In the previous chapter, issues of diagnosis with respect to broad conceptions of psychosis, organic impairment, character or personality disorder, and neurosis or the range of anxiety disorders were discussed. At this point it is important to estimate the central concern inherent in formulating such diagnoses, namely reality testing and the nature and qualities of cognitive functioning. Problems with the intactness of reality testing and the integrity of cognitive functioning relate to diagnostic issues concerning psychosis.

This chapter and the next discuss reality testing in relation to cognitive organization with an emphasis on impairments that interfere with various cognitive functions. In psychodiagnostic terms, cognitive organization is the manner in which a person is able to integrate and synthesize the complex demands emanating from the environment, as well as inner forces. Cognitive functions include the mental activities involving facilities such as thought, planning, memory, judgment, and organization as well as the various intellectual qualities such as abstraction, concept formation, learning, and appropriate appreciation of detail.

An individual’s cognitive functioning can be assessed by evaluating the various cognitive and intellectual capacities as revealed by interview and test functioning. In addition, the state of a person’s overall cognitive organization may be inferred by the person’s ability to unify personal perceptions, thoughts, and feelings. It is also important to assess the way in which a person pursues tasks and goals and the style of the individual’s approach to the task. The psychologist is fundamentally concerned with gauging how external demands are met in connection with the person’s inner resources.

Assessing Reality Testing

In estimating reality testing, it is possible to conceive of a process that moves from a general overview or impression of the subject to increasingly more specific aspects of the person’s functioning. The first global impression is referred to as the estimate of overall cognitive organization. The second more specific focus involves understanding the constituent elements of cognitive organization and the
way in which they are unified. This attempt to unify the components of cognitive organization also involves consideration of the elements of perception, thinking, and feeling and their overall coordination. Third, in order to examine these elements and their integration in detail, it is necessary to understand the state of ego functions in the personality. Analysis of ego functions clarifies how a person has managed to align perception with thinking and feeling to develop a particular cognitive approach, which becomes visible in behavior and directly reflects the person’s cognitive organization.

Thus, cognitive organization as a reflection of reality testing is analyzed by evaluating all test results that bear on ego functions. In addition, the integrity and intactness of these ego functions and, therefore, the capacity for reality testing can also be assessed through test results and interview data that reflect the dyscontrol and intrusiveness of emotion-driven responses. This is so because of the power emotion and impulse can have to interfere with judgment and other cognitive factors that comprise ego functioning. Therefore, data from projective material and intelligence testing, as well as interview impressions, need to be analyzed to formulate the level and quality of the patient’s ego functioning.

Just as Bleuler’s four dimensions were helpful in organizing the tester’s clinical impressions, a system for assessing ego functions can also be applied in the analysis of reality testing and cognitive functioning. One such system is Heinz Hartmann’s five ego function elements that can be used to ascertain the strength and resilience of the patient’s ego. These are the primary autonomous ego function, the secondary autonomous ego function, the integrative ego function, the synthetic ego function, and the adaptive ego function.* Analyzing ego strength and the relationship to reality, through the perspectives afforded by the various ego functions that Hartmann described, enables the reporting of a diagnostically meaningful assessment regarding the patient’s level of reality involvement.

**Primary Autonomous Ego Function**

The primary autonomous ego function, when intact, encompasses basic contact with reality and realistic integration of perceptions, thoughts, and feelings. Impairment of this function involves the level at which distinct and gross perceptual distortions appear. On the psychological test material an aggregate of properties, such as poor form level on the Rorschach, lack of coherent stories on the Thematic Apperception Test, severe body breaks or bizarre transparencies on the projective drawings, and other similar broad distortions of reality, are reflected in the test responses. This function is the most basic of all ego functions, and if it is found to be impaired, the existence of a psychotic process is definitely indicated.

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