

# A LEWINIAN TAXONOMY OF PSYCHIATRIC DISORDERS

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## Abstract

Kurt LEWIN wrote briefly, but with considerable depth, about his conjectural ideas about mental disorder, termed "Unreality", and primarily from a developmental point of view. This paper, based upon this author's studies of LEWIN and his theorizing about the growth of levels of reality, and boundaries, will discuss some theorized bases of major mental disturbances as they would be explained, and explainable, according to Lewinian field theory. To some degree comparison will be made with other major theories about the development of these disorders. A topological psychology perspective of the major features of select mental disorders from DSM IIIR will be presented, and with this the postulated central features of those disorders according to a Lewinian analysis. Some special attention will be paid to disorders that have been elusive to both etiology explanation, and cure, in traditional viewpoints in psychiatry and clinical psychology. By way of conclusion it will be suggested that, and where, classical Lewinian field theory may have a whole other analysis available to the study of mental disorders and to some specific conditions that have been elusive according to other, historically "clinical" theories. Printed and projected pictures of Lewinian figures will accompany the talk if/where possible).

We have elaborated ways in which a Lewinian topological system of thought can be concurred with other ways of viewing pathological process, particularly utilizing the ways those processes are seen by psychoanalytic thinking, and to a lesser degree utilizing the ways those processes are seen in behavioral psychology thinking.[1]

It may not be beyond reason to go further than to illustrate clinical syndromes in a new way, using what has been basically a theoretical explanatory system from social psychology, and to then try and use the kinds of insights that using that system can suggest, to construct insights into the very etiology of mental disturbances. If this social psychological model of viewing behavior and mental process can illustrate areas of pathology that have been the province almost entirely of other types of theories, one can try and move from the descriptive to the explanatory in the use of that model. It is true that view will explain processes it is used to look at in "its own terms", not more familiar ones. But such attempt can be made. Where new tools are used, new things may be

turned up; it is not only true necessarily that old things will be seen, and left still unexplained any better, in a new light.[2]

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### The Sense of "Boundary"

Psychological theory, particularly psychoanalytic theory, has talked about the developmental importance of sense of "boundary" between self and the outside world. Developmental psychoanalytic thinkers have described the growth of "ego boundaries" in the child to adolescence as a concomitant in development and an essential element in the definition of the "self" apart from the environment and apart from the mother. Ego boundaries comprise in part, as psychoanalytic thinkers define them, the boundary conceived by the child to exist between what goes on in the "self", and outside the self in the immediate (and farther) environment. The formulation has not been dealt with much, if at all, in topological psychology and topological psychology has not been utilized to describe these psychoanalytic developmental psychology formulation.

It would appear that a very simple representation of the growth of the ego boundary would involve the conceptualization of a boundary forming between the self, and the surrounding lifespace as such: simply, in Lewinian terms, the boundary around the "P", Person, separating him from his life space.

Crucially however another thing must happen. And that is, the child must learn moreover at some point early in his life another sort of boundary only somewhat less crucial to him. It is the boundary between that realm of his environment in which "facts" occur that are of importance and relation to him, and that realm of his environment where things do not concern him to the point of emotional and physical reaction that would be appropriate. This can be conceived of in Lewinian terms as a boundary too. In topological representation, it would be placed not between the Self, the Person, and the life space, but between the inner area of the life-space, and the outer area of the life-space. Were the life space of a person to be conceived of as a sort of representation of Saturn and all her rings, concentric to one another, this boundary between the "relevant" and the "nonrelevant facts" of the person's life space could be conceived of as the ring at median distance out from the planet, so to speak. For want of a better term, this boundary within the life space could be termed not an "ego boundary" but a "relevance-boundary". And as said, in some individuals this boundary develops poorly. Some individuals cannot distinguish between things in their environment they should react to, and things that should not. In some others, that boundary forms strongly as they develop, but too close in. They do not react with responsibility and emotional depth to things that they should, hence the classic schizoid as he is contemporarily defined and described. In others it develops but too far out: and they react with too much responsivity and emotionalism to things that do not bear them relevance meriting that, and usually in a negative way. They feel threatened by things they need not feel threatened by. Hence the paranoid disorders' perhaps most noticeable feature. (See Figure 3-1).

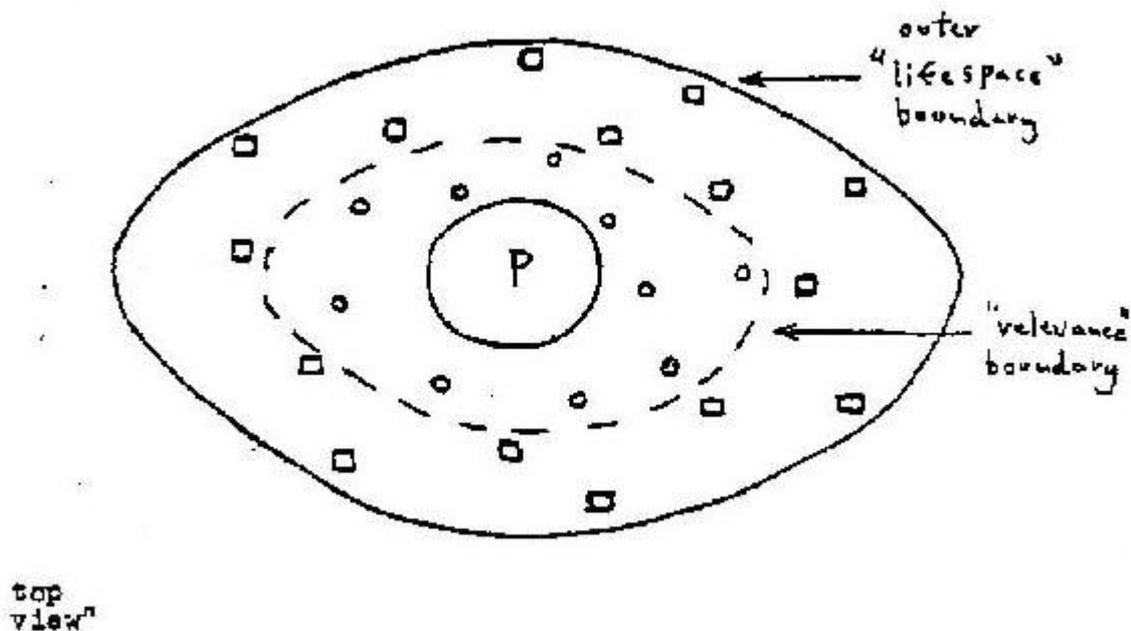


Figure 3-1:

The "Relevance Boundary" In the Life Space (Postulated)

Circles

-> "facts" important to relate to  
Squares -> "facts" not important to relate to

Psychic mechanics of the foundation of the ego boundary, and why it forms where it does, has never been completely explained by psychoanalytic thinkers. And it would be best to leave discussion of those aspects of the boundary formation process to them. However, a topological analysis of what the process looks like, with clinical features, leads one to suggest that both schizoid and paranoid disorders stem primarily from a developmental deficit in the placement, and strength, of the psychological boundary that leads an individual to decide what is relevant to react to, and what is not.

### "Vector Intensity" Problems

There would appear to be another kind of problem found across the clinical syndromes we observe, when we look at them in terms of topological psychology. It seems to be a problem an individual has wherein his self, innermost psychic processes in the self, perceive facts in the environment in a more intense way, or in a less intense way, than most other people in his circumstances would. This level of emotional reactivity and perceptual detail could be termed, in topological psychology, "vector intensity". From a clinical point of view, the "vector intensity" of facts in the life space of the manic patient for example is heightened pathologically, hence his manic reactivity and emotionalism when interacting with anything but the simplest, and most pacifying of environments and even, sometimes, them. And the vector intensity of the severely depressed patient is drastically lowered. He reacts in a lowered emotional way, and even his perceptions seem dulled, limited, with respect to facts in his life space. In severe depression as we know, facts that appear to others around him are treated by him as if they do not exist. The common feature across both problems of "vector intensity" is that for whatever reason, the perception of facts by the psyche of the self and/or the reaction to these is either diminished or elevated, as if the energy available to the self/psyche for relating to facts in the life space is either too much, or too little. That energy level disorder probably relates mostly to the mechanics within

the psyche itself, mechanics the details of which are outside the central area of interest of topological psychology at this time. (See Table 3-1; all tables in [2nd part](#)).

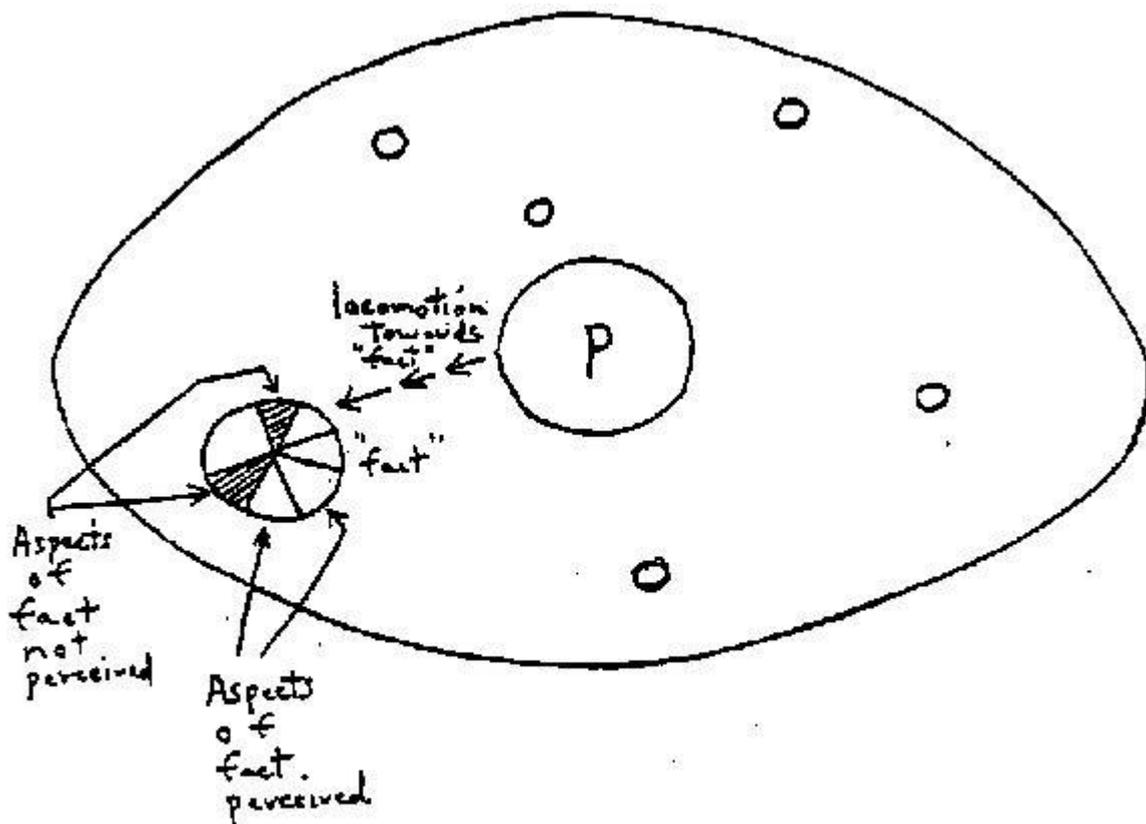
"Processing deficits"

Movement of the self's energies towards "facts" includes efforts to perceive events, efforts to react to events, efforts to incorporate new facts or events into the life space in some circumstances, and efforts to either delete events and facts from the life space or deny their existence (as in pathological processes may be the case). Problems in the use of energies by the Person/Self in efforts to relate to facts, may be termed "processing disorders" in that they involve problems of the self's processing information about facts in the life space, and problems in relating to facts in the life space. (See Table 3-1).

A problem in this realm could be called for want of a better term, "processing efficiency". The effort made by the psyche to perceive facts and their details, and to react to facts in the life space, is muddled up in some kind of way such that either the facts are not perceived as they are, or they are not related to in such a way by the psyche and upon the motivation of the psyche such that the needs of the person are adaptively met, or both. The details of facts are not perceived too intensely, or too weakly, as in vector intensity disorders. Rather the holistic efficiency of processing aspects of "facts" is poor, or the response mounted to facts by the psyche (e.g., behavior) is missing some important elements, such that an effective interaction with facts in the environment is not made. One kind of problem, and the chief one found in many schizophrenias, but not the only kind of problem, could be called *distortion*. Because some aspects of facts are interpreted and responded, and other features of facts are not, the facts are perceived by the psyche/self as differently in *quality* than they really are and are related to in a maladaptive way by

the person . (See Figure 3-2, Table 3-2).

Figure 3-2:



Processing Deficits as Sometimes Realized in Dementias and Other

"top view"

## Syndromes

A very broad theoretical relationship between some types of disorder and the quality of perceptual process, and vector intensity, is presented in Table 3-3.

A very broad theoretical relationship between some disorders, and level of processing efficiency, vector intensity, level, and placement position of the person's "relevance boundary" altogether, is expressed in Table 3-4.

It is suggested that problems in a person's self/psyche's "vector intensity" vis a vis a wide variety of "boundary deficit" problems provide the primary arena of problem in manic-depressive disorders. It is suggested that in bipolar disorders of the cyclothymic type, and moreover in manic-depressive disorders of the cyclical type, some disorder in the availability of perceptual and reactive energies within the self/psyche itself available for relating to facts, is the root of vector intensity problems.

It is suggested that in topological terms, problems in "processing efficiency" that have their root in the use of energies for perception, encoding of information, and reaction to facts of the environment, within the self/psyche, are the core of the problems found in the schizophrenic disorders, and in organic brain syndromes, and that anxiety attendance is a secondary feature to these.

These concepts will be discussed in more detail in following sections.

### Two Aspects to "Processing Deficits"

Some attention should be paid to processing deficits. It is theorized that there are important relationship between the energies expended by the self/psyche towards facts, and the "qualities" of facts that are there to be perceived and interpreted and responded to by the person.

One proposes readily that there are subsidiary aspects to any fact. A "fact" is composed of aspects that distinguish it from another fact, and that indeed lead the self/psyche to decide upon perceiving it and *attending* to it and indeed how to relate to it. The encoding by the self/psyche upon expending its energies, of information about specific facts such that it then leads the person to respond as he does to each fact, can be termed here "content information coding".

But there is another aspects to the encoding process of aspects of the facts. From a sheer physical, perceptual view facts may be composed of "composite" aspects, sub-features. But from a clinical point of view we are told that what LEWIN called a "fact", what Freudian psychology to all intents and purposes here termed an "object", has qualities that elicit *emotional* responses in the self/psyche of the perceiving person. The emotional qualities of a fact and its component aspects are the aspects of it that lead the person to the type of response that he will make to it. And the encoding of these aspects of a fact can be termed "emotional quality encoding".

It is theorized here that the self/psyche of the person can have deficits in two types of process, two types of processing deficits thus. One is in content information encoding itself, the other in emotional quality encoding. In the latter, in some way emotional qualities attendant upon specific aspects of a fact, are not emergent in the self/psyche of the individual. He does not perceive aspects in facts and then have an emotional quality encoded with that aspect of the fact, at the

same time. It is further theorized that where the person does not perceive content information, or emotional quality elicitors in a "fact", he will not respond reciprocally in an appropriate way to the fact and to its fuller aspects, and his behavior will then either be unsatisfying, or inappropriate.

This above theory has little direct relevance to topological psychology as classically defined and has more relationship to "communication-information" theories, to cognitivist psychology, and to some degree to perceptual psychology as applied to clinical situations. But when a processing deficit type of analysis as above is combined with an analysis of "boundary deficit problems" this bears more relevance to the uses of topological psychology in defining aspects of abnormal problems.

One can theoretically postulate four conditions looking just for the moment, at major types of processing deficit, combined with major problems of "boundary disorder". One can postulate that an individual can in the processing deficit dimension, or realm, have deficits mainly in "content information coding" relative to facts in his life space or problems in "emotional quality encoding" relative to facts in his life space. These deficits can stem from internal mechanism deficits in his self/psyche or in the way he "locomotes" towards in Lewinian terms, i.e., perceives and approaches, facts in his life space.

In a second dimension he can have problems in "boundary placement", problems in the location appropriately of his "reference boundary" for the most part and, in a few disorders, theoretically, problems in the location of the outer boundary of his life space. His reference boundary can be located in his life space through development processes, too distal, too far out so to speak from the self/psyche, or too basally, too close in so to speak, to the self/psyche. It is theorized that in individuals where there is a significant processing deficit in the content information coding realm, and where the reference boundary is located too distally, an ideal combination of factors is created for the paranoid personality, and to some degree for other paranoid phenomena such as the emergence of paranoid states, and paranoid schizophrenia. Where there is a processing deficit in content information coding and the reference boundary is too basally located, an ideal combination of factors would appear to be present for creating a schizoid personality. It is theorized that where the processing deficit exists and is severe in the emotional quality coding area, and the referent boundary of the person is too distally located, an ideal situation is present for the creation of a passive-dependent personality that becomes hysterical under stress, particularly where too many "facts" that should not be dealt with in the life space are invested with emotional meaning and are reacted to by person's self/psyche, and where emotional quality aspects of facts heavily outweigh in perception, content information aspects of those same facts.

Lastly it is suggested that where there are important processing deficits in emotional quality coding, and the referent boundary is located too basally vis a vis the person's life space, an ideal set of factors is created for the development and growth of a narcissistic personality with schizoid defenses. In this latter case this would be predicated particularly where the emotional quality aspects of facts heavily outweigh the content information aspects of the same facts, and the self/psyche of the person reacts to only a few facts "close to itself" and not to other facts of importance that it should. Those would include, importantly, emotional and physical responsibilities to others. (See Table 3-5).

## Major Disorders as Syndromes on Continua of Perceived Stress with "Boundary Strength Disorder"

Lastly we come to one final theoretical area of conjecture for the purposes of this study. That concerns the relationship of a fifth class of factor to topological psychology analyses of mental disorders, and to the other types of factors mentioned already. That factor is what can be called "perceived stress", stress as experienced by the person, and by his self/psyche, and the way in which it modifies perception and responsive behavior. From the standpoint of what topological psychology has to say, one can theorize about the character of some mental conditions based upon the way a high level of stress interacts with "boundary disorders" to produce different types of mental disorder. (See Table 3-6).

Theoretically one can posit that there are two major classes of reaction by the self/psyche to perceived stress, at any age and across any age range. One is where as a result of reaction to stress, the self/psyche mounts a much stronger boundary as it were, between the self and the life space's facts and events, as a simplistic defense over being overwhelmed by stimuli. The second is where the self/psyche does not mount an adequate degree of "boundary" between the self, and the life space's events and facts going on around the individual and, as it were, outside his head. Disorders of the first group all have in common the fact that the self/psyche mounts too strong a boundary between the self/psyche and the life space. As a result, accurate perception of facts in the life space is not possible and adaptive interaction with facts and events in the life space is not possible. One can term disorders found here, "hypoecic" process disorders. The second class of mental problems is to be distinguished by having in common the fact that an inadequate strength and degree of boundary exists between the mechanisms of the self and psyche, and the life space. From a Lewinian point of view, there is in common too much uncontrolled, randomized, unorganized, interaction between facts and events in the life space, and the perceptive, processing and reactive mechanism of the self/psyche. Problems of this type may be termed "hyperesic" process disorders. (See Table 3-7).

In disorders of the first group, given some level of stress and the fact that the organism cannot handle it, and given too much of a boundary between the self/psyche and the environment, the intensity of disorder will be a reflection of the strength and impermeability of the self/environment boundary combined with the level of perceived stress. Where the boundary, given a high level of perceived stress, is strong but not abnormally impermeable, the person seems somewhat "normal". Where the boundary is more inflexible and impermeable, and self/life-space interaction is more distorted, you see the clinical features common to the "schizoid" individual, the isolar individual; the person with some autistic social and intellectual traits. Where the boundary is much more impermeable still, you find the severe clinical traits of autism. Leading symptomatic concomitants of each of these three general levels of degree of disorder are as follows. In the area between "absolute normalcy" and isolar thinking, schizoid thinking and behavior, you find often massive anxiety at times, as a signal to the individual as an inability to assume challenges, alternating with long periods of seeming nonreactivity emotionally and socially to others. In the center of the schizoid realm you find these symptoms, and a lack of motivation and energy for emotional interaction with one's surroundings moreover, as a massive defense in the individual against the additional stresses to be experienced through a competition of fantasies and thoughts in the person's self/psyche with realistic requirements for his psyche to interact with the external environmental world. In the autistic range, you find a regression totally of the self/psyche in the absence of interaction with the environment, to fantastic, magical and fantasmic thinking within the self and a retreat to a level of primary physical functioning that has

little reactive relationship to the surroundings, to things in the life-space. These are all well-known clinical signs of such disorders and these are those features that have greatest significance from the standpoint of topological psychology theory. (See Table 3-7).

In the hyperechoic disorders (Table 3-8) the boundary between self/psyche and life-space and events is inadequate. In these one can likewise postulate a progression as a function of weaknesses of that boundary, given an unmanageable high level of stress, progressively from normal, to neurotic, to schizotypal, to borderline schizophrenic to schizophrenic disorders. They can be conceived, from the standpoint of topological psychology, to not just be different disorders but to fit on a progression, as a function of a level of stress and as a function of a successively less effective self/environment boundary. Each disorder has key clinical concomitants of note to topological psychology. In the normal to neurotic range, where the individual has problems, one finds massive anxiety as a signal of danger. In the schizotypal range, one finds a retreat into wishful, hopeful, magical, and other irrational thinking, and avoidance of responsibilities, as a massive defense (with some commonalities to autistic thinking, likewise regressive) against emotional frustration and terror at problems provided by stresses from the outside environment. In the borderline schizophrenia and borderline personality types (as defined in DSM-III) one finds a massive destabilization of function that is usually periodic, often with periods of psychotic symptoms that mimic a number of definitively described separate mental disorders. Here the individual's self/psyche cannot manage interactions with the environment well at all and is, as it were, "hanging on" and showing "spot shortages" of capacity to function socially, interpersonally, and intellectually and emotionally in a variety of ways, often in sequence. In schizophrenia of the full-blown variety the person demonstrates any of a number of massive deficits in mental organization in the face of stress. In some subcategories, such as undifferentiated schizophrenia even of the residual type, where full-blown psychotic symptoms are not seen all the time, the individual demonstrates a seeming low energy and low motivation level to function as if his self/psyche has given up trying to relate to a life-space experienced to be too full of facts, and events, to manage or to relate to. The most compelling subtype of schizophrenia from the standpoint of topological psychology might be obviously the catatonic type, and there in the subdued rather than the excited subtype. According to historic clinical theory, the catatonic for whatever reason is inhibited from functioning rationally and adequately with his environment because his self/psyche experiences itself to be so overwhelmed by the stimuli in the environment (the presence of facts and events) that it cannot interact with them in a way that is organized, discriminating, goal-effective and reasonably free of feeling overloaded. The behavior of the catatonics is either periodic pointless excitability, as in the excited type, or waxy flexibility and immobility as in the more common subdued type, perhaps the most well-known feature of the class. (See Table 3-8).

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[1] Maibaum, Matthew, A Topological Approach to Abnormal Syndromes. Paper presented at second annual conference, Society for the Advancement of Field Theory, East Hanover, New Jersey, August 1988.

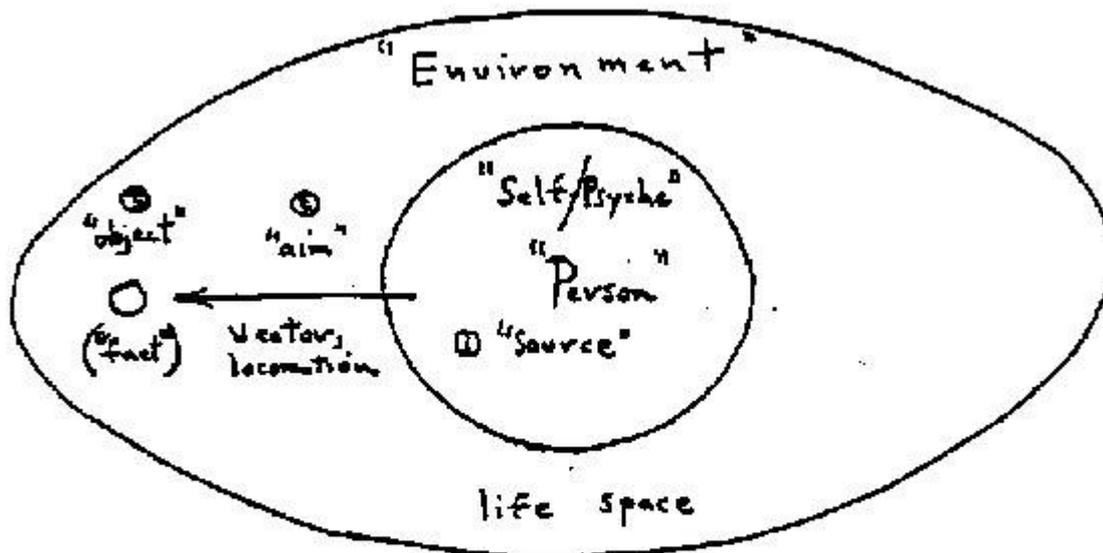
[2] The general overview of Lewinian psychology posited in this paper may be found in its original form in LEWIN, K., Principles of Topological Psychology, (New York: McGraw-Hill, 1936); and in LEWIN, K., Field Theory in Social Science (Dorwin Cartwright, Ed.), (New York: Harper Brothers, 1951).

## The Relevance of Anxiety

A final feature of problems in dealing with the life space that can be attendant to "boundary", "vector intensity", or "processing efficiency" problems as described in topological psychology can be called "anxiety attendance". When facts are perceived too intensely or too weakly, or are perceived in a distorted way, or are related to concomitantly in an inaccurate and maladaptive way, anxiety accompanies perception and behavior. Together with the practical problems of coping with facts in one's life space, the self/psyche component itself then becomes host to the unpleasant and inhibitory phenomena of anxiety, *angst* as FREUD termed it, which as clinical literature suggests increases maladaptive behaviors in the same setting, and to the same stimuli.

It is suggested that problems in boundary placement, processing disorders, and vector intensity between self/psyche and facts in the environment, irregardless of the content of the facts in each case, and the attendance of anxiety, provide subsidiary factors in mental disturbances and abnormal functioning in most mental disorders.

It is probably noticeable by this point in the discussion that there are analogies to be drawn between Freudian psychoanalytic theory and Lewinian topological psychology theory. In a broad sense, when LEWIN's schema for looking at individual psychology topologically is perused, his schema seems to be describing psychological functioning in a manner closer to the psychoanalytic than one would first think. Lewinian topology describes the same basic processes, and disorders of them, spatially and graphically in two dimensions and rarely, in three, as in his discussion of levels of reality, whereas psychoanalytic theory generally enumerates them, if you will, linearly. The multiplicity of processes that occur in the self/psyche, that empower "locomotion" towards facts, are analogous to the "Source" and its innermost processes as defined in psychoanalytic thinking. The vectors, efforts towards facts by the self/psyche, and "locomotion" towards and in terms of facts, correspond to the "Aim" in psychoanalytic thinking. And the "facts" and "events" to which the self/psyche attends, both real and unreal and on real and unreal levels of the life space, correspond roughly to the "Object" that is the subject of interest, attention and motivation of the self, in psychoanalytic psychology. Thinking in terms of these kinds of analogies may make following successive theoretical points more fruitful even whilst the analogies between the two systems are far from exact as can be seen. (See Figure 3-3).



"top view"

Figure 3-3:

*A broad analogy between the Freudian scheme of source, aim, and object and the topological picture of "person" and "environment"*

In Lewinian psychology, according to its own conceptualization the self/psyche at the center of the life space is the source of action. The psyche in the self does what it can to help the organism, the person, cope with perceived needs and problems.[3]

It can do this in several ways at the same time, or choose one, for purposes of survival. It can regulate the strength, impermeability, of boundaries, either the self/life space boundary or the "relevance" boundary further out that we postulate. It can regulate the location, position, of both the self/life space boundary and the relevance boundary. It can regulate the intensity of perception of, and action towards, facts in the environment, something we have called vector intensity. It can regulate internally within itself the way it processes information about facts in the environment. Where there are problems here, we have termed these "processing disorders". And lastly it can move the bulk of its attention between real and unreal levels of the life space on the whole and deal with a veritable universe of either real, or unreal, facts and events. From a Lewinian point of view maladaptive functioning and choices in any of these tasks on the part of the self/psyche can bring on psychological abnormality.

A summary representation of select mental disorders and related conditions that have been dealt with to some degree in this study, related to the major feature to be associated with each from the standpoint of topological psychology, is to be found in Table 3-9.

## Theorised Directions for Therapy

Lewinian psychology can illustrate in recast form withdrawal and self-insulation from the environment, and primitive ego defense, and the perception by the patient of the therapist as transitional object”, the withdrawal of ego defense against overwhelming stimuli, and increased potential for client interaction, and other phenomena. It may throw new light also, not only on mental disorders that have been elusive, but also upon approaches to psychotherapy and directions for technique-building.

### Some Notes on the "Boundary Phenomenon"

We have discussed at length the "boundary" phenomenon so essential to topological psychology. The two discussed have been the boundary between self/psyche, and life space, and the one postulated to be somewhat less important within the life space between "relevant" and non-relevant facts and events in the person's life space. Given the operational terms of topological psychology, the formation of boundaries, and the maintenance of them, are questions outside the expertise of topological psychology. They have more to do with the very etiology of some psychological functions, and the basic capacities of psychic structures, within the person's self-psyche, to carry out functions. It is proposed that the development of "boundary", the strength and permeability of boundary, the position placement of boundary with respect to the life space, and the fluctuation of boundary from one perimeter size to another or from one position distal from the self-psyche to one closer and vice versa, are all governed by what the historic psychoanalyst would term "energies within the psyche".

If one follows psychoanalytic theory, one can conceive of the creation of a boundary, and the maintenance of it, and the location of it, being effected by energies expended by the self/psyche outward from itself on a constant basis. A boundary might be conceived of in the manner of an "energy field" itself produced by the expense of energy, as in physics, wherein the maintenance of the boundary depends upon the continued life, and energy-expenditure of the self/psyche of the organism. The self/psyche also is able to move the boundary, or boundaries, further out or further in (either in an adaptive way, or maladaptive way) by regulating the manner in which it dispenses its energies.[4] It may be added here that the two boundaries that the self/psyche must effectively manage are firstly that between self/psyche and life space, and secondly that proposed in this study, between "relevant" and "less relevant" or "nonrelevant" sectors of the person's life space; the outer boundary of the life space may be in a sense a perceptual construct only, a demarcation conceptually of what the client perceives consciously and subliminally to exist in his daily life.

Some of the difficulties into which an individual might fall obviously come then, from a mis-placement or weakness in, or overimpermeability of, a boundary that is brought on by processes within the details of the self/psyche and which processes, in the detail, are beyond the scope of this effort. Others, as we have suggested, are difficulties the individual gets into and manifests as a *reaction to* a mis-placement of a boundary, or an over- or under-permeability of a boundary *combined with* and given a specific collection of types of events and facts that he finds surrounding him. Part of his mental problems looking only at boundary phenomena and the number and quality of facts and events around him, as two factors in his problems, are created by the initial way his self/psyche *manages* its boundaries. And part of his mental problems are created by the way he on a conscious level and on an unconscious level *responds* to the de facto relationship between facts and events in his life space, and their positions relative to his "boundaries". It is suggested that inner-psychic processes relating to "boundary management"

have been seen to be more amenable to therapies at least in the current era, that are medically-based and chemically-based, also to some degree behavior-modification. Boundary management processes of the initial type and at their most basic, are unconscious in the extreme. But it is suggested that, likewise, problems that stem from a person's maladaptive behavior vis a vis the relationship between facts and events in his life, and their position relative to boundaries in his psychological functioning, can be made for the most part consciously appreciable to him and these kinds of problems are a central province of insight-oriented (if difficult) psychotherapy and counseling. A person's basic "reflexes" to be in topological terms "underpermeable", at the self-level, overpermeable, "overinclusive" or "under-inclusive" at the "relevance boundary" level may be too rooted in basic psychophysiological make up to be changeable more than a little through psychotherapy and counseling alone. But this is not true where it comes to making the person see the way in which he reacts interpersonally and socially, and unconsciously, to facts and events that seem to fill his life space cognitively *given* the level of environment stimulability of his self/psyche, the positions of his self/environment boundary, and the position of his relevance boundary, and the apparent strengths and lability of his boundaries, for him as an individual. This can be an important basis, and aspect, of therapy.

#### A Note on "Vector Strength" and "Processing Difficulties"

The phenomena of "vector" and "processing" have been dealt with to some length. It is suggested that these aspects of psychological functioning, and with them "vector strength/intensity" and "processing efficiency", are things that are based entirely within the self/psyche, and dependent upon its internal mechanism and processes. These are essentially outside the expertise of topological psychology. It is suggested that, paralleling psychoanalytic theory, vector intensity and processing efficiency depend upon two kinds of things. One is the structural organization of psychic processes including their adequacy at each age of the person. Another is the general level of what psychoanalytic thinkers have termed "energy" available for any psychic processes in the individual. The former depends upon adequate physical and psychophysiological growth, ultimately. The latter depends ultimately upon that, and upon the physical strength and energy of the individual as a human organism.

It is suggested that to some degree insight-oriented psychotherapy can assist a person to manifest more effective "vector intensity" through getting him to choose and attend to with greater concentration, those facts and events that should be important to him. Hopefully, to *some* degree but not entirely, less vector energies will be wasted upon less or un-relevant facts and events and thus more available for relevant ones. This very roughly parallels the psychological concept of "conservation of energy", and it also parallels Gardner MURPHY's concept of "canalization" turned about and utilized as a conceptual approach towards therapy.[5]

And it is suggested that insight-oriented therapy can, to some degree, impact ineffective processing by a person's self/psyche where the qualitative deficits in a person's *perception* of facts and events are communicated to a person, and analyzed with him, and he then mounts more of an effort to try to perceive kinds of things about facts and events he relates to, and to relate to those, where he did not before. Where structural factors within the self/psyche do not make this utterly impossible (as for example perhaps in dementias historically deemed to be essentially "irreversible") a more effective and adaptive "qualitative" grasp of a finer essence of facts and events in a person's life can be had by that person. And this can be had, as if often done, with some schizophrenics, with schizotypal individuals, and with schizoid clients.

An additional point is suggested. Whenever two or more theoretical approaches are studied in concert it is not unusual for new theories about old phenomena to suggest themselves, and to force themselves into old, and ongoing conjectures about the etiology and the maintaining process of a disorder. Perhaps a Lewinian perspective on major abnormal clinical syndromes in concert with other clinical theory may produce new theory not only leading to new theoretical insights, and new teaching possibilities, but also to new roads to improvement and remission.

It is probable that perception-oriented, communication-information based, and ecological approaches in psychology will be studied relative to and concurred with dominant classical psychology and psychiatry approaches. These former-mentioned, newer approaches have already made theoretical contributions to psychology and to psychiatry in America. It is felt that ecological approaches, particularly in their graphic aspect, can assist the understanding of psychopathology and illustrate components of it more broadly in the future. That may be in terms of both theoretical concept supports, and clinical insights, that such inter-theory concordance can bring forth.

Admittedly Lewinian topological psychology as brought to bear on clinical syndromes in this study may be seen to be able to explain or depict some disorders more effectively than it does others. It may be seen to suggest more effectively how to conceptualize the beginnings of, and approaches to therapeutic intervention with, some disorders more than others. And Lewinian psychology that was not clinical either in the basis of its conception, or in its directions. It was a conceptual scheme developed by an outstanding social psychologist with an excellent background in philosophy, utilized often by him for the study of such "non-abnormal" phenomena in people as alienation, and affiliation, and intergroup relations.

It is also suggested that it may have a broader utility in illustrating and in some cases explaining developmental, and also ongoing, processes in adult clinical syndromes and may have particular relevance to the study and analysis of schizoid, paranoid, and schizotypal as well as autistic process. It is suggested that topological psychology may additionally offer substantial theory-building potential to the understanding of these disorders. But it is hoped that the attempt made in this study will, if it will not answer all questions as it does not propose to, stimulate thinking from a theoretical and educational point of view in some new directions.

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**Table 3-3:**

The hypothesized relationship between vector intensity, processing efficiency, and some syndromes

	"Vector Intensity "		
	too high	mean	too low
High processing efficiency	Manic Disorders	"normal"	clinical depressive disorders
Low processing efficiency	"Hysteric" Schizophrenic States	Schizophrenias Dementias	depression associated with dementias & schizophrenia; involutional melancholia

**Table 3-4:**

Mental disorders Seen As a Function of Processing Efficiency, Vector Intensity, and Relevance Boundary Placement Disorders

	Relevance Boundary Position	
	too distal	too basal
High vector intensity	Processing efficiency high:  <b>Paranoid psychoses</b>	Processing efficiency high:  Obsessive-compulsive disorders
	Processing efficiency low:  Paranoid schizophrenia	Processing efficiency low:  Obsessive-compulsive disorders
	Processing efficiency high:  depression with obsessive features	Processing efficiency high:  Clinical depression: withdrawal
Low vector intensity	Processing efficiency low:  Dementias	Processing efficiency low:  Clinical depression w. psychotic features

**Table 3-5:**

Four Maladaptive Personality Types as a Function of Type of Boundary Disorder and Processing Deficit

Processing Deficit:	"Boundary" Disorder	
	Too Distal	Too Basal
Mainly Content Info. Coding	Paranoid personality	Withdrawn, "Isolar" Personality
Mainly Emot.	Passive – dependent	Narcissistic personality with

Quality Coding	personality with histrionic tendencies	schizoid features
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**Table 3-6:**

Theoretical relationship between "Boundary" disorder, and perceived stress level, and some psychological abnormalities

Level of Perceived Stress	Self/Life-space Boundary Weakness/Adequacy weak/or impermeable <-----> Adequate
High	severe disorders  other disorders  "normal" range functioning
Low	

**Table 3-7:**

"Hypococic" process disorders in face of perceived stress seen as a progression/ on a continuum

	Conceived "Stage"			
	IV.	III.	II.	I.
Clinical term/names	autism	schizoid features; "isolism"; "autismic" personality	hysterical phenomena	normal range functioning
Leading characteristics	regression to fantastic thinking, primary physical functions	massive defensiveness against competition of ext. to int. world	massive anxiety as signal of inability to assume challenges	normal range functioning

**Table 3.8:**

“Hypercoic” process disorders in face of perceived stress seen as a progression/ on a continuum

	Conceived “Stage”			
	IV.	III.	II.	I.
Clinical term/names	Schiziphenias	Schizotypal and Borderline phenomena	Neurotic Features	normal range functioning
Leading characteristics	Disorganization/ Disintegration in face of stress	“realism-withdrawal” & destabilization of function; defense against outside pressures	massive anxiety as signal of danger	

**Table 3-9:**

Select mental disorders by central problem from a topological psychology perspective

Central feature from topological psychology viewpoint:	Disorder:  <b>DSM-2, DSM-3/3R</b>
hypertrophy and overcompartmentalization of irreal level of life space	schizotypal disorder
hyperecointeractive/stress disorder	anxiety disorders; schizotypal, borderline, personalities; schizophrenia
hypoecointeractive/stress disorder	autism; schizoid personality
relevance boundary misplacement, hypoinclusive	paranoia
relevance boundary misplacement, hypoinclusive	schizoid processes
vector intensity too great: “hyperlocomotory” self	mania
hypolocomotory self (vector intensity too	clinical depression; involuntional melancholia  dementias; organic brain injuries

weak)  fact/event cognitive hypoperception: "hypoprocessing"	
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[3] LEWIN, 1936, 1951, Cf.

[4] See Rudolf EKSTEIN, et al., *The Challenge: Despair and Hope in the Conquest of Inner Space* (New York: Brunner-Mazel, 1971) for a leading psychoanalytic exegesis of a relevant psychodynamic position; and for exemple, M. MAIBAUM, *Mapping the Beyond Within* (Ann Arbor, Mich: University Microfilms International, Research Monographs, 1975) for an earlier attempted concordance of Lewinian, and psychodynamic, theorising about origins of psychopathology.

[5] MURPHY, G., *Personality*. (New York, New York: Harper and Row, 1947).