

## **PSYCHOSIS IN HENRIK IBSEN'S HEDDA GABLER: A PSYCHOANALYTIC CRITICISM**

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### **ABSTRACT**

Borderline personality disorder is a personality disorder marked by an ongoing pattern of varying moods, self-image, and behaviour. These symptoms often result in impulsive actions and problems in relationships. In fact, according to *Psychology Today*, from an outside perspective, a person with discouraged borderline might look a bit like someone with dependent personality disorder. This person displays signs of co-dependence in most relationships in life. People with borderline personality disorder may experience intense episodes of anger, depression, and anxiety that can last from a few hours to days. The study is focused in analysing Hedda's psychosis in how she behaves, thinks, and feels. Hedda, who is one of the major characters in the play, suffers from this personality disorder. The purpose of the study is to understand that Hedda suffers from Psychosis borderline personality disorder. The writers choose to use it because it is very closest to apply in Hedda's personality. In relation with the title and the background of the study, this article is formulated to answer the question on : What are the characteristics of Psychosis that occur in Henrik Ibsen's *Hedda Gabler*? and How does the effect of psychosis in Henrik Ibsen's *Hedda Gabler*? The finding serves that the existence of psychosis phenomenon is proved after the analysis is conducted. The phenomenon strengthen writer's claim that the work of Henrik Ibsen's was inspired by the condition of society in the period of the play creation, especially that of experienced by middle class society.

### **INTRODUCTION**

Psychological approach is an attempt to study someone's personality, not only on how they build their personality but also how the personality develops (Hurlock, 1980: 2). Psychology is often described as the study of mental processes, or the mind, and behavior. Indeed many general texts in psychology are often deliberately sub-titled in such a manner as to high light the full scope of the discipline. Mental processes, however, are less readily observable than openly available behavior (Bell, 2002). Therefore, Adib Sofia (2003:128) states about psychology on literature that the theories of psychological condition from any psychologist or anyone who expert and competent in this, may be used to analyze the psychological condition of the subject in the research. Psychological approach helps to look into the characters of someone. By psychological approach we can

understand the psychological condition in the character.

A personality disorder is a type of mental disorder in which you have a rigid and unhealthy pattern of thinking, functioning and behaving. A person with a personality disorder has trouble perceiving and relating to situations and people. This causes significant problems and limitations in relationships, social activities, work and school. Common to all personality disorders is a long-term pattern of behavior and inner experience that differs significantly from what is expected. The pattern of experience and behavior begins by late adolescence or early adulthood, and causes distress or problems in functioning. There are 10 specific types of personality disorders (such as borderline personality disorder).

According to World Health Organization, (1992), There are 10 specific personality

disorders that are grouped into three categories called “clusters”.

1. Cluster A: odd or eccentric behavior

**Paranoid personality disorder:** a pattern of distrust and suspiciousness where others’ motives are seen as mean or spiteful.

**Schizoid personality disorder:** a pattern of detachment from social relationships and a limited range of emotional expression.

**Schizotypal personality disorder:** a pattern of acute discomfort in close relationships, distortions in thinking or perception, and eccentric behavior.

2. Cluster B: dramatic, emotional or erratic behavior

**Antisocial personality disorder:** a pattern of disregarding or violating the rights of others.

**Borderline personality disorder:** a pattern of instability in personal relationships, emotional response, self-image and Psychosis.

**Histrionic personality disorder:** a pattern of excessive emotion and attention seeking.

**Narcissistic personality disorder:** a pattern of need for admiration and lack of empathy for others.

3. Cluster C: anxious or fearful behavior

**Avoidant personality disorder:** a pattern of social inhibition, feelings of inadequacy and extreme sensitivity to criticism.

**Dependent personality disorder:** a pattern of needing to be taken care of and submissive and clingy behavior.

**Obsessive-compulsive personality disorder:** a pattern of preoccupation with orderliness, perfectionism and control.

## THEORETICAL FRAMEWORK

### Borderline Personality Disorder (BPD)

Borderline personality disorder is a severe mental health condition characterized by emotional instability, impulsive and self-

damaging behaviors, and stormy interpersonal relationships (Beatson & Rao, 2015). This disorder heavily taxes the mental health care system and results in high personal, economic, and societal costs (Corrigan, Druss, & Perlick, 2014). Despite the pressing need to provide treatment for individuals with this disorder, clinicians may hesitate to do so due to discomfort working with the high-risk behaviors and intense interpersonal and emotional dysregulation typical of those with the disorder. These emotions are experienced as extremely intense, with individual reporting heightened sensitivity and hyper vigilance to both their internal and external realities, often displayed by behavioral Psychosis (Garrett, Stone, & Turkington, 2006)

The following are signs that professionals look for when attempting to diagnose Borderline personality disorder or the discouraged borderline subtype. These are considered to be impairments in personality functioning.

- *Impairments in self-functioning.* These types of impairments might include an unstable or poor self-image, excessive self-criticism, chronic feelings of emptiness, and stress-induced dissociative states.
- *Impairments in interpersonal functioning.* These types of impairments might include decreased levels of empathy, which can manifest as a lowered ability to understand the position of others, a heightened and dramatic sensitivity to perceived criticism, or rejection and black-and-white thinking even regarding people – most people are seen as good or bad.

There are other signs that distinguish a person with borderline disorder from others. Some of these signs and symptoms might include:

- Unstable emotional experiences
- Moodiness
- Easily aroused emotions

- Increased nervousness, tension, worry, panic, or general anxiety
- Fearfulness and uncertainty
- Discomfort with uncertainty
- A fear of losing control
- A fear of rejection
- Separation anxiety
- Depressed or hopeless feelings
- Shame
- Suicidal thoughts or behaviors
- Psychosis
- Difficulty creating or sticking to plans
- Distress-induced urgency
- Dangerous risk-taking behavior without regard for consequences
- Hostility, especially in relation to perceived criticism or rejection

### **Psychosis**

Psychosis can occur at any time in life, but the onset or beginning of psychosis, often referred to as first episode psychosis usually occurs on average in late adolescence or early adulthood (Schrimpf, Aggarwal, & Lauriello, 2018). For men, the age of onset may be a little earlier than women, on average, men experience symptoms of psychosis for the first time up to three to five years before women (Woodward et al., 2014). The presence of a psychosis disorder will disrupt the development of adolescents and early adults at an important stage of development (Fusar-Poli, 2012) In this range of age, someone will start his career and try to achieve achievement, thus, psychosis disorders will certainly hinder career achievements and accomplishments and will have an impact on decreasing quality of life. In addition, psychosis disorders also limit one's ability to carry out their functions in daily life and only individuals who are able to face, adapt and grow in overcoming these difficulties can rise and recover from the disorder; this ability to rise is known as resilience (Reavley & Jorm, 2011) Furthermore, there are psychosocial problems that arise due to the onset of psychosis. These

psychosocial problems will become a burden, cause confusion, fear and suffering due to experience of stigma, shame, isolation, loss of mastery and control, impairment of self-esteem, education or work to be disturbed, and often lead to a decrease in a person's ability to be fully involved in treatment decisions (Yung et al., 2005). In addition to having an impact on patients, psychosis (such as schizophrenia) also causes deep pain for the family and becomes a very heavy stressor that must be borne by the family.

Some experts and researchers mention that two important issues related to the first episode of psychosis are the timing of intervention and the quality of intervention. The time of intervention is also called the duration of untreated psychosis or the delay in getting effective treatment for psychosis, while the quality of the intervention relates to the provision of comprehensive health services comprehensively in the treatment phase. In general, first episode of psychosis is defined as the span of time between the onset of psychotic symptoms (such as hearing voices, suspicion or paranoid) until the start of antipsychotic treatment in the first episode of psychosis. Some research results show that first episode of psychosis is the main target of the initial intervention for psychotic disorders. The faster the intervention can prevent psychosis and can shorten first episode of psychosis. The shortness of first episode of psychosis will improve outcomes in psychotic disorders, while the duration of it is related to the length of remission of symptoms after treatment has begun, the cure rate will be lower, most likely to relapse and the outcome of the overall treatment process will be worse. Research conducted by Cadario et al., (2012) also showed that the duration of the condition was associated with negative symptoms. This is associated with poor quality of life, social function and performance of patients with psychosis. Thus, if it is getting longer or too late to get medical

assistance, it will prolong the suffering of people with psychosis.

Psychosis is a behavior of which people will often do something without thinking the consequences. It is personality disorder that causes sufferers experiencing instability of mood which affects the individuals think, behave, and feel to others. Psychosis also has some types, there are unstable mood, risk taking behavior and manipulative of others. The effect from that disorder is when a person may manifest one of three quite different characteristics: 1. Acting momentarily, and in a way that is inconsistent with the prevailing behavior. 2. Generally acting, or being prone to act, with little apparent intellectual consideration of the appropriateness or consequences of so acting. 3. Generally acting, or being prone to act, as if driven or compelled to act in a particular kind of way (Schothorst, Emck, & van Engeland, 2006)

One of subcategories of borderline personality disorder is considered as psychosis. It is characterized by a pervasive pattern of instability in the regulation of emotion, interpersonal relationships, self-image, and impulse control. The term "Borderline Personality Disorder" was initially suggested in the 1930s by clinicians to identify a group of clients who did not fit into the usual categorizations of "neurotic", including what we now refer to as anxiety and depressive disorders, or "psychotic", including what we now refer to as bipolar disorder and schizophrenia (Courtney-Seidler, Klein, & Miller, 2013).

"Psychosis" is a complex concept. It involves an impulse, the behavioral expression that impulse, and the situation in which both occur (McCarthy, 2014). Holtzman et al.,( 2013) has differentiated between two types of Psychosis, emphasizing the social evaluation or appraisal of the act: "functional Psychosis," the tendency to act without forethought

where this tendency is optimal or beneficial; and "dysfunctional Psychosis", the tendency to act with absence of forethought when this tendency could be a source of problems. Whether an act is "optimal or beneficial" or "a source of problems" is a function of the situation, both social and physical, within which it occurs (Fusar-Poli, 2012)

Therefore, "Psychosis" has not been comprehensively, clearly, or even consistently defined (Bevilacqua & Goldman, 2013). Most definitions, however, contrast impulsive behavior to planned behavior: "We may define the term impulse for our purposes as the generally unpremeditated welling-up of a drive toward some action that usually has the qualities of hastiness, lack of deliberation, and impetuosity" (Eder, 2011). A review of Webster's Third New International Dictionary (1976) indicates that in common usage, in order to be called "impulsive" a person may manifest one of three quite different characteristics:

1. Acting momentarily, and in a way that is inconsistent with the prevailing behavior (i.e., manifesting behavior that can be described as whimsical, capricious, and even unpredictable); in this instance, behavior seems to represent a brief pulse or surge of energy, rather than a steady, consistent drive.
2. Generally acting, or being prone to act, with little apparent intellectual consideration of the appropriateness or consequences of so acting (i.e., manifesting behavior that could be described as spontaneous, impetuous, or rash).
3. Generally acting, or being prone to act, as if driven or compelled to act in a particular kind of way (i.e., manifesting behavior that appears to be more reflexive than volitional, and manifesting what might be called an "irresistible impulse") (Logan, Schachar, & Tannock, 1997)

There are three types and effects of Psychosis borderline personality disorder, such as:

### 1. Unstable mood

Unstable mood is people who might be react unpredictably to events and situations. They often suffer from being happy to sad because of some reason. Someone in unstable mood may be upset or a little angry at something. Sometimes, people with unstable mood usually have sensitive feeling. According to Putman (2008), mood disorders, as a brain dysfunction, affect many areas of brain function other than mood. So it is with unstable mood disorders – begin by establishing that there is some type of mood problem, then move on quickly to more specific and less subjective symptoms.

### 2. Highly manipulative of others

According to Psychology Today, manipulation is a way to covertly influence someone with indirect, deceptive, or abusive tactics. Manipulation may seem benign or even friendly or flattering, as if the person has highest concern in mind, but in reality it is to achieve an ulterior motive. People, who suffer from this, as if, may control someone's life. They think that they have power in other's life.

### 3. Risk-taking behavior

According to Trimpop (1994), risk-taking behavior is defined as any consciously or non-consciously controlled behavior with a perceived uncertainty about its outcome, and about its possible benefits, or costs for the physical, economic or psycho-social well-being of oneself or others. People, with risk-taking behavior, usually do not think clearly about the impacts of what they have done.

## DISCUSSION

### A. Characteristic of Psychosis

In this chapter, the writer discusses the topic of the study. Thus, the writer analyzes

the characteristics and the effect of psychosis in Henrik Ibsen's Hedda Gabler. Based on the literary review in the previous chapter, the discussion of the research can be stated as the following:

There are three characteristics of psychosis that occurs in Hedda Gabler as a main character in the drama, as a tricky, powerful and pretender.

### 1. Tricky

Hedda is a tricky woman, she is conflict maker and see people struggle in the awkward situations that she has created. For example in ACT II

She wants to sit between Mrs. Elvsted and Lovborg then she has a chance between them. It symbolizes Hedda's need to be involved with everything that happens. If she was sitting in the middle she wouldn't be able to create so much tension in the situation as she does sitting in the middle. It can be seen from the following dialogue:

MRS. ELVSTED : [Takes a chair and is about to seat herself at his side.] Oh, how nice it is here!

HEDDA.: No, thank you, my little Thea! Not there! You'll be good enough to

come over here to me. I will sit between you.

MRS. ELVSTED: Yes, just as you please. [She goes round the table and seats herself on the sofa on HEDDA'S right.

LOVBORG re-seats himself on his chair.

LOVBORG. [After a short pause, to HEDDA.] Is not she lovely to look at?

(Ibsen, 1890:76)

Hedda persuades Lovborg to kill herself indirectly. She gives him a pistol to use it beautifully in Lovborg's desperation of losing his manuscript.

Then Hedda will be safe from his coming back in her life. The proof is in the following quotation

HEDDA.

No, wait! I must give you a memento to take with you. [She goes

to the writing-table and opens the drawer and the pistol-case; then returns to LOVBORG with one of the pistols.

LOVBORG.

[Looks at her.] This? Is this the memento?

HEDDA.

[Nodding slowly.] Do you recognise it? It was aimed at you once.

LOVBORG.

You should have used it then.

HEDDA.

Take it--and do you use it now.

LOVBORG.

[Puts the pistol in his breast pocket.] Thanks!

HEDDA.

And beautifully, Eilert Lovborg. Promise me that!

(Ibsen, 1890:113)

## 2. Powerful

Hedda is a woman who is strong, brazen, and powerful, yet is determined to live her life through the context of the society around her. In Act Two, Hedda's lust for power. Not power in a political sense, but a much more personal power. This is why she is so amused by pistols; they give her the power to destroy life. With a gun pointed at a person, someone hold that person's life directly under our control. This is exactly her goal in the opening scene of Act Two between her and Judge Brack. She desires to feel that she has complete control over someone or something. This explanation can be seen in the quotation below:

HEDDA, dressed to receive callers, is alone in the room. She stands

by the open glass door, loading a revolver. The fellow to it lies in an open pistol-case on the writingtable.

HEDDA.

[Looks down the garden, and calls:] So you are here again, Judge!

BRACK.

[Is heard calling from a distance.] As you see, Mrs. Tesman!

HEDDA.

[Raises the pistol and points.] Now I'll shoot you, Judge Brack!

BRACK.

[Calling unseen.] No, no, no! Don't stand aiming at me!

HEDDA.

This is what comes of sneaking in by the back way.(7) [She fires.

BRACK.

[Nearer.] Are you out of your senses---! (Ibsen, 1890:44)

HEDDA.

Yes, I have. I want for once in my life to have power to mould a human destiny.

MRS. ELVSTED.

Have you not the power?

HEDDA.

I have not--and have never had it.

MRS. ELVSTED.

Not your husband's?

HEDDA.

Do you think that is worth the trouble? Oh, if you could only

understand how poor I am. And fate has made you so rich! [Clasps her passionately in her arms.] I think I must burn your hair off after all.

MRS. ELVSTED.

Let me go! Let me go! I am afraid of you, Hedda!

(Ibsen, 1890:85)

## 3. Pretender

Lovborg comes in George Tesman's house and tells that the manuscript can never appear anymore. He had torn into a thousand pieces. At the same time Hedda shows her curiously and looks at him anxiously but the fact is

Hedda had burn the manuscript without their known. It can be seen from the following dialogue:

HEDDA:

[Looks anxiously at him.] Yes, the manuscript---?

MRS. ELVSTED.

Where is it?

LOVBORG.

The manuscript---. Well then--I have torn the manuscript into a thousand pieces.

MRS. ELVSTED.

[Shrieks ]Oh no, no---!

HEDDA.

[Involuntarily.] But that's not---

LOVBORG.

[Looks at her.] Not true, you think?

HEDDA

[Collecting herself.] Oh well, of course--since you say so. But it sounded so improbable ---

LOVBORG.

It is true, all the same.

(Ibsen, 1890:109)

## **B. Effect of Psychosis**

There are three effect of Psychosis that is occurs in Hedda Gabler as a main character in the drama. The effects are unstable mood, highly manipulative of others and risk-taking behavior.

### **1. Unstable mood**

Hedda is a woman with unstable mood. She can be happy and can be sad all of a sudden. Her emotion is unpredictable. Sometimes, she becomes a kind woman but at the same time she can be so angry.

HEDDA. Yes, rely upon e. Just you go in and have a sleep in the meantime. (Ibsen, 2010:90)

In the quotation above Hedda shows her kindness to Mrs. Elvsted. She orders Mrs. Elvsted to sleep in her room while they are waiting for Lovborg. Sometimes, he is very cared to her. She can be good to others but rather be angry with small things she does not like. The proof is in the following quotation:

HEDDA.

Do you think that is worth the trouble? Oh, if you could only understand how poor I am. And fate has made you so rich!

[Clasps her passionately in her arms.] I think I must burn your hair off after all. (Ibsen, 2010:85)

Hedda is very angry at the time when she answers Mrs.Elvsted's question. Actually, Mrs.Elvsted only asks her about why she does not have the power but the answer that Hedda says makes her scared. She says that she will burn her hair for she gets jealous she has succeeded in the work with Lovborg. Hedda brings her mind too serious to the conversation. In spite of it, she still cannot maintain her anger.

### **2. Highly manipulative of others**

Hedda is a famous as a cold-hearted and manipulative woman. She despises being Tesman's wife and manipulates people for no apparent reason except for her own personal gain. She manipulates people not out of total hatred, but for the satisfaction of knowing that she has some control over someone else's life. This explanation can be seen in the quotation below:

HEDDA.

Whether I might not get Tesman to go into politics. I mean. (Ibsen, 2004:62)

Hedda is planning to put her husband into politics. While she is talking about it with Judge Brack, she says that what she tries is because she seems like bored with Tesman. She thinks that she can do as what she wants even if it is to meddle in her husband's choice of life. Hedda never thinks about Tesman and she only thinks about herself.

### **3. Risk-taking behavior**

Before going to suicide, Hedda does mistakes without noticing the consequences. She plays a pistol which sets on pointing at Judge Brack, burns all over pieces of Lovborg's work, and persuades Lovborg to

die in beautiful condition with the gun she gives to him.

HEDDA.

[Raises the pistol and points.] Now, I'll shoot you. Judge Brack! (Ibsen, 2010:51)

It can be seen above that Hedda likes something dangerous such as, playing with a gun that is supposed to be forbidden. She directs it deliberately toward Judge Brack who is behind Hedda's room. She almost wounds him but, it misses out. It does not stop only there, she makes Lovborg and Mrs. Elvsted's separate. Hedda burns their last work into pieces. It is proved in below quotation:

HEDDA.

[Throws one of the quires into the fire and whispers herself.] Now I'm burning your child, Thea!—Burning it, curly locks!

[Throwing one or two more quires into the stove.] Your child and Eilert Lovborg's.

[Throws the rest in.] I am burning—I am burning your child. (Ibsen, 2010:110)

In quotation above it shows that how Hedda dislikes their success in producing the work. So, she burns all pieces of it little by little. She is so audacious doing such thing without thinking what the effects for Lovborg and Mrs. Elvsted. She makes Lovborg feels guilty because he thinks the script loses due to him. Hedda persuades him to die with giving her pistol. The proof is in below:

HEDDA.

No. wait! I must give you a memento to take with you.

[She goes to writing-table and opens the drawer and the pistol- case; then turns to Lovborg with one of the pistols.]

(Ibsen, 2010:109)

It can be seen in the quotation above Hedda gives him a memento which is as a gift. Indirectly, she intends to make him die with the pistol which she gives. It is because she wants he dies in beautiful condition. Hedda

thinks what she does is good for him. But, it causes to his life is worse, which leads him die in miserable death.

## CONCLUSION

*Hedda Gabler* is an interesting drama. This drama tells about Hedda, the woman as a wife. She is the daughter of General Gabler, married George Tesman out of Psychosis. Hedda as the main character in *Hedda Gabler* is described as a woman with the characteristics and the effect of her Psychosis such as unstable mood, highly manipulative of others and risk-taking behavior. Hedda gets an impulse because of the condition among her.

## BIBLIOGRAPHY

- Beatson, J., & Rao, S. (2015). Psychotherapy for borderline personality disorder. *Australasian Psychiatry*.  
<https://doi.org/10.1177/1039856214555531>
- Bevilacqua, L., & Goldman, D. (2013). Genetics of impulsive behaviour. *Philosophical Transactions of the Royal Society B: Biological Sciences*.  
<https://doi.org/10.1098/rstb.2012.0380>
- Cadario, E., Stanton, J., Nicholls, P., Crengle, S., Woulde, T., Gillard, M., & Merry, S. N. (2012). A qualitative investigation of first-episode psychosis in adolescents. *Clinical Child Psychology and Psychiatry*.  
<https://doi.org/10.1177/1359104510391860>
- Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest, Supplement*.  
<https://doi.org/10.1177/1529100614531398>
- Courtney-Seidler, E. A., Klein, D., & Miller, A. L. (2013). Borderline Personality Disorder in Adolescents. *Clinical Psychology: Science and Practice*.  
<https://doi.org/10.1111/cpsp.12051>
- Eder, A. B. (2011). Control of impulsive emotional behaviour through implementation intentions. *Cognition and Emotion*.  
<https://doi.org/10.1080/02699931.2010.527493>
- Fusar-Poli, P. (2012). Predicting Psychosis. *Archives of General Psychiatry*.  
<https://doi.org/10.1001/archgenpsychiatry.2011.1472>
- Garrett, M., Stone, D., & Turkington, D. (2006). Normalizing psychotic symptoms. *Psychology and Psychotherapy: Theory, Research and Practice*.  
<https://doi.org/10.1348/147608306X96947>
- Holtzman, C. W., Trotman, H. D., Goulding, S. M., Ryan, A. T., MacDonald, A. N., Shapiro, D. I., ... Walker, E. F. (2013). Stress and neurodevelopmental processes in the emergence of psychosis. *Neuroscience*.  
<https://doi.org/10.1016/j.neuroscience.2012.12.017>
- Logan, G. D., Schachar, R. J., & Tannock, R. (1997). Impulsivity and inhibitory control. *Psychological Science*.  
<https://doi.org/10.1111/j.1467-9280.1997.tb00545.x>
- McCarthy, J. B. (2014). Contemporary views of psychotic disorders. In *Psychosis in Childhood and Adolescence*.  
<https://doi.org/10.4324/9780203569207>
- Reavley, N. J., & Jorm, A. F. (2011). Recognition of mental disorders and beliefs about treatment and outcome: Findings from an Australian National Survey of Mental Health Literacy and Stigma. *Australian and New Zealand Journal of Psychiatry*.  
<https://doi.org/10.3109/00048674.2011.621060>
- Schothorst, P. F., Emck, C., & van Engeland, H. (2006). Characteristics of early psychosis. *Comprehensive Psychiatry*.  
<https://doi.org/10.1016/j.comppsy.2006.03.003>
- Schrimpf, L. A., Aggarwal, A., & Lauriello, J. (2018). Psychosis. *CONTINUUM: Lifelong Learning in Neurology*.  
<https://doi.org/10.1212/CON.0000000000000602>
- Woodward, T. S., Jung, K., Hwang, H., Yin, J., Taylor, L., Menon, M., ... Erickson, D. (2014). Symptom dimensions of the psychotic symptom rating scales in psychosis: A multisite study. *Schizophrenia Bulletin*.

<https://doi.org/10.1093/schbul/sbu014>  
World Health Organization. (1992). The ICD-10 Classification of Mental and Behavioural Disorders. Clinical description and diagnostic guidelines. *International Classification*.  
[https://doi.org/10.1002/1520-6505\(2000\)9:5<201::AID-EVAN2>3.3.CO;2-P](https://doi.org/10.1002/1520-6505(2000)9:5<201::AID-EVAN2>3.3.CO;2-P)

Yung, A. R., Yuen, H. P., McGorry, P. D., Phillips, L. J., Kelly, D., Dell'Olio, M., ... Buckby, J. (2005). Mapping the onset of psychosis: The Comprehensive Assessment of At-Risk Mental States. *Australian and New Zealand Journal of Psychiatry*.  
<https://doi.org/10.1111/j.1440-1614.2005.01714.x>