Sid Blatt (Blatt 1974; Blatt and Shichman 1983; Blatt and Blass 1992) and I (Shaprio 1981, 2000) have by different routes arrived at the same conclusion, that there are two fundamental categories of psychopathology. He calls them fundamental configurations, I call them modes or styles (actually, Blatt uses these terms as well). The psychiatric conditions to which our respective categories refer are, I believe, essentially identical.

It seems to me that there is reason for satisfaction and assurance in this congruence, Blatt’s conclusions drawing on his and his colleagues’ systematic investigations and the psychoanalytic developmental model, mine essentially a formal model relying on clinical tests and observation. Our theoretical conceptions of the categories are not necessarily incompatible, coming, so to speak, from two different angles. However, on a certain important point concerning both etiology and dynamics they clearly diverge. In what follows I want mainly to discuss that point of divergence. The larger areas, the areas of congruence, will be obvious and will need only brief description.

Blatt’s concept of two configurations, which he calls anaclitic and introjective, is based both on symptomatic content – the typical problems and preoccupying issues characteristic of each – and formal features such as the defense mechanisms and cognitive style associated with that content. Blatt posits that the two pathological configurations are defensive exaggerations of two fundamental developmental lines, the need for satisfying relationships with others and the need for adequate and stable self-definition. These developmental lines and the problems associated with them originate in particular developmental stages; hence, the terms anaclitic and introjective. His conception is therefore etiological.

My conception is more conservative, some would say limited. I have less confidence in the psychoanalytic developmental model, especially as it is applied to adult psychopathology, and I have little to say about etiology. My fundamental modes, the rigid mode, and the passively reactive mode describe the two general forms of activity and thought characteristic of adult psychopathology.
The content of Blatt’s two fundamental configurations is well known. In the introjective category the primary issues, as I said, are those of identity, self-control, self-definition, and self-worth (Blatt and Shichman 1983). This configuration characterizes mainly obsessive–compulsive and paranoid conditions. Its dynamics are identified with problems of several developmental levels. A source of the seemingly excessive ideational and motor self-control seen in obsessive–compulsive conditions, for example, is thought to lie in problems of the anal stage of development. Blatt’s anaclitic category comprises those conditions in which the primary concerns are with establishing and maintaining interpersonal relationships (Blatt and Shichman 1983). This configuration includes hysterics, whose concerns may originate in problems of the oedipal level, and infantile characters, whose problems are thought to originate earlier, at the oral stage.

Of the two fundamental modes that I describe, the rigid mode includes obsessive-compulsive and paranoid conditions, as well as certain additional varieties or offshoots of these, such as masochistic characters (Shapiro 2000, 1981). The passively reactive mode includes hysterical characters and also various sorts of passive and impulsive individuals, who would probably fit Blatt’s description of infantile characters (Shapiro 1965, 2000). The general congruence of my fundamental modes with Blatt’s fundamental configurations therefore seems quite clear, although there are some, I think minor, differences in categorization. For example, Blatt places borderline cases in the anaclitic category, whereas I regard the diagnostic term of borderline as too vague symptomatically to permit any clear definition of form. I have therefore omitted it. But I place schizoid conditions in the passive reactive category.

Now I want to consider the divergence between Blatt’s conception and mine. It concerns, as I mentioned, the dynamics of psychopathology and perhaps also its etiology. In Blatt’s view the general form (cognitive style, etc.) of the configuration as well as the content of the preoccupying issues are expressions of the defensive exaggerations of its developmental line. The motivations represented in these defensive exaggerations originate in the dynamics of early childhood. My view is in the other direction. Thus, Blatt derives the traits of (what I call) the rigid character from the exaggerated need for self-definition whereas I, conversely, think that the exaggerated need for self-definition and the content of the issues associated with that need are more easily and more plausibly derived from the nature of rigid character. The analogous point holds for the anaclitic or passively reactive configuration. Further, although I cannot offer alternative suggestions for the etiology of each of these character forms, I think it doubtful that they are the heirs of childhood dynamics as Blatt proposes.

Consider the rigid mode. Individuals that I characterize in this way are, to one extent or another, rule directed. That is, they live with a continual awareness, or at least a peripherally conscious sensation, of authoritative rules: moral rules, rules of propriety, rules against waste, and general rules of efficiency, even rules of correct thinking and proper feelings. The most common subjective experience of these rules is contained in the thought “I should.” This characteristic is often considered to reflect a severe or excessive conscientiousness or superego. But it is more correctly
described as a rigid, that is, rule-based, conscientiousness, as opposed to a more autonomous conscientiousness, a conscientiousness of conviction. Other symptomatic traits commonly include a reluctance to depart from routine, dogmatism, special emphasis on self-control and willpower (I shouldn’t “give in” to myself), and stubbornness (I shouldn’t “give in” to others). When it is not possible to locate authoritative rules that are decisive, that is, when a personal choice and its accompanying experience of personal agency or responsibility is unavoidable, these individuals are characterized by anxiety and indecision.

The rules by which the rigid character lives, or tries to live, are often embodied in authoritative figures whom the rigid person attempts to emulate and identify himself with. He asks himself: What would (the admired person) do? In this way, he tries to determine the “right” thing to do. The effort to live according to these rules and emulate these figures often requires the exercise self-control, “strength of will” or “willpower.” The rigid person’s image of himself and self-respect are dependent upon his success in this emulation; that is, his success in believing himself to resemble these emulated figures and believing that what he thinks he should do is what he actually wants to do. He is therefore constantly evaluating himself against these standards.

The obsessive–compulsive person’s efforts, or struggles, of will, are directed against himself. They are directed against his own “weakness,” his inclination to do what he should not do, or his disinclination to do what he thinks he should. In the paranoid case, however, where the rigidity is more extreme and less stable, the struggle of will becomes largely a struggle with external figures. External figures are trying to make him “give in” by force or temptation, to overcome his will or weaken it.

Is this rigid mode actually “introjective”? Yes and no, it seems to me. Certainly the rules that the rigid individual imposes on himself are largely, though not necessarily, as I shall point out in a moment, internalized versions of originally external rules, and the images that he emulates must be constructed around real or imaginatively elaborated figures of the past. But the situation is more complicated than it may seem.

There is, for example, little evidence that a rigid conscientiousness necessarily reflects an internalization of rigid or strict parental control. Sometimes it probably is; the example of the famous paranoid schizophrenic Schreber is a case in point (Shapiro 1981). But often, judging by clinical evidence, it apparently is not. We know, in fact, that the construction of and rigid adherence to rules is a regular stage of cognitive development; things must be done just so. We know further that for children of low intelligence such rules are especially rigid. In fact, Kurt Lewin, in his famous study of retarded children observed that their strict adherence to the rules of play had on this account the “appealing appearance of moral rectilinearity [sic] (1935, pp. 204–205).” To some extent these rules presumably are internalized versions of adult regulations, although concrete and exaggerated versions. But some rules that children live by originate with them simply out of cognitive limitations, and are often puzzling and bothersome to their parents. Those rules often seem to be based on the authority of precedent: it has been this way, therefore this is the only right way.
Of course such rules do not arise out of the same motivation and do not fulfill the same function as those in rigid adult psychopathology. Nevertheless, the fact remains that the internal experience of authoritative figures or rules as they are experienced in rigid character may not be the direct or simple product of introjection. It seems at least as likely that those rules and emulated images are the later constructions of a rigid character, a type of character whose actual sources and development are more complicated. Neurotic character is a complicated, self-regulating, relatively stable organization of attitudes and modes. It seems to me unlikely that such an organization should rest on the relatively slender foundation of developmental dynamics.

Similar questions arise in the case of the anaclitic category. The concerns and problems of those in this category are understood to be largely with interpersonal relationships, in contrast to those in the introjective category whose problems are largely with themselves. But again one has to ask whether the general form of personality, the defense mechanisms, cognitive style, and the rest, associated with those symptoms can be the direct products or expressions of earlier relational problems and particular developmental dynamics. There is, again, an alternative, namely, that the nature of the interpersonal issues and problems of these individuals can be derived from the general character form.

Consider the example of hysterics. These are people characteristically concerned with pleasing (or not displeasing) others; they are much influenced by others’ opinions, especially by figures of authority; they are often preoccupied by romantic attachments and problems of intimacy. Those are among the interpersonal symptoms and traits of hysterical character. Now, consider the example of hysterics as a special category of the more general passively reactive mode.

Hysterical style is a style in which a deliberateness of action and deliberateness of thought or reflection are comparatively inhibited. Deliberateness of action and thought are in fact often consciously disdained in favor of a comparatively immediate reactiveness. It is a defensive mode in which the experience of personal agency or personal responsibility, the clear sense of one’s intention, is diminished and anxiety is in that way forestalled (Shapiro 2000). These people tell us that they are guided by their emotions and that they think “intuitively” rather than logically. They are indeed characterized by an emotionality commonly described as volatile and by a mild impetuousness. In short, the anxiety forestalling style of these people is of a somewhat childlike, often disarming spontaneity and, in their unreflectiveness, a mild irresponsibility. The image and sensation that they have of themselves is often of an appealing child, lacking personal authority in a world of weightier and more serious grownups.

It is in the nature of this unreflective and emotionally reactive character form to turn away from introspection and toward external figures and events. It is in the nature of this character form to be involved with those figures and events subjectively and personally. It is, further, in the nature of one who feels like a child to turn toward those who seem like grownups, to lean on them or wish to lean on them and therefore to be anxious to avoid displeasing them.

These are among the symptomatic effects that follow from this general style and they are precisely the symptoms that may otherwise – it seems to me unnecessarily – be
counted as effects of early relational problems. To see these (and other) symptomatic traits as particular expressions of the general character form still allows us to recognize that early relationships will contribute to, perhaps determine, their specific content. And we presume that personal history and family dynamics will be a determinant of the general mode of reactivity itself, within the context of biological constitution. But assumption that the general quality of the adult psychopathology is the heir of the child’s early problems of relationships circumvents the intervening development of character.

The fact is that adult symptoms, precisely because they are expressions of adult character, differ in fundamental ways from the developmental problems that may have been their source. A restrictive character has developed. Once that character has developed, the dynamics of the pathology have changed. What evokes anxiety now is not limited to revivals or representations of the original sources of the neurotic character. Anxiety is evoked now by whatever threatens the attitudes and stability of that character, a much more extensive category.

It is true that interpersonal issues are typically uppermost in the hysteric’s conscious thinking. But the hysterical style and self-image of the flighty, appealing child who is not to be taken too seriously can be threatened by issues that are not essentially interpersonal. The careful observer will find that it is a manner that from time to time requires some effort to maintain. The thoughtless utterance or vague idea will be interrupted by a witty remark or a penetrating, perhaps aggressive, observation, only to be followed by an anxious retreat (“Gee, I hope I’m not becoming a tough New Yorker”). Similarly, when the rigid obsessive–compulsive individual is confronted by a personal choice for which there is no objective guide, as trivial perhaps as which movie to see, he is thrown into anxiety. We have no reason to assume that this is so because that choice represents or revives the memory of, say, some aggressive fantasy. It seems more reasonable, and certainly more economical, to understand such anxiety as the rule-directed person’s reaction to a situation that has no “right” solution.

I would like to make one further point about the two fundamental categories of psychopathology with which Sid Blatt would certainly agree. Rigidity and passive reactivity in adult psychopathology may easily but mistakenly seem to be polar opposites. Actually they are very closely related. They stand together as opposites of full personal autonomy, or full consciousness of autonomous self-direction. Both draw on modes of activity and thought that are characteristic of early childhood and that continue to be available in normal adult life as well. But these modes, in the case of psychopathology, are defensively employed, restrictive, and hypertrophied. Both modes attenuate volitional processes, diminish the experience of personal agency and in that way forestall anxiety. In the one case, self-direction is ceded to the authority of rules and emulated figures. In the other case, self-direction is ceded to the immediate reaction to external circumstance, in effect to external animators. The distinction between the two categories, from this point of view, is not sharp and one should not be surprised to see evidence of both modes or symptoms of both categories in every kind of psychopathology. We are reminded by the attenuation of volitional processes and the diminished experience of personal agency in both modes that all forms of psychopathology have much more in common than their symptomatic diversity would suggest.
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