AN INTER-DISCIPLINARY STUDY OF THE RELATIONSHIP OF NARCISISM TO THE NEUROTIC DEPRESSIVE REACTION AND SPIRITUAL DESOLATION

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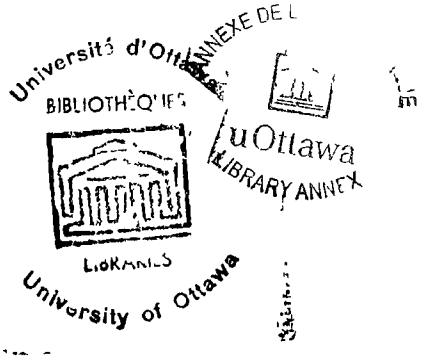

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INTRODUCTION

Theology and spiritual direction, psychology and psychotherapy have complementary quests. Both seek to define and inspire a sense of life and its meaning; both are directed to the development and maturity of the whole man. Yet, there are differences between them, in methods, in objectives, in tradition; and from these differences, conflicts have arisen between the two disciplines. Happily, those conflicts seem now to have passed, to have been replaced by a healthier and more promising spirit of cooperation and harmony.

In this spirit, an abundance of research and study has been devoted to the problems involving the relationship between Religion and Psychology, between spiritual and mental health. New publications abound in this area, courses in pastoral psychology are offered more frequently in seminaries, symposia on the subject appear frequently. In 1959, the Religious Education Association stressed the need for ever more research along these lines.

> What religion means in our society and in the experience and living of individuals is open to investigation by social scientists. Research to find out the nature of religious experience operationally (...) is of primary importance. It is essential to other research, for example, on the process of religious formation.[1]

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1 Herman E. Wornom, (Ed.), Highlights of Recommendations for Research, New York, The Religious Education Association, 1959, p. 6.

In the atmosphere of conflict that hitherto existed, there had been the inclination, on either side, to explain all relevant phenomena exclusively in terms of one or the other discipline. So the psychologist was inclined to see all forms of spiritual asceticism as nothing but gratifying forms of narcissistic exhibitionism. Freud spoke of God as a cultural father-image, and the Eucharist as a primitive kind of oral cannibalism. Spiritual directors, on the other hand, were too often ready to explain pathological conditions in terms of mystical experience, signs of Divine predilection. Hagiographers of the past centuries have not infrequently attributed supernatural explanations to phenomena which could have been explained by natural causes. Visions, cures, levitations, stigmata were unquestioningly reported as of Divine origin, when they were, in fact, cases of hysterical conversion-reaction. Stern[2] notes that either mode of interpretation is guilty of a kind of reductionism.

This research project is in the area of religious psychology, and will attempt to examine a case in point, in which theologians and psychologists, because of their respective and independent traditions, are apt to render, on the basis of their own diagnostic techniques exclusively,

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2 Karl Stern, The Third Revolution, New York, Image Books, 1954, p. 80.

different interpretations of cases which may resemble one another closely on the symptomatic level. The case in point is the differential diagnosis of the neurotic depressive reaction and what spiritual authors have consistently described as spiritual desolation.

CHAPTER I

STATEMENT OF THE PROBLEM

Since the advent of psychopathology, there has been an abundance of research, clinical experience, and theory on the pathological states of depression. And, on the other hand, since the time of the Fathers of the Church, in the third and fourth centuries after Christ, there has been a long tradition among the classic spiritual writers describing a stage of development in prayer and the spiritual life, variously called desolation, aridity, the dark night of the senses. The first state is pathological; the second is said to be of Divine origin.

There are great resemblances between the two phenomena. De Greeff says that "(...) examiné rapidement et d'assez loin, les phénomènes decrits par saint Jean de la Croix se laissent reduire à de simples équivalents psychotiques".[1] And on symptomatic grounds alone, it is possible for the psychologists, faced with this symptomatology, to assume that all such cases are of pathological origin, and for the theologian to assume that the same cases are of

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1 Etienne de Greeff, "Succedanes et Concomitances Psychopathologiques de la Nuit Obscure - Le Cas du Pere Surin", in Etudes Carmelitaines, 23rd Year, Vol. 2, issue of October 1938, p. 152.

supernatural origin. In each case the assumption is that whatever human phenomena exhibit the same symptoms must also be dynamically alike. Allers, however, argues that such a symptomatic resemblance does not imply dynamic identity.

> Pas plus en psychopathologie qu'en caractérologie ou en psychologie normale, aucun symptôme ne possede une signification déterminee, s'il est isolé du tout dont il fait partie (...) Il est prouvé depuis longtemps en psychiatrie que tout diagnostic doit être basé sur la nature de la personnalité totale et qu'on risque des bévues graves si on se fie à quelque symptôme isolé.2

1. Testimony for the Existence of Two Distinct Phenomena.

There is, in fact, a long tradition, at least among the spiritual writers and some psychologists, of identifying and distinguishing the two states. Lot-Borodine has compiled the selections from many ancient authors who spoke of two kinds of 'sadness', as early as the third and fourth century.

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2 Rudolf Allers, "Aridité Symptôme et Aridité Stade", in Etudes Carmelitaines, 22nd Year, Vol. 2, issue of October 1937, p. 153.

> On sait que les Anciens distinguaient, non sans quelque raison entre ACEDIA et TRISTITIA, fondues en un seul vice en Occident par saint Grégoire le Grand d'abord, plus, definitivement, par saint Thomas (...) et ces deux tristesses, celle qui vient de l'inassouvissement de nos désirs terrestres d'origine passionée, donc mauvaise, morbide; et l'autre la saine et sainte tristesse pour Dieu, hautement louée dans toute la littérature ascetique comme le meilleur stimulant a l'acquisition des vertus prééminentes de l'âme.[3]

He reviews this history through the early works of Clement of Alexandria, or Origen, and finds testimony also in the work of St. Augustine,[4] who himself spoke of both the 'acedia', a pathological condition, and 'tristitia', a stage of spiritual progress.

In the 14th Treatise of his fifteenth century spiritual manual, The Practice of Perfection and Christian Virtues, Rodriguez writes that:

> (...) St. Basil says, and St. Leo Pope, and Cassian also mentions it, that there are two sorts of sadness. One is worldly, when one is sad for something of the world, its adversities and troubles; and that sadness they say the servants of God ought not to have. (...) Another sadness there is that is spiritual and according to God, good and profitable, and becoming the servants of God.[5]

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3 M. Lot-Borodine, "L'Aridité ou « Siccitas » dans l'Antiquité Chretienne", in Etudes Carmelitaines, 22nd Year, Vol. 2, issue of October 1937, p. 194.

4 Ibid., p. 195.

5 Alphonsus Rodriguez, The Practice of Perfection and Christian Virtues, III Vols., American Edition, tr. Joseph Rickaby, S.J., Chicago, Loyola University Press, 1929, Vol. II, p. 481-482.

Grimbert highlights the problem for the diagnostician.

> Il est cependant légitime et fort important à la fois de se demander jusqu'où peut aller la similitude des manifestations dans toutes les aridités mentales ou morales, et si une certaine classe de nos malades n'offre pas, dans le déroulement des processus psychopathologiques, le tableau réel - et non pas une simple copie - de l'aridité de l'âme dans les voies de la «montee spirituelle».[6]

The difficulty lies of course in identifying that certain class. In 1937, Allers focused on the problem directly, and stated it in practically the words of the research theory for this study, when he spoke of an 'aridité symptôme' and an 'aridité stade'.

> J'entends désigner par le deux états d'âme qui se ressemblent souvent beaucoup bien qu'ils soient d'origine fort différente. L'aridité symptôme est justement un symptôme, c'est à dire qu'elle fait partie d'un ensemble des traits menteux plus ou moins pathologiques. L'aridité stade est un phase du developpement de la vie interieure.[7]

Despite the recognition and clear statements of the problem, it has not been hitherto studied, mostly because of the lack of communication between the two disciplines of ascetical theology and clinical psychology which has been the consequence of the use of two entirely different terminologies. Grimbert, in 1937, noted this language barrier, and

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6 Charles Grimbert, "L'Aridité et Certaines Processus Psychopathiques", in Etudes Carmelitaines, 22nd Year, Vol. 2, issue of October 1937, p. 121.

7 Allers, Op. Cit., p. 132.

proposed that it was the reason for the absence of any real studies in this area.

> La terme aridité ne fait pas partie du vocabulaire usual de la nosographie psychiatrique. Quand nous avons à décrire les états de depression, ces états ou l'activité psychologique est ralentie, penible, et triste, chez nos malades mentaux, il est rare que nous utilisions - pour en désigner tout le domaine ou quelque département restreint - le vocable d'aridite psychique. Inversement, les ascralistes et les directeurs de conscience, amenés a s'occuper de certaines aridités de l'âme, ne songent pas communement qu'il puisse s'y mêler des éléments neuropsychopathiques au sens absolu du mot.[8]

2. Historical Attempts at Diagnostic Signs.

Within the same tradition, some suggestions have been made regarding those diagnostic signs which could be employed to distinguish the two states. The fifth century Abbot, Cassian, offered a sample catalogue of signs.

> Cassian specifies the signs by which we may know what sadness is good and according to God, and what is evil. (...) He says that the former is obedient, affable, meek, gentle, and patient (...) But the evil sadness (...) is rude, impatient, full of rancor and fruitless bitterness, inclining to diffidence and despair, and withdrawing and removing from all good.[9]

Such a catalogue is typical of the early attempts at differentiation, which remained scattered and atomistic until John of the Cross provided the classic description of the whole

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8 Grimbert, Op. Cit., p. 121.

9 Ridriguez, Op. Cit., p. 484.

process of spiritual desolation. L'hermitte notes this critical historical point.

> Sous le terme tres general d'aridité, l'on entend souvent des choses fort différentes; et c'est sans doute la rasion pour laquelle Jean de la Croix dans la Montée du Carmel et la Nuit Obscure s'efforcer de preciser par des signes concrete la difference qui sépare les états de sécheresse produits par Dieu d'avec ceux qui sont liés a des imperfections, a quelque mauvaise humeur dépendent de notre nature.[10]

Gimbert notes that the two states cannot be distinguished on the basis of signs as such, but that each must be seen as parts of a total process and judged according to that process. He rejects as too facile one proposal that desolation can be distinguished from depression on the grounds that it is an active process.

> J'insiste donc sur la difficulté d'etablir un diagnostic differentiel dans les états s'aridité anormaux ou purement spirituels d'apres la ralentissement psychique et la passivité chez les uns, l'activité chez les autres.[11]

He prefers rather to think that the neurotic who may manifest some religious preoccupations actually labors under a collection of fears, and that these fears serve as the best diagnostic criteria.

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10 Jean L'hermitte, "Etudes Biologiques des États d'Aridité Mystiques", in Etudes Carmelitaines, 2nd Year, Vol. 2, issue of October 1937, p. 74.

11 Grimbert, Op. Cit., p. 189.

> Nous pourrions en deux mots fixer cette différence de qualité, sorte de critère, et dire: le malade déprimé se sent sous la loi de la crainte; le mystique au contraire paraît, au sein de la plus affligeante aridité qui contraire, peut-être, tout en y contribuant, sa montée ascetique, se sentir quand même et toujours sous la loi d'amour.[12]

But this criterion does not offer much to the diagnostician; nor has it really been substantiated.

The more general tendency has been to try to see the two phenomena in the context of the individual's total life picture; and to judge the nature of the depression from that total picture. Rouart follows this approach:

> On voit donc que rapprocher certains stades de sécheresse liés au renoncement, tel que le considère la psychanalyse, des états d'aridité mystique, n'est pas vouloir donner de ce derniers une explication par le pathologique, mais consiste seulement à envisager les uns et les autres dans leur aspect humain, c'est à dire, au moyen de disciplines purement psychologiques. C'est constater ce qu'ils peuvent avoir de commun, sans pour cela arracher les faits mystiques au rang que leur confère leur finalité particulière et aux etudes théologiques auxquelles il appartient de les etudier un function de cette finalité.[13]

Allers agrees that the differentiation can only be made by viewing the ensemble of characteristics in the light of the overall direction of the individual's life. Usually, he remarks, there is a discernible progress through the

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12 Grimbert, Op. Cit., p. 130

13 Julien Rouart, "Sécheresse et Inhibition au Cours de la Vie Psychique", in Etudes Carmelitaines, 22nd Year, Vol. 2, issue of October 1937, p. 120.

agency of the spiritual desolation; whereas there is no personal enrichment in the neurotic process. And he presents four case studies in his article illustrative of this approach.[14]

But this diagnosis in terms of the life picture can only be determined, as Allers points out, 'a parte post', and is therefore of little value to the diagnostician who is obliged to render a decision in the present without waiting for the testimony of an individual's completed life. He remarks that that task is a most difficult and a most important one.

> Le diagnostic différentiel entre ces deux états presente donc grand interêt, tant pour le directeur spirituel que pour le medecin psychologue.[15]

Allers concludes by noting that there has not been enough research to provide us as yet with a valid diagnostic criterion.

> Ces remarques relatives au problème du diagnostic différentiel entre l'aridité symptôme et l'aridité stade sont probablement tres peu satisfaisantes. Mais puisque ce problème n'a pas encore été étudié suffisamment - j'entends au point de vue de la psychologie médicale - il n'est pas possible d'en dire plus long pour le moment.[16]

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14 Allers, Op. Cit., p. 133-150.

15 Ibid., p. 132.

16 Ibid., p. 132.

And that is the object of this research, to study the problem of a differential diagnostic between the spiritual desolation and the neurotic depressive reaction from the point of view of psychology.

The ascetical tradition suggests that two such dynamically distinct states do in fact exist, and should be differentiated. And this statement offers the first formulation of the research theory: spiritual desolation and the neurotic depressive reaction are symptomatically alike, but dynamically distinct. The first step in the examination of the research theory, as thus far stated, is a more studied review of the two phenomena involved.

CHAPTER II

THE NEUROTIC DEPRESSIVE REACTION AND SPIRITUAL DESOLATION

1. The Neurotic Depressive Reaction.

Clinical descriptions of depressive states can be found as early as the writings of Hippocrates, who in the fourth century B.C. attributed them to the presence of black bile and phlegm affecting the brain. Aretaeus of Rome in the first century A.D., spoke of melancholia as the reaction to a mania which did not however impair the intellectual faculties. Though a commonly observed phenomenon ever since that time, it has never been a well-defined clinical entity.

Significant attempts to refine the concept began with Myer, who eliminated the term 'melancholia' in favor of the designation 'depression' in 1907. And Kraepelin[2] in 1909 pointed out the need to differentiate the depressive reaction as a specifically discrete clinical entity apart from the depressive psychoses. This recognition led to the ultimate adoption of the category of 'reactive depression' as a subdivision of the psychoneuroses.

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1 Edward Stainbrook, "A Cross-Cultural Evaluation of Depressive Reactions", in Paul Hoch and Joseph Zubin, (eds.), Depression, New York, Grune and Stratton, 1954, p. 43.

2 Ibid., p. 45.

Since Kraepelin, there have been innumerable attempts to classify the syndrome precisely. Ascher[3] in 1952 reviewed seven extant classifications at that time, and indeed there have been many more. The War Department classification of 1945[4] had popularized the designation, neurotic depressive reaction, which was subsequently adopted in the nomenclature approved by the American Psychiatric Association in 1952.[5] According to this classification, which will serve as the one to be employed in this study, there are six classes of depression:

1. Manic-Depressive Reaction, Depressive Type;
2. Manic-Depressive Reaction, Other (specified) Type;
3. Psychotic Depressive Reaction;
4. Involutional Depressive Reaction;
5. Schizophrenic Reaction, Schizo-affective Type;
6. Neurotic Depressive Reaction.

The only one of these classifications to be considered in this study is the neurotic depressive reaction.

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3 Eduard Ascher, "A Criticism of the Concept of Neurotic Depression", in American Journal of Psychiatry, Vol. 108, 1952, p. 901.

4 Ibid., p. 904.

5 R.A. Cleghorn and G.C. Curtis, "Depression, Mood, Symptom, Syndrome", in Documenta Geigy: Acta Psychosomatica, No. 2, North American Series, issue of September 1959, p. 18-19.

Since 1952, less emphasis has been placed on the classification of depressive states, and where they are still used, the nomenclature of the American Psychiatric Association's classification is generally the most common.

a) Symptomatology.- According to the War Department's original classification,[6] the Neurotic Depressive Reaction differs from psychotic depression in degree, and in the absence of gross misinterpretations of external reality. It is characterized by self-depreciation and the introjection of feelings, and by guilt feelings; it is precipitated by some loss; and it is generally related to repressed aggression.

Jaeger notes that the term Reactive Depression is applied "(...) when an external cause, such as business failure, social failure, disappointment in love, the death of a loved one precipitates the depression".[7] Gutheil in the American Handbook of Psychiatry describes the Neurotic Depressive Reaction as "(...) an acute feeling of despondency and dysphoria of varying intensity and duration (...) a response to conditions of loss and disappointment".[8] He outlines the symptoms as diminished activity, lowered self-assurance,

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6 Ascher, Op. Cit., p. 905.

7 Jacob Jaeger, "Mechanisms in Depression", in American Journal of Psychotherapy, Vol. 9, 1955, p. 441

8 Emil Gutheil, "Reactive Depressions", in Silvano Arieti (Ed.), American Handbook of Psychiatry, New York, Basic Books Inc., 1959, p. 345.

apprehension, constricted interests, and loss of initiative. Keilholz[9] describes the conditions as manifest in feelings of weakness, helplessness, in which the world is seen as threatening to a depreciated self-esteem. He notes that it is often accompanied by over-compensated ambition and the necessity to fail.

Cleghorn and Curtis[10] support the War Department's classification in noting that the reactive depressives, in contrast to the endogenous or psychotic depressives, do not show major personality disorganization or falsifications of reality, such as delusions or hallucinations. The personality organization is frequently of the conscientious, obsessive-compulsive type, although hysterical patterns are also seen. Usually, the depressive person is a chronically anxious individual.

In cases of the Neurotic Depressive Reaction, Cleghorn and Curtis[11] note that the precipitating stress is usually identifiable, but seems to be inadequate to elicit the serious degree of mood change which occurs with the concomitant reports of worthlessness, inferiority, and self-depreciation.

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9 Paul Keilholz, "Diagnosis and Therapy of the Depressive States", in Documenta Geigy: Acta Psychosomatica, No. 2, North American Series, issued of August 1959, p. 14.

10 Cleghorn and Curtis, Op. Cit., p. 15.

11 Ibid., p. 30.

Such persons turn mainly to the environment and display powerful strivings for security, as well as a definite hunger for love. They want the environment to assure them that they are not as unworthy and unloveable as they report. Failures here will be accompanied by distressing subjective ambivalence, inhibition and loss of energy. Complaints of internal emptiness, inhibition, and drive decrease are common.

Freud[12] found the depressive reaction to accompany the loss of a loved-object. The depressed person feels a painful rejection, inhibition of interest in the outside world, loss of the capacity to love, and a lowering of self-regarding feelings to a degree that self-reproaches and self-revilings culminate in the expectation of punishment. Freud believed that these self-accusations were actually reproaches against the loved-object shifted to the patient's own ego.

In their monumental efforts to present an aggregate picture of the depressive symptomatology, the authors of the Minnesota Multiphasic Personality Inventory[13] collected a comprehensive listing of those symptoms that the depressed

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12 Sigmund Freud, "Mourning and Melancholia", in John Rickman, (Ed.), A General Selection from the Works of Sigmund Freud, New York, Doubleday &Company, 1957, p. 124-140.

13 Starke R. Hathaway and J. Charnley McKinley, Minnesota Multiphasic Personality Inventory, Revised Edition, New York, The Psychological Corporation, 1951, p. 5.

patient is likely to display. On the physical side, they include anorexia, insomnia, fits of crying, memory failures, feeling of general weakness, hyper-tension, and general hypochondriacal concern. The depressed patient is usually sad, given to feelings of failure and rejection, hyper-sensitive, brooding, fearful, withdrawn and despairing. Because of indifference, disinterest, and a certain impairment of intellectual acuity, his work also suffers. And these symptoms are set against a pervading lack of self-confidence and tendency to self-depreciation.

b) The Dynamics of the Neurotic Depressive Reaction.- Cleghorn and Curtis[14] state that there are three focal opinions with respect to the etiology of reactive depression. One holds that whereas the endogenous depression is somatogenic, the reactive depression is psychogenic; the second holds that all depressions, regardless of classification, are psychogenic in nature; and a third maintains that all depressions are the resultant of the interplay of different processes, of the interaction, that is, between heredity and the early and late environment.

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14 Cleghorn and Curtis, On. Cit., p. 30-35.

In support of the constitutional pre-disposition, Kretschmer[15] and Kallmann[16] have both argued that the exaggerated and prolonged reaction to some unpleasant experience, characteristic of the depressive, is inexplicable apart from the presence of constitutional factors. Kraines states that:

> (...)the etiology is a combination of hereditary susceptibility and physiologic precipitative factor (...)a disturbance in the diencephalic region, including the thalamus, the reticular systems, and the rhinencephalon.[17]

The work of Kretschmer[18] and of Sheldon[19] attempts to correlate physique and personality in the depressed; and Keilholz[20] offers figures to the effect that the reactive depressive patient is generally leptosomic in body type.

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15 Gutheil, Op. Cit., p. 345.

16 Franz Kallmann, "Genetic Principles in Manic-Depressive Psychosis", in Paul Hoch and Joseph Zubin, Op. Cit., p. 1-24.

17 Samuel Kraines, Mental Depressions and Their Treatment, New York, MacMillan Co., 1957, p. 51.

18 E. Kretschmer, Physique and Character, New York, Harcourt, Brace, & Co., 1925, p. 21-29.

19 W.H. Sheldon and S.S. Stevens, The Varieties of Temperament, New York, Harper Bros, 1942, p. 50f.

20 Keilholz, Op. Cit., p. 16f.

Research by Krainas,[21] Beach[22] and Reiss[23] indicates the role of hormonal imbalance in depressive conditions.

Though he supports the constitutional approach, Keilholz[24] also stresses the significance of a psychic predisposition as well. In a study of reactive depressives, he found that seventy-four per cent were sensitive, insecure, serious, withdrawn, shy personalities with a pedantic love of order, and a tendency to work through their experiences internally. Twelve per cent were inclined to be disgruntled, obstinate, irritable people, with a tendency to react violently and to feel grossly misunderstood. Ten per cent were predominantly schizoid personalities. And four per cent were sociable and extroverted. Gutheil too, though admitting constitutional pre-dispositions, notes the presence of:

> (...) pre-disposing factors, among them a conspicuous overcathexis of certain objective values, such as money, prestige, or the like, the loss of which affects the patient in an abnormally strong way.[25]

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21 Krainas, Op. Cit., p. 54.

22 Frank A. Beach, Hormones and Behavior, New York, Paul Hoeber, Inc., 1948, p. 111-124.

23 Max Reiss, "Investigation of Hormone Equilibria during Depression", in Paul Hoch and Joseph Zubin, Op. Cit., p. 69-82.

24 Keilholz, Op. Cit., p. 20f.

25 Gutheil, Op. Cit., p. 346.

Among the purely psychogenic interpretations, the psychoanalytic schools provide the greatest variety of theories. Freud[26] believed that the self-torments experienced by the depressed patient are actually expressions of hate directed at the original object choice. This original object choice, selected on a narcissistic basis, proves injurious or disappointing; but rather than withdraw the libido from the object, the individual introjects it. Thus, the melancholic is fixated at the primitive level of oral, narcissistic introjection, which accounts for his great dependency.

Abraham[27] also stressed the factors of hostility and orality as essential to the depressive states and felt, as a result, that the depression was the result of very early disappointments in the child's relationship to his parent. These early disappointments seem to consist of situations in which the child shatteringly discovers that he is not his mother's favorite, or indeed not really loved by her at all. On occasions of subsequent disappointments, the child finds that his love is so overwhelmed by hate that he abandons the object as something distasteful and disgusting, and then

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26 Freud, Op. Cit., p. 127-135.

27 Karl Abraham, "Manic-Depressive States and the Pre-genital Levels of the Libido", in Selected Papers on Psychoanalysis, New York, Basic Books, Inc., 1942, p. 453.

introjects it into his own ego and becomes narcissistically identified with the hated object. This hostility which is now self-directed becomes the object of self-reproach. Abraham postulated therefore that the depressive's self-reproaches and self-criticism were really directed against the lost love-object.

Klein[28] pushed the area of analytical interest back to the infant's first year of life, and postulated the processes of introjection and projection at this early stage. For Klein, the depressive pre-disposition depended on the quality of the mother-child relationship, and the frustrations resultant upon the loss of the first loved-objects.

Jacobsen[29] considered rather than the depression was intimately linked with the loss of self-esteem. When the ego-ideal is for some reason unattainable, there follows an aggressive cathexis of the self-image. In addition, the depressive has early experienced such disappointments that he feels un-valued, un-wanted, and sustains a deep narcissistic injury, the result of an introjection of parental

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28 Melanie Klein, The Psycho-Analysis of Children, London, Hogarth Press, Ltd., 1932, p. 38f.

29 E. Jacobsen, "The Self and the Object World: Vicissitudes of Their Infantile Cathexes and Their Influence on Ideational and Affective Development", in The Psychoanalytic Study of the Child, Vol. 9, New York, International Universities Press, 1954, p. 75-127.

judgments. This narcissistic injury interferes with both the optimal self-cathexis and adequate object representations. These object representations are insufficiently separated from the parental component of the self-ideal, and they therefore are unrealistically idealized. The patient feels himself dependent upon them all, and this dependency leads in turn to intolerance to hurt, frustration, disappointment. The defenses of denial or the rationalized inadequacy of the love-object keeps the depressive in the dependent position, concealing his own intrinsic worth, and contributing to the tendency to see self as weak and helpless.

Cameron[30] sees the depressive reaction as organized around an unconscious sense of guilt, the result of excessive hostility. He feels that the excessive dependency needs stem rather from rewarding love relationships in childhood that must always have seemed in danger of disappearing. Love was never unconditional, always dependent upon submission. This continues, so that as an adult, the depressive must constantly insure a continual supply of love and support, or at least envy and admiration. While he can do nothing that risks forfeiting this attention and striving for achievement, he resents his emotional dependence and hates the people whom he must always please.

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30 Norman Cameron, Personality Development and Psychopathology, New York, Houghton-Mifflin, 1963, p. 516-557.

While differing in specific aspects of their theories, the psychoanalytic writers agree in basic outline. The personality structure of the depressive is marked by defenses of introjection, dependency, a severely critical super-ego, unconscious hostility turned inwards, and low self-esteem. These center around the real or perceived loss of a love-object. The hostility towards the love-object, who has disappointed him in an early love-relationship, is introjected, and produces the severe super-ego, guilt-feelings, and a conviction of worthlessness. The attempt to win back the lost love-object produces the dependency, and subsequent disappointments trigger the depressive reaction.

2. The Spiritual Desolation.

In both the Western and Eastern Church traditions, cases of spiritual desolation have been described from the very earliest times. Originally, desolation was referred to by the greek word 'penthos'. And that state is described by Cyril of Philea[31] as "(...) la tristesse selon Dieu (...) un sentiment accompagné de tristesse et de peine à cause de la privation de ce qui donne la joie", and by Gregory

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31 Irenee Hausheer, "Penthos", in Orientalia Christiana Analecta, Rome, Pontifical Institute of Oriental Studies, 1944, Vol. 132, p. 26.

of Nyssa[32] as "(...) une disposition morne de l'âme, causée par la privation de quelque chose de désirable".

Hausherr in 1944 reviewed this entire tradition in the Orientalia Christiana Analecta, in which he noted the universality of the tradition.

> C'est une des dispositions les plus nécessaires a l'ascensionniste spirituel. Ils l'appelent en grec « penthos ». Mais, ce n'est pas une idée grec ou même byzantine; elle se retrouve sous divers noms dans toutes les langues parlees des chrétiens orientaux.[33]

And he substantiated this claim with innumerable citations from the writings of Clement of Alexandria, Origen, the Cappadocians, John Chrysostom, and others.

Martin, in 1957, in the Dictionnaire de Spiritualite, stated that the same tradition was as prevalent in the west, and wrote "(...) tous les ages de l'hagiographie chrétienne nous offrent des exemples de la desolation spirituelle".[34] And he found testimony in the works of Diadocus of Photia, in the Spiritual Ladder of John Climacus, who spoke of desolation as 'compunctio cordis', in the conference of the Abbot Cassian, and others. Rodriguez quotes the same Cassian as having said that:

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32 Hausherr, Op. Cit., p. 87.

33 Ibid., p. 8.

34 Henri Martin, "Desolation", in Dictionnaire de la Spiritualite, Ascetique et Mystique, Paris, Beauchesne, 1957, Vol. 3, p. 640.

> Persons of great merit and wisdom sometimes abandon themselves so far to this deep melancholy to cry like children, or when they feel the melancholy coming, to shut themselves in their chambers where they may be at liberty to weep.[35]

Moving to relatively more modern testimony, Martin[36] then reviewed seven case studies of spiritual desolation, in the lives of John of the Cross, Jean de Jesus-Marie, Jeanne de Chantal, Paul of the Cross, Alphonsus Liguori, Emile de Rodat, and St. Theresa.

In 1937, Lot-Borodine followed the continuation of the tradition through the middle ages, stating that desolation was

> (...) si frequemment et magistralment décrite par Evagre du Pont, Nil, Cassien, et Climaque, pour ne parler que de ceux-la, et à leur suite, par tant d'auteurs du Moyen-Age bénédictin.[37]

So extensive was the tradition that a number of spiritual classics were devoted exclusively to it. The Cloud of Unknowing,[38] the anonymously written fourteenth century English classic, stresses the uncertainty and

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35 Alphonsus Rodriguez, The Practice of Perfection and Christian Virtues, American Edition, 3 Vols., tr. Joseph Rickaby, S.J., Chicago, Loyola University Press, 1929, Vol. 2, p. 459.

36 Martin, Op. Cit., p. 631-645.

37 M. Lot-Borodine, "L'Aridité ou «Sicceitas» dans l'Antiquité Chrétienne", in Etudes Carmelitaines, 22nd Year, Vol. 2, issue of October 1937, p. 192.

38 Justin McCann, (Ed.), The Cloud of Unknowing, Westminster, Md., Newman Press, 1952, 6th Edition, p. 78f.

blindness that afflict the man of faith. Dom Knowles[39] claims that the 'cloud' corresponds to the dark night, described by John of the Cross. In 1647, Louis Chardon[40] published La Croix de Jesus, in which he attempted to describe the whole of the spiritual life in terms of desolation, as did Baker[41] in The Great Desolation, published in 1876.

Allers,[42] Bruno de Jesus-Marie,[43] and Leonard[44] brought the tradition up to date by reviewing, in three collections, a number of contemporary case studies. Testimony then is not wanting to the effect that the tradition describing the spiritual desolation is a long and consistent one.

a) Classification.- But, as in the case of the neurotic depression, such an ubiquitous and variously described phenomenon is in need of more precise classification.

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39 David Knowles, The English Mystics, New York, Benziger Bros., 1927, p. 101.

40 Louis Chardon, La Croix de Jesus, Paris, Bertier, 1647, Editions du Cerf, 1937, xlci-590 p.

41 Augustine Baker, The Great Desolation, London, A. Devine, 1876, p. 536-541.

42 Rudolf Allers, "Aridite Symptome et Aridite Stade", in Etudes Carmelitaines, 22nd Year, Vol. 2, issue of October 1937, p. 132-153.

43 Bruno de Jesus-Marie, "Saint Jean de la Croix et la Psychologie Moderne", in Etudes Carmelitaines, 30th Year, Vol. 2, issue of May 1951, p. 9-24.

44 A. Leonard, "Psychologie Religieuse", in Supplement de la Vie Spirituelle, Vol. 6, No. 25, 1953, p. 215-242.

Martin[45] and Daeschler,[46] in the Dictionnaire de Spiritualite, provide the following list of categories, which shall be followed in this study: 1) 'Degoût', 2) 'Aridité', 3) 'La Desolation Grande' or 'Dereliction', 4) 'La Desolation Commune'.

'Degoût' is a general term to describe any feelings of repugnance for the things of God. 'Aridité' and 'Desolation' are specific forms of 'Degoût'. Daeschler defines 'aridité' as "(...) une état dans lequel l'âme eprouve une sorte d'impuissance, ou du moins une grande difficulté a produire les actes propre a l'oraison".[47] Louis de la Trinité[48] notes that the word 'aridité' etymologically means to be dry, to lack the irrigation that turns the arid soil fertile, and thus it suggests the image of a 'desert', the frequent habitat for the monks who often wrote of the state. As such, 'aridité' then is specifically a state of prayer, and should not be confused with desolation, which is a condition affecting the whole of the spiritual life.

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45 Martin, Op. Cit., p. 840.

46 M. Daeschler, "Aridité", in Dictionnaire de la Spiritualite, Ascetique et Mystique, Paris, Beauchesne, 1957, Vol. 1, p. 843-855.

47 Ibid., p. 843.

48 Louis de la Trinité, "Séche et Obscure Nuit de Contemplation", in Etudes Carmelitaines, 22nd Year, Vol. 2, issue of October 1937, p. 208.

The two kinds of desolation differ, according to Martin,[49] only in degree. 'La Grande Desolation' or 'Dereliction', synonymous terms, describe a persistent and grave state in which the person feels that he has fallen, without knowing how, into disgrace before God. And this corresponds to the dark night of the soul in the classification of John of the Cross. 'La Desolation Commune' is a less intense suffering and, again according to Martin, is common to all the just. To it corresponds the dark night of the senses, described by John of the Cross. It is only with the phenomenon referred to by the authors as 'La Desolation Commune' or the dark night of the senses that this study is concerned.

b) Symptomatology.- As in all cases of depression or desolation, 'La Desolation Commune' is characterized by a sense of loss. In this instance, it is the feeling of the loss of the presence of God. Angela de Foligno is quoted as saying of her desolation: "(...) je me tenais tourmentée, et il me semblait que je ne sentais rien de Dieu; et il me semblait que j'etais comme abandonnée de Dieu".[50] De Greeff, commenting on the desolation, wrote:

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49 Martin, Op. Cit., p. 640.

50 --------, "Dereliction", in Dictionnaire de la Spiritualite, Ascetique et Mystique, Paris, Beauchesne, 1957, Vol. 3, p. 805.

> On est surtout frappé par la tristesse et le découragement des sujets, voire par leur désespoir, leurs idées plus ou moins nettement exprimées d'indignité ou même la certitude qu'ils sont comme s'ils étaient abandonnés de Dieu.[51]

And the very word 'dereliction', which is employed to describe advanced stages of desolation, etymologically signifies a loss. The sense of loss, in this case the painful feeling of the loss of God, literally a hell, is the chief characteristic of both depression and desolation.

Accompanying the sense of loss are the usual overt depressive symptoms. There are feelings of dryness of sensibility, doubts, inquietude, inertia, revulsion, a darkening of the intellect, and despair.[52] One feels alone, isolated, and in the loneliness, prayer becomes impossible, faults are magnified, there is disdain for the things of God, as well as for all created things, and the self-depreciating feeling that one is, and should be, disdained by God.

Jean de Jesus-Marie likened his desolation to that of one who is locked in prison, unable to pray, feeling distaste for everything, and at the same time anxious about his salvation.[53] Jeanne de Chantal described the physical

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51 Etienne de Greeff, "Succedanes et Concomitances Psychopathologiques de la Nuit Obscure - Le Cas du Pere Surin", in Etudes Carmelitaines, 23rd Year, Vol. 2, issue of October 1938, p. 152.

52 Martin, "Desolation", p. 641f.

53 Ibid., p. 632.

reactions when she noted that "(...) on perdit alors le boire, le manger, le dormir".[54]

There is a feeling of indifference about the self, the environment, God, which Lot-Borodine thought to be the principal sign.

> Or la dominante de cette torpeur caractéristique de l'âme, c'est bien l'indifference, voire le dégoût croissant a l'égard de toutes les res spirituales.[55]

And all authors[56] agree that the individual feels a terror of Divine Justice, a subjective conviction that God will surely convict him of innumerable sins.

De Greeff summarizes the symptomatology:

> On remarque aussi leur état de sécheresse affective, état douloureux entre tous, leur manque de goût, leur lassitude, la vide dans lequel ils se débattent. Et jusque l'interpretation que le sujet donne de son état sont la melancolie.[57]

And St. Ignatius described it in this manner:

> I call by the name of desolation that darkness and confusion of soul, attraction to base objects, disquietude caused by various agitations and temptations which make the soul distrustful, without hope or love, so that it finds itself altogether slothful, tepid, sad, and as it were, separated from its Creator and Lord.[58]

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54 Martin, "Desolation", Op. Cit., p. 633.

55 Lot-Borodine, Op. Cit., p. 193.

56 Martin, "Desolation", Op. Cit., p. 631.

57 de Greeff, Op. Cit., p. 152.

58 Ignatius of Loyola, Exercitia Spiritualia, Rome, Typis Polyglotis Vaticanis, 1948, p. 223.

But the final authority in any matters concerning the phenomenon of desolation is John of the Cross. In two works, The Ascent of Mount Carmel,[59] and The Dark Night of the Soul,[60] he describes the symptoms, offers diagnostic signs, outlines the dynamics and etiology, and gives direction concerning what the person passing through such a stage should do.

John of the Cross outlines the stages of spiritual development according to six steps.[61] First, one is totally devoted to sensible satisfactions, to need-gratification. From this stage, the person is weaned by means of the dark night of the senses, and prepared for a higher spiritual maturity. And this is the second stage.

It is important for the purpose of this study to draw attention to the fact that this night of the senses, or 'la Desolation commune', is not an infrequent phenomenon. John of the Cross states specifically that it is "(...) common and comes to many: these are the beginners".[62] And in another place, he mentions that:

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59 John of the Cross, Ascent of Mount Carmel, New York, Image Books, 1958, lxxxiv-386 p.

60 --------, Dark Night of the Soul, New York, Image Books, 1959, 193 p.

61 Louis de la Trinite, Op. Cit., p. 826.

62 John of the Cross, Dark Night of the Soul, p. 61.

> Ordinarily, no great time passes after their beginnings before they begin to enter this night of the senses; and the great majority of them do in fact enter it, for they will generally be seen to fall into these aridities.[63]

And he feels, as do the others, that it is an indispensable stage in spiritual growth. "For the night belongs to the sensual part of the soul, and through it, the soul must pass in order to attain union with God."[64]

After the individual has passed through these first two stages of spiritual development, there follows an intermediate interval of relative quiet, the purpose of which is to prepare the soul for the greater dark night of the soul, which corresponds to 'La Grande Desolation'. And this in turn is followed by the last two stages, the illuminative and unitive, which can broadly be described as full spiritual maturity.

But it is the dark night of the senses that is of primary concern here. John of the Cross describes it largely in the terms already presented, as "the privation of every kind of pleasure which belongs to desire",[65] and remarks in general that "(...) the soul finds no pleasure or consolation in the things of God, nor in any created thing".[66]

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63 John of the Cross, Dark Night of the Soul, p. 63.

64 --------, Ascent of Mount Carmel, P. 26-27.

65 Ibid., p. 24.

66 --------, Dark Night of the Soul, p. 64.

In addition, he notes the ambivalence that is common to depressives of all kinds. The fear of God and the desire to please Him increase in this arid night.[67] And John of the Cross also comments on the withdrawal that usually follows the grief-reaction:

> (...)together with the aridity and the emptiness which it causes in the senses, it gives the soul an inclination and desire to be alone and in quietness, without being able to think of any particular thing or having the desire to do so.[68]

Thus, the overall symptomatic picture presented in desolation is one of a person who is overwhelmed with the feeling of loss, is sad, self-depreciative, finding no satisfaction in himself or his environment, is physically inert, anxious, suffering from anorexia, insomnia, unable to pray or to love. As in the case of the neurotic depressive reaction, there is no accompanying misinterpretation of the outside world, although there is a lowering of intellectual activity.

c) The Dynamics of Desolation.- On the other hand, one does not find in the literature on desolation the same dynamic factors that are present in the etiology of depression. There is no mention of either the constitutional predispositions

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67 R.H.J. Steuart, The Mystical Doctrine of St. John of the Cross, London, Sheed and Ward, 1944, p. 108.

68 John of the Cross, Dark Night of the Soul, p. 66.

or those psycho-genic factors generally underlying the neurotic depressive reaction.

Rather, the dynamics are described in terms of two factors: the external action of God, and the internal attitudes of response. The etiology is generally described in terms of an "(...) action directement desolatrice de Dieu".[69] This action is purgative in quality. In a sense, God strips the person of natural pleasures in order that he may then fasten more exclusively on God alone. John of the Cross describes this process repeatedly.

> The cause of this aridity is that God transfers to the spirit the good things and the strength of the senses, which, since the soul's natural strength and senses are incapable of using them, remain barren, dry and empty.[70]

The purpose of the action is preparatory, "(...) de faire grandir les âmes dans la charite".[71] The purgation leads to a kind of purification, which Martin notes, "(...) est une purification dans la voie de la perfection".[72] And in this purification, which results from the weaning of the person from natural desires, there is a loss of all created things and a temporary feeling of the loss of God Himself. Again, John of the Cross describes this Divine purpose.

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69 Martin, Op. Cit., p. 640.

70 John of the Cross, Dark Night of the Soul, p. 65.

71 Martin, Op. Cit., p. 639.

72 Ibid., p. 640.

> First, the soul must cast away all strange gods - namely all strange affections; secondly, it must purify itself of the remnants which the desires aforementioned have left in the soul, by means of the dark night of the senses whereof we are speaking, habitually denying them(...)so that God may change the soul, that its operations, which before were human, might become Divine.[73]

The internal response of the individual to this purgative aridity is the sense of loss, the grief, the dryness, which is regulated by the feeling that one is not serving God as he should.

> The purgative aridity is ordinarily accompanied by solicitude, with care and grief, as I say, because the soul is not serving God(...)and this feeling of grief produces a purgative effect upon the desire, since the desire is deprived of all pleasure, and has its care centred upon God.[74]

This conviction that one is not serving God adequately, and therefore is deserving of His disdain, is fostered by God, precisely"(...)in order to lead them in the way of the spirit".[75]

3. Comparison of the Neurotic Depressive Reaction and Spiritual Desolation.

This cursory review of the two phenomena of the neurotic depressive reaction and spiritual desolation bears out the observation that although the vocabulary often differs,

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73 John of the Cross, Ascent of Mount Carmel, p. 37.

74 --------, Dark Night of the Soul, p. 65.

75 Ibid., p. 68.

the symptomatology of both is very much alike. In both states, the person suffers physically from anorexia, insomnia, general inertia and weakness. He is sad, indifferent, lonely and withdrawn. There is an impairment of intellectual acuity, and an overwhelming feeling of self-depreciation. And in both instances, the reaction is characterized by a sense of loss.

But the dynamics appear to be altogether different. The spiritual desolation is primarily of Divine origin, and serves the purpose of a purgative preparation, stripping the individual of sensible consolations that he might progress to higher stages of union with God. On the other hand, the predominant theme that runs through the literature on the dynamics of the neurotic depressive reaction is the degree of self-preoccupation, self-centredness, masochistic concern resulting from the loss of a love-object.

It is therefore hypothesized that though the neurotic depressive reaction and spiritual desolation are symptomatically alike, they are dynamically distinct and can be distinguished on the grounds of the presence of narcissism.

CHAPTER III

NARCISSISM

The word narcissism was first used in a clinical sense by Havelock Ellis, and then by P. Naecke, from whom Freud, as he himself states,[1] borrowed the term. For Ellis and Naecke, it denoted the perverse attitude of a person who treats his own body as if it were a sexual object.

The word is derived etymologically from the greek 'narke', from which root we also have the words narcosis, narcotics, et cetera. But the Freudian analysis is based rather on the famed greek legend.[2]

It was Freud who gave the term the psychiatric popularity it now enjoys, although it did not appear in his writings until 1914. At that juncture, it marked a significant change in his career, and necessitated a revision of his instinctual theory. Freud first used the word in a lecture given to the Vienna Psychoanalytic Society in 1909; and then

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1 Sigmund Freud, "The Theory of the Libido: Narcissism", in A General Introduction to Psycho-Analysis, New York, Garden City Publishing Co., Inc., 1943, p. 357.

2 Baron von Wieseler, Narkissos, Gottingen, Dietrich, 1856, xiv-260 p., and Spotnitz and Resnikoff, "The Myths of Narcissus", in Psychoanalytic Review, Vol. 41, 1954, p. 173-181, (See Appendix 1).

devoted an essay to it in 1914.[3] Of the essay, Jones writes:

> (...) it gave a disagreeable jolt to the theory of the instincts on which psychoanalysis had hitherto worked. In effect, it appeared to invest the ego with a libidinal complement of its own, and if indeed, the ego was libidinally invested, then it looked as if we should have to reckon its most prominent feature, the self-preservative instinct as a narcissistic part of the sexual instinct(...)and if the ego was to be regarded as itself libidinal, what was to become of the basic conflict between the two?[4]

In the essay, Freud based his conception of narcissism on evidence drawn from many sources, but the main impetus, as he himself says,[5] came from Abraham who, as early as 1908, had pointed out that the main characteristic of dementia praecox was that the investment of objects with libido was lacking. Abraham had also conjectured that the libido, in such patients, had been turned back upon the ego. From these reflections, Freud concluded that the libido, normally attached to objects, can abandon the objects and set the ego itself in their place. He also thought that such a narcissism was the universal primal condition out of which later object-love develops.

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3 Sigmund Freud, "On Narcissism: An Introduction", in John Rickman, (Ed.), A General Selection from the Works of Sigmund Freud, New York, Doubleday and Co., 1957, p. 104-123.

4 Ernest Jones, The Life and Work of Sigmund Freud, Vol. II, New York, Basic Books, Inc., 1961, p. 303.

5 Freud, "The Theory of the Libido: Narcissism", p. 359.

The data upon which Freud based his concept of narcissism were as follows:[6] 1) the paraphrenic manifestations of megalomania, together with a magical belief in the 'omnipotence of thoughts', to be found in dementia praecox; 2) the self-absorption that takes place in sleep; 3) the withdrawal of love and interest from the outside world in cases of painful illness; 4) the body-attention of the hypochondriac; 5) the self-preoccupation of old age; and 6) forms of passionate love. Of the last, Freud[7] commented on the two ways in which one chose the love-object: the anaclitic object choice, in which the choice fell upon a mother-substitute (for a male) and a protector (for a female), and the narcissistic object choice, in which the object corresponds to the picture one has of oneself.

Freud proceeded to make a number of basic distinctions. He first distinguished narcissism from egoism,[8] on the grounds that when one speaks of egoism, there is reference to the interests of the person concerned, whereas narcissism relates only to the satisfaction of needs. In addition, he distinguished narcissism from auto-eroticism,[9] since narcissism

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6 Freud, "On Narcissism: An Introduction", p. 106f.

7 Ibid., p. 112f.

8 Ibid., "The Theory of the Libido: Narcissism", p. 361.

9 Ibid., p. 357.

could be expressed in fantasy alone, without accompanying sex gratification. Of greatest importance is his distinction between primary and secondary narcissism.[10] Applied to the child, narcissism meant for Freud the normal stage of early development; this was primary narcissism, a universal, original condition of self-love, a primarily physiological condition out of which later object-love develops. Secondary narcissism applied to those pathological states in which object-cathexis was, for varying reasons, withdrawn, and re-directed to the ego.

Many authors, especially Balint,[11] Greenacre,[12] and Murphy,[13] object to the application of the term narcissism to the infant's condition; for there is at that stage no question of a 'withdrawal' of cathexis. Whatever the validity of the term 'primary narcissism', suffice it to say that the pathological condition about which Freud wrote is properly called secondary narcissism; and it is in this sense that we use the word in this study.

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10 Freud, "On Narcissism: An Introduction, p. 105-106.

11 Michael Balint, "Primary Narcissism and Primary love", in Psycho-Analytic Quarterly, Vol. 29, 1960, p. 6-43.

12 Phyllis Greenacre, Trauma, Growth and Personality, New York, Norton, 1952, p. 70f.

13 Lois Murphy, The Widening World of the Child, New York, Basic Books, Inc., 1962, p. 356f.

After 1914, the subject of narcissism occupied much of Freud's writings, and tended to shape a good deal of his thought. It was the inspiration for his dual-instinct theories. Hartmann summarizes the contribution of the theory of narcissism in Freud's later work by saying that "(...) it marked the development of 'ego' psychology, but ran the greater danger of treating the ego as if it were the id".[14] Whatever the effects on Freud's psychology, the term remains with us; and Brenner comments that it remains "(...) a useful and necessary working hypothesis in psychoanalytic theory, involving in a general way the hyper-cathexis of the self, the hypo-cathexis of the environment, and a pathologically immature relationship to these objects".[15]

Jung and Adler refrained from using the terms of narcissism, possibly because Freud's original paper in 1914 was intended as a polemic addressed primarily to them. Jung,[16] in brief, saw narcissism as a recreation of the mother-child relationship, in which the individual, retreating before its own problems, dips for a moment into the source

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14 Heinz Hartmann, "The Mutual Influences in the Development of the Ego and the Id", in the Psychoanalytic Study of the Child, Vol. 7, 1952, p. 17.

15 Charles Brenner, An Elementary Textbook of Psychoanalysis, New York, Doubleday and Co., 1957, p. 110.

16 C.G. Jung, On the Psychology of the Unconscious, New York, Meridian, 1956, p. 103.

of life, in order to wrest a little more strength from the mother. Adler's emphasis[17] on the social sense and community-commitment in the development of a mature style of life would imply that he too viewed narcissism as a pathological attitude. For him, it was the fictional creation of the superperson in response to a radically felt inadequacy.

Horney later stated that narcissism

> (...) means that the person loves and admires himself for values for which there is no adequate foundation (...) in order to escape an unbearable feeling of nothingness.[18]

This is more accurately described as self-inflation, a substitute for the genuine sense of self of which the person is deprived.

The Later Emphasis.- Freud and his immediate disciples regarded narcissism as a tendency toward artificial self-aggrandizement; but with Menninger, Fromm, Weiss, Hartmann, and most of the authors today, there came a radical switch in emphasis. As the original legend itself strongly suggests, self-aggrandizement is not the only element, indeed perhaps not the most significant one. Such an unrealistic self-love is radically a self-destructive force;

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17 Alfred Adler, What Life Should Mean to You, London, Allen and Unwin, 1950, p. 8.

18 Karen Horney, Neurosis and Human Growth, London, Kegan-Paul, 1950, p. 194.

and consequently, most contemporary authors prefer to think of the narcissistic ego-cathexis as self-destructive rather than self-enhancing. Hartmann[19] argues that if narcissism is to be regarded as the cathexis of the ego with libidinal energies, and if such a cathexis is to be extended in the personality structure to include aggressive energies, the intimate relationship of self-love and self-punishment becomes apparent. Fromm virtually reverses the original Freudian interpretation so that it becomes an inverted form of self-hate. He writes:

> The person incapable of love for others is in actual fact incapable of loving himself also. All his meticulous attention to his body, his conceit, his general self-centredness are not evidences of love of self, but are attempts to hide the feelings of failure and unlovesability.[20]

In another passage, Fromm remarks that Freud's theory was consistent with the cultural standard of his times.

> The teachings of Luther and Calvin emphasize salvation only through the loss of self and the belittling of self. Any concern for the self was considered selfishness and was incompatible with love for others. It is possible that this cultural attitude kept Freud from seeing that narcissism as clinically observed is not self-love but self-hate.[21]

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19 Hartmann, Op. Cit., p. 27.

20 Clara Thompson, Psychoanalysis: Evolution and Development, New York Hermitage Press, 1950, p. 69.

21 Erich Fromm, Man For Himself, New York, Rinehart, 1947, p. 139.

Menninger[22] repeatedly emphasizes this new perception of the narcissistic syndrome in his analysis of the masochistic, self-destructive urge. He writes:

> (...) the life instinct can find satisfaction, paradoxically, in self-inflicted death. (...) It depends on that deadliest of erotic investments, narcissism. To kill oneself instead of being executed or slain is to retain for oneself the illusion of being omnipotent, since one is even by and in the act of suicide, master of life and death. Such omnipotence fantasies (...) are to be regarded as infantile relics.[23]

In another place, Menninger writes with equal strength:

> The effects of such a narcissism are stultifying and deadening. Nothing inhibits love so much as self-love and from no source can we expect greater ameliorative results than from the deflection of this love from a self-investment to its proper investment in outside objects.(...) Narcissism chokes and smothers the ego it hopes to protect.[24]

And again:

> (...) instead of ameliorating contacts with the outside world, the libido entirely devoted to the nurture and protection of the ego remains inert, a coagulated lump of narcissism.[25]

This same theme is stressed by Eidelberg[26] in a series of articles on the concept of narcissistic

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22 Karl Menninger, Man Against Himself, New York, Harcourt, Brace & Co., 1938, p. 45-46.

23 Ibid., p. 63.

24 Ibid., p. 381.

25 Ibid., p. 382.

26 Ludwig Eidelberg, "Introduction to the Study of Narcissistic Mortification", in Psychiatric Quarterly, Vol. 31, 1957, p. 630-638, and Vol. 33, 1959, p. 636-646.

mortification. This he defines as the experience by the total personality of a sudden loss of control over internal or external reality, or both. It is related to the child's reaction to its first mortifications, the experience that it is not omnipotent in its helplessness. There are two such mortifications: the first, internal, occurs when the child realizes the limitations of its power over itself; and the second, external, when the child realizes the limitations of its power over the external world. Such mortifications are essential for ego-development; but they can be repressed or denied, and if they are, a sustained feeling of power can result. When this artificial sense of power later confronts an unyielding environment, the inadequacy stands in conflict with the power; and the combination of feelings of omnipotence with experienced inadequacy creates a narcissistic depression. The individual, he says, need to think himself responsible, i.e., to have power over another, and failures in such power creates the continued shock that there is such a lack of power. In order to defend against the loss of power, the individual must provoke rejections by another, in order that he might still feel some power, even for bad. Such a feeling of power coupled with inadequacy and guilt turns the ego punitively upon itself, and the masochistic elements of a reactive depression are manifest.

In summary, then, narcissism can be defined as the withdrawal of cathexis from objects in favor of a libidinal concentration on the ego or ego-functions. This implies the creation of an artificial ego, constructed by the individual to compensate in some way for the feeling of personal inadequacy. As such, it can have two distinct faces. It may appear clinically as self-aggrandizement, megalomania, omnipotence, magical thinking, self-admiration. Or it may appear in some form of self-destruction, masochism, desperate need for attention, self-punishment.

1. Differential Studies in Narcissism.

A survey of the literature reveals that there have been few previous attempts to isolate and study the phenomenon of narcissism. Most of the available evidence is limited to psychoanalytic case interpretations. One of the earliest published investigations was that of O'Malley[27] in 1929, who presented clinical evidence for the Freudian hypothesis that the psychotic was more inaccessible for therapy than the neurotic, because of greater narcissistic content. Cohen,[28]

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27 M. O'Malley, "Significance of Narcissism in the Psychoses", in Psychoanalytic Review, Vol. 16, 1929, p. 241-271.

28 F.S. Cohen, "Practical Approach to the Problem of Narcissistic Neuroses", in Psychoanalytic Quarterly, Vol. 9, 1940, p. 64-79.

in 1940, attempted to extend the influence of narcissism to all clinical phenomena and presented clinical episodes in support of the hypothesis. Working with military personnel, Lorland,[29] in 1945, reported that strong narcissistic attitudes were prime components of the personality structure most likely to collapse in the face of battle-stress. Spurred by Fenichel's remark in 1945 that "(...)a certain erogenous satisfaction of an exhibitionistic nature, satisfaction from applause and a sense of magical influence on an audience, characterizes those in the performing arts",[30] Roe,[31] Golden[32] and Johnson[33] carried on separate studies of the narcissistic attitudes of people engaged in various occupations./ Separately, they found that stronger narcissistic orientations were to be found in occupations concerned with the arts, entertainment, and professional athletics. But the

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29 S. Lorland, "Psychoanalytic Investigation of Reaction to War Crisis of Candidates for Induction", in Psychoanalytic Review, Vol. 32, 1945, p. 25-32.

30 Otto Fenichel, "On Acting", in Psychoanalytic Quarterly, Vol. 15, 1946, p. 150.

31 A. Roe, The Psychology of Occupations, New York, Wiley and Co., 1956, 270 p.

32 A.L. Golden, "Personality Traits of Drama School Students", in Quarterly Journal of Speech, Vol. 26, 1940, p. 564-575.

33 W.R. Johnson, D.C. Hutton and O.B. Johnson, "Personality Traits of Some Champion Athletes as Measured by Two Projective Tests: Rorschach and H-T-P", in The Research Quarterly, Vol. 25, No. 4, 1954, p. 484-485.

findings are somewhat less than convincing, employing something of a circular argument in the original assumptions leading to the definition of narcissism. Renard,[34] in 1955, reviewed a mass of clinical cases to indicate that they were for the most part narcissistic reactions. Arieti,[35] in his work with schizophrenics, observed that the self-decorating habit of the schizophrene was a sign of narcissistic content.

The most comprehensive and suggestive study to day is that of Young.[36] His research was an attempt to investigate the validity of the Freudian concept that schizophrenics were more narcissistic than neurotics, and neurotics more narcissistic than normals. To test the hypothesis, he isolated several traits associated with narcissism, admiration of self, feelings of superiority, subjectivity, attention-demanding, feelings of omnipotence, lack of interest in others and occupation preference. With these traits, he operationally defined narcissism as the score on a seven scale measure to be used in the experiment, and

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34 M. Renard, "Le Narcissisme", in Revieu Francaise Psychoanalyse, Vol. 19, 1955, p. 415-430.

35 Silvano Arieti, The Interpretation of Schizophrenia, New York, Robert Brunner, 1955, p. 90f.

36 Maxim Young, An Investigation of Narcissism and Correlates of in Schizophrenics, Neurotics and Normals, unpublished Ph.D. thesis, presented to the Graduate Council of Temple University, Philadelphia, Pa., 1959, 96 p.

administered the scale to thirty schizophrenic, thirty neurotic and thirty normal males. He reported that both the schizophrenic and neurotic populations obtained significantly higher scores for narcissism on five of the seven scales than the normal population. The major negative result was that the scores were precisely reversed on the scale of superiority, and that the hypothesis that feelings of superiority would increase with an increase in the severity of illness was not acceptable. The findings in this instance indicated that there were greater feelings of inferiority as pathology increased. In effect, these findings seemed to give additional weight to the claim of Fromm, Menninger, Eidelberg, et al. that the narcissitic syndrome should be exhibited principally in feelings of self-depreciation and self-hate.

Mention must also be made of those different techniques, mostly projective, that have been used to assess the presence of narcissism. Again, the evidence is slim and indirect.

Blum's Blacky cartoons[37] are a modified projective technique designed to evaluate the psychosexual development of the child. Several cards are of specifically narcissistic content, Cartoon X (F) and XI (MF).

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37 G.S. Blum, The Blacky Pictures Manual of Instructions and Interpretations, New York, The Psychological Corporation, 1950.

Machover's work with the Human Figure Drawings[38] seems to elicit a number of narcissistic features. Machover cites the following signs as possible indicators of narcissism: the small eye, blocked movement, large head, body insult, body and clothes narcissism, grandiose figures.

Schafer,[39] commenting on the Rorschach, finds some narcissistic indicators there. A general lack of shading responses, evasive responses in general, a lower than average total R, and a borderline F% are mentioned as specific signs. More important perhaps is the basic passivity implicit in the Rorschach record. The subject does very little to the inkblot to pull out a response.

Again, according to Schafer,[40] the TAT should elicit responses of body-interest, grandiosity, fame, feelings of superiority, exhibitionism, omnipotence from the narcissistic person. The same, he says, is true of the Word Association Test. In this respect, Secord published a study of word association as a measure of body-cathexis.

In all of these observations, the studies were organized to fit the concept of narcissism as representing

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38 Karen Machover, Personality Projection in the Drawings of the Human Figure, Springfield, Illinois, Thomas and Co., 1949.

39 Roy Schafer, The Clinical Application of Psychological Tests, New York, International Universities Press, 1948, p. 49.

40 Ibid., p. 51-52.

the degree of self-aggrandizement and self-edulation. Narcissism, as seen in its masochistic dimension, has not been considered, and Young's findings suggest that such a study could be rewarding.

2. Narcissism and the Neurotic Depressive Reaction.

Among the early psychoanlysts, Abraham and Fenichel noted repeatedly the narcissistic content of depression. Abraham[41] postulated that in the melancholic, there was a withdrawal of cathexis from the outside world as a result of the painful experience of the loss of the love-object, and the subsequent re-investment of that cathexis on the ego. Fenichel[42] noted that a pre-disposition to depressive-reaction is present in people who require a great deal of narcissistic gratification.

Allers, writing in 1937 of the difference between the two kinds of 'aridité' described the neurotic depressive in similar terms.

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41 Freud, "The Theory of the Libido: Narcissism", p. 339.

42 Otto Fenichel, The Psychoanalytic Theory of Neurosis, New York, Norton, 1945, p. 135f.

> Dans la nevrose, il y a une telle obsession par le 'moi', une telle incapacité a se donner vraiment a quoi que ce soit, qu'on peut douter qu'une âme ainsi deformée puisse arriver au degré de vie interieure engendrant l'aridité stade.43

Lot-Borodine, writing also in 1937, distinguishes neurotic depression from desolation on the grounds that "(...) l'état depressif que nait de l'hyperesthesie emotive de l'âme se repliant egoistement sur elle-même".[44] Schulte in the same year stated that the neurotic depression "(...) revet un caractère presque élémentaire, et s'enracine dans l'organisme tout en restant insaisable parce qu'essentiellement subjective".[45] And Grimbert also stated the proposition strongly.

> Nos malades les plus déprimés, soit mélancoliques, soit quelque peu mythomanes, étalent presque toujours une fausse humilité, qui s'accuse avec trop d'insistence, qui monte en épingle ses misères, qui revendique son châtiment. L'égocentrisme, l'hypertrophie du moi, nous frappent chez celui qui se dit obstinement un grand coupable et le plus misérable des hommes, qui se hausse à une situation d'exception dans le mal lui-même, et qui n'acceptant plus ni pardon ni succès possibles pour soi perd toute commune mesure avec les autres.46

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43 Rudolf Allers, "Aridité Symptôme et Aridité Stade", Etudes Carmelitaines, 22nd Year, Vol. 2, issue of October 1937, p. 194.

44 M. Lot-Borodine, "L'Aridité ou«Siccitas»dans l'Antiquité Chrétienne", Etudes Carmelitaines, 22nd Year, Vol. 2, issue of October 1937, p. 194.

45 W. Schulte, "Foi et Incroyance dans les États Depressifs", Supplement de la Vie Spirituelle, Vol. 7, No. 31, issue of November 1954, p. 435.

46 Charles Grimbert, "L'Aridité et Cetaines Processus Psychopathiques", in Etudes Carmelitaines, 22nd Year, Vol. 2, issue of October 1937, p. 130.

Jaeger,[47] in 1955, wrote that in the reactive depressive, one found "(...) the personality components of excessive narcissistic cathexis of the ego". And he concluded the same article with the observation that:

> (...) some individuals show so much self-centred libido, so much preoccupation with their own person that they are unable to give love; they depend on the love they receive from the outside world, not on real achievement. A threat to their narcissistic supply is intolerable to them, and is as a rule met with bitterness and resentment(...)and results in a depressive reaction.48

Gutheil,[49] in the American Handbook of Psychiatry, noted that "(...) the reactive depressive is deprived of narcissistic supplies", and the neurotic depressive reaction is a "narcissistic injury". Arieti,[50] in a 1957 address to the American Psychiatric Association annual meeting, linked the depressive reaction to conflicts growing in an

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47 Jacob Jaeger, "Mechanisms in Depression", in American Journal of Psychotherapy, Vol. 9, 1955, p. 449.

48 Ibid., p. 451.

49 Emil Gutheil, "Reactive Depressions", in Silvano Arieti, (Ed.), American Handbook of Psychiatry, New York, Basic Books, Inc., 1959, p. 549.

50 Silvano Arieti, "The Decline of the Manic-Depressive Psychosis", address to the 113th Annual Meeting of the American Psychiatric Association, in Proceedings of the A.P.A., 1957, p. 143-144.

inner-directed culture; and Becker[51] and Bulatao,[52] in independent studies in 1961, found that inner-directedness was characteristic of clinically depressed patients.

But despite the degree to which narcissism has been linked with the depressive reaction in the theoretical literature, there are no reported projects which attempt specifically to verify experimentally this hypothesis. Bills,[53] in 1954, administered both the Rorschach and self-rating scales of the self-concept and the self-ideal to a group of volunteers. He noted that those with higher discrepancy scores between the self-concept and the self-ideal also gave more signs of depression on the Rorschach, and indicated a high correlation between levels of aspiration and depression. Broida,[54] in 1954, employed three different diagnostic tools to determine their relative efficacy in detecting suicidal tendencies among depressed patients. He

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51 Joseph Becker, Charles Spielberger, and Joseph Parker, "On the Relationship Between Manic-Depressive Psychosis and Inner-directed Character", in Journal of Social Psychology, Vol. 57, No. 1, 1962, p. 149-153.

52 Jaime Bulatao, The Direction of Aggression in Clinically Depressed Women, unpublished Ph.D. thesis, presented to the Faculty of Psychology of Fordham University, New York, 130 p.

53 Robert Bills, "Self-Concepts and Rorschach Signs of Depression", in Journal of Consulting Psychology, Vol. 18, 1954, p. 135-137.

54 Daniel Broida, "An Investigation of Psychodiagnostic Interaction of Suicidal Tendencies and Depression in Mental Hospital Patients", in Psychiatric Quarterly, Vol. 28, 1954, p. 453-464.

found that the MMPI significantly distinguished between the suicidal and the non-suicidal groups. Kahn,[55] in 1956, administered the Kahn Test of Symbol Arrangement to two categories of patients; one group was classified as genuine depression with an absence of hostile feelings, and the other was a superficial depression with hostility. The two groups, he said, were "(...)almost indistinguishable symptomatically, but different dynamically". He found a significant difference at the p = .05 level between the groups. And Beck,[56] in two independently reported studies in 1961, found that depressed patients scored higher on an inventory of masochism than non-depressed persons, and that the depressed patients reported significantly more masochistic dreams than the non-depressed.

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55 Theodore Kahn, "Performance of Two Types of Depressives on a Test of Symbol Arrangement", in Journal of Clinical Psychology, Vol. 14, 1956, p. 197-199.

56 Aaron Beck and Clyde Ward, "Dreams of Depressed Patients: Characteristic Themes in Manifest Content", in Archives of General Psychiatry, Vol. 5, 1961, p. 462-467; and Aaron Beck, "A Systematic Investigation of Depression", in Comprehensive Psychiatry, Vol. 2, No. 3, 1961, p. 163-170.

CHAPTER IV

THE RESEARCH DESIGN

The purpose of this study is to investigate the validity of the research theory that the neurotic depressive reaction and spiritual desolation, though symptomatically alike, are dynamically distinct, and can be distinguished on the grounds of the presence of narcissism.

To do this, each of the variables was first reduced to an operational definition. The neurotic depressive reaction is defined as that diagnosis of neurotic depressive reaction, according to the nomenclature of the American Psychiatric Association in 1952. Spiritual desolation is defined by the operational criteria of 1) a score of +6 on a rating scale for spiritual desolation, 2) a score one σ above the mean of the group on the D-scale of the MMPI, as a measure of the presence of depressive symptomatology, 3) the absence of serious accompanying pathological signs on the MMPI, and 4) the absence of any previous history of psychiatric disorder. Narcissism, the criterion variable, is operationally defined as the scores on five scales of narcissism, extracted from the work of Guilford, Roe and Ausubel. All of the scales involved are described in chapter five.

The subjects participating in the study included two hundred and twenty Religious women, 100 lay women, 45 women with psychiatric diagnosis of neurosis, mixed classifications, 30 women with psychiatric diagnosis of neurotic depressive reaction, and 30 women judged for the presence of spiritual desolation. Since the sampling procedures are a matter of delicacy and importance in this study, they will be treated separately in chapter six.

In the design of the research, the subjects tested were sorted into five groups. The two hundred and twenty Religious and one hundred lay women form Control Groups I and II. The forty-five women with psychiatric diagnosis of neurosis, mixed classifications, form Control Group III. The thirty women with psychiatric diagnosis of neurotic depressive reaction form Experimental Group I. And the thirty women rated and judged for the presence of spiritual desolation form Experimental Group II. The criteria for inclusion in each group are presented in detail in chapter six.

The experimental hypothesis for the study is presented in null form: there will be no significant difference on five scales of narcissism between two groups of female subjects, one diagnosed psychiatrically as neurotic depressive reaction, the other rated and judged for spiritual desolation. Expressed more succinctly in the designations used above, the null hypothesis states that there will be no significant

difference on five scales of narcissism between Experimental Groups I and II. These groups, as the others, will henceforth be referred to by these designations.

In addition, three experimental sub-hypotheses can be formulated:

1. there will be no significant difference on five scales of narcissism between Experimental Group I and the combined Control Groups I and II;

2. there will be no significant difference on five scales of narcissism between Experimental Group II and the combined Control Groups I and II; and

3. there will be no significant difference on five scales of narcissism between Experimental Groups I and II and Control Group III.

In order to combine Control Groups I and II, it must first be determined whether there is any significant difference on the five scales of narcissism between those two groups.

The experimental null hypothesis and sub-hypotheses are all tested by means of the individual administration of the five scales of narcissism to all groups. The scores are then submitted to a one-way analysis of variance for each of the five scales, and to subsequent 't' tests of significance, wherever necessary.

CHAPTER V

DESCRIPTION OF MEASURES EMPLOYED

The literature of spiritual desolation suggests that the person passing through this stage will exhibit symptoms similar to those of the neurotic depressive reaction. The presence of such symptomatology is therefore one requisite for inclusion in the Experimental Group II. As the best available measure of such self-reported depressive symptoms, the D-scale of the MMPI was employed in this study.

1. The Minnesota Multiphasic Personality Inventory.

According to the authors,[1] the D-scale is the most sensitive of the MMPI. It indicates reactive depression, but can assume a different meaning according to whether it registers a single high score or is high in combination with other scales. This variation in itself recommends the scale for use in this study, since a difference between the neurotic depressive reaction and spiritual desolation could be expected on this point. The items of the scale were selected for their ability to identify 'symptomatic depression' at the time of the testing. A D-spike indicates the tendency to

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1 Starke R. Hathaway and J. Charnley McKinley, Minnesota Multiphasic Personality Inventory, Revised Edition, New York, The Psychological Corporation, 1951, p. 13.

worry, feelings of discouragement, disinterest, uselessness and self-depreciation, all of which have been classically described as symptomatic manifestations of spiritual desolation as well.

2. The Rating Scale.

In the selection of Experimental Group II, the rating scale, prepared by the author, plays a significant role, and should be described at greater length. The sole purpose of the scale is to provide a judgment on the part of a Superior or spiritual director on the possible presence of spiritual desolation. It was devised to be used in conjunction with the MMPI, and with the other criteria established for inclusion in the group, and cannot be taken as a definitive measure in itself. Because of the variability between judges, and the impossibility of true validation for want of a specific criterion for spiritual desolation, the scale by itself does not pretend to statistical reliability or validity. Its use is vindicated by reason of its face validity and construct validity, and because it is used in conjunction with other criteria. A copy of the scale is reproduced in Appendix 2.

In preparing the rating scale, a list of items considered to be indicative of spiritual desolation was taken from the writings of St. John of the Cross, St. Ignatius Loyola, Daeschler and Martin. From the list, the seven most

frequently recurring items were selected. Similarly a list of items considered to be indicative of the neurotic depressive reaction was taken from the writings of Gutheil, Kraines, Hoch and Zubin, and Cleghorn and Curtis. From that list, the seven most frequently recurring items were selected. In both cases, the final seven items in each category enjoyed the unanimous agreement of the authors consulted.

The fourteen items were then typed on slips of paper and placed in a box. A blindfolded and impartial selector picked the items from the box to determine the order of presentation of items on the scale.

Each item was given a scale of five choices. The number of choices was selected as a balance between too coarse and too precise a measure. Guilford[2] indicates that between four and seven choices is desirable for a numerical scale.

The items were subsequently scored in the following manner. Each item representative of spiritual desolation was scored from ++to --; each item representative of the neurotic depressive reaction was scored directly the reverse from -- to++. The 'don't know' column received a zero score in each case. Thus, the higher +total score should be indicative of

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2 J.P. Guilford, Psychometric Methods, New York, McGraw-Hill, 1954, p. 289-290.

1) the absence of indications of spiritual desolation, and 2) the presence of indications of the neurotic depressive reation. The total range of scores is from +26 to -26. In effect, no scores beyond +17 and -15 have been recorded on the scale. On the basis of these scores, a cut-off of a total score of +6 was considered requisite for inclusion in Experimental Group II.

3. The Scale for Narcissism.

The criterion variable in the experiment, narcissism, was measured by five scales.

a) The Occupational Appeal Card Sort.- This measure, consiting of a list of occupations, was constructed by Young,[3] and derived from Roe's[4] study on the psychology of occupations. In the construction of the test, a team of clinicians rated 120 occupations for the degree of narcissism involved in the choice of each. That judgment was made on the basis of

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3 Maxim Young, An Investigation of Narcissism and Correlates of Narcissism in Schizophrenics, Neurotics, and Normals, unpublished Ph.D. thesis, presented to the Graduate Council of Temple University, Philadelphia, Pa., 1959, p. 29-32.

4 A. Roe, The Psychology of Occupations, New York, Wiley and Co., 1956, 270 p.

studies by Roe,[5] Golden,[6] Johnson, Hutton and Johnson.[7] In order to eliminate confounding of the measure by socio-economic prestige factors, nine clinical psychologists were asked to classify independently the occupations according to socio-economic prestige value. The raters were allowed to use whatever number of categories they found convenient. In all cases, they chose to divide the occupations into three categories: high, medium and low socio-economic status. Unless six or more of the nine raters placed the occupation in the same socio-economic category, it was discarded. The result produced thirty-three occupations in the high-economic category, including five which had been previously rated narcissistic, 53 in the medium category, including 8 considered indicative of narcissism, and 15 in the low category, including two considered indicative of narcissism.

In each category, each occupation, except those considered narcissistic, were numbered. The sequence of

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5 Roe, Op. Cit., p. 19?f.

6 A.L. Golden, "Personality Traits of Drama School Students", in Quarterly Journal of Speech, Vol. 26, 1940, p. 564-575.

7 W.R. Johnson, D.C. Hutton, and G.E. Johnson, "Personality Traits of Some Champion Athletes as Measured by Two Projective Tests: Rorschach and H-T-P", in The Research Quarterly, Vol. 25, No. 4, 1954, p. 484-485.

numbers in a table of random numbers determined which occupations were discarded, in order to produce a ratio of four control occupations to one narcissistic occupation for each category. The result was an array of twenty-five occupations in the high socio-economic category, five of which were considered narcissistic, 40 occupations in the medium category, eight of which were considered narcissistic, and 10 in the low category, two of which were considered narcissistic. All occupations were then numbered, and the sequence of presentation within each category was determined by a table of random numbers.

Since no experimental data concerning the reliability of the Card Sort are published by Roe or Young, the experimenter computed a test-retest coefficient of reliability for sixty subjects. This reliability figure was .87, determined by the analysis of variance method of computing a reliability coefficient.

Rationale: It is assumed that if the subjects in the study were narcissistic, their choice of occupations will be influenced by their narcissistic tendencies, and they should be inclined to prefer those occupations considered to be more attractive to narcissistic persons.

Procedure: The name of each occupation was typed individually on a 3 x 5 card. A code on the reverse side of the card indicated whether the occupation was considered

indicative of narcissism or not, its group, and its numerical position in the group.

Each subject was read the following instructions:

> I am going to show you three sets of cards with occupations or jobs typed on them. I'm going to show you one set at a time. Look through each set and choose those occupations that would appeal to you the most. Do not consider education, special talents, training required, or whether or not you think you could be successful. Just choose the occupations in terms of whether or not you would like them. This is the first set. From it, choose five occupations that would appeal to you the most... Here is the second set. From it, choose eight occupations that would appeal to you the most... Here is the last set. From it choose two occupations that would appeal to you the most.

Scoring: Each occupation, considered to be narcissistic, was given a score of +1; all other occupations chosen were scored zero. The subject's score was the total number of narcissistic occupations chosen. The score can range from zero to fifteen.

A copy of the Occupational Appeal Card Sort appears in Appendix 3.

b) The Questionnaire Card Sort.- This measure consists of all the items of three published scales, and one experimental scale. Each scale was designed expressly to measure a trait presumed to be a correlate of narcissism. Every item was individually typed on a 3 x 5 card. The items were then mixed together according to the following order. The order within the individual scales was retained.

Each scale was numbered and the sequence of those numbers in a table of random numbers determined how each group of four scale items was mixed. There were thirty items in each of the Subjectivity and Need for Attention Scales, 49 items in the Inferiority-Superiority Scale, and 28 items in the Omnipotence Scale. Since the scales were of unequal length, the mixtures were made on the basis of three, instead of four possibilities, on the twenty-ninth and thirtieth mixtures. The remaining nineteen items of the Inferiority-Superiority Scale were not mixed. A code on the back of each card indicated the scale involved, its order of presentation and the mode of scoring.

i) The Subjectivity vs. Objectivity Scale: The scale was extracted originally from the Guilford-Zimmerman Temperament Survey.[8] It consists of thirty items, which have been found in factor analytic studies to be loaded on the dimension of subjectivity versus objectivity. The authors report a split-half reliability of .75 for the scale as determined on reliability studies with 523 male and 389 female college students.

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8 J.P. Guilford and W.S. Zimmerman, The Guilford-Zimmerman Temperament Survey Manual of Instructions and Interpretations, Los Angeles, Sheridan Supply Co., 1949, 36 p.

Rationale: The authors, in describing the scale, state that a high score means little egoism, a tendency to view one's self and surroundings objectively and dispassionately. A low score indicates a tendency to take things personally and subjectively and to be hyper-sensitive. These traits are closely linked with the concept of narcissism. Fenichel states that, "As a result of narcissistic orientation, the person thinks that whatever occurs has a special significance for him, experienced in a subjective frame of reference."[9] Narcissistic subjects as a result should tend to obtain low scores on this dimension.

Scoring: Each response was given a weight of +1 or zero. The range of possible scores is from zero to 30. In order to produce a score which would be higher rather than lower with increased subjectivity, the scoring procedure originally used was reversed by subtracting each subject's score from thirty.

ii) The Inferiority-Superiority Scale: This test was extracted from the Guilford-Martin Inventory of Factors GAMIN (abridged edition). It consists of forty-nine items

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9 Otto Fenichel, The Psychoanalytic Theory of Neurosis, New York, Norton, 1945, p. 435.

10 J.P. Guilford and H.G. Martin, The Inventory of Factors Gamin Manual of Directions and Interpretations, Los Angeles, Sheridan Supply Co., 1943, 27 p.

which were found in factor analytic studies to be loaded on the dimension of superiority-inferiority. The authors report a split-half reliability of .89 as estimated from two hundred university students.

Rationale: In describing this scale, the authors state that a high score should indicate feelings of superiority and over-valuation of one's self and a low score should indicate feelings of inadequacy and inferiority. As was previously indicated in the analysis of the development of the concept of narcissism, Freud's original concept of unalloyed self-aggrandizement as the manifestation of narcissism has gradually given way to the belief, as expressed by Menninger, Horney, Eidelberg, et al., that the narcissistic orientation can very well be destructive of self, and generate feelings of self-depreciation, self-punishment, self-pity. Especially in the neurotic depressive, where ego-cathexis has been compounded by hostility, guilt feelings and intro-punitive reactions, should this be so. And in fact, in a prior study with the scale, Young[11] discovered that schizophrenic and neurotic males attained significantly lower scores (more feelings of inferiority) than normals. Hence it was hypothesized that if the depressed subjects of the

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11 Young, Op. Cit., p. 57.

study were more narcissistic, they would tend to obtain low scores on the scale superiority-inferiority.

Scoring: Each response was given a weight of +1 or zero. The range of scores is from zero to 49. Again, in order to produce a score which would be higher rather than lower with increased feelings of inadequacy and inferiority, the scoring procedure was reversed by subtracting each individual score from 49.

iii) The Need for Attention Scale: This is one of the scales of the Dynamic Factors Opinion Survey[12] by Guilford, Christensen and Bond. Consisting of thirty items which have been found by factor analysis to be loaded on the dimension of need for attention, it purports to be a measure of exhibitionism and need for attention. The authors report a split-half reliability of .84 as estimated on one hundred college males.

Rationale: In describing the scale, the authors state that a high score indicates a need for recognition, enjoyment of status, and exhibitionism. Fenichel remarked that "(...) exhibitionism remains more narcissistic than any other partial instinct".[13] Indeed one of the classic symptoms of narcissism,

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12 J.P. Guilford, P.R. Christensen, and N.A. Bond, The Dynamic Factors Opinion Survey Manual of Instructions and Interpretations, Los Angeles, Sheridan Supply Co., 1956, 29 p.

13 Fenichel, Op. Cit., p. 72.

repeatedly cited in the literature, is the excessive demand for ego-gratification via the attention of others. If the subjects of the study are more narcissistically orientated, they should as a result obtain higher scores on this dimension.

Scoring: Each response was given a weight of +1 or zero. The range of scores is from zero to 30.

iv) The Omnipotence Scale: This scale is extracted from the Could You Ever Test of Ausubel and Blackman.[14] It consists of twenty-eight items, and proposes to measure feelings of omnipotence. Since no experimental data were available at the time of the study, the experimenter computed a test-retest reliability coefficient on sixty subjects. The test-retest reliability was found to be .75 by the analysis of variance method of computing r_{TT}.

Rationale: The concept of omnipotence as a paramount symptom of narcissistic orientation is derived from the developmental theory that narcissism represents a regression to the infantile level of omnipotence. Ausubel himself has stressed this element. And Fenichel also remarks that, "The belief in one's own omnipotence is but one aspect of the magical-animistic world that comes to the fore again in

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14 David Ausubel and C.R. Blackman, The Could You Ever Test, unpublished experimental scale, University of Illinois, Urbana, Illinois.

narcissistic regressions."[15] Young[16] found that neurotic males scored significantly higher than normals on the scale for omnipotence.

Scoring: Each response was given a weight of +1 or zero. The range of possible scores is from zero to 88.

Procedure for Questionnaire Card Sort: The cards were presented individually to each subject with the following directions:

> On these cards you will find a number of statements. Read each statement; and if the statement seems to be true, or if you agree with it, place it in the box marked AGREE or YES. If the statement seems more false than true, or if you do not agree with it, place it in the box marked DISAGREE or NO. There are no right or wrong answers.

Scoring of Questionnaire Card Sort: A code on the back of each card identified its scale and scoring. The letter 'A' was assigned to items which were to be scored +1 when placed in the AGREE box; the letter 'D' was assigned to items scored +1 when placed in the DISAGREE box. The subject's score on each scale was the sum of 'A' cards placed in the AGREE box and 'D' cards placed in the DISAGREE box. Corrections were then made on the Inferiority-Superiority and Subjectivity scales as indicated above.

A copy of the four-scale Questionnaire Card Sort is presented in Appendix 4.

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15 Fenichel, Op. Cit., p. 42.

16 Young, Op. Cit., p. 50.

CHAPTER VI

SAMPLING AND TESTING PROCEDURES

A preliminary statistical analysis is called for by the research design. If both Religious and lay women are to be included in the Experimental Group II, and if the Control Groups I and II, composed of the Religious and lay women respectively, are to be combined into one Control Group of normal women, the homogeneity of the two parameters with respect to the phenomenon of narcissism must first be determined. That is, it must be shown that no significant difference on the five scales of narcissism between the two groups can be established statistically. Otherwise, variation in the scores of the groups could be a function of their vocation, and not of the degree of neurotic depression or spiritual desolation.

To this end, F ratios, 't' tests of significance where necessary, and Bartlett's test for the homogeneity of variance were computed for the two Control Groups I and II to test the null hypothesis that there is no significant difference between Religious and lay women in general on the scales for narcissism.

With this preliminary analysis accomplished, the experimental design proposes to test the null hypothesis and sub-hypotheses stated in chapter four.

In design, therefore, the study follows an Experimental-Control Group pattern, with manipulation of a task variable, the scales for narcissism. This task variable is the criterion variable for the study. In this instance, Underwood[1] notes that error can rise principally from confounding by subject, environment, or the task variables themselves. Confounding by subject variables is reduced in this study by means of the random selection of the control groups, and the matching of the experimental groups between themselves and with the control groups. Confounding by environmental variables is reduced by the use of the control groups, and the matching for those factors which previous studies have indicated could influence the criterion variable, narcissism. All groups were therefore matched for sex, age, education, and for occupational orientation. All other variables were allowed to fluctuate at random. There have been, in fact, no studies which do indicate the influence of other variables on the scores of narcissism apart from Young's study, the results of which are presented in the chapter on narcissism. Confounding by task variables is a function of the tests themselves. No more data can be supplied here, or controls exercised, than the description of the tests.

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1 Benton Underwood, Psychological Research, New York, Appleton-Century-Crofts, Inc., 1957, p. 92-112 and p. 151-159.

At least three of the scales were factor analyzed for single factor loadings.

1. Testing Procedures.

a) Religious Women.- Two hundred and twenty Religious women in six Juniorate convents located in Ottawa, Toronto, Seattle, Oakland, San Jose, and Los Angeles, were tested as the first phase of the study. The communities participating included the Congregation of Notre Dame, the Sisters of Loretto, the Sisters of Providence, the Sisters of the Holy Names of Jesus and Mary, the Sisters of St. Joseph and the Dominican Sisters. All communities are engaged in the active work of teaching or nursing.

There were a number of reasons for choosing sisters in Juniorate convents.

1. They afford a natural matching of age, education, duration in Religious life, and general background. All sisters were involved at the time of the study in training in the Juniorate programmes of each community under the general auspices of the Sister Formation Programme. All had been in Religious life for from three to six years, and all had completed their Novitiate and taken first temporary vows. The range in age was from twenty to thirty-five years.

2. The six convents, located as they are in widely different geographical areas, represent a reasonably accurate

sample of the universe of English speaking Religious women in training for the active apostolate in eastern Canada and the western United States.

3. The particular age bracket was selected because, in the mind of St. John of the Cross, the more common form of spiritual desolation is likely to appear several years after the beginning of one's spiritual odyssey.

Procedure: In each convent, the procedure was the same. The MMPI was first administered to the entire group participating in the study. Only the usual instructions for group administration were given; the sisters were provided with no additional information apart from the fact that they were being asked to take part in a religio-psychological study. In order to insure a measure of the anonymity desirable for a candid response set throughout the testing, the sisters were originally identified by number only. Each of the MMPI answer sheets bore a number, and the sisters were asked to remember that number. There were no failures in this regard.

Immediately upon completion of the MMPI, the tests for narcissism were administered individually to each sister in a private office provided for the purpose. The order of administration was left to the convenience of the sisters, a time schedule having been prepared on which each sister could cross off the particular hour when she would be free for the

second testing appointment. It was decided to give the scale for narcissism to all the sisters for several reasons. First, to single out any of the sisters, even if only by number, for the individual administration of the scales for narcissism could create, especially in a sheltered environment, a suspicion among the group selected that could be detrimental to good common order and influence the responses to the scales for narcissism. Efforts were always taken to identify no one publicly. Secondly, administration of the scale for narcissism to all provided additional information about norms for the test, and large enough samples for the preliminary comparisons with the group of randomly selected Lay women of the same age, education and occupational orientation. During the administration, the scores on the tests of narcissism were coupled with the MMPI profiles according to the numbers on the MMPI answer sheets.

When the MMPI's were scored, note was taken of all those who registered scores of T-65 or more on the Depression scale. The local superior or sister directly in charge of the Juniorate sisters was then asked to fill out a rating scale for possible spiritual desolation for all those sisters with elevated D-scores, and as well for an equal number of other sisters, chosen at random, with normal or lowered scores on the D-scale. The latter precaution was taken to try to avoid the influence of a bias, arising from a knowledge

of the particular sisters being rated, on the part of the sister rater. A description of the rating scale itself, its construction and purpose, is to be found in chapter five.

The use of the rating scale necessitated identification by name of sisters hitherto identified by number only. To circumvent this difficulty, it was decided simply to ask the sisters in question their religious names toward the end of the individual testing interview after the scales for narcissism had been completed. The attempt was made in all cases, and with apparent success, to make the question of identity appear to be a random, casual and relatively meaningless one. None of the sisters demurred when asked her name. Once again, asking the names of others besides just those who scored high on the D-scale of the MMPI tended to forestall problems of group identification, a danger in a closed environment. With the identification made, the sister rater, herself unaware of the nature of the scale, was able to fill out the rating scale.

The same procedure was followed in all six convents, completing the phase of data accumulation for sisters. The final selection of groups and criteria used will be explained in the section on selection and composition of groups.

b) Lay Women - Normal.- All women tested as part of the Control Group 1, normal lay women, were between the ages of twenty-one and forty years; all had at least a Grade XII

education, and an occupational orientation equivalent to the group of 220 Religious women. No one with any psychiatric history or manifest psychopathology was accepted. Within the limits set, as random a selection as possible was made. Whatever women were met in the period of accumulating data who met the requisites of age, education and occupational orientation were asked to participate; no one who was willing to participate was passed over. The only limitations were those imposed by time and geographical considerations. The women chosen represent the same geographical areas as the sisters in Control Group I.

Of the one hundred women, 43 were married and 57 were single. The forty-three married women were chosen at random from among acquaintances of the examiner. Nineteen of them lived in the Ottawa area, and the remaining twenty-four were contacted on the U.S. Pacific Coast while the data on the sisters were being gathered. Eleven of these held outside jobs, 5 as secretaries, 3 as teachers, and 3 as nurses. Of the fifty-seven single women, 27 were college students attending a summer school course at a women's college in Los Angeles, California, 10 were elementary school teachers in the separate school system of Ottawa, 12 were registered nurses at St. Mary's Hospital in San Francisco, and 8 were secretaries in Ottawa.

c) Neurotic Subjects.- The neurotic subjects to be used in the study were tested principally in two settings: the Northern State Mental Hospital at Sedro-Woolley, Washington, and the McAuley Clinic of St. Mary's Hospital, San Francisco, California. Only those women were accepted for testing who were between twenty and forty years of age and had completed at least a Grade XII education. Each had an established diagnosis of neurosis, had not received ECT or Insulin Therapy, and in the case of in-patients, had not been in hospital for more than two weeks.

In both hospitals, the procedure was the same. Administration of the MMPI and use of the rating scale were dispensed with. The hospital files were first consulted to assure the diagnosis of neurosis, and the scales for narcissism were administered individually in an office provided for the purpose. Instructions were limited for the most part to those printed with the tests, which were presented as part of the hospital's diagnostic testing battery. The subjects were also informed that these tests would form part of a research project. The subjects tested at Northern State Hospital were all in-patients of no more than two weeks duration. Of the patients tested at McAuley, all were out-patients undergoing group therapy except for six in-patients. These, too, had not been in hospital for more than two weeks, and had not received ECT or Insulin Therapy.

In addition, six out-patients, diagnosed as neurotic, depressive reaction and undergoing therapy by an Ottawa psychiatrist were tested. In each case, they too were administered the scales for narcissism individually and in an office provided. They were told no more than that they were taking part in a research project.

c) Experimental Group II - Lay Women.- Since there is no reason to presume from the literature on spiritual desolation that the phenomenon is restricted to Religious women, lay women who met the established requisites were also tested for possible inclusion in Experimental Group II.

These subjects were drawn from two sources, according to a procedure identical in the main elements with that of the testing of Religious women. A group of thirty-eight women, members of an Ontario-based Secular Institute, were tested. The MMPI was first administered to the group with the same instructions that were given the Religious women. The scales for narcissism were individually administered, and the rating scale was filled out by the priest spiritual director for the group. The process of identification was identical with that followed in testing the Religious women.

In addition, via personal contact with spiritual directors in the Ottawa area and in the dioceses of Seattle, San Francisco and Los Angeles, twenty-three more women were suggested as possible subjects. All of them, lay women,

fifteen married and eight single, were equivalent in age, education and occupational orientation to the other subjects. To each of them, the MMPI was first administered followed by the scales for narcissism, and the rating scale was filled out by the priest who had made the recommendation. Those subjects who met all the criteria were then included in Experimental Group II. The process of selection and the criteria involved are described later in this chapter.

2. Selection and Composition of Groups.

After all data were accumulated, subjects were sorted into the control and experimental groups according to the previously established criteria. The five groups, and the number of subjects in each, were identified in chapter four.

a) Control Groups I and II.- On the basis of the results of the preliminary statistical analysis to test the homogeneity of variance of the Control Groups I and II, it was concluded that individual subjects from either the Religious or lay state could be included in the Experimental Group II. It was also concluded that Control Groups I and II could be combined to form a single Control Group of normal women. Thirty subjects were then selected at random from the two original Control Groups to form the Combined Control Groups I and II.

b) Neurotic Groups - Control Group III and Experimental Group I.- In the two hospitals where the research was carried on, all women patients who met the required criteria of age, education, and occupational orientation, and who had an established psychiatric diagnosis of neurosis, had been tested. The total number of these came to sixty-nine, 43 of them from the Northern State Hospital in Washington State, and 26 from the McAuley Clinic in San Francisco. Of these, twenty-four had been diagnosed specifically as neurotic depressive reaction. The nomenclature of the American Psychiatric Association in 1952 was in use at both hospitals. These twenty-four were extracted from the total group to form part of the Experimental Group I. Thirty subjects, selected at random from the remaining forty-five, neurotic, but with varying classifications, were then set aside as the added Control Group III.

Six additional subjects, all diagnosed psychiatrically as neurotic depressive reaction, and all referred to the author by a practicing psychiatrist in the Ottawa area, were then added to Experimental Group I, bringing the total number of subjects in that group to thirty.

The purpose for adding the Control Group III was basically to determine whether narcissism and its correlates, as measured in the study, were functions of depression as such, or of neurosis in general. To this end, the third

sub-hypothesis, stated in chapter four, proposes in null form, that there is no significant difference between Experimental Group I and Control Group III. In addition, it afforded the possibility of a comparison of the Experimental Group II with a group of mixed neurotics. And the second part of the third sub-hypothesis, that there is no significant difference between Experimental Group II and Control Group III, states this comparison statistically.

The total population of neurotic women, diagnosis and place of testing are presented in tabular form in Appendix 5.

c) Experimental Group II - Spiritual Desolation.- After the testing in all six convents, the final selection of subjects for inclusion in Experimental Group II from a population of Religious women was made. The following criteria were established for the selection:

1. A score on the D-scale of the MMPI that stood one σ or more above the mean of sisters tested.

2. Absence of any other manifest signs of psychopathology on the MMPI. Specifically, this meant that there was to be no more than one spike on the MMPI profile over T-70, that there was to be no score at all over T-75, and that there was to be no manifest invalidity indicated on scales K, F and L.

3. A score of +6 or more on the rating scale.

4. No history of psychiatric treatment or of obvious and previously manifest behavior pathology.

The selection procedure yielded twenty-one subjects for Experimental Group II out of the 220 Religious women tested.

To this group were added three lay women from the Ontario-based secular institute, each of whom met all the above-mentioned criteria, and six lay women referred by individual spiritual directors. The sampling procedure by which these nine subjects were located has already been described earlier in this chapter. For all, the same procedure, the same tests, and the same criteria were used as were originally employed with the Religious women. Thirty women were thus selected for Experimental Group II.

CHAPTER VII

TEST RESULTS

It has already been stated in chapter six that if the Control Groups I and II are homogeneous, it will be possible to combine them into a single control group of normal women, and to include subjects from each of the respective parameters in Experiment Group II, providing they meet the pre-established criteria for that group. A preliminary statistical operation was therefore undertaken to discover whether or not the two groups were homogeneous.

1. Preliminary Statistics.

The purpose of the preliminary statistics was to test the null hypothesis that there is no significant difference between the means and the variances of Control Groups I and II, or that there is no heterogeneity between the groups. To this end, F-ratios were first computed. The results of this comparison are presented in Table I. A significant difference at the .01 level appeared only on the Scale of Omnipotence. As a further test of homogeneity of variance, Bartlett's test was also employed.

Table I.-

A Comparison of Control Groups I and II on the Five Scales of Narcissism

Scale	Group	N	M	$\sum x^2$	σ	σ^2	F-ratio	Signif. $p<.01$
Occupational Appeal Card Sort	I	220	4.87	1244.73	2.38	5.658	1.011	N.S.
	II	100	5.33	574.94	2.40	5.749		
Inferiority	I	220	15.90	6382.80	5.39	29.058	1.016	N.S.
	II	100	16.23	2952.28	5.40	29.523		
Subjectivity	I	220	10.26	4597.80	4.57	20.899	1.063	N.S.
	II	100	9.87	1964.45	4.43	19.645		
Need for Attention	I	220	13.34	5730.05	5.10	26.045	1.026	N.S.
	II	100	12.89	2677.11	5.17	26.771		
Omnipotence	I	220	8.46	3918.80	4.22	17.809	1.699	Signif.
	II	100	7.93	1048.00	3.24	10.480		

Bartlett's statistic B', when the N's differ among the samples is computed according to the formula:

$$B' = 2.3026 \left[(\log \bar{s}^2)(N - k) - \sum(n_i - 1)(\log s_i^2)\right]$$

In the formula, 2.3026 is the constant needed when common logarithms are used instead of Napierian logarithms; $\bar{s}^2$ = the unweighted arithmetic mean of the variances; N = the total number of observations in all samples combined; n_i = the number of observations in any one sample; and k = the number of samples. The results of Bartlett's test are shown in Table II. Again, there was no significant difference demonstrated on any of the scales, except the Scale of Omnipotence, where a significant difference at the .001 level appeared. Since a significant difference on both the F-ratios and Bartlett's test for the homogeneity of variance appeared for the Scale of Omnipotence alone, a 't' test was computed for that scale. The results, presented in Table III, show that the significant difference at the .01 level exists only between the standard deviations of the two groups.

Both Winer[1] and Lindquist[2] have stated that such a variance does not seriously disturb the results on subsequent

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1 B.J. Winer, Statistical Principles in Experimental Design, New York, McGraw-Hill, 1962, p. 209.

2 E.F. Lindquist, Statistical Analysis in Educational Research, New York, Houghton-Mifflin, 1940, p. 99 and p. 140.

Table II.-

Results of Bartlett's Test for the Homogeneity of Variance in Control Groups I and II on the Five Scales of Narcissism.

Scale	df	B'	p	Signif.
Occupational Appeal Card Sort	1	0.879	p <.30	N.S.
Inferiority	1	1.1794	p <.20	N.S.
Subjectivity	1	3.5375	p <.05	N.S.
Need for Attention	1	2.023	p <.10	N.S.
Omnipotence	1	20.944	p <.001	Signif.

Table III.-

An Evaluation of the Differences between the Means and Standard Deviations of Control Groups I and II on the Scale of Omnipotence by the 't' Test of Significance.

Statistics	Groups I	Groups II	Diff.	σ_D	D/σ_D	Signif. $p<.001$	Signif. $p<.01$
N	220	100					
$\sum X$	1861	793					
M	8.46	7.93	0.53	0.43	1.23	N.S.	N.S.
$\sum x^2$	3918.20	1048.00					
σ	4.22	3.24	0.98	0.31	3.15	N.S.	Signif.
σ_M	0.285	0.324					
σ_σ	0.211	0.228					

F-tests of significance, and that therefore the groups in question can still be combined. However, a difficulty does arise from the fact that the 'within' variance should not then be subsequently used as the error term in calculating the 't' tests of significance of difference between that combined group and other experimental groups. In this study, therefore, it was decided that Control Groups I and II could be legitimately combined; but that to avoid using the 'within' variance as an error term in the final calculations of the significant differences between experimental groups on the Scale of Omnipotence, 't' tests for that scale would be computed separately.

With this qualification, then, the null hypothesis of no heterogeneity between Control Groups I and II is not to be rejected; the two groups may be considered homogeneous with respect to the criterion variable, narcissism. And with the necessary adjustments, the combined group will, in the final analysis, be compared with the other experimental groups. For this purpose, a random sample of thirty subjects was selected from the original Control Groups I and II to form the new Combined Control Group, composed of thirty normal women.

2. General Description of Statistical Procedures in the Experimental Design.

Once the four groups to be used in the experiment proper were determined, the scores of the groups were subjected to a one-way analysis of variance for each scale except the Scale of Omnipotence.

Bartlett's test for the homogeneity of variance was first applied, however, to determine the degree of variance between the four groups on each scale. Where B' indicates that the variances are heterogeneous, F-ratios and 't' tests are to be computed. Should B', however, indicate that the variances are homogeneous, F-tests, as Guilford notes, should not be applied. He adds that "(...) we should distrust any significant *F* in this case, even if we happened to find one".[3] The means and standard deviations of the four groups on all five scales are first presented in Table IV, and the results of Bartlett's test in Table V. The obtained B' is significant well beyond the .001 level in all cases. There is a significant difference therefore among the variances, and F-ratios and 't' tests should be computed.

The analysis of variance was then computed for all four groups on each of the scales, except the Scale of

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3 J.P. Guilford, Fundamental Statistics in Psychology and Education, New York, McGraw-Hill, 1956, p. 244.

Table IV.-

Means and Standard Deviations of the Four Groups of the Experiment on the Five Scales of Narcissism.

Groups	Scales of Narcissism									
	Occupational Appeal Card Sort		Inferiority Scale		Subjectivity Scale		Need for Attention Scale		Omnipotence Scale	
	M	σ	M	σ	M	σ	M	σ	M	σ
Combined Control Groups I and II	5.07	2.28	16.47	6.64	11.20	3.70	12.67	4.79	8.43	4.45
Control Group III	5.44	2.47	25.70	8.65	16.54	4.33	20.60	4.86	9.50	4.62
Experimental Group I	5.13	2.27	32.20	5.95	18.30	4.26	17.33	5.58	6.57	4.23
Experimental Group II	4.63	2.02	21.23	5.26	10.47	3.36	10.33	3.92	6.07	2.66

N of groups = 30.

Table V.-

Results of Bartlett's Test for the Homogeneity of Variance in the Four Groups of the Experiment.

Scale	df	B'	p	Signif.
Occupational Appeal Card Sort	3	81.36	$p < .001$	Signif.
Inferiority	3	92.45	$p < .001$	Signif.
Subjectivity	3	82.65	$p < .001$	Signif.
Need for Attention	3	83.94	$p < .001$	Signif.
Omnipotence	3	87.38	$p < .001$	Signif.

Table VI.-

Results of the Analysis of Variance in the Four Groups of the Experiment on Four Scales of Narcissism.

Scale	Source of Variance	Sums of Squares		σ^2	F	p
Occupational Appeal Card Sort	Between	2.29	3	0.76	0.121	N.S.
	Within	731.30	116	6.30		
	Total	733.59				
Inferiority	Between	3860.07	3	1286.69	34.97	$p < .001$
	Within	4267.93	116	36.79		
	Total	8128.00				
Subjectivity	Between	1440.57	3	480.19	31.88	$p < .001$
	Within	1747.43	116	15.06		
	Total	3188.00				
Need for Attention	Between	1650.77	3	816.92	33.52	$p < .001$
	Within	2804.20	116	24.17		
	Total	4654.97				

Omnipotence; and the results of this analysis of variance are presented in Table VI. The 't' tests of significance, for these four scales, using the 'within' variance as the error term, were then computed to determine the minimum difference between each pair of groups necessary for significance at the .05, .01, and .001 levels of confidence.

The 't' values could be computed independently for each pairing. But it is simpler to compute a general formula for 't' for each scale of narcissism, with a fixed value for the standard error of the difference, and three values for significant 't's at each of the confidence levels. It is then necessary to determine only the difference between the means required for significance at the various levels. Thus, in the formula:

$$a)\quad \text{'t'} = \frac{D}{\sigma_D}$$

it is first necessary to compute the standard error:

$$b)\quad \sigma_D = \sqrt{\sigma^2_{M_1} + \sigma^2_{M_2}}$$

in which:

$$c)\quad \sigma_M = \frac{\sigma}{\sqrt{N - 1}}$$

and:

$$d)\quad \sigma^2_M = \frac{\sigma^2}{\sqrt{N - 1}}$$

Substituting d) in b), we determine:

$$e) \quad \sigma_D = \sqrt{\frac{2\sigma^2}{N-1}}$$

or for practical purposes:

$$f) \quad \sigma_D = \sqrt{\frac{2\sigma^2}{N}}$$

The results of the 't' tests are presented in Tables VII-IX. In these tests, the principal hypothesis to be tested statistically is the null hypothesis that there is no significant difference between the Experimental Groups I and II. The analysis of this hypothesis is presented in the first row of each table; and it is rejected at the .001 level of confidence for the Scales for Inferiority, Subjectivity, and Need for Attention.

The first sub-hypothesis, that there will be no significant difference between the Experimental Group I and the Combined Control Groups I and II, is analyzed in the second row of each table; and it is rejected at the .001 level of confidence for the same three scales.

The second sub-hypothesis, that there will be no significant difference between the Experimental Group II and the Combined Control Groups I and II, is analyzed in the third row of each table; and it is rejected at the .01 level of confidence for the Scale for Inferiority.

The third sub-hypothesis, that there will be no significant difference between the Experimental Groups I and II, and the Control Group III, is analyzed on the fourth and fifth rows of each table. It is rejected in both parts at the .01 level of confidence for the Scale for Inferiority; and in its second part only, that there will be no significant difference between the Experimental Group II and the Control Group III, it is rejected at the .001 level of confidence for the Scales for Subjectivity and Need for Attention.

Table VII.-

Evaluation of the Difference between the Groups on the Inferiority Scale, Using the 't' Technique of Comparison.

Groups Compared	Comparison of M's	Diff.	Signif. p<.01	Signif. p<.001
Experimental Group I - Experimental Group II	32.20 - 21.23	10.97	Sig.	Sig.
Experimental Group I - Combined Control Groups I and II	32.20 - 16.47	15.73	Sig.	Sig.
Experimental Group II - Combined Control Groups I and II	21.23 - 16.47	4.76	Sig.	N.S.
Experimental Group I - Control Group III	32.20 - 27.70	4.50	Sig.	N.S.
Experimental Group II - Control Group III	21.23 - 25.70	-4.47	Sig.	N.S.

σ_D = 1.57.

Minimum significant difference: at p = .001 is 5.3
: at p = .01 is 4.1

Table VIII.-

Evaluation of the Difference between the Groups on the Subjectivity Scale, Using the 't' Technique of Comparison.

Groups Compared	Comparison of M's	Diff.	Signif. p<.01	Signif. p<.001
Experimental Group I - Experimental Group II	18.30 - 10.47	7.83	Sig.	Sig.
Experimental Group I - Combined Control Groups I and II	18.30 - 11.20	7.10	Sig.	Sig.
Experimental Group II - Combined Control Groups I and II	10.47 - 11.20	-0.73	N.S.	N.S.
Experimental Group I - Control Group III	18.30 - 17.07	1.23	N.S.	N.S.
Experimental Group II - Control Group III	10.47 - 17.07	-6.60	Sig.	Sig.

σ_D = 1.00.

Minimum significant difference : at p = .001 is 5.37
: at p = .01 is 3.62

Table IX.-

Evaluation of the Difference between the Groups on the **Need for Attention Scale**, Using the 't' Technique of Comparison.

Groups Compared	Comparison of M's	Diff.	Signif. p<.01	Signif. p<.001
Experimental Group I - Experimental Group II	17.33 - 10.33	7.00	Sig.	Sig.
Experimental Group I - Combined Control Groups I and II	17.33 - 12.67	4.60	Sig.	Sig.
Experimental Group II - Combined Control Groups I and II	10.33 - 12.67	-2.34	N.S.	N.S.
Experimental Group I - Control Group III	17.33 - 20.60	-2.27	N.S.	N.S.
Experimental Group II - Control Group III	10.33 - 20.60	-10.27	Sig.	Sig.

$\sigma_D = 1.27$.

Minimum significant difference : at p = .001 is 4.28
: at p = .01 is 3.33

3. Individual Test Findings.

a) Occupational Appeal Card Sort.- The analysis of variance indicated that there was no significant difference between the groups on the Occupational Appeal Card Sort. The results are shown in Table VI. No 't' tests were therefore computed for this scale; the null hypothesis is not rejected.

b) Scale for Inferiority.- The analysis of variance indicated that there was a significant difference between the groups at the .001 level of confidence on the Scale for Inferiority. Table IV shows the means and standard deviations of the groups, and Table VI shows the results of the analysis of variance.

In the 't' tests, presented in Table VII, the results indicate that the Experimental Group I is significantly higher at the .001 level of confidence than the Experimental Group II. The principal null hypothesis is therefore rejected. It is also indicated that the Experimental Group I is significantly higher at the .001 level than the Combined Control Groups I and II; and thus, the first sub-hypothesis is also rejected. The results indicate as well that the Experimental Group II is significantly higher at the .01 level than the Combined Control Groups I and II; and thus, the second sub-hypothesis is rejected. Finally, the 't' tests indicate that the Experimental Group I is significantly higher and the

Experimental Group II is significantly lower at the .01 level than the Control Group III. So, the third sub-hypothesis is rejected; but the directions are reversed.

c) Scale for Subjectivity.- The analysis of variance indicated that there was a significant difference between the groups at the .001 level of confidence on the Scale for Subjectivity. The same tables show the means and standard deviations, and the results of the analysis of variance.

In the 't' tests, shown in Table VIII, the results indicate that the Experimental Group I is significantly higher at the .001 level of confidence than the Experimental Group II. The principal null hypothesis is again rejected. It is also indicated that the Experimental Group I scored significantly higher at the .001 level than the Combined Control Groups I and II; and thus, the first sub-hypothesis is rejected. However, no significant difference was indicated between the Experimental Group II and the Combined Control Groups I and II; and therefore, the second sub-hypothesis was not rejected. In the case of the third sub-hypothesis, no significant difference was indicated between the Experimental Group I and the Control Group III; and so the sub-hypothesis was not rejected with respect to the first part. But, the 't' tests indicated that the Control Group III scored significantly higher at the .001 level of confidence than the

Experimental Group II; and so the sub-hypothesis was rejected with respect to the second part.

c) Need for Attention Scale.- Again, the F-ratios of the analysis of variance indicated that a significant differences at the .001 level existed between the groups on the Need for Attention Scale. Tables IV and VI show the means and standard deviations, and the results of the analysis of variance.

The 't' tests are shown in Table IX. Results indicated that the Experimental Group I scored significantly higher at the .001 level than the Experimental Group II; and again, the principal null hypothesis was rejected. The scores for the Experimental Group I were also significantly higher at the .001 level than those of the Combined Control Groups I and II; and the first sub-hypothesis was therefore rejected. However, no significant difference was demonstrated between the Experimental Group II and the Combined Control Groups I and II; and thus, the second sub-hypothesis was not rejected. Relative to the third sub-hypothesis, the Experimental Group I showed no significant difference from the Control Group III; but the Experimental Group was significantly lower at the .001 level than the Control Group III. Thus, the first part of the third sub-hypothesis was not rejected, but the second part was.

e) Scale of Omnipotence.- A slightly different approach was taken in the case of the Scale of Omnipotence for reasons previously explained. Individual 't' tests for each of the hypotheses of the experimental design were computed. The results of these 't' tests of significance are presented in Tables X-XIV.

Since there was no significant difference between the two Experimental Groups I and II, as shown in Table X, the principal null hypothesis is not rejected on the basis of this scale. The same is true for the first sub-hypothesis that there is no significant difference between the Experimental Group I and the Combined Control Groups I and II. The results of this 't' test are presented in Table XI. Between the Experimental Group II and the Combined Groups I and II, however, a significant difference between the means was demonstrated at the .05 level of confidence as is shown in Table XII. But this was not considered sufficient to reject the second sub-hypothesis. Relative to the third sub-hypothesis, Table XIII indicates that there is no significant difference between the standard deviations of the Experimental Group I and the Control Group III, and that there is a significant difference only at the .05 level between the means. Hence the first part of the third sub-hypothesis is not rejected. Table XIV, however, shows a significant difference

Table X.-

An Evaluation of the Differences Between the Means and Standard Deviations of the Experimental Groups I and II on the Scale of Omnipotence by a 't' Test of Significance.

Statistics	Groups		Diff.	σ_D	D/σ_D	Signif. $p < .01$
	Exp. I	Exp. II				
N	30	30				
M	6.57	6.07	0.50	0.954	0.524	N.S.
$\sum x^2$	537.50	255.00				
σ	4.23	2.92	1.32	0.663	1.997	N.S.
σ_M	0.786	0.541				
σ_σ	0.546	0.376				

Table XI.-

An Evaluation of the Differences between the Means and Standard Deviations of the Experimental Group I and the Combined Control Groups I and II on the Scale of Omnipotence by a 't' Test of Significance.

Statistics	Groups		Diff.	σ_D	D/σ_D	Signif. $p < .01$
	Exp. I	C.C. I&II				
N	30	30				
M	6.57	8.43	1.86	1.115	1.660	N.S.
$\sum x^2$	337.50	539.40				
σ	4.83	4.24	0.01	0.773	0.013	N.S.
σ_M	0.786	0.786				
σ_σ	0.564	0.547				

Table XII.-

An Evaluation of the Difference between the Means and Standard Deviations of the Experimental Group II and the Combined Control Groups I and II on the Scale of Omnipotence by a 't' Test of Significance.

Statistics	Groups		Diff.	σ_D	D/σ_D	Signif.	
	Exp. II	C.G. I&II				$p<.01$	$p<.05$
N	30	30					
M	6.07	8.43	2.36	0.954	2.474	N.S.	Signif.
$\sum x^2$	255.00	539.40					
σ	2.92	4.24	1.32	0.664	1.986	N.S.	N.S.
σ_M	0.541	0.786					
σ_σ	0.376	0.547					

Table XIII.-

An Evaluation of the Differences between the Means and Standard Deviations of the Experimental Group I and the Control Group III on the Scale of Omnipotence by a 't' Test of Significance.

Statistics	Groups		Diff.	σ_D	D/σ_D	Signif.	
	Exp.I	C.G.III				p<.01	p<.05
N	30	30					
M	6.57	9.57	3.00	1.162	2.582	N.S.	Sig.
$\sum x^2$	537.50	639.50					
σ	4.23	4.62	0.39	0.808	0.483	N.S.	N.S.
σ_M	0.786	0.861					
σ_σ	0.546	0.596					

Table XIV.-

An Evaluation of the Differences between the Means and Standard Deviations of the Experimental Group II and the Control Group III on the Scale of Omnipotence by a 't' Test of Significance.

Statistics	Groups		Diff.	σ_D	t/σ_D	Signif.	
	Exp.II	C.G.III				$p<.01$	$p<.05$
N	30	30					
M	6.07	9.57	3.50	1.017	3.441	Sig.	Sig.
$\sum x^2$	255.00	639.50					
σ	2.92	4.62	1.70	0.705	2.411	N.S.	Sig.
σ_M	0.541	0.861					
σ_σ	0.376	0.596					

between the means of Experimental Group II and Control Group III at the .01 level, and a significant difference between the standard deviations at the .05 level of confidence. Relative to the second part of the third sub-hypothesis, then, the findings indicate that it should be rejected with respect to the means of the two groups, but not rejected with respect to the standard deviations.

CHAPTER VIII

INTERPRETATION OF TEST RESULTS

Most of the findings in this study give considerable support to the research theory, stated in chapter four, that the neurotic depressive reaction and spiritual desolation, though symptomatically alike, are dynamically distinct, and can be distinguished on the grounds of the presence of narcissism.

Generalizations on this score, however, cannot be extended beyond the limits of the parameters sampled. Only women between the ages of twenty-one and forty-years, and with at least a Grade XII education, are considered.

Within this population, the women diagnosed for the neurotic depressive reaction, the Experimental Group I, scored very significantly higher than the women rated for spiritual desolation, Experimental Group II, on three of the five scales of narcissism: Inferiority, Subjectivity, and Need for Attention. It is important to note here that these were the three factor analyzed Guilford scales. The validity of the other two measures can be seriously questioned, since they were not factor analyzed, nor were any data concerning the reliability provided by the authors. The Scale of Omnipotence especially, with its low coefficient of reliability and its enormous variance, is suspect.

A comparison of the Experimental Groups on these three Guilford scales is provocative. The results on the Scale for Inferiority support the dynamic theory that the neurotically depressed woman is likely to have introjected feelings of hostility which, when coupled with guilt feelings, lead to a conviction of worthlessness, self-depreciation, and feelings of inferiority. It also confirms the present tendency among the authors, notably Fromm, Menninger, and Fidelberg, to think that the narcissistic component of depression is more likely to be self-destructive in quality than self-aggrandizing. The results of the scores on the scales for Subjectivity and Need for Attention also strongly support the theory that the neurotically depressed woman will tend to be more self-preoccupied, and to demand more signs of attention because of her feeling of inferiority than either the normal woman or the woman passing through a stage of spiritual desolation. Especially do these scales support the impression, drawn from the literature on both the neurotic depressive reaction and spiritual desolation, that the woman in spiritual desolation will not express the same inclinations toward self-centred, self-punitive, masochistic concern as the neurotically depressed woman, and that she can be distinguished from the latter patient on those grounds.

A comparison of both these groups with the normal group of women on the basis of the same three scales also

suggests that while the neurotically depressed woman is considerably more 'narcissistic' than the normal woman, this is not true of the woman in spiritual desolation. The group of neurotic depressives scored significantly higher on all three scales than the group of normal women. But the group for spiritual desolation did not vary significantly from the normal group on either the scales for Subjectivity or Need for Attention. They did, however, manifest greater feelings of inferiority than the normal women.

Finally, the comparison of both the neurotic depressed women and the women in spiritual desolation with the mixed neurotic group shows further confirmatory results. While the neurotic depressed are significantly more prone to feelings of inferiority than the mixed neurotics, the spiritual desolates are significantly less so. In addition, both the neurotic depressed and the mixed neurotic groups are similarly narcissistic in their subjectivity and need for attention; while, unlike both of them, the women in spiritual desolation manifest only a normal degree of both subjectivity and attention-striving.

On the interesting Scale for Inferiority, the findings have suggested that the neurotic depressed women will feel more inferior than the other neurotic women; they in turn will feel more inferior than the women in spiritual desolation; and they in turn will feel more inferior than the general

population of normal women. The significant differences on the other correlates of narcissism, however, also suggests that the reason for the feelings of inferiority are not precisely the same in the neurotic population and the population of spiritual desolation.

The negative results on the Occupational Appeal Card Sort, on which there was no significant difference of any kind, could suggest either that the groups of women are not more or less narcissistic in this respect, or that they do not manifest their narcissism in their occupational preferences, or finally that the occupations rated for their narcissistic appeal are simply not more narcissistic than the others. On the Scale of Omnipotence, the only significant difference indicated that the mixed neurotics were more narcissistic than the other groups; but, again, the meaning of this scale is not clear.

In general, the test results support the inferences drawn from the literature that the woman in a stage of spiritual desolation is less subjective and self-preoccupied, less intro-punitive, less attention-demanding than the woman suffering a neurotic depressive reaction, and that therefore the dynamics behind the depressive symptomatology in each are different. They also suggest that narcissism and neurosis are highly correlated; and that the real difference between the two experimental groups lies in the fact that the women

passing through a stage of spiritual desolation, while exhibiting for a time symptoms similar to the neurotic depressive reaction, are neither narcissistic nor neurotic.

1. Limitations of the Study.

Limitations of this study center principally about the issue of validity, and specifically the absence of extant measures of proven validity for either narcissism or spiritual desolation.

This deficiency is especially significant in the case of the criterion variable, narcissism, which is so variously described in the literature. In order to eliminate some of the dilemmas arising from such a variety of descriptions, operational definitions, drawn from those most frequently described characteristics, were first formulated. And the scales of measurement, upon which the operational definitions were grounded, were presented at length. But, at this point in the progress of research on the subject, there is yet no extrinsic criterion with which the measures of narcissism can be compared. This is especially true of the Occupational Appeal Card Sort and the Scale for Omnipotence, concerning which very little statistical data were available.

In addition, there are intrinsic defects in the selection of the experimental groups. The determination of the neurotic populations rested entirely upon the diagnosis

made in the hospitals where the testing was done, and the possibility of error in diagnosis cannot be overlooked. Greater difficulties still attended the selection of the group in spiritual desolation where, again, no extrinsic, measureable criteria are available. In this case too, the operational definition used was drawn from among those traits most often described in the classic ascetical literature. Much, however, must yet be done in an attempt to isolate and identify this most complex and elusive phase of the spiritual life.

SUMMARY AND CONCLUSIONS

The present research has been an attempt to study the relationship of narcissism and its correlates to the states of neurotic depressive reaction and spiritual desolation. Both of these phenomena have been described at length in two distinct streams of literature; the first in the tradition of clinical psychopathology, and the second in the tradition of asceticism and spiritual development.

A review of the literature in both the traditions reveals that, according to the respective authorities, the symptomatic resemblance between the two phenomena is striking. Persons in either condition generally exhibit physical inertia, tend to feel sad, depressed, indifferent, alone, inferior, and are overwhelmed by a pervading sense of loss. But beyond the immediate symptomatic level, the self-preoccupation, and the intro-punitive self-depreciation, so characteristic of the dynamics of the neurotic depressive reaction, are not to be found among the classic descriptions of spiritual desolation. And so, there is considerable evidence for presuming that the two conditions are dynamically distinct.

As a collective term designating loosely the many and varied forms of this self-preoccupation, narcissism was then reviewed in the psychiatric literature. And on the basis of reviews of the literature, the research theory was stated:

that the two conditions were dynamically distinct, and could be distinguished on the grounds of the presence of narcissism. It was the stated purpose of this study to investigate the validity of this research theory.

Each of the variables involved in the study, narcissism, the neurotic depressive reaction, and spiritual desolation were first operationally defined. The subjects for the study were selected from a large population of Religious and lay women, of matched age, education, and occupational orientation, and were distributed among four groups, two control and two experimental. The two control groups were composed of thirty normal and thirty neurotic women of mixed classifications. The two experimental groups were composed of thirty women diagnosed for neurotic depressive reaction, and thirty women rated for spiritual desolation.

To all subjects, a five-scale measure of narcissism was administered, and the scores of four of the five scales were submitted to one-way analyses of variance in order to determine the significance of difference, if any, among the four groups on the four scales. Individual 't' tests were applied for the fifth scale. On the basis of the literature, it was assumed that the neurotic depressive women, as the neurotic women in general, would give more 'narcissistic' responses than either the women in spiritual desolation, or the normal women.

In the experimental design proper, the principal hypothesis, stated in null form, proposed that there was no significant difference between the groups of neurotic depressive reaction and spiritual desolation on the scales of narcissism. Three sub-hypotheses were also formulated and tested: there would be no significant difference between the neurotic depressives and the normals, between the women in spiritual desolation and the normals, and between both the neurotic depressive and the women in spiritual desolation and the mixed neurotic group.

The results of the analysis of variance and subsequent 't' tests of significance indicated that there was a significant difference between the two experimental groups on three of the five scales of narcissism, and that the principal null hypothesis should be rejected. On the basis of this finding, it was concluded that the research theory had received support. The neurotic depressive women were significantly more subjective, had a greater need for attention, and were prone to stronger feelings of inferiority than the women in spiritual desolation.

The findings were further analyzed to test the three sub-hypotheses. Significant differences were found between the neurotic depressives and the normal women on the same three scales; and the first sub-hypothesis was accordingly rejected. It was concluded that the neurotic depressive

women were inclined to be more narcissistic, at least in these respects, than the normal women. No significant differences were found between the groups of women in spiritual desolation and of normal women on four of the five scales, the remaining scale showing no significant differences between any groups at all. On this basis, the second sub-hypothesis was not rejected, with the one reservation, however, that the women in spiritual desolation were found to have stronger feelings of inferiority than the normal women. Little difference was found between the neurotic depressives and the other neurotic women, except on the scale of inferiority. But the women in spiritual desolation gave fewer 'narcissistic' responses than the mixed neurotic group on all but one scale. Thus, the third sub-hypothesis was partly rejected, partly accepted.

In general, it was concluded that the main assumptions of the research were substantiated, i.e., that the neurotic depressed women, and neurotic women in general, would exhibit more narcissism than either the women in spiritual desolation or normal women. It can also be concluded that the stage of spiritual desolation is therefore neither a narcissistic nor a neurotic condition. The very complex differential diagnosis between neurotic depressive reaction and spiritual desolation might then be rooted on the evaluation of the degree of narcissism manifest in the presenting case.

Among the possibilities for further study in this area of religious psychology, several suggest themselves. In general, the further investigation of narcissism as a functional variable in other specific neurotic illnesses is yet to be made. Such research would necessitate more refined and precise attempts to isolate the phenomenon of narcissism, and that in turn would require a statistical refinement of the experimental tools employed to identify narcissism and its correlates. Validity studies of the scale for narcissism would be included in this research.

Included in the raw data of this study were scores that could have been analyzed with respect to inter-scale correlations. Although this analysis was not germane to the present study, a study of such correlations between the scales of narcissism themselves, or between scores on these scales and responses to the MMPI or other psychodiagnostic tools could be of value.

Other investigations might include a possible factor analytic study of the entire five-scale test of narcissism, in an attempt to isolate a general factor of narcissism, and to develop some composite scale for narcissism, if it is indeed a unitary trait. Such a scale could be applied to various other diagnostic groups.

Finally, intensive case studies could be undertaken of the women selected for the experimental group of women

in spiritual desolation. Such studies could throw some light on that long-described but never clarified phenomenon of the spiritual life, and could assist in the further understanding of stages of spiritual development and their relationship to clinical phenomena.

ANNOTATED BIBLIOGRAPHY

Allers, Rudolf, "Aridité Symptôme et Aridité Stade", in the Etudes Carmelitaines, 22nd Year, Vol. 2, issue of October 1937, p. 132-153.

The similarities and distinctions between the aridity which is symptomatic of neurosis and that which is a stage in spiritual development are reviewed. Four cases are presented as empirical evidence. Two of them represent neurotic depression, one is doubtful, and the fourth is an example of spiritual desolation. The criterion for judgment is the individual's life in general. Dr. Allers concluded that such a review brings only slightly satisfying results.

Ascher, Eduard, "A Criticism of the Concept of Neurotic Depression", in the American Journal of Psychiatry, Vol. 108, issue of June 1952, p. 901-908.

A comprehensive review of the literature on neurotic depression, and a full bibliography make this article worth while. The many attempts to classify depression are examined, and the author concludes that it is still an ill-defined entity, and that labels based on the classifications should be avoided.

Cleghorn, R.A., and G.C. Curtis, "Depression, Mood, Symptom, Syndrome", in Documenta Geigy: Acta Psychosomatica, No. 2, North American Series, issue of September 1959, p. 1-43.

The kinds of depression, description of symptoms, and a full discussion of the etiological theories are presented in this very comprehensive overview of the phenomenon of depression.

Daeschler, R., "Aridite", in the Dictionnaire de la Spiritualite, Ascetique et Mystique, Paris, Beauchesne, 1957, Vol. 1, p. 843-855.

Aridity, a condition in which the person finds himself unable to produce acts proper to prayer, is described at length and distinguished from desolation, a more general malaise, and other similar states in the spiritual life.

Eidelberg, Ludwig, "Introduction to the Study of Narcissistic Mortification", in the Psychiatric Quarterly, Vol. 31, 1957, p. 657-668, and Vol. 33, 1959, p. 636-646.

A psychoanalytic interpretation is offered to explain the possible effects of the experience by a child of a sudden loss of control over the environment. Such experiences are essential for ego-development, but can be repressed. If

they are, an exaggerated feeling of power is sustained. This feeling can be coupled with the sense of inadequacy in the adult confronting an unyielding environment, and the combination creates the neurotic depression. Though a provocative article, little evidence beyond the traditional tenets of psychoanalysis is offered.

Fenichel, Otto, The Psychoanalytic Theory of Neurosis, New York, Norton, 1945, x-703 p.

From among the many psychoanalytic writings, this is the most complete survey of the role of narcissism in the Freudian theory. The author does not deviate significantly from the original Freudian positions, however, and as a result some meaningful theories of the neo-Freudians are not given much attention.

Freud, Sigmund, "On Narcissism: An Introduction", in John Rickman, (Ed.), A General Selection from the Works of Sigmund Freud, New York, Doubleday and Co., 1957, xii-294 p.

Freud's revolutionary essay, written in 1914 as a polemic against Adler and Jung, marked a significant change in his career and necessitated an alteration of the original instinctual theory. The libidinal cathexis of the ego, primary narcissism, is the universal primitive condition out of which all object-love develops. The withdrawal of libidinal cathexis from objects in favor of the ego, secondary narcissism, is a common reaction among dementia praecox patients. Such an investment of the ego with libidinal force of its own obliged Freud to revise the original id-ego dichotomy.

---------, "The Theory of the Libido: Narcissism", in A General Introduction to Psycho-Analysis, New York, Garden City Publishing Co., 1943, p. 412.

The twenty-sixth in a series of twenty-eight lectures which Freud delivered at the University of Vienna in 1915-1917, this work recapitulates the earlier essay on narcissism. The role of narcissism in dementia praecox, paranoia, melancholia, and hysteria is stressed.

---------, "Mourning and Melancholia", in John Rickman, (ed.), A General Selection from the Works of Sigmund Freud, New York, Doubleday and Co., 1957, xii-294 p.

Written shortly after the essay on narcissism, in 1917, this work serves as a sequel to that essay, and assesses the function of narcissism in the self-abasement of the melancholiac. Mourning, which is a normal grief following the loss of a loved-object, must be distinguished from

melancholia, which is characterized by ambivalence, the introjection of feelings of hostility toward the loved-object, and the regression of the libido into a primary narcissism.

Fromm, Erich, Man for Himself, New York, Rinehart, 1947, vii-312 p.

Fromm develops the general theme of self-love and other-directed love in the psychological and sociological context of the contemporary world. He emphasizes the need for genuine self-concern as oppos d to self-depreciation, and carefully distinguishes genuine self-love from the spurious forms of narcissistic self-preoccupation that are but a disguise for self-hatred.

Grimbert, Charles, "L'Aridité et Certaines Processus Psychopathiques", in the Études Carmelitaines, 22nd Year, Vol. 2, issue of October 1937, p. 121-131.

The problem of differentiating between states of genuine asceticism and their neurotic counterparts is considered. Both conditions must be seen as parts of a total process, and judged according to that process.

Gutheil, Emil, "Reactive Depressions", in the American Handbook of Psychiatry, New York, Basic Books, Inc., 1959, Vol. 1, p. 345-352.

This concise yet complete summary of available data deals with the etiology, symptoms, diagnosis, psychodynamics, and therapy of specifically the reactive depression. It is a careful and selective attempt to separate fact from fiction.

Hausherr, Irenee, "Penthos", in the Orientalia Christiana Analecta, Rome, The Pontifical Institute of Oriental Studies, 1944, Vol. 132, p. 209.

This exhaustive collection of original sources is the definitive review of the expressions of the early Eastern Fathers of the Church on the nature of desolation. The author is an authority in both patristic and ascetical theology.

Hoch, Paul, and Joseph Zubin, (Eds.), Depression, New York, Grune and Stratton, 1954, x-277 p.

The authors present a collection of the papers delivered at the 42nd annual meeting of the American Psychopathological Association in June 1952. The papers are of varying quality, but the essays of Stainbrook, Stern, and Kallman stand out. Stainbrook deals with the history and cultural aspects of depression, noting that the incidence is greatest in more advanced cultures. Stern deals with the gerontological depression, and Kallman presents the genetic approach.

Jaeger, Jacob, "Mechanisms in Depression", in the American Journal of Psychotherapy, Vol. 9, No. 3, issue of July 1955, p. 441-451.

The author distinguished depression, an affective state representing instinctual conflicts and the anxiety caused by them, into primal, endogenous, and reactive states. Drawing liberally from Abraham, Weiss, and Fenichel, he stresses the fact that depression is characterized by an excessive cathexis of the ego, and cites a number of illustrative cases.

John of the Cross, Complete Works, Allison Peers, (Ed.), London, Burns, Oates and Washbourne, 1934, 3 Vols.

This classic ascetical treatment of the dark night of the senses, or desolation, is by the author who is largely identified with the phenomenon. It distinguishes sharply between the dark night of the senses and the dark night of the soul. The latter is a more advanced purgative state. The work is indispensable for one who would study the subject.

Keilholz, Paul, "Diagnosis and Therapy of the Depressive States", in the Documenta Geigy: Acta Psychosomatica, No. 1, North American Series, issue of August 1959, p. 1-64.

The author presents a classification quite different from those generally accepted. And he argues that reactive depression is no more than a continuum from normal grief states. The work is drawn from empirical experience at Basle University, and does not seem to rely much on other concurrent research.

Kraines, Samuel, Mental Depressions and Their Treatment, New York, The Macmillan Company, 1957, ix-555 p.

Kraines challenges Freud's theory of depression. Though he acknowledges that psychic factors do modify, complicate or prolong the symptoms, he insists that the etiology is one of the interaction of hereditary predisposition and physiologic precipitating factors. He illustrates with over two hundred case histories.

Lot-Borodine, M., "L'Aridité ou «Siccitas» dans l'Antiquité Chrétienne", in the Etudes Carmelitaines, 22nd Year, Vol. 2, issue of October 1937, p. 191-205.

Like Hausheer, though never so definitively, the author reviews the writings of the Western Fathers on desolation. He assembles in addition considerable evidence from the early writers testifying to the existence of two independent phenomena, two sadnesses, one that is morbid and the other progressive.

Martin, Henri, "Dereliction", in the Dictionnaire de la Spiritualite, Ascetique et Mystique, Paris, Beauchesne, 1957, Vol. 3, p. 503-517.

The essay outlines the state of great desolation, in which the person feels abandoned by God. This state, corresponding to the dark night of the soul, is characterized by the feeling in the individual that God is disdainful of him, and that he is therefore worthy of Divine punishment.

---------, "Desolation", in the Dictionnaire de la Spiritualite, ascetique et Mystique, Paris, Beauchesne, 1957, Vol. 3, p. 631-645.

Martin distinguishes desolation from dereliction in this essay, presents seven case histories, drawn from the lives of the saints, then examines the nature of desolation, the modes of identifying it, and the motives God may have in permitting it.

Menninger, Karl, Man Against Himself, New York, Harcourt, Brace and Company, 1938, xii-489 p.

Menninger examines exhaustively the destructive urge in man. He propounds the thesis that each man kills himself in his own way, and that this suicidal tendency can only be overcome by the application of intelligence to the human phenomenology. He synthesizes and carries on the work of Ferenczi, White, Alexander, and others, often in a somewhat tendentious manner.

Stuart, Grace, Narcissus, New York, The Macmillan Company, 1955, p. 166.

This light, non-scientific study of the nature of self-love draws from a wide range of literature. The author offers testimony from varied sources to the fact that Narcissus was a more tragic figure than he is usually thought to be, and suggests that self-hate would be a preferable term to self-love.

Young, Maxim, An Investigation of Narcissism and Correlates of Narcissism in Schizophrenics, Neurotics, and Normals, unpublished Ph.D. thesis, presented to the Graduate Council of Temple University, Philadelphia, Pa., 1959, p. 96.

An attempt to investigate the validity of the Freudian hypothesis that schizophrenics are more narcissistic than normals, this research made the initial attempts to define narcissism operationally. The findings supported the hypotheses presented.

APPENDIX 1

MYTHS OF NARCISSUS

APPENDIX 1

MYTHS OF NARCISSUS

Narcissus was the handsome youth who rejected the love of the nymph, Echo. She, as a result of his rejection, died of a broken heart, and Narcissus was condemned by Nemesis, the Goddess of Retributive Justice, to fall in love with his own reflection in a pond. Narcissus pined away in self-admiration and, at death, was changed into a flower which bears his name.

This is, however, not the only account of the legend of Narcissus. In his study of the origins of the myth, von Wiesler[1] relates four distinct stories. The earliest dates from the greek of the heroic age, and is attributed to Probas. In this account, the details are the same as in the version popular today, except for the fact that Narcissus did not pine away in self-admiration; he was killed by a rejected suitor. Homosexuality, as we know from the legends of the court of the poetess Sappho, was not uncommon at this period. The second account is traced to another greek poet of a later period, Conon. In this variation, Narcissus kills himself. A third myth, attributed to Pausanias, is still

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1 Baron von Wieseler, Narkissos, Gottingen, Dietrich, 1856, xiv-260 p., and Spotnitz and Resnikoff, "The Myths of Narcissus", in Psychoanalytic Review, Vol. 41, 1954, p. 173-181.

different. In it, Echo is actually Narcissus' twin sister, his duplicate in every possible way, and he loves her. She dies, however, and Narcissus tries to recapture her image by gazing at his own reflection. His death in this case is the result of intense mourning.

The legend, in the form we now have it, dates to the latin poet, Ovid. There is a part of the legend, however, that is not generally heeded. The story actually begins with the account of how the river god, Cephisus, ravishes Liriope in his waters. From this aquatic union, Narcissus is born. Perhaps one could say then that it was his mother that Narcissus saw in the water of the pond.

Actually, von Wieseler believes that the whole myth is a concoction to explain the origin of the flower, the Narcissus. The similarities are striking: 1) the flower has an affinity for water, and always grows on the banks of streams or near water; 2) it is slender of stem, and usually is found bending over towards the water; 3) it usually has an a-sexual botannical reproduction; 4) it is a very lovely plan; and 5) it is highly poisonous.

From all these varied forms of the legend, different analytical interpretations have arisen. The important thing is that, in all cases, Narcissus died because of the self-destruction wrought by self-love. And indeed, in the development of the concept of narcissism since Freud, narcissistic self-love has come to mean a form of self-destruction.

APPENDIX 2

THE RATING SCALE FOR SPIRITUAL DESOLATION

APPENDIX B

THE RATING SCALE FOR SPIRITUAL DESOLATION

CONFIDENTIAL RATING:

For use of superiors and spiritual directors only.

Name_____

	GREATLY	OCCASIONALLY	DON'T KNOW	VERY SELDOM	NEVER
Does the subject complain of somehow having fallen into disgrace before God?	( )	( )	( )	( )	( )
Has the subject's work suffered recently?	( )	( )	( )	( )	( )
Does the subject complain of finding no consolation in the things of God, or in secular things for that matter?	( )	( )	( )	( )	( )
Does the subject complain of an inability to pray?	( )	( )	( )	( )	( )
Does the subject express a terror of God's Justice, and a fear of eternal reprobation by Him?	( )	( )	( )	( )	( )
Does the subject appear to be hyper-critical of others?	( )	( )	( )	( )	( )
Does the subject appear to be avoiding social contacts?	( )	( )	( )	( )	( )
Does the subject complain of not serving God as she should? of backsliding?	( )	( )	( )	( )	( )
Does the subject appear to be sensitive to criticism from others, or 'kidding' by others?	( )	( )	( )	( )	( )
Does the subject appear to be disinterested?	( )	( )	( )	( )	( )
Does the subject seem to be fearful for no particular reason?	( )	( )	( )	( )	( )
Does the subject complain of bodily ailments, of general poor health?	( )	( )	( )	( )	( )
Does the subject complain of lack of hope or trust in God?	( )	( )	( )	( )	( )
Is the subject docile to direction, obedient to superiors?	( )	( )	( )	( )	( )

APPENDIX 3

OCCUPATIONAL APPEAL CARD SORT

APPENDIX 3

OCCUPATIONAL APPEAL CARD SORT

Occupations	Coding on Back of Card		
	Group	Scoring (O-non-narc.) (N-narcissistic)	Numerical Position
Group I:			
Lawyer	I	O	1
Social Work Supervisor	I	O	2
Veterinarian	I	O	3
Writer	I	N	4
Bacteriologist	I	O	5
Newspaper Editor	I	O	6
Artist	I	N	7
Manufacturer	I	O	8
Economist	I	O	9
Musical Composer	I	N	10
School Principal	I	O	11
Business Executive	I	O	12
Certified Public Accountant	I	O	13
Geologist	I	O	14
Medical Doctor	I	O	15
Research Scientist	I	O	16
Art Critic	I	N	17
Optometrist	I	O	18
Physicist	I	O	19
Research Chemist	I	O	20
University Professor	I	O	21
Politician	I	O	22
Dentist	I	O	23
Architect	I	N	24
Surgeon	I	O	25
Group II:			
Accountant	II	O	1
Draftsman	II	O	2
Singer	II	N	3
Weather Observer	II	O	4
Sculptor)Sculptress	II	N	5
Pharmacist	II	O	6
Lab Technician	II	O	7
Personnel Worker	II	O	8
Jewelry Designer	II	N	9
Store Manager	II	O	10

Group II (Cont'd.) Occupations	Coding on Back of Card		
	Group	Scoring	Numerical Position
Physical Therapist	II	O	11
Navigator	II	O	12
Actor/Actress	II	N	13
Social Worker	II	O	14
Tool Maker/Home Economist	II	O	15
X-ray Technician	II	O	16
Occupational Therapist	II	O	17
Wildlife Specialist	II	O	18
Educational Counselor	II	O	19
Buyer for Store	II	O	20
Professional Athlete	II	N	21
Sales Manager	II	O	22
Contractor/Secretary	II	O	23
Librarian	II	O	24
Interior Decorator	II	N	25
Optician	II	O	26
Postmaster/Postmistress	II	O	27
Nurse	II	O	28
Farm Manager/Receptionist	II	O	29
Watchmaker	II	O	30
Surveyor	II	O	31
Insurance Agent	II	O	32
Magician	II	N	33
Salesman/Saleswoman	II	O	34
Radio Broadcaster	II	O	35
Landscape Architect	II	O	36
Chiropodist	II	O	37
Printer	II	O	38
Teacher	II	N	39
Dietitian	II	O	40
Group III:			
Car Salesman/Saleslady	III	O	1
Machinist/seamstress	III	O	2
Tree Surgeon	III	O	3
Photographer	III	N	4
Retail Grocer	III	O	5
Inspector in factory/Lady's Wear	III	O	6
Dancer	III	N	7
Radio Operator	III	O	8
Bookkeeper	III	O	9
Welfare Worker	III	O	10

APPENDIX 4

QUESTIONNAIRE CARD SORT, INCLUDING SCALES FOR INFERIORITY, SUBJECTIVITY, NEED FOR ATTENTION, & OMNIPOTENCE

APPENDIX 4

QUESTIONNAIRE CARD SORT, INCLUDING SCALES FOR INFERIORITY, SUBJECTIVITY, NEED FOR ATTENTION, AND OMNIPOTENCE

Item	Code on Back of Card		
	Scale	Scoring	#
You nearly always receive all the credit that is coming to you for things you do.	Subjectivity	A	1
Do you feel that people almost always treat you right?	Inferiority	A	2
Could you ever be most anything you wanted to be?	Omnipotence	A	3
You like it when people come to you and ask for advice	Need-Att'n	A	4
Do you frequently feel thwarted because you cannot do as you want?	Inferiority	A	5
Could you ever be elected President of the United States?	Omnipotence	A	6
In group activities, do you get your full share of everything?	Subjectivity	A	7
For many years, you have wanted to own a sport-model car.	Need-Att'n	A	8
Do you believe you have been bossed too much for your own good?	Inferiority	D	9
Could you ever hold a very important position in a big company?	Omnipotence	A	10
You hate to have somebody call your name in a crowded street	Need-Att'n	D	11
People talk about you behind your back.	Subjectivity	D	12

QUESTIONNAIRE CARD SORT
(Cont'd.)

Item	Code on Back of Card		
	Scale	Scoring	#
Could you ever become a famous person?	Omnipotence	A	13
You would like to keep a display of awards and medals.	Need-Att'n	A	14
Other people often blame you for things you didn't do.	Inferiority	D	15
Do you always know what to do next?	Inferiority	A	16
You enjoy correcting people who make errors	Need-Att'n	A	17
You often become bored when the subject of conversation shifts away from your own experience.	Subjectivity	D	18
Could you ever fly an airplane all around the world by yourself?	Omnipotence	A	19
Do you often find that you can think of smart things to say after it is too late?	Inferiority	D	20
You would like to be a leader so as to get more recognition for your work.	Need-Att'n	A	21
Do you always feel that you can accomplish the things you want to do?	Subjectivity	D	22
You are touchy about some things.	Subjectivity	D	23
Could you ever know everything that there is to know?	Omnipotence	A	24
Do you feel bored much of the time?	Inferiority	D	25

QUESTIONNAIRE CARD SORT
(Cont'd.)

Item	Coding on Back of Card		
	Scale	Scoring	#
You would get a lot of pleasure out of having your picture printed in the paper with a famous person.	Need-Att'n	A	26
Could you ever become a college professor?	Omnipotence	A	27
You often feel that one of the main characters in a movie or play is like you.	Subjectivity	D	28
You get into scrapes which you did not seek to stir up.	Subjectivity	D	29
You like it when you are selected to share other people's secrets	Need-Att'n	A	30
Could you ever become a leader of people who would obey all your orders and do whatever you wanted them to do?	Omnipotence	A	31
When you suddenly are upset emotionally, does it take much time to recover your composure?	Inferiority	D	32
You have occasionally said or done things so that people will think you are a character.	Need-Att'n	A	33
Could you ever become a champion athlete?	Omnipotence	A	34
You are inclined to think about yourself too much of the time.	Subjectivity	D	35
Have you often felt that you are a rather awkward person?	Inferiority	D	36
Could you ever win a prize on a radio quiz program?	Omnipotence	A	37

QUESTIONNAIRE CARD SORT
(Cont'd.)

Item	Coding on Back of Card Scale	Scoring	#
In a group activity, do you often find yourself compelled to play an unimportant part?	Inferiority	D	38
You would like to be pointed out as an example for others to follow.	Need-Att'n	A	39
You get over a humiliating experience very quickly.	Subjectivity	A	40
Are you ever afraid that you cannot live up to the standards your parents set for you?	Inferiority	D	41
Sometimes you try to be the center of attention in a group.	Need-Att'n	A	42
Almost everything that happens seems to have some relationship to you.	Subjectivity	D	43
Could you ever be a hero in the army and save your country?	Omnipotence	A	44
Certain people deliberately say or do things to annoy you.	Subjectivity	D	45
Does it sometimes seem to you that in life's competitions you are usually left behind?	Inferiority	D	46
You are irritated when someone uses an original idea of yours as though it were his own.	Need Att'n	A	47
Could you ever invent something that would help people all over the world?	Omnipotence	A	48
You enjoy being recognized as one who knows the 'inside story' of how decisions are made in a group.	Need Att'n	A	49

QUESTIONNAIRE CARD SORT
(Cont'd.)

Item	Coding on Back of Card		
	Scale	Scoring	#
Do you feel confident that you can cope with almost any situation that you will meet in the future?	Inferiority	A	50
There are many kinds of work that you would not think of doing because they are not good enough for you.	Subjectivity	D	51
Could you ever become a great actor in the movies?	Omnipotence	A	52
Is your health generally better than that of most people?	Inferiority	A	53
Could you ever become a doctor and then discover something that would save many people's lives?	Omnipotence	A	54
Sometimes you feel like putting on an act so that people will notice you.	Need-Att'n	A	55
People offend you without knowing it because you hide your feelings from them.	Subjectivity	D	56
Could you ever be elected as mayor of your town?	Omnipotence	A	57
You have felt that certain persons are secretly trying to get the better of you.	Subjectivity	D	58
Do you sometimes wish you were in another office (or school or factory) where your companions were more congenial?	Inferiority	D	59
You would like to see your name get into the newspaper.	Need-Att'n	A	60

QUESTIONNAIRE CARD SORT
(Cont'd.)

Item	Coding on Back of Card		
	Scale	Scoring	#
Are you very good at making money compared to others of your own age and sex?	Inferiority	A	61
You very often seek the advice of other people.	Subjectivity	D	62
Could you ever climb the highest mountain in the world?	Omnipotence	A	63
You are annoyed if somebody ignores you when you speak to him.	Need-Att'n	A	64
Is it difficult to hurt your feelings?	Subjectivity	A	65
Could you ever become the best car mechanic(dress-maker)in your town?	Omnipotence	A	66
You like to be widely known as an expert in something.	Need-Att'n	A	67
Are you oversensitive to criticism of yourself?	Inferiority	D	68
Do you frequently feel self-conscious in the presence of important people?	Inferiority	D	69
You would like to be able to recognize celebrities on sight.	Need-Att'n	A	70
Could you ever be the strongest man(best dressed woman) in the country?	Omnipotence	A	71
There have been times when you have been bothered by the idea that someone is reading your thoughts.	Subjectivity	D	72
Were you happier when you were younger than you are now?	Inferiority	D	73

QUESTIONNAIRE CARD SORT
(Cont'd.)

Item	Coding on Back of Card		
	Scale	Scoring	#
You sometimes say things just to surprise or shock others.	Need-Att'n	A	74
You have been seriously slighted more than once.	Subjectivity	D	75
Could you ever be the richest man (woman) in the country?	Omnipotence	A	76
Could you ever become a famous general in the army(society leader)?	Omnipotence	A	77
You would like to be complimented for your achievements before a group of people.	Need-Att'n	A	78
Other people too often take the credit for things you yourself have done.	Subjectivity	D	79
Do you suffer keenly from feelings of inferiority?	Subjectivity	D	80
When things go wrong, it upsets you very much.	Subjectivity	A	81
Do younger people have an easier and more enjoyable life than you do?	Inferiority	D	82
Could you ever take the leading part in a play?	Omnipotence	A	83
You would enjoy doing card tricks for the amusement of others.	Need-Att'n	A	84
Could you ever learn to play a musical instrument so well that people would always ask you to play for them at parties?	Omnipotence	A	85
You would like to have a cure for cancer named after you if you were the discoverer of it.	Need-Att'n	A	86

QUESTIONNAIRE CARD SORT
(Cont'd.)

Item	Coding on Back of Card: Scale	Scoring	#
You often feel that a speaker is talking about you personally.	Subjectivity	D	87
Does it seem to you that you never do things in a way that wins the attention and approval of others.	Inferiority	D	88
Do you ever fear that you are getting lost?	Inferiority	D	89
You like to stand out from the crowd in some way.	Need-Att'n	A	90
Could you ever write a composition or a poem that could win a nation-wide contest?	Omnipotence	A	91
You have days in which it seems that everything goes wrong.	Subjectivity	D	92
You often tell your troubles to others.	Subjectivity	D	93
Could you ever become a newspaper writer?	Omnipotence	A	94
Do you sometimes want to move to a new town or community because you do not find congenial people where you are?	Inferiority	D	95
You would like to produce something that will make you well-known.	Need-Att'n	A	96
You would like to be looked up to as an authority.	Need-Att'n	A	97
When promotions in rank, salary, or position are being made, does it seem to you that you are given less attention than others?	Subjectivity	D	98
Could you ever get anything you wanted just by wishing real hard?	Omnipotence	A	99

QUESTIONNAIRE CARD SORT
(Cont'd.)

Item	Coding on Back of Card		
	Scale	Scoring	#
Are you too sensitive for your own good?	Subjectivity	D	100
Could you ever save a little boy from being hit by a car if you saw him in the middle of the street and the car was almost on top of him?	Omnipotence	A	101
Do you find it difficult to go on with your work if you do not receive enough encouragement?	Inferiority	D	102
You would like to be seen talking with important people.	Need-Att'n	A	103
People have criticized you unjustly to others.	Subjectivity	D	104
Do you ever wish you could have been born at a different time or place or in a different family than you were?	Inferiority	D	105
Could you ever do anything that you really wanted to?	Omnipotence	A	106
It is difficult for you to become interested in the problems of others when you have so many of your own.	Subjectivity	B	107
You like to wear clothes that people will notice.	Need-Att'n	A	108
You would like to perform before a crowd.	Need-Att'n	A	109
Criticism disturbs you very little.	Subjectivity	A	110
Have there been many people with whom you have come in contact who did not care to associate with you?	Inferiority	D	111
Could you have ever been the smartest person in a class?	Omnipotence	A	112

QUESTIONNAIRE CARD SORT
(Cont'd.)

Item	Coding on Back of Card		
	Scale	Scoring	#
You like to have other people notice it whenever you do something unusually well.	Need-Att'n	A	113
When you lose something, you often begin to suspect someone of either having taken it or having misplaced it.	Subjectivity	D	114
Do you ever wish that you were taller or shorter than you are?	Inferiority	D	115
There are times when it seems that everyone is against you.	Subjectivity	D	116
You would like to have your name as well known as Einstein or Eisenhower.	Need-Att'n	A	117
Are you frequently absent-minded?	Inferiority	D	118
Are you usually confident of your abilities?	Inferiority	A	119
Do you feel that the average person has made a better adjustment to life than you have?	Inferiority	D	120
When you were a child, were you usually made the 'goat' by your playmates (such as being forced to be on the unpopular side while playing games)?	Inferiority	D	121
Do you feel physically inferior to your associates?	Inferiority	D	122
When you become angry, do you get over it rather quickly when the cause for your anger is past?	Inferiority	A	123
Do you often wish your appearance were better than it is?	Inferiority	D	124

QUESTIONNAIRE CARD COUNT
(Cont'd.)

Item	Calling on Back of Card		
	Scale	Scoring	#
Are you frequently afraid that other people will not like you?	Inferiority	D	125
Does your mind often wander so badly that you lose track of what you are doing?	Inferiority	D	126
Are you easily discouraged when things become difficult?	Inferiority	D	127
Do your friends seem to have a better time than you do?	Inferiority	D	128
Do you sometimes wish that you were more attractive than you are?	Inferiority	D	129
Are you able to play your best in a game or contest against an opponent who is much superior to you?	Inferiority	A	130
Do you often wish that you were physically stronger than you are?	Inferiority	D	131
Do you have one or more hobbies or skills at which you are outstanding?	Inferiority	A	132
Do people usually give you credit for having good judgment?	Inferiority	A	133
Do you often feel that few obstacles can stand in the way of your reaching your final goal?	Inferiority	A	134
Do you often find that you cannot make up your mind until the time for action is past?	Inferiority	D	135
Do you often show yourself up to your own advantage?	Inferiority	D	136
Do you resent being 'kidded' about your peculiarities?	Inferiority	D	137

APPENDIX 5

THE LOCAL SOURCES AND DIAGNOSES FOR THE NEUROTIC POPULATION TESTED

APPENDIX 5

Table XV.-

The Local Sources and Diagnoses for the Neurotic Population Tested.

Source	Diagnosis				
	Neurotic (mixed)			Neurotic	
	Anxiety	Hysteric	Obsessive	Depressive	Totals
Northern State Hospital	10	11	8	14	43
McAuley Clinic	6	6	4	10	26
Psychiatrist	-	-	-	6	6
	16	17	12	30	75

T = 45

APPENDIX 6

RAW DATA

APPENDIX 6

RAW DATA

Table XVI.-

Raw Scores of Combined Control Groups I and II on Five Scales of Narcissism.

#	Occup.	Appeal	Inferior.	Subject.	Need Att'n	Omnipot.
1	7	23	12	21	3
2	3	24	13	23	5
3	7	16	14	18	6
4	4	24	12	15	5
5	3	6	9	6	11
6	2	9	9	12	14
7	4	18	8	17	17
8	3	23	8	6	15
9	4	8	4	9	11
10	2	9	4	12	15
11	6	21	17	18	14
12	7	24	12	12	8
13	10	21	18	16	14
14	3	10	11	14	8
15	5	17	9	17	14
16	4	12	11	6	3
17	7	29	7	9	4
18	1	8	18	15	10
19	5	7	10	14	5
20	6	25	15	18	9
21	3	11	9	9	4
22	7	20	16	16	3
23	12	16	14	16	8
24	6	25	11	9	7
25	5	16	12	9	5
26	6	26	17	2	2
27	5	21	10	11	5
28	5	10	11	10	9
29	6	15	7	10	9
30	4	11	8	10	10
Totals	152	506	336	380	253
Totals^2	23104	256036	112896	144400	64009
Sum Squares	928	9943	4174	5500	2673

Table XVII.-

Raw Scores of Control Group III on Five Scales of Narcissism.

#	Occup.	Appeal	Inferior.	Subject.	Need Att'n	Omnipot.
1		10	18	14	24	12
2		2	35	19	24	11
3		5	12	15	22	13
4		7	28	11	23	4
5		5	12	6	13	14
6		7	35	23	17	4
7		2	38	22	16	6
8		4	30	10	8	1
9		8	40	22	24	14
10		3	26	21	26	14
11		6	12	9	17	12
12		4	27	21	24	1
13		5	26	20	20	3
14		9	21	21	28	19
15		8	28	20	25	15
16		7	19	12	25	8
17		3	23	16	24	12
18		6	15	13	16	13
19		2	23	11	21	6
20		3	23	20	21	9
21		7	17	18	16	8
22		8	16	11	20	16
23		5	15	19	13	12
24		8	23	17	28	8
25		2	41	21	16	13
26		3	36	23	21	6
27		5	29	16	17	7
28		2	37	23	25	13
29		8	36	17	15	3
30		6	18	21	22	10
Totals		156	771	512	612	287
Totals^2		24336	594441	262144	374544	82369
Sum Squares		1056	21714	9130	13188	1909

Table XVIII.-

Raw Scores of Experimental Group I on Five Scales of Narcissism.

#	Occup.	Appeal	Inferior.	Subject.	Need Att'n	Omnipot.
1	3	40	23	24	15
2	5	21	16	18	2
3	2	38	22	16	6
4	4	36	20	17	3
5	0	35	20	18	7
6	6	30	17	16	7
7	6	24	12	7	4
8	4	30	10	8	1
9	3	32	23	12	6
10	1	30	10	8	1
11	2	38	22	15	6
12	6	35	12	21	6
13	2	37	21	18	2
14	8	40	22	24	14
15	6	29	17	16	8
16	5	40	23	22	4
17	9	32	19	12	5
18	7	28	11	23	4
19	12	29	19	28	17
20	2	23	17	18	8
21	7	35	23	17	4
22	10	41	24	27	5
23	9	38	23	24	5
24	7	22	15	12	16
25	6	24	16	14	13
26	5	32	18	17	6
27	5	40	22	21	5
28	7	24	15	13	7
29	3	38	22	11	6
30	6	30	15	25	10
Totals	154	966	549	520	203
Totals^2	23716	933156	301401	270400	41209
Sum Squares	998	30962	10591	9958	1909

Table XIX.-

Raw Scores of Experimental Group II on Five Scales of Narcissism.

#	Occup.	Appeal	Inferior.	Subject.	Need Att'n	Omnipot.
1		5	17	4	5	5
2		9	29	10	11	10
3		8	21	13	18	12
4		4	18	9	10	2
5		4	21	12	8	7
6		7	25	14	11	6
7		7	29	7	9	4
8		4	16	9	5	7
9		4	18	7	6	4
10		8	29	9	8	8
11		4	29	19	12	3
12		8	19	13	16	13
13		9	15	20	19	6
14		2	15	6	4	5
15		8	19	9	16	8
16		2	20	8	1	1
17		4	19	12	14	8
18		5	24	8	7	5
19		7	15	14	11	6
20		5	29	11	13	10
21		4	20	10	10	4
22		9	25	13	11	8
23		3	27	9	12	7
24		5	19	8	15	11
25		3	27	10	10	6
26		5	20	10	10	6
27		5	14	11	11	4
28		3	26	12	9	8
29		6	21	8	11	5
30		5	25	12	10	7
Totals		145	637	314	310	182
Totals^2		21025	405769	98596	96100	33124
Sum Squares		820	14629	3689	3675	1398

APPENDIX ?

ABSTRACT OF

An Inter-Disciplinary Study of the Relationship of Narcissism to the Neurotic Depressive Reaction and Spiritual Desolation

tested were distributed among four groups, two control and two experimental. The two control groups were composed of thirty normal women, selected at random from among the normal groups tested, and thirty neurotic women, of mixed diagnoses. The two experimental groups were composed of thirty women diagnosed for neurotic depressive reaction, and thirty women judged for spiritual desolation. In the selection of the last group, a rating scale was employed, along with the other criteria drawn from the literature.

The findings indicated that there was a significant difference between the two experimental groups on three of the five scales of narcissism and, on these grounds, it was concluded that the neurotic depressive women were more subjective, had a greater need for attention, and were prone to stronger feelings of inferiority than the women in spiritual desolation. Significant differences on the same scales were also found between the neurotic depressive and the normal women. No significant difference was demonstrated between the mixed neurotic and the neurotic depressive groups, or between the normal women and the women in spiritual desolation, except in the degree of feelings of inferiority.

In general, the research supported the theory that the neurotic depressed women, and neurotic women in general, were more inclined to be narcissistic than either the women in spiritual desolation or normal women.