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INNER MULTIPLICITY AND MENTAL HEALTH: A SOUNDNESS OF INTERNAL VOICES¹

ABSTRACT

The present study is concerned with the impact of inner multiplicity and multivoicedness on the quality of life. It explores the soundness of internal voices. In order to define the psychological nature of inner voices the notion of subpersonalities was used. Subpersonalities are autonomous units of the self-system; they are coherent constellations of different mental phenomena—perceptions, affects, wishes, goals, reasoning, bodily sensations and behaviors. Inner voices are meant to be phenomenal expression of those constellations. Our hypothesis was that positivity and completeness of subpersonalities were related to better mental health. The study was conducted via Internet. Participants completed the measures of subpersonalities system and personality disorders. The results show low positivity and deep emotional incompleteness of subpersonalities in personality disorders.

Key words: multivoicedness, inner multiplicity, subpersonalities, personality disorders

1. INTRODUCTION

The dialogical self theory explains the self as a dynamic multiplicity of different, relatively autonomous and mutually influencing I-positions, which are constantly engaged in a process of dialogical interchange (Hermans, 2001, Hermans, Kempen, & Van Loon, 1992). Due to the fact that I-positions have agent-like qualities – they are emotionally driven, have their own specific memories, wishes, motives, interests, thoughts, stories and may temporarily take control of actions – each I-position is conceived of as an autonomous thought and meaning making center. The same person takes various stances – presents diverse points of view and experiences various feelings – depending on which I-position is taken.

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Different I-positions produce unique voices and relate to each other – they may agree, disagree, ask questions, support or contradict, approve or even ridicule one another (Hermans, 1996, Hermans, Kempen & Van Loon, 1992). Thus, mental life is conceptualized as a series of internal multivoiced dialogues that represent external multivoiced dialogues encountered by the person throughout his/her life.

The notion of inner multivoicedness allows for an understanding of self as a complex and flexible mechanism, a resource of different coping skills. In the present study the notion of multivoicedness of the self is applied to the quality of life under the assumption that individual differences in I-positions characteristics explain some individual differences in life conduct and mental health. The construct of subpersonality has been adopted in order to focus on inner multivoicedness from a perspective of personality formation and functioning. Taking such a stance allows to investigate inner parts of the self in terms of their content and organization rather than their dialogical nature, which is essential for the objective of the present study. In that approach a person “is conceptualized as a plurality of qualitatively distinct selves” (Cooper, & Rowan, 1999, p. 5). The self is a system of autonomic structures called – according to Jung’s (1995) and Assagioli’s (1965) terminology – subpersonalities. The activation of a particular subpersonality implies the automatic construction of a specific experience, a discrete state of mind, which is an actual I-position phenomenally available as discrete inner voice. Thus, the I-positions and internal voices can be perceived as procedural aspects of self-plurality. As the activated subpersonalities relate to each other (approve or disapprove, support or criticize one another) the internal voices engage in the inner dialogue. To put it in Hermans’s (2001) words – the subpersonalities are “interacting characters” in the inner dialogues. Naming subpersonalities as participants of inner dialogues explains both their stability and flexibility. The former is conceived of in terms of stability in the repertoire of the available I-positions, which is a direct result of a solid ground of personality structures; the latter refers to the flexibility in taking various positions depending on the number and autonomy of the personality structures.

According to Rowan (1990) a subpersonality is a part of personality capable of acting as a whole personality due to its access to a full range of psychological functions. Consequently, subpersonality is defined as relatively stable and autonomous pattern of bodily sensations, feelings, perceptions, reasoning and behaviors, which altogether tend to form coherent responses to life events. There are numerous hypotheses that explain the way in which subpersonalities are formed in the course of social encounters; most of these hypotheses are based on Jung’s notions of the personal unconscious and complex-formation (Rowan, 1999), and – more recently – on the developmental model of non-linear dynamic systems (Putnam, 1997). Personality development is thus conceived of as a process of acquisition of numerous subpersonalities paired with metacognitive mechanisms that allow for the integration of a variety of autonomic subpersonalities into a coherently working system (Putnam, 1997; Trzebińska, Miś & Rutczyńska, 2003).

There is a debate among personality researchers and clinical practitioners concerning the consequences of a high diversity in the personality system. The

traditional view is that high self pluralism relates to maladjustment. A number of studies have demonstrated that anxiety disorders, depression and some physical illnesses are related to chronic ambivalence and an internal struggle over conflicting goals (Pennebaker, 1990; Emmonds, 1999). Internal conflict has been a central concern for psychodynamic, behavioral and cognitive approaches to psychopathology. The majority of mental health problems are regarded as results of the discrepancies and contradictions between either aspects of the mind or acting tendencies. The multiplicity of personality can also be perceived as a fragmentation of the self resulting in anxiety and feeling of emptiness (Altrocchi, 1999).

Nevertheless, studies on coping behavior offer an opposing view on the issue and emphasize coping competence and stress buffers as related to multiplicity of the self structure (Cantor & Kihlstorm, 1987; Aldwin, 1994; Linville, 1987). The limited scope of alternative ways of dealing with life problems becomes one of three fundamental criteria of disordered functioning (Millon, 1990). In consequence, there is a growing interest in psychotherapeutic approaches and techniques that provide individuals with the possibility of greater awareness of their own various identities. A number of social norms and personal beliefs consider self-unity as a highly desirable state of mind; consequently, in order to satisfy that desire (and maintain a unique, "true" identity) plurality of the self is often inhibited (Ross, 1999). Therefore, the shaping of separate self aspects in therapy helps to erase these inhibitions and to enhance coping resources by, first, saving energy and, second, providing access to diverse manners of dealing with challenges (Cooper, & Cruthers, 1999; Schwartz, 1999).

There are at least two reasons that justify the expectation that internal multiplicity provides for a better quality of life. First, it can be assumed that taking different I-positions enriches self-understanding and enhances identity processes. Second, approaching a problem from different perspectives expands the understanding of external reality, thus helping to open up and search for the most fitting solution. Our research has demonstrated complex impact of multivoicedness on the quality of life (Trzebińska, 2002; Trzebińska, & Dowgiert, 2005). The number of subpersonalities an individual is aware of directly conditions the flexibility of his/her behavioral repertoire when facing problematic events. On the other hand, a wider range of subpersonalities activated simultaneously implies a higher cognitive load: higher ego depletion and lower productivity in problem-solving tasks. The wide range of subpersonalities with heavy load of negative emotions provokes the high quantity of psychological symptoms and low self-actualization. It has also been demonstrated that relativism in self-reasoning buffers the malfunction effect of excessive crowdedness and negativity of internal voices.

There are persuasive arguments on both sides of the discussion, so the question of the impact of internal multiplicity on mental health is still unresolved. Therefore, it seems reasonable to search for quite a different approach to the topic. The present study inquires into a global characteristic of internal voices – their soundness. It appears that not only the number of inner parts (i.e. high diversity in the personality system) but also their structural features account for proper functioning and better quality of life. It may be assumed that some voices, because of their poor

development, may provide no basis for taking up a clearly-defined position and – worse still – may generate confusion and chaos (and thus may be considered as inner noise). Furthermore, an inner dialogue with the participation of such voices can produce an anxiety, helplessness or self-worthlessness. Therefore, ineffective internal voices are supposedly expressions of deficient subpersonalities. Thus, the issue of soundness of inner voices implies, in fact, the interrogation of the faculties of subpersonalities.

The quality of a subpersonalities system refers to its valence and organization. The studies on task teams processes demonstrate that high ratios of positive (supportive, encouraging or appreciative) to negative (disapproving, sarcastic or apprehensive) content of dialogues between participants distinguish high and low performance groups (Fredrickson, & Losada, 2005). If those data referring to interpersonal dynamics are used to predict the outcome of inner dialogues it should be expected that higher positivity ratio within subpersonalities system is associated with better functioning. In order to explore the organization of subpersonalities system a perspective of non-linear dynamic systems was adopted, according to which personality could be described as a number of dimensions that represent a full range of psychological functions, while subpersonality would represent a set of values relating to those dimensions (Putnam, 1997). Subpersonalities mature via, first, the adoption of as many functions as possible and, second, the stabilization of locations in included dimensions. The multidimensional organization of subpersonalities suggests that a mature subpersonality is a durable and coherent configuration of emotions, bodily sensations, perceptions, memories, associations, reasoning, beliefs, motives and behavioral patterns; that means that the sound of internal dialogues is acutely “heard” on all levels of psychological functioning. Consequently, the quality of a given subpersonalities system depends on its completeness as regards the diversity of their elements in terms of personality dimensions. The higher the completeness of subpersonalities system, the more substantial positions are assumed when facing challenges and the better the result of the inner dialogue in terms of adaptation.

The present study attempts to investigate the effects the quality of subpersonalities system have on mental health. Personality disorders appear to be a convenient area of exploring the problem given their status of a psychopathology that is considered as vulnerability factor in the occurrence of clinical mental disorders. That assumption is represented in the DSM diagnosis model, according to which personality disorders are located on axis II together with other developmental deficits, considered as risk factors for clinical syndromes, for instance anxiety disorders, depressions, schizophrenias etc., located on axis I (DSM-IV-TR, 2000). According to Millon (Millon, Davis, Millon, Escovar, & Meagher, 2004) personality serves as a buffer when experiencing stress, given that coping strategies are performed by personality mechanisms. Thus, personality pathologies imply major psychological weaknesses, promote poor stress response and trigger inadequate coping, which eventually result in clinical psychopathology.

Although the existing data suggest that high-quality personality structures may be an important factor of superior coping results, the evidence is far from definitive.

Hence the study of the quality of subpersonalities in personality disorders has been included in our ongoing research program on the premises of personality disorders. There are ten distinct forms of personality disorders classified in DSM-IV-TR (2000): antisocial, avoidant, borderline, dependent, histrionic, narcissistic, obsessive-compulsive, paranoid, schizoid and schizotypal. Our previous studies have empirically demonstrated that these forms differ in terms of well-being, which forms suggests a difference in the severity of underlying personality deficits (Trzebińska, in prep.). The principal hypothesis of the present study is that the positiveness of subpersonalities and their completeness are relatively low in personality disorders in general, but the extent of that deficit differs among the distinct personality disorders.

2. METHOD

The hypothesis about the relation between personality disorders and the properties of subpersonalities system was one of the issues being examined in our Internet-based study on the premises of personality disorder. Participants completed an electronic version of a questionnaire that assessed the frequency of the symptoms of 10 forms of personality disorders; subsequently, different subpersonalities' features were measured. Finally, participants performed an interactive task, which measured decision making in interpersonal situations. As the results of only the first two measures correspond to the hypothesis stated above, only these two will be described below.

The decision to conduct the study via Internet was made mainly due to an extensive access to participants that Internet assures. Moreover, as Reips (2002) underlined, Internet-based studies offer varied additional benefits such as reduced costs, external validity and also a high degree of automation of the study (low maintenance, limited experimenter effects), to name just a few. Nonetheless, conducting an Internet study required the application of specific precautions; the study implied client-side processing in order to eliminate errors caused by network traffic and server availability. On the other hand, as such measurements, apart from server-side methods, depend on the processing power of the participants' computers, a Flash technology was implemented and all time-responses were standardized. Furthermore, in order to reduce dropout rate, a number of measures, suggested by Reips (2002), were implemented: questions about personal information at the beginning of the study, a mention of the scientific character of the research, personalization, information on study duration, a list of software requirements, technical pretests, a promise of immediate feedback, rewards and practice trials. In order to guarantee result reliability two-fold precautions were taken: firstly, multiple submission was controlled by the means of an IP address collection; secondly, the participants who did not complete the study, finished it in less than 15 minutes or more than 60 minutes were excluded from the final analysis.

2.1. PARTICIPANTS

Seven hundred and seventeen Internet users participated in the study, six hundred and ninety of them (305 male and 385 female), aged 18-53 ($M=23,57$

SD=6,909) were included in the final analysis. The participation was voluntary. Although not financially rewarded, the participants were offered other benefits: having completed the whole study they could obtain feedback about their lifestyle based on their responses and also take part in a lottery with the following prizes: a Nano iPod (the main prize) and several psychology books.

The study was addressed to all adult Internet users. It was announced in several ways: through various mailing lists, topic-related chat forums, Internet ads, as well as via private Web sites. In order to guarantee representativeness of the results, links to the study were placed in various Web locations addressed to potential subjects of different ages, interests and educational backgrounds.

2.2. MEASURES

Personality disorders. “Lifestyle 05/FS Questionnaire” is a shortened, electronic version of “Lifestyle 05/F Questionnaire” (Trzebińska, in prep.), a self-report measure designed to assess the frequency of symptoms characteristic for all ten forms of personality disorders included in DSM-IV. It consists of 10 scales, each of which corresponds to a specific form of personality disorder. The original version consists of 160 items and the one used in the current study includes 114 items. Items describe feelings, attitudes and behaviors symptomatic of particular personality disorders, selected in accordance with the DSM-IV diagnostic criteria, which address abnormal functioning on both the emotional and the cognitive level, placing particular emphasis on the areas of interpersonal relationships, self-control, social perception of behaviors and their consequences, as well as self-image manipulation tendency (i.e. “I cannot control myself” in Borderline Personality Disorder Scale; “I try to be better than others” in Narcistic Personality Disorder Scale). The participants are asked to indicate the frequency, with which they experience the situations described on a 7-point scale (from 1-never to 7-very often); responses are provided via keyboard buttons (“1” for never; “7” for very often). Items corresponding to particular types of personality disorders are placed in random order. The Cronbach’s α s of the 10 scales for our sample ranged from 0,74 to 0,90.

Subpersonalities system. “The People I Could Be” sorting task inspired by Linville’s (1985) self-complexity measure is designed to assess subpersonalities system and has a two-fold structure. In the first stage, 16 pictures appear in succession on a computer screen; each picture represents a human figure, which expresses a particular subpersonality via a specific body position and gestures. The figures are drawn schematically so that only an outline is visible, lacking age and sex characteristics. An exemplary picture from the study is shown in Figure 1.

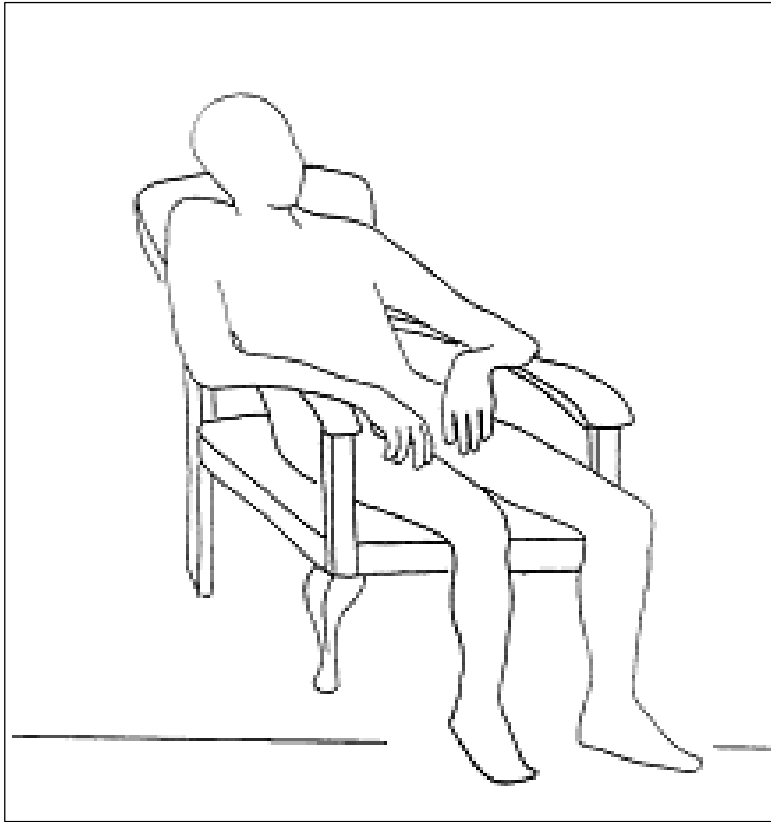


Figure 1. An exemplary picture used in subpersonalities system measure.

Participants are asked to imagine they are the figure in the picture and to feel the same sensation the presented person does. Then they are asked to indicate whether they can feel this or not. Participants respond with a mouse by clicking either the “I feel it” or “I don’t feel it” button, which both appear under each picture. It was assumed that the capacity to experience the figure’s feeling implies having a subpersonality corresponding to that figure. Next, the figures, which the participants were able to “feel into” previously are again exposed to them. This time each figure is surrounded by 50 metaphors. The set of metaphors is fixed for all figures. Each metaphor expresses one of the five different psychological dimensions – cognitions (i.e. everything depends on me), emotions (i.e. that’s what I like), motivation (i.e. I need to have it), bodily reactions (i.e. I breath deeply) and behavioral tendencies (i.e. I turn back) – which combined constitute together, according to the theory, a complete subpersonality. There are 10 metaphors representative for each of the five dimensions in the set, five with a positive

valence and the other five with a negative valence. Therefore the set consists of 25 positively and 25 negatively valenced metaphors. Participants are asked to imagine once again that they are the figure in the picture and to feel as the person presented. Subsequently, they are asked to choose (on the basis of the very first intuition, not reasoning) all the metaphors that describe this feeling. Responses are made with a mouse, by clicking on a button with a metaphor written on it. If participants wish to cancel their choice, they may do it by clicking again on the button with a particular metaphor. The instruction provided explains that in order to describe the experience any number of metaphors can be used, including none, if no provided metaphor is accurate to express a particular feeling. All the pictures and metaphors were selected from our previous studies (Trzebińska, 2002; Trzebińska, & Dowgiert, 2005).

Responses given in the second stage of the sorting task allow for the computing of both the valence and completeness of the subpersonalities system. The measure of valence is the ratio of positive subpersonalities (with at least 90% of positive metaphors) to all the subpersonalities accessible. The measures of system completeness are the ratios of metaphors representing particular personality dimensions to all the metaphors chosen to express all the accessible subpersonalities.

2.3. PROCEDURES

The participants were presented with a set of general instructions and an informed consent text. When they agreed to participate, general demographic data – age, place of residence, educational background and profession – were collected. Next they completed the Lifestyle 05/FS Questionnaire, followed by The People I Could Be sorting task. Finally, participants performed the interactive task. Afterwards, they were asked to wait for a few minutes while their feedback score was calculated. If participants wanted to take part in the prize lottery they were asked to provide either an e-mail address or some other form of contact in order to receive information about the results of the lottery.

3. RESULTS

As a first step in the analysis, each participant received 10 scores on 10 personality disorders scales in the Lifestyle 05/FS Questionnaire. A higher score indicates higher frequency of the symptoms characteristic for a particular personality disorder. The total sample was divided into quarters on the basis of the scores on personality disorders scales. The first quarter constitutes a “low symptoms” group and the fourth quarter constitutes a “high symptoms” group with regards to a particular personality disorder. The groups were compared in terms of both positivity and completeness measures.

3.1. THE VALENCE OF SUBPERSONALITIES SYSTEM

Table 1 shows the means of positivity ratios in participants divided according to the frequency of symptoms of the ten forms of personality disorders. It can

be observed that almost all personality disorders (except for the antisocial and obsessive-compulsive) differ in ratios of positive subpersonalities. In the case of most personality disorders (avoidant, paranoid, dependent, schizoid, borderline and schizotypal) high symptoms are related to lower ratios of positive subpersonalities. In the remaining personality disorders (histrionic and narcissistic) the results are quite the opposite: high symptoms are related to higher ratios of positive subpersonalities.

Table 1. Means (SDs) of positivity ratio for “low symptoms“ and “high symptoms“ groups

Personality disorder scale	“low symptoms”	“high symptoms”	t
Histrionic n	0.37(0.22) 162	0.44(0.20) 166	2.96*
Obsessive-compulsive n	0.38(0.21) 155	0.41(0.21) 181	-1.29
Antisocial n	0.42(0.21) 197	0.40(0.20) 167	0.81
Avoidant n	0.50(0.21) 185	0.31(0.18) 179	8.94**
Narcissistic n	0.37(0.21) 153	0.46(0.20) 179	-3.91**
Borderline n	0.52(0.21) 171	0.30(0.17) 179	10.68**
Schizoid n	0.47(0.21) 190	0.33(0.20) 181	6.47**
Dependent n	0.52(0.22) 184	0.29(0.17) 178	10.80**
Paranoid n	0.47(0.21) 178	0.32(0.18) 152	7.04**
Schizotypal n	0.46(0.22) 199	0.37(0.19) 173	4.26**

Note. * $p < 0.005$, ** $p < 0.001$

3.2. COMPLETENESS OF SUBPERSONALITIES SYSTEM

Standardized completeness means were submitted to five within-subjects factors (personality dimensions: affect vs. cognitions vs. motivation vs. bodily sensations vs. behavioral tendencies) \times 2 between-subjects factors (personality disorder group: low symptoms vs. high symptoms) repeated measures ANOVA with an age as covariate. This analysis was conducted ten times for all ten personality disorders (means are shown in Table 2).

The ANOVA revealed interactions between symptom frequency and the completeness of subpersonality systems for all personality disorders (except for the obsessive-compulsive). The interactions were analyzed further by conducting independent-samples *t* test (to evaluate differences between “low symptoms” and “high symptoms” groups) and paired-samples *t* test (to evaluate differences between five personality dimensions within groups). The “high symptoms” groups (except for the obsessive-compulsive) show lower frequency of the emotional metaphors than “low symptoms” groups: antisocial $p = 0.005$, avoidant $p = 0.000$, paranoid $p = 0.000$, dependent $p = 0.001$, schizoid $p = 0.000$, borderline $p = 0.000$, schizotypal $p = 0.000$, histrionic $p = 0.012$, narcissistic $p = 0.000$. Some “high symptoms” groups show higher frequency of the motivational metaphors than “low symptoms” groups (paranoid $p = 0.012$, dependent $p = 0.011$, borderline $p = 0.002$, histrionic $p = 0.006$, narcissistic $p = 0.012$), cognitive metaphors (obsessive-compulsive $p = 0.019$, paranoid $p = 0.036$, schizotypal $p = 0.033$, narcissistic $p = 0.000$), bodily metaphors (avoidant $p = 0.000$, dependent $p = 0.000$, borderline $p = 0.002$) and behavioral metaphors (avoidant $p = 0.014$, paranoid $p = 0.026$, dependent $p = 0.014$, schizoid $p = 0.006$, borderline $p = 0.003$). While in “low symptoms” groups the affective metaphors were more frequently chosen over other kinds of metaphors, in high symptom groups the emotional metaphors were chosen with the lowest frequency of all other kinds of metaphors (antisocial, paranoid, dependent, schizoid, borderline, schizotypal, histrionic, all p 's < 0.05) or of at least three other kinds of metaphors (narcissistic and avoidant, p 's < 0.05). Moreover, groups with high symptoms of either dependent or avoidant personality also revealed a significantly low preference for cognitively-loaded metaphors (p 's < 0.05). Some high symptoms groups show high preference for special kinds of metaphors (p 's < 0.05): narcissistic for cognitively-loaded metaphors, schizoid for behavioral metaphors and borderline for bodily metaphors.

Table 2. Means (SDs) of standardized ratios of personality dimensions or “low symptoms” and “high symptoms” groups

Personality disorder	Symptoms group (n)	Emotional	Motivational	Cognitive	Bodily	Behavioral	Interaction F
Histrionic	Low (161)	0.125 (1.17)	-0.163 (1.07)	-0.062 (1.11)	-0.025 (1.16)	0.082 (1.78)	2,676 *
	High (166)	-0.156 (0.80)	0.147 (0.94)	0.047 (0.81)	0.001 (0.87)	0.044 (0.86)	
Obsessive-compulsive	Low (155)	-0.038 (1.07)	0.003 (0.96)	-0.123 (0.96)	0.068 (0.98)	0.143 (0.96)	1,723 ***
	High (181)	0.045 (0.92)	0.045 (1.08)	0.145 (1.10)	-0.097 (1.03)	-0.043 (1.06)	
Antisocial	Low (197)	0.094 (1.04)	-0.083 (1.08)	-0.072 (1.01)	0.030 (1.00)	-0.014 (0.96)	2,980 *
	High (167)	-0.201 (0.95)	0.078 (1.04)	0.094 (1.05)	0.022 (0.98)	0.122 (1.06)	

Avoidant	Low (185)	0.169 (0.98)	-0.023 (1.00)	0.061 (1.06)	-0.216 (0.99)	-0.094 (0.91)	6,525 ***
	High (179)	-0.185 (0.92)	0.086 (1.07)	-0.108 (0.99)	0.157 (0.92)	0.181 (1.20)	
Narcissistic	Low (153)	0.198 (1.26)	-0.187 (1.01)	-0.243 (1.00)	0.116 (1.07)	0.041 (1.03)	6,526 ***
	High (179)	-0.172 (0.85)	0.091 (0.99)	0.245 (0.95)	-0.137 (0.93)	0.052 (0.96)	
Borderline	Low (171)	0.272 (1.10)	-0.210 (0.98)	0.080 (1.08)	-0.153 (1.07)	-0.156 (0.96)	10,783 ***
	High (179)	-0.285 (0.86)	0.139 (1.10)	-0.041 (1.06)	0.187 (1.00)	0.174 (1.12)	
Schizoid	Low (155)	0.204 (0.90)	0.079 (0.91)	-0.077 (0.96)	-0.082 (0.94)	-0.076 (0.89)	5,224 ***
	High (181)	-0.200 (1.00)	0.007 (1.26)	0.011 (1.13)	0.095 (1.11)	0.224 (1.19)	
Dependent	Low (184)	0.211 (1.12)	-0.184 (1.06)	0.197 (1.09)	-0.205 (1.13)	-0.168 (0.89)	9,794 ***
	High (178)	-0.132 (0.85)	0.082 (0.92)	-0.149 (0.98)	0.214 (0.85)	0.072 (0.95)	
Paranoid	Low (178)	0.259 (1.14)	-0.198 (0.98)	-0.114 (0.90)	-0.031 (1.01)	-0.046 (1.01)	5,875 ***
	High (152)	-0.270 (0.88)	0.083 (1.03)	0.107 (1.01)	0.036 (0.94)	0.207 (1.05)	
Schizotypal	Low (198)	0.229 (1.22)	-0.138 (1.04)	-0.117 (0.97)	-0.058 (1.10)	-0.028 (1.09)	3,589 **
	High (173)	-0.194 (0.89)	0.021 (0.99)	0.104 (1.01)	0.059 (1.01)	0.120 (0.99)	

Note. * $p < 0.05$, ** $p < 0.007$, *** $p < 0.001$

4. DISCUSSION

The objective of the present study was to test the role the quality of subpersonalities, and thus quality of internal voices, plays in personality disorders. The quality of subpersonalities system refers to the valence and completeness of ongoing processes within the system. We compared groups of people with both high and low frequency of personality disorders symptoms in order to verify whether they differ in appraisals and psychological organization potentially provided by their subpersonalities. The study demonstrated that personality disorders are related to problems with both of the quality criteria.

In the majority of personality disorders (except for the antisocial and obsessive-compulsive) we observed a characteristic pattern of distortion in valence within the subpersonalities system. In fact, two patterns of distorted appraisal occurred. The first and prevailing one consists of low positive appraisals; it was observed in people with high symptoms of avoidant, paranoid, dependant, schizoid, schizotypal and borderline personality disorders. The other pattern is quite the reverse: it consists of excessively high positive appraisals and was observed in people with frequent narcissistic and histrionic symptoms. Thus, in personality disorders subpersonalities (and I-positions) are a source of inadequacy in the shaping of meaning. In the most of personality disorders they provide significantly weak positivity. In view of the broaden-and-build

theory of positivity and undoing hypothesis (Fredrickson, 2002) it may explain poor adaptation and high risk of clinical psychopathology in those personality disorders. On the other hand, the result could clarify, to a certain extent, why histrionic and narcissistic personality disorders promote at times good adjustment when facing challenging life circumstances, such as high rivalry or pursuing hard-to-get goals. Since high positivity is considered to be a crucial ingredient of resilience (Morgan, & Janoff-Bulman, 1994; Tugade & Fredrickson, 2004) people suffering from the above mentioned personality disorders are expected to demonstrate an outstanding endurance under stress. But in spite of those apparently beneficial outcomes two additional points should be emphasized. First, the extremely high structural positivity means a risk of disregard for negative signals which is hazardous in terms of appropriate choices and decisions. Second, the experienced extreme positivity is a huge physiological and psychological burden and can produce serious health and behavioral problems (Pressman, & Cohen, 2005). Thus both abnormally low and abnormally high positivity which we observed in personality disorders are possibly a deficiency in the subpersonalities system.

In almost all personality disorders (except for the obsessive-compulsive) there is a relatively low access to emotions within subpersonalities system. In some personality disorders (the avoidant and dependant) we observed a lowering in the accessibility of cognitions as well, which renders subpersonality deficits even more serious. On the other hand, in most of the high-symptoms groups we observed an excessive availability of some other psychological function. That may be considered compensatory but the profits from it are supposedly limited. According to the neuropsychological approach to emotional processing (Damasio, 1994) deficits in this field are not to be compensated by other psychological functions, cognitions included. Apparently, I-positions in personality disorders have weak emotional meaning which makes them inefficient. Thus, inner dialogues in personality disorders could be characterized as lacking an emotional perspective, which entails the risk of supremacy of valuations in the form of beliefs, bodily sensations or behavioral urges.

In the present study we were able to show that mental health vulnerability could relate to some disturbances in subpersonalities system functioning. As we have expected, the problems could be traced to both subpersonalities valence and completeness. The study shows that in personality disorders subpersonalities (and thus I-positions) are distorted both ways. They generate too low or too high positivity, they are also deficient in emotional ingredients and may rely too much on other psychological processes. Therefore it may be presumed that the quality of inner speech these faulty I-positions produce, may be disturbed in terms of meaning inadequacy and emotional undertone.

The results of our research indicate that the extent of inner multiplicity cannot be considered the sufficient condition for good mental health. The quality of inner parts seems to be a crucial factor in well-functioning. Our findings shed also more light on the issue of proper psychological help providing a ground for capability of I-positions taking and successful inner dialogues. Taking care of the soundness of inner voices seems to require an improvement of the subpersonalities system by fine adjustment of positivity within it and enhancing its access to emotional processes.

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