhibiting aggressive tendencies. In turn, within the framework of cluster C, disorders ascribed by Kernberg to the higher level of borderline organization are situated. Their typical feature is a lower level of aggression and comparatively smaller domination of primitive mechanisms than in the lower level of borderline organization encompassing the majority of the disorders in cluster B (Clarkin et al., 2006). The connection between the disorder of reality testing and the measure of negative affect, and also the traits of personality disorders, situated within the framework of clusters A and C, is explained by the authors (Stern et al., 2010) by the concentration of the questions in the STIPO connected with the area of reality testing in the sphere of social functioning.

The possibility of determining the psychometric properties of the presented method is a major asset of it.

Simultaneously, similarly to structural interview, the STIPO requires from a diagnostician both a broad knowledge of psychoanalytical theories and advanced clinical abilities within the scope of conducting diagnostic interviews. Furthermore, the fact that studying one individual may take even several meetings significantly restricts the applicability of that method in scientific research into larger groups of individuals.

So far, apart from the English-language version of the STIPO, the German adaptation of that tool has been developed (Doering et al., 2013).

DIAGNOSIS OF THE LEVEL OF PERSONALITY ORGANIZATION – INVENTORIES

The third group of tools making it possible to conduct the diagnosis of the level of personality organization is constituted by inventory methods. The principal ones described in the literature of the subject include: the Inventory of Personality Organization (Clarkin et al., 2001; Kernberg & Clarkin, 1995; Lenzenweger, Clarkin, Kernberg, & Foelsch, 2001), and the Borderline Personality Inventory (BPI) (Leichsenring, 1999). A tool preceding the development of both of those methods was the inventory referred to as the Borderline Personality Organization Scale (BPO) (Oldham et al., 1985), which, however, was revealed to have insufficient discriminatory validity (Leichsenring, 1999).

Inventory of Personality Organization was constructed due to the fact that the application of a structural interview is time consuming, and also because of the high requirements from the diagnosticians using it.

The tool was based on the revision of the BPO, and the most recent version of it was developed in 2001 (Clarkin et al., 2001; Lenzenweger et al., 2001). The authors indicate both the usefulness of the IPO in scientific research and the possibility of its application in clinical practice as a screening tool, or before conducting a structural interview or STIPO (Lenzenweger et al., 2001).

That method is composed of 83 items which constitute five scales concerning the structural features of personality differentiated on the basis of the Kernberg model (1984; Kernberg & Caligor, 2005). Three of them are main clinical scales: the scale of reality testing (20 items), the scale of primitive defense mechanisms (16 items), and the scale of identity diffusion (21 items), which were complemented by two other scales: the scale of aggression (18 items) and the scale of moral values (11 items). The studied individual expresses their opinion about the items by providing answers on the Likert scale (from 1 to 5), on which 1 means never, whereas 5 means always. The more points are achieved by the studied individual on a given scale, the higher is the level of the disorder of this individual within the scope of a given aspect of functioning.

Extensive research into the psychometric properties of the three principal clinical scales of the English-language version of the IPO was conducted in a non-clinical population by Lenzenweger et al. (2001). That research confirmed the good reliability of the scales measured in the aspect of internal coherence and the test-retest technique. The researchers also conducted confirmatory factor analysis, based on which they proved that the 3-factor model and the 2-factor model are virtually equally well adjusted to the obtained data. The factors were deduced

from the Kernberg model, and they were relevant to identity diffusion, primitive defense mechanisms, and impaired reality testing (in the 2-factor model, the factors of primitive defense mechanisms and identity diffusion were combined). Those results are in accordance with the conception of Kernberg (1984; Kernberg & Caligor, 2005) assuming the strong connection of defense mechanisms and the level of identity diffusion, and also the separate character of the dimension of reality testing. The reason is that the domination of the splitting mechanism determines the lack of possibility of combining the positive and negative representations of the self and of the object resulting, *ipso facto*, in the lack of integration of the concept of the self and that of others. Lenzenweger et al. (2001) obtained, furthermore, confirmation of the hypotheses, originating from the theory in question, and concerning connections between the results of the scales of the IPO and other constructs relevant to personality, for example, positive and negative affect, ability to control aggression, anxiety, and schizotypy.

Critical comments concerning the results of research into the psychometric values of IPO were expressed by Ellison and Levy (2012). They criticized the researchers referred to before, among others, for the fact that they studied appropriately solely the convergent validity of the reality testing scale (with the application of other measures of schizotypy), but failed to include the remaining scales, which means that they did not take advantage of any other measures relevant to defense mechanisms or the self-concept coherence.

Furthermore, they pointed out that in the case of the English-language version of IPO no results of the exploratory factor analysis have been published. The confirmatory factor analysis conducted by Lenzenweger et al. (2001) was criticized by them for methodological imperfections in the form of the excessively small number of studied individuals. Adopting as the starting point the comments referred to above, Ellison and Levy (2012) conducted their own research in a non-clinical population, as a result of which they proved, among other things, that the data obtained by them were best matched by the four-factor model (ESEM analysis), within the framework of which they differentiated the following factors: the instability of sense of self and other, the instability of goals, psychosis, and the instability of behavior. In accordance with the opinions of the authors, even though the results referred to above are not in accordance with the assumed three-factor structure of IPO, afterwards it is possible to refer them to the structural conception of personality formulated by Kernberg. As an example, the instability of sense of self and other, and also the instability of goals, may be considered to be two aspects of identity diffusion. In addition, the positions originally ascribed to the scale of primitive defense mechanisms, in the research conducted by

Ellison and Levy (2012), mainly composed the factor of the instability of sense of self and other, which is compatible with the assumption of a strong connection between the level of identity diffusion and the kind of defenses being applied (Kernberg, 1975). The scale of psychosis encompassed exclusively the positions ascribed to the scale of impaired reality testing, whereas only those relevant to the most serious symptoms of the deficit of that function (delusions and hallucinations) were included. The positions describing the milder forms of impairments concerning personal interactions and social functioning were connected with the factor of the instability of sense of self and other. That result suggests the heterogeneity of the manifestations of the impairment in reality testing, which is also indicated by Kernberg (2004). The underlying cause of the milder forms of that dysfunction may be identified as the action of primitive defense mechanisms, which are also present in the case of the borderline level of personality organization. In numerous cases of deeper disorders assuming the forms of delusions and hallucinations, the underlying cause may be constituted by the fusion of the representation of the self and of the object, which is typical in the case of individuals with psychotic organization.

The fourth factor, i.e. the instability of behavior, encompassed the positions originally ascribed to all clinical scales; notably, those were, principally, the positions relevant to the behavioral sphere.

The results of the presented research certainly need to be verified within the framework of subsequent projects, including those encompassing clinical populations. Nevertheless, they provide premises for considering the introduction of modifications to constructions, and also the way of summing up the results of the IPO.

Irrespective of the reservations referred to above, IPO is a very popular tool, which is expressed, among other things, in the significant number of adaptations of it in different language versions.

To date, the following adaptations have been developed (among others): French (Normandin et al., 2002), Dutch (Ingenhoven, Poolen, & Berghuis, 2004), Japanese (Igarashi et al., 2009), Brazilian (Oliveira & Bandeira, 2011), Portugal-European (Baretto, Carvalho, & Mena Matos, 2012), Italian (Prete et al., 2012), and the Polish one (Izdebska & Pastwa-Wojciechowska (2013) (cf. Table 1). In addition, Smits, Vermote, Claes, and Vertommen (2009) prepared an abbreviated version of the tool in the Dutch language (IPO-R), whereas Zimmermann et al. (2013) did so in the German language.

Another inventory making it possible to measure the level of personality organization is the Borderline Personality Inventory (BPI, in the original German language version: Das Borderline Persönlichkeits Inventar), constructed by Leichsenring (1999; Chabrol

& Leichsenring, 2006). The method also functions in different language versions, for example French (Chabrol et al., 2004) and Polish (Cierpiałkowska, 2001). Borderline Personality Inventory is a tool equivalent in technical terms to the IPO because it was constructed on the basis of the structural vision of personality of Kernberg (1984; Leichsenring, 1999). Fifty-three items differentiated in the BPI constitute 4 scales: 3 in accordance with the way of conceptualizing dimensions determining the structure of borderline personality in the vision of Kernberg – the scale of identity diffusion (10 items), the scale of primitive defense mechanisms (8 items), the scale of impaired reality testing (5 items) – and also an additional one, differentiated by Leichsenring, the scale of fear of fusion (8 items). Another scale of the BPI is the scale referred to as Cut-20 (20 items). In contrast with the ones referred to above and developed on the basis of the theory of Kernberg, Cut-20 was empirically separated as a collection of items having the strongest discriminative power for the purpose of determining borderline personality disorder. Leichsenring (1999) reports that a result on the Cut-20 scale of 10 or higher indicates the occurrence of a borderline personality disorder. Also a general result of 20 points or higher may be considered to be diagnostically important in that scope.

Leichsenring (1999) indicates, furthermore, that, irrespective of the diagnosis of a borderline personality disorder, it is possible to apply the BPI as a screening tool for the diagnosis of a borderline level of personality organization, within the framework of which – in accordance with the vision of Kernberg – the type of a borderline personality disorder is situated. The reason is that the BPI encompasses the structural criteria of that organization, which means that the items contained in it describe the symptoms constituting, to a significant extent, the manifestation of the domination of the splitting defense mechanism. Therefore, they should not be confirmed by individuals with the domination of the repression mechanism or that of mature mechanisms.

In the original version of that tool, a studied individual expresses their opinion relevant to items deciding whether they describe their way of functioning: they make a selection between a positive answer and a negative one (the form of the answer is, therefore, bi-categorical). In some of the studies (Chabrol & Leichsenring, 2006), there was also a modification consisting in providing answers on the basis of a Likert scale from “I definitely do not agree” to “I definitely agree”. Analogically to the IPO, a greater number of obtained points indicates a higher level of the disorder within the scope of a given aspect of functioning.

The BPI constructed in the way referred to above makes it, therefore, possible to conduct the diagnosis of personality organization in two ways (Leichsenring, 1999):

- 1) in the form of the measurement of the intensity of traits encompassed by the scales of the tool as continuous variables: identity diffusion, primitive defense mechanisms, impaired reality testing, and fear of fusion (dimensional approach),
- 2) in the form of determining – on the basis of the result on the Cut-20 scale, or the general result – the classification of the individuals being studied as presenting the borderline level of personality organization (categorical approach).

The analysis of the psychometric properties of the BPI indicates that, both in the case of the original version (Leichsenring, 1999) and also the other language versions (Cierpiałkowska, 2001; Chabrol et al., 2004), the reliability of the particular scales is good (cf. Table 1). Tests of the validity of that tool were also conducted. In accordance with the theory of Kernberg, individuals with a borderline level of personality organization should be different from individuals with a neurotic level of personality organization in terms of identity diffusion and the domination of primitive defense mechanisms, and from individuals with a psychotic level of personality organization in terms of maintained reality testing. The results obtained by Leichsenring (1999) are to a significant degree in accordance with those assumptions even though there are also certain differences between them and the expectations. As it was revealed, individuals with the diagnosis of a borderline disorder (representing the borderline level of organization of personality) obtained higher results than patients with a neurotic level of personality organization on all the scales of the BPI, and also higher results than schizophrenic individuals (both in remission and not in remission) on all the scales apart from impaired reality testing. That latter provided higher results in the case of schizophrenic individuals not in remission, and it did not differentiate between borderline individuals and schizophrenic ones in remission. Also, a high result on the Cut-20 scale made it possible to differentiate between individuals with a borderline level of personality organization and the remaining ones.

Addressing the obtained results, it is worth noting the significance of the differentiation of the scale of impaired reality testing. That scale seems to differentiate solely borderline individuals (lower results) from schizophrenic ones who are not in remission (higher results), but not from individuals in remission. It is possible that the latter, having a more critical attitude towards their symptoms, and, simultaneously, driven by the need of social approval, denied having experienced anything that was connected with the loss of reality testing to a greater degree (the questions in that scale address both the past and the present functioning, so the studied individuals should have answered on the basis of the entirety of their experiences). It is, therefore, possible to assume that the highest results on the scale of impaired reality testing

are obtained by individuals having a psychotic level of personality organization not being in remission. That, in turn, may seem to be incoherent with the assumption of the author of the method that the generally high level of the result of the test should indicate a borderline level of personality organization. Nevertheless, in accordance with the conception of Kernberg (1984), the occurrence of symptoms such as hallucinations or delusions themselves does not constitute a sufficient indicator of the lack of reality testing. The reason is that such symptoms may also appear in the case of individuals presenting a borderline level of personality organization, in particular those from the lower level of borderline. What differentiates those individuals from the psychotic ones is, however, the fact that they experience those symptoms as strange and bizarre, and, therefore, they maintain towards them a certain level of a critical attitude. In other words, they are capable of maintaining the ability to apply social criteria or reality, or, at least, to regain it comparatively quickly under the influence exerted by the comment of a therapist or a diagnostician. It is possible, therefore, that in the case of individuals with a borderline organization of personality it is also the scale of reality testing in the BPI that will be elevated. Nevertheless, the BPI does not make it possible to gain access to information about the possible critical attitude of the studied individuals to the symptoms described by that scale, or to the context of the appearance of them (the episode of decompensation versus constant experience). As a result, there seem to be no foundations for differentiating individuals with a borderline level of personality organization and psychotic ones, even if in the case of the latter (not in remission) the obtained results may be higher.

Another issue concerning comparison between individuals presenting a borderline level of personality organization and individuals who are schizophrenic (and, therefore, who represent a psychotic level) is connected with the fact that in the case of both of those groups it is theoretically possible to expect similar results on the scales of identity diffusion and defense mechanisms. A possible explanation of the different results obtained in the case of individuals having a psychotic level suggesting higher identity integration is the occurrence in their case of quasi-integrated identity. As indicated by Kernberg (1984), in the case of individuals representing that level there may occur the formation of a pathological identity creating the delusion of integration. Such an identity may be based on a chronic and complex system of delusions (Kernberg, 1984), or it may reflect the superficial adoption of an identity perceived as attractive for other individuals (cf. Cierpiałkowska & Marszał, 2013). In that case, the coherence of identity is, however, apparent, and it does not result from obtaining the integration of the libidinal and aggressive repre-

sentations of the self and of the object such as that which is observed in the case of neurotic individuals.

Irrespective of the validity of explanations of the results referred to above, they suggest that the possibility of differentiation between individuals representing the borderline level of personality organization and the psychotic one with the application of BPI may be restricted. For that purpose, it is recommendable to consider applying additional methods, for example, information originating from the history of treatment (cf. Cierpiałkowska & Marszał, 2013; Soroko, 2014).

Recapitulating information about the two above-presented inventory methods, one ought to indicate both the elements which connect them and those which make them different. Both of those tools make it possible to conduct measurement within the scope of the three principal structural features that can be used to characterize the borderline level of personality organization: identity diffusion, domination of primitive defense mechanisms, and reality testing. In the case of the BPI, the last of the scales encompasses the positions concerning the manifestations of more severe loss of reality testing, and, in the case of the IPO, also the positions describing a decrease within the scope of social reality testing.

Both of those tools reach, within the scope of the scales referred to above, satisfactory reliability measured with Cronbach's α (cf. Table 2). The BPI and the IPO differ in terms of the kind of additional scales. In the case of the IPO, those scales are the scale of aggression and that of moral values, and in the case of the BPI the scale of fear of fusion, and also Cut-20. The presence of the latter makes it possible to conduct a categorical analysis with the application of BPI, and it is justifiable to apply additional methods serving the purpose of confirming neurotic and psychotic organizations. As far as the neurotic level of personality organization is concerned, neither the BPI nor the IPO contains items operationalizing neurotic defense mechanisms or integrated identity. It may be possible to assume that the low results on the main scales should indicate such an organization; nevertheless, that solution seems to be excessively simplifying. In the case of the differentiation between the psychotic level of organization and the others, a significant difficulty concerns differentiating between genuinely integrated identity and a pathologically integrated one.

Irrespective of the lack of items operationalizing the manifestations of psychotic organization, neurotic, and the normal one, in both of those tools, the possibility of deepened differentiation between the levels of personality organization seems to be restricted due to the character of the inventory method itself. The reason is that those methods are based solely on self-report, and do not include psychological factors, restricting the possibility of adequate performance of them (among others, the restricted insight, tenden-

Table 2

Reliability analysis of the IPO and BPI scales with Cronbach's α coefficient

	IPO (Lenzenweger et al., 2001)	IPO-PL (Izdebska & Pastwa- Wojciechowska, 2013)	BPI (Leichsenring, 1999)	BPI-PL (ZOB) (Cierpiałkowska, 2001)
Identity Diffusion Scale	.88	.88	.83	.85
Primitive Defense Mechanisms Scale	.81	.82	.81	.78
Impaired Reality Testing Scale	.88	.91	.68	.60
Aggression Scale	no data	.88	–	–
Moral Values Scale	no data	.78	–	–
Fear of Fusion Scale	–	–	.72	.73
Cut-20 Scale	–	–	.85	.86

Note. Based on: Cierpiałkowska (2001); Izdebska & Pastwa-Wojciechowska (2013); Leichsenring (1999); Lenzenweger et al. (2001).

cy to apply a particular auto-presentation, or even distorting results) (Cierpiałkowska, 2014; Kernberg & Caligor, 2005; Zimmerman, 1994). Reaching beyond the scope of the data originating from a self-report is made possible, by the structural interview method, STIPO, and also by PODF.

DIAGNOSIS OF THE LEVEL OF PERSONALITY ORGANIZATION – THE CLINICIAN-RATED INSTRUMENT

The method referred to as The Personality Organization Diagnostic Form (Hébert et al., 2003; Gamache et al., 2009) was designed, to a significant degree, as a result of striving to minimize the restrictions connected with STIPO (among others, the high level of complexity connected with the fact that the research is time-consuming, and that the procedure is unchangeable), and also with inventories (relying on data from self-reports). The authors themselves (Gamache et al., 2009), as the principal asset of that tool, indicate the possibility of adjusting it with the requirements of a particular study in mind.

Currently, the revised version of the PODF is applied. It encompasses 5 dimensions: identity diffusion versus integration (6 items), primitive defenses (5 items), neurotic and mature defenses (5 items), reality testing (4 items), and object relations (1 item). Therefore, the PODF makes it possible to conduct the measurements of 3 levels of the organization of personality: psychotic, borderline, and combined neurotic and normal.

The particular items of dimensions relevant to defense mechanisms and reality testing are assessed on

a four-degree scale from 0 to 3, on which 0 means the lack of ascertaining a given manifestation of functioning, 1 means rare, but clearly noticeable manifestation of a given functioning, 2 means the moderate frequency of the occurrence of it, and 3 means the frequent occurrence of it, which may be considered to be typical of a given individual. Identity items are assessed on a continuum ranging from –3 (referring to identity diffusion manifestations such as split self and object representations) to 3 (referring to identity integration manifestations, such as integrated self and object representations). The dimension of object relations encompasses one item, opinion about which is expressed by a diagnostician selecting one of the five variants of descriptions of the types of internal relations (from a symbiotic one typical for psychotic individuals to the triadic one).

In every case, assessment is conducted by a diagnostician based on the material at their disposal: psychological diagnoses, the narrations of the studied individuals about their relationships, records of therapeutic sessions, and archive data. Subsequently, the points awarded for particular items are summed within the frameworks of every dimension constituting the foundation of determining the level of personality organization of the studied individual. Advice for awarding points is contained in the manual constituting an element of the method (Diguer et al., 2006). Taking advantage of it requires, furthermore, having been trained, which, in accordance with the opinion of the authors, takes approximately 20 hours, and consists in the assessment of 10 exercise protocols.

The PODF was subjected to analyses of psychometric properties by Gamache et al. (2009). Within the scope of reliability, all the dimensions were char-

acterized by good internal coherence determined with the Cronbach α coefficient: the dimension of identity, $\alpha = .97$, the dimension of primitive defense mechanisms, $\alpha = .88$, the dimension of mature defense mechanisms, $\alpha = .75$, the dimension of reality testing, $\alpha = .78$, as well as the appropriate compatibility of the assessment of diagnosticians determined with the ICC: the dimension of identity, ICC = 0.88, the dimension of primitive defense mechanisms, ICC = 0.84, the dimension of mature defense mechanisms, ICC = 0.68, the dimension of reality testing, ICC = 0.84, and the dimension of object relations, ICC = 0.76. Gamache et al. (2009), on the basis of exploratory factor analysis, indicated, furthermore, that the data obtained by them were best matched by the 2-factor model, within the framework of which the authors differentiated the following factors: 1) the borderline-neurotic continuum, and 2) the psychotic factor. The first factor encompassed the items belonging to the dimension of identity, primitive defense mechanisms, mature defense mechanisms, and those of object relations. The second factor encompassed items belonging to the dimension of reality testing and of object relations. Those results are in accordance both with the vision of Kernberg (1984; Kernberg & Caligor, 2005), who indicates a strong connection of the degree of identity integration with the dominating defense mechanisms, and with the separate character of reality testing ability, and are also convergent with the results of factor analysis of the IPO (Ellison & Levy, 2012; Lenzenweger et al., 2001). Within the framework of the described research, Gamache et al. (2009) conducted, furthermore, an analysis of convergent validity, in which the scales of the PODF were revealed to be significantly connected with the measures of mental health (for example, HSRS, Luborsky, 1962, quoting after: Gamache et al., 2009).

Irrespective of the fact that the PODF has hitherto been comparatively infrequently – in comparison with the methods referred to before – described in the literature, this method has been applied many times already in scientific research (among others, by Diguer, Laverdière, & Gamache, 2008; Laverdière et al., 2007; Rousseau, 2004). A Polish adaptation of this tool has not been developed.

OBJECTIVES AND AREAS OF APPLICATION OF DIAGNOSIS OF THE LEVELS OF PERSONALITY ORGANIZATION

The conception of Kernberg is gaining ever more popularity in both clinical and scientific practice.

Within the scope of clinical practice, the diagnosis of the level of personality organization may be successfully applied in order to deepen the understanding of the psychopathology of patients.

It complements the picture obtained on the basis of the description of the reported difficulties themselves – possible to be included, among others, in the framework of the diagnoses based on the DSM classification (APA, 2000) or the ICD classification (WHO, 1994), making it possible to understand them as anchored and maintained by a particular, comparatively constant structure of personality. A similar symptom may, due to that fact, have as the underlying causes of it different pathological mechanisms resulting from different determinants connected with the level of personality organization. Taking into consideration structural traits makes it possible to, furthermore, acquire information significant from the prognostic and therapeutic point of view, for example, concerning the possibilities of a patient within the scope of introspections, initiating collaboration with a therapist, or the risk of psychotic decompensation. As a consequence, combining the two perspectives (the analysis of symptoms and the structure being the underlying cause of them) makes it possible to select the therapeutic method more adequately. As an example, for the majority of individuals having symptoms anchored in the structure of lower borderline level of personality organization, in accordance with the opinion of Kernberg et al. (Caligor et al., 2007; Clarkin et al., 2006), a therapy referred to as Transference-Focused Psychotherapy (TFP) may be effective; in turn, for individuals with a higher level of personality pathology – as potentially effective – they enumerate a wide spectrum of methods, ranging from supportive or short-term focal treatments to psychoanalysis, including a therapy referred to as Dynamic Psychotherapy for Higher Level Personality Pathology (DPHP).

Another area of taking advantage of the diagnosis of the structure of personality within the scope of clinical practice is tracking the effectiveness of the therapy being conducted. In the case of the TFP therapy, Clarkin et al. (2006) determined the order in accordance with which – under the influence exerted by the interventions of a therapist – changes in the functioning of a patient should occur. Concentrating on discussing the quality of object relations of a patient by means of the analysis of transference activated in the context of the precisely determined framework of therapy (the so-called setting) results in changes within the scope of this dimension as the first one to occur. In accordance with the opinion of the authors, however, it is the change within the scope of increasing identity integration that is decisive for the effectiveness of a therapy and the stability of the effects of it. That happens as the result of, integrating the negative and positive aspects of the self and of the object, interventions concerning the object relations referred to above and activated by a patient. The application of the tools described in this paper should make

it possible, therefore, to conduct the assessment of changes within the scope of particular structural features at the subsequent stages of a therapy, and also after the conclusion of it. Such an assessment reaches beyond the scope of the analysis of changes in symptoms being reported, but it also concerns the structure underlying it.

An example of a study in which, as one of the tools of the testing of the effectiveness of a therapy, the STIPO was applied is the Munich-Vienna Transference-Focused Psychotherapy Study (Doering et al., 2010). In it, the results of the different types of therapy of individuals suffering from borderline personality disorder were compared, revealing that TFP is specifically conducive to obtaining changes within the personality structure. In turn, the IPO inventory was used in the comparative research of the effectiveness of the therapies TFP and SFT (Scheme-Focused Therapy) by Giesen-Bloo et al. (2006).

The vision consisting in the analysis of personality, and also the disorders of it, taking into consideration the particular dimensions of it, starts simultaneously to play an ever greater role in debates being the foundations of the construction of the systems of diagnostic classifications such as the DSM (APA, 2000, 2013) or the ICD (WHO, 1994). As an example, in DSM V (APA, 2013), the previous categorical perspective in the first edition of that classification (APA, 1952) was replaced with the categorical-dimensional perspective (Cierpialkowska, 2013; Skodol & Bender, 2009). The symptoms of a personality disorder were viewed in reference to three areas: 1) impairments in self connected with identity (impoverished, characterized by unstable self-evaluation) and self-direction (lack of coherence in goals and of prosocial standards of behavior), 2) impairments in interpersonal functioning connected with the restricted ability to establish intimacy in relations and restricted empathy, and 3) the pathological traits of personality characteristic for particular personality disorders (APA, 2013; Cierpialkowska, 2013).

The first two of them, to a significant degree, are similar in terms of contents with the dimensions of the model of Kernberg, in particular, with the dimension concerning the level of identity integration, dominating defense mechanisms, the quality of object relations, and also, partly, reality testing ability. It is recommendable to pay attention to the fact that the perspective adopted in DSM may be described as rather external, which means concentrating on the level of adaptation and social functioning of a patient, different from the internal perspective dominating in the vision of Kernberg. Nevertheless, the way of defining the aspects of the studied individual areas, for example, identity or empathy, adopted in DSM V makes it possible to believe that they may constitute to a large degree the manifestation of internal structure in the meaning used by Kernberg. In addition,

DSM V makes it possible to assess dimensionally the level of the manifestations of impaired functioning, using a point scale: 0 – lack of impairment, 1 – mild impairment, 2 – moderate impairment, 3 – severe impairment, and 4 – extreme impairment. The applications of the described tools allowing one to conduct the measurement of particular personality dimensions, may, therefore, be successfully implemented in order to collect data useful from the point of view of the diagnostic model adopted in the DSM V (cf. Doering et al., 2013).

Apart from taking advantage of the diagnosis of the level of personality organization for clinical purposes, it is also possible to base scientific research on it. Such a diagnosis is, in particular, situated in the field of interests of researchers undertaking empirical analysis of the connections between psychoanalytical constructs and the different manifestations of functioning, for example, sexual functioning or neuropsychological properties (cf. Sandell & Bertling, 1996; Prunas, 2014). In the case of measurement of the level of personality organization for scientific purposes, it seems that the most useful methods are those providing clear instructions, making it possible to repeat the research, and also criteria of the assessment of the answers. Therefore, those would be inventory methods, and also – in the case of the situation in which a deeper diagnosis is required – STIPO or PODF.

A comparatively new area, in which application of the model of personality of Kernberg, as well as diagnostic methods based on it, is getting more popular, is forensic psychiatry and psychology.

The expression of an increasing interest in the possibility to refer to them in the area in question are theoretical elaborations, and also empirical research, of the connections of the levels of personality organization with the character of committed crimes (first and foremost, in the aspect of the level of the severity of a criminal act) (among others, Helfgott, 2004; Lackinger, Dammann, & Wittmann, 2008) as well as personality traits such as psychopathy (Cierpialkowska & Groth, 2014). Within the scope of the empirical research being conducted, first and foremost, inventory methods are applied. The method of structural interview, STIPO, and also PODF, seem to be more adequate for the goals of structural-functional diagnosis, serving for the purpose of the qualification of patients committing crimes for a particular type of psychotherapy³. This is because those methods make it possible to conduct a deeper diagnosis focused on selected spheres of functioning. In the case of a diagnosis in the forensic realm, particular concentration on the ability to control impulses, and connected with it the structure of the superego, as well as perversions within the scope of the sexual aspect of internal object relations, is recommended. In reference to structural features referred to above, the further

division of the borderline level of personality organization into sublevels was performed. The characteristics of the sublevels according to their structural features are presented in Table 1.

So far, there has been no literature devoted directly to the application of a structural diagnosis in the process of court proceedings. Nevertheless, taking into consideration the current application of it in the realm of forensic activity for the goals of therapies, the possibility of its application in that sphere as well seems to be advantageous. When expert witnesses are interrogated, it is not infrequent that they are asked questions concerning the personality traits of the subject that in their opinion make the probability of committing the crime higher or that increase the risk for recidivism. The assessment of the level of personality organization based on the model of Kernberg and concerning the individual being assessed may be useful for the purpose of the identification of potential mechanisms, both activating and inhibiting, involved in criminal activities. In particular, analogically to what was indicated in the context of a diagnosis for therapeutic purposes, valuable information may be provided by assessment of the functioning of an individual taking into consideration the dimensions of aggression, moral values, and quality of object relations.

CONCLUSIONS

The concept of the structure of personality and the levels of personality organization proposed by Kernberg is playing an ever greater role both in the area of scientific research and that of clinical practice, and, recently, also in the area of forensic psychology and psychiatry. The increasing popularity of that conception results in demand for tools making it possible to conduct the measurement of structural features characterizing particular levels of the organization of personality. The tools developed so far provide such possibilities. Constructed as the first, the structural interview initiated the construction of the subsequent methods: inventory (IPO and BPI), semi-structured interview (STIPO), and the clinician-rated method (PODF). Currently, a new and promising area of application of these methods seems to be acquiring data useful from the point of view of diagnosing personality disorders based on the diagnostic model adopted in the fifth edition of the DSM.

ENDNOTES

1 The concept of the borderline level of personality organization is not identical with the concept of the borderline personality disorder. The borderline personality disorder is only one of the possible types of personality disorders that are rooted

in the borderline level of personality organization. The concept of borderline level of personality organization is therefore broader than the concept of borderline personality disorder.

- 2 In contrast to the IPO (Clarkin et al., 2001), where the scale of reality testing also includes impairments in this dimension in the form of hallucinations and delusions, in the STIPO it relates primarily to disturbances in the evaluation of interpersonal relationships (Stern et al., 2010).
- 3 Mostly in Germany and Austria modifications of TFP technique are being developed (the so-called Transference Focused Forensic Psychotherapy, TFFP) reflecting the specific population of delinquent patients (Lackinger et al., 2008; Levy et al., 2006).

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