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# Selfhood: A Theory-Derived Relational Model for Mental Illness and Its Applications

Luciano L'Abate<sup>1</sup> and Mario Cusinato<sup>2</sup>

<sup>1</sup>*Georgia State University*

<sup>2</sup>*University of Padova*

<sup>1</sup>*USA*

<sup>2</sup>*Italy*

## 1. Introduction

The purpose of this chapter is to introduce a theory-derived relational model for Mental Illness and its applications in self-help, health-promotion, sickness prevention, and psychotherapy. Consequently, most of this chapter will be concerned with explaining and expanding on; (1) the basic theoretical derivation of this model, (2) its relational qualities and (3) views of mental health and mental illness, (4) research to validate its construct, convergent, and predictive validities; and (5) its clinical and preventive applications in mental health.

## 2. Theoretical origins of the Selfhood Model<sup>11</sup>

Selfhood Model<sup>11</sup> is one of the most important models in Relational Competence Theory (RCT). It is also one of the most validated models of RCT, even though all the models of RCT are just as important but perhaps not as important and as validated as Selfhood, as summarized in Figure 1. Furthermore, not all models lead to direct clinical, promotional, preventive, and psychotherapeutic applications as the model Selfhood. To fully explain this Model<sup>11</sup> it will not be necessary to spend as much space and time on the whole RCT. There are plenty of sources where this theory has been explained in greater detail (Cusinato & L'Abate, 2012; L'Abate, 2005; 2008a; 2009c; L'Abate & Cusinato, 2007; L'Abate, Cusinato, Maino, Colesso, & Scilletta, 2010).

It is important to underscore that the 16 model of RCT were created to encompass as many qualities as possible of relational competence relevant to both intimate and non-intimate relationships. The overall scheme is a hierarchical pyramidal flowchart or organizational chart because it needs to differentiate among meta-theoretical (Models<sup>1-3</sup>) from theoretical (Model<sup>4-6</sup>) assumptions as well as between developmentally normative (Models<sup>7-12</sup>) from non-normative Models<sup>13-15</sup>. Summary Model<sup>16</sup> about Negotiation includes both normative and non-normative characteristics that are present in all models (<sup>1-15</sup>) of RCT.

The historical origins of RCT in general and of the Selfhood Model<sup>11</sup> in particular go back to half a century ago, when behaviorism, psychoanalysis, and eventually humanism were in full force. Less known and less popular was systems theory and information processing formulations. The latter were very influential in starting to think about the family as the

major system in existence. Influenced by the discipline of family sociology, that existence raised the question about why in psychology we did not have a specialty in “family psychology”. Furthermore, why was there no theory to trying to understand behavior and relationships within the family system, except for empirically untestable psychoanalytic formulations?

At the beginning, influenced by the individual, intrapsychic paradigm, understanding and helping the individual in the family was the principal focus of the theory. From there, various revisions of the theory focused on popular terms, such as “Self”, “Personality,” and eventually “Family”. However, even that latter term was not satisfactory because in USA only 25% of all domiciles are composed by the traditional, sociological notion of the intact marital couples and two children of opposite gender. The other 75% include various combinations and permutation of people living under the same roof linked by emotional, ethnic, financial, and practical ties.

Since the notion of family-qua-family was no longer tenable, the notion of “intimate” relationships was introduced as a substitute for the notion of “family”. Intimate, communal relationships are characterized by close, committed, interdependent, and durable bonds. Non-intimate, agentic relationships are characterized by inadequacy and lack of closeness, commitment, interdependence, and duration. Furthermore, most psychological models about personality, marriage, and the family have produced a plethora of highly validated measures that are, however, specific only to either personalities, or couples, or families. Measures to evaluate individuals in a non-relational *vacuum* produced a veritable theoretical and empirical Tower of Babel in personality science. This Tower of Babel essentially considered personality in a relational vacuum, without any intimate or non-intimate relationships while marriages and families were viewed without personalities. There were essentially three different theoretical and empirical tracks without any connection among them. We needed a theory of human relationships that would go above and beyond personalities, couples, and families, a very ambitious but exciting undertaking that has been going on for the last half century.

Consequently, collaborators at the University of Padova, lead by the co-author of this chapter, Mario Cusinato and his students (Cusinato & L’Abate, 2012; L’Abate et al., 2010) agreed that we were interested in expanding and evaluating the validity a theory about human, relational competence that could and should be empirically evaluated and possibly validated. Eventually (L’Abate & Cusinato, 2007), we realized that in order to make sense of all the models that encompassed the undeniable complexity of RCT, we had to fall back and resort on Max Weber’s century-old notion of hierarchy, as present in most charitable, educational, industrial, military, and religious organizations. Hence, we arrived at the hierarchy presented in Figure 1 below.

## 2.1 Requirements for RCT

These four requirements are necessary to understand the nature of RCT as: (1) *verifiable* model by model, like in any human organization, each model has to be accountable and has to be verified from the top down; (2) *applicable* to individuals, couples, and families as well as functional and dysfunctional conditions and relationships in different Settings (Model<sup>3</sup>); (3) *redundant* in linking models together to describe and explain one particular construct, all models are interrelated to support each other by expanding the meaning of a construct from the different viewpoints represented by each model; and (4) *fruitful* in producing research and applications to validate or invalidate its models, a requirement that implies also *longevity*.

The requirement of redundancy eventually will be useful to understand the inevitable and necessary overlap among dimensions of functionality-dysfunctionality, as shown at the conclusion of this chapter. Since this requirement is relatively new in psychological theory-construction, it might be relevant to expand on its meaning and function within a hierarchical, pyramidal theoretical framework. Redundancy, within the context of RCT, means that human relationships are too complex to be described, explained, or even understood by one single, solitary model. Those relationships can and should be evaluated, described, and perhaps even explained and eventually understood, from multiple but overlapping viewpoints or models. Each model, in and of itself, represents one different way to look at the same construct in relation with different viewpoints.

For instance, Model<sup>4</sup>, deals with the ability to love, a multidimensional construct, described first according to a dimension of distance: who and what we approach or avoid, how often and for how long we approach someone or something we love or like and avoid someone or something we do not like. Second, an overlapping construct of love (Figure 1) is also found in Model<sup>7</sup>, using a different set of dimensions in the Triangle of Life. This Triangle was derived from resource exchange theory (Foa, Converse, Tornblom, & Foa, 1993) composed of: (1) emotional and instrumental Being or Presence that includes Importance or Status (Model<sup>11</sup>) and Love or Intimacy (Model<sup>15</sup>); (2) Doing or Performance, composed of Information and Services; and (3) Having or Production, composed of Goods or Possessions and Money. In this model, Love is defined by Being Present and available reciprocally to those we love and who love us emotionally and instrumentally. Third, additionally, different meanings of love are visible in the Selfhood Model<sup>11</sup> described in this chapter, on how Importance is bestowed on self and intimates. Fourth, another meaning of love is found in Model<sup>12</sup> about Priorities: what kind of Priorities determine our behavior toward intimates and non-intimates? Fifth, another meaning is found in the Intimacy Model<sup>15</sup>, defined as the sharing of joys and hurts and fears of being hurt. This sharing usually occurs at home and intimate relationships found there, not at work, in the office, or in bars or gyms.

The same kind of redundant analysis could be performed with Model<sup>5</sup> about the ability to control self is described by a dimension of speed, how fast or how slow we respond in approaching or avoiding people, responsibilities, or tasks. This Model<sup>5</sup> can be seen from the viewpoint of Model<sup>7</sup>, according to whoever controls Doing and Having has the power to control others, as seen in most despots around the world. Control of self is also relevant to Model<sup>16</sup> about negotiation. One cannot negotiate adequately with others if one is not in full control of oneself.

## 2.2 Requirements for models of RCT

In addition to being verifiable and verified and being defined by the same requirements for RCT in general, RCT models can vary along a dimension of functionality/dysfunctionality, developmentally and normatively. Some models, such as Models<sup>4, 5, 6, 7, 8, 9, 10, & 11</sup> are definitively linked to Axis I and II of the DSM-IV, while Models<sup>13, 14, & 15</sup> in and of themselves unrelated to the DSM-IV evaluate and are linked directly to dysfunctional relationships and roles.

Furthermore, some models have been supported by *independent* evidence (face validity), such as secondary references completely unrelated to RCT but with sufficient similarity to RCT models to warrant their presume or suggestive validity (L'Abate, 2009a). Some models are supported by *indirect* evidence about the validity of the model. This would be the case,

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Requirements					
Verifiability	Applicability		Redundancy	Fruitfulness	
Meta-theoretical Assumptions about Relationships					
	Width <sup>1</sup>		Depth <sup>2</sup>	Settings <sup>3</sup>	
Models	ERAAwC <sup>1</sup>		Levels of Interpretation <sup>2</sup>	Settings <sup>3</sup>	
	Emotionality		Description	Home	
	Rationality		Presentation	School/work	
	Activity		Phenotype	Transit	
	Awareness		Explanation	Transitory	
	Context		Genotype		
			Generational- developmental		
Theoretical Assumptions about Relationships					
Models	Ability to Love <sup>4</sup>	Ability to Control Self <sup>5</sup>	Both Abilities <sup>6</sup>	Contents <sup>7</sup>	
Dimensions	Distance	Control	Functionality	Modalities	
	Approach/ Avoidance	Discharge/Delay	High/Middle/ Low	Being/Doing/ Having	
DSM-IV	Axis II, Cluster C	Axis II, Cluster B	GAF* (100 to 0)*	Sexual deviations Driven Personalities	
Normative Models of the Theory					
Models	Self-differen- tiation <sup>8</sup>	Relational Styles <sup>9</sup>	Interactions <sup>10</sup>	Selfhood <sup>11</sup>	Priorities <sup>12</sup>
Dimensions	Likeness Continuum	AA/RR/CC	Functionality	Importance	Survival/En- joyment
a.	Symbiosis/ Alienation	Abusive/ Apathetic	Divisive	No-self	Vertical: Self/ intimates
b.	Sameness/ Oppositeness	Reactive/ Repetitive	Subtractive/ Static	Selfless/ Selfish	Horizontal: Settings
c.	Similarity/ Differentness	Conductive/ Creative	Additive/ Multiplicative	Selfull	
DSM-IV	a. Axis I b. Axis II, Cluster B c. No diagnosis	a. Co-dependencies/ addictions b. Conflict high c. Conflict low	a. Below 39 on GAF* b. 69 to 40 on GAF c. 100 to 70 on GAF * GAF= Global Assessment of Functioning		
-----					
Clinical Applications of the Theory					
Models	Distance Regulation <sup>13</sup>	Drama Triangle <sup>14</sup>	Intimacy <sup>15</sup>	Negotiation <sup>16</sup>	
Dimensions	Pursuer/ Distancer/ Regulator	Victim/Persecut or/ Rescuer	Sharing Joys, Hurts, & Fears of Being hurt	Structure/Process (Ill, Skill, Will)	

Fig. 1. Summary of Relational Competence Theory



for instance, of Models <sup>4, 5, & 6</sup> where support is furnished from other sources or measures developed by researchers extraneous to RCT. Some models have produced specific, paper-and-pencil self-report measures that evaluate *directly* the psychometric robustness of each model (construct, concurrent, and predictive validities among others). This is especially the case for Models<sup>1, 2, 3, 7, 11, 15, & 16</sup>. Model<sup>11</sup> was evaluated also with a visual-verbal test for couples that needs further applications (Cusinato & L'Abate, 2005a, 2005b).

Some models have been expanded by revising original model-derived measures. For instance, the Relational Answers Questionnaire to evaluate Model<sup>1</sup> was revised and expanded from five (Emotionality, Rationality, Activity, Awareness, Context) to seven components of an information processing Model<sup>1</sup> (Cusinato, 2012). The importance of Emotionality as the basis of our humanity has led to an entire series of studies about alexithymia, that is: the inability to experience feelings and therefore express them as emotions (Cusinato & L'Abate, 2012). Model<sup>2</sup>, composed of two levels of : (1) description, with sublevels of (a) self-presentation/impression management façade and (b) behavior in intimate prolonged relationships; and (2) explanation with two sublevels (a) genotypical and (b) developmental/generational influences, can be evaluated with a revised Self-presentation scale (Cusinato, 2012).

Model<sup>3</sup> about various specific survival and enjoyment settings can be evaluated by a revised R-EcoMap that includes also evaluation of how the immediate relational contexts and intimates are perceived by participants (Colesso, 2012b). Model<sup>8</sup> about identity-differentiation has been originally evaluated in a face-to-face verbal administration that limited its being available to more than one individual at a time (Cusinato & Colesso, 2008). However, it has been expanded into a written format that allows mass administration at one time (Colesso, 2012a). Model<sup>14</sup> about the Deadly Drama Triangle (DDT) composed by the Victim, Perpetrator, and Rescuer has been expanded in a forthcoming volume that includes similar or related models, such as Parentification, when a child is assigned or assumes the parental role toward one's parents, the Parental Alienation Syndrome (PAS), when one parent demonizes the other, usually divorced parent with the children. Bullying, that has now reached epidemic proportions in the United States, and the Stockholm Syndrome, where one kidnapped individual assumes the role of the kidnappers (Hooper, L'Abate, Sweeney, Giancesini, & Jankoski, in press). Model<sup>15</sup> about intimacy already defined as the sharing of joys and hurts and fears of being hurt has been expanded into a full-fledged volume (L'Abate, 2011a).

Additionally, certain models are applied and validated when administered as Programmed Interactive Practice Exercises (PIPEs; L'Abate, 2004a, 2011) or workbooks require distance writing, as discussed below (L'Abate & Sweeney, 2011). Some PIPEs are completely independent from sources or models of RCT. Some PIPEs are related indirectly to models of RCT. Some PIPEs are directly related to models of RCT, as discussed in greater detail below.

### 3. Relational qualities of Selfhood Model<sup>11</sup> and their connections with mental illness

This Selfhood Model<sup>11</sup> is based on the notion that a sense of importance is continuously exchanged between and among intimates and non-intimates. This exchange occurs through the bestowal of importance to Self and intimate Others. When this sense of importance is bestowed positively toward Self and Others, a relational propensity called *Selffulness* emerges, producing cooperative functionality in three major Settings (Model<sup>3</sup>), home



#### 4. Research to validate the Selfhood Model<sup>11</sup>

Most of the research to evaluate the psychometric validities of this model has been conducted with various versions of the Self-Other-Profile Chart (SOPC). The latest version is shown in Figure 3. Most of the research to validate this SOPC has been conducted at the University of Padova under the leadership of the second author (Cusinato & L'Abate, 2012; L'Abate et al., 2010, pp. 163-188).

The convergent and construct validities of this model were evaluated with the SOPC in 19 different studies, using instruments already validated in English, mostly in USA. Seven studies evaluated the construct validity of the SOPC. Five studies supported the hypothesis of possible gender differences, with men appearing more selfish than women. Fourteen studies evaluated also the convergent/divergent validity of the SOPC. Results from these studies tend to confirm the convergent, criterion, and construct validities of this instrument and, therefore, of the Model<sup>11</sup> underlying it. Current research (Cusinato & L'Abate, 2012) is validating a newer and more complete version of this instrument, as shown in Figure 3.

In previous studies (L'Abate, 1997), this instrument was found to correlate significantly with much lengthier self-concept tests, like the Tennessee Self-Concept. In a sample of 100 parents of elementary school children (Salvo, 1998): (a) Selflessness correlates ( $r = .12, p < .05$ ) with Dismissing style on the Adult Attachment Questionnaire; (b) Selfish propensity correlates significantly with all four attachment styles:  $r = -.19, p < .01$  with Secure,  $r = .15, p < .05$  with Preoccupied,  $r = .27, p < .01$  with Dismissing, and  $r = .18, p < .01$  for Fearful; (c) No-self shows significant correlations with the four attachment styles:  $r = -.23, p < .01$  with Secure,  $r = .27, p < .001$  with Preoccupied,  $r = .25, p < .001$  with Dismissing, and  $r = .29, p < .001$  with Fearful; (d) Selffulness correlates negatively with Selflessness ( $r = -.29, p < .001$ ) but not with the other two propensities. Selflessness correlated positively with Selfishness ( $r = .12, p < .05$ ) and with No-self ( $r = .29, p < .001$ ). Selfishness and No-self correlated with each other ( $r = .39, p < .01$ ).

A previous version of the SOPC was administered also to a group of primarily female (81.5%) adults ( $n = 153$ ) with a mean age of 23 (Self Profile has  $\alpha = .82$  and Other Profile has  $\alpha = .83$ ; in test-retest Self Profile reliability is  $r = .62$ , Other Profile reliability is  $r = .64$ ). Correlations with the Beck Depression Inventory (BDI) and with the Center for Epidemiological Studies Depression Scale (CES-D) are significant: Self Profile correlates negatively with BDI ( $r = -.57, p < .001$ ) and CES-D ( $r = -.55, p < .001$ ); Others Profile correlates significantly and negatively with BDI ( $r = -.57, p < .001$ ) and CES-D ( $r = -.49, p < .001$ ).

##### 4.1 Validation of the Revised SOPC<sub>2</sub> (Cusinato, 2012)

The first SOPC<sub>2</sub> administration involved 376 participants living in North Italy, aged from 14 to 55 years ( $M = 30.44, SD = 11.48$ ), 184 (48.8%) males and 193 (51.2%) female, with various levels of education, status, and profession: (a) education: 67 (17.7%) with primary school level, 31 (8.2%) with professional diploma, 163 (43.2%) with a high school diploma, 116 (30.7%) with an university degree; (b) status: 107 singles (28.4%), 112 (29.7%) engaged, 26 (6.9%) living together, 120 (31.8%) married, 8 (2.1%) divorced, 3 (.8%) remarried, 1 (.3%) widowed; (c) occupation: 40 (10.6%) managers or similar, 70 (18.6%) clerks or similar, 27 (7.2%) [http://it.dicios.com/iten/lavoratore-in-proprioself-employed\\_workers](http://it.dicios.com/iten/lavoratore-in-proprioself-employed_workers), 66 (17.5%) <http://it.dicios.com/iten/operaio-specializzatocraftsmen>, 14 (3.7%) unemployed, 145 (38.5%) students, 14 (3.7%) home crafts.



First Part: The Self Profile (SOPC-2, February, 2011)

Here is a list of quality related to people in general. You are asked two things in succession (before step 1 and then step 2):

Step 1: In column A, mark YES if you believe that the quality is applicable to some extent to people like you (considering sex, age, education and living conditions) and NO if it is not. Please evaluate one by one all qualities proposed.

Step 2: Apply yourself the qualities chosen with YES and answer the following question (please use the scale beside):

How much these qualities makes me feel important?

→ continue

LIST OF PERSONAL QUALITIES		A	rating scale				LIST OF PERSONAL QUALITIES		A	rating scale			
			little	enough	a lot	very much				little	enough	a lot	very much
1	Body Care	YES NO	1	2	3	4	34	Inventiveness	YES NO	1	2	3	4
2	Intelligence	YES NO	1	2	3	4	35	Kindness	YES NO	1	2	3	4
3	Affection	YES NO	1	2	3	4	36	Capacity to Work Together	YES NO	1	2	3	4
4	Friendliness	YES NO	1	2	3	4	37	Spirituality	YES NO	1	2	3	4
5	Consistency	YES NO	1	2	3	4	38	Initiative	YES NO	1	2	3	4
6	Concreteness	YES NO	1	2	3	4	39	Love for Nature	YES NO	1	2	3	4
7	Aesthetic Taste	YES NO	1	2	3	4	40	Awareness of owns Limits	YES NO	1	2	3	4
8	Beware of the Consequences	YES NO	1	2	3	4	41	Physical Strength	YES NO	1	2	3	4
9	Sex-appeal	YES NO	1	2	3	4	42	Intuition	YES NO	1	2	3	4
10	Memory	YES NO	1	2	3	4	43	Joyfulness	YES NO	1	2	3	4
11	Kindness	YES NO	1	2	3	4	44	Ability to Give Consideration	YES NO	1	2	3	4
12	Expansiveness	YES NO	1	2	3	4	45	Religiosity	YES NO	1	2	3	4
13	Commitment	YES NO	1	2	3	4	46	Sense of Business	YES NO	1	2	3	4
14	Common Sense	YES NO	1	2	3	4	47	Love for Dance	YES NO	1	2	3	4
15	Love for the Art	YES NO	1	2	3	4	48	Attention to Situations	YES NO	1	2	3	4
16	Ability to Reflect on the Experiences	YES NO	1	2	3	4	49	Resistance to fatigue	YES NO	1	2	3	4
17	Good Looks	YES NO	1	2	3	4	50	Curiosity	YES NO	1	2	3	4
18	Creativity	YES NO	1	2	3	4	51	Intimacy	YES NO	1	2	3	4
19	Empathy	YES NO	1	2	3	4	52	Sense of Friendship	YES NO	1	2	3	4
20	Sense of humor	YES NO	1	2	3	4	53	Sense of Family	YES NO	1	2	3	4
21	Green Think	YES NO	1	2	3	4	54	Crafts	YES NO	1	2	3	4
22	Methodicalness	YES NO	1	2	3	4	55	Musical Ear	YES NO	1	2	3	4
23	Love for the Music	YES NO	1	2	3	4	56	Ability to Learn from the Experiences	YES NO	1	2	3	4
24	Consciousness of owns Abilities	YES NO	1	2	3	4	57	Healthy Care	YES NO	1	2	3	4
25	Qualities in Sport	YES NO	1	2	3	4	58	Interest in Science	YES NO	1	2	3	4
26	Problem Solving	YES NO	1	2	3	4	59	Sharing Capacity	YES NO	1	2	3	4
27	Warmth in Relationships	YES NO	1	2	3	4	60	Opening for Social Life	YES NO	1	2	3	4
28	Leadership	YES NO	1	2	3	4	61	Generosity	YES NO	1	2	3	4
29	Respect in Relationships	YES NO	1	2	3	4	62	Ability to Carry out	YES NO	1	2	3	4
30	Professionalism	YES NO	1	2	3	4	63	Taste for the Beautiful	YES NO	1	2	3	4
31	Love for Poetry	YES NO	1	2	3	4	64	Attention to how Others Are	YES NO	1	2	3	4
32	Knowledge of the Capabilities of Others	YES NO	1	2	3	4							
33	Care of Health	YES NO	1	2	3	4							

Second Part: The Other Profile

(SOPC-2, February 2011)

Here is a list of persons possible partners of close, committed, and prolonged relationships. You are asked two things in succession (before step 1 and then step 2):

Step 1: In A column, mark Yes if you believe that the relationship with this person is possible for one like you .(considering sex, age, education and living conditions) and NO if it is not. Please evaluate one by one all people proposed.

Step 2: Please consider the persons signed with Yes and answer the following question (please use the scale beside):

How much these persons make me feel important?

→ continue

LIST OF PERSONS IN CLOSE, COMMITTED, AND PROLONGED RELATIONSHIPS		A	rating scale			
			little	enough	a lot	very much
1	Father	YES NO	1	2	3	4
2	Mother	YES NO	1	2	3	4
3	Grandfather	YES NO	1	2	3	4
4	Grandmother	YES NO	1	2	3	4
5	Husband	YES NO	1	2	3	4
6	Wife	YES NO	1	2	3	4
7	Son	YES NO	1	2	3	4
8	Daughter	YES NO	1	2	3	4
9	Brother	YES NO	1	2	3	4
10	Sister	YES NO	1	2	3	4
11	Nephew	YES NO	1	2	3	4
12	Uncle	YES NO	1	2	3	4
13	Aunt	YES NO	1	2	3	4
14	Cousin (male)	YES NO	1	2	3	4
15	Cousin (female)	YES NO	1	2	3	4
16	Father-in-law	YES NO	1	2	3	4
17	Mother-in-law	YES NO	1	2	3	4
18	Son-in-law	YES NO	1	2	3	4
19	Sister-in-law	YES NO	1	2	3	4
20	Boy/Girlfriend	YES NO	1	2	3	4
21	Childhood friend	YES NO	1	2	3	4
22	Friend of family	YES NO	1	2	3	4
23	Personal friend	YES NO	1	2	3	4
24	Partner	YES NO	1	2	3	4
25	School Colleague	YES NO	1	2	3	4
26	Professor	YES NO	1	2	3	4
27	Work Colleague	YES NO	1	2	3	4
28	Employer	YES NO	1	2	3	4
29	Superior	YES NO	1	2	3	4
30	Employee of the office usually attended	YES NO	1	2	3	4
31	Inferior	YES NO	1	2	3	4
32	Catechist	YES NO	1	2	3	4
33	Coacher	YES NO	1	2	3	4

continue →

LIST OF PERSONS IN CLOSE, COMMITTED, AND PROLONGED RELATIONSHIPS		A	rating scale			
			little	enough	a lot	very much
34	Teammate	YES NO	1	2	3	4
35	Car Engineering	YES NO	1	2	3	4
36	Nurse	YES NO	1	2	3	4
37	Family Doctor	YES NO	1	2	3	4
38	Doctor in Attendance	YES NO	1	2	3	4
39	Dentist	YES NO	1	2	3	4
40	Medical Specialist	YES NO	1	2	3	4
41	Accountant	YES NO	1	2	3	4
42	Banking Consultant	YES NO	1	2	3	4
43	Pastor	YES NO	1	2	3	4
44	Curate	YES NO	1	2	3	4
45	Association President	YES NO	1	2	3	4
46	Member of the Association	YES NO	1	2	3	4
47	Neighbor	YES NO	1	2	3	4
48	Head of Condominium	YES NO	1	2	3	4
49	Servant	YES NO	1	2	3	4
50	Barber / Hairdresser	YES NO	1	2	3	4
51	Baby-sitter	YES NO	1	2	3	4
52	Greengrocer	YES NO	1	2	3	4
53	Social Worker	YES NO	1	2	3	4
54	Teacher	YES NO	1	2	3	4
55	Clerk of the Usual Shop	YES NO	1	2	3	4
56	Barman/maid of the Usual Bar	YES NO	1	2	3	4
57	Counselor	YES NO	1	2	3	4
58	Psychologist	YES NO	1	2	3	4
59	Maid of the usual restaurant	YES NO	1	2	3	4
60	Another person to mention*:	YES NO	1	2	3	4
61	Another person to mention*:	YES NO	1	2	3	4
62	Another person to mention*:	YES NO	1	2	3	4
63	Another person to mention*:	YES NO	1	2	3	4
64	Another person to mention*:	YES NO	1	2	3	4

\* if you have to mention another brother, uncle, cousin, friend, colleague ... in addition to the already marked.

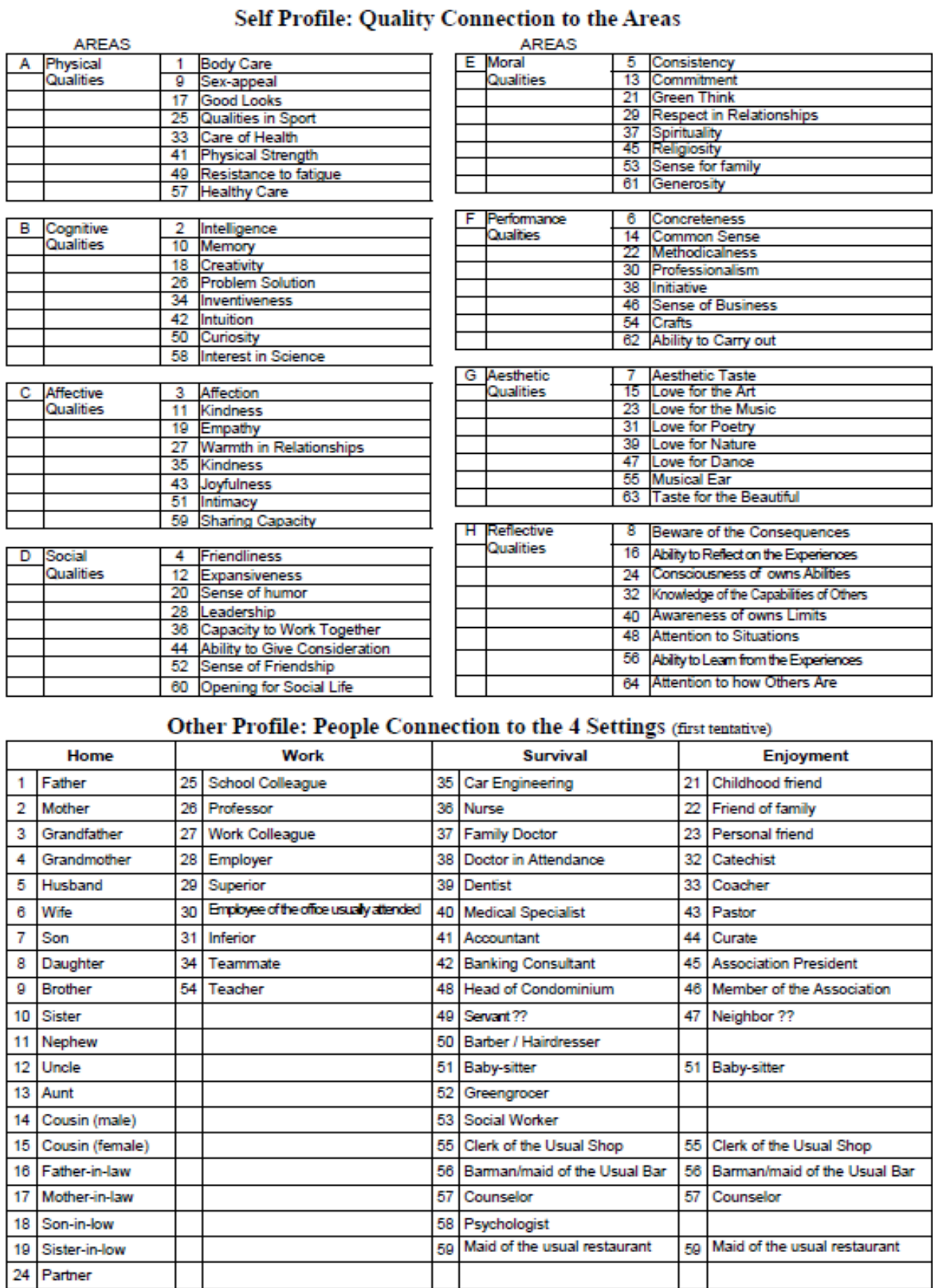


Fig. 3.

The questionnaire was administered during the months of April 2011. The correct procedure was observed with appropriate letters of invitation, informed consent, instructions to perform the answer-sheets and collect the fulfilled questionnaires. The collected data were processed in May 2011 with the check of sample distribution, the reliability of the scales, the correlation analyses between profiles and areas, the analysis of variance with independent variables, the translation of the two profiles Self on Other in the propensities selfhood.

4.2 Results of the study

After determining the existence of a normal distribution in the data (Self Profile: asym. -.08, Curt. .7; Other Profile: asym. -.27, Curt. .26), the analysis focused on the reliability of the profiles, the areas of personal qualities, and the people subdivided by settings. The results (Table 1) show coherent and consistent trends. The correlations between the profiles and the quality areas meet the expectations driving the construction of the instrument (Table 2 and Table 3). The correlation between the two profiles is positive and statistically significant ( $r = .41^{**}$ ). Therefore, the new version of SOPC seems to be reliable, even though further tests of reliability and validity (concurrent and differentiating in particular) will be performed in the future. The time spent to compile the two profiles seems to be acceptable: mean = 17 min. (range 8-30 min).

	M	SD	$\alpha$
<b>Self Profile</b>	<b>202.10</b>	<b>32.94</b>	<b>.92</b>
Physical qualities	22.65	5.40	.64
Cognitive qualities	26.31	5.34	.68
Affettive qualities	27.85	5.97	.79
Social qualities	27.86	5.02	.68
Moral qualities	26.22	5.96	.76
Performance qualities	24.51	6.35	.70
Esthetic qualities	20.21	6.12	.73
Riflexive qualities	26.51	6.28	.77
<b>Other Profile</b>	<b>133.73</b>	<b>29.55</b>	<b>.85</b>
People related to home	50.16	14.08	.85
People related to work	17.99	5.80	.73
People related to survival settings	31.37	10.75	.88
People related to enjoyment settings	26.09	6.54	.71

Table 1. Means, Standard Deviation, and Internal Consistency of Profiles and Areas/Settings

	Phys.	Cogn.	Affet.	Soc.	Moral	Perf.	Esth.	Riflex.
Self Profile	.59**	.78**	.77**	.69**	.76**	.72**	.61**	.73**
Other Profile	.21**	.30**	.31**	.28**	.30**	.25**	.32**	.31**

\*\* =  $p .01$

Table 2. Correlations between Profiles and Quality Areas

	Home	Work	Surv.S.	Enj.S.
Self Profile	.29**	.33**	.39**	.30**
Other Profile	.82**	.75**	.81**	.73**

\*\* =  $p \leq .01$

Table 3. Correlations between Profiles and Quality Areas

4.3 The step from propensity to selfhood propensities

A particularly interesting aspect of these results deserves to be proposed for applications in training and clinical practices. On a formal level, the derivation of selfhood propensities of the two profiles has been chosen according to the criteria shown in Figure 4. At the operational level, percentiles 16th and 84th are identified (in theory correspondent to one SD less and more to mean in the standardized Gauss curve) as a cut-off point into three parts. This procedure can obtain 9 types of which 4 correspond to the earlier model of selfhood propensities and the others are intermediate positions, except for the central that could be considered as indecision.

	-	Self Profile		+
+ Other Profile  -		selfless	selfless-selfull	selfull
		nearly selfless	middle selfhood	selfull-selfish
		no-self	nearly selfish	selfish

Fig. 4. Derivation of selfhood propensities from the two Profiles

The intersection of the three levels of Self and Other Profiles with the significance calculated using log-linear analyses gave the results shown by Table 4.

selfless 0 -3.02**	selfless-selffull 31 (8.38%) -0.25	selffull 22 (5.95%) -0.13
nearly selfless 50 (13.51%) 4.56**	middle selfhood 173 (46.76%) 10.98**	selffull-selfish 31 (8.38%) 3.14**
no-self 16 (4.32%) 0.36	nearly selfish 46 (12.43) 5.22**	selfish 1 (.27%) -2.92**

\*\*  $p \leq .01$

Table 4. Derivation of extreme and intermediate propensities in Selfhood

As a consistent result with this procedure, data are distributed mainly in the intermediate range; the two propensities selfless and selfish appear somewhat extreme because 47% of the processed data is not oriented towards specific propensities. The orientation towards selfish, selfless, and selffull is significantly present.



The new version of the Self-Other-Profile Chart seems at first blush more complex and more complicated than the original version. On the other hand, it seems to cover many more relevant areas of Selfhood, including also relationships to Mode<sup>l2</sup>, where a distinction was made between survival and enjoyment settings. The acceptable psychometric properties of this revision allow an expansion of the original Model<sup>11</sup> that seems closer to the real-life realities of everyday living.

## **5. Clinical and preventive applications of the Selfhood Model<sup>11</sup> in mental health**

Clinical and preventive applications of the Selfhood Model<sup>11</sup> are based on programmed distance writing occurring through computers and the Internet (L'Abate, 2011c, 2012; L'Abate & Sweeney, 2011) through replicable workbooks or programmed or interactive practice exercises (PIPEs). These exercises can be administered either as substitutes for or in addition to face-to-face talk in the promotion of mental and physical health, prevention of mental illness, or treatment and rehabilitation of mental illness. These PIPEs have been developed from a variety of sources, including research on anxiety, depression, Clusters B and C conditions, and from most dysfunctional conditions available in Axis I of the Diagnostic and Statistical Manual for Mental Illness-IV, including also factor analyses, single- and multiple score tests, such as the Beck Depression Inventory, and the Minnesota Multiphasic Personality Inventory, among many other tests and questionnaire

The transformation from inert paper-and-pencil self-report instruments and measures into active and interactive workbooks (L'Abate, 2011c) is obtained by asking participants to define items in any list of behaviors or symptoms, using the dictionary (L'Abate, 2007) if necessary, and then giving two examples from the definition, a nomothetic step. After completing this first step, participants are asked to rank-order items according to their importance to them, an idiographic step. This rank-order is used to administer following PIPEs according to a standard format that includes specific questions about the developmental origins, frequency, intensity, duration, rate and personal and relational outcomes of that particular behavior.

This transformation allows to change most evaluative instruments into active and interactive workbooks, thus linking and matching evaluation with intervention in ways that would be difficult if not impossible to achieve as long as face-to-face talk based on personal contact is the norm for most clinical, promotional, preventive, rehabilitative, and therapeutic practices. This transformation was specifically applied to a previous and simpler version of the SOPC thus linking directly a model of RCT to evaluation and to intervention (L'Abate, 2011c). This latest version could be transformed by any mental health professional into a interactive practice exercise using the guidelines given in the previous paragraph.

The usefulness of these PIPEs has been evaluated in various studies (L'Abate, 2004b) and in a meta-analysis by Smyth and L'Abate (2001), where the effect-size of these workbooks was found to be .44. In addition to clinical experience and case studies included in L'Abate (2011c), this effect size indicates that it is possible to change behavior for the better through programmed distance writing without ever seeing or talking with a participant face-to-face, provided that the interactive practice exercises match the condition in need of improvement (L'Abate, 2008b, 2008c).

6. Relationship of PIPEs to the Selfhood Model<sup>11</sup>

The relationship between PIPEs and Selfhood Model<sup>11</sup> is shown in Figure 5. This figure integrates most normative and non-normative PIPEs, regardless of theoretical orientation, gender, and educational level.

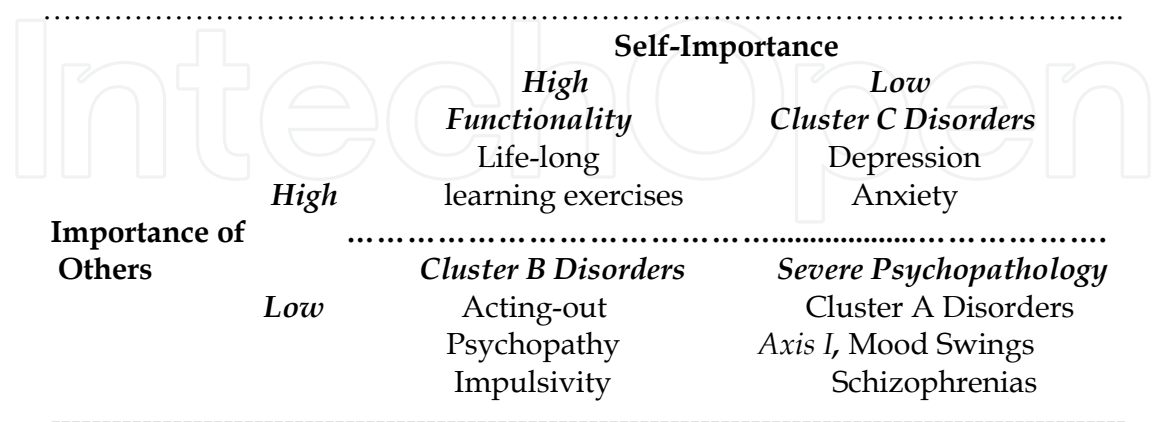
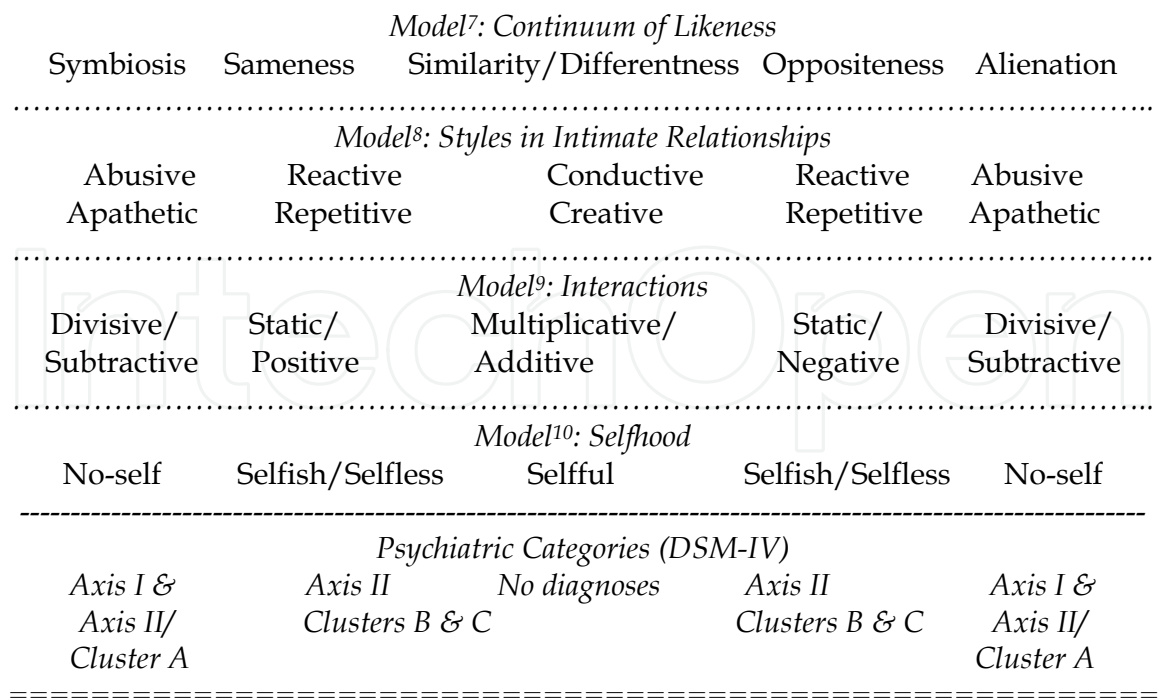


Fig. 5. Relationships among Selfhood Relational Propensities, Functionality, Psychopathology (DSM-IV), and Sample Interactive Practice Excises (L’Abate, 2011c)

7. Conclusion

If just one Selfhood Model<sup>11</sup>from RCT can accomplish this much, one cannot help wondering what the other 15 models of RCT can be accomplish. As mentioned repeatedly during the course of this chapter, practically every model of RCT attempts to cover functional and dysfunctional conditions. For instance, Model<sup>8</sup>, about identity differentiation covers functional and dysfunctional conditions derived directly from the developmental notion of “same-different” (Figure 1). Using the requirement of redundancy introduced at the beginning of this chapter, the six ranges of the Likeness continuum in Model<sup>8</sup> (symbiosis, sameness, similarity/differentness, oppositeness, and alienation), were expanded into three relational Styles in Model<sup>9</sup>, Conductive-Creative (CC), Reactive-Repetitive (RR), and Abusive-Apathetic (AA), and in six types of interactions in an arithmetical Model<sup>10</sup>: multiplicative, additive, static positive, static negative, subtractive, and divisive. An interesting feature of Model<sup>10</sup> relates to the ratio of these six interactions with the presence of hurt feelings and intimacy defined earlier in this chapter (Cusinato & L’Abate, 2012; L’Abate, 2011a; L’Abate et al., 2010). These ratios are relevant to both mental health and mental illness. For instance, in multiplicative interactions the ratio of joys to hurts would be 6 to 1, in additive interactions the ratio would be 5 to 2, in static positive interactions the ratio would be 4 to 3, in static negative 3 to 4, in subtractive 2 to 5, and in divisive interactions 1 or 0 to 6. This model, therefore, views mental illness as the outcome of hurts offsetting joys and mental health as the outcome of joys offsetting hurts. These models overlap redundantly with the Selfhood Model<sup>11</sup> in producing a classification of relationships, as shown in Figure 6. Figure 6 shows how human relationships can be classified according to relational (rather than intrapsychic and non-relational), dimensions that cover and encompass the whole gamut of mental health and mental illness. This classification of relationships among human



\*Adapted from L'Abate et al., (2010).

Fig. 6. Relationships among four Models of Identity Differentiation<sup>7</sup>, Styles<sup>8</sup>, Interactions<sup>9</sup>, and Selfhood<sup>10\*</sup>

beings can be applied to individuals separate from couples, or to couples separate from families. We do not need separate and different tests or theories to understand separately individuals, couples, or families because in one way or another these relationships can be understood in terms of these and other dimensions of the RCT models. This classification, of course, implies learning a completely new vocabulary that is based on models evaluated empirically in many different ways and found valid and reliable in observing and understanding mental health and mental illness on various dynamic continua or dimensions rather static categories.

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## **Mental Illnesses - Understanding, Prediction and Control**

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In the book "Mental Illnesses - Understanding, Prediction and Control" attention is devoted to the many background factors that are present in understanding public attitudes, immigration, stigma, and competencies surrounding mental illness. Various etiological and pathogenic factors, starting with adhesion molecules at one level and ending with abuse and maltreatment in childhood and youth at another level that are related to mental illness, include personality disorders that sit between mental health and illness. If we really understand the nature of mental illness then we should be able to not only predict but perhaps even to control it irrespective of the type of mental illness in question but also the degree of severity of the illness in order to allow us to predict their long-term outcome and begin to reduce its influence and costs to society. How can we integrate theory, research evidence, and specific ways to deal with mental illness? An attempt will be made in the last conclusive chapter of this volume.

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### **InTech China**

Unit 405, Office Block, Hotel Equatorial Shanghai  
No.65, Yan An Road (West), Shanghai, 200040, China  
中国上海市延安西路65号上海国际贵都大饭店办公楼405单元  
Phone: +86-21-62489820  
Fax: +86-21-62489821

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