

THE DEVELOPMENTAL SPECTRUM
AND PSYCHOPATHOLOGY:
PART I, STAGES AND TYPES OF
PATHOLOGY

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I have, in a series of publications (Wilber, 1977; 1980; 1981b; 1983), attempted to develop an overall or spectrum model of psychology, one that is developmental, structural, hierarchical, and systems-oriented, and that draws equally on Eastern and Western schools. Vis a vis psychopathology the conclusion I reached was that the spectrum of consciousness is also a spectrum of (possible) pathology. If consciousness develops through a series of stages, then a developmental "lesion" at a particular stage would manifest itself as a particular type of psychopathology, and an understanding of the developmental nature of consciousness-its structures, stages, and dynamics -would prove indispensable to both diagnosis and treatment.

This paper, therefore, presents an *outline summary* of both my prior work in this area and a present work-in-progress (*System, Self, and Structure*). This is a somewhat hazardous undertaking because large amounts of material must be condensed into rather generalized and occasionally -overly-simplified statements. Within these limitations, however, the present paper, Part I, presents a brief statement of the spectrum of consciousness itself, its basic structures, its self stages, and the self-system. It also reviews the recent developments in psychoanalytic ego psychology and Object-relations theory, and indicates where and how these findings fit specifically with the spectrum model. In its remaining section, Part I outlines the overall spectrum of pathological disorders. In a subsequent paper, Part II, specific treatment modalities will be discussed.

*an outline
summary of
author's
prior and
present
work*

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Both of these papers reflect the author's growing conviction that developmental theory can benefit from the contribution of both "orthodox" psychodynamic concepts and transpersonal approaches. Connections between such apparently divergent orientations may now be productive, given recent work in both areas. In fact, an adequate grasp of the full range of human capacities, from lowest to highest, may require a combined and integrated conception—one not less comprehensive than the model outlined here.

THE SPECTRUM OF CONSCIOUSNESS

*three
components
central
to the
spectrum
model*

In "A Developmental View of Consciousness" and "Ontogenetic Development," both published in this *Journal* (Wilber, 1979; 1981a), I outlined the basic structures of the spectrum of consciousness, as well as the transition stages that occur as the self (or self-system) passes through these basic structures in the course of its own growth and development. These three components—the basic structures, the transition stages, and the self-system—are central to the spectrum model of psychopathology.

The Basic Structures

*basic
structures
remain in
existence*

The most notable feature about a basic structure or level of consciousness is that, once it emerges in human development, it tends to *remain in existence* in the life of the individual during subsequent development. Even though it is eventually transcended, subsumed, and subordinated by the self's movement to higher basic structures, it nevertheless retains a relative autonomy and functional independence.

The basic structures of consciousness are, in effect, what is known as the Great Chain of Being (Smith, 1976). Some versions of the Great Chain give only two levels (matter and spirit); others give three (matter, mind, and spirit); still others give four or five (matter, body, mind, soul, and spirit). Some are very sophisticated, giving literally dozens of the basic structures of the overall spectrum. A condensed version of this present formulation is depicted in Fig. I, and in Table I is correlated with those of Aurobindo, Yoga Psychology, Mahayana, and Kabbalah (to give only a few representative examples; *Alman Project* gives similar correlations among more than two dozen systems, East and West). The structures of consciousness shown in Fig. 1 may be outlined as follows (proceeding up the hierarchy):

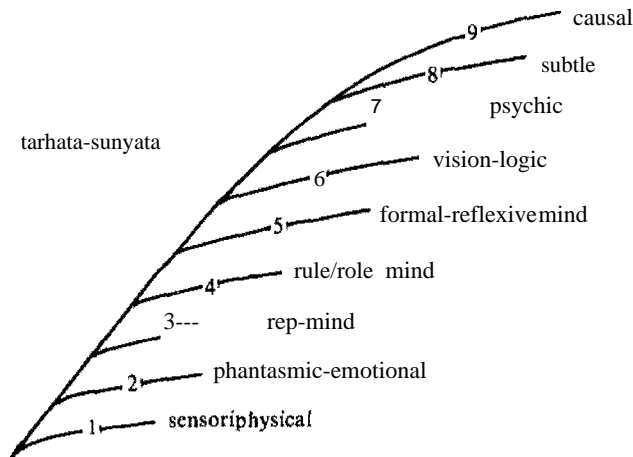


FIGURE I
THE BASIC STRUCTURES OF CONSCIOUSNESS

1. *Sensoriphysical*-*s-tus* realms of matter, sensation, and perception (the first three Buddhist *skandhas*; Piaget's (1977) sensorimotor level.

2. *Phantasmic-emotional*-*the* emotional-sexual level (the sheath of bioenergy, *elan vital*, libido, or *prana*: the fourth Buddhist *skandha*, the *pranamayakosa* in Vedanta, etc.) and the phantasmic level (Arieti's [1967] term for the lower or *image* mind, the simplest form of mental "picturing" using only images).

3. *Rep-mind*-*an* abbreviation for "representational mind," or Piaget's preoperational thinking ("preop"). The rep-mind develops in two stages-that of *symbols* (3-7 yrs), and that of *concepts* (4-7 yrs) [Arieti, 1967; Piaget, 1977]. A symbol goes beyond a simple image (the phantasmic mind) in this essential respect: an image represents an object pictorially, while a symbol can represent it non-pictorially or verbally. Thus, for example, the mental image of a tree looks more or less like a real tree, whereas the word-symbol, "t-r-e-e," does not look like a tree at all; symbolic representation is a higher, more difficult, and more sophisticated cognitive operation. A *concept* is a symbol that represents, not just one object or act, but a *class* of objects or acts-an even more difficult cognitive task. A symbol denotes; a concept connotes. But no matter how advanced the rep-mind is over its phantasmic predecessor, one of its most striking features is that it *cannot easily take the role of other*. It is, as Piaget would say, still very egocentric.

4. *Rule/role mind*-*this* is Piaget's concrete operational thinking ("conop"), Conop, unlike its rep-mind predecessor,

BASIC STRUCTURES	AUROBINDQ	MAHAYANA	YOGIC CHAKRAS	KABALAH
Sensoriophysical	Physical subconscious		1. Physical world and instincts; hunger/thirst	Malkuth
Phantasmic-emotional	Vital-emotional	5 vijnanas (the 5 senses)	2. Emotional-sexual level	Yesod
Rep-mind	Will-mind (lower concepts; cf"preop")		3. Intentional-mind; power	
Rule / role mind	Sense-mind (a concrete-based mind; cf"conop")	Manovijnana (the gross or concrete reflecting mind; coordinates senses)	4. Community-mind; love	Hod/Netzach
Formal-reflexive	Reasoning-mind (not concrete-based; cf "formop")		5. Rational-verbal mind; co-nmunication	
Vision-logic	Higher-mind (Mass-network Ideation/vision)	Manas (the higher mind; conveyor between individual mind and alaya-vijnana or collective mind)	6. Ajna; "third eye"; psychic cognitions	Tipareth
Psychic	Illumined-mind		7. Sahasrara; crown; beginning of higher "chakras" beyond and within the sahasrara	Geburah/ Chesed
Subtle	Intuitive-mind	Tainted-alayavijnana (collective-archetypal mind; vasanas-seeds)	Shiva/ Paramatman	BinahJChokmah
Causal	Overmind	Pure Alaya		Kether
Ultimate	Supermind			

TABLE 1
CORRELATION OF BASIC STRUCTURES OF CONSCIOUSNESS IN FOUR SYSTEMS

can begin to take the role of others. It is also the first structure that can clearly perform *rule* operations, such as multiplication, division, class inclusion, hierarchization, etc. (Flavell, 1970; Piaget, 1977).

5. *Formal-reflexive mind*—this is Piaget's formal operational thinking ("formop"). It is the first structure that can not only think about the world but think about thinking; hence, it is the first structure that is clearly self-reflexive and introspective (although this begins in rudimentary form with the rule /role mind). It is also the first structure capable of hypothetico-deductive or propositional reasoning ("if a, then b"), which allows it to apprehend higher or noetic relationships (Flavell, 1970; Piaget, 1977).

6. *Vision-logic-s-wuete* the formal-mind establishes higher noetic relationships, vision-logic establishes *networks* of those relationships (i.e., just as formop "operates on" conop, so vision-logic "operates on" formop), Such panoramic or vision logic apprehends a mass network of ideas, how they influence each other and interrelate. It is thus the beginning of truly higher-order synthesizing capacity, of making connections. relating truths, coordinating ideas, integrating concepts. It culminates in what Aurobindo (n.d.) called "the higher mind," which "can freely express itself in single ideas, but its most characteristic movement is a mass ideation, a system or totality of truth-seeing at a single view; the relations of idea with idea, of truth with truth, self-seen in the integral whole," This, obviously. is a highly *integrative* structure; indeed, in my opinion it is the highest integrative structure in the *personal* realm; beyond it lie transpersonal developments.

*highest
integrative
structure
in the
personal
realm*

7. *Psychic-the* psychic level is epitomized by the sixth chakra, the "third-eye," which is said to include and dominate psychic events and certain lower forms of mystic-like experiences, According to some texts (e.g. Mishra, 1963), this level can tend to display actual paranormal capacities but does not *have* to do so; it is defined simply by its intensification of consciousness and the beginning of the opening of the eye of contemplation (e.g. Mookerjee, 1982). I call it "psychic" simply as a reminder that even if paranormal events might more easily occur here, nonetheless they are said to reach no higher than this, the lowest of the transcendental realms. According to Aurobindo (n.d.),

*lowest
of the
transcendental
realms*

The perceptual power of the inner [psychic] sight is greater and more direct than the perceptual power of thought. As the higher mind [vision-logic] brings a greater consciousness into the being

than the idea and its power of truth [formop], so the illumined mind [psychic level] brings in a still greater consciousness through a Truth sight and Truth Light and its seeing and seizing power; it illumines the thought-mind with a direct inner vision and inspiration; it can embody a finer and bolder revealing outline and a larger comprehension and power of totality than thought-conception can manage,

8. *Subtle-the* subtle level is said to be the seat of actual archetypes, of Platonic Forms, of subtle sounds and audible illuminations (*nada, shabd*), of transcendent insight and absorption (Aurebindo; Da Free John, 1977; Evans-Wentz, 1971; Guenon, 1945; Rieker, 1971). Some traditions, such as Hinduism and Gnosticism, claim that, according to direct phenomenological apprehension, this level is the home of personal deity-form (*ishtadeva* in Hinduism, *yidam* in Mahayana, *demiurge* in Gnosticism, etc.), cognized in a state known as *savikalpasamadhi* in Hinduism (Blofeld, 1970; Hixon, 1978; Jonas, 1958). In Theravadin Buddhism, this is the realm of the four "jhanas with form," or the four stages of concentrative meditation into archetypal "planes of illumination" or "Brahma realms." In *vipassana* meditation, this is the stage-realm of pseudonirvana, the realm of illumination and rapture and initial transcendental insight (Goleman, 1977; Nyanamoli, 1976). It is Aurobindo's "intuitive mind"; *geburah* and *chesed* in Kabbalah, and so on. (My reasons for concluding that these all share the same deep structure of subtle-level consciousness are given in *Eye to Eye* [Wilber, 1983].)

9. *Causal-the* causal level is said to be the unmanifest source or transcendental ground of all the lesser structures; the Abyss (Gnosticism), the Void (Mahayana), the Formless (Vedanta) (Chang, 1974; Deutsche, 1969; Jonas, 1958; Luk, 1962). It is realized in a state of consciousness known variously as *nirvikalpa samadhi* (Hinduism), *jnana samadhi* (Vedanta), the eighth of the ten ox-herding pictures (Zen); the seventh and eighth *jhanas*; the stage of effortless insight culminating in *nirvana* (*vipassana*): Aurobindo's "overmind" (Da Free John, 1977; Goleman, 1977; Guenon, 1945; Kapleau, 1965; Taimni, 1975). Alternatively, this stage is described as a universal and formless Self (*Arman*), common in and to all beings (Hume, 1974; Schuon, 1975). Aurobindo: "When the Overmind [causal] descends, the predominance of the centralizing ego-sense is entirely subordinated, lost in largeness of being and finally abolished; a wide cosmic perception and feeling of boundless universal self replaces it. . . an unlimited consciousness of unity which pervades everywhere ... a being Who is in essence one with the Supreme Self."

10. *Ultimate-passing* fully through the state of cessation or unmanifest causal absorption, consciousness is said finally to re-awaken to its prior and eternal abode as absolute Spirit, radiant and all-pervading, one and many, only and all-the complete integration and identity of manifest Form with the unmanifest Formless. This is classical *sahaj* and *bhava samadhi*; the state of *turiya* (and *turiyatitai*, absolute and unqualifiable Consciousness as Such, Aurobindo's "Supermind," Zen's "one Mind," Brahman-Arman, the *Svabhavikakaya* (Chang, 1974; Da Free John, 1978; Hixon, 1978; Kapleau, 1965; Mukerjee, 1971). Strictly speaking, the ultimate is not one level among others, but the reality, condition, or suchness of all levels. By analogy, the paper on which Fig. 1 is drawn represents this fundamental ground of empty-suchness.

*the
fundamental
ground*

The Self-Stages

A simple metaphor can explain the difference between 1) the basic structures of consciousness, 2) the stages of the self's journey through these basic structures, and 3) the self (or self-system). The basic structures themselves are like a ladder, each rung of which is a level in the Great Chain of Being. The self is the climber of the ladder. At each rung of that climb, the self has a different view or perspective on reality, a different sense of identity, a different sense of moral obligation, a different set of self-needs, and so on. The changes in the sense of *self* and *its* reality which shift from level-to-level, are referred to collectively as the *self-stages*.

*a different
perspective
on reality
at each
level*

Thus, as the self climbs from say, rung 4 to rung 5, its limited perspective at rung 4 is *replaced* by a new perspective at rung 5. Rung 4 itself remains in existence, but the limitations of its perspective do not. That is why the basic structures of consciousness are *enduring* structures, but the self-stages are transitional or temporary phases.

In Table 2 the basic structures of consciousness are correlated with examples of three aspects of the self-stages themselves: the self-needs (Maslow), the self-sense (Loevinger), and self-morality (Kohlberg). When, for example, the self is identified with the rule/role level, its self-need is for belongingness, its self-sense is conformist, and its moral sense is conventional; when it is identified with the formal-reflexive level, its need is for self-esteem, its self-sense is individualistic, its moral sense is postconventional, and so on. (For the relation of these three aspects of the self-stages to each other, see Loevinger, 1976).

*examples
of aspects
of the
self-stage*

The Self-System

We turn now to the climber itself: the self (or self-system or self-structure). Drawing on the research of numerous and varied theorists and clinicians, I have postulated that the self-system possesses the following basic characteristics:

*characteristics
of the
self-system*

1. Identification—the self is the locus of identification, the locus of what the self will call the "I} me" versus the "not-U me." I sometimes divide the overall or total self-system (what Freud called the "Gesamt-Ich") into the *central* or *proximate self* (which is experienced as "I") and the *distal self* (which is experienced as "me"); the former is the subjective self, the latter, the objective self, though both are phenomenologically felt as the Gesamt-Ich.

2. Organization—as in scholastic philosophy, the self is that which gives (or attempts to give) unity to the mind; this is almost identical to the modern psychoanalytic concept of the self as "the process of organizing": "The self is not merely a synthesis of the underlying psychic parts or substructures, but an *independent organizing* principle, a 'frame of reference' against which to measure the activities or states of these substructures" (Brandt, 1980).

3. Will—the self is the Locus of free choice, but free only within the limits set by the basic structures of its present level of adaptation (e.g., the self at rung 4, or preop, is not free to form hypotheses, which occur at rung 6 or formop).

4. Defense—the self is the locus of the defense mechanisms (which develop and change hierarchically from level to level of the basic structures); defense mechanisms in general are considered normal, necessary, and phase-appropriate functions; however, if over- or under-employed, they become morbid or pathological.

5. Metabolism—one of the central tasks of the self is to "digest" or "metabolize" the experiences presented to it at each rung of development. "The basic assumption of developmental theory is that experience must become 'metabolized' to form structure." Object relations theorists, such as Guntrip (1971), speak of pathology as "failed metabolism"—the self fails to digest and assimilate significant past experiences, and these remain lodged, like a bit of undigested meat, in the self-system, generating psychological indigestion (pathology). The basic structures of consciousness, in fact, can be conceived as *levels of food—physical* food, emotional food, mental food, spiritual

BASIC STRUCTURE	MASLOW (SELF-NEEDS)	LOEVINGER (SELF-SENSE)	KOHLBERG (MORAL SENSE)	
Sensoriophysical	(Physiological)	Autistic	(Premoral)	
Phantasmic-emotional		Symbiotic		O. Magic wish
		Beginning impulsive		
Rep-mind	Safety	Impulsive	I. Preconventional	1. Punishment/ obedience
		Self-protective		2. Naive hedonism
Rule/role mind	Belongingness	Conformist	II. Conventional	3. Approval of others
		Conscientious-conformist		4. Law and order
Formal-reflexive	Self-esteem	Conscientious	III. Postconventional	5. Individual rights
		Individualistic		6. Individual principles of conscience
Vision-logic	Self-actualization	Autonomous		
		Integrated		
Psychic	Self-transcendence			Kohlberg has recently suggested a higher, seventh stage:
Subtle	Self-transcendence			7. Universal-spiritual
Causal	Self-transcendence			

TABLE 2
CORRELATION OF BASIC STRUCTURES OF CONSCIOUSNESS WITH THREE ASPECTS OF THE SELF-STAGES

food. These levels of food, as we will see, are really levels of object relations, and how the self handles these "food-objects" ("self-objects") is a central factor in psychopathology.

6. Navigation-at any rung on the developmental ladder (except the two end points), the self is faced with several different "directional pulls." On the one hand, it can (within limits) choose to remain on its present level of development, or it can choose to release its present level in favor of another. If it releases its present level, it can move up the hierarchy of basic structures or it can move down. *On* a given level, then, the self is faced with preservation vs. negation, holding on vs. letting go, living that level vs. dying to that level, identifying with it vs. dis-identifying from it. *Between* levels the self is faced with ascent vs. descent, progression vs. regression, moving up the hierarchy to levels of increasing structuralization, increasing differentiation-and-integration, or moving down to less organized, less differentiated and less integrated structures. These four "drives" are represented in Fig. 2.

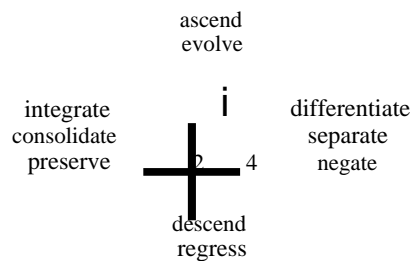


FIGURE 2
FOUR "DRIVES" AFFECTING THE SELF-STAGES

*summary
of form
of overall
development*

We can now summarize the form of overall development as follows: As the basic structures or rungs begin chronologically to emerge and develop, the self can *identify* with them (becoming, in turn, a physical self, a body self, a mental self, and so on). Once centrally identified with a particular basic structure, the self, or the self's preservation drive, will seek to consolidate, integrate, and organize the resultant overall complex. This initial identification with a particular basic structure is normal, necessary, and phase-appropriate, and it gives rise to the particular self-stage (implusive, conformist, individualistic, etc.) associated with or supported by that basic structure.

If, however, the central self is to ascend the hierarchy of basic structural development-to grow-then eventually it must release or negate its *exclusive* identification with its present basic rung in order to identify with the next higher rung in the developmental ladder. It must accept the "death," negation, or

release of the lower level-it must dis-identify with or detach from an exclusive involvement with that level-in order to ascend to the greater unity, differentiation, and integration of the next higher basic level.

Once identified with the new and higher basic structure, a new and phase-specific self-stage swings into existence: a new self-sense, with new self-needs, new moral sensibilities, new object relations, new forms of life, new forms of death, new forms of "food" to be metabolized, and so forth. The lower self-stage is (barring fixation) released and negated, by the lower basic structure remains in existence as a necessary rung in the ladder of consciousness, and must therefore be *integrated* in the overall newly configured individual. Once on the new and higher level, the self then seeks to consolidate, fortify, and preserve *that* level, until it is once again strong enough to die to that level, *transcend* that level (release or negate it), and so ascend to the next developmental rung. Thus, both preservation and negation (or life and death) apparently have important phase-specific tasks to accomplish.

It is fascinating to note that modern psychoanalytic ego psychology has come to an almost identical view. The dual-instinct theory, in fact, has evolved into a theory of *eros* as an integrating, consolidating, pulling-together, or preserving force, and aggression (*thanatos*) as a differentiating, separating, dissolving, or negating force-c-both of which are phase-specifically appropriate for overall development. This view began with Freud's 1940 reformulation:

*similarity
of view
of modern
psychoanalytic
ego
psychology*

The aim of the first of these basic instincts [preservation] is to establish ever greater unities and to preserve them thus-in short, to bind together; the aim of the second [negation] is, on the contrary, to undo connections [dissolve or negate them].

Heinz Hartmann (1958) took the next step:

Differentiation [separation-negation] must be recognized, along with synthesis [integration-preservation] as an important function of the ego. Since we somehow connect the synthetic function of the ego with the libido, it is plausible to assume an analogous relationship between differentiation and destruction, particularly since Freud's recent inferences about the role of free aggression in mental life.

Blanck & Blanck (1974) summarize the most recent view: "Libido will seek connection while aggression will seek and maintain separation and individuation." Aggression or negation, in other words, need no longer be viewed as merely or even predominantly hostile or destructive. Erikson proposed

the term "aggressivity" to connote "those aspects of the aggressive drive which are growth promoting and self-assertive rather than hostile and destructive" (in Blanck & Blanck, 1974). In other words, there is "healthy aggression" as well as "morbid aggression," just as there is "healthy preservation" as well as "morbid preservation."

preservation
and
negation
as phase-
specific
tasks

Accordingly, it may be concluded that preservation and negation both serve important phase-specific tasks, and that pathology seems to develop if either (or both) of these tasks are misnavigated. "Healthy" or "normal" preservation occurs when the identifications and object relations of a particular level are being built, consolidated, and integrated ("neutralized libido builds object relations" [Blanck & Blanck, 1974]). Morbid preservation, on the other hand, occurs when the once-appropriate identifications and object relations of a particular level are not released to allow room for newer and higher ones. Morbid preservation, in other words, is nothing but fixation.

Healthy or normal negation serves several important functions. *Horizontally*, it helps differentiate self and object representations ("neutralized aggression powers the developmental thrust toward separation-individuation" [Blanck & Blanck, 1974]); *vertically*, it helps the disidentification, differentiation, separation, or transcendence of a lower level in favor of a higher. Morbid negation, on the other hand, is a differentiation or dis-identification from a component before it has been properly integrated, digested, and assimilated. The component is merely split off from the personality. Morbid negation, in other words, is simply *repression* (or dissociation, splitting, etc., depending upon the level of structural organization of the defense itself).

With this background information on the basic structures, the self system, the self-stages, and repression! fixation, we are now ready to examine the nature and genesis of psychopathology.

THE DEVELOPMENTAL DIMENSIONS OF PSYCHOPATHOLOGY: THE ORTHODOX BACKGROUND

During the past two decades, an explosion of theorizing and research has occurred in orthodox psychoanalytic psychiatry, principally surrounding three closely related schools, generally known as psychoanalytic developmental psychology (Mahler, 1975; Kernberg, 1975; Blanck & Blanck, 1979) object-relations theory (Fairbairn, 1954; Winnicott, 1965; Guntrip, 1970, and self psychology (Kohut, 1971). The excitement and interest these schools have generated is apparent in such comments as

there has recently occurred a "quantum leap in the understanding of psychopathology" (Masterson, 1981); these advances represent "perhaps the major discovery of research into personality problems in this century" (Guntrip, 1971). Some of these discoveries are indeed monumental, and may of necessity become fundamental elements in any comprehensive psychology-including transpersonal psychology. Yet, taken in and by themselves, they possess certain grave limitations and distortions, upon which it would be unwise to base a *comprehensive* developmental psychology. What follows, then, is an attempt to outline the important aspects of these recent developments as well as what seem to be their limitations and even confusions.

The major breakthrough, so to speak, has come in the clinical investigation and treatment of the so-called borderline and narcissistic disorders. These disorders are in contrast to the classical psychoneuroses (hysteria, obsessive-compulsive neuroses, anxiety neuroses, etc.). The major difference between the psychoneuroses and the borderline-narcissistic disorders is that in the psychoneuroses, there is some sort of conflict or repression *within* the self-structure (the ego, for instance, *represses* some id impulse), whereas in the borderline and narcissistic conditions, there is too little self-structure to perform repression. On the contrary, the self-structure (or self-system) is so weak, so underdeveloped, so fluid that its self and object representations merge or fuse; the self is overwhelmed by world-engulfment or fears of annihilation; or alternatively, it treats objects and persons as mere extensions of its own grandiose world-fusion self. The term "borderline" means, roughly, that the syndrome is borderline between neuroses and psychoses; there is thus an overall continuum: neurotic, borderline neurotic, borderline, borderline psychotic, psychotic (Blanck & Blanck, 1971; Gedo, 1979; Tolpin, 1971).

*borderline
and
narcissistic
disorders*

Traditionally it had been thought that the borderline and narcissistic syndromes could not effectively be treated by standard psychoanalytic or psychotherapeutic techniques. Part of the recent "quantum leap," however, has involved the development of treatment modalities that have proven surprisingly effective with the borderline-narcissistic conditions. These treatment modalities developed out of three closely interrelated strands of research: 1) a detailed clinical description of the "archaic transferences" of borderline-narcissistic patients (spearheaded by Kohut [1971]); 2) sophisticated theoretical reformulations of the early stages (yrs) of development. and a consequent view of pathology as developmental arrest or distortion at qualitatively different levels of structural organization (Spitz, 1965; Jacobson, 1964; Mahler.

*the
development
a/new
treatment
modalities*

1975; Kernberg, 1976; Masterson, 1981, Blanck & Blanck, 1974); and 3) extremely meticulous observation and description of the earliest years of infant development (here the pioneering work of Margaret Mahler is recognized).

Because the research of Mahler and her associates has been so pivotal-not only in furthering our understanding of the earliest stages of self-development, but also in illuminating the etiology of the borderline-narcissistic syndromes-a brief outline of her key discoveries will be useful here.

Infant Development: The Work of Margaret Mahler

*Mahler's
chronology
of
developmental
self-structure*

In almost two decades of what can only be called brilliant clinical research, Mahler concluded that the development of the self-structure in infants (0-3 yrs) generally proceeds through three phases: autistic, symbiotic, and separation-individuation, the last of which is divided into four subphases: differentiation, practicing, rapprochement, and consolidation, giving six overall stages. In chronological order, they are:

1. Autistic phase (0-1 month)-"The first weeks of extrauterine life, during which the neonate appears to be an almost purely biological organism, his instinctual responses to stimuli being reflexive and thalamic. During this phase we can speak only of primitive unintegrated ego apparatuses and purely somatic defense mechanisms, consisting of overflow and discharge reactions, the goal of which is the maintenance of homeostatic equilibrium. The libido position is a predominantly visceral one with no discrimination between inside and outside.' Mahler refers to this as a "closed monadic system" or a "primal undifferentiated matrix."

2. Symbiotic phase (1-2 months)-"From the second month on, the infant behaves and functions as though he and his mother were an omnipotent system-a dual unity within one common boundary." This is a "state of undifferentiation, of fusion with mother, in which the 'I' is not yet differentiated from the 'not-I' and in which inside and outside are only gradually coming to be sensed as different." At this stage, the infant behaves as if it cannot even clearly distinguish its sensoriphysical body from the mother's and from the environment at large. "The essential feature of symbiosis is somatopsychic omnipotent fusion with the representation of the mother and, in particular, the delusion of a common boundary between two physically separate individuals."

3. Differentiation subphase (5-9 months)- This stage is marked by what Mahler calls "hatching": the infant's *sensoriphysical*

bodyself "hatches" or wakes up from its previous, symbiotic, fused or dual unity with the mother and the sensoriphysical surround. At this stage, "all normal infants take their first tentative steps toward breaking away, in a *bodily sense*. from their hitherto completely passive lap-babyhood. . . . There are definite signs that the baby begins to differentiate his own [body] from the mother's body."

*the
"hatching"
sub-phase*

Notice that this particular differentiation is basically of the sensoriphysical *bodyself* from its surroundings, because the infant's mind (the newly emerging phantasmic or image level) and its feelings (the emotional-sexual level) are *not* yet differentiated from their surroundings. The infant exists as a distinct sensoriphysical *bodyself* but not as a *distinct* phantasmic-emotional self, because its emotional self-images and emotional object-images are still fused or merged. As we will see, it is only at the rapprochement subphase that this "psychological birth" or separation-differentiation occurs.

4. Practicing subphase (9-15 months)- This stage is significant because it seems to mark the peak of grandiose-exhibitionistic narcissisms, with the world being, as Mahler puts it, "the junior toddler's oyster." "Libidinal cathexis shifts substantially into the service of the rapidly growing autonomous ego and its functions, and the child seems intoxicated with his own faculties and with the greatness of his own world. Narcissism is at its peak! He is exhilarated by his own abilities, continually delighted with the discoveries he makes in his expanding world, and quasi-enamored with the world and his own grandeur and omnipotence." According to Blanck & Blanck (1979), at this stage "the self continues to accumulate value by magical absorption of the larger world into its image." Technically speaking, self and object representations are still a fused unit.

*narcissism
at its
peak*

5. Rapprochement subphase (15-24 months)-» This stage, according to Mahler, is crucial to future development, for this IS the stage in which there occurs the first major differentiation of self and object representations. This means that a *separate and distinct phantasmic-emotional* self has finally emerged and clearly differentiated itself from its emotional-libidinal object representations. This, in other words, is "the psychological birth of the human infant." To conceptualize it within the basic structures, there is first simple birth; then "hatching," or the birth of a distinct sensoriperceptual *bodyself*; and then the rapprochement crisis, or the birth of a distinct phantasmic-emotional or "psychological" self.

*the
psychological
birth
of the
infant*

Concomitant with this birth, there is a marked loss of the grandiose-omnipotent narcissistic fused self-and-object units of the previous (practicing) stage, and a correlative vulnerabili-

*"paradise
lost"*

ty to heightened separation anxiety and abandonment depression. "The narcissistic inflation of the practicing subphase is slowly replaced by a growing realization of [phantasmic-emotional] separateness and, with it, vulnerability. It often culminates in a more or less transient rapprochement crisis which is of great developmental significance," for the infant "must gradually and painfully give up the delusion of his own grandeur." Because there is now a separate self, there is now a separate other-the world is no longer its oyster. Researchers are fond of saying that at this stage, paradise has been lost.

But although the phantasmic-emotional body-mind of the infant is now differentiated from the "other;" the infant's mind and body are themselves not yet differentiated; there is still mind-body fusion; it is only at the oedipal stage, as we will see, that the mind and body finally differentiate within the separate organism.

*attainment
of emotional
object
constancy*

6. Consolidation and emotional object constancy (24-36 months)- This final subphase is the consolidation of the separation-individuation process and the attainment of "emotional-libidinal object constancy." It is normally marked by 1) a clear and relatively enduring differentiation of self and object representations; 2) the integration of part-self images into a whole-self representation (which includes both "good" and "bad" aspects of the self); and 3) the integration of part-object images into whole-object representations (which include both "good" and "bad" aspects of emotional-libidinal objects).

Such, then, are the six normal stages of the psychological birth of the human infant, as presented by Mahler.

The Fulcrum of Development: The Work of Blanck & Blanck

Mahler has presented extensive clinical evidence (1975) that infantile psychoses has as its major etiological factor a developmental "lesion" in the autistic-symbiotic phases (the infant fails to "hatch" or emerge as a separate sensoriphysical bodyself, but rather remains in the "closed monadic system" of the autistic phase or founders in the "omnipotent dual unity" of the symbiotic phase).

*theory
of a
developmental
"lesion"*

However, Mahler believes the borderline syndromes have their major etiology in a rapprochement subphase lesion. The self-structure fails to clearly differentiate-separate from the grandiose-omnipotent fused unit of the previous symbiotic and practicing subphases; this developmental arrest or lesion in self-structuralization leaves the borderline open to emotional engulfment, flooding, fusion panic, or self-and-object grandiose-

osity, Because there are defects in self-structuralization at this primitive level of organization, the borderline does not have access to higher or neurotic defense mechanisms (repression, rationalization, displacement), but instead must rely on the primitive or less-than-neurotic defenses (particularly splitting, denial, introjection and projection).

On the other hand, as Blanck & Blanck (1979) summarize it, "If the symbiotic phase and the subphases of separation-individuation are experienced adequately, the child reaches the point of true identity-that of differentiation between self and object representations, and the capacity to retain the representation of the object independent of the state of need [that is the definition of 'emotional object constancy']. Structuralization proceeds to normalcy or, at worst, neurosis; borderline pathology is avoided." If this stage of separation-individuation is reached and resolved, the self-structure is then strong enough and individuated enough *to be able* to create a neurosis; the oedipal phase can then be engaged and either adequately resolved (normalcy) or misnavigated (psychoneuroses). On the other hand, if this separation-individuation phase is not adequately resolved, the individual self remains "less-than-neurotically structured," or borderline.

So central is this separation-individuation phase in general (and the rapprochement subphase in particular), that Blanck & Blanck (1979) call it "*the fulcrum of development,*" and they represent it with a diagram (which they call "self-object differentiation"), similar to Fig. 3.

the
fulcrum
of
development

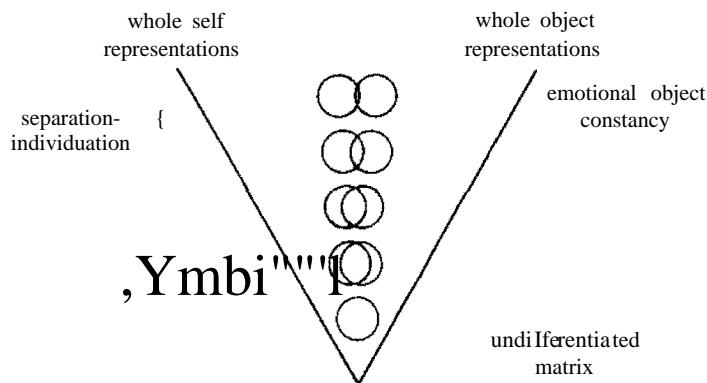


FIGURE 3
"SELF-OBJECT DIFFERENTIATION" AS PRESENTED IN
BLANCK & BLANCK, 1979

In effect, that diagram represents the major discoveries of the recent "quantum leap" in ego and object-relations theory. However, it can be further refined by including, not just the separation-individuation of the phantasmic-emotional self, but

also the *previous* differentiation or "hatching" of the sensori-physical bodyself. Blanck & Blanck (indeed, most developmental researchers) fail to adequately stress that these are two *qualitatively distinct* levels of differentiation, and thus should not be pictured as *one* continuum, as Blanck & Blanck do, but as two distinct continua as shown in Fig. 4. Where the second fulcrum leads to *emotional* object constancy, the first fulcrum leads to *physical* object constancy.

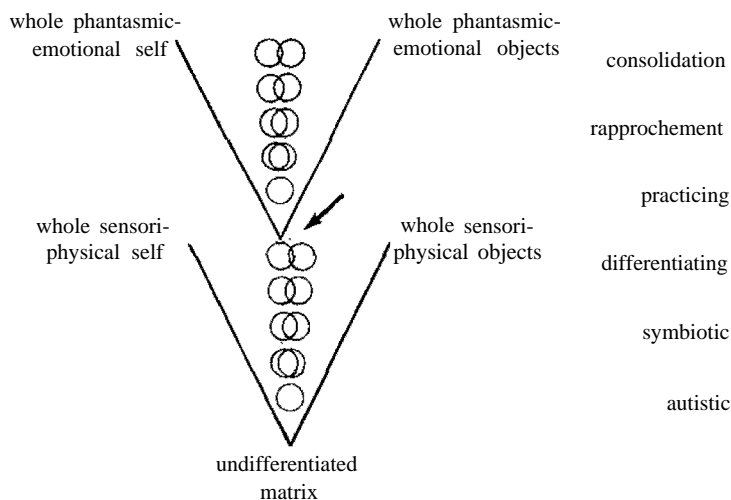


FIGURE 4
SELF-DIFFERENTIATION IN FULCRUMS I AND 2

*the
first
fulcrum
as the
"hatching"
stage*

This first fulcrum (autistic, symbiotic, and differentiating subphases) is the "hatching" stage, during which the self-system must negotiate the emergence of the physical and sensoriperceptual basic structures of existence. Should this hatching fail, the self remains locked in its own autistic-symbiotic orbit, unable, in the worst cases, to even differentiate its sensoriphysical self from the sensoriphysical surround (autistic and symbiotic psychoses); consequently it cannot advance to the second major fulcrum, that of phantasmic-emotional separation-individuation.

Should it negotiate this first fulcrum adequately, however, the sensoriphysical organism is adequately differentiated from the sensoriphysical surround. At this point, the self enters the second fulcrum of development, where it must negotiate the emergence and growth of the next major basic structures of existence, the emotional and phantasmic. This involves a differentiation, not between the organism and the environment, but within the organism itself—namely, a differentiation of internalized self-images from internalized object-images. This is represented in Fig. 4 by setting the second fulcrum on the left edge of the first fulcrum, as indicated by the arrow. The

arrow also indicates that at this point there is a general *emergence* of the next, new and higher basic structures of existence, in this case, the phantasmic-emotional. It is exactly this new emergence that results in a new and higher fusion state, which itself must be separated-differentiated at a new and higher level of self-structuralization (in this case, the second fulcrum).

*emergence
of the
next
structure
as the
second
fulcrum*

The work of Edith Jacobson (1964) as well as Mahler & Spitz (1965) bear out this interpretation. As Abend (1983) put it, "Jacobson's work stressed that at [the earliest or autistic-symbiotic] stage there is no clear differentiation between [the infant] as a separate [bodily] entity and the outside world. He may not as yet be aware that his own tension states come from his own body or that his gratifications and easing of psychological tension are afforded him by someone other than himself [this is during the first fulcrum]. Gradually, however, there must be a building up of *mental[phantasmic] images* of the self and the outside world [the emergence of the second fulcrum] along with *sensory* perceptions of the self and the other [the first fulcrum]. This later stage [i.e., the second fulcrum], however, is one during which the self-representation and *the* object-representation are likely to be distorted [merged or fused] as a result of projective and introjective mechanisms." The second fulcrum, in other words, involves a new, higher, and qualitatively different state of fusion (phantasmic-emotional) from that of the first (sensoriperceptual), and must be negotiated by a new, higher, and qualitatively different separation-differentiation process.

Finally, a note on the difference between *physical* object constancy (first fulcrum) and *emotional* object constancy (second fulcrum). Mahler (1975) herself accepts this distinction, and points out that physical "object permanence in Piaget's sense is a necessary, but not a sufficient, prerequisite for the establishment of libidinal object constancy." This difference is dramatically obvious in actual chronological development: physical object constancy, as Piaget (1977) has demonstrated, is achieved by around eighteen months, whereas emotional object constancy, according to Mahler, is rarely achieved before thirty-six months. Clearly, these are two different stages of structuralization.

*difference
between
physical
and emotional
object
constancy*

The Spectrum of Developmental Fulcrums

We now reach a crucial question: Are there any other major fulcrums or critical nodal points of self-structuralization and self-differentiation? At this point, most object relations theo-

scant
attention
to other
higher
developmental
fulcrums

ries become vague and equivocal. Some of them seem to indicate major self-development is virtually over at thirty-six months. Others give scant attention to higher developmental fulcrums: "With adequate attainment of psychological birth, at approximately three years of age, the child is 'on the way to [emotional] object constancy.' While this is another beginning, not the end... , the first round is decisive to how secure subsequent rounds will be. Bios [1962] thinks that a second major development takes place in adolescence. We suggest that marriage can constitute another 'round' '1 (Blanck & Blanck, 1979).

This theoretical vagueness as to what exactly constitutes a "round" (or fulcrum) of self-development has dogged object-relations theory from its inception. Vis à vis development as a whole, it is also very limiting to *define* "separation-individuation" as what occurs specifically during the rapprochement and consolidation subphases, and also say that it "continues" through "several, perhaps infinite, rounds throughout life" (Blanck & Blanck, 1979) with vague references to adolescence and marriage.

The psychoanalytic object-relations theorists appear to have so focused on the *particular* form the separation-differentiation process takes in the rapprochement and consolidation subphases, that they seem to have missed the idea that the "hatching" subphase (and not the rapprochement subphase) can be described as the *first* major round of separation-differentiation. However, they seem to have implicitly recognized this, in that they actually call that first fulcrum "the differentiation subphase."

a third
major
fulcrum

Likewise, these theories have overlooked the fact that the oedipal phase itself can also be rather precisely defined as a fulcrum or separation-differentiation point. The oedipal phase -which can now be called the third major fulcrum of self-development-shares all of the abstract characteristics or defining marks of the first two fulcrums: it involves a process of increasing internalization, increasing structuralization and hierarchization, increasing separation-differentiation, and increasing integration. However, this process is now occurring on a new, higher, and qualitatively different level of organization, that of the *newly emerging* basic structures of the conceptual rep-mind, which bring the possibilities of a qualitatively different set of self-defenses (repression), self-needs, object relations, possible pathologies (psychoneuroses), and so on.

As we saw, at the completion of the separation-individuation subphases (the second fulcrum), the phantasmic-emotional self

of the infant is differentiated from its surround, but the infant's mind (phantasmic and early symbolic) and its body (emotional-Libidinal) are themselves not yet differentiated from each other. As the rep-mind (higher symbols and concepts) emerges, it initially shares this mind-body fusion. This is very clearly born out by the works of Piaget (1917), Loevinger (1976), Broughton (1975), and others. Indeed, Freud himself announced, in *Inhibitions, Symptoms, and Anxiety* (1959), that a definitive differentiation of the ego from the id does not occur until around the time of the resolution of the oedipal stage. And that, exactly, is what is at stake in the third fulcrum: the differentiation/ integration of the (rep) mind and the (emotional-Libidinal) body. A developmental lesion at this fulcrum results in a *neurotic self-structure*: the central self remains fixated (morbid preservation) to certain bodily impulses, or it represses or dissociates (morbid negation) certain bodily impulses. If, however, this third fulcrum is adequately negotiated, the mind and body are clearly differentiated and integrated in the new and higher-order conceptual self-structure, with a new and higher internalization (superego), and the capacity for *conceptual object constancy*—the power to hold a *whole concept*, or a class of properties, without confusing or collapsing its component members due to, e.g., libidinal desires. As Piaget (1977) has demonstrated, conceptual constancy does not emerge until around the sixth year of life, with such capacities as conservation-reversibility, i.e., holding conceptual properties despite physical-emotional displacement. This third major fulcrum can now be added to the self-development diagram, as shown schematically in Figs. 5 and 6.

*the
differentiation
of mind
and body*

*conceptual
object
constancy*

The implications of combining psychoanalytic developmental psychology and object-relations theory with the basic structures of consciousness may now be seen: *The first three fulcrums of self-development simply represent the self's climb up the first three rungs of the ladder of major basic structures.* At each fulcrum, the self identifies (normal preservation) with the corresponding basic structure, and thus is initially fused with, or undifferentiated from that structure and its phenomenal objects. This is followed by a period of separation-differentiation (normal negation), wherein the self-system or self-structure learns to differentiate itself from both the *objects* of that level and the *subject* of the previous level (that is, it transcends its previous and exclusive subjective identification with the previous and lower basic structure). If at any fulcrum there is morbid preservation (fixation) or morbid negation (splitting, dissociation, repression), a characteristic pathology emerges, marked by the level of structural organization at which the lesion occurs. *The overall spectrum of fulcrum or nodal points is represented by the continuation of a series of*

*implications
of
combining
theories*

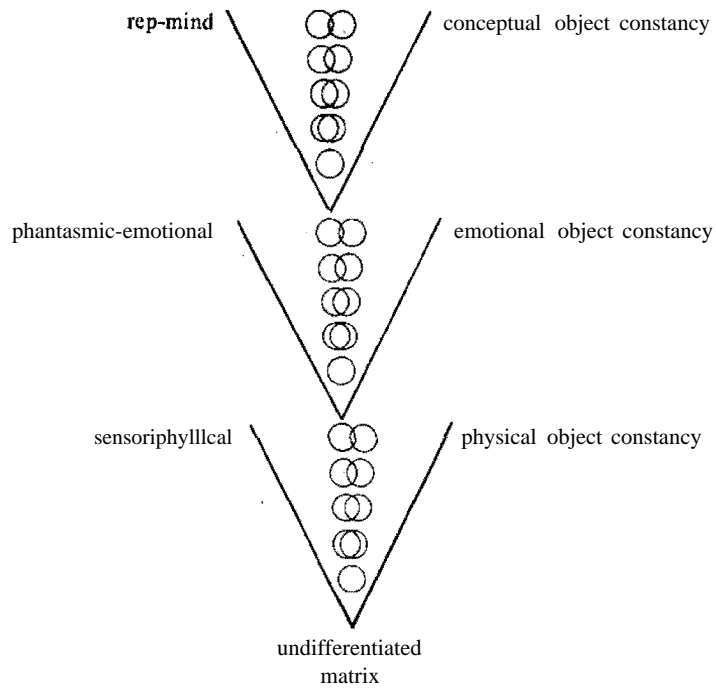


FIGURE 5
SELF-DIFFERENTIATION IN FULCRUMS 1-3

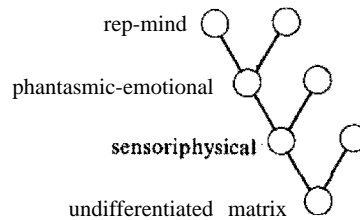


FIGURE 6
SELF-DEVELOPMENT SCHEMATIC FOR FULCRUMS 1-3

fulcrums, one added at each higher level, i.e., each self-stage correlate of the basic structure shown in Fig. 1. In subsequent sections this paper describes the higher fulcrum points (levels 4 through 9)-their characteristics, their conflicts, and their corresponding pathologies (see Fig. 9). But first we must return to the previous discussion and finish our account with the first three fulcrums and their associated pathologies.

*The Orthodox Hierarchy of Pathology:
The Work of Otto Kernberg*

In order to discuss the specific pathologies that characterize malformations at each of the fulcrums of self-development, it

will help to use a few simple symbols to refer to the subphases of each fulcrum. In Fig. 7 "a" represents the initial fusion or undifferentiated state of each fulcrum; "b," the process of

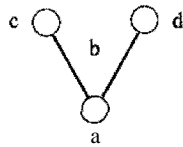


FIGURE 7

SUB-PHASES AT EACH FULCRUM OF SELF-DEVELOPMENT

separation-differentiation; "c," the stable, differentiated, integrated self that emerges at the adequate negotiation of each fulcrum; and "d," the correlative, differentiated-and-integrated object world of that fulcrum. (Thus, for example, "Fulcrum la"-or simply F-la-refers to the autistic phase; F-2b refers to the rapprochement subphase; F-2d refers to emotional object constancy; F-3b to the oedipal phase; F-3c to the stable rep-mind self-concept, and so on.) The developmental task of each fulcrum can now be stated simply: it involves a horizontal differentiation between c and d, and a concomitant, vertical differentiation of c and a. The latter is what I have elsewhere defined as "transcendence" (Wilber, 1980).

two kinds of developmental tasks at each fulcrum

.Previous discussion briefly outlined Mahler's view of pathology throughout the first three fulcrums. But perhaps the most sophisticated and comprehensive map of pathology in these realms has been given by Otto Kernberg, who has presented a very influential and widely accepted "theory of (1) the origin of the basic 'units' (self-image, object-image, affect disposition) of internalized object relations, (2) the development of four basic stages in their differentiation and integration, (3) the relationship between failure in these developments and the crystallization of various types of psychopathology, and (4) the implications of this sequence of phases of general structural developments of the psychic apparatus" (1976).

Kernberg's stages of self-development and corresponding pathology are as follows (summarized by Abend, (983):

Stage 1: Normal "Autism," or Primary Undifferentiated Stage

This phase covers the first month of life and precedes the consolidation of the "good" undifferentiated self-object constellation. Failure or fixation of development at this stage is characteristic of autistic psychoses.

Stage 2: Normal "Symbiosis"

This phase extends from the second month of life to about six or eight months of age. There is a relative incompleteness of the differentiation of self and object representations from each other

Kernberg's stages of self-development and corresponding pathology

and a persisting tendency for defensive refusion of "good" self and object images when severe trauma or frustration determines pathological development. Pathological fixation of, or regression to, Stage 2 is characteristic of symbiotic psychosis of childhood, most types of adult schizophrenia, and depressive psychoses.

Stage 3: Differentiation of Self from Object-Representations

This stage begins around the eighth month of life and reaches completion between the eighteenth and the thirty-sixth month. It ends with the eventual integration of "good" and "bad" self-representations into an integrated self concept [that should be "self-image"; concepts do not emerge until around the fourth year of life], and the integration of "good" and "bad" representations into "total" [whole, not part] object representations. Failures in development during this stage lead to the development of the borderline personality organization. [In this general category Kernberg includes borderline syndromes, addictions, narcissistic disorders, "as if" and antisocial personality disorders; what all of them have in common, he believes, is a failure to integrate "all good" and "all bad" self and object part-images, i.e., they are all primarily characterized by splitting.] During this stage an early constellation of defenses is brought into operation, centering on splitting or primitive dissociation and fostering the other early defenses of denial, primitive idealization, projective identification, omnipotence, and devaluation.

Stage 4: Development of Higher Level Intrapsychic Object Relations-Derived Structures

This stage begins in the latter part of the third year of life and lasts through the entire oedipal period. The typical psychopathology of this stage is represented by the neuroses and "higher level" character pathology. Repression becomes the main defensive operation of this stage.

Stage 5: Consolidation of Superego and Ego Integration

This is a [postoedipal] stage of development with the gradual evolution of ego identity.

*Kernberg's
diagnostic
scheme
and the
first
three
fulcrums*

It is obvious that Kernberg's developmental diagnostic scheme fits the first three fulcrums precisely, as shown in Fig. 8. Note that Kernberg's Stage 5 (F-3c), "the consolidation of superego and ego integration, n is indeed a consolidation or integration, but it clearly is not to be confused with Fulcrum 2c, the consolidation-integration of the phantasmic-emotional self, or Fulcrum 1c, the consolidation-integration of the sensoriphysical self.

The substantial agreement between Kernberg's developmental-diagnostic stages and the first three fulcrums of self-development requires one refinement: Masterson (1981) has suggested that the narcissistic and borderline conditions, although very

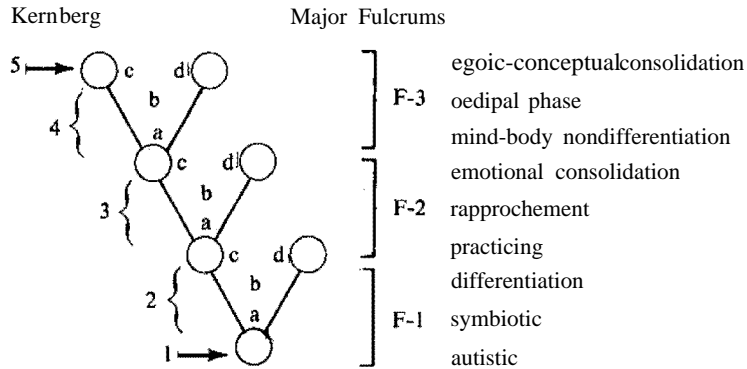


FIGURE 8
FIT OF KERNBERG STAGES AT FULCRUMS 1-3

closely related, are developmentally distinct. According to Masterson, the borderline conditions do have their primary developmental lesion in the rapprochement subphase but the narcissistic conditions must have some aspect of their developmental lesion *before* that (i.e., in the practicing subphase, The narcissistic conditions are marked by grandiose-self/omnipotent-object fused units, which characterize the practicing subphase (as Mahler put it, "Narcissism at its peak I"). The rapprochement subphase is marked by the breaking up or differentiation of the grandiose-omnipotent fused self-and-object units, and thus, Masterson believes, could not be the lesion point of the narcissistic disorders. As he puts it, "The fixation of the narcissistic personality disorders must occur before [the rapprochement crisis] because clinically the patient behaves as if the object-representation were an integral part of the self-representation-an omnipotent, dual unity. The possibility of the existence of a rapprochement crisis doesn't seem to dawn on this patient. The fantasy persists that the world is his oyster and revolves about him." The borderline, on the other hand, "behaves as if all life were long, unresolvable rapprochement crisis." Thus, according to Masterson, Fulcrum 2a: narcissistic; Fulcrum 2b: borderline.

*Masterson's
view of
narcissism*

Within each fulcrum there are, generally speaking, three subphases: subphase "a," which represents the undifferentiated base of the fulcrum; subphase "b," which represents the process of *vertical and horizontal* separation-differentiation; and the subphase "c/d." which represents the ideal resolution, consolidation and integration of the newly differentiated self and object components. This is so in each of the three fulcrums (and therefore 9 subphases) examined thus far (see Fig. 8 for a listing).

THE OVERALL SPECTRUM OF PATHOLOGY

*an outline
of pathology
in fulcrums
three
through
nine*

The following outline of the overall spectrum of pathology begins with the first three fulcrums and continues to Fulcrum 9. The standard cautions and qualifications about using such hierarchical models of pathology should be kept in mind; i.e., no pure cases, the influence of cultural differences, genetic and traumatic arrests, and blended cases (Abend, 1983; Gedo, 1981; Mahler, (975).

Fulcrum 1 *1a: Autistic Psychoses*
 1b 1c: Symbiotic Infantile Psychosis
 Most Adult Schizophrenia
 Depressive Psychoses

(This follows Kernberg and Mahler specifically.)

Fulcrum 2 *2a: Narcissistic Personality*
 Disorders

The main clinical characteristics of the narcissistic personality disorder are grandiosity, extreme self-involvement and lack of interest in and empathy for others; in spite of the pursuit of others to obtain admiration and approval. The patient manifesting a narcissistic personality disorder seemsto be endlessly motivated to seek perfection in all he or she does, to pursue wealth, power and beauty and to find others who will mirror and admire his/her grandiosity. Underneath this defensive facade is a feeling state of emptiness and rage with a predominance of intense envy.

The narcissistic personality disorder must be fixated or arrested before the developmental level of the rapprochement crisis, since one of the important tasks of that crisis is not performed. i.e., the deflation of infantile grandiosity and omnipotence [i.e., the self-structure refuses to surrender "paradise"). The intrapsychic structure of the narcissistic personality disorder preserves the infantile grandiosity and narcissistic link to the omnipotent object (Masterson, 1981).

*mirroring
and
narcissism*

Specifically, the self- and object-representations of the narcissistic personality structure consist of a grandiose-self-plus-omnipotent-object fused unit. Other persons are *experienced*, according to direct clinical evidence, not as separate individuals (or as separate "whole objects") with rights and wishes of their own, but as extensions or aspects of the grandiose-exhibitionistic self, serving primary need gratification (Kohut, 1971). The sole function of the world is therefore to *mirror* the self's perfection. The omnipotent fused object representation contains all power, supplies, glory, etc.; the grandiose self-representation is one of being elite, superior, exhibitionistic,

special, unique, perfect. The grandiose-self! omnipotent-object fused unit forms the central self; so airtight is this fused unit that it seemingly conceals the underlying empty-rageful-envious fused unit and its affect of profound abandonment depression. Should any object or person, however, fail to give the narcissistic individual what he or she is constantly seeking-namely a *mirroring* of his or her grandiose perfection -then the narcissistic individual reacts with rage, outrage, and humiliation. Typical defenses include devaluation, refusion, denial, avoidance, splitting (particularly of the grandiose-self! omnipotent-object fused unit from the empty! aggressive! depressive unit), and acting out (Kernberg, 1976; Kohut, 1971; Masterson, 1981).

*2b: Borderline Personality
Disorders*

"The rapprochement crisis is crucial to the borderline, whose pathology can be seen as a reflection of his! her immersion in and inability to resolve it" (Masterson, 1981). Unlike the narcissistic structure, the borderline has achieved a partial or quasi-differentiation of self and object representations. A *separate* individual has started to emerge, but its structure is so tenuous or weak that it constantly fears engulfment by the other or abandonment by the other.

According to Masterson (1981) and Rinsley (1977), this splits the borderline structure into a helpless, dependent, compliant part-self with a clinging defense, and a "totally worthless," "rotten," "evil-to-the-core" part-self *with* a distancing or withdrawing defense. Associated with the compliant-clinging part-self is an ail-good, rewarding, and protecting part-object, and associated with the "rotten-withdrawing" part-self is an all-bad, angry, attacking, and vengeful part-object.

The intrapsychic structure of the borderline is thus more complex than the narcissistic, because it has accomplished more differentiation; but these differentiations are not integrated, leaving the borderline with a series of fractured structures or part-units. The borderline thus typically oscillates between an almost total or chameleon-like compliance with others, which makes him/her feel "good," "accepted," or "safe," and a withdrawn and sullen distancing from others, who-now experienced as angry, vengeful, and denouncing-make him/her feel rotten, a worm, totally worthless, despicably bad (and occasionally suicidal). The one thing the borderline will not do is assert his or her own separation-individuation (Blanck & Blanck, 1979; Kernberg, 1975, 1976).

*the
unintegrated
differentiation
of the
borderline*

There are several different nosological terms for this set of conditions: pathological neuroses, high level borderline, neurosis with borderline features, borderline with neurotic features, etc. The general consensus, however, is simply that these conditions are either neurotic developments burdened with separation-individuation subphase deficiencies, or a part-regression to more borderline states in the face of too difficult neurotic-oedipal developments (Blanck & BLanck, 1974, 1979; Gedo, 1981).

*neurosis
with
borderline
elements*

Thus, to give only two examples, if genital-sexuality is burdened with rapprochement subphase deficiencies, the person's understanding of sexual responses might be skewed in the direction of threats of entrapment or engulfment; if burdened with an unmetabolized need for narcissistic mirroring, then in the direction of triumph, possessive extension of self-grandiosity, or rageful-sadistic domination. The person characterized by neuroses-with-borderline-elements makes careful diagnosis and well-tailored treatment especially important, because appropriate interventions for similar symptoms on the neurotic level and the borderline level are often dramatically different.

3b: Psychoneuroses

Discussion of these well known disorders-e-neurotic anxiety, obsessive-compulsive syndromes, neurotic depression, phobias, hysteria, hypochondriasis-can be limited here to comments about their significance and meaning in the overall spectrum. The lowest self-structures (autistic, symbiotic, and narcissistic) tend to be *monadic* in nature; the borderline structures, *dyadic*; and the psychoneurotic structures, *triadic*. In the monadic structures, there is basically one player on the stage-the self is either oblivious of the "other" (autistic), merged with the other (symbiotic), or part of an omnipotent dual unity with the other (narcissistic). As the monadic structure differentiates, self and other emerge as two distinct, if sometimes tenuous, units. There are now two players on the stage, self and (m)other, with all the joy and all the tragedy that that involves (Kohut [J977] calls this stage "Tragic Man").

*lowest
self-
structures
are
monadic*

At the dyadic stage, the infant is still more or less pre-genital. It only has to negotiate the differentiation of self versus other; it does not have to negotiate the differentiation, within itself, of male versus female. Starting around age 2 or 3, however, the self awakens to its own gender identity, and this introduces three players on the stage: self, female-mother, and male-father. This development immensely enriches and complicates

the situation. New capacities, new desires, new taboos, new object relations, a whole new set of conflicts-all come crashing onto the stage, with far-reaching immensely complex implications.

In the dyadic (F-2) stage, the central self is, as it was, a more or less stable phantasmic-emotional-libidinal structure. It is not so much that the self at this stage possesses a libido; rather, the self at this stage simply *is* a libidinal self (Guntrip, 1971). However, by the time we move from the F-2 dyad to the F-3 triad, the conceptual rep-mind has emerged and (ideally) differentiated from the libidinal body. The central self is now identified with, and exists as, a symbolic-conceptual structure, namely, the rep-mind *ego*: no longer a phantasmic-libidinal self, but a conceptual-egoic self.

fulcrum
two
is
dyadic

The egoic self, therefore, has ideally accomplished three tasks: 1) it has horizontally differentiated from its new concept object-relations; 2) it has consolidated and integrated its own structure, which contains new and higher internalizations (superego); and 3) it has vertically differentiated from (or transcended) its previous self-stage (i.e., the libidinal self)-the *exclusively* libidinal self is *negated and transcended*, but the libido itself (or the id) *remains in existence* as a fundamental, appropriate, and necessary basic structure of existence.

But this overall process results in a *tripartite* structure of the Fulcrum-S self: ego-superego-id. Whereas, in the F-2self, most conflict was interpersonal, in the F-3 self, most conflict is intrapersonal (or intrapsychic). Where differentiation-and-integration is not clean or complete, there is war: superego vs. id (inhibition), id vs. ego (anxiety, obsession), superego vs. ego (guilt, depression). The triadic structure of conflict in the F-3 pathologies is one of the central diagnostic aids in differentiating them from the more dyadically structured pathologies of F-2 (and the monadic pathologies of F-1). Kohut calls this "Guilty Man" in contrast to "Tragic Man."

fulcrum
three
is
triadic

The triadic structure of the F-3 self also gives a major clue to the very meaning of the psychoneuroses in the overall spectrum of development and pathology. For the self is on its climb up the basic structures of existence, matter to body to mind to soul to spirit. The psychoneuroses stand at that great branch point where consciousness starts to move from a generally bodily existence to a generally mental existence, with all the rewards, and all the conflicts, that entails. The body belongs to nature, but the mind belongs to history; the body, to impulse; the mind, to reason. The body is merely *SUBjective*; the mind, however, is intersubjective, freely taking the role of *other subjects* in communicative exchange and symbolic discourse. The body

from a
bodily
existence
to a
mental
existence

constitutes a *merely present* feeling-self; the mind, on the other hand, supports a *temporal text-self-a* historic, hermeneutic, intentional, interpretive, meaningful, caring, moral, role-playing, script-self.

The scripts and social roles of the F-3 or oedipal phase are, however, rather crude and simple, especially in comparison with those that are to follow. To begin with, the number and types of roles are fairly simple: child, parent, sibling. Further, the script-roles themselves are driven almost entirely (or at least predominantly) by merely libidinal agendas. The Oedipus complex is one of the earliest and most fundamental scripts of all (and it *is* a script, as Sophocles demonstrated), but it is a script whose roles are driven almost entirely by mere bodily desires. At the next fulcrum, the roles themselves shake off their merely bodily or libidinal motives and assume their own higher function and status-and pathology.

Fulcrum 4

*The Role Self and Script
Pathology*

*centering
on rules
and roles*

Fulcrum 4 begins to emerge as the central self transcends its exclusive identification with the rep-mind (and its oedipal projects) and begins to identify with the rulej role mind. The rule/role mind (or "conop"), as Piaget (1977) demonstrated, is the first structure that not only can imitate a role, but can actually *take* the role of others. This opens up an entirely new dimension of object relations, with a new sense of self (Loevinger); a new set of self-needs (Maslow), a new moral sensibility (Kohlberg), a new mode of life and a new mode of death. In the pathologies (the psychoneuroses), the life/ death (or preservation/ negation) battles centered mostly on bodily concerns and impulses-desire for libidinal-body objects, fear of bodily loss (castration, mutilation, etc.), The life/death battles of the F-4 self, however, center more on its rules and roles-a desire to fit in, to belong, to find its place or role among other roles; to *understand* the *rules*; with a correlative fear of losing face, losing role, breaking the rules (Loevinger's conformist stage, Maslow's belongingness, Kohlberg's conventional, etc.),

By "script pathology" or "script neuroses" I have in mind, for example, the extensive work of Transactional Analysis on game theory and scripts and communications theorists on role-taking (Selman & Byrne, 1974; Watzlawick, 1967). Obviously conceptual games and scripts (and their forerunners) reach back into F-3 development, but it is at F-4 that they assume a central and dominant influence. The preeminent defense mechanism of this stage is the "duplicitous transaction"-the individual overtly communicates one message (e.g., "I only want what's best for

you") while covertly implying another ("Don't leave me"); if the covert message is pointed out, the individual strenuously denies it. The covert messages or hidden agendas are the key pathogenic structures in the F-4 self; if extreme, they result in an interior splitting or disassociation of the text-self, analogous to repression in F-3 and splitting in F-2. Script pathology and the reasons that it cannot be reduced to psychoneurotic pathology will be discussed in more detail in Part II, in the section on "Treatment Modalities."

Fulcrum 5

Identity Neurosis

The emergence of the formal-reflexive basic structure opens the possibility of F-5 self-development: a highly differentiated, reflexive, and introspective self-structuralization. The F-5 self is no longer unreflexively bound to social roles and conventional morality; for the first time it can depend on its own individual principles of reason and conscience (Kohlberg's postconventional, Loevinger's conscientious-individualistic, etc.). For the first time, too, the self can conceive *possible* (or hypothetical) futures (Piaget), with entirely new goals, new possibilities, new desires (life), and new fears (death). It can conceive possible successes, and possible failures, in a way never before imagined. It can lie awake at night, riveted with worries or elated by anticipation over all the possibilities! It becomes a philosopher, a dreamer in the best and highest sense; an internally reflexive mirror, awestruck at its own existence. *Cogito, ergo sum.*

*centering
on reason,
conscience,
and
possibilities*

"Identity neurosis" specifically means all the things that can go wrong in the emergence of this self-reflexive structure. Is it strong enough to break free of the rule/role mind and stand on its own principles of conscience? Can it, if necessary, summon the courage to march to the sound of a different drummer? Will it dare to think for itself? Will it be overcome with anxiety or depression at the prospect of its own emergence? These concerns—which regrettably many object-relations theorists reduce to F-2 separation-individuation dimensions—form the core of the *F-5 self* and its identity pathology. Erikson (1959, 1963) has written perhaps the definitive studies on F-5 self-development ("identity vs. role confusion"). All that can be added here is the observation that *philosophical problems* are an integral part of F-5 development, and philosophical education an integral and legitimate part of therapy on this level (see the relevant section in "Treatment Modalities" Part II).

Fulcrum 6

Existential Pathology

I must first distinguish between "existential" as a particular level of self-development (F-6) and "existential" as a particular

"existential
conflicts"
are at
all levels

conflict that can and does occur on *all* levels of self-development. The latter ("existential conflict") is simply one way to look at the life/death or preservation/negation battles that occur at each and every stage of self-development. Birth trauma, rapprochement crisis, separation-individuation, oedipal tragedies, role clashes, identity neuroses—these can all be described as "existential" in nature, simply because they involve profound and meaningful events in the course of human existence (*Dasein*). The existential approach looks at each stage of development, not just in terms of its *content* (borderline, oedipal, etc.), but also from the *context* or categories of existence itself, or the various modes and stages of being-in-the-world. This is why the central dilemmas and drives of each stage of self-development can also be conceptualized as a life/death, preservation/negation, or existential concern, although the outward forms of this existential battle obviously vary from level to level. This is the approach of Boss (1963), Binswanger (1956), Yalom (1980), Zimmerman (1981), May (1977)', and others, which I share in part.

the
"existential
level"
as a
specific
level

Now the "existential level," as I use the term here, refers to a specific level of basic structure development ("vision-logic") and the correlative stage of self-development. It is termed "existential" for three reasons: 1) If the formal-reflexive mind is Descartes, the existential mind is Heidegger; his whole philosophy is marvelously saturated with this level of consciousness (as an actual discovery, not a merely subjective fabrication); 2) the self-structure of this level, as Broughton (1975) demonstrated, is one where "mind and body are both experiences of an integrated self." This personal mind-body integration—"centaur"—seems to be the goal of those therapies that explicitly call themselves "humanistic-existential." This does not refer to many popular approaches that call themselves "humanistic" or "existential," but, in fact, are pseudo-humanistic/existential, and embody powerful techniques for regression to, and glorification of, the phantasmic-emotional or the narcissistic "paradise," which are mistakenly identified with "higher consciousness"); 3) this level is the *highest* level of consciousness that many authentic humanistic-existential approaches seem to acknowledge.

meaning,
morality,
finitude
and
courage
to be

A review of the literature suggests that the major concerns of the or existential self are: personal autonomy and integration (Loevinger); authenticity (Kierkegaard, Heidegger); and self-actualization (Maslow, Rogers). Associated affects are: a concern for overall *meaning* in life (or being-in-the-world); a grappling with personal mortality and finitude; and finding a courage-to-be in the face of lonely and unexpected death. Where the formal-mind begins to conceive of life's *possibilities* and take flight in this new-found freedom,

the existential mind (via vision-logic) *adds up* the possibilities and finds this: personal life is a brief spark in the cosmic void. How the existential self handles the new potentials of autonomy and self-actualization, and how it grapples with the problems of finitude, mortality, and apparent meaninglessness -these are the central factors in F-6 pathology.

Common syndromes include:

1. Existential depression-a global-diffuse depression or "life-arrest" in the face of perceived meaninglessness.
2. Inauthenticity-which Heidegger (1962) defined as lack of profound awareness-acceptance of one's own finitude and mortality.
3. Existential isolation and "uncanniness"-a strong-enough self that nevertheless feels "not at home" in the familiar world.
4. Aborted self-actualization-c-Maslow (1971): "I warn you, if you deliberately set out to be less than you are capable of becoming, you will be deeply unhappy for the rest of your life."
5. Existential anxiety-the threatened death of, or loss of, one's self-reflexive modes of being-in-the world (an anxiety that *cannot* occur prior to Fulcrums 5 and 6 because the very capacity for formal-reflection does not occur until then).

*existential
level
syndromes*

Not all cases of, e.g., "meaninglessness" are automatically to be considered as existential (in the specific sense of existential-level origin). Borderline abandonment depression and psychoneurotic depression, for instance, also produce affective states of meaninglessness. But existential ennui has a specific and unmistakable "flavor"; a strong and highly differentiated-integrated self-structure presents the symptom; it is a thoughtful, steady, concerned, profound depression; it has none of the "Whining" of the borderline or the guilt of the psychoneurotic; it looks unflinchingly at the cosmos and then, for whatever reasons, despairs of finding any personal meaning. Interpretations of this depression on the basis of lower-level structures----; psychoneurotic, borderline, or whatever, intuitively sound and feel "silly" or irrelevant to the concerned therapist. A classic example of genuine ennui is from Tolstoy (1929).

*existential
level
ennui*

The question, which in my' fiftieth year had brought me to the notion of suicide, was the simplest of all questions, lying in the soul of every man: "What will come from what I am doing now, and may do tomorrow. What will come from my whole life?" Otherwise expressed-s-t'Why should I live? Why should I wish for anything? Why should I do anything?" Again, in other words: "Is there any meaning in my life which will not be destroyed by the inevitable death awaiting me?"

"lower
level"
spiritual
crises
and
pathologies

The emergence of the psychic basic structure brings with it the possibility of another level of self-development and associated self-pathology. By "psychic pathology" (or "F-7 pathology") I mean specifically all the "lower-level" spiritual crises and pathologies that may 1)awaken *spontaneously* in any relatively developed soul; 2) invade any of the lower levels of development during periods of severe stress (e.g., psychotic episodes); and 3) beset the *beginning* practitioner of a contemplative discipline,

unsought
energies

1. The most dramatic psychic pathology occurs in the spontaneous and usually unsought awakening of spiritual-psychic energies or capacities. At best, these crises are annoying; at worst, they can be devastating, even to one who is securely anchored in a centauric self. The awakening of Kundalini, for instance, can be psychological dynamite. Excellent examples of these psychic pathologies can be found in Gopi Krishna (1972), John White (1979), and William James (1961).

psychosis
and the
"spiritual
channel"

2. One of the most puzzling aspects of transient schizophrenic breaks or psychotic-like episodes is that they often channel rather profound spiritual insights, but they do so through a self-structure that is neurotic, borderline, or even frankly psychotic (particularly paranoid schizophrenic). Anybody familiar with the *philosophia perennis* can almost instantly spot whether any of the elements of the particular psychotic-like episode have any universal-spiritual components, and thus fairly easily differentiate the "spiritual-channel" psychoses-neuroses from the more mundane (and often more easily treatable) pathologies that originate solely on the psychotic or borderline levels.

psychic
inflation

3. Beginning practitioner-Psychic pathologies besetting the novice include:

faulty
spiritual
techniques

a) Psychic inflation-The universal-transpersonal energies and insights of the psychic level are exclusively applied to the individual ego or centaur, with extremely unbalancing results (particularly if there are narcissistic subphase residues in the self-structure) .

b) Structural imbalance due to faulty practice of the spiritual technique-This is particularly common in the paths of purification and purgation; in Kriya and Charya Yoga; and in the more subtle techniques, such as mantrayana. It usually manifests in mild, free-floating anxiety, or in psychosomatic

conversion symptoms (headaches, minor heart arrhythmia, intestinal discomfort, etc.).

c) The Dark Night of the Soul-s-Once the soul obtains a direct taste or experience of the Divine, with concomitant vision, ecstasy, or clarity, and that experience begins to fade (which it initially does), the soul may suffer a profound abandonment depression (*not* to be confused with borderline, neurotic, or existential depression; in this case, the soul *hasseen* its meaning in life, its daemon or destiny, only to have it fade-s-that is the Dark Night).

*"dark
night"*

d) Split .life-goals-c-For example, "Do I stay in the world or retreat to meditation?" This can be extremely painful and psychologically paralyzing. It expresses one form of a profound splitting between upper and lower self-needs, analogous to text-splitting in script pathology, repression in psychoneuroses, etc.

*split
life-goals*

e) "Pseudo-dubkhat'<-In certain paths of meditation (e.g., Vipassana), where investigation into the very nature of the phenomena of consciousness is stressed, the early phase of awareness training (particularly the "stage of reflection") brings a growing realization of the painful nature of manifest existence itself. Where this realization becomes overwhelming
overwhelming than the training itself is supposed to speak of "pseudo-duhkha." Pseudo-duhkha is often the result of residual existential, psychoneurotic, or, more often, residual borderline contamination of the psychic fulcrum of development. The individual does not gain an understanding of the sourness of life; he or she simply goes sour on life. This psychic depression may be one of the most difficult to treat effectively, particularly because it is often backed by the rationalization that, according to (misunderstood) Buddhism, the world is *supposed* to be suffering. In such cases, more Vipassana is exactly what is *not* needed.

*painful
nature of
existence*

f) Pranic disorders-s- This refers to a misdirection of Kundalini energy in the early stages of its arousal. Various psychic (pranic) channels are over- or under-developed, crossed, or prematurely opened, e.g., "windhorse" (*rlung*) disorders in Tibetan Buddhism. Pranic disorders are usually caused by improper visualization and concentration. They are particularly prevalent in Raja Yoga, Siddha Yoga, Yoga Tantra, and Anu Yoga. Dramatic psychosomatic symptoms are usually prevalent, including barely controllable muscle spasms, violent headache, breathing difficulty, etc.

*misdirection
of
energy*

g) "Yogic illness" (Aurobindoj-e-This disorder, according to

*psychic
strains
on the
body*

Aurobindo, results when the development of the higher or psychic levels of consciousness puts an undue strain on the physical-emotional body. The great intensity of psychic and subtle energies, can, as it were, overload the "lower circuits," resulting (according to Aurobindo) in everything from allergies to intestinal problems to heart disorders. Perhaps, if he were alive today, he would have added cancer, as witness Ramana Maharshi, Suzuki Roshi, etc.

Fulcrum 8

Subtle Disorders

The emergence of the subtle basic structure of consciousness brings with it the possibility of subtle level self-development: a new and higher mode of self, with new object-relations, new motivations, new forms of life, new forms of death-and new forms of possible pathology.

The two vulnerable points of F-8 pathology concern: 1) the differentiation-separation-transcendence of the previous mental-psychic dimension, and 2) the identification-integration-consolidation of the subtle-archetypal self and its object relations. Apparently, this pathology occurs most often in intermediate-to-advanced meditators. Some of its many forms:

*afracture
between
self and
archetype*

1. Integration-Identification Failure-The subtle basic structure-which is conceived and perceived by different paths as a Being, a Force, an Insight, a Deity-Form, or a self-luminous Presence (all of which, for simplicity's sake, are referred to as Archetypal Presence or Awareness)-is first apprehended, to put in metaphorically, "above and behind" mental-psychic consciousness. Eventually, as contemplation deepens, the self differentiates from its psychic moorings and ascends to an intuited-identification with that Ground, Insight, Archetypal Presence or Awareness. "Gradually we realize that the Divine Form or Presence is our own archetype, an image of our own essential nature" (Hixon, 1978). This Identity arises concomitantly with a stable *witnessing* of the object relations of subtle consciousness-infinite space, audible illuminations (*nada*): Brahma realms of ascended knowledge (in Guru Yoga, this also includes an intuited-identification with the Guru and Lineage as Archetypal Self). A *failure* to realize this Prior Identity-Awareness, *after* the practitioner is in fact structurally capable of it, is the central defining pathology of these syndromes, because it constitutes, at that point, a fracture between self and Archetype; in Christian terms, a pathology of the soul.

This fracture arises for one basic reason: to identify with and as Archetypal Presence or Awareness demands the *death* of the mental-psychic self. Rather than suffer this humiliation, the self *contracts* on its own separate being, thus fracturing the higher

and prior archetypal identity. *Fragments* of Archetypal Presence then appear as *objects* of a still dualistic awareness, instead of whole Archetypal Presence acting as prior and intuited Subject of transcendental consciousness. In other words, instead of *being* Archetypal Awareness (as a subject), the self, in meditation, merely stares at fragments of it (as objects). Consolidation (8c) is not reached.

*fragments
of
archetypal
awareness*

2. Pseudo-nirvana-> This is simply the mistaking of subtle or archetypal forms, illuminations, raptures, ecstasies, insights, or absorptions for final liberation. This is not a pathology unless one is in fact pursuing causal or ultimate levels of consciousness, in which case the *entire* subtle realm and all its experiences, if clung to, are considered pathological, "makyo," subtle illusions-Zen actually calls it the "Zen sickness:'

*pseudo-
nirvana*

3. Pseudo-realization-s- This is the subtle-level equivalent of pseudo-dukkha on the psychic. As Vipassana meditation proceeds into the subtle levels of awareness, a stage of insight called "realization" arises (beyond which lies "effortless insight," the highest of the subtle-level developments). At the realization stage, *every* content of consciousness appears terrifying, oppressive, disgusting, painful, and loathsome; there is extreme physical pain and intense mental-psychic discomfort. However, this is not the pathology of this stage, but is *normalcy* at this stage, which involves an intense insight into the ultimately unsatisfactory nature of phenomena when viewed apart from noumenon. This intense pain and revulsion acts as the motivation to transcend all conceivable manifestation in nirvanic absorption. The pseudo-realization pathology occurs when that process fails to quicken and the soul is stranded on the shores of its own agony. Although Theravadin theorists might object to this terminology and its implications, it does seem that this pathology, in deep structure form, is identical to what was previously called a failure to engage Archetypal Awareness and its stable witnessing of all subtle-level object relations.

*pseudo-
realization*

Fulcrum 9

Causal Disorders

The last major fulcrum of self-development has, for its two branches (c and d), the Formless or Unmanifest (9c), and the entire world of Form, or the Manifest Realm (9d). Normal development involves their proper differentiation (in the causal) and their final integration (in the ultimate). Pathology, on the other hand, results from miscarriages in either of these two crucial movements.

1. Failure of Differentiation-An inability to accept the final death of the archetypal self (which is simply the subtlest level of

attachment
to
liberation

the separate-self sense) locks consciousness into an attachment to some aspect of the manifest realm. The Great Death never occurs, and thus Formless Consciousness fails to differentiate from or transcend the manifest realm. The fall into the Heart is blocked by the subtlest contracting, grasping, seeking, or desiring; the final block: desire for liberation.

disjuncture
of manifest
and
unmanifest
realm

2. Failure to Integrate, or Arhat's Disease-s-Consciousness manages to differentiate itself from *all* objects of consciousness, or the entire manifest realm, to the extent that no objects even arise in awareness (*jnanasamadhi, nirvikalpasamadhi, nirvana*). Although this is the "final" goal of some paths, in fact a subtle disjuncture, dualism, or tension now exists in consciousness, namely, between the manifest and the unmanifest realms. Only as this disjuncture is penetrated does the manifest realm arise as a modification of Consciousness, not a distraction from it. This is classic *sahaj-bhavasamadhi*. I have read no text, nor heard of any sage, that speaks of a level beyond this.

Fig. 9 is a schematic summary of the discussion thus far: the basic structures of consciousness, the corresponding fulcrums of self-development, the possible pathologies that may occur at each fulcrum, and the appropriate treatment modalities.

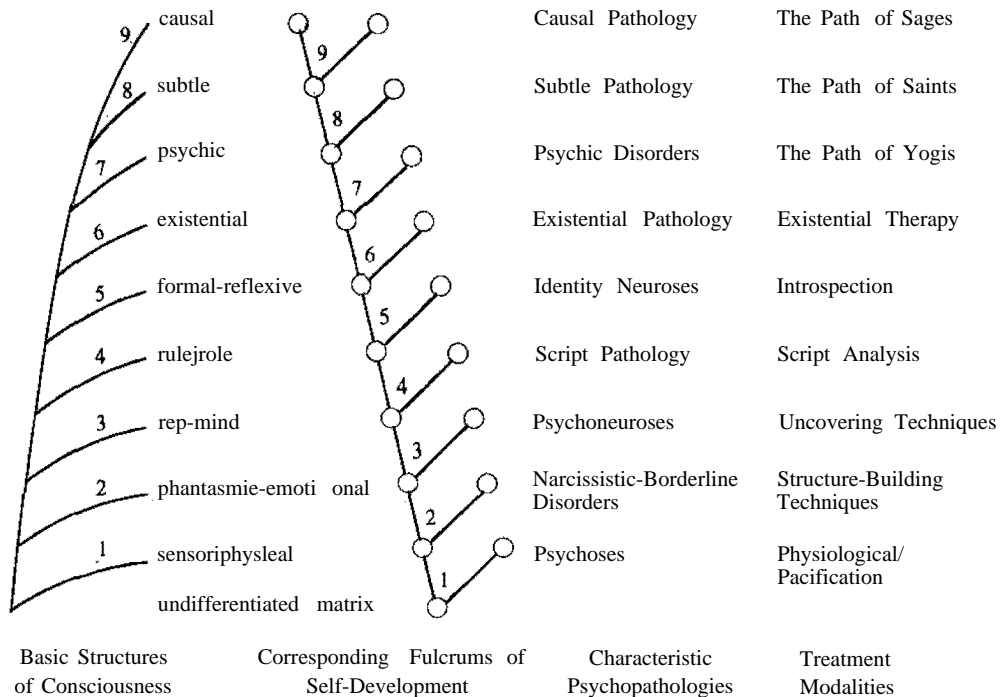


FIGURE 9
CORRELATION OF STRUCTURES, FULCRUMS,
PSYCHOPATHOLOGIES, TREATMENTS

Part II will discuss the treatment modalities specific for each of the pathologies.

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