

PERSONALITY ASSESSMENT IN DEPTH

A CASEBOOK

MARSHALL L. SILVERSTEIN

Personality Assessment in Depth

Comprised of five unique and extended case studies, *Personality Assessment in Depth* examines contemporary clinical problems that are familiar to clinicians, but have not been explored extensively in the personality assessment field. Each case study demonstrates the test protocols of the Rorschach test, Thematic Apperception Test, MMPI or MCMI, and Human Figure Drawings. Important clinical questions and areas of theoretical concern are examined, including differential diagnosis of disorders of affect and personality in light of contemporary viewpoints about these disturbances, personality and adaptation accompanying neuropsychological deficit, and stages of development, including differentiating these from personality characteristics viewed longitudinally, the latter demonstrated by a noteworthy comparison of two evaluations of the same patient, first as a 15-year-old adolescent and then as a 25-year-old adult.

A battery of performance and self report personality instruments are applied to the cases, allowing the author to integrate findings across multiple tests and thereby expose clinical psychology students to personality assessment in a broad perspective. Cases are discussed comprehensively, relying on a thorough consideration of thematic content examined alongside formal test scores. Further, the Rorschach findings are examined using both the Exner Comprehensive System and the recently-introduced Rorschach Performance Assessment System approaches. The cases are considered using a broad psychodynamic framework for interpretation, employing classical ego psychology, object relations, and self psychological theoretical perspectives. This is an essential casebook for professionals and students, demonstrating the depth and richness of personality considered alongside the empirical foundations of personality assessment.

Marshall L. Silverstein, PhD, is Professor of Psychology at Long Island University. Dr. Silverstein is the author of two other books: *Self Psychology and Diagnostic Assessment* and *Disorders of the Self*.

Personality and Clinical Psychology

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This series of books is intended to provide information about personality processes and their implications for the science and practice of clinical psychology. To this end, the books in the series integrate conceptual formulations, research findings, and practical recommendations concerning a broad range of topics, including theoretical perspectives on the nature of personality; biological and psychosocial influences on personality development; continuity and change in dimensions of personality across the lifespan; personality characteristics likely to foster adjustment difficulties; classification of abnormal personality patterns associated with psychopathological conditions; assessment procedures for evaluating individual differences in personality and identifying types of psychopathology; and methods of ameliorating adjustment problems, treating psychological disturbances, and promoting positive mental health.

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Preface

One of my favorite descriptions of personality assessment is Schafer's comment about the main purpose of conducting psychological testing:

there is no other world quite like that created by the process of responding to psychological tests. It is not the world of dreams or daydreams; nor is it the world of everyday problem solving and human relations. Yet it shares many of the properties of these other worlds and so is a basis for making extrapolations or predictions from this world to the others. It is in the leap from the one to the others that the psychodiagnostician encounters much of his work's difficulty and perplexity, and much of its satisfaction and value.

(1967, p. 6)

But there and elsewhere, Schafer also wrote, more than half a century ago (1948, 1954), that the field has yielded to demands for greater justification of its efforts, sometimes giving short shrift to important deep experience by shifting emphasis away from inner, private life. He wrote that "the inner world can be an extraordinarily uncomfortable place to spend much of one's time and it is accessible most of all to those who can afford to pause from action for long periods, meditate, and ask probing questions" (1967, p. 6).

It is in this sense of attempting to capture how the depths of inner psychological life can become such an "extraordinarily uncomfortable place to spend much of one's time" that I hope this book will provide a venue in our hurried and sometimes frenetic times to "pause from action for long periods" and reflect about people's psychological depth, formulate and test hypotheses about its potential impact on the structural aspects of everyday psychological life, and in the process consider, revise, and reconsider the ways people's adaptive struggles lead them to manage through life as best they can. This book, therefore, mainly examines the depths of psychological life and the "extraordinarily uncomfortable place" where so many people spend much of their time. As such, the entire book consists of only five cases; however, most required more than 60 pages to do justice to the clinical material, a response-by-response analysis of the complete verbatim protocols from the Rorschach (Rorschach, 1981; originally

1921), Thematic Apperception Test (TAT; Murray, 1943), and Human Figure Drawings (Handler, 1996; Kissen, 1986) findings, supplemented by either the Minnesota Multiphasic Personality Inventory (MMPI-2; Butcher, Graham, et al., 2001) or its version for adolescents (MMPI-A; Butcher, Williams, et al., 1992), or the Millon Clinical Multiaxial Inventory (MCMI-III; Millon, 1997).

In so doing, I also am mindful that a reliance on thematic content analysis in the way this was practiced at one time cannot adequately serve a purpose of explicating depths of psychological life without considering how people function in their everyday lives to manage stress, think logically and solve problems, regulate distressing affect states, and successfully interact with other people. Theorists and clinicians using personality assessment methods have always recognized that neither aspect of psychological life should be ignored—which may be another way of saying that personality assessment may need to consider formal structural aspects of behavior and affect as well as thematic content analysis to examine deeper layers of a person's existence and psychological experience. In the same way that Schafer pointed to the need to pause and reflect about the uncomfortable places where many people spend their psychological time, I want to emphasize that I am not attempting to frame the main issue around formal scores vs. content analysis, but rather that the use of thematic content is becoming something resembling a lost art. For this reason, as I sometimes like to say, the Rorschach, Thematic Apperception Test, and Human Figure Drawings are among my best friends.

It is not that the field has lost an appreciation of the rules of evidence and clinical relevance that Schafer (1954) so compellingly articulated to guide using thematic content, but rather that many contemporary clinicians have not been exposed to or learned what he and others exemplified. Stated more explicitly, this book attempts to provide that important context, by showing a way that it can be achieved and integrated with the advances of contemporary personality assessment.

I also use a modification of Klopfer and Kelley's (1942) testing-the-limits procedure following the formal Comprehensive System (CS; Exner, 2003) inquiry for the Rorschach method. Klopfer and Kelley's method was intended to supplement the inquiry under certain delimited circumstances, mainly to test specific hypotheses in a structured way or to clarify potential misconceptions about the response process or the role of the examiner. Klopfer, Ainsworth, Klopfer, and Holt pointed out that testing limits also may include broader procedures, commenting that "there are always some questions still in the mind of the clinician which he can answer in this way" and that their recommended procedure "is by no means designed to limit the clinician in any way" (1954, pp. 14–15). I thus use a testing-the-limits inquiry judiciously as a supplement only after the CS inquiry has been completed, mainly to examine verbalizations or unusual features a patient did not fully clarify or explain at certain points. In the verbatim text of Rorschach responses in the cases that follow, I have indicated a testing-the-limits inquiry whenever that occurred by a shortline following the formal inquiry. By way of annotating the verbatim responses in each of the

following chapters, patient verbalizations are denoted in italics and my queries are indicated in regular text, across all tests. Regarding the Rorschach, specific responses are indicated in sequential numbers (e.g. R1, R2, R3, etc.).

Thus, I examine recent methods of formally assessing personality using instruments such as the MMPI-2 and MCMI-III in the self report domain and the Rorschach Comprehensive System (CS; Exner, 2003) and Rorschach Performance Assessment System (R-PAS; Meyer et al., 2011) in the performance test domain—forming the essential outlines or skeleton for understanding personality. I follow these levels of analysis by emphasizing how a judicious use of content analysis derived from the Rorschach, TAT, and Figure Drawings enriches formal test findings in an attempt to get closer to understanding that “extraordinarily uncomfortable place to spend much of one’s time,” while still mindful of Schafer’s important caveats about evidence and clinical meaning.

In addition to the perspective of integrating findings from self report and performance tests on the one hand, and empirically derived and content-based clinical interpretation on the other hand, the five cases I chose to include all represent either new conceptual approaches to psychopathology or an interweaving of developmental aspects influencing personality and its impact on psychopathology. These cases illustrate contemporary clinical problems that are familiar to clinicians but have not been explored extensively in the personality assessment field. For example, while it is not uncommon for clinicians to assess affect states, attention, and thinking, it is less common to bring together an understanding of such discrete domains for differential diagnosis, such as differentiating between unipolar and bipolar depression or between dysthymia and hypomanic temperament. As psychiatric disorders have become better understood and reconceptualized in a descriptive sense, important advances in neurobiology and neuroimaging, family history and genetics, and prognosis and outcome have influenced the clinical research literature about many such disorders.

Thus, one case ([Chapter 2](#)) features an atypical depressive-hypomanic clinical picture not easily classified in the Diagnostic and Statistical Manual (DSM-IV; American Psychiatric Association, 2000) on either Axis I or Axis II; together with a comorbid attentional disturbance. Furthermore, prominent personality disorder characteristics were interwoven among the affective features, suggesting the possibility of a chronic pattern of dysregulated affective temperament as first described by Kraepelin (1921). Indeed, because diagnostic comorbidity and mixed states are more often the rule than the exception, personality assessment has not fully caught up with the ways such disturbances appear clinically and may be conceptualized using test findings. Thus, the case I chose to demonstrate here presented formidable questions concerning differential diagnosis, mainly in relation to a so-called “soft” bipolar spectrum. This type of disorder is an illustrative example of a good use of personality assessment.

Another area I consider is the context of development in relation to personality assessment. Accordingly, two cases highlight concerns of particular developmental epochs (adolescence and aging) in which a 15-year-old adolescent boy

(Chapter 3) and an 84-year-old man (Chapter 4) are examined. Interestingly, the clinical and personality issues involved in these two cases are in some important psychological respects quite similar. I consider in my discussion of these cases how development influences the expression of personality characteristics and how conflicts and deficit states are expressed in test material at various stages in life—and how the expression of personality is not necessarily all that different across the life cycle. I will emphasize more the impact of ingrained personality features than stage of development to keep the focus on ascertaining the depths of psychological life rather than a more obvious explanation of how conflicts or deficits are manifested at different points in the life cycle.

In addition, I consider the matter of personality and development examined longitudinally. As just mentioned, one chapter (Chapter 3) is devoted to the psychopathology of a depressive disorder first appearing in a 15-year-old adolescent boy, discussed in relation to prominent personality characteristics and concurrent developmental concerns of adolescence. In a later chapter (Chapter 6), I present the clinical and assessment findings from a reexamination of this patient, now as a 25-year-old young adult. Thus, in addition to an analysis of his psychological difficulties and personality structure and their changes over time, I examine the developmental influences impacting psychopathology as this patient moved into a different stage of life. Here, I also address using personality tests longitudinally for evaluating developmental changes and assessing stable personality characteristics and how these foreshadow personality in adulthood.

Finally (in Chapter 5), I consider a case examining personality patterns and adaptation in relation to brain dysfunction. This is an area of inquiry for which personality assessment and clinical neuropsychology have not found common ground, thus slowing progress in better understanding how personality may be reorganized as a consequence of cerebral damage. My emphasis concerns the interrelationship between neuropsychological deficits and personality, mainly to understand how compromised neurological status impacts affect states, defenses, and self-esteem as people manage to develop compensations in everyday life and these impact psychological life. Based on a comprehensive case study of a 55-year-old woman with severe learning and cognitive problems who developed considerable compensations and strategies for coping with them, I consider the adaptive resiliencies this patient brought to bear on the real limitations she faced. I emphasize how her chronic, pervasive attention deficit/learning disorder problem fostered a lifelong personality pattern of exacting self-discipline and overcompensation that against all odds enabled her to complete a master's degree and sustain a professional career.

I also note that I saw two of these four patients in weekly psychotherapy for about 9 to 12 months each. Thus, having the benefit of working with these patients added an important framework examiners usually do not have in most consultative diagnostic evaluations, unless they practice in a therapeutic or collaborative assessment model (Finn, 2007; Fischer, 1994a). In view of the in-depth psychological studies of these patients' inner lives as seen in the clinical

assessment material that follows, being able to consider the assessment findings in relation to the course of treatment naturally adds an important dimension to understanding their lives in greater depth. I had previously reported two cases of the complete psychodiagnostic assessment protocols but without the context of ongoing treatment (Silverstein, 1999) and select excerpts of diagnostic test material (Silverstein, 2007a)—both considered from a self psychological viewpoint—and a case of a diagnostic assessment performed on two occasions in the context of an ongoing period of a four-year psychotherapy (Silverstein, 2007b). Several of the cases I present in this volume represent complete diagnostic protocols accompanied by pertinent psychotherapy material, which, though influenced by psychoanalytic self psychology, are not exclusively interpreted from that theoretical standpoint.

I am very grateful to Dr. Irving B. Weiner who generously consulted with me on difficult Rorschach codings. It will quickly be apparent that no one would regard any of the five cases in this book as simple or straightforward. Having the benefit of the advice and corrections that only a master clinician such as Irv could provide was immensely valuable. Because the R-PAS appeared as I was nearing completion of this book, it quickly became clear that it would be important to learn this new method and to incorporate its interpretive contributions alongside those of the CS. I am indebted to Dr. Robert Erard for graciously reviewing my codes and interpretive conclusions so that the valuable corrective advice he provided would lead to accurate inferences, particularly for a system that is new and that takes time and experience to learn well.

I also gratefully acknowledge the painstaking efforts of Erica Langer and Jessica Renz, two outstanding doctoral candidates at Long Island University, who worked with me assiduously to make certain that Rorschach codes were carefully checked and rechecked. Erica in particular deserves much gratitude for learning the R-PAS before I could take the time to study it well and teaching me a great deal about its workings and nuances. Debra Japko assisted me in compiling and organizing references, and her meticulous attention to detail and careful organization was much appreciated. I also wish to thank Ann Bone, Marta Moldvai, and Richard Willis for their expert editorial assistance.

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1 Empirically Based and Content-Based Clinical Interpretation

The interpretation of psychological tests of personality has long been a thorny problem, it largely being a matter of whether to favor an idiographic (clinical-impressionistic) approach, a nomothetic (empirically guided) approach, or more typically one representing a combination of both. There are no easy answers to the question of which method is preferable, in part because it may depend on the purpose of an assessment evaluation, for example, to provide a rich, characterological in-depth understanding of an individual or to provide an answer to a relatively specific clinical question such as suicide potential or disordered thinking. Frequently, the decision depends on the clinical temperament of particular examiners. Probably many test instruments, regardless of their nature, will work well in the hands of particular clinicians because of their experience or way of apprehending the material various methods yield. One objective of this book is to revisit the still unsettled issue of achieving a scientifically and clinically sound balance using empirically based and content-based methods of clinical interpretation.

For some of us, it is not really an issue at all, there being a great many clinicians and investigators who subscribe nearly exclusively to one or another approach. Thus, some clinicians rely substantially on reliable and valid approaches to test interpretation, exemplifying what would be referred to as an evidence-based approach, to use today's parlance. Others may favor its polar opposite—an exclusive or predominant content analysis approach—although there probably are few adherents to such an approach in contemporary times. Most examiners rely on some combination of the two. It is not my intention to advocate for one or another method of interpreting personality tests. I simply demonstrate my own clinical temperament, using a combination of empirically derived and clinical-impressionistic approaches, regardless of the terms used to describe different approaches or the method at one time or another for obtaining clinical data (such as projective vs. performance-based or empirically derived vs. self report). It also will become clear that I personally delve quite far into thematic content and in many respects I probably rely more on this source of data than many others do, speculative though that may be. It is partially because I believe that analysis of content is fast becoming a lost art that I undertook writing this book, which is one of a small number of volumes of comprehensive,

response-by-response clinical case studies in the field. This book, however, makes use of empirical scores and codes and self report methods far more integratively than the case studies I reported in previous works (Silverstein, 1999; Silverstein, 2007a; Silverstein, 2007b).

Varying degrees of uncertainty surround the clinical work of personality assessment examiners who practice different ways of combining empirical and clinical data. Certainly, there is little consensus about balancing the two; when and how to draw a line between empirically grounded formulations and clinical hunches; how to construct theoretically informed clinical speculations from scores, ratios, and thematic content; and when and how to modify how examiners use clinical-theoretical approaches typically applied to other forms of practice—usually psychotherapy—with the data of personality evaluations. We take comfort in the research support afforded by the major self report instruments and reliable and valid Rorschach coding scores, which undoubtedly is an important reason underlying the confidence many have about using the Rorschach. It is of course an important reason why most clinicians rely on Exner's (2003) Comprehensive System (CS) or Meyer, Viglione, Mihura, Erard, and Erdberg's (2011) Rorschach Performance Assessment System (R-PAS) for grounding clinical interpretation. Nevertheless, even with this foundation examiners often augment interpretations by incorporating impressions derived from thematic content of Rorschach responses and tests such as Figure Drawings (Handler, 1996) or the Thematic Apperception Test (TAT; Murray, 1943) that do not usually yield formal scores. Clinicians undoubtedly are of different minds concerning the kinds of clinical situations impacting a decision to use or not to use thematic content material. Nor does the field have a consistent approach to this issue; indeed, this may be an issue that by its nature defies formulating consistent, reliable guidelines.

The matter of empirically based scores or codes and thematic content analysis in clinical interpretation is undoubtedly best considered using the Rorschach as an example. Unlike self report instruments—which are typically interpreted almost exclusively using a nomothetic approach—the Rorschach exemplifies an instrument that may be interpreted idiographically, nomothetically, or in both ways. There do not exist empirical scoring methods for Figure Drawings or the TAT that are in widespread use, despite there being a number of scoring procedures for some tests such as the TAT (Jenkins, 2008). Thus, instruments such as these resemble self report scales in that their interpretation is carried out mainly in one way—idiographically in the case of the TAT and Figure Drawings and nomothetically in the case of self report instruments like the Minnesota Multiphasic Personality Inventory (MMPI-2; Butcher, Graham, et al., 2001) and Millon Clinical Multiaxial Inventory (MCMI-III; Millon, 1997). Consequently, a tension between idiographic and nomothetic interpretation never existed for most of these instruments, certainly not to the extent that it has characterized nearly the entire history of the Rorschach since its introduction almost one hundred years ago. I thus focus on the Rorschach test to trace the history of its interpretive use and the conceptual viewpoints about clinical interpretation that derived from the tension in the field over many years.

Although we usually think of Rorschach's so-called "thought experiment" and the inkblots he created as the beginning of the inkblot method, Zubin, Eron, and Schumer (1965), in their classic review of the Rorschach and related projective instruments prior to 1965, delineated precursors antedating Rorschach's work with the method. For example, based on amorphous inkblot and cloud imagery as a stimulus for artistic creation, Leonardo da Vinci and Botticelli as early as the fifteenth century drew artistic inspiration from imagery formed when a sponge containing various colors of paint was thrown against a wall. Zubin et al. also noted that Shakespeare wrote a dialogue in *Hamlet* concerning the meanings of shapes that could be discerned in cloud formations.

In relatively recent times, but still preceding Rorschach's introduction of his inkblot method in 1921 (Rorschach, 1981), Binet applied a psychometric approach to the use of inkblot tests of imagination (Binet and Simon, 1908)—quite possibly an early forerunner of current concepts of emotional intelligence and creativity—with a view toward considering such tests among those Binet developed as measures of intelligence. Other contemporaries of Binet and Rorschach during the years between 1900 and 1917 also studied inkblot perception in relation to thinking and imagination. But it fell to Hermann Rorschach to devise the inkblots and the basic method for using the instrument from the standpoint of its intriguing opportunity for examining perception. He conceived of the method as an experimental approach and he was particularly interested in questions concerning individual differences for inferring personality structure.

Rorschach identified key characteristics to measure how individuals perceived structure from the amorphous inkblots, and he regarded characteristics such as location and determinants to be the primary measures of perceptual-cognitive processes (Rorschach, 1981). He derived measures such as the *Experience Balance (EB)*, comprised of the relative proportion of human movement and color determinants, as a dimension of personality along which people differed in nature and degree. Rorschach also classified the contents of responses; however his interest in content was confined only to categories of experience (for example, human, animal, anatomy, etc.). He apparently did not regard verbalizations per se as a subject of interest for interpreting inkblot responses, at least not during the brief time he worked with the method before his premature death. He recognized that content of associations was one property of verbalized responses, but he treated it as something to be considered last. However, in a posthumous publication with his colleague Emil Oberholzer, Rorschach had begun to consider certain aspects of response content in relation to personality. For example, commenting on the protocol of a politician, Rorschach observed that the only response with kinesthetic movement involved gigantic gods clinging to something and that this patient reported several responses with percepts such as the inside or core of the earth, or the center of a volcano, about which Rorschach wrote the following:

on the one hand we have gigantic gods and on the other the inside of the earth and the germ from which all grows. These interpretations arouse the

“suspicion” that there are present ideas of re-making the world and show how he became a politician, particularly how he became a constructive organizer. Such experiences have taught me that the content of interpretations can have a meaning of its own . . .

(1981, p. 207)

Influenced by the growth of psychoanalysis, as the above example begins to show, Rorschach compared his technique to the analysis of dreams, likening percepts to the manifest content of dreams. Weiner (2003) also pointed out that Rorschach seemed to vacillate between disparaging the method as a means of discerning unconscious material and recognizing its potential value for exactly this purpose.

Following Rorschach's lead, developments following his death remained predominantly focused on codifying details of the perceptual and cognitive properties of the technique, both in Europe and North America. Exner (1969) described how Beck, Klopfer, Piotrowski, and Hertz all developed scoring systems that frequently overlapped, although these systematizers also introduced unique scores or variables that interested them. Content analysis did not figure prominently in any of these approaches, with the possible exception of that of Klopfer and Kelley (1942), nor was thematic content a major focus of Exner's CS. It was largely through the work of David Rapaport at the Menninger Clinic that substantive work on thematic content originated.

Rapaport was a noted theoretician writing about topics in psychoanalysis at a time when drive theory was evolving into the structural theory as an integrated psychology of the ego and its functions and development. Psychoanalytic ego psychology, beginning with Freud's shift in emphasis during the mid 1920s, over the next decade had become the established theoretical focus of mainstream psychoanalysis. Rapaport wrote extensively about thinking, affect, motivation, and memory predominantly in the ego psychological tradition. Rapaport was instrumental in explicating how drives and defenses impacted cognitive and perceptual functioning. He and his colleagues Roy Schafer and Merton Gill extended the influence of ego psychology to psychodiagnostic test instruments, which included intelligence tests, story recall, word association, and sorting tasks as well as the Rorschach and other projective techniques. Consequently, one important focus of Rapaport's work integrated personality with general psychology.

Their work (Rapaport et al., 1968) described four major dimensions of the Rorschach: the quantitative and qualitative wealth of the record, form level, and verbalizations. They considered content and its analysis as the *qualitative wealth* of the Rorschach, taking account of response content in relation to formal or structural aspects of the response process—such as form, shading, and color. Rapaport et al. also emphasized that the processes of perceptual organization and association were interwoven in Rorschach responses.

In Rapaport et al.'s (1968) description of the Rorschach dimension related to verbalizations, they described *disharmonies* between perceptual and associative processes. Here, Rapaport and colleagues incorporated three distinct but over-

lapping areas: (1) the analysis of traditionally defined content categories—such as human, animal, anatomy, etc.—and their implications concerning patients' preoccupations or concerns, (2) patients' verbal communication of responses in relation to determinants and location, which represented the scorable products of patients' thought processes, and (3) symbolic references, which is the aspect of content analysis, primarily thinking distortions, that Rapaport et al. regarded as lacking a psychological rationale for explaining the relationship between phenomena such as loss of distance or autistic thinking and the ego functions subserving reality testing and adaptation.

Holt, in his edition of Rapaport et al. (1968), commented that the analysis of verbalizations represented a hallmark of Rapaport's contribution to interpreting Rorschach responses, despite Rapaport's own acknowledgment that a method for analyzing verbalizations was not fully developed. Interestingly, however, Rapaport's ideas about the TAT actually seemed to better reflect his thinking about content than did his writings about the Rorschach. He was interested in the flow of material in TAT stories mainly to examine control of drives by the ego, and he regarded rigid or inhibited as well as labile or impulsive stories as markers of poorly controlled drives. Rapaport et al. viewed interpreting TAT stories as a person's way of experiencing one's personal world. By designating the TAT for this purpose, they attempted to take advantage of this instrument's capacity to elicit "free-swinging fantasy" to discern conscious and unconscious thought content (Rapaport et al., 1968, p. 468).

Schafer (1954, 1967), who extended Rapaport's work on content analysis, attempted to understand content material by applying a disciplined and controlled application of psychoanalytic ideas, carefully eschewing what he called *idiosyncratic improvisation* as a form of unsubstantiated interpretation. Schafer also advocated a rigorous *clinical sensibility* concerning rules of evidence and clinical relevance that should be crucial to clinicians' attitude toward interpretation; however he also recognized without apology that the way it operated and the data it considered were not subject to formal empirical testing. He stressed the importance of finding an optimal balance when analyzing the unique material constituting personality assessment data and that of reality. He thus attempted to take account of the tension inherent in describing one's way of managing the world of everyday life, with its emphasis on problem solving and relationships with other people, while simultaneously attempting to apprehend the world of inner life with its emphasis on the depths of internal psychological experience. Schafer regarded psychological tests of personality as occupying a space intersecting both worlds, going back and forth between these realms of experience.

That being said, what then would it mean to apply the clinical sensibility that Schafer spoke about to thematic content analysis? This is where his familiar inferential thinking criteria for judging the adequacy of clinical interpretation comes into play, developed by Schafer (1967) to distinguish between thoroughness and recklessness, to use his own characterization of the problem. A large part of the difficulty concerns determining an appropriate degree of depth that is logically and clinically supportable.

Primary among the criteria Schafer advised as a guide to clinical interpretation is that of sufficient evidence, by which he meant considering converging lines of evidence, frequently based on several recurrences of a particular theme. However, Schafer also considered associations to particular test responses as a form of evidence for confirming or modifying interpretive leads. He compared the interpretive strategy to navigating an airplane, in which a pilot steers a plane by consulting instrument panels, his co-pilot, and his navigator, who in turn rely on data and feedback from a control tower or other devices. Though this was a useful metaphor, Schafer thought that the interpretive process using analysis of Rorschach content was similar to the corresponding approach to reconstruction in psychotherapy, in which patients respond to interpretations by recalling memories, dreams, or associations that further amplify or modify interpretations by steering them in a more accurate direction.

On the Rorschach, a particular response may strike an examiner as unusual or atypical because it is a rare response or because it suggests something more than what the scores themselves contain, particularly if it initiates or furthers a hypothesis-generating line of thinking in the examiner. Moreover, it may facilitate links with other tests, such as Figure Drawings or the TAT, analogous to Schafer's metaphor of a pilot consulting with a plane's co-pilot. Sometimes, content analysis may reveal more about intensity of affect states than that which formal scores indicate. For example, a coding for aggressive movement may not necessarily differentiate among nuances such as hostile vs. contemptuous vs. menacing; similarly, a coding for cooperative movement generally does not permit finer gradations or shades of cooperativeness, such as eagerly vs. grudgingly vs. passive-aggressively vs. compliantly. Schafer, while making use of subtleties such as these, also advised caution about how far to interpret meanings of particular responses, although he considered the sequence of responses within and between cards as providing potentially important information about shifts in intensity of affects or defense operations and adaptability of defense operations.

Probably his main emphasis in considering interpretive possibilities of content material was that both listening openly to potential meanings while simultaneously exercising caution about finalizing interpretations called for delicately balancing the two, but what was most important was keeping the range of options for clinical inferences broad rather than narrow. It is in this spirit that one could say that Schafer's position represented a disciplined openness to experience, letting the examiner's imagination roam over possible meanings, but filtering such meanings through a coherent theoretical framework rather than "flying blind," to use his airplane pilot metaphor. Lerner (1991) and Fischer (1994b) discussed a similar process in their approaches to generating theoretically sound, higher-level inferences from Rorschach scores and verbalizations.

Schafer also took into account the depth of interpretation and manifest content of Rorschach responses as another consideration in using content analysis, for example, equating a response of a mouth with oral longings or a contest

with Oedipal rivalry. Schafer was particularly cautious about such one-to-one equivalences, but he did not ignore this line of thinking either. What he emphasized, however, was the crucial step of anchoring how he used links such as these in a context that considered their regulatory functions. That is, interpreting orality, dependency, or competitiveness would depend on how drives or wishes such as these were expressed or modulated. Thus, merely mentioning a mouth in a Rorschach response would mean less about oral longings per se than, for example, whether the mouth was opened in anticipation of being fed, closed either in stubborn refusal or as an expression of autonomy, drooping in disappointment, spitting in disgust, pursed to inhibit affect, and so forth.

Schafer also privileged interpretations emphasizing defense operations over interpretations based on specific conflicts, such as oral longings or conflicts in the above examples, because defenses were more directly discernible as a rule whereas conflicts were usually less evident. He applied the general principle of psychodynamic psychotherapy to psychodiagnostic material in which a conflict is usually not interpreted until the defenses against that conflict's conscious emergence are interpreted. Thus, Schafer argued that psychodiagnostic examiners should reserve inferences about underlying conflicts or their intensity until the defenses that operate become clear in a Rorschach or assessment protocol. As such, "the interpretation should not push below the level of defense" (Schafer, 1954, p. 150). For a similar reason, interpretations based on fixed, symbolic meanings—such as so-called "father" or "mother" Rorschach cards—were almost always gratuitous, unless sufficient evidence was strongly compelling—a very difficult criterion to achieve. Schafer called this use of content "arbitrary, presumptuous efforts to deepen interpretation *in spite of the patient*" (1954, p. 150).

However, the frequency with which a particular content emerges adds incremental certainty that the dynamic giving rise to it is salient. Less compelling, however, are more oblique indications of drives, for example contents about Santa Claus, angels, or hands reaching heavenward as indications of oral longings or dependency. Nonspecific thematic content such as these examples indicate possibly may strengthen interpretations if more substantive evidence exists; rarely if at all, however, should inferences be based on the absence of mentioning thematic content references. Despite such caveats, Schafer clearly attempted interpretations of drives or conflicts when he believed there was sufficient evidence to justify doing so. In this sense, therefore, the test of depth of interpretation was linked to the test of sufficient evidence. He was not opposed to deepening interpretations beyond a level such as specifying defenses, but he did believe that it was necessary to exceed a certain threshold level influenced by cautious theoretically founded assumptions before doing so.

Schafer also described other criteria for interpretation of thematic content, such as relying on a theoretically conceived understanding of the relative intensity or prevalence of specific psychodynamic patterns for determining the hierarchic importance of particular personality patterns. He also addressed the importance of specifying adaptive tendencies noted in test material in addition

to pathological interpretive impressions. Schafer thus laid a foundation for the next generation of Rorschach theorists, who developed further approaches for specifying criteria for integrating formal scores and content analysis, most notably Lerner (1991), Silverstein (1999), Smith (1994), and Sugarman (1986), all of whom extended this work into the area of object relations, self psychological theory, and related deficit models of psychopathology that were emerging as important new theoretical viewpoints.

Lerner (1991) also emphasized the importance of a systematic strategy for using thematic content and the cautionary approach that this form of interpretation requires. He introduced a multi-step process of inferential thinking that allowed for a deeper level of interpretation as examiners progressed through various sequential inferential steps. He began a Rorschach analysis by searching carefully for confirmatory evidence from other test findings and scrutinizing the material for internal consistency. Lerner, like Schafer, also attached importance to the analysis of sequence of responses as an important component of content analysis. Incorporating Schachtel's (1966) emphasis on phenomenologic experience, Lerner regarded the sequence of Rorschach and TAT responses as containing important clues about affect states and regressive shifts that extended beyond discrete responses or TAT cards, devoting particular attention to the sequence of form level for understanding regression and its impact on reality testing, and for differentiating between conflict and deficit models of psychopathology.

Aronow, Reznikoff, and Moreland (1994) also advocated a content-idiographic approach that combined content analysis and formal scoring. Like Schafer and Lerner, their approach was one of the more explicit descriptions of a systematic approach for using content analysis in clinical interpretation. Aronow et al. described three types or levels of inference, the first being informational in nature and which was expressed at a low level of inferential depth. Their second level was concerned with symbolic associations that are amenable to psychodynamic understanding. A third inferential level concerned complex idiographic images derived from specific probes for idiographic associations, such as what particular Rorschach percepts evoked or suggested. Although this might be viewed as a somewhat radical departure from either the CS method or the generally less formalized pre-CS approaches for conducting an inquiry, Aronow et al. justified their approach insofar as it facilitated the process of psychotherapy. They discussed safeguards for judging the validity of clinical interpretations based on content, they advised against fixed meanings or mechanical application of symbolic associations, and they also stressed careful attention to examiners' attention to blind spots. They discussed the cautious importance of the analysis of sequence of responses, mainly as further associations to or elaborations of patients' internal experiences. Despite the generally accepted use of some form of thematic content analysis by many Rorschach clinicians, the work of Aronow et al. has not sustained enduring interest, and I suspect that many students of the past decade or longer ago may be unfamiliar with their work.

Among advocates of finding meaning in the analysis of Rorschach content, Schachtel (1966) approached the subject differently than did Schafer and Lerner. In many respects, Schachtel's position was closer to Exner's in that determinants, location, perceptual organization or articulation codes, anomalies of thinking similar to Exner's special scores, and form quality were primary dimensions for understanding Rorschach responses. For Schachtel, content—when defined as verbalizations and associations to responses—was clearly secondary in importance. Much like Rapaport and Schafer, who also worked fundamentally from an ego psychological theoretical framework, Schachtel was particularly concerned about the perceptual and cognitive features of the Rorschach. Thus his interest was closer to Rapaport's emphasis on perception and cognition in relation to affect and motivation.

Certainly every major Rorschach theorist, including Exner, was interested in cognitive-perceptive features, affect, and motivation, although the method or approach various theorists applied to understanding these relationships differed in emphasis. Schachtel's particular emphasis, which he called *experiential*, referred to fusing sensory or perceptual properties with affective or motivational states. He devoted special attention to the formal properties of perception as occurring first, for example perceiving contour or form. Schachtel considered the perceptual process to be followed by a critical evaluation of goodness of fit between percepts and reality, a process that led subjects either to accept their Rorschach responses or to search for more suitable alternatives. Further, like Schafer and Lerner, Schachtel took note of the interpersonal or transference-like nature of the Rorschach situation.

What Schachtel emphasized in a somewhat different way than Rapaport, Schafer, and Exner was the experiential component of the form-generating process of arriving at responses. For example, he stressed how affect states such as depression or boredom might interfere with the perceptual processing of form, thus modifying how determinants, location, and organizational aspects were used or verbalized. He also emphasized the meaning inherent in variables such as color, shading, and movement as properties of perception modifying form. Schachtel did not, however, regard content based on verbalizations and associations to be suitable material for understanding drive states, defenses, and adaptive efforts, and he deemphasized attributing specific meanings to particular cards. Although he suggested that scores and verbalizations were both a means of comprehending people's experience, he did not regard them as equally important for this purpose. He seemed to regard thematic content as potentially interfering with the basic interpretive function. Schachtel's admonition of a too exclusive use of content analysis led him to limit its relevance to that of a style of communicating.

While considering the essential Rorschach data to be what an individual sees and how he or she sees such responses, Schachtel did not overlook "all the emotional overtones and undercurrents that color what he saw . . . and all the intellectual and emotional effort, its quality, its process, its smoothness, or conflicts which entered into the work of perceiving, associating, and judging

the fitness of the percept” (1966, p. 261). He did believe that content reflected defenses and adaptation more so than drives or conflicts, mainly because he viewed Rorschach responses not as products of unconscious mental activity but rather as adaptive responses to external stimuli.

Weiner (2003) traced the history of interpretive approaches, noting that treating the Rorschach primarily as a measure of association (rather than as a measure of perception) has had a controversial history. He advised a balanced approach to the use of content analysis in interpretation, stating that when used it is best integrated with formal scoring. In this sense, his viewpoint represents one of complementarity in which the task of the Rorschach method involves both perceptual and associational processes.

Weiner (2003) pointed out that Klopfer actually may have been the most skeptical of content analysis—and fixed or symbolic meanings in particular—even as an adjunct to a formal structural approach. On the other hand, Aronow and his colleagues may have been more permissive than most about using content analysis, particularly in respect to symbolic meanings of responses and their favoring an idiographic approach over nomothetic interpretation. Many followers of the Rorschach technique, including Bohm, Beck, and Piotrowski, as well as Rorschach himself, were simultaneously disparaging and curious about content of responses for analyzing Rorschach findings. Weiner proposed what he called an integrationist perspective, an approach that considered perceptual organization and associative processes. It is an approach that was derived in part from Rapaport’s thinking on the subject; Rapaport et al. had this to say about how such an integration might come about:

Percepts derive their meaning from the associative processes in which they become embedded; and associative processes cogwheel into reality by weaving percepts, or imagery aroused by percepts, into their course. . . . [T]hey bind the associative process to the necessities of reality, they prevent them from running wild and being directed only by subjective wishes. Thus percepts and associations in the smoothly functioning organism are mutually dependent upon each other, mutually stimulate, guide, and limit each other.

(1968, pp. 274f.)

Weiner (2003), in discussing where we are today, about 60 years later, considered that the CS (Exner, 2003) incorporated important contemporary developments in interpreting Rorschach responses. He regarded structural variables to be better understood than thematic content formulations, which would have to “wait their turn to be adequately examined and incorporated within the system” (p. 14). In this way, he regarded the CS as a method of understanding responses as indications of perceptual processes and as associations.

Undoubtedly, Exner’s (2003) introduction of the CS stands as one of the most prodigious efforts to establish what has become the most solidly supported psychometric basis for the Rorschach technique to date. His focus on

standardization of procedures, reliability of coding variables, and establishing a valid basis for interpretation secured a foundation for the future of the Rorschach in personality assessment. Because his efforts concentrated on refining the Rorschach's measurement properties, it is easy to overlook the fact that Exner recognized the relevance and importance of a broader range of factors. However, he certainly believed that some aspects of potential clinical interest might better be expressed or at least anchored in a more secure, psychometric foundation. Stated another way, Exner would have considered it reasonable to regard aspects of responses that reflected the association process to potentially enhance or facilitate interpretation. This would not necessarily mean that perception mattered more than associations or that perceptually based inferences mattered more than clinical hunches, inferences, or intuition. But it was a way of alerting examiners to both realms of experience and that there should be priorities to follow when constructing an interpretation.

I think that some of the best examples of Exner's use of content analysis were most clearly evident in his discussion of the self perception cluster in his *Primer for Rorschach Interpretation* (2000), where he discussed at some length how he augmented Structural Summary-derived clinical interpretations by considering the content of unique responses. For example, Exner commented about two types of projection in Rorschach responses, observing that although the technique did not by itself require projection, it nonetheless might occur. Exner was conservative about the kinds of material that qualified as projection, however, and he distinguished two forms: one that was associated with poor form quality responses, which involved misperceptions; and a second type, consisting of embellishments in which a person departed from a commonly perceived translation of the stimulus field. For the most part, Exner reserved the second type of projection for responses containing human content, movement, and special scores such as morbid responses (*MOR*), aggressive movement (*AG*), and cooperative movement (*COP*). This approach contrasted with an approach such as Aronow et al.'s or Schafer's or Lerner's insofar as Exner seemed to be recommending a cautious integration of material based on certain relatively limited types of responses. Thus, he wrote:

It is unusual for the projected material from any single answer to provide a wealth of interpretive information concerning the individual. Instead, it is the *classes* of projected material that generate the most reliable interpretive yield. As embellishments or themes become redundant in a record, the interpreter gains greater assurance about features of the individual that are being represented.

(2000, p. 272)

Consequently, Exner described two approaches to examining projection, the first involving reading through the entire record from beginning to end. This approach represented the tradition of Schafer and Lerner. Exner noted an advantage to this method insofar as it facilitated seeing the stream of activity

from card to card. But he also believed that this approach warranted caution because many responses “do not include appreciable projected material and to assume otherwise simply clouds the process” (2000, p. 273). Exner’s preferred approach was a systematic examination of responses according to the specific types of scores he considered to be more likely to contain projected material that could be interpreted in a meaningful way.

Here are just two examples from one patient (p. 282): “some bones of a dead animal . . . just some bones like a backbone and joints,” about which Exner wrote “[a]lthough very speculative, it gives rise to a question regarding the sturdiness of his self image.” Another response was “a person sitting in a row-boat . . . the outline isn’t too clear for the person.” Exner noted that the movement was passive and although a fishing pole was added during the inquiry, the patient never said the person was fishing, just sitting. Exner observed that “[t]o this point it seems impossible to avoid questioning about how unsure he may be about himself and whether this gives rise to excessive caution.” A second example was a response of “gnome like characters trying to lift this pole or stick . . . weird looking with little legs.” Here, Exner emphasized the phrase *trying to lift* rather than lifting, which both suggested a sense of uncertainty and added to the impression already forming about the patient’s feeling unsure about himself. Although mentioned here out of context, I think these responses and Exner’s comments about them give some indication about his use of content and verbalizations, used conservatively together with Structural Summary findings, to augment aspects of a patient’s uncertainty about his capabilities and the cautiousness this led to in the patient’s life. More to the point, these examples illustrate Exner’s approach to the use of content analysis.

Returning to the questions I posed about when, how, and how much to integrate thematic content with formal scoring, I suspect that Rapaport would have decided the issue much as Exner might have; so, too, might have Schachtel, although Schachtel might have been less inclined to endorse content analysis very much at all. Klopfer, Beck, Piotrowski, Schafer, Lerner, Weiner, and Aronow et al. probably fall on different relative positions along this continuum, and probably so do many contemporary examiners. Clinicians continue to struggle with answering this question or resolving this lingering dilemma to this day. Naturally, there is not an easy answer, nor do I think an answer will clearly emerge any time soon. Revisiting the issue is certainly useful, and I have tried to frame some of the history of the problem and to present some of the more important attempts at a solution in this introduction. The field may not be further along in arriving at an answer, and we may not be much further along in 10 or 20 years from now either, but as the poet Rilke wrote in his well-known work *Letters to a Young Poet*, I do not think that we will grow tired of trying to love the question.

2 Personality Problems Associated with Affect Dysregulation

Differentiating among affective disorders is a complex matter because subtle clinical features and the overlap among various conditions frequently complicate diagnosis. Thus, for example, depression may occur as a full syndrome (major depressive disorder) but it occurs just as frequently in attenuated or subsyndromal forms. Moreover, depressive disorders may be episodic or chronic, and even episodic forms may resolve to chronic states such as a phenomenon known as “double depression” (Keller & Shapiro, 1982) in which a major depressive episode is superimposed on a low-grade but chronic depression rather than reaching full remission. The relationship between dysthymia and depressive (melancholic) temperament or personality remains unclear, particularly whether these represent distinct disorders or variants of major depression. Finally, differentiating between unipolar and bipolar depression can be quite complicated, particularly when hypomanic states or hyperthymic temperament form part of the clinical presentation.

Although some of these problems of differential diagnosis may not be central to personality assessment, the field nevertheless must contend with differentiating between indicators of a depressive syndrome and phenomena such as prominent anergia, discouragement, or disappointment. Sometimes as well, evaluating reality appraisal and its relation to psychosis becomes important in relation to differentiating between unipolar and bipolar depression. This may include identifying subtle types of disordered thinking and their nature (loose, florid associations vs. impoverished thinking) and severity (formal thought disorder vs. inefficiencies or fluctuations in quality of thinking). Assessing personality disturbances and their relation to syndromal affective disorders is frequently problematic in personality assessment, and of course it is important to attempt to identify bipolar or hyperthymic signs or nuances for differentiating between unipolar and bipolar affective disorders. For the most part, personality assessment instruments do a good job of reliably distinguishing between psychotic and nonpsychotic presentations; however, there is relatively less attention devoted to differentiating among unipolar depressive disorders (including their subsyndromal variants), bipolar spectrum disorders, and personality disorders. Furthermore, although gross distinctions between unipolar and bipolar affective disorder can usually be assessed more readily, particularly with the

benefit of a careful clinical history detailing prior illness episodes, there is far less understanding of commonly occurring mixed states, mainly involving anxious-depressive conditions.

Clinical course is also variable, and chronic, subsyndromal forms of depression often show a poorer outcome than episodic disorders. Unipolar and bipolar depression have different outcome patterns, and the potential for subsyndromal forms to go unrecognized usually prolongs compromised life functioning and may potentiate shorter remissions and more protracted periods of relapse if episodes of affective illness are present. The presence of comorbid anxiety disorders and the difficulty distinguishing between agitation and hyperthymic temperament or “soft” bipolar spectrum disorders are particularly problematic.

Kraepelin (1921) laid the groundwork for one of the earliest clinical descriptions of subsyndromal depression in his description of a melancholic temperament, dominated by a lifelong pattern of an introverted and brooding or pessimistic nature; and an anhedonic, overly serious disposition. Akiskal (1983) added to Kraepelin’s description personality traits such as indecisiveness; a hypercritical and petulant nature; self-depreciation; and overly ascetic, duty-bound hyperconscientiousness. More importantly, Akiskal revived an interest in the Kraepelinian tradition that considered the variation in clinical presentations of conditions such as depression as points on a continuum or spectrum of a single (unitary) illness. Judd and Akiskal commented that “there are no natural boundaries between depression at the personality (temperament), dysthymic, major depressive, minor and residual SD [subsyndromal depressive] levels. They all appear to be part of a psychopathological continuum with the common denominator of a depressive trait . . .” (2000, p. 5).

Akiskal and Weise (1992) also pointed out that clinicians sometimes devote insufficient attention to affective lability (including even minor temper tantrums or “moodiness”), hypomania (especially by history), impulsivity, and related affective dysregulation states—some of which are subtle, particularly when family history reveals affective lability (a bipolar diathesis). Moreover, when bipolar depression goes unrecognized, as often happens, suboptimal or frankly incorrect treatment decisions may produce clinical worsening, such as antidepressant-provoked mania (pharmacologic mania) or rapid cycling. This problem exists even in subsyndromal forms, which Akiskal included within this characterization of a “soft” bipolar spectrum. One consequence of untreated or improperly diagnosed depression is the persistence of mild affective lability rather than euthymia. Kraepelin (1921) also observed that mild depressive states occurred premorbidly in over 10 percent of manic-depressive (bipolar) patients; as such he viewed mild depression sometimes as a precursor to manic-depressive (bipolar) illness.

Mild or intermittent affective disturbances associated with unstable life histories and sometimes accompanied by substance abuse often suggest characterologic features of the personality. Such disturbances are often considered to reflect borderline or related chaotic forms of personality disorder. Akiskal et al. (1985) regard such chaotic or tumultuous clinical presentations as easily

obscuring subtle hypomanic features, which may as a result more accurately represent a variant of bipolar illness rather than personality disorder.

Attenuated forms of major depression that comprise a spectrum of depressive disorders suggest that a genetic diathesis may predispose to varying symptomatic presentations or phenotypes of unipolar or bipolar mood disorder (Akiskal, 1983; Akiskal & Webb, 1983). Consistent with Kraepelin's (1921) general point of view, it remains possible that it is a melancholic, hyperthymic, or cyclothymic temperamental predisposition to affective dysregulation that may be genetically transmitted rather than specific affective disorders. As a result, temperamentally based mood dysregulation in interaction with environmental or biological risk factors may predispose to one or more forms of affective illness. Akiskal (1989) also suggested that affective temperament predispositions may lead to interpersonal dysfunction that interferes with acquiring social or interpersonal supports. Such disturbances may promote chronicity and in this way secondary personality dysfunctions may function as sequelae rather than as causative factors.

The personality assessment literature has largely focused on test indications of depression and less thoroughly on sometimes subtle characteristics of depressive syndromes, particularly in respect to so-called projective or performance tests such as the Rorschach, TAT, and Figure Drawings. The case below illustrates a good example of several of the diagnostic and conceptual issues noted above. First, the case is relevant to matters of depression severity and chronicity. Second, it considers depressive features alongside other test findings—in this particular case, subtle hypomanic indications and disordered thinking—and their implications for differential diagnosis. Third, this case demonstrates how conflict-defense-self esteem dynamics influence and are themselves influenced by problems of affective regulation and distortions of thinking.

This patient, Ms. A., a 30-year-old black divorced female with an 8-year-old daughter, was referred by a psychotherapist for a neuropsychological evaluation in connection with attentional and learning problems, and a history of depression and obsessive-compulsive symptoms. The primary focus was to establish whether an untreated disorder of attention was contributing to her psychiatric problems. The therapist had first referred Ms. A. to a psychiatrist three months previously for a medication consultation, which resulted in a trial of olanzapine (Zyprexa®) and escitalopram (Lexapro®). The psychiatrist noted the patient's variable moods and fluctuating energy levels as more prominent symptoms to consider treating. The patient, however, discontinued olanzapine on her own accord because of its sedative side effect, although she remained on escitalopram 10 mg. q.d. despite complaints of falling asleep early. She preferred her usual pattern of staying awake much of the night with the heightened energetic thoughts she typically experienced at nighttime.

She described brief episodes (one or two days in duration) of bursts of mental and physical energy, stated that "I had so many thoughts, I felt like superwoman that I don't need to sleep." On examination, Ms. A. did not appear to have racing thoughts; however when asked about reckless activities or spending, she mentioned bad judgment such as buying clothing when she knew she did not

have enough money to pay bills. According to her report, she did not believe that such periods of heightened energy created problems for her or interfered with her life. Ms. A. also had periodic but mild and short-lived depressions, accompanied by diminished energy and appetite, but without insomnia, diminished interests, suicidal ideation, or feelings of worthlessness and guilt. Around age 15, she was aware of but not apparently sufficiently bothered by obsessive-compulsive symptoms such as frequently checking that the door was closed or the stove turned off. These symptoms disappeared after five years; however, she felt throughout her life that she was easily distracted and forgetful.

Neuropsychological testing revealed mild attentional disturbance, but the findings did not appear sufficiently compelling to account for her current concerns. In view of the history suggesting possible mood dysregulation and to differentiate between an affective disorder and attentional disorder, a personality assessment was recommended.

Millon Clinical Multiaxial Inventory (MCMI-III)

Ms. A.'s disclosure base rate score was 30, suggesting the possibility that avoiding self-disclosure was a prominent response style. Taking this into account by compensatory adjustments, the highest base rate scores for the clinical personality patterns were on the narcissistic (BR = 83) and histrionic (BR = 72) scales. Grossman facet scores indicated no specific components on the narcissistic scale; the two highest facets (admirable self-image and cognitively expansive) were both BR < 70. The histrionic scale components of some note were the interpersonally attention-seeking (BR = 76) and expressively dramatic (BR = 70) facets. There were no important elevations on scales assessing severe personality pathology or major clinical syndromes (including thought disorder, major depression, and delusional disorder).

A response style characterized by avoiding self-disclosure suggested either a pattern of essentially normal functioning accompanied by downplaying situational stress, or a more pronounced personality disorder concealed behind an image of adequate functioning she attempted to present to others. For reasons discussed below in conjunction with other test findings, the latter impression appeared to be the more salient interpretation of the MCMI findings. The personality pattern so noted suggested, therefore, inflated self-worth and an impression of imperturbability. Ms. A. could appear superficially charming; however, she required considerable attention and stimulation often taking the form of exhibitionistic or self-dramatizing behavior. Such features also would be likely to affect her relationships with other people, which appeared to be self-serving, shallow, and fleeting. She has probably realized that appearing undependable and acting exploitatively offends others; however, she tends to make light of how she comes across, relying on flimsy rationalizations, using charm, feigned surprise, or acting self-righteously. Out of a sense of omnipotence, she may be inclined to project blame onto others, feeling resentful about being demeaned or offended herself.

Thus, being inclined to feel perturbed if she were shamed or embarrassed by rebuffs to self-esteem could disrupt her assured composure, leaving Ms. A. feeling empty or rejected. Being disposed to anger or depression, she would be prone to withdrawing into herself to recover from what she probably would experience as narcissistic injuries. As such, Ms. A. was adept not only at sensing what pleased other people but also what made them hostile or rejecting. Consequently, she likely used her interpersonal sensitivity to adapt her behavior to what other people wanted, either by earning approval or by forestalling rejection because of her self-dramatizing or exploitative ways.

Human Figure Drawings

Ms. A.'s first drawing was of a female (Figure 2.1) which, like her drawing of a person of the opposite sex, also was faint and barely perceptible to the examiner. From the drawing, it was not clear whether the person drawn was male or female, and on casual inspection the drawing seemed to represent a person with long hair and spectacles standing with hands in pockets, connoting a casual



Figure 2.1 Human Figure Drawing (female)

stance. As she drew the figure, Ms. A. asked: “Do you need details, like a face? Because usually I play with a pencil on the page, by playing with it I see part of the image and then I can start to capture a full picture. I always, always start drawing by messing around and then I see something come from that.”

Asked what the person was like, Ms. A. related the following in her spontaneous elaboration:

This is a girl, a very young girl. Still deciding what she wants to do in life. She's very smart and attractive, wears glasses and baggy clothing, but she's very attractive underneath—she just doesn't know it yet. She's very smart; that's going to be her foundation, and she'll get very far in life. She'll realize her attractiveness later. For now, she's just in school—one of the geeks, is that what they call it? (Q) She's very observant, a thinker. Likes to analyze things, even at a young age. It's a gift, I suppose. She's not your normal kid, she's very much past her years in wisdom. So she's smart and wise as well.

I asked her about the person's fears, and Ms. A. commented:

She's afraid of big things like the state of the world—poverty, homelessness. (About herself?) Not being the best. Because of her concerns about world issues, she wants to make a change in the world and worries she won't have an effect—people would think she's just a kid and what does she know! (Fears concerning herself?) Not being the best. High expectations of herself. That she's not good enough, even though she knows she's smart.

I asked in turn what made the person unhappy or depressed, angry, and what the person was doing in the drawing, to which she stated (commenting first about unhappiness or sadness):

Big issues again—poverty. Even closer to her own life like people smoking, casual sex, drinking, things the world sees as acceptable. (But what makes her feel depressed?) [long hesitation] I don't know. Not feeling she's good enough, part of her self image.

(Angry?) Same as before—world issues.

(What about her personally or in her life?) Like I could have done better or something else she could have done. (Doing in the picture?) Enjoying the day. She's a girl, lovely, she appreciates beauty. Walking and looking at trees and flowers, enjoying everything around her. She's really a joyous, happy person.

Ms. A. next drew the figure of a male ([Figure 2.2](#)), which looked like a boy. The figure appeared casually dressed, with hands behind its back. Her spontaneous description was as follows:

This boy is a jokester, probably a pre-teen. He doesn't realize or understand much about life yet. The class clown—that pretty much sums him up. He's a smart boy, though, but that's probably not too evident yet because he's always fooling around and joking. That covers up any or all of his intelligence.



Figure 2.2 Human Figure Drawing (male)

Asked about his fears, Ms. A. said:

Being alone. His family being separated and ending up in a foster home. He wouldn't run away. He's a loving boy, but that's not evident yet. He's an average boy. Probably gets in trouble a lot in school, making jokes and being distracting. Maybe it began from the fear of losing his parents—to push those feelings aside.

Ms. A.'s initial comments as she drew the female were somewhat unusual, inasmuch as most people either draw silently or make an apologetic comment that their drawing skills are not well developed. But Ms. A. had something else on her mind: she spoke of her casual approach to drawing as both playful and feeling comfortable with ambiguity. Indeed, she seemed curiously insistent about doing it in a certain way, almost savoring “messing around” before deciding what shape her drawing might take or what meanings it might take on. I took note of her emphasis on doing things a certain way, wondering whether she tended to anticipate either criticism or being urged by others to conform to a model of behaving, one that perhaps might represent a conventional plan or starting point. I also noted that “playing . . . messing around” was pleasurable for her, although she could realize that others might be put off by her way of doing things.

I could not know at this point whether Ms. A. took the trouble to say what she did in expectation of criticism or displeasure, but I did think that her verbalizing her way of approaching the world was intended to convey something about herself. I could not discern whether she was making a defensive or self-protective

statement here or whether she was expressing that she did not particularly care what anyone thought about her style. I did have the impression, however, that there was a quiet confidence she felt about how she apprehended the world and perhaps as well her inner life, as if she were saying confidently (though not necessarily arrogantly or belligerently): “I’ll tell you who I am and how I do things, but I won’t alter my ways according to what you want or think.”

Her initial question (“Do you need details?”) suggested, however, that beneath an appearance of compliance there might coexist a subtly demeaning or derisive tone, suggesting that others may require obligingly conventional explanations that she might herself think of as petty or simple-minded. She might compliantly defer to others’ expectations, but people would be left feeling that she was tossing crumbs at them rather than acting genuinely cooperatively. As such, an initial appearance of self-confidence might simultaneously have been tinged with derision. Thus, before she even delivered her first actual response, a transference expectation appeared to be operating.

Ms. A. drew the female figure as a young girl, a somewhat atypical identification for an adult. Perhaps the basis for this unusual identification lay in her opening comment: the figure was trying to figure out who she was and what she was about. Ms. A. appeared to have no trouble recognizing that the girl was smart and that she knew she was smart. But the girl as drawn was warily attractive—the girl did not know that yet, concealing her concern behind an outward appearance as awkward or “geeky.” Thus, the girl wore baggy clothing to deemphasize her figure, she wore eyeglasses that would be anathema to many adolescent or pre-adolescent girls, and she expressed a general sense of contentment burying herself in schoolwork and turning away from her sexuality and a sense of budding female attractiveness. There seemed to be little concern or defensiveness beyond the obvious concealment of this aspect of her physical development, expressing a relatively nondefensive contentment that this side of her female persona would come in due time. That a child or adolescent of either sex would be portrayed as unsure of oneself or awkwardly negotiating where she positioned herself as adulthood was approaching was not especially unusual; what was unusual, however, was that Ms. A.—a mature, adult woman keenly aware of the responsibility she has in caring for a child as a single mother—would seem to identify with a geeky, unformed adolescent girl who was uncertain of her feminine identity.

Indeed, it may be worthwhile to compare her opening comments noted previously—her doing things her own way while perhaps indulgently complying with others’ expectations for realistic plans or structure—with the image she presented of devoting her attention to developing her mind while deferring the physical side of female development. Once again, Ms. A. appeared to be saying here that she had her own agenda in spite of knowing what others might expect from her, and that she would get around to what external reality wanted when she was good and ready and not according to other people’s timetable. She did not express this sentiment in a willful or arrogant tone, but her firm or determined stance seemed to suggest that she would resist being pushed very far beyond her own way of doing things.¹

Ms. A. turned appropriately inward when I directed her to imagine what the figure's personality was like, describing the person as being observant and thoughtful beyond her age. This patient also attributed wisdom to the girl, which she regarded as beneficial for her. Ms. A.'s actual word was "a gift," which may simply have been her way of denoting something beneficial and adaptive, but it is also possible that she might have had in mind the word *gift* in the sense of something special or unique, perhaps even inflated. Ms. A.'s reference to the girl's having a gift together with the entire tone of her description of the female drawing would be consistent with an impression of entitlement.

When asked to imagine the figure's fears or concerns, Ms. A. referred to "big things." I focused the question once more in relation to the figure herself, at which point Ms. A. expressed for the first time some doubt about what to this point seemed like self-confidence and a sense of the figure's efficacy in the world. Thus, Ms. A. mentioned concern about "not being the best," which she proceeded to clarify as the girl's not being taken seriously for her accomplishments or efforts. The concern seemed to be about being devalued rather than welcomed or admired. She reiterated an emphasis on being the best, careful however to step back from an intimation of grandiosity ("that she's not good enough"). Nevertheless, it was a thinly veiled attempt at modesty because she could not help but add to this, "she knows she's smart"—which was starting to sound more and more as though she did not really doubt her capabilities and that she harbored the idea that she really was the best. Thus, when asked to speak about fears or concerns—hence, vulnerabilities—she mouthed the words but did not seem as concerned about her capacities as not wanting to be taken for granted.

When asked what made the figure sad or depressed, she began as she did before with "big issues," referring to experiences "even closer to her own life, like people smoking, casual sex, drinking," which she then referred to as things that the world sees as acceptable. Because this sounded vague I asked how these things were closer to the person's own life, to which she said—also vaguely—that they referred to depression. The long hesitation that followed may have represented confusion about what she meant herself, or perhaps that she had revealed too much by overidentifying with the figure she drew, and the hesitation may have reflected composing herself after a momentary loss of distance. She may have been only partially successful at that because her initial "I don't know" was followed by reiterating "feeling she's not good enough." (Note also that it was only at this point that Ms. A. said "I could have done better . . ."; although it may have been an innocent, commonly made slip and may therefore not merit special interpretive significance, it is nonetheless worth noting that it occurred and at what point it occurred.)

The vague non sequitur ("part of her self image") seemed to suggest that something concerning depression was sparked here, with a loss of distance between herself and the figure she could not entirely overcome. She repeated the same concern about "world issues . . . like I could have done better" when asked about the figure feeling angry. Ms. A. did not appear to differentiate at all among various affect states—which by itself is not very uncommon for many

people—but she did convey repeatedly that she experienced concerns about feeling inadequate or not up to meeting her own or others' expectations. She attempted to isolate or externalize personal concerns by expressing altruistic-sounding concerns about the unhappiness or problems of the world. When it struck close to home, however, her defenses seemed to falter as she fumbled in an attempt to reconstitute herself and return to the poised manner—albeit reserved or distant—that characterized her demeanor throughout most of the testing. This was reflected in her opening description of the female figure and in her closing comment about what the figure was doing in the picture: “bright, lovely, appreciating beauty . . . enjoying everything around her.”

I was left wondering how much of a facade a statement like “she’s really a joyous, happy person” covered over a depression as Ms. A. fumbled to conceal what was difficult for her, hidden behind the allusions to the problems of the world and people’s lives to which she repeatedly returned. It was tempting to wonder whether the drawing with the figure’s hands in its pockets represented her concerns about the figure’s efficacy or competence and whether the eyeglasses represented not seeing clearly. However, I generally emphasize the content of patients’ verbalizations more so than details about their drawings to provide a more nuanced impression about internal affects and defensive positions to better understand a person’s psychological life.

Whereas the female figure was characterized as a young person or adolescent girl wise beyond her years, Ms. A.’s male drawing seemed to be that of a pre-adolescent boy who was not particularly mature. He was also “average” in contrast to the female figure who was “smart . . . observant . . . a thinker”; although he covered up his intelligence, it seemed more underdeveloped than the female’s smartness. The male was less defined and nuanced (“the class clown, that pretty much sums him up”) although Ms. A. imagined a darker side to this jokester boy. Nevertheless, Ms. A. conveyed the impression that she may perceive women as being more accomplished or psychologically robust than men, and that young girls were wise beyond their years—or needed to become that way—whereas young men or boys remained immature far longer.

Considered together, Ms. A. put forth what seemed like a determined or possibly even willful streak that might seem unconventional to some but more accurately might represent her need or desire to have things her own way. Thus, she did not seem unconventional for the sake of appearing negativistic or contrary. Ms. A. appeared conflicted or uncomfortable about feeling competent—if not actually superior—which appeared to coexist with feeling uncertain or unsure of herself, wary that any vulnerabilities she might feel slipping through would be evident to others and even to herself. Although at this point still speculative, Ms. A.’s wariness may have extended to include a concern that other people might undermine her sense of surefooted confidence if not actually exploit a vulnerability, perhaps to make her come around to behaving differently. Of course, a hypothesis like this must await confirming or disconfirming evidence as the evaluation proceeds; nonetheless, there is no reason not to entertain this potential interpretation because if supported further it would constitute just the

kind of subtle point that could easily be overlooked among other test findings. Curiously, neither Figure Drawing was that of an adult, which raised a question concerning where adults came into play in her life.

Rorschach

Ms. A. produced a rich, productive Rorschach protocol, one that was as idiosyncratic as her Figure Drawings. I first present a discussion of the

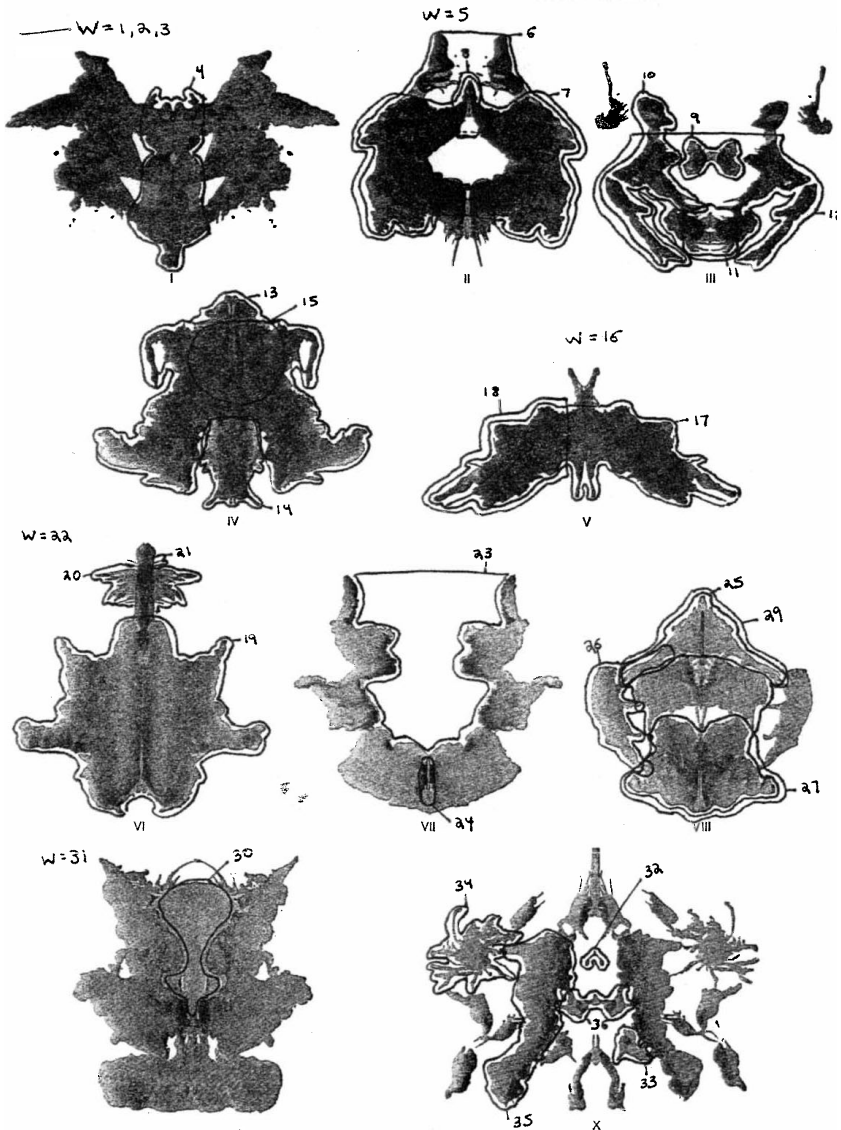


Figure 2.3 Rorschach location sheet

Comprehensive System (CS) Structural Summary and R-PAS interpretation, followed by a sequential card-by-card analysis of thematic content. [Figure 2.3](#) shows the location chart for this patient's Rorschach.

CS Interpretive Findings

The Sequence of Scores is shown in [Figure 2.4](#) and the main interpretive section of the Structural Summary is presented in [Figure 2.5](#). This productive

Card	Resp. No	Location and DQ	Loc. No.	Determinant(s) and Form Quality	(2)	Content(s)	Pop	Z Score	Special Scores
I	1	Wo	1	FYo		A	P	1.0	MOR
	2	Wo	1	C'Fo		A	P	1.0	MOR
	3	WSo	1	Fo		(Hd)		3.5	GHR
	4	Do	4	Fo		Ad			INC
II	5	Wo	1	FYu		A		4.5	MOR
	6	DdSo	99	FY-		(Hd)		4.5	PHR
	7	D+	6	Mao	2	A		3.0	COP, FAB, GHR
	8	DdS+	99	FVu		Ls,Id		4.5	
III	9	Do	3	Fo		A			
	10	Do	9	FC'o	2	H	P		INC, GHR
	11	DSv/+	8	YF-		Na		4.5	
	12	DdSo	99	F-		A,An		4.5	FAB2, ALOG, INC
IV	13	D+	7	Mao		(H),A	P	4.0	MOR, PHR
	14	Do	1	Fo		Ad			
	15	Ddv	99	VF-		Bt			
V	16	Wo	1	FY.FMao		A		1.0	MOR, INC
	17	Ddo	99	F-	2	A			INC2
	18	Do	4	Mau		Ad			INC, PHR
VI	19	Do	1	FY-		A			MOR, INC
	20	Ddo	22	FYo		Art			
	21	Ddo	26	Fu		Ad			
	22	Wo	1	Fu		Bt		2.5	
VII	23	DSv/+	7	Fu		Na		4.0	
	24	D+	6	Ma.FDu		H,Cg,Ls		1.0	GHR
VIII	25	Do	6	FC-		Cg			
	26	Dd+	99	FMa.FC'o		A,Id	P	3.0	
	27	Do	2	Fu		Ad			
	28	Do	6	FC-		An			
	29	Do	4	F-		Cg			
IX	30	DS+	8	FV-		(H)		5.0	DV, PHR
	31	Wv	1	C		Art			
X	32	Do	3	Fu		Id			
	33	Do	2	CF-	2	A			ALOG
	34	Do	1	Fu	2	A			
	35	Dv	9	C		An			
	36	Dv	6	C.Mp		Hx			AB, PHR

Figure 2.4 CS Sequence of Scores

RATIOS, PERCENTAGES, AND DERIVATIONS

R = 36 L = 0.57			FC:CF+C = 2 : 4		COP = 1 AG = 0	
-----			Pure C = 3		GHR:PHR = 4 : 5	
EB = 5 : 6.5	EA = 11.5	EBPer = N/A	SumC' : WSumC = 3 : 6.5		a:p = 6 : 1	
eb = 2 : 13	es = 15	D = -1	Afr = 0.50		Food = 0	
Adj es = 9		Adj D = 0	S = 7		SumT = 0	
-----			Blends:R = 4 : 36		Human Content = 6	
FM = 2	SumC' = 3	SumT = 0	CP = 0		Pure H = 2	
m = 0	SumV = 3	SumY = 7			PER = 0	
-----					Isolation Index = 0.22	

a:p = 6 : 1	Sum6 = 12	XA% = 0.61	Zf = 16	3r+(2)/R = 0.14
Ma:Mp = 4 : 1	Lvl-2 = 2	WDA% = 0.64	W:D:Dd = 7:21:8	Frr+rF = 0
2AB+(Art+Ay) = 4	WSum6 = 38	X-% = 0.31	W : M = 7 : 5	SumV = 3
MOR = 6	M- = 0	S- = 4	Zd = -1.0	FD = 1
	M none = 1	P = 5	PSV = 0	An+Xy = 3
		X+% = 0.33	DQ+ = 6	MOR = 6
		Xu% = 0.28	DQv = 4	H:(H)+Hd+(Hd) = 2 : 4

PTI = 3	<input checked="" type="checkbox"/> DEPI = 6	<input type="checkbox"/> CDI = 1	<input type="checkbox"/> S-CON = 7	<input checked="" type="checkbox"/> HVI = Yes	<input type="checkbox"/> OBS = No
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Figure 2.5 CS Structural Summary

record of 36 responses occurred in a context of neither an overstimulated nor a particularly reserved degree of emotional engagement, although it indicated that this patient was likely to experience appreciable affective disturbance. The protocol was consistent with the presence of a prominent depressive syndrome. Ms. A. showed a considerable degree of stress that seemed to impact her affect life and also intruded on efficient thinking and perception. She might not be fully aware of the extent to which agitation or depression affected her life, in part because defenses might operate to insulate her from disturbing internal emotion states. As a result, Ms. A. could be relatively disinclined to recognize affects, sometimes attenuating their meaning and keeping emotions at a superficial distance because she might have difficulty modulating emotional reactions. She could process emotion states intellectually at some times and she also could show intense outbursts that might seem immature or overreactive.

This disposition suggests that this patient's depression-prone personality—particularly if accompanied by syndromal depression or heightened concern about suicidal ideation or behavior—would make her more vulnerable to reacting reflexively and possibly impulsively when a measured approach might be more advantageous. This would understandably warrant cautious alertness to clinical signs of mood dysregulation should life circumstances or the clinical intensity of her reactions reach a sufficient level of concern. However, Ms. A. did demonstrate some capacity to stand back and reflect on situations that might potentially create problems for her. Nevertheless, effectively harnessing this kind of flexibility might at some times be compromised. Suicidal ideation or potential warranted watchful attention; however, on balance and in consideration of the entire test protocols overall I did not regard this to be a prominent clinical concern.

This patient seemed to experience substantial intrusive emotional turmoil, including oppositional resentfulness or anger, although she might not be aware of such impinging affect states. Most of the time this patient's coping mechanisms were adequate, thus permitting her to manage life stresses well enough, in part by remaining unaware of problems maintaining affective equilibrium or self-control. Being somewhat removed from affective experience might create the impression that Ms. A. had sufficient resources to manage stressors relatively well, albeit not without some cost because persistent irritating affect states also were present, such as dysphoria or tension, feeling helpless or unable to control situations, and resentment or anger. This patient also appeared somewhat cautious about affective experience, making her disinclined to want to experience her emotional life in depth and preferring simplicity and avoiding complexity. Her reserve also reflected concerns about modulating affect states and containing their intensity.

Ms. A. lacked a consistent, well-defined style of coping which further compromised her capacity to adapt flexibly to distress. She vacillated between thinking through problems and having affective resources productively available to manage life problems, which left her prone to react unpredictably. Ms. A. seemed to ignore her own needs, perhaps stemming from diminished self-esteem as she could be critical of herself and thus feel undesirable or depreciated. She also appeared vulnerable to problems maintaining a stable identity, which might include limitations in the capacity to see others as whole objects. Self-esteem and identity problems were likely to constrain her relationships with others in addition to magnifying the distress she could feel about herself, contributing to dysphoric mood. Moreover, this patient's self-esteem disturbance extended to include perceiving bodily functions as damaged or not functioning optimally.

Ms. A. also revealed a hypervigilant personality style, disposing her to feel distrustful of others as she experienced her world as potentially threatening. Keeping her distance from others, arising from an overly cautious if not actually suspicious nature, caused Ms. A. to be particularly self-protective and as a result reserved and guarded. She seemed much of the time to keep her own counsel, out of a disinclination to allow herself to be open or to feel safe with many people. Consequently, it was not easy for her to allow herself to depend on or become intimate with many people. As a result, other people probably regarded Ms. A. as hard to get to know and emotionally distant or aloof. While she had neither predominantly antagonistic nor cooperative or rewarding relationships with people, her relationships with others were more likely reserved or distant.

This patient devoted attention to scrutinizing events in her surround, although she was inclined to attend to situations inefficiently. At times, she might disregard potentially important information because she preferred to avoid complex aspects of life. Ms. A. also was limited by a tendency to be content with imprecise or not fully articulated aspects of her experience, which inclined her to favor dealing with relatively uncomplicated, clear-cut aspects of situations. As such, a relatively casual approach to taking in what went on around her would also lead Ms. A. to appear too uncritical of situations to which she might more profitably attend. Paradoxically, this inclination seemed antithetical to her hypervigilant style of scrutinizing situations around her.

Ms. A. could be prone to misinterpreting meanings of events and others' motivations such that distortions might compromise good judgment. She also was inclined to feel generally pessimistic and to anticipate unfavorable events, which might intensify depressive affect and magnify inaccurate impressions about people and situations. Disposed in this way to misinterpreting situations and emphasizing negative outcomes, this patient's thinking could appear illogical and difficult to comprehend. She was also prone to intellectualize troubling emotions and this patient's thinking tended to be scattered and inflexible, adding to her difficulty thinking logically and adapting to stressful events in life.

R-PAS Interpretive Findings

Cd	#	Or	Loc	Loc #	SR	SI	Content	Sy	Vg	2	FQ	P	Determinants	Cognitive	Thematic	HR	ODL (RP)	R-Opt
I	1		W				A				o	P	Y		AGC,MOR,MAP			
	2		W				A				o	P	C'		MOR,MAP			
	3		W			SI	(Hd)				o		F			GH		
	4		D	4			Ad				o		F	INC1	AGC			
II	5	V	W				A				u		Y		MOR,MAP			
	6		Dd	99		SI	(Hd)				-		Y			PH		
	7		D	6			A	Sy		2	o		Ma	FAB1	COP,MAH	GH	ODL	
	8		Dd	99		SI	NC	Sy			u		V					
III	9		D	3			A				o		F					
	10		D	9			H			2	o	P	C'	INC1		GH		
	11		D	8		SI	NC	Sy	Vg		-		Y					
	12	V	Dd	99		SI	A,An				-		F	INC1,FAB2,PEC			ODL	
IV	13	@	D	7			(H),A	Sy			o	P	Ma		MOR,MAP	PH		
	14		D	1			Ad				o		F					
	15	V	Dd	99			NC		Vg		-		V					
V	16	V	W				A				o		FMa,Y	INC1	MOR,MAP			
	17	V	Dd	99			A			2	-		F	INC2				
	18	V	D	4			Ad				u		Ma	INC1		PH		
VI	19	@	D	1			A				-		Y	INC1	MOR,MAP			
	20		Dd	22			NC				o		Y					
	21		Dd	26			Ad				u		F					
	22	V	W				NC				u		F					
VII	23	V	D	7	SR		NC	Sy	Vg		u		F					
	24	V	D	6			H,Cg,NC	Sy			-		Ma,FD			GH		
VIII	25	V	D	6			Cg				u		FC					
	26	>	Dd	99			A,NC				o	P	FMa,C'					
	27	V	D	2			Ad				u		F					
	28	V	D	6			An				-		FC					Pu
	29	V	D	4			Cg				-		F					
IX	30		D	8		SI	(H)	Sy			-		V	DV1		PH		
	31		W				Art		Vg		n		C					
X	32	V	D	3			NC				u		F		AGC			
	33	V	D	2			A			2	-		CF	PEC				
	34		D	1			A			2	u		F					
	35	V	D	9			An		Vg		n		C					Pu
	36	V	D	6			NC		Vg		n		Mp,C		ABS	PH		

Figure 2.6 R-PAS Code Sequence

Domain/Variables	Raw Scores	Raw %ile	SS	Cplx. Adj. %ile	SS	Standard Score Profile										Abbr.
						60	70	80	90	100	110	120	130	140		
Admin. Behaviors and Obs.																
Pr	0														Pr	
Pu	2														Pu	
CT (Card Turning)	20	97	128										10		CT	
Engagement and Cpg. Processing						60	70	80	90	100	110	120	130	140		
Complexity	96	86	116									20			Cmplx	
R (Responses)	36	94	123	86	116								10		R	
F% [Lambda=0.14] (Simplicity)	36%	42	97	53	101					0					F%	
Blend	4	61	104	19	87					0					Blnd	
Sy	7	64	105	19	87					0					Sy	
MC	11.5	89	118	66	107							10			MC	
MC - PPD	-3.5	34	94	40	96					0					MC-PPD	
M	5	75	110	43	97							0			M	
M/MC	[5/11.5]	43%	33	93	34	94				0					M Prp	
(CF+C)/SumC	[4/6]	67%	68	107	68	107					0				CFC Prp	
Perception and Thinking Problems						60	70	80	90	100	110	120	130	140		
EII-3	1.6	95	125	93	122								10		EII	
TP-Comp (Thought & Percept.Com...)	2.2	92	122	91	120								10		TP-C	
WSumCog	38	99	137	99	133										WCog	
SevCog	4	99	135	99	135										Sev	
FQ-%	CS FQ	31%	88	118	88	112							10		FQ-%	
WD-%	CS FQ	25%	82	114	81	113							10		WD-%	
FQ-%	CS FQ	33%	9	80	13	83			10				10		FQo%	
P	5	44	98	31	92					0					P	
Stress and Distress						60	70	80	90	100	110	120	130	140		
m	0	16	85	16	85					10					m	
Y	7	99	134	98	132										Y	
MOR	6	99	134	88	132										MOR	
SC-Comp (Suicide Concern Comp.)	6.3	91	120	82	113								10		SC-C	
Self and other Representation						60	70	80	90	100	110	120	130	140		
ODL%	6%	30	92	19	87					0					ODL%	
SR (Space Reversal)	1	58	103	50	100						0				SR	
MAP/MAHP	[6/7]	86%	91	121	92	121							10		MAP Prp	
PHR/GPHR	[5/9]	56%	72	109	78	108							10		PHR Prp	
M-	0	32	93	32	93						0				M-	
AGC	3	52	101	39	96					0					AGC	
V-Comp (Vigilance Composite)	5.0	91	120	25	110								10		V-C	
H	2	49	100	21	87						0				H	
COP	1	58	103	48	99										COP	
MAH	1	64	105	41	96							0			MAH	

Figure 2.7 R-PAS Summary Scores and Profiles—Page 1

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The Sequence of Scores is represented in Figure 2.6, followed by the Page 1 variables in Figure 2.7. The complexity variable was above average; however, it may not have warranted adjusting levels of other variables for this degree of psychological activity. Nonetheless, Ms. A. sometimes might behave unresourcefully when the degree of complexity she could engage exceeded her ability to manage her life effectively. She probably had difficulty keeping herself from becoming too freely drawn into complex situations developing around her, and a heightened level of mental energy driving her active imagination could sometimes lead her to bite off more than she might be able to chew. Although she showed a considerable degree of intensity or vitality as she became involved with situations or people in her life, she more often than not became engaged in ways that undermined her efforts and ultimately proved maladaptive.

R-PAS also suggested considerable difficulty maintaining reality-oriented thinking. Judgment was compromised and this patient showed an impaired capacity to effectively organize her thoughts. Even in the absence of overt

psychosis, the level and pervasiveness of disordered thinking seen in this record would nonetheless be regarded as problematic.

Feelings of helplessness and generalized distress and dysphoric mood were evident; however, Ms. A. did not appear on the verge of losing self-control, although it might come perilously close to such a point at some moments. Seeing herself as flawed or damaged, compounded by a sense of helplessness, this patient was prone to be on guard against potential threats. She also showed signs of appreciably disturbed self and object relations, and as a result Ms. A. seemed unlikely to readily interact with others maturely or congenially. There also was evidence suggesting a quality of wary distancing in her relationships with people.

Thematic Content Interpretive Findings

Card I

<p>1. <i>It's like a bat or something that was smashed.</i> <i>Just one answer?</i> <i>It has little claws.</i></p>	<p><i>It's more like hands or little mittens than claws. Wings here, the middle part. It's a bat because of these wings.</i> <i>(Smashed) If it was smashed that's what it would look like.</i> <i>(What about the card makes it look smashed?) The image is so smudged, like something that was smashed.</i> <i>(Smudged) The coloring isn't fine, and the outline is distorted.</i> <i>(Coloring . . . outline?) The outline's kind of rigid, not like a straight drawing, it's messy. There's dots like when something's painted and they didn't clean up.</i> <i>(Smudged) The color, it looks kind of pressed. The outlining especially—messy. Just pressed. If it wasn't it would be more oval but this is messy, like it's pressed.</i></p> <hr/> <p><i>Like a gargoyle. A negative flying creature that's going to do harm. Like a destroyer.</i> <i>(Smashed) One less demon. It doesn't mean much because there are millions, zillions of them. Death, annihilation.</i></p>
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Ms. A. began conventionally enough with the percept of a bat, although the morbid (*MOR*) special score seemed to announce from the very start that even a casual impression of conventional experience was fraught with malevolent

overtones. It was not possible to know what her question “just one answer?” meant this early during the Rorschach; however, the question suggested looking for direction about how much or how little to say. Commenting that the bat’s claws were little also suggested vulnerability.

She began the inquiry to this response by referring again to the claws, further immobilizing the injured bat whose claws, as she had already indicated, were too small to do it much good. Accordingly, she turned the claws into hands or little mittens—not only a strained incongruous combination but, even more important, the image of mittens suggested what little children wear over their hands to protect them from the cold. Moreover, mittens are not like gloves: the hands cannot do too much because the fingers are relatively immobilized.

It was difficult to clarify how Ms. A. saw the bat as smashed; at first she said it was “smudged”—perhaps suggesting shading—but her vague comment that the “coloring is not fine” and “it’s messy . . . they didn’t clean up,” and her vacillating between the form characteristics and the “color” created an impression that she may have perceived shading while at the same time trying not to let the shading quality into her experience, and by inference, to thus defensively disavow or deny its affective import as helplessness or dysphoria. Certainly, the content of her association during a testing-the-limits inquiry did not detract from the impression that this patient was communicating a distressing concern about her internal experiences. Considered alongside her vacillation about a possible determinant such as diffuse shading contributing to the smudged appearance, it was not difficult to grasp that she would do whatever she could to avoid experiencing something associated with causing harm or destruction. Moreover, Ms. A. volunteered not only that she perceived danger, but also that there was no getting rid of it. As she implied when saying there are “zillions” of malevolent demons, it must have felt to her that an escape was not possible.

The difficulty of pinning her down seemed to lead to a fruitless wild goose chase as I attempted to clarify in the inquiry whether shading was indeed a determinant. It probably should have been resolved after one or at most two inquiry questions, but Ms. A. was not to be pinned down that easily. The approach I took did not clearly resolve the question about shading but it did lead to recognizing something important about Ms. A. that might not have emerged otherwise: this was a woman who both alludes to distressing aspects of her experience while at the same time tries to deny or expunge such affective experiences, and trying to pin her down mainly provoked a need to retrench and redouble her defensive efforts. Ms. A. defiantly would not budge, as she seemed most comfortable flitting about the edges of her affective life, neither settling into affect states she may not be comfortable with nor negating such experiences either. Staying on the periphery allowed her to have a taste of uncomfortable affect experiences she was not sure about without having to commit to them. The stage was thus set with this very first response on the Rorschach. This quality of alluding to potential determinants characterized most of what followed throughout the remainder of the Rorschach examination. Further, my trying to seek clarification and her stubborn (but as I later came to

see, adaptively self-protective) attempts to resist this effort became a transference-countertransference-like configuration predominating throughout much of the assessment, certainly at least during the Rorschach where precision is the main *raison d'être* that guides the conduct of the inquiry. I may have fallen into a trap that I set for myself and I also may not have realized what was going on until later on as I began to analyze the clinical findings. Although I was left wondering why the inquiry seemed initially so fruitless, engaging in this transference-countertransference *dance* but then understanding what happened and trying to make sense of what transpired between us ultimately enabled me to comprehend something important about Ms. A. I would not conclude that this dynamic could not have emerged in other ways on the Rorschach or on other personality tests, but I would venture to guess that the richness of the dynamic that transpired and the interpretive use I will make of it below would probably not have emerged in quite the same affectively salient way in a more traditional context. However, there can be little doubt that the content-derived interpretation that emerged from my understanding of the response process bears careful attention. Perhaps some Rorschach clinicians might consider the manner of inquiry I pursued to deviate too far from the objective of the instrument's purpose; however, I would argue that indeed this goes straight to the heart of what is best about the Rorschach.

<p>2. <i>A really ugly butterfly that was smashed.</i> <i>Can I turn it?</i></p>	<p><i>The wings at the side. Because it's dark. When I think of a butterfly, I think of a lighter, brighter color. That's why it's ugly. This isn't an ugly color but for a butterfly it's ugly. It's smashed, like it was pressed down—even the white part where it was pressed if they weren't careful. Mainly the wings, though.</i> (Dark) <i>These splotches remind me of blood, which reminds me of death. Like creatures that are negative. Just the splattering, the color.</i> (Splattering) <i>The way the artist splashed the paint. I don't know if he did it deliberately—just the specks around the image.</i></p>
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In this second response to Card I, Ms. A. continued the theme of a smashed object, thus generating the unusual situation of two morbid special score codes in the first two Rorschach responses. In her first response—despite the *MOR* code—this patient attempted to do all she could to seemingly run away from what she said; however, in her second response she appeared unable to manage this defensive operation successfully. Her butterfly was not only smashed but it

was also ugly, and her inquiry—which was entirely made up of her spontaneous initial clarification when the response was read back to her—was nearly totally dominated by her verbalization about the ugly dark color and the smashed, pressed down appearance of the butterfly. She began by indicating that form was a determinant; however, Ms. A. quickly mentioned the darkness and she became so nonplussed by the dark, ugly aspects of her response that she seemed to lose her focus. (Although not technically a deviant response, her lengthy and spontaneously offered verbalization came quite close to becoming one.) It suggested to me that she became so thrown off her guard that she seemed to need to expend much effort to get on more solid footing; hence her closing comment—seeming to come out of nowhere—that the response was determined by “mainly the wings.” I thought that it actually represented how she was distracted or more to the point, psychologically stunned by the dark, ugly quality of the butterfly. Thus caught off balance, Ms. A.’s somewhat odd, out-of-context “mainly the wings” comment seemed like an attempt to reconstitute herself.

In line with this formulation, note also that Ms. A. perceived the inkblot as an artist’s rendering. She commented that the artist might not have been careful about the drawing, which resembled her noting in her first response that the drawing was messy, as though someone did not clean up properly. This patient seemed to be conveying in these opening responses that she might not feel herself on safe ground. Considered alongside the unusual occurrence of two morbid special scores so very early on, Ms. A. seemed to emphasize the necessity of exercising caution and being attentive to potential danger. Looked at in this way, it would not be difficult to understand why she asked “Can I turn it?” at the end of the response phase.

When queried about darkness as a determinant, she referred to “splotches,” suggesting diffuse shading; however, she spontaneously commented that she was reminded of blood and death. This sounded like an association to the affective quality so strongly provoked by this card. Although her association sounded off task, surely it was not tangential or irrelevant in any meaningful sense because it indicated how powerful a stimulus this card was for Ms. A. Bordering on the outskirts of being a color projection because of the strong connection between blood and the color red, this reference did not appear to connote a perception of chromatic color on this entirely achromatic card, particularly in light of her earlier reference to “lighter, brighter color” as how she *thought about* butterflies but not how she *actually perceived* the butterfly she described in this response.

I suspect that most examiners would struggle as I did deciding between achromatic color and diffuse shading. Ms. A. seemed more destabilized on R2 than on R1, and as such this response may have represented the weakening of a defense. Her evasiveness on R1 concerning shading or color gave way to a particularly confusing verbalization on R2 that seemed to be all over the map, so to speak. I suspected that the confusion I encountered about coding this response may have reflected confusion she experienced about her own affective experience. Thus, apparently no longer able to evasively withhold articulating something about the coloration on the card and by inference an affective state

of some type, Ms. A. seemed to vacillate between potentially referring to achromatic color and even chromatic color as color projection, finally settling—or perhaps I should say that *I* finally settled—on a coding of *C'F*, representing on the one hand affective constraint (which in the final analysis may not accurately reflect the chaotic, all over the map affective experience that was actually triggered) and on the other hand form as a secondary determinant.

This patient may have attempted to deliver this second response much like her opening response, representing another exclusively form-based or at least form-dominant percept. But it was possible, though still a speculative conjecture, that this intention threatened to get away from her as she appeared to lose her hold on the form-dominant determinant structure. Thus, her meandering verbalization on the inquiry may have overwhelmed her struggle to suppress an affect state she found difficult to tolerate, and in so doing also undermined what I suspected would have been her preference to produce a form-influenced response. As part of this process, her strained reference to blood and death lent yet a further indication about the considerable sense of danger lurking rather close to this young woman's vulnerable grip on her psychological capacities—despite the superficial and deceptive presence in these first two responses of Card I's two most conventional and accordingly popular (*POP*) percepts.

<p>3. <i>The top of a mask for a costume party, that you hold on a stick like a masquerade.</i></p>	<p><i>The parts for eyes, and the stick is missing. I didn't pay any mind to these white spaces on the bottom where the eyes would be.</i></p> <hr/> <p><i>Beautiful gowns, beaded gowns, dancing or waltzing. A fine evening. Refined people.</i></p>
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Beautiful gowns, waltzing, refinement: one would hardly think this was the same patient discussed above! Granted, this was an association not from the formal Rorschach administration but rather from a testing-the-limits inquiry conducted after the formal inquiry was completed. Nonetheless, it came as a surprise and surely it cannot be ignored. Coming after this patient's two previous responses in which there were suggestive indications of this young woman as a vulnerable, threatened person, the association to beautiful gowns and a fine evening of dancing seemed to demonstrate how Ms. A. had managed to transform her fearful, blood- and death-infused experience of herself and her surround to "refined people . . . a fine evening"—just by putting on a mask. However, her "masquerade" may still belie the fragility her earlier responses suggested because "the stick is missing," thus making it more difficult to support the mask.

Moreover, Ms. A. emphasized eyes in her explanation of the mask. The "parts for eyes" and the "missing stick" were indeed the main form features of

the mask; furthermore, she seemed to go out of her way to stress that the white space also explained how she saw the eyes, although she took great pains to note that “I didn’t pay any mind.” Indeed, it is always interesting to speculate about the meanings of eyes in Rorschach responses. From the preoccupation with looking or being seen in relation to paranoid hypervigilance to the communicative implications of eyes as a window to personality (such as eyes darting, shut, squinting, averting one’s gaze, frozen in dread, looking longingly, eyes as deep wells of sadness, and the like—not to mention the numerous literary references to eyes, especially in nineteenth-century romantic poetry), Rorschach enthusiasts are frequently drawn to allusions about eyes and seeing on the inkblots and discerning their meanings. Ms. A.’s reference to eyes seemed to suggest both the main reason for seeing this percept as a mask and also an emphasis on disregarding “where the eyes would be.” Thus, the eyes were noted but also ignored. It was, after all as she appeared to say, a costume party. As such, the mask was part of a costume, and a masquerade represents pretending to be someone other than who a person actually is. But a masquerade also is a game that others know exists for the purpose of make-believe and gaiety.

That being said, what might be made of Ms. A.’s costume party mask (with its handle or lorgnette missing)? Masks sometimes represent a defense operation, indicating either hiding oneself or attempting to disguise or protect oneself from being seen or having something revealed. Ms. A.’s mask response, however, was hardly typical of most mask responses that sometimes contain clues concerning the type of defended-against content. Her mask response reflected a festive quality in its emphasis on a party or costume ball. Her subsequent association pertained to beautiful beaded gowns and a refined or high form of festivity, adding to the impression that this patient had in mind a grand or gala event. Moreover, this response followed two responses characterized by morbid content and, in one, associations to blood and death. Ms. A.’s masked ball content may thus have signified defensively turning away from the distressing material surrounding the earlier responses.

This response also might be regarded as an indication of a hypomanic or possibly grandiose defense—not in the sense of hypomania or grandiosity proper but rather as a disturbance characterized chiefly by destabilization or dysregulation of mood. I am referring here to the lability of her affective states, mainly calling attention to the wide oscillations of experienced affect this patient appeared to display even on just these first few Rorschach responses. Thus, I refer here not to acute mood dysregulation (such as that seen in primary bipolar illness) but rather to a more subtle oscillation of mood more in keeping with that associated with a subsyndromal variant of bipolar depression or “soft” bipolar spectrum. As such, the mask was more than a mask for hiding; it was also a mask for a costume gala. In the preceding response, the butterfly was not only ugly and smashed; this patient seemed preoccupied with the morose nature of the shading and the reference to blood and death suggested a considerable depth of despair. What I am calling attention to is the difficulty this and similar patients have modulating affective experiences.

<p>4. <i>Part of the body of an insect. That long line where the feces would be. The sides look like wings. The spaces are the only part that makes me think it's not.</i></p>	<p><i>This line in the middle of the insect, these claws or hands or mitts. This middle part looks like the stinger at the end.</i> <i>(Line in the middle?) It's straight down the middle, that fine black line. It's just because it's in the middle.</i></p> <hr/> <p><i>A negative color, maybe. It's not a bad color, I like the color. It's just so unattractive, like a pest you wouldn't want around you, that's going to do harm.</i></p>
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This final response to Card I was puzzling, mainly because it seemed particularly odd: only a part of the insect was seen, white space was mentioned but not really used in forming the response, “claws or hands or mitts” seemed to reflect a progressively bizarre distance from an insect appendage as Ms. A. tried to think of the name for this part of an insect, and she described a line she saw in a highly unusual way as “where the feces would be.” Curiously, though, the formal scoring of this response reflected none of the oddness of her verbalizations. Thus, although it is rare for patients to refer to a part of an insect rather than to simply say *an insect*, that did not merit a special cognitive score. Further, had Ms. A. referred to an appendage as a hand or mitt, it certainly would be coded as an incongruous combination (and probably at Level 2 for the mitt); however, by mentioning claws initially and apparently not changing from claws to either hands or a mitt, these additional elaborations probably would not have been treated as lapses receiving a special cognitive score—although just barely. And finally, because this patient did not actually see feces but rather commented that the line indicated where feces might be, this odd association also did not receive a special cognitive score. Perhaps as a tangential thought it might have been considered a deviant response (*DR*), but even as a tangent it did not seem sufficiently off track to be coded in that way. One might say that Ms. A. somehow managed to slip between the cracks as she produced a response that fell short of indicating distorted or disordered thinking. However, certainly this response conveyed a strained, bizarre quality quite different from any of the verbalizations of the previous three responses thus far. I could imagine that the people in this patient’s surround would at least sometimes be perplexed by the oddness of things she could say, yet people would probably not go as far as judging Ms. A.’s thought processes to be grossly illogical or bizarre.

Considering her responses on Card I in sequence, Ms. A. may have shown an affective disturbance and perhaps in addition some degree of disordered thinking. She began by announcing an internal struggle she may barely have recognized. She started off with a conventional enough response but she could not seem to keep out of her perception a sense of helplessness or vulnerability

that was readily triggered. It also seemed that she defensively attempted to isolate the distressing affect as if she could speak the words but somehow manage to circumvent the feeling. This defense seemed robust at first, as repeated inquiry attempts to elicit clarification were met with an intensified defensive effort. But as she continued, Ms. A. seemed unable to dispel a sense of faltering. Perhaps moderately overwhelmed by the affect state that emerged and caught her unawares, she vacillated between recognizing some degree of turmoil and trying her best to find a way to expunge what she was feeling.

In the end, this patient seemed to cave in as the affect state appeared to predominate. Possibly presaging what occurred in her third response, Ms. A.'s reference to a "lighter, brighter color" suggested how far she might need to go to deny the "ugliness" she was faced with, by imagining (in the sense of hoping for) color on this achromatic card to appear and thus relieve her of the disturbing affect she was rather clearly having difficulty acknowledging and managing. As she progressed to her third response, Ms. A. managed to momentarily escape from the vulnerability she was probably experiencing by transforming the mask (with its usual connotation of defensive concealment) into a prop for a gala party (although the stick that supports holding up the mask was notably "missing").

It also deserves noting that this patient's reference in the previous response to being "careful"—and even in her first response when she referred to messiness resulting from not being careful to clean up—suggested a need to carefully maintain control of disturbing affect states. Referring to the form as "rigid" (in her first response) was consistent with this impression. However, by the time she reached the third response her solution seemed to have a quality of whistling in the dark,² representing the lengths she needed to go to in order to achieve this brittle solution—which she herself may have sensed to be a "masquerade." But it was in her odd final response to Card I that Ms. A. revealed a more ominous side of her struggle to preserve a workable psychological organization. This strained percept thinly concealed how fragile her thinking could become. It should be noted that the formal coding of this fourth response, despite an incongruous combination (*LNC*) code, raised no serious red flags despite the odd content, suggesting perhaps that while Ms. A. might sometimes appear to people as a so-called "peculiar duck" she managed to not go too far over the edge in her occasionally distorted thinking.

Card II

<i>✓ 5. This could be some sort of insect. It was smashed, two antennae at the top, the stinger. Two legs, very large legs, and the face.</i>	<i>It's pressed down, so the wings wouldn't almost be there, because it's pressed. It has fat legs, almost like a baby's legs—piggish kind of legs.</i>
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	<p>(Pressed down?) <i>Because the colors aren't clear, like a grayish black, not a solid black or a solid white. The colors are mixed in.</i></p> <p>(Fat legs?) <i>How thick they are, the plumpness.</i></p> <hr/> <p>(Insect with fat legs?) <i>Something negative. There's a scripture in Revelations that talks about a horse with a man's face—a negative creature that's to come. So, it's like a piggish hamster with wings.</i></p>
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Although this time her insect response was a whole insect (now, though, with a face), the pressed or smashed quality persisted and Ms. A. no longer could avoid letting in the kind of psychological experience represented by diffuse shading. This was now the third time in five responses that Ms. A. referred to a smashed or pressed down look, which in at least two of these responses stemmed from perceiving shading.³ Her odd-sounding reference to “fat legs . . . like a baby's legs . . . piggish” fell short of being coded as an incongruous combination (*INC*), although her saying that it was “almost” that and “piggish” (as if to say it seemed to look like that, but not that it was so) left some doubt about this comment representing a genuine, unequivocal *INC*. Certainly it had a strange ring to it, prompting my testing-the-limits follow-up question which resulted in both an odd association to a biblical half man/half animal portending something ominous and yet another odd and even stranger association (“a piggish hamster with wings”).

Ms. A. seemed to be losing her grip on herself in spite of the response sounding for the most part within a normal range of experience. My main comment here rests with her trying to maintain a hold on generally conventional experience that seemed more fragile than it appeared at first glance. Further, her tentative hold on herself seemed to be undermined and may have been progressively weakening, driven by a sense of helplessness or vulnerability about herself.

<p>Λ6. <i>A man's face and beard, and his eyes.</i></p>	<p><i>The beard, nose and mouth area, the red splotches could be eyes. Like a very unique Santa Claus. A fictitious character or image.</i></p> <p>(Beard?) <i>Men usually have that rough beard. It's dark and kind of—not rough—just dark.</i></p>
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	<p>(Rough?) <i>That's not really the word I'd use.</i></p> <p>(Unique Santa Claus . . . fictitious?) <i>No one has red eyes like this, so it would have to be unreal.</i></p> <hr/> <p>(Unique Santa Claus?) <i>Nothing much. I don't believe in Santa Claus, so just something to attract children. Like a cartoon, a fake.</i></p>
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This response represented Ms. A.'s first human percept, although it must be qualified as a fictitious human and the percept was of the face only. Interestingly, she made reference to the roughness of the beard, but she quickly and spontaneously backed away from that textural quality—and possibly needs for contact with people along with it, conveyed in a stilted way that bordered on sounding imperious (“that’s not really the word I’d use”). Previously, on R3, Ms. A. also used a stilted expression that suggested distancing (“I didn’t pay any mind to these white spaces”). Referring to the man as fictitious was consistent with the quality of emotional distance surrounding this response. However, the more specific reference to Santa Claus seemed to represent another quality, and indeed what this patient had to say was nothing like the benevolent, gift-bearing, or jovial Santa Claus one might have expected. Instead, Ms. A.’s Santa Claus was dismissed not only as cartoonish but also as a fake. She may even have had in mind a malevolent view of Santa Claus as an invention designed to trick children, if one might want to speculate whether her using the word *attract* might even have contained a duplicitous, possibly sexual connotation.

Equally speculative, though still worth considering at a hypothesis generation stage, was this patient’s statement “I don’t believe in Santa Claus.” Who, of course, would expect an adult to believe in Santa Claus, so why then would she have felt the need to state that? Did it contain a wish, however, for something more benevolent that she needed to depreciate and keep at some distance from her customary expectations of other people? This hypothesis may not seem quite so far-fetched in light of her original reference to the rough beard—which she quickly took back—shortly after mentioning the Santa Claus image. *Rough* surely seems antithetical to the common association of a soft or fluffy Santa Claus beard. Moreover, a *fake* is hardly most people’s immediate association to Santa Claus. Both associations may have revealed how Ms. A. felt she was treated by people—and possibly men in particular, although it was too soon to know for sure at this point—potentially revealing what Ms. A. may have craved but defensively kept at some distance.

<p>Λ7. <i>Two rabbits in some sort of patty-cake or something. Their hands are together in the middle like they're slapping each other. The red splotches look like some sort of distraction, it doesn't make sense to me. Like wings, these polka dot wings. It doesn't make sense.</i></p>	<p><i>Their hands and legs. (Slapping each other?) They're having fun.</i></p>
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Probably the most notable feature of this response was Ms. A.'s verbalization at the end of the response proper, which may have signified confusion. I at first thought it was a new response, but when I repeated this verbalization during the inquiry she said,

I don't know what this is—the red within the black. They used red and then they did the black on top of it. (Wings, polka dot wings?) No, it isn't. It just doesn't make sense.

It appeared that she did not intend for this comment to be a response; however, the unusual nature of the verbalization was consistent with her other odd, strained verbalizations that while raising an eyebrow nonetheless fell short of indicating unequivocally disordered thinking. Indeed, when Ms. A. talked about *red splotches* as a *distraction*, she may have been intimating that she could be prone to being distracted by details of the blots she had difficulty ignoring. She seemed lulled and distracted by the red areas superimposed on the black-gray areas which led to a quasi-response that perhaps represented an attempt to stay with the perceptual attraction it held for her. But in the end, she pulled herself out of the distraction by rejecting her potential response of wings or polka dot wings because it “doesn't make sense to me.”

Apart from this not insignificant occurrence, the response itself was mainly notable for its simplicity. This patient did not become absorbed by the percept in any particular way, and the form and movement determinants (accompanied by the cooperative nature of the movement) were not unusual. “Slapping each other” sounded as if it could have aggressive intent; however, on inquiry it appeared not to be the case. Nevertheless *slapping*, even in a playful context, is a forceful word and although it may not have had aggressive intent, Ms. A. still was describing energetic play, which might be another indication of hyperthymic temperament, albeit probably a modest indication.

<p>Λ8. <i>This could be a pathway, like greenery or parts of a landscape. A tower here, and a doorway.</i></p>	<p><i>Here's the tower, the path is narrow and then it widens like looking at it from a distance. And the dark area's a landscape or trees where it's dark and now it's coming into the light.</i></p>
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	<p>(Greenery?) <i>That same area.</i> (Doorway?) <i>It's long, it's at the bottom of what seems to be a tower.</i> (Dark . . . coming into the light?) <i>As it's further along it's darker, and as you come closer it gets brighter and brighter.</i></p> <hr/> <p><i>A kingdom—not a negative place. (Q) Some place free, with no distractions like a city.</i></p>
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Here Ms. A. perceived a scene in perspective, making use of shading features to suggest both a landscape and gradations of lightness. It was the first of a large number of vista responses, a specific type of shading response, in Ms. A.'s protocol—three in total—suggesting self-deprecation. The reference to a tower caught my attention, thus leading me to test the limits. It seemed that Ms. A. had in mind an idyllic, fanciful quality such as a fairy tale world of kingdoms and towers where all is “free” (by which she seemed to mean uncomplicated and easygoing, and possibly also serene). Ms. A. volunteered the association to distractions such as a city, and of course her comment or quasi-response just preceding this one also referred to a distracting element on Card II—the red “splotches”—which she ultimately dismissed as not making any sense. Her attempting to eliminate distractions seemed to be continuing, distractions that appeared to perturb her possibly by threatening to destabilize the adaptation she struggled mightily to preserve. I wondered whether her referring to distractions was a euphemism for affective instability or possibly, mindful of the vista coding on this card, devaluation.

Overall, Card II revealed just how much effort it cost Ms. A. to maintain what looked like a tenuous hold on affective equilibrium. Even more so than on Card I she seemed to be struggling to steady herself in an attempt to remain afloat. On Card I, Ms. A. essentially announced her vulnerability in her initial response as she resisted what felt to her like being pinned down. The defensive effort she displayed began to wear down as her responses proceeded, straight through to the rather odd quality of her last response on Card I. If her defensive efforts were beginning to weaken even by this point, they clearly continued on Card II in which none of her responses was without some indication of further signs of struggling, either in the form of strained thinking or feeling that she was combating affect states experienced as “distractions” she tried to drive away.

Consistent with and following upon the main clinical indications from the Structural Summary and R-PAS, the detailed analysis of thematic content and sequence of responses as elaborated above provided further elaboration of this patient's affective experience. In particular, Ms. A. barely had a moment when she was not experiencing vulnerability as she tried to diminish the impact of

intruding but unrecognized affective states. She seemed unaware of the considerable effort it cost her to keep away what she preferred to think of as distractions. This patient succeeded insofar as her overtaxed defenses managed to maintain that effort, but the toll it took was starting to get the better of her, even by Card II. She also showed several cognitive anomalies and other special scores in addition to *MOR* (such as *AGC* and *MAP* (mutuality of autonomy—pathological form) in R-PAS). Although these special codes were clearly apparent, they may have been of the sort that casual observers in her life might overlook or disregard merely as idiosyncrasies.

Ms. A.'s productivity (eight responses on just these two cards alone) and her elaborations of these responses were rather energetic in quality—the vividness of her descriptions and fantasy material, the transformation of the mask from something associated with disguise or defense to a gala ball, and the asides rich with associative content but which seemed to annoy Ms. A. as distractions she continually worked hard to disregard. What I here called an energetic quality is what I also kept an eye on as the protocol further unfolded, entertaining the possibility of some degree of affective dysregulation consistent with a “soft” bipolar spectrum disorder.

Card III

9. <i>A butterfly in the middle.</i>	<i>The shape of it. I could have said a bow tie.</i>
10. <i>These two dark figures could be monkeys or foreign women like Africans, from the features.</i>	<i>The face, nose, the shape goes out—here's legs, and a hand or paws area. African women because of the long neck and the shape of the head and chest area.</i> <i>(Dark figures?) Just because this other one is pink and this is gray, that's all.</i> <i>(Monkeys or foreign women?) The top half is mostly human-like but the bottom half is more animal-like.</i> <i>(How do you see it?) I'm seeing both. Mostly human but the leg is animal-like.</i>

The butterfly was her most conventional-sounding response thus far, but even that was spoiled by her odd comment, “I could have said a bow tie.” Oddness, however, is relative to the context in which it occurs. That is, no one would think much about such a statement had it been said in ordinary conversation, but as part of a Rorschach response it would be noticed because examiners do

not encounter such verbalizations very often. To my ear, it again fell just short of being coded as a deviant response (*DR*); it would not be difficult to see why other examiners might have coded this comment in just that way. Perhaps what was more important than whether it was or was not a *DR* was taking note of just how often this patient seemed to skirt the edges of odd or atypical thinking.

Ms. A. next produced a response that was reminiscent of her opening response on Card I: she referred to dark figures or coloration while at the same time indicating that the darkness was an incidental detail. She clearly emphasized form on the inquiry and probably would not have mentioned the dark color spontaneously. Even the women were seen as African “because of the long neck.” When I inquired about the dark figures, this patient seemed to indicate that she used it to differentiate it from the chromatic color and minimized its significance further by adding, “that’s all.” As on Card I, she seemed both to perceive dark color and simultaneously to back away from it, tossing it off—indifferently, so I thought—as if it had registered with her but from a distance and without any affective engagement, which was not incompatible with the interpretive meaning of *C’*. Therefore, just as she did previously on Card I, Ms. A. seemed to convey a defensive posture suggesting having it both ways: she could be remotely aware of unsettling affect states without having to really undergo or get too close to the actual affective experience. As she herself said, these were “foreign women”—the dark areas that looked African—another oddly stated expression.

It should not be overlooked that Ms. A. was herself a black woman. Thus, while it may be possible that she conveyed some distanced aloofness about being black, her distancing should not be understood as simply that alone. Ms. A. was mainly conveying her characteristic defensive posture about dealing with distressing affect states. Although I did not pursue the matter of the dark areas vs. gray color on inquiry, I could easily imagine that it would mainly have led to the same kind of stubborn evasiveness I saw on the first response to Card I when I tried to clearly establish whether she was using diffuse shading or achromatic color. I doubt that I recognized in the moment that I had learned my lesson with her about pushing too vigorously on inquiry, but I do wonder now whether something about that nevertheless registered with me, and that my reticence may have been a reason why I seemed content to take what she said at face value.

Finally, Ms. A.’s monkeys or African women were half-human and half-animal, adding to the sense that there was indeed something “foreign” or alien and not quite real about aspects of her affective experience. Perhaps it reflects how far she had to reach to achieve the distanced but alienated comfort level she probably needed to muster at many times.

11. <i>Water here, because the shade is a little lighter, like a reflection, sort of.</i>	<i>Ripples, like water. The way it’s painted, it’s not consistent because there are spaces. And it’s lighter, like something clearer. This dark part could be like a reflection of the people.</i>
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	(Reflection of the people?) <i>No, it's not a reflection. It doesn't match up with the way the heads are shaped.</i>
<p>✓12. <i>A cat. The ears aren't very large or evident. The hands are here, and on his belly there's a butterfly—a butterfly heart or something.</i></p>	<p><i>The belly, the cat's face, but cats don't have arms. This white splotch looks like a cat's nose.</i></p> <p>(Butterfly heart?) <i>This is his heart area because it's in the middle. It's like his heart is gentle like a cat, which doesn't make sense. It's a heart just because it's in the middle.</i></p> <p>(Butterfly heart?) <i>The heart of the cat looks like a butterfly.</i></p>

Both of these last two responses to Card III had a somewhat representational or metaphorical quality about them: A perceived physical object became transformed to convey an ephemeral quality. In the response of the ripples in the water, the emphasis concerned impressionistic qualities of the water—none of which could really be seen or were palpable. Spaces, lightness, clarity, a reflection-like quality—all of these images suggested a painting because the language connoted how one might describe a work of art. Thus, spaces represented the unevenness of ripples, lightness was used to connote clarity of an image, and the dark features were used to suggest a reflective surface. Ms. A. may have gotten carried away when she referred to “a reflection of the people” but when I brought her back from her dreamy reverie, so to speak, by asking her what she meant, she seemed to come back to reality and retracted the reflection because the veridical perception did not fit well.

The words this patient used suggested apprehending an affective experience in a visual, sensory manner. Note also that a moment ago I used the word “palpable” to convey the idea that the imagery Ms. A. lavished on this response could almost be touched, such as feeling the water’s ripples or the lightness-darkness of clarity and reflectiveness. I am not at all suggesting anything about texture as a formal determinant (and I hesitate to even say *palpable* for this reason); however, I do wish to call attention to this quality which occurred to me. I will only mention this association at this point in passing, fully admitting that it is my association entirely, and only weakly grounded at that in anything about the response proper. But I bring it up because I have already mentioned and will return again to the matter of Ms. A.’s distanced affective experience and how affects appeared to be unarticulated in her psychological experience. Note also that this response contained Ms. A.’s only reflection response. I call attention to this curious

confluence of factors as I continue trying to make sense of what this texture-less protocol might indicate about this patient's inner life, particularly given the three vista responses she produced and her curious way of sometimes verbalizing but also at other times seeming to dance around (or away from) diffuse shading and the particular affect states these determinants typically represent.

Ms. A. followed this response with a credible enough percept of a cat, but she seemed to casually include a detail of the card that she oddly called its "butterfly heart . . . because it's in the middle" and because the detail that she called the heart resembled the shape of a butterfly. Moreover, she also referred to the heart as being "gentle." In a technical sense, the heart merits a special score for inappropriate logic (*ALOG* in CS; *PEC* in R-PAS) for its location in the middle as the rationale for its being seen as a heart and for its resemblance to a butterfly as the main rationale for its being seen as a "butterfly heart." The "butterfly heart" also represented a fabulized combination (*FAB2*).⁴ Apart from these serious cognitive special scores, this "butterfly heart" verbalization represented a careless loss of distance, by which I mean that Ms. A. seemed to be speaking more about the heart as a metaphor for a gentle-natured cat than as a veridical perception of a heart shaped in that way and located in a particular position. She did not take the trouble to make it clear that she seemed to be talking metaphorically, but I think the main emphasis in this response needs to be placed on the significance of expressing a tender affect—which seemed to slip through—and which as a result may have caught Ms. A. off guard. (One also could say that just about every response seemed to have caught her off guard in one way or another!) After the affect slipped out, Ms. A. quickly seemed to attempt once again to back away from her response ("[it] doesn't make sense") as she focused on its location in the middle and the appearance of its form as the basis for its looking like a heart and its being shaped like a butterfly. What I also would like to emphasize here is that when vulnerable affect was aroused, this patient temporarily could become immobilized, until she could manage to defensively attempt to diminish its importance.

Card IV

<p>13. <i>It could be a giant. Two big feet on the sides, the hands are really odd—maybe it's the back of the giant carrying an animal he slaughtered, or two animals he slaughtered. [Holding card flat and parallel to desk surface, turning card] I'm trying to see if I can make out an image where the light is but the dark is very distracting and I can't see anything in it.</i></p>	<p><i>The feet and the large body. The back of the giant because the animal he's carrying we're seeing from the back.</i> (Hands really odd?) <i>They're an odd shape, but if it's an animal he's carrying then it's just the way they're hunched over as he's carrying it.</i></p> <hr/> <p><i>He's just trying to eat. He may not be so bad as his outward appearance.</i></p>
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<p>14. <i>Some sort of head, there's eyes and two large whiskers or something.</i></p>	<p><i>Head, eyes or eyelids, whiskers or horns even.</i> <i>(Whiskers or horns even?) Just protruding out the side of the face under where the eyes are.</i> <i>(What kind of a face?) Some kind of an animal.</i> <hr/> <i>Like a snake, a very large snake.</i></p>
<p>✓15. <i>This could be trees but I'm not sure where it starts or ends.</i></p>	<p><i>It reminds me of greenery, this whole dark part. But there's no way to make an outline of trees.</i> <i>(How do you see it?) Because it's a little darker and lighter, like when you're looking at land from up in a helicopter. I didn't see it at first that way, from a distance, but now I do when I try to explain why it could be that way.</i></p>

Ms. A. reported here a common enough percept for her first response to Card IV—indeed a popular (*POP*) response—although seeing an unreal, oversized human-like figure raised the possibility that once again her sense of vulnerability was readily triggered. This was her fourth human content response thus far, three of which were coded (*H*) for human-like figures, and this one was seen from behind. Seeing a misshapen hand led to her explanation that the giant slaughtered an animal; thus aggression was incorporated in the response. This response was her second human movement response, both of good form quality, though like before it was compromised both by the (*H*) content code and the presence of troublesome special scores (*MOR* and in *R-PAS*, *MAP* also).

However, the plot thickens. Because of these concerns, I solicited further elaboration by testing limits, and I was surprised to hear this patient talk about the giant slaughtering its prey in a way that attempted to justify the aggression. However, the tone was not apologetic or defensive; rather, it sounded as if she were saying the giant had to get by in the world just like everyone else. Consequently, the malevolent intention was rendered comprehensible in a way that made empathizing with the giant not especially difficult.

It was noteworthy that Ms. A. immediately followed her comment about slaughtering animals by holding the card in an idiosyncratic way, turning it at different angles and explaining that she was trying to see something in a lighter shaded area “but the dark is very distracting.” Indeed, more distraction! This patient again experienced a sense of what she has now called “distraction” a number of times; moreover, when she followed this by saying “and I can’t see anything else” she seemed to be saying that she was stuck. Recall how difficult it was to get her to clarify what I suspected was a dark shading feature on her very first Rorschach response, and more generally how she seemed perturbed by diffuse shading and what it appeared to stimulate affectively for her. It was becoming increasingly clear that *distraction* meant something like *intrusion* to her, and diffuse shading was particularly difficult for her to tolerate. Trying to get away from it to see something else—as she wanted to do at this moment—was unsuccessful. It also provides a useful reminder that not every instance of distractibility is attentional in nature.⁵

However, Ms. A. was not immobilized because she did manage to produce two more responses on Card IV. The first of these (R14) was more or less conventional; however, I was not content to leave it at that and chose to test limits with this response, too. Again, I was surprised, although in a different way than I was on R13: the animal head with whiskers was actually a snake. And her final response to Card IV was a formless vista response—yet another surprise considering that Ms. A. had so much difficulty dealing with diffuse shading in her Rorschach responses.

The intensity of the affect suggested by diffuse shading may have in some sense overcome Ms. A. because try as she might she could not summon up any details to find form or structure in this response. She attempted to create some distance for herself by noting dimensionality, although Ms. A. clearly indicated that she did not perceive the dimensionality during the response proper or at the start of the inquiry. I think it is fair to conclude that she managed to find a way to recover from what perturbed her, at least to some degree. But more than anything else it seemed that the story of Card IV for this patient concerned attempting to deal with the overwhelming vulnerability brought on by the giant-sized image of R13 that had slaughtered its prey. Despite Ms. A.’s at first unsuccessful effort to find something in the light areas to get away from the affect that seemed to overcome her and her attempt to soften the impact of the slaughtering giant “who’s just trying to eat,” she somehow managed to soldier on. But her animal head with whiskers (that she managed to conceal seeing as a snake, until I tested the limits) and the pure *V* coupled with “no way to make an outline” could not dispel the extent to which she struggled to keep uncomfortable affect states at bay. I might also add that her external composure gave no clue about what I could only imagine was a deeply distressing albeit submerged and on the surface well-defended sense of anxious perturbation.

Card V

<p>✓ 16. <i>A smashed insect—they all look like that. An insect with large wings, just taking flight or already in the air. The head has really large ears and the weird feet.</i></p>	<p><i>The feet, ears, back of the head, wings. (Smashed?) The way the colors aren't clear or sharp—kind of smudged.</i></p>
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<p>✓ 17. <i>Two peacocks.</i></p>	<p><i>The head of a flamingo, large wings. (Head of a flamingo?) It's long and thin. (Peacocks?) They're not as thin. (Q) The head is a flamingo and the rest of it is a peacock—part flamingo, part peacock.</i></p> <hr/> <p><i>A fictitious character, something in a movie. Like "Big Fish" where everything's exaggerated or odd. Things aren't real, like a girl with a cat's body. It's weird but it's fun, very interesting.</i></p>
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<p>✓ 18. <i>A horse's foot and tail.</i></p>	<p><i>The foot and tail and the rear end or leg, like the horse is diving.</i></p> <hr/> <p><i>Something weird again—not seeing the whole body. And diving, which horses don't do, that's also weird. But maybe it's pretty normal—just like it's the horse's rear end and tail.</i></p>
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I frequently regard Card V as one that provides an opportunity for patients to reconstitute, particularly if their responses to Cards I through IV suggested that distressing psychological states were triggered. The unusualness of the Rorschach task right from the start on Card I with its dark and gray tones, the “blood” red pull of Cards II and III, and the sometimes perceived imposing or looming figure on Card IV often stimulate psychologically compelling affect states with little or no relief across these first four Rorschach cards. By

contrast, patients sometimes react to the relatively innocuous Card V as if it provided some degree of relief, which is a quality (or perhaps even a capacity) I am inclined to watch for. Surely Ms. A.'s 15 responses to this point indicated a considerable degree of psychological strain, and thus I begin a discussion of the three responses to Card V—all of which were delivered in the inverted position—with this consideration in mind.

Ms. A. seemed to show barely any indication of what might be regarded as relief or reconstituting adaptive resources. She delivered a response of another smashed insect (her ninth diffuse shading determinant out of 16 responses thus far, which was itself immediately preceded by a response with the rarely coded *I*). This response was followed by a percept of peacocks which she had difficulty holding together during the inquiry. Apparently pulled by the shape of the head or neck which she could not reconcile with the percept of a peacock, she seemed unable to resolve this incongruity in a way that avoided a fused image of a “part flamingo, part peacock”—which was at least the second time thus far that she fused incongruous elements (most clearly on Card III and possibly earlier on Card II as well when she commented on the “piggish” legs of an insect). Moreover, R18 also presented her with a problem of reconciling disparate elements of the percept of a horse diving as she tried to decide whether the image was incongruous or possibly normal. Each of these three responses earned a special cognitive score for an incongruous combination (*INC*), and form quality ranged from good to poor but in an overall sense could not be considered much better than marginal in accuracy.

Although Ms. A. appeared relatively comfortable with so much “fictitious . . . exaggerated, odd, not real . . . weird” imagery, I was not convinced that what she let pass as fanciful elaborations could be as much “fun” as she probably wanted to believe. (I would also note in this context that Ms. A. showed no observable or apparent indication of distress or affective strain throughout the entire Rorschach administration.) My index of suspicion remained on the alert that this patient experienced troubling affects internally that she attempted to rationalize. Many times, her way of attempting to expunge psychological distress came at the cost of compromised thinking or perception. Despite the markedly elevated *WSum6* and comparable R-PAS variables, I did not regard the loss of distance these variables implied as representing the disordered thinking of a psychotic-like illness, although it did seem to indicate the degree to which a great deal of her ongoing experience could become overtaxed to preserve effectively operating defenses. Considered as well from the standpoint of an examiner listening to a nearly steady stream of psychologically “loaded” content, it would not be difficult to imagine that the people in Ms. A.'s world often would think of her as strangely idiosyncratic—the proverbial *peculiar duck*.

Card VI

<p>✓>✓19. Looks like someone sliced a hamster down the middle.</p>	<p>Like it was sliced and opened out. The arms, legs or feet, head. (Sliced?) This dark and light area looks like when something's cut.</p> <hr/> <p>Nothing in particular. Just death, that's all.</p>
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<p>20. Feathers like the kind Indians wear.</p>	<p>The light and dark, and the ruffled-out shape.</p>
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There occurred more card turning at the beginning of Card VI than usual, perhaps representing her trying to find a position to get away from something she did not want to see. Still, Ms. A. produced a rather gruesome-sounding response. The *MOR* code—her sixth thus far—coupled with still another diffuse shading determinant provided a further compelling indication of a sense perhaps of herself as damaged goods accompanied by an affect state signifying helplessness or dysphoria. Perhaps most telling was her offhand comment during testing the limits (“just death, that’s all”) as if to indicate that the danger and helpless affect state were no big deal—and thus walled off from ongoing affective experience. One must wonder by this point why it apparently was so dangerous for this patient to let in any direct experience of her affect life. Stated differently, it was quite striking that Ms. A. received as many *MOR* and diffuse shading determinant codes as she did while appearing all throughout as cool as a cucumber. It was indeed remarkable that she could appear so flippant and unaware of the affective quality underlying what she saw and how she elaborated her Rorschach percepts. Testing the limits seemed a particularly invaluable method for discerning this aspect of dissociation about her affect life.

<p>21. Whiskers.</p>	<p>This thin line, the way it's protruding. (Protruding?) It's coming out of this top part, sticking out.</p>
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<p>√22. <i>A distorted outline of the inside of a flower or plant. And this part might be what's below the ground.</i></p>	<p><i>Below the ground, where the root is. Just the shape of the rest of it and it's connected to a stick which could be the stem.</i> <i>(Distorted?) The flowers are a little bit fuller.</i> <i>(Fuller?) No, not really. It's not really distorted, just a unique flower, not torn or ripped. Just its shape.</i></p>
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These two responses seemed to depart from the first two responses on Card VI mainly because diffuse shading apparently was not used. The protruding line of the whiskers might have been influenced by shading, but there was no indication to that effect. Having produced two consecutive responses using diffuse shading, Ms. A. could have clammed up at this point, which seemed consistent with Ms. A.'s defensive organization. The distorted flower percept added to this impression, particularly inasmuch as it was seen—or perhaps more correctly, not seen—because it was “below the ground” and also because of the curious denial during the inquiry concerning its distorted condition. This patient replaced “distorted” with “fuller”—suggesting if anything, vitality—but apparently Ms. A. could not entirely maintain this defense because when asked about the flower being fuller she returned, unprompted, to refer to its distorted condition. She appeared to try again, and thus the distorted flower became a unique flower, but by immediately and spontaneously following this statement by saying “it's not torn or ripped” she again revealed the precariousness of her capacity to sustain a workable defense. I was by now wondering whether Ms. A. was losing her grip on a tightly defended personal-ity organization.

Card VII

<p>√23. <i>The middle could be a body of water.</i></p>	<p><i>This area here looks like a reflection. Not a reflection, I mean ripples, because of the spaces and lines here.</i> <i>(Body of water?) The white space—an open space. Otherwise it's nothing in particular.</i> <i>(Ripples?) Just because the way the lines are, the white space in between.</i></p>
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<p>✓24. <i>A person walking through a path of trees.</i></p>	<p><i>A woman walking through a path, like something she's coming from, like a kingdom. She has a tall hat like an Egyptian, strolling through the path. The shaded area could be trees.</i></p> <p><i>(Shaded area?) No, it's just because of the things around it, like the woman.</i></p> <p><i>(Path?) Just because the way it's drawn, to have this space here the artist wants you to look at it like there was a distance—drawn from a distance—because the image is smaller.</i></p>
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Both of this patient's responses were viewed from the inverted position. She had done the same thing on Card V, which I did not comment on at that point because I could not be certain what potential significance it held, particularly because there she might have simply inverted the card and left it in that orientation, and thus no particular interpretive significance need necessarily be attributed to its repositioning. This patient had already inverted three of the four cards by that point and then again on Card VI, so it was not unusual for her to view the cards from multiple orientations. However, now on Card VII she repeated what she had done on Card V, and I could no longer ignore the possibility that inverting the cards from the position in which they were presented to a position that she herself chose or preferred seemed to contain potentially important meaning. I wondered in fact whether this might represent yet another manifestation of having things her own way, not unlike my impression about her comment before starting the Figure Drawings ("Do you need details, like a face? Because usually I play with a pencil on the page, by playing with it . . . I always, always start drawing by messing around . . .") which I initially thought had to do with complying with a request. It did mean that, but it also meant something more: Ms. A. was announcing that she had her own ideas or intentions. It was no longer my test; she was going to do it the way she wanted it to be.

Recall also the inquiry on her opening response to Card I: Before I knew what was happening and as I later came to see, by trying to investigate shading as a possible determinant—an unsuccessful effort at that—she and I were engaging in a transference-countertransference "dance" related to who was in charge of administering the Rorschach! Further, first on Card V and now on Card VII, the same "dance" appeared to reemerge, albeit more subtly, apparently reflecting Ms. A.'s need to assert autonomy and protect herself from what she imagined to be any attempt to undermine or threaten that autonomy. In this regard, it also deserves mentioning again (cf. note 1) how difficult it was to set appointment times with Ms. A. We would agree to a time which she would say she would, or would try to make, but invariably she was late even when she

knew in advance how much time I had for the appointment. Although at first I thought she was just chronically very late for things, after more than enough latenesses (longer than 30 to 45 minutes) I began thinking that there was a different message being communicated—it reminded me of a cartoon showing a doctor’s receptionist telling an irate patient that while his appointment with Dr. X was for 2:00, Dr. X’s appointment with him was for 3:00!

Thus, I was getting the impression that her way of asserting control at the beginning of the Figure Drawings and at the beginning of the Rorschach inquiry represented a self-protective measure she had cultivated to manage anxiety surrounding uncertainty and control over unfamiliar or potentially threatening situations. In regard to repositioning Cards V and VII (perhaps to convey that her positioning of the cards—and not mine—was how she intended to view them), I considered the possibility that it might represent another attempt to take control (mainly of herself) as her responses seemed to continually unravel—despite, I would like to repeat, there being no visible outward indication that anything was the matter.

Ms. A.’s first response involved both the white space of the card and what was mentioned at first as a reflection—which she quickly took back—suggesting overvaluing her wishes or needs while perhaps disregarding or acting unconcerned about those of others. The same combination of a white space response (on the CS) and a retracted reference to a reflection also occurred previously on Card III, and both percepts referred to water. The water percept on Card VII was not as richly elaborated as her Card III response, although it was followed by a response that clearly elicited more imaginative, fanciful imagery—a woman with an Egyptian-looking hat coming from a kingdom and strolling through a path surrounded by trees. It conjured something almost otherworldly and there were allusions to several potential determinants.

However, as I noted concerning her avoiding diffuse shading several times before in other responses, Ms. A. referred rather directly to diffuse shading in this response but just as quickly retracted that she really meant shading—just as she retracted the reflection in the previous response. She did elaborate dimensionality (*FD*) in referring to the person walking through the path and a space representing something seen from a distance; however, I was left with the impression that the richness of this fanciful response was not captured fully by the formal codes. Considering both of these responses to Card VII, it is possible that this patient’s inverting the card may have succeeded in providing her a defensive, self-protective haven that eluded her on most of the preceding cards.

Card VIII

✓25. <i>The fashion designer, Betsy Miller—she has very outrageous, very colorful clothing.</i>	<i>Pieces of one of her outfits. It’s not even all together. This could be a blouse, this a pair of shorts—pieces that would go with</i>
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	<p><i>an outfit just laid out, sort of in disarray. Which is how her clothing is: beautiful colors but just kind of busy and disconnected. Like she couldn't stick with one idea.</i></p>
<p>>26. <i>An animal, its legs stretching or reaching to walk. Here's a part of his shadow.</i></p>	<p><i>The legs, and because it's connected to this light area it looks like a shadow. (Shadow?) Because it begins where the leg touches here, and it's long. (This lighter area?) That too, not necessarily because it's light or dark but because it's a different color</i></p>
<p>√27. <i>The face of a dog.</i></p>	<p><i>The ears, nose, and mouth area.</i></p>
<p>√28. <i>The inside of someone's body, like a skeleton. It's very colorful for some reason.</i></p>	<p><i>Because the lines across look like a skeleton, and the line down the middle. A colorful version of a skeleton. (Colorful version?) To attract people to pay attention to it. Most aren't very attractive or interesting, but with the colors it makes you want to look.</i></p>
<p>√29. <i>A pair of panties.</i></p>	<p><i>The shape of it.</i></p>

This patient continued her pattern of inverting the cards on Card VIII, never returning to view the card from the orientation in which I initially presented it to her for any of the five responses she produced. Notably, the tone of the thematic content was certainly more benign than many of her earlier responses, which seemed to be the case as she settled into a pattern of routinely inverting the card position for most of her responses after Card V.

R25, however, was characterized by the disarray of the clothing outfit. It was dominated by “outrageous” colors, and as she herself commented, “she couldn’t stick with one idea.” This response suggested a rather compelling

hypomanic quality—perhaps more controlled (albeit “busy”) than chaotic, and also strongly characterized by an emphasis on color. The well-modulated use of color (*FC*) suggested a capacity for regulating or managing affect in the midst of this “outrageous . . . disarray” representing the disorganization of a flight of ideas (“she couldn’t stick with one idea”). Despite its poor form quality and hypomanic characteristics, the response itself showed no odd or disordered thinking, and no intimations of morbid quality.

Ms. A. followed this response with the popular response of an animal; however, its shadow, seen in a lighter area, while technically coded as *FC*’ had me wondering what she actually saw and where her verbalization was really leading. I felt that she was toying with diffuse shading, and that perhaps she was able to play with the idea of going there because she had by this point on the Rorschach found a way by inverting the cards of turning the Rorschach into what she wanted to make it whether or not I wanted or expected something else. Thus, saying “not necessarily because it’s light or dark but because it’s a different color” left me thinking that Ms. A. was pointing in a different direction to lead me off the track of the lighter color verbalization I was attempting to clarify in the inquiry. Metaphorically, like the cowboy or movie westerns of another period, her “it went that-a-way” misdirection had an elusive “saved by the bell” quality, possibly more successfully so than her attempts to be elusive about shading responses on earlier cards. After seeing the pattern that Ms. A. seemed to have established by this point in the Rorschach, I do not think that my hypothesis here was all that unreasonable, though I recognize how conjectural it must appear.

Her next response of a dog’s face was unremarkable—one of the very few such responses in the entire Rorschach protocol—but the response following the dog face (a colorful skeleton) merits further comment. Although anatomical drawings often may be colorful, medical illustrations of skeletons rarely are. Indeed, as Ms. A. said herself, “most aren’t very attractive or interesting.” Ms. A. continued what she seemed to do on her earlier response of the animal and its shadow: she apparently responded to a quality of shading or light-dark contrast but tried to turn it into chromatic color. I wondered whether this response and verbalization represented another example of a hypomanic defense, much like the one she showed overtly on R25 and more subtly or elusively on R26. Moreover, when queried about the colorful version of a skeleton, Ms. A. commented that the intention was “to attract people to pay attention . . . the colors make you want to look.”

Color, so it seemed, mattered to Ms. A. as representing attracting attention or as a way to enhance interest and draw one in; it seemed to reflect intentionally making others look and take notice. It was not essentially different than her earlier response of “outrageous”—colorful clothing in which the color also had an active or energetic quality intended to create interest and attention (rather than *outrageous* in the sense of repulsive). The clothing was intended to be looked at, and the colorful skeleton response (“the inside of someone’s body”) may have connoted looking internally or inwardly. Ms. A.’s lively and even energetic,

attention-enhancing use of color was one aspect of what I am here regarding as a characteristic of hypomanic excitement or energy, or a milder manifestation of hypomania such as the hypomanic temperament associated with “soft” bipolar spectrum affective illness.

The particular responses I have been emphasizing may suggest this personality quality; however, there were other ways in which Ms. A. used (or avoided) color that also deserve mention. For example, on R4 she spoke ambivalently and with some distance during a testing-the-limits inquiry (and as such, was not coded) about “negative” color. She stated, “it’s not a bad color, I like the color, it just looks unattractive,” referring to an insect with “that long line like where the feces would be” (elaborated late in the inquiry as a “fine black line”). Despite referring to achromatic color, which is a different dimension psychologically than chromatic color, my point here is to highlight this patient’s wary use of color—color that is both seen and not seen—that this patient apparently wanted to defuse.

Further, Ms. A. also reported a percept of peacocks/flamingos on R17. What seemed unusual here was her reporting a percept on an achromatic color card of a bird usually seen as brightly colored and whose colors also connote attracting attention. This patient could not seem to resist producing as evocative a color-influenced response as a peacock, which she also transformed into a half peacock-half flamingo. Thus, color was used either in a bold and direct way as a determinant or as a thought behind the scenes though still influencing how this patient perceived her world. When she would allude to or comment about chromatic color, it appeared that Ms. A. simultaneously concealed its influence, sometimes in ways that eluded its being coded. This idiosyncratic way of both responding to and also elusively playing with lively or energetic affective experience may have been part of this patient’s defensively inhibited, self-protectively diminished way of experiencing her affect life, perhaps at moments when energetic, “outrageous” feeling states might take over and become bigger than life, thus threatening to overcome her capacity to contain what she felt.

It was sounding increasingly more persuasive that by discovering a way to get through the Rorschach by doing it the way she wanted to might have reflected a strategy for getting through life such that she could better control what impacted her and experience emotional reactions when and how she felt comfortable doing so (such as a peacock on an achromatic card) and thus attempt to contain or otherwise modulate her emotional reactions to keep them from getting beyond her control. Looked at in one way, it might seem as if she might have found a way to have her cake and eat it too, but her strategy for managing emotionality could also be taken to represent Ms. A.’s way of living inside of herself rather privately, allowing herself a richer or more vivid and possibly more emotionally passionate existence while still safeguarding herself from becoming overcome by emotion states that could get away from her.

Before finishing my discussion of Card VIII, I want to comment about what looked like a relatively simple, straightforward final percept of panties determined

by shape alone. This response, curiously enough, in its way may have represented a continuation of Ms. A.'s colorful skeleton response in which the color was intended to attract attention and induce people to look at it. Panties, however, are undergarments that are private and concealed, typically just the opposite of attracting attention or inducing people to look. But they could also be thought of as part of sexual attraction or initiating sexual desire or responsiveness, and as such another implication having potential meaning or significance relative to the way panties are usually described or thought about. In a conventional sense, therefore, panties, like skeletons, are not normally noticed and do not attract much attention. I wondered whether this patient's nondescript response of panties was similar to that of her skeleton, in which she took something as uninteresting or unappealing as a skeleton and by making it colorful turned it into something more appealing, something intended to draw people in to look at it.

Furthermore, a skeleton also stands for something that has died. Making it colorful to draw attention to itself seemed to introduce the possibility of revival of life or liveliness, and it was possible that panties, with its second and potentially concealed meaning, might also belong in the same context of bringing about a more psychologically alive existence. It seemed to turn on its side this patient's earlier response of brightly colored clothing calling attention to itself, juxtaposing something "outrageous" with something private and concealed. As a result, colorful skeletons, panties, and outrageous colorful clothing represent extremes, possibly not unlike Ms. A.'s affect life (sometimes bold and provocative, sometimes quiet and concealed) and her sense of constricting a desire for a more vivid, psychologically lively or energetic existence, one that could stay within safe bounds that she could manage or contain before its getting the better of her.

Card IX

<p>30. <i>A person and these three shadows where it could be three other people at the sides. Their arms at the sides. A little ajar as soon as we see that space. The colors are very nice.</i></p>	<p><i>The superior one and there's three bodyguards in the background—something from "Outer Limits." Three roundish outlines on top and the darker one that looks closer, and these three are in the background or following him. They're like spirits, definitely out of this world. They're light, almost like ghosts. They're kind of hidden, like the shading of them, like they're fading away.</i> (Ajar . . . that space?) <i>It's more like a figure and the arms are at the sides.</i> (Ajar?) <i>They're bent, not straight down—the arms.</i></p>
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	<p>(Space?) <i>Just the figure, where it is.</i> (The darker one looks closer?) <i>The ones in the back are lighter so they look further away. The other one looks closer, not because it's darker necessarily, but because it's closer to the colors.</i></p> <hr/> <p><i>Like demons or thieves in the night. They're definitely negative. He's just the leader and it's like they're protecting him. They're there to do what he says.</i></p>
<p>31. <i>A splash of someone's painting. Water color and they splashed it.</i></p>	<p><i>It just doesn't look like anything in particular, and so they just splashed it. Water color paint. Very beautiful colors.</i></p>

Inexplicably, Ms. A. no longer continued what seemed to be emerging as her pattern of routinely inverting the cards as she had done on the last two cards. There was the same amount of card turning before delivering her first response (as she did characteristically on all of the cards except for Card I), and she also turned Card IX several times before delivering her second response. However, both responses were generated in the position in which the card was handed to her. And indeed, these percepts showed some of the loose organization of the card details that characterized her responses prior to Card VII. Granted, for many people finding responses to Card IX can be difficult, and it is particularly difficult to produce a well integrated response to the whole card that does not take the form of an explosion or a similarly problematic response. Ms. A. was only partially successful in rising to the occasion here. Perhaps the challenge of Card IX's stimulus properties got the better of her hard-won defense of inverting the card by turning it into a stimulus of her own and thus taking control of the response process.

That being said, her first response brought back her tendency to produce responses of a fanciful-sounding nature, but which in truth—like most of her other similar fanciful percepts—was actually more disorganized and destabilized than imaginative. Representing another non- *H* response and also one of marginal form quality, Ms. A. produced her third vista determinant of the total protocol. Moreover, referring to arms as *qjar* was quite odd indeed; her clarification following my two inquiry questions—I clearly needed to ascertain what she meant by this, even at the risk of what she might perceive as boxing her into a corner—was confusing and not at all illuminating, and indeed it only made matters worse. Vacillating between coding *DV* and *DV2* I settled with some misgivings on *DV*, although her use of *qjar* was not easy to reconcile with

its referent of arms. Even this patient's opening phrase ("a person and these three shadows") would raise most examiners' eyebrows; when she followed this statement by adding "where it could be three other people at the sides" I was not really reassured. Furthermore, although I was not certain whether her adding "the colors are very nice" at the end of the response phase might have been simply a nonspecific observation, when I realized during the inquiry that she really seemed to mean shading and not chromatic color at all, it seemed quite odd that she would refer to shading—and particularly *V*—as colors that are "very nice." Finally—and perhaps most important—the imagery of an otherworldly superior figure with hidden bodyguards ("they're faded away") that are like spirits or ghosts suggested that by having bodyguards this patient's need to feel above or possibly apart from others—perhaps in order to feel secure or protected—was ephemeral and thus vulnerable, considering that the bodyguards were fading away.

Coupled with the significance of *vista* as a determinant, this patient could be vulnerable to feeling depreciated when finding herself undermined or weakened. I raised the possibility earlier in connection with her *vista* response on Card II that Ms. A.'s response about an idyllic existence of a kingdom might signify getting away from perturbing experiences she found threatening. Here, too, the *vista* response on Card IX added to my impression about her in which withdrawing into magical fantasy attempted to enable Ms. A. to feel insulated from destabilizing experiences. However, such withdrawal did not seem to provide enough safety, and consequently her feeling fortified was undermined and she was left reexposed to feeling vulnerable and devalued. I also commented at the end of Card VIII that Ms. A. sometimes used color in a bold way and at other times she seemed to allude to color (as she did here on Card IX) to submerge and thus defensively diminish the distracting but nonetheless internally painful affects she could experience as threatening.

With this in mind, consider now this patient's second response: a formless, pure *C* response of a splash of colors. Ms. A. also seemed drawn into the trap of coming up with a reasonably integrated response to the whole card. It also deserves mention in this context that four of Ms. A.'s six *MOR* special scores occurred when the *W* location was used. Although there was no morbid content indicated here, the patient's amorphous pure *C* response of a "splash of someone's painting . . . they splashed it . . . very beautiful colors" seemed to represent a return to being so strongly influenced by color that it dominated her response. Whether it was the "outrageous" colors of Card VIII or the "colorful version of a skeleton . . . to make you want to look" later on that same card, the use of color emphasized its being noticed. But at other times, the red eyes of the Santa Claus (Card II) dominated the figure's being seen as "fictitious . . . unreal" because "no one has red eyes like this . . . I don't believe in Santa Claus," which was followed on the same card by a quasi-response of "red splotches look like some sort of distraction, it doesn't make sense to me" that never coalesced into an actual response.⁶

Thus, this patient seemed to show two contrasting patterns of responding to

color: she either emphasized it prominently or studiously avoided using it. Color may represent the Rorschach cornerstone of affect life, and Ms. A.'s use of color seemed to indicate extremes of affective experience. Thus, color was either very present and riveting for her—consistent with the hypomanic activation pattern I suggested earlier—or it was avoided, minimized, or covered over by a different kind of affective experience—the vista shading quality suggesting painfully looking inward, characterized by devalued or depreciated affect. This pattern was consistent with the depressive quality permeating much of this protocol.

There is another interesting observation concerning this second response to Card IX. This was not the first time Ms. A. referred to the Rorschach blots as though they were paintings by an unseen artist who was either “messy . . . they didn’t clean up . . . they weren’t careful” (Card I, R1 and R2) or “the artist wants you to look at it like there was a distance” (Card VII). Even on Card VIII, although it was only implied, “the inside of someone’s body . . . a colorful version of a skeleton” was elaborated in a way to suggest that someone colored the skeleton “to attract people to pay attention to it . . . makes you want to look.” Using the Rorschach cards to represent artists’ paintings was a way for Ms. A. to distance herself from and thus externalize affect states.

Card X

√32. <i>A boomerang.</i>	<i>Or a sling shot. The shape—partially triangular. It looks like a wishbone almost.</i>
√33. <i>A chicken doesn’t really look like it, but it’s yellow.</i>	<i>It’s not shaped like one. Just because it’s yellow, like little chicks. Both sides.</i>
34. <i>Lobsters.</i>	<i>The large middle, and the legs.</i>
√35. <i>Flesh.</i>	<p><i>It’s just pink. Just the color and what I think of as the inside of my skin, this color.</i></p> <hr/> <p><i>Just because it’s not connected to anything. It’s not really different than the other things, like the chicks, lobsters, or anything.</i></p>

<i>✓36. The blue reminds me of something tropical. Water, something refreshing.</i>	<i>The color is a refreshing color to look at. It reminds me of peace, tranquility. It's clean, fresh. (What do you see?) Just the impression, the color, the blue. A refreshing color, the tranquility.</i>
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The five responses to Card X were in several respects unusual—one response that received a score of *CF*—also contained a serious special cognitive score (*ALOG* in the CS and *PEC* in R-PAS), and two responses were coded *C*. Four of these five responses were seen from the inverted position; however, on this card repositioning how she looked at the card did not work to her advantage as it may have on several previous cards. If it could be hypothesized that inverting the cards served a self-protective function for Ms. A., this time the attempt seemed to fail as it did previously on Card IX as well. It perhaps may be stretching a metaphor she herself introduced; however, her possibly defensive pattern of inverting the cards may have “boomeranged” on her. Certainly, Ms. A. had quite a bit of difficulty producing enough form-based percepts on this card. Her response of chicks strained logic too much as she based her decision to see chicks almost totally because of the yellow color; however because she seemed aware that form was a meaningful consideration and also because she mentioned something about form twice (during the response phase and once again during the inquiry), the *CF* code seemed appropriate. It was as if she decided to throw caution to the wind, apparently swayed by the color that seemed to override her better judgment and thus compelling her to respond as she did. This might be one example of her preferential extratensive style sometimes leading her down a misguided path. Following a better formulated response of lobsters, Ms. A. ended the Rorschach protocol with two successive formless responses also representing giving in to the pull of the colors. It is possible that an extratensive disposition in some patients, Ms. A. perhaps being one, might reflect a manifestation of a hyperthymic temperament. In such a case, color might capture her attention in such a compelling way that it overrides form and in so doing compromises good judgment.

The first of her two final responses on Card X was “flesh,” an internal anatomy response determined by the pink color because it suggested to her “what I think of as the inside of my skin.” On testing limits, her comment that the flesh was seen “just because it’s not connected to anything” did not clarify her thinking and by adding that perceiving flesh was not different than her other percepts (for example, the chicks and the lobsters) she managed to further confuse the matter. She seemed to be saying that this response was not fundamentally different than her other responses, but I was not convinced she really believed that. Ms. A. seemed indifferent about her response and particularly how she

elaborated it on inquiry, not seeming to care how it might sound to another person's ear. It may have represented another instance of color taking over the response process so thoroughly that reasoning was nearly absent ("flesh . . . just because it's not connected to anything").

Previously, Ms. A. seemed more uncomfortable rationalizing seeing chicks, emphasizing the disparity between the shape and color of the chicks. Considering both responses together, I wondered whether she indiscriminately delivered these responses without the same degree of consideration she seemed to give to her other responses up to this point. Perhaps the predominance of color with less regard for form disposed this patient to a way of experiencing her emotional life that was influenced by indiscriminate thinking. At such moments, logic and rationality mattered little and took a back seat to affective experience. Impaired (or perhaps more accurately, unconcerned) judgment may have taken over, and her extratensive disposition began to take on the character of impulsive or uncritical thinking. An extratensive disposition (in which affect has an important influence on thought and action) combined with compromised affective modulation ($FC: CF + C = 2:4$, in which three of the four $CF + C$ responses were pure C) by itself would certainly be problematic. I would argue that this feature, combined with the character of several of her responses noted earlier, might well account for the hyperthymic temperamental disposition that might have been present though easily undetected, even by clinicians who might have known her well—thus missing clinically identifying an important aspect of this patient's affective experience.

It is probably also worth noting that Ms. A., who was African-American, produced a percept of flesh based on pink color, which potentially might have further clinical significance. Notwithstanding that her response was based on the inside of the skin rather than the skin color itself, the relationship between internal experience that is "skin deep" and external appearances reflecting something else deserves note. Its psychosocial significance as a comment reflecting attitudes about race or racial differences should not obscure the more important psychological meaning suggesting that what was felt on the inside was not the same as that which was seen on the outside.

The response that followed, which was Ms. A.'s final response in this fairly lengthy protocol, was most notable for the calmness it conveyed. In the context of my interpretive emphasis at this junction—anchored around mood variation and its regulation—this patient's final response appeared to indicate a capacity for rapid stabilization in spite of the fact that this response had another pure C as its sole determinant. Notwithstanding the tranquility that Ms. A. repeatedly emphasized, it should not be overlooked that what might appear in one sense as reconstituting herself following affective destabilization may not be as prognostically favorable as it might seem. That is, the verbalization with its emphasis on calmness was superimposed on a formless use of color. Moreover, reflecting how Ms. A. ended this Rorschach protocol, it may subtly encapsulate much of what I have noted throughout the discussion of her responses on most of the cards: a surface appearance that all is well (sometimes assisted by gener-

ally workable defenses that either bolster self-control or deflect a deeper sense of distress) coexisting alongside potentially destabilizing ego weaknesses.

Thematic Apperception Test

Card 1

He's feeling guilty about stealing the violin and he could hardly pay attention in class. He was told to bring in something for show and tell, and even though he had the best show and tell piece he's not as happy because he knew he was going to get in trouble. He wanted to bring in the best thing in his house to impress his classmates. He feels isolated and that's why it's dark around there. His mind wandered until finally he looked around and realized he was the only one in the classroom.

(Only one in the classroom?) Because he was so bothered about stealing that when the teacher called on him, it was his turn, he didn't hear her. He just sat looking like that so eventually the teacher just left him alone until the class was over.

(He didn't hear her and realize the class was over?) His mind was so way out, just wondering what would happen when he gets home.

(Outcome?) He was able to bring it back home and not get caught. His mother did not realize it was stolen, and he sees you don't always get caught. However, I may end it that he goes home and he tells his mother. And she allows him to bring it back the next day and the teacher allows him to make the presentation. And he doesn't get the best grade because I don't want him to be rewarded for dishonesty.

(Why steal it?) She was a famous violin player and it was a prized piece of hers. It belongs on a shelf or a cabinet, it's like a display or a prize. He knew if he asked her she'd say no. (When he was so out of it in the classroom, what did the teacher do?) She just walked over to him and called him. She probably wasn't the best teacher, she didn't really follow up and see if anything was wrong. She just continued with the class and thought, just let him sit by himself.

(When class ends and he's the only one left, what did she do?) She said the class is over and she walked out and she just left him to himself.

This was an atypical and highly unusual story to Card 1. It highlighted Ms. A.'s concern about being the best, impressing others, and also how far she could be willing to go in order to accomplish her objective or achieve the level of admiration or specialness she seemed to need. Perhaps even more evident than the exploitative, attention-getting gesture was the expression of profound remorse and the price one would have to pay for carrying out such a bold act or transgression. At once sounding sociopathic and narcissistic, Ms. A.'s story on the one hand suggested stopping at nothing to achieve the admiration of others, and on the other hand her emphasis on contrition seemed to make a case that

the deep sense of wrongdoing she expressed in her story led to being nearly immobilized by guilt.

There also was a devil-may-care tone about this TAT story. Ms. A. went to great extremes to show a desire to have the best and most exemplary object of display, however risky or precarious stealing it might be. She seemed to convey how difficult it could be for a person to modulate needs and ambitions. Another unusual aspect of Ms. A.'s story was the extreme indifference she attributed to the teacher, which arguably was a representation of a parental figure. It was striking how she matter-of-factly stated how neglectful and blind-sighted the teacher's action had been, and with little expression of surprise or comment Ms. A. conveyed a sense of naturalness that a person could ignore an obvious indication of distress. It was nearly a mirror image of Ms. A.'s description of the mother's reaction to the boy's telling her that he took her prized possession without her permission: the mother simply allowed the boy to bring the violin to school the next day. Just like that! The impression about the mother was just as incredulous as that of the teacher; it makes one wonder whether her imbuing a striking emotional absence or indifference to the teacher and the mother indicated that for all intents and purposes they were the same person—uncomprehending, emotionally vacant and insensitive, and in the final analysis capable of acting indifferently.

Card 2

Here's a girl who looks like she's not happy in her environment. There's a woman who looks pregnant, leaning against a tree. This girl could be these people's daughter and she's on her way to school. She's going to go to school and make sure she gets an education so she doesn't have to be in this other woman's place. It may not be a bad place, but from the look on the girl's face it doesn't look like something she's too happy about.

(Outcome?) The young girl continues her education.

(Relationship like with them?) She's a nice girl so she has a good relationship, a good camaraderie with the people around her. She's a sweet girl but she doesn't seem content.

(Not content?) Maybe she wants more out of life.

As rich and productive as was her story to Card 1, Ms. A.'s story to Card 2 was by contrast sparse and limited. However, unlike Card 1, her story on Card 2 was common; it was also far less elaborated. The patient indicated at the outset that the girl in the foreground was unhappy. From what was said, the girl was not as interested in her education as she was interested in getting away from an unhappy environment. She also suggested that despite a "good camaraderie" with the parents there was little internalization of the mother as a viable object for her. Indeed, camaraderie is an odd way to describe a relationship with one's parents. Curiously, the patient mentioned that the mother was pregnant, representing several possible meanings—for example, joy, feeling

displaced from a privileged position, limited or divided interest from the mother, or feeling pressed to stay and help rather than strike out on her own, among still other possibilities. Whatever else it may have meant for the girl, the way Ms. A. seemed to convey the relationship with the mother was anything but maternal in nature. Instead, it was cordial and outwardly agreeable, suggesting a relationship of limited engagement or depth rather than one characterized by heightened maternal feeling.

It also resembled the mother depicted on Card 1 insofar as the quality of involvement was vacant. Furthermore, it suggested how the teacher on Card 1 was portrayed—unempathic and apparently unconcerned. As such, Ms. A.'s story here was notable mainly for its depiction of important people in one's life: people in maternal roles were present but distant and psychologically limited. When this patient ended her story by saying that the girl "wants more out of life," Ms. A. may have been signifying a need for a more psychologically enlivening existence, as she seemed to indicate about the boy of Card 1 who was intent on having the "best show and tell piece." Ms. A. seemed to be speaking here about a need for something more than the compliant "camaraderie" she may experience with the important people in her life.

Card 3BM

The first thing I thought was this is someone who's bulimic because it looks like someone over a toilet, but it's more like a seating area, like a sofa. And this child, probably a boy it looks like, just seems to be tired, but not abnormally. I can picture him coming home from school and just flopping down, kind of worn out. Maybe overly stressed out, or emotionally maybe something's wrong and he's depressed. It's not your normal thing, looks like he's overwhelmed.

(Led up?) It could be emotional because it is a child, probably going through something emotional that no one can understand.

(What overwhelmed him?) Maybe he gets depressed a lot. Maybe he wants to participate with the other children who are lively and active and playing. Maybe he wants to be doing that and he can't do it, he doesn't know why—maybe inside, emotional, that he has no control of.

(Like what?) He wakes up every day feeling alone, like he doesn't fit in, maybe depressed, maybe tired—even when he's not been very active. It could be Friday, the end of the week—no, maybe it's Monday, the first day of school for the week and he's already tired. This is probably something ongoing and his parents don't even know what it is and they think he's being lazy.

(Outcome?) It probably continues, unfortunately. There's probably no result to it, he probably never figures out what it is.

Ms. A. returned to the theme she expressed on Card 1 in which a child was experiencing troubles that no one could understand. The parents in her story

here not only failed to comprehend what the boy in the story felt but they also were unaware that there was a problem making him unhappy ("they think he's being lazy"). The outcome was pessimistic: the boy remained in a distressed state, not knowing what he felt and surrounded by people who failed to recognize his plight, reflecting probably this patient's difficulty putting words to the experience of the boy's depression. On Card 1 as well as throughout the projective protocols generally, Ms. A. showed a good capacity to use a rich imagination, but here—and also to some extent on Card 2—she seemed at a loss to imagine or explain much beyond surface details or repeating what she had already said. Rather, all she could say was that the boy was depressed, tired, and that he had little energy. Perhaps Ms. A. was indicating that she could not herself get close enough to the subjective experience of depression, focusing in its place on its somatic-vegetative manifestations. This estrangement from depressive affect may be an important reason why a depressive cast did not appear prominently in her Rorschach responses and Figure Drawing verbalizations, although the MCMI and Rorschach Structural Summary both indicated scores pinpointing a probable depressive syndrome. The TAT is more transparent in this respect compared to other tests, when administered using inquiry questions to foster elaborating on internal states, relationships, and motivations.

Consequently, examiners may be surprised to hear TAT stories that emphasize depression or feelings of depletion and diminished enthusiasm when such affects are not as immediately apparent on other tests—withstanding formal scores suggesting otherwise. This may be one way of identifying how some patients judged as depressed may have only a vague sense of unhappiness or malaise but otherwise may be relatively alienated from their affect life. Ms. A.'s initial perception of a bulimic sitting by a toilet, apparently purging, might also reflect a way of somatically deflecting troubling aspects of internal life. Sometimes defenses may conceal a deeper sense of difficulty, as Ms. A. had already shown in some of her Rorschach responses concerned with diffuse shading and also as she did on Card 3BM. Note, for example, that she seemed to defensively minimize the boy's distress, at first describing him as "tired, but not abnormally so." It was not long afterwards that she commented that "he's overwhelmed . . . it's not your normal thing."

Ms. A. also seemed to convey, as she did as well on Card 1, a deeply embedded sense that there was no place to turn for help with emotions she could not understand but that could overwhelm her. She appeared to feel that no one could understand what she experienced, let alone take her distress or unhappiness seriously. On Card 1, the boy was immobilized by his guilt and he was left frozen and barely able to function. Here, on Card 3BM, the boy wanted to be a part of an activity but he was too overwhelmed by depression and lethargy to do so. He thus was left on the sidelines not fitting in and probably lonely. Feeling inadequate and deficient because he was unable to function normally, the boy was doubly burdened by feeling that no one grasped his unhappiness and lack of motivation, which was further compounded when others mistook

the anergia of depression for laziness and then blamed him for being that way. Though not presented as a formal complaint, I suspect that this kind of experience probably characterized much of this patient's interpersonal relationships. Her defenses partially protected her from feeling acute distress; however, this probably came at the cost of being relatively isolated.

Card 7GF

This could be a single mother reading to her daughter, trying to capture her daughter's attention. And this girl is clearly not paying attention because she is thinking about her father. Maybe her father's not in her life and she has a void and wishes he was there, wondering what he's like. Even though her mom—who looks like she's a working mother—she looks like she's probably trying her best. Looks like she takes care of her daughter. Her daughter looks very well groomed, her clothing and her hair, and she has a toy so maybe her mother gives her things also, she tries to treat her. Yet, something is still missing, it's not enough for this little girl to be happy.

(Not enough?) Maybe as a single mother she's so wrapped up in work and taking care of her daughter, she may not realize the extra emotional needs and things like that.

(Outcome?) I would like to say it ends with this girl finding her father, making it her mission even as a child that she's going to find out who her father is. But fortunately it may end that she replaces her father with another male figure. She looks like a pretty little girl, she's attractive, so she may make herself available to other males to fill that void with her father not being in her life.

Once again here was a story of unhappiness, and as conveyed on Card 2, a sense that unmet needs and an ensuing void had to be buttoned up behind a surface appearance of gratitude that one's basic needs were met. Also as she indicated on Card 2, this patient seemed to suggest that one should not expect much in the way of attentive or knowing maternal involvement because mothers are themselves overburdened. Although Ms. A. spoke about yearning for an absent father, what she was missing sounded abstract more than something she remembered and now missed; thus I could not discern exactly what she felt to be missing to compel emphasizing this as much as she did in her story. I was left wondering how much she was really pining for an absent father or whether the story about a longed-for relationship with the father actually concealed a more subtle, deeply submerged disappointment or disinterest in the mother. Thus, I remained unconvinced that the meaning behind Ms. A.'s story represented something profoundly missing from someone she may never have known. I believed that it represented instead a defensive smokescreen to avoid recognizing submerged longings for a mother who either failed to see her needs, had no time for indulging in "extra emotional needs and things like that," or was in some way unaware of or indifferent to her needs.

Card 7BM

Maybe the older gentleman looks kind of sneaky and he's trying to influence the younger one's statements on something that's going on. Maybe he's trying to get him to lie about something, or be dishonest or deceiving in some way. It looks like the younger guy, his conscience may be bothering him. He knows it's wrong, that he shouldn't, but at the same time he's hearing his mentor telling him to just do this or say this because that's what we do. And the younger man's trying to decide whether to do the right or the wrong thing.

(Outcome?) The younger one makes the right choice, whatever it is, whether he's his father and he's influencing him the wrong way or whether he's his employer. I think it ends with the younger man making the right choice.

(How does he feel about the older man?) Maybe he's come to a time in his life where maybe he can climb the ladder by being deceptive and following what this older man has done, but he looks like he's going to make the right decision, no matter what it is.

Card 4

Here's a very attractive-looking woman and kind of a hard-looking man. He looks like a working man. Oh, no, no, no—hey. I thought it was husband and wife, but in the background it seems to be a photo of a woman half dressed, so maybe it's some kind of sexual environment, like maybe a whorehouse. Now I'm looking at the woman and she looks very bold, also her fingernails look like they're painted. So it may be some sort of whorehouse situation, maybe she's trying to get him to stay. He wants to stay but he also wants to do the right thing because his wife is at home with his children. But he looks like a working man, they may not really match completely. He looks like he made a decision to leave and she's trying to pull him back, but he's definitely going to leave because it looks like this is something that's been bothering him. Maybe his wife has started questioning his whereabouts and he knows it's wrong.

(Outcome?) It ends with him going back to his family. He looks like a hard working man who probably just got tempted and kind of swerved.

(She's trying to get him to stay?) They had an emotional relationship. Probably there was something lacking in his relationship with his wife, or maybe there was something he didn't see—something sexual—maybe he wanted her to appreciate him more, like how much work he's doing, because he looks very hard working. Maybe he wanted more emotional attention—you know, loving, praise. Maybe they don't see each other enough so maybe she doesn't realize she's not doing that enough. And so it was probably easy for him to stray to this mistress.

Both of these stories, as did Card 1 previously, emphasized a theme of wrongdoing—either in deed or in thought—which the stories' protagonist recognizes, struggles against while acknowledging competing desires, and ultimately resolves by making a morally correct choice. One could speak about this patient

as showing a virtuous nature or a well-developed superego, but I also was curious why so many of her stories involved such a dilemma. Her stories had a quality about them that sounded like preaching about morals but they also seemed to sidestep why so much of the time Ms. A. appeared to be preoccupied with the theme of being tempted and having to turn away from legitimate desires—for admiration (Card 1), wealth or power (Card 7BM), or feeling appreciated or praised (Card 4). This patient seemed to be subjugating longings because she never made it clear whether these wishes were ever achieved through the moral solutions she characteristically indicated. The boy of Card 1, wishing to be admired for the best show and tell project, was instead ignored and overlooked. The man of Card 4 relinquished the mistress with whom he felt emotionally enlivened, although in taking the virtuous route Ms. A. provided no indication that the man's needs would be met with his wife. On Card 7BM, it was not made clear whether the protagonist could "climb the ladder" in his own, honest way or whether he had to sacrifice success by being honest. These stories (as well as the stories to Cards 2 and 3BM) all suggested unmet or unsatisfied needs left in limbo. Sublimating needs to virtue did not seem to get close enough to resolving what appeared to be the core problem for this patient: meaningful needs remaining thwarted, important people in her life remaining psychologically unavailable or unresponsive, and isolating or defensively concealing emotionally salient needs that as a result left her vulnerable to emptiness and feeling deprived.

Card 14

This is nice, I really like this. Except I don't know what it is. Okay, this man is sitting at a window sill—he's either breaking in or trying to get in, or he is inside looking out the window. He's outside in the dark, probably admiring some female that he is attracted to. Maybe she leaves her window open and doesn't even realize she's being watched. If he's inside looking out, I don't have much to say about it [laughs]. I'll stick with the first one.

(Outcome?) He comes back there one day and she's gone. He never really pursued it, he was so timid to approach her, so he had to watch her in secrecy. He probably couldn't bring himself to speak to her, he's too shy. (How does he feel then?) That he lost the only person that he maybe would have loved.

(What happens then?) [laughs] You're pushing. He probably stays alone. He has an apartment full of photos of her. He probably obsesses over her, but if he obsessed over her he'd probably try and find her and finally gain the strength to approach her. He feels heartbroken like he actually was in love with this woman, that she was going to be his. Once again, because he didn't speak out or he wasn't strong, he lost, like he's been so many times in his life. Maybe at work he's abused or pushed around and he doesn't speak up. At the supermarket, he's in line and people cut in front of him. But this time he said no, he made up his mind that he's not going to lose her. He's determined, and this is going to be the beginning of him standing up for himself and being a strong man.

I chose this card to administer to Ms. A. because of the elevated *S-CON* from the Rorschach CS. Although in this case I had already decided that suicidal ideation was not an appreciable clinical risk, administering a card with some pull for a suicidal impulse such as Card 14 was nevertheless a prudent idea. Not only did Ms. A. not take the bait, so to speak, but her atypical albeit rich story to this card revealed more about what I have already been commenting on to this point: thwarted needs concealed behind a thin veneer of naively summoning strength of character to achieve a virtuous but platitudinous resolution—as if it were that simple! This patient began by going back and forth concerning whether the man was on the inside looking out or on the outside looking in; however, it hardly seemed to matter because the main point was that either way, the man, paralyzed by inaction, had lost something profoundly meaningful. (Recall in this context how the boy of Card 1 was frozen in inaction as he sat unresponsively by himself.)

It was perhaps no small wonder that her initial comment signaled being drawn in (“I really like this”) by the theme of loss or unmet needs as her story was about to unfold and also needing to conceal the sadness it seemed to trigger (“...except I don’t know what it is”). Ms. A. constructed her story around a loss, perhaps more directly than she had only implied in her earlier, more covered over stories. When I inquired in a routine way about the outcome, in much the same way I did on the other TAT cards, Ms. A. perceived my question here as “pushing,” her nervous laughter notwithstanding. (Recall also the inquiry to the opening response to Card I on the Rorschach, particularly my impression that Ms. A. would not let herself be pushed despite my intent questioning to establish whether shading was used.) Whatever she may have felt, this patient again produced an empty platitude in order to avoid speaking about the depression the man on Card 14 perhaps felt (as she also was able to do on Card I, by managing to strenuously and probably self-protectively contain what she said about her response).

Card 13MF

This doesn’t look like a normal couple’s room, it looks like it’s her room. No, maybe his room. This woman, if she’s alive—no, it looks like she’s dead. He probably brought this woman back, he lured her in and got her to undress and he killed her. Maybe she’s a prostitute. He’s still dressed, he has on a tie, he may be a businessman. Now he’s ashamed.

(What led up to it?) He could be possessed. He probably has an urge, or an obsession, something against women, probably. Maybe his mom abused him verbally when he was younger, and he may be kind of a weakling, and maybe that’s his way to pay his mother back—to get to women like her, and then he takes out his anger on them.

(Outcome?) He probably kills himself. He may be possessed. He’s not even proud he accomplished this, like he premeditated this and the plan was great. It worked, but he’s ashamed. Like it’s not him, it’s probably like something takes him over. He switches back to his normal self and he realizes, “No, it’s not me.” He ends up being so tormented on the inside that he kills himself.

Here, Ms. A. returned to a theme of guilt and contrition following a wrongdoing. As was the case previously on Cards 1 and 4, when guilt surfaced a character in Ms. A.'s stories suffered some consequence. Each of these three stories involved considerable internal anguish, and although all three were male figures, not all of the patient's stories about men involved this specific dynamic configuration. The two stories involving adult protagonists began with the patient seeing a man and woman as a married couple, but she soon realized with surprise that the woman was a prostitute and the man had secured her services. In the present story, Ms. A. made note of a rarely mentioned detail—the man was wearing a tie—which she incorporated into her story perhaps to attempt to apologetically dignify his loss of self-control by seeing him as respectable.

The patient also seemed to make allowances for what seemed like an impulsive act by commenting on his being "possessed," implying that it was not his fault that he murdered the woman because he was badly maltreated by his mother. Thus, Ms. A. seemed to regard men as taking advantage of women because they were ignored or badly treated by women themselves. It was of some interest that Ms. A.'s stories did not touch at all on the women or how they themselves suffered (in one case being abandoned, in the other murdered). Perhaps she could ignore these women's plight because she had denigrated them to begin with by making them prostitutes, and she barely gave a thought about them or what came their way. Ms. A. seemed to show no interest in or sympathy for these prostitutes, focusing all of her interest in her stories on the men and their internal torment, remorse, and the reasons they became the way they did. Indeed, on Card 13MF Ms. A. went on and on about how tormented and badly treated the man felt, seeming to elicit in a listener sympathy for this man that she appeared to feel quite intently, all the while not seeming to care in the least, if it even had occurred to her, that the woman in her story had lost her life.

It was particularly striking in this regard that this patient's female figures in her other stories were depicted as uninvolved or aloof—the teacher on Card 1 indifferently ignored the boy who seemed distressed, the mother of Card 7GF seemed unaware of her daughter's longing for her missing father, and the mother and daughter on Card 2 seemed to inhabit different and nonintersecting worlds. Interestingly, the daughter on Card 2 left her pregnant mother, and the daughter on Card 7GF—who showed little interest in her mother—appeared to live only for filling the void of her lost father by seeking male replacements. The girl in the story was depicted as seeming to experience an empty void in the relationship with the mother, and the mother's attempts to give the daughter whatever she could manage did not seem to count for very much in the daughter's eyes. On Card 4 the man sought out a prostitute because his wife had too little time to pay attention to his needs. Over and over, Ms. A. seemed to be saying that women had little to offer or that they did not count. It was the men's lives that captured her interest and sympathies and it was in men that she apprehended depths of psychological feeling, troubled and conflicted though they were—the

anguished boy of Card 1, the chronically depressed boy of Card 3BM, the “pos-
sessed” murderer of Card 13MF, the conflicted but well-meaning man who
strayed from his wife on Card 4, and the insecure man of Card 14 who was
devastated when the elusive girl of his dreams suddenly disappeared. In contrast,
the women and girls of Ms. A.’s stories were not richly drawn; they were treated
dismissively as being self-absorbed and easily overlooked or forgotten about as
she focused her sympathies with the men who came into their lives.

Discussion

In summarizing the main clinical assessment findings, I consider the person-
ality findings in a context of regulation of affective symptoms. In particular,
I emphasize somewhat subtle oscillations that are suggestive of a so-called
“soft” bipolar spectrum of affective illness as a useful way of demonstrating
the interplay of need states, defenses, personality organization, and depressive-
hyperthymic temperament. This is the context of differential diagnosis which
is important not only for differentiating among variants of affective syndromes
but also as a means of understanding this patient’s attentional symptoms, possi-
bly as a manifestation of hyperthymic temperament rather than as a comorbid
attentional disorder. A related implication is that by not recognizing oscilla-
tion in mood states, adequate treatment of an underlying affective disturbance
might be compromised.

Empirically Based Scales (MCMI-III, and Rorschach CS and R-PAS)

The MCMI-III did not identify prominent Axis I psychopathology, including
affective or thinking disturbances. Instead, personality pathology emphasizing
mainly narcissistic characteristics was highlighted, such as calling atten-
tion to herself, shallow interpersonal relationships, making light of exploita-
tive or undependable ways she could behave toward other people. Ms. A. was
seen as vulnerable to self-esteem injuries if her assured composure was threat-
ened, sometimes potentiating depression, anger, or withdrawing into herself
to recover from such narcissistic injuries. The Rorschach CS findings, on the
other hand, emphasized depression (including identifying greater than average
risk for suicidal ideation or behavior) in a personality characterized mainly by
relying on feeling states of the moment to guide her actions.

Although Ms. A. was not particularly reflective, she was likely to respond to
people and situations based on her prevailing emotional states of the moment,
sometimes without even realizing affect states she might be experiencing. She
generally was disposed to manage stressful situations well enough, although
helplessness or anger might create difficulties in her relationships with people,
which she managed by distancing herself from others.

Like the MCMI-III’s emphasis on problematic narcissistic difficulties,
the CS and R-PAS also identified a problem of balancing self-esteem with

entitlement, in which her narcissistic presentation could be understood as a defensive attempt to protect her from feeling devalued. As such, mood fluctuations might appear if defenses were threatened. Accordingly, Ms. A. was inclined to feel distrustful and watchful of others when she experienced them as undermining, sometimes compromising intimacy by keeping a distance when feeling unsafe or unsure about people. As a consequence, people probably experienced her as aloof and this patient's defensive isolation could contribute to her misinterpreting others' intentions and compromising her thinking.

Considered together, these empirically based interpretive impressions were not far apart. Both a self report and a performance-based instrument emphasized aspects of personality functioning that were problematic for this patient, stemming from vulnerable self-esteem and a defensive narcissistic exterior. Both also identified proneness to depression when self-esteem was threatened. Ms. A. also was inclined to emphasize feeling states of the moment over a more deliberate thinking through of events around her, creating interpersonal difficulties and a veneer of distance or reserve around people about whom she felt wary.

Content Analysis (Figure Drawings/TAT/Rorschach)

Amplifying much of what the MCMI and CS and R-PAS findings indicated, Ms. A.'s comments from the outset subtly foreshadowed what would continue to appear as a fundamental personality dynamic. Thus, before even completing the first Figure Drawing she announced a quiet confidence about being independent or doing things her own way. Although her apparent independent spirit coexisted with acting cooperatively, before long it shaded almost imperceptibly into a well-concealed, obliging tone suggesting willfulness or arrogance alongside the compliant manner she showed. People in her midst might not notice any hint of an air of imperturbability about her, although I could imagine people feeling antagonized by Ms. A. without knowing why. Outside of her awareness, Ms. A.'s understated agreeable veneer deftly managed to conceal how she had her own timetable about doing what others expected of her, practically defiantly challenging others to try to prevent her from doing what she wanted until she was good and ready.

Although sounding at first as a passive-aggressive or narcissistic characteristic, it appeared that feeling helpless or vulnerable underlay what at first glance might look like willful arrogance. This veneer appeared to represent a defensive effort to protect self-esteem, thus attempting to wall off disturbing feelings when she could. But isolating affect, undoing, and denial were probably overtaxed and consequently brittle defenses for Ms. A.

There was good reason to suspect that this patient's difficulties with affects and her fragile defenses to keep affect states at bay would have been influenced by an early environment she seemed to perceive as profoundly uncomprehending or indifferent to her distress. Ms. A. painted a picture of an emotionally vacant and insensitive mother who appeared not to notice clear signs of Ms. A.'s unhappiness. Despite appearing outwardly agreeable, her relationship with

her mother may have been limited and uninvolving. She may have attempted to seek out more psychologically enlivening relationships to compensate for the indifference that seemed to characterize much of her psychological development; however, Ms. A. also seemed unsure what she might be searching for.

It is rare to see on Card 1 of the TAT, for example, a depiction of an adult ignoring a child in the way Ms. A. related it in her story, a theme that carried through in a similar way on other TAT cards as well. Apart from the gross neglect or indifference, what was so particularly bizarre and unsettling about her story was that Ms. A. appeared nonplussed by what she was saying. She seemed to think that the indifferent way the teacher acted was normal and expectable, as if the adult had no further responsibility other than merely noticing that something was not right. Ms. A. seemed to be describing what she herself perhaps experienced, expecting that intensely felt affect states would not be recognized by the important people in her life, and all that she could do was put affective experiences in cold storage as long as she could until they simply dissipated.

Ms. A. also appeared to convey a quality of what might look like entitlement to take whatever she wanted for herself, regardless that it was not hers to take, perhaps justified in her mind as permissible because it was vitally important to her. Thus, a need state could become so prepotent that it seemed to take over her behavior and thoughts, perhaps misleading one to think that it represented narcissistic entitlement. After all, the same parents who failed to recognize and then ignored her distress very likely also failed to instill the idea that her own needs must be balanced against others' needs. She could mouth the words showing an understanding of what was morally wrong and she comprehended guilt and remorse, but the anticipatory signal anxiety associated with superego development seemed to have been short-circuited and not internalized. Thus, defensively rationalizing or sublimating needs as she spoke about virtuous ways to behave in life was not the same thing as compensating for what may have been experienced as a fundamentally unresponsive or uncomprehending environment. Thus, thwarted emotional needs concealed behind a veneer of empty platitudes expressing strength of character served only to mask submerged disappointment or longing. Accordingly, it certainly could be possible that Ms. A.'s acting in ways others might regard as cavalier or inconsiderate actually might have reflected her feeling deprived.

Her story to Card 3BM on the TAT added important information concerning this issue: in addition to (if not actually because of) a parental failure to recognize and minister to a state of emotional distress, it seemed difficult for Ms. A. to put words to affects she struggled to grasp. For example, in her story she could describe somatic and cognitive manifestations of a depression but she could not seem to get close enough to the subjective quality of the feeling or the events, relationships, or motivations precipitating the depression. The capacity for imagination and fantasy she showed in many other places on several tests seemed strangely unavailable to her on Card 3BM, where she seemed unusually stumped explaining why events in her story transpired as they did. She appeared

to expect that deeply distressed emotional states would not be understood and consequently that there was no place for her to turn when she felt overpowered, ultimately leaving her isolated from her affective experience. It was of some interest that this patient was disposed to be sympathetic about the plight of men she perceived as injured, whereas she was indifferent or unconcerned about women who were neglected or overlooked. Ms. A.'s dismissiveness of women being mistreated appeared to reflect her defensively distanced experience of maternal unavailability. What seemed to reflect a solicitous concern for men might have represented her seeking out a longed-for, lost father to alternatively secure a more responsive or attentive object. More likely, however, it may have had more to do with escaping from feeling deprived or ignored.

This patient's vigilant and thus reserved manner in respect to the people around her, coupled with her idiosyncratic and very likely off-putting thinking, sometimes could be subtle and easily missed. I also came to understand why this patient showed a particularly strong need to assert autonomy. Ms. A.'s exerting control seemed to represent her attempting to protect herself when she felt that her grip on holding herself up securely was slipping. In unfamiliar or novel situations, logical thinking seemed to elude her, thus reexposing this patient over and again to threatening or uncomfortable affects she normally tried to keep in check by isolation or distancing. When Ms. A. could become so destabilized as thinking and reasoning faltered, she also was prone to faulty perceptions and odd, distorted views about events and people. As a result, she probably came across to others as idiosyncratic, all the more reason for people to feel wary in her presence and to keep some distance from her. People very likely experienced Ms. A. as touchy, moody, and probably also off-putting, paralleling her own wariness.

When she felt particularly threatened or vulnerable, potentially unraveling her capacity to maintain a secure footing, Ms. A. would resort to what I would for lack of a better term call her entrenched elusiveness—becoming vague or elusive and digging her heels in—which was the best way she had developed to protect herself when she felt herself on shaky ground. She also seemed to self-protectively steer others in a direction away from what she felt vulnerable about—a defense that had a “they went that-a-way,” “saved by the bell” quality. She might resort to this kind of defense when she needed to extricate herself from uncomfortable affect states that threatened to close in on her—when, for example, on several Rorschach chromatic cards she used color but then seemed uncomfortable and needed to find a way to back away from affects it may have triggered.

Indeed, color attracted her, perhaps to represent drawing others in to take notice, as an attention-enhancing or narcissistic wish to be seen and admired. Ms. A. in this way used color to vitalize her affect life, thus accentuating her responsiveness to energetic, lively internal experience. Color use on the Rorschach, driven by a hyperthymic temperamental predisposition, probably also underlay her extratensive stylistic preference. In this way, she could easily produce a Rorschach percept of clothing with “outrageous,” attention-getting

colors alongside another percept of a colorful skeleton “to attract people to pay attention.” For a similar reason, I suspect, she delivered a percept of peacocks or flamingos—on an achromatic card.

However, color was a double-edged sword for this patient because it also potentially stimulated affect states she might strive to deny when they represented more disturbing or threatening emotions. At such moments, Ms. A. tried to shut down affective experience. Color thus seemed to reflect extremes of affective experience—sometimes strongly present and riveting but at other times covered over or minimized. I think she probably preferred to more freely experience affect states, reflected for example in some of her Rorschach percepts suggesting playfulness or an imaginative opening up of internal experience. Whether the appeal of color is viewed as a manifestation of her preferential extratensive style or as a marker of a hyperthymic temperament, its signifying an openness to a free rein of affective experience might also present a problem because affective stimulation threatened to destabilize how well she modulated affect; it also seemed to perturb orderly, logical thinking. Stated another way, while a hyperthymic temperament could be energizing and expand imaginative thinking for some people, for others such as this patient affect states that might be too readily stimulated could expose a vulnerability to affective dysregulation that might precipitate a sense of danger or threat.

This clinical evaluation began with the question of a differential diagnosis between attentional disorder and a bipolar affective disorder. Having ruled out appreciable neuropsychological deficit that would have been sufficient to account for the patient’s symptom picture and history, the examination centered on the pattern of psychopathology and personality suggesting distinctive affective and personality disorder characteristics. Diagnostically, there was reasonable evidence to consider there being an affective syndrome superimposed on a personality disorder. Some clinicians might consider the depressive and hypomanic indications to be subclinical, others might regard them as suggestive but subthreshold from a clinical diagnostic standpoint, and others might regard the test signs of affective disturbance as predominant manifestations of a personality disorder. I was particularly interested in the affective indications because, although they suggested subtle depressive and hypomanic features, the test findings did not suggest that either affective polarity was unequivocally prominent.

Some may regard the bipolar indications I called attention to in this case as too speculative; nevertheless, I would argue that their subtle nature is consistent with a quality of bipolarity or mood dysregulation that could easily be overlooked entirely in a diagnostic examination. This is precisely what is meant by a so-called “soft bipolar spectrum” that has attracted clinical interest in recent years—particularly inasmuch as its features, including overactivity, may be clinically indistinct from prominent attention deficit (ADD) and/or hyperactivity (ADHD) disorder symptoms.

3 Personality Problems in Adolescence

Many psychological perspectives on adolescent development regard this often turbulent period of life as one of transition between childhood and adulthood (Larsen & McKinley, 1995; Offer et al., 1981). Whether or not the appearance of oppositionality, rebelliousness, or alienation are present either in normal development or as part of a clinical presentation, adolescence is a stage of life when consolidating identity and values is a fundamental task, and it also is a period during which complex cognitive and social-interpersonal growth proceeds at an accelerated rate. Although many adolescents appear to demonstrate periodic phase-specific stresses in such areas, most do not appear to present clinically significant difficulties or sustained problems maintaining affectionate or cooperative relationships with parents, friends, and teachers (Kimmel & Weiner, 1995; Offer et al., 1981). Nevertheless, difficulties establishing efficacious peer relationships and mature patterns of communication may place adolescents at risk for personality problems or psychopathology—including internalized deficits such as depression or isolation, or externalizations of maladjustment such as delinquent or antisocial behavior (Kimmel & Weiner, 1995).

Psychoanalysis has in the main devoted relatively sparse attention to both normal developmental strivings during adolescence and pathological manifestations of this life period. Freud had little to say on the subject beyond its relationship to the latency period and the maturation of psychosexual stages. Anna Freud (1965) devoted greater attention to problems of adolescent development, according greater importance to puberty as an influence on character structure in conjunction with the structural theory's emphasis on maturation and integration of ego functions. Erikson (1950) regarded psychological development as an ongoing process throughout life, one that was not confined exclusively to psychosexual stages and the libido theory. He stressed the importance of establishing a stable sense of identity during adolescence, including consolidating values and ideals, and thereby securing a self concept with continuity between past and future.

Among the most influential psychoanalytic contributions to the study of adolescence was Blos's work (1962, 1968), which like Erikson's considered adolescence as part of a framework of normal psychological development, particularly in respect to development of character structure. Blos articulated a series

of developmental challenges involving the relations between ego and drive functions following resolution of the Oedipal configuration that was central to Freud's drive and structural theories. In Blos's view of adolescence, there occurred a regressive reemergence of pre-Oedipal instinctual drives that led to a more stable resolution of the Oedipal conflict than the original childhood resolution. Blos (1967) regarded this resolution, which he termed the *second individuation process of adolescence*, as achieving a solidified balance between ego and superego.

The case below is somewhat unique because the patient appeared sufficiently well functioning not to trigger a need for clinical attention. However, this 15-year-old boy sought a referral for treatment on his own accord. It could be said that he fell at an intersection between what might appear to have been a relatively normal progression of adolescent development and a pathological process straddling the fence between a depressive syndrome and an emerging personality disorder. I will revisit this patient in [Chapter 6](#), to discuss a reevaluation of the personality assessment findings after ten years, when the patient was a 25-year-old young adult.

This chapter sets out the case of this adolescent boy who presented with complaints of depression accompanied by somatic-vegetative signs, but also with troubling thoughts and dreams dominated by anger and destructiveness. This youngster, named Carl, was a 15-year-old Caucasian high school sophomore, living with both parents and an older brother. Carl began to experience unrelenting feelings of frustration about the pointlessness of doing schoolwork soon after the beginning of the current school year. He recognized that he was depressed and spoke to his mother about seeking treatment. Carl also reported insomnia three or more times each week, diminished appetite, and slowed concentration. His main affect states besides subjective depression, boredom, and lethargy (mainly centered around being at school and doing homework) included periodic upsurges of anger which left him feeling agitated. However, he did not see himself as on the verge of losing self-control despite the fact that he was troubled that many of his thoughts and dreams were "weird," containing content concerning violence such as killing teachers he disliked or scenes of war.

Carl believed that his teachers picked on him and he was concerned how he fit in with his friends, believing they were less interested in being his friend. He also commented that he thought his father was too tired or depressed to show much interest in him. Carl felt hopeless about the future, anticipating that because he had no interest in any particular line of work he would wind up with a boring, unsatisfying job after finishing high school, remaining stuck at such a job for the rest of his life. Because he was lethargic and disinterested in school, Carl anticipated doing poorly academically, in spite of his grades having been at least average in middle and elementary school. He felt that now that he was in high school, he should have some idea about what he wanted to do in life.

I treated Carl in a weekly psychotherapy extending over a period of nine months. I administered a personality assessment as part of an initial treatment

plan to ascertain whether a psychotic or developing borderline disorder underlay his destructive fantasies, and more generally to evaluate Carl's capacity for impulse control, resiliency of ego functions, and to understand the meaning of his angry thoughts and dreams. Shortly after completing the psychological assessment, I referred Carl to a psychiatrist for a medication consultation. The psychiatrist prescribed sertraline (Zoloft®) 25 mg. q.d., and Carl showed a favorable response to this dose, which he continued throughout the period of time I saw him in treatment. I had one follow-up session with him about six weeks after the start of his junior year in high school. I briefly discuss the course of psychotherapy later in this chapter.

Minnesota Multiphasic Personality Inventory (MMPI-A)

Validity indicators revealed elevated *F* and *FI* scales ($T = 60$ and 70 , respectively; *F2* was unremarkable) suggesting a mild tendency to endorse extreme symptoms or problems. This implied inconsistency of responding, a reading problem, or exaggerating symptoms. Carl's scores on *VRIN* and *TRIN* were within normal limits, which argued against the likelihood of response inconsistency or reading problems. His *L* and *K* scales were low (both $< T \sim 40$), which together with Carl's greater than average symptom endorsement suggested a potential tendency to seek attention about problems.

The main clinical scales revealed a 1–7 configuration ($Hs = 79$; $Pt = 78$). The high *Hs* represented an infrequently occurring scale elevation in both normative and clinical populations. The 1–7 configuration with both scales elevated $> T = 75$ suggested an intense but varied symptom pattern characterized by an anxious, worrisome nature accompanied by appreciable concerns about health. Carl's overall psychological adjustment was potentially compromised by internalization of conflict characterized by rigidity and perfectionism, intellectualizing, and a tendency to experience panic-like reactions easily as well as a variety of anxiety symptom features. There also were scale elevations on *D* and *Pd* (both $T = 75$), although all of the clinical scales except *Mf* were within the 66–70 T score range. The elevated *A* (Anxiety) supplementary scale ($T = 76$) and most of the content scales (9 were $> T = 65$, with 3 being $\geq T = 75$ (school discomfort, self-esteem, and aspirations)) suggested appreciable difficulties impacting a broad range of school-related functions, including low academic performance, disinterest in participating in school activities, negative attitudes about school and school success, possible truancy, and diminished interest in succeeding in school beyond socializing with friends. However, Carl's socially distant nature seemed to make it hard for others to get to know him, and he apparently did not feel liked or understood. He also appeared to have difficulty starting projects, being inclined to give up easily when the work became uninteresting or difficult.

Carl endorsed a number of items reflecting low self-esteem, and he reported feeling unattractive and that his abilities were limited. Consequently, he believed he could not do well at anything. He seemed prone to being easily dominated by others, and he reported symptoms associated with depression alongside

somatic complaints and health concerns. Personality problems as revealed on the PSY-5 scales indicated that some unusual beliefs might dispose Carl to misinterpret events or other people's actions and that he often felt isolated. Thus, his elevated Psychoticism scale ($T = 67$) raised a question about delusional ideation or disordered thinking which, coupled with an elevated Introversion scale ($T = 66$) and somewhat high Negative Emotionality scale ($T = 60$) suggested that anhedonia and a pessimistic outlook about his life and future added to Carl's sense of alienation and ennui.

Human Figure Drawings

Carl's first drawing (Figure 3.1) was more atypical than most. Although he first drew a figure of the same sex as himself, Carl's male Figure Drawing was striking because of its considerable emphasis on brawny, pumped-up arms which immediately reminded me of the kind of robotic, brainless, menacing-looking characters represented in cartoons that exist mainly for their brute force—just exactly the sort of heroic figure some adolescent and pre-adolescent boys might be inclined to admire. Mindful of the importance of cautiously differentiating an examiner's impressions from patients' own descriptions, I took care to hold



Figure 3.1 Human Figure Drawing (male)

my own association in reserve, though not without allowing it to register internally for possible interpretive use later on. In this case, however, Carl's description of the figure was remarkably close to my own impression.

Some type of warrior type dude. Like a soldier, in really good shape and eager to blow stuff up or something. He's mellowed, but when he has to be he can get nuts.

(Nuts?) *Extremes of mood, if he's attacked by something. If he's like a soldier and attacked by the enemy, he'll defend himself.*

(Eager to blow stuff up?) *You know, like to get into a war or whatever. Like that movie "The Fight Club," I saw it the day it came out. He hates his job and moves in with Brad Pitt and they just beat each other up, and even though they're fighting each other they feel there's a point of their existence. They didn't have Vietnam or a Depression or World War II where everything in their life revolves around that. I don't have anything like that either that defines my life.*

(What does fighting do for them?) *They don't think about anything when they fight—or like me when I'm playing video games—you're like a general in the army and you have to blow the other guys up and your whole point of being is to win.*

I then asked Carl what made the person in the drawing anxious or fearful, and he at first said, "*Nothing.*" I queried by rephrasing the question, to which he said:

He doesn't care about anything. He doesn't like to be bored, he always wants to do something.

Although he still did not address the question, I decided at this point to leave it be in spite of Carl's apparent ability to become engaged with the projective fantasy stimulated by the drawing. I then proceeded to ask what made the person sad or depressed, to which he said:

Not having anything to do. If his commander tells him something like he should open up boxes, he's bored out of his mind. But if he's told to fight or something like confront the enemy then he's entertained.

Carl's description of a "warrior type dude" was consistent with my impression from looking at the drawing: this soldier stood ready "to blow stuff up." But he then surprisingly volunteered that the warrior-soldier was "mellowed," immediately adding that "when he has to be, he can get nuts." This youngster seemed to be saying that to "get nuts . . . blow stuff up" was for a self-protective purpose—as needed rather than as a characteristically impulsive, aggressive urge. He appeared to emphasize its function as a state of readiness or being prepared for attack, implying that the soldier-warrior figure was not by nature combative, which is what he may have meant by "mellowed." Carl may have been drawn to the warrior image for its vigor and robustness as an aspect of male identification, possibly representing an idealization of something noble or

strong. Even the word *warrior* seemed to connote commanding respect; it did not appear to be associated primarily with aggression or force.

Moreover, although Carl's association to the film *Fight Club* at first suggested brutish hostility, as he elaborated it further that connotation quickly changed to one suggesting that the brute force represented by fighting was little more than male bravado. That is, the core of the fighting for its own sake might have been an attempt to carve out a meaningful purpose in life such that "there's a point of their existence." The film evidently meant a lot to him because he commented that he saw it as soon as it was released. Most importantly, Carl was insightful insofar as he seemed to recognize that he was talking about his own need to have something he could point to "that defines my life." He spontaneously introduced this insight himself, indicating that it was readily accessible and stabilizing for him. It was also prognostically important because a capacity for insight might be mobilized in treatment to show him that fantasies of destructiveness and force might defensively conceal vulnerable self-esteem concerns not far from the surface of his experience about what it means to be an effective man.

Thus, Carl did not appear essentially as an angry, disinhibited young man with a short fuse ready to go "nuts" at the slightest provocation, notwithstanding the possibility that he might experience "extremes of mood." In this way, I modified my first impression based on looking at the drawing—a cartoonish image of a brainless brute ready to pick a fight—to one more like that of the kinds of dogs often preferred as guard dogs that make a lot of angrily threatening noise but quickly become docile once they are made to feel assured that a threat is not real. At this point, I would not have said that I was yet ready to see Carl as a docile, sweet-natured young man playing a character in *Fight Club*, but neither did I feel that I was dealing with an explosive powder keg of uninhibited rage that could potentially come apart at the seams.

It also seemed evident that Carl either was not responding to my questions about affects, for reasons I could not at this point understand but also felt it best not to pursue too vigorously; or alternatively, he might have filtered my questions asking him to differentiate among affect states into a single emotion—boredom. He seemed to experience this affect regularly, often feeling unenthusiastic but wishing to feel more enlivened. He faulted those in authority (such as the soldier's commanding officer, or when he slipped into his own sentiments about not liking teachers), conveying the painfulness of feeling "you're ruining or wasting your time and it's the most horrible waste there is."

In contrast to this drawing, Carl's drawing of a female (Figure 3.2) was generally unremarkable. His description of the drawing was as follows:

She's happy. I don't know, I can't make up as much stuff.

(Encouraged him to say some more) *She isn't as deep as him. Just everyday stuff. She doesn't ponder the meaning of life or stuff. She just thinks and reacts. She's not as deep as him, the soldier. He analyzes everything, she won't.*

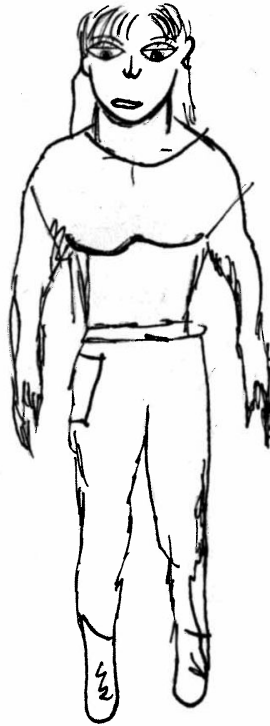


Figure 3.2 Human Figure Drawing (female)

(What does she think/feel?) *Nothing much, just everyday stuff. She probably just has a boring job or stuff.*

Carl's verbalization was considerably more sparse than that for the male drawing. Furthermore, the female was defined almost entirely in comparison to the male. Although the verbalization accompanying this drawing suggested a similar state of quiet desperation as that of the soldier he described earlier, Carl seemed less interested in fleshing out the woman's psychological motivations. However, as little as he said, he did nevertheless manage to say, twice, that "she's not as deep as him." Perhaps Carl was at a stage of life in which he was too unaware of or uncertain about what women or girls were like; thus his experience or involvement with them might have been too limited to imagine much about women's needs or motives. Carl did convey the same degree of disaffection about the female drawing as he did about the male Figure Drawing, but apart from that probably all that could be said was that his level of interest or awareness was still premature. Perhaps what might be discerned from this description was that this young man's understanding about motivations and psychological states was focused almost entirely on himself as he struggled to make sense of what he felt internally and how he was progress-

ing in developing a male identification. A self-absorbed preoccupation like this would not appear at all atypical during this period of adolescence.

Rorschach

Figures 3.3 and 3.4 show the Rorschach location sheet for Carl and his CS Sequence of Scores, followed by Carl's Structural Summary (Figure 3.5) and a

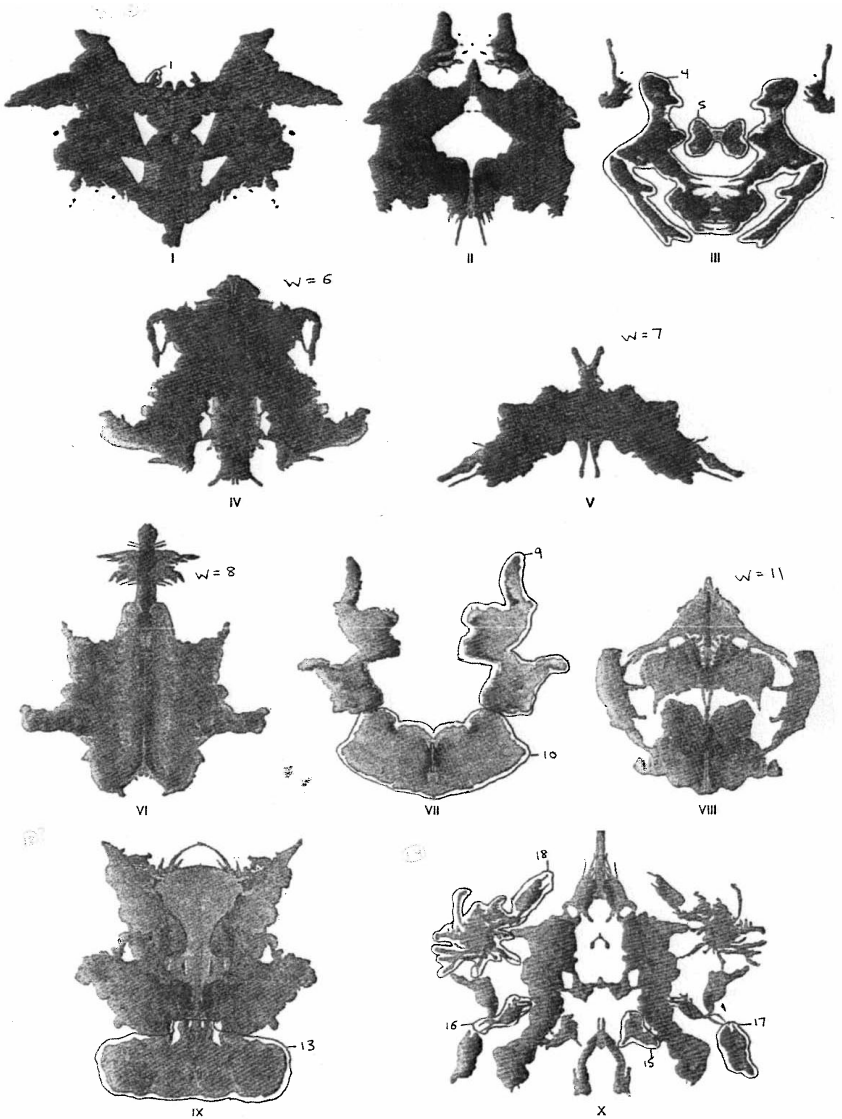


Figure 3.3 Rorschach location sheet

Card	Resp. No	Location and DQ	Loc. No.	Determinant(s) and Form Quality	(2)	Content(s)	Pop	Z Score	Special Scores
I	1	Do	1	Fo	2	Hd			PHR
	2	D+	1	Mau	2	(H),Cg		4.0	DR, PHR
II	3	D+	3	Mp.mp.FC'-		(Ad),Hx		3.0	MOR, PHR
III	4	D+	1	Mpo	2	H,Hh,Sx	P	3.0	GHR
	5	Do	3	Fu		An			
IV	6	Wo	1	FVo		(A)		2.0	
V	7	Wo	1	FMa.FDo		A	P	1.0	
VI	8	Wo	1	Fo		Ad	P	2.5	MOR
VII	9	D+	2	Mpo	2	Hd,Cg	P	3.0	COP, GHR
	10	Do	4	FD-		Id			
VIII	11	W+	1	Ma.mp.CF-	2	A,An,Fi		4.5	MOR, DR2, FAB, AG, PHR
IX	12	D+	2	Mp.mp-	2	H,Ad,Hh		2.5	INC2, PHR
	13	Do	6	FC-		An			MOR
X	14	Dd+	21	CF.mp-		(Hd),Bl,Cg		4.0	MOR, PHR
	15	Do	2	FCo	2	Bt			MOR
	16	D+	7	mp.CFu	2	A,Fi,Id		4.0	FAB, MOR
	17	Dv	13	C.Y		Fi			
	18	D+	1	FC.FMau		Bt,(A)		4.0	

Figure 3.4 CS Sequence of Scores

RATIOS, PERCENTAGES, AND DERIVATIONS

R = 18 L = 0.20			FC:CF+C = 3 : 4			COP = 1 AG = 1		
-----			Pure C = 1			GHR:PHR = 2 : 6		
EB = 6 : 6.0	EA = 12.0	EBPer = N/A	SumC' : WSumC = 1 : 6.0			a:p = 4 : 9		
eb = 7 : 3	es = 10	D = 0	Afr = 0.80			Food = 0		
Adj es = 6		Adj D = +2	S = 0			SumT = 0		
-----			Blends:R = 8 : 18			Human Content = 6		
FM = 2	SumC' = 1	SumT = 0	CP = 0			Pure H = 2		
m = 5	SumV = 1	SumY = 1				PER = 0		
-----						Isolation Index = 0.11		

Figure 3.5 CS Structural Summary

synopsis of its main interpretive findings. This is followed by a detailed analysis of content.

CS Interpretive Findings

Carl produced an interpretively valid protocol, which contained one significant constellation (*PTT*). Notwithstanding his chief complaint of depression and anxiety, *DEPI* was not elevated. He demonstrated an ambivalent coping style, characterized by vacillating inconsistently between ideation and emotional responsiveness as the major modes of responding to events impacting his psychological life. Although coping skills were not appreciably undermined, dealing with life demands more predictably and thus beneficially seemed to elude him.

Thinking and concentration could be compromised at times, and thus other people might occasionally not fully comprehend certain of his thoughts or actions. Carl was prone to intrusive thoughts that he experienced as troublesome but which he could generally manage effectively. Such thoughts typically concerned unmet needs or involved people or events unduly influencing him, about which he could be rigid or have a closed mind. His thinking also leaned toward escapist fantasies rather than realistic problem-solving. Carl could thus allow his imagination to hold sway, consequently distorting how he understood the meanings of situations or others' actions. Accordingly, he could abandon acting responsibly in favor of giving in to feeling helpless or dependent when he felt manipulated. He could as a result feel pessimistic about his fate and discouraged that any good might come from his efforts to turn things around for himself. Consequently, Carl's tendency to misinterpret others' intentions interfered with thinking logically and clearly, ultimately confusing others just as he himself could appear confused about his thoughts or feeling states. The quality of his thinking was more immature than it was idiosyncratic or grossly disordered.

Carl showed a well-developed degree of openness to experience, both internally and in respect to events in his surround. He was drawn to ambiguous situations, and he could be inclined to make interactions with people or events less straightforward and more complex than they needed to be. Although Carl might wish to take in wide-ranging interests that attracted him, he could also fall short of striving to reach ambitious aspirations he set for himself. He showed a good balance between being self-interested and remaining aware of others; however, his self-awareness could sometimes lead him to be overly self-critical, contributing to dysphoric mood.

Adaptive ego assets functioned adequately for this boy, despite his feeling that being unable to control or manage inner distress was getting the better of him. He could be vulnerable, however, to expressing somewhat intense, unmodulated affective experiences that he might freely vent as they emerged. Although unconstrained emotionality did not typically get out of hand for him, Carl could be prone to difficulties surrounding feelings of helplessness

as he perceived others to be controlling his life, which he himself seemed to recognize.

Carl also appeared comfortable with a fantasized as well as a realistic sense of his experience of himself and others; however, identifications did not appear particularly stable nor did he show a securely based self-image. He also was likely to intellectualize how he viewed himself, which seemed to extend to including overly critical or distorted views about his body image. Carl was interpersonally passive, and he was inclined to accommodate his needs to those of others. He tended to have others make decisions for him despite simultaneously feeling distant from, rather than close with many people. Carl showed no particular disinterest in other people, although he could feel uneasy interpersonally and sometimes threatened. Carl was not distanced from affect states, nor was he particularly uncomfortable with experiencing or expressing emotions.

R-PAS Interpretive Findings

The Sequence of Scores is represented in [Figure 3.6](#) and the Page 1 variables are shown in [Figure 3.7](#). Carl's primary problem appeared to concern aberrant thinking, mainly associated with preoccupations with damage or destruction. However, although the impact of these concerns appeared substantial, an R-PAS interpretation of this area of functioning remains tentative at the present stage of understanding and interpreting adolescent norms for some of the important elevated variables such as *EII* and *TP-Comp* (Thought and

Cd	#	Or	Loc	Loc #	SR	SI	Content	Sy	Vg	2	FQ	P	Determinants	Cognitive	Thematic	HR	ODL (RP)	R-Opt
I	1	@	D	1			Hd			2	o		F		AGM	PH		
	2		D	1			(H),Cg	Sy		2	u		Ma	DR1		PH		
II	3		D	3			(Ad)	Sy		-			Mp,mp,C'		MOR	PH		
III	4		D	1			H,Sx,NC	Sy		2	o	P	Mp			GH	ODL	
	5		D	3			An				u		F				ODL	
IV	6		W				(A)				o		V		AGC			
V	7		W				A				o	P	FMa,FD					
VI	8		W				Ad				o	P	F		MOR,MAP			
VII	9		D	2			Hd,Cg	Sy		2	o	P	Mp		COP,MAP	GH		
	10		D	4			NC				-		FD					
VIII	11		W				A,An,Fi	Sy		2	-		Ma,mp,CF	DR2,FAB1	AGM,MOR,MAP	PH		
IX	12		D	2			H,Ad,NC	Sy		2	-		Mp,mp	INC2		PH		
	13		D	6			An				-		FC		MOR		ODL	
X	14		Dd	21			(H),Bl,Cg	Sy			-		mp,CF		AGC,MOR	PH		
	15		D	2			NC				2	o	FC		MOR			
	16		D	7			A,Fi,NC	Sy		2	u		mp,CF	FAB1	AGC,MOR			
	17		D	13			Fi		Vg		n		C,Y					
	18		D	1			(A),NC	Sy			u		FMa,FC		AGC			

Figure 3.6 R-PAS Code Sequence

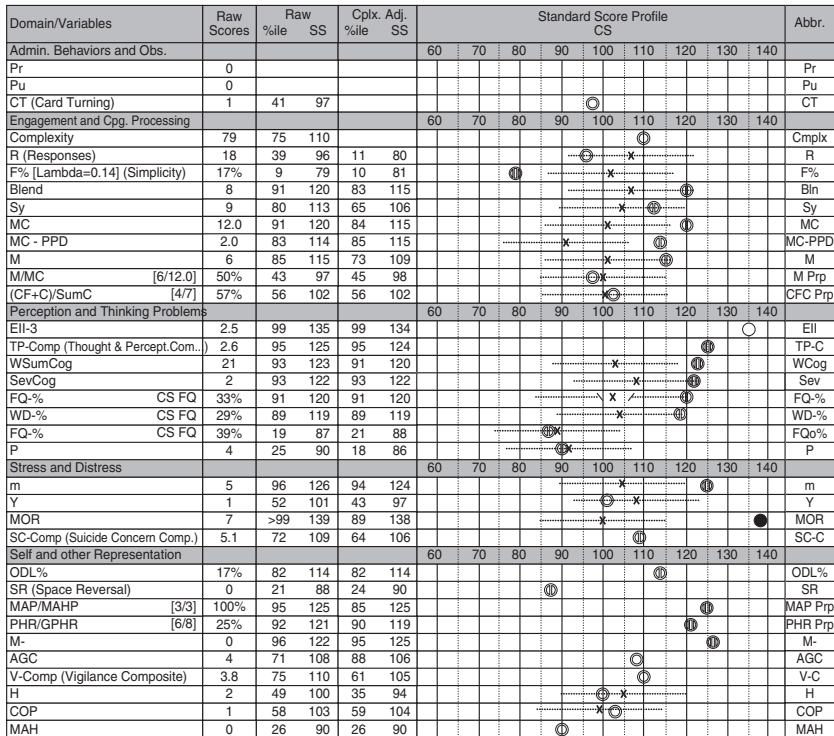


Figure 3.7 R-PAS Summary Scores and Profiles—Page 1

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Perception Composite). Nevertheless, there was good reason to infer that a disturbed view concerning how he regarded himself and perceived or related to others underlay many of his thinking problems.

Carl appeared to show a high level of mental energy (*M*, *Blends*, *Sy*, *MC*, *MC-PPD*) that could potentially represent a favorable indication of utilizing available ego resources; however, his functioning could still appear substantially compromised (half of his human movement responses were *FQ*-, and he had one *C* response). Although the indications in this record pointed to moderately pronounced distortions of thinking, it also was possible that a provocative playfulness or exaggerated dramatizing of distress states could account for at least some of the more disordered thinking he could show, including the morbid, destructive ideation that appeared rather often in the Rorschach protocol. Further, distorted impressions about his own need states and other

people's motivations could have contributed more to interpersonal problems with people than did primarily aggressive impulses or pathological dependency. The very high number of morbid (*MOR*) codes included two of this boy's three *M* responses that were associated with a *MOR* code (which also were coded as *FQ-*). However, the pathological significance of several important variables may be questionable until there is greater certainty about normative reference values for child and adolescent records.

Carl's appreciable thinking and perception problems, including an inclination to misinterpret others' intentions, were consistent with his sole elevated constellation (*PTI*) on the CS. The CS finding regarding a predominantly ambivalent coping style, vacillating inconsistently between thinking through and reacting emotionally to situations precipitating stress, might be consistent with Carl's elevated *EII* on the R-PAS. However, interpreting *EII* in adolescent patients also remains uncertain because the normative reference values are not yet firmly established. (The same problem exists for the CS; thus its emphasis on coping skills not appearing appreciably undermined also was tentative, in spite of Carl's inclination to react unpredictably and consequently not always in the most optimal manner to life demands.) It also was likely that Carl's thinking was more immature than disordered, a possibility that was scrutinized carefully in the response-by-response content analysis that follows. Both the CS and R-PAS detected Carl's feeling helpless or that circumstances in his life could provoke his feeling less than a desirable level of control; however, once again, substantiating this inference must await further research on normative values before arriving at a more unequivocal conclusion.

Openness to complex or ambiguous experience as judged from the CS was generally consistent with the level of complexity seen on the R-PAS; however, Carl's interactions with people appeared to be more complex than many situations called for. The balance Carl showed between self-interest and an awareness of others' needs was comparable in both approaches.

Thematic Content Interpretive Findings

Card I

1. <i>It's not much of anything. Can I look at it this way? [✓^] Two hands.</i>	<i>The shape of hands, the thumb and fingers together.</i> <i>Like getting ready to fight, the way the hands are going off like that.</i>
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<p>2. <i>Monsters, maybe. Demons. I don't know if they're hugging or attacking. They have wings. I can't really tell if they're angels or monsters, just something with wings.</i></p>	<p><i>The head, torso, skinny waist. Like a dress-type bottom, like a skirt. And they have boots on. Or they could be going like they're ready to fight when they get real close to each other, like arch enemies type of thing.</i></p> <p><i>(Monsters, demons, angels or monsters?) They look cool and they always have wings, and you can't tell if it's angel wings or demon wings. Either way they're humanoid. You can't tell. Like the movie "The Prophecy." It's like a civil war of the monsters. Raphael's the archangel and he's mad at God and he's rebelling because he thinks God loves the humans more than the angels. And he and the rebel angels get into a fight with the other angels.</i></p> <p><i>(Hugging or attacking?) They could be hugging but I think they're going to attack. They're not attacking but they're about to, like they're standing off each other.</i></p> <p><i>(Standing off each other?) Like they have some kind of reason to hate each other and they just want to fight, like they have to fight. Like a final showdown type thing.</i></p>
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It was certainly a far cry from Carl's opening comment ("it's not much of anything") to the "civil war of monsters" he ended up with by the time he had finished Card I! His initial comment suggested difficulty making sense of the amorphous figure; however, in short order he certainly had no trouble doing what the Rorschach asks of people. Carl's question ("can I look at it this way?"), while on the face of it asking me how much liberty he had in the situation, also seemed to be asking permission to allow himself free rein to make the Rorschach situation his own.

He began innocuously enough with a response of hands—a response of good form quality albeit one that is rarely reported in isolation from a larger figure. The shift from this straightforward percept to one of monsters or angels initially described as hugging or attacking appeared to represent feeling betwixt

and between contradictory sentiments, perhaps best represented when he said “they’re ready to fight when they get real close to each other.” Indicating more than the ambivalence represented by opposing sentiments pitting good against bad, Carl seemed to be expressing that intimacy was intertwined with aggression. While not necessarily illustrating splitting of all-good and all-bad object representations (Kernberg, 1975)—a pre-ambivalent position—Carl seemed to be conveying the idea that what might be construed as intimate or perhaps stereotypic feminine qualities (hugging, dress-type skirt, closeness to each other) could not easily be kept separate from connotations reflecting fighting or adversarial qualities. Certainly, confusion and uncertainty seemed to underlie how Carl experienced potent affect states.

This adolescent boy may have tried to make light of his uneasiness by defensively whistling in the dark (“they look cool”), diminishing its importance (once again his opening comment, “it’s not much of anything” and his cute-sounding or possibly smart-alecky reference to “a civil war of the monsters”), or distancing himself from his experience (“either way they’re humanoid”). He may also have tried to deal with his confusion or discomfort by intellectualizing, another form of emotional distancing, when he referred to a conflict between God and the archangel Raphael, rebelling against a higher or supreme authority over the love of angels vs. mankind, and angels in conflict with “rebel angels.” When I addressed what might have passed for his ambivalence with the inquiry question about hugging or attacking, Carl seemed to stand back somewhat from the connotation of aggression (“I think they’re going to attack”; “they’re not attacking but are about to”)—but not entirely (“they’re standing off each other”). My further challenge of his apparent compromise position of a standoff led to his expressing what I regarded as a feeling of inevitability about the outcome (“they have . . . reason to hate each other . . . they have to fight”) in which Carl seemed to convince himself that hostile urges had a certain legitimacy about them. Whatever underlay what I presumed to reflect his discomfort with aggression remained unclear at this point, but what may be more pertinent at this still fairly early phase of the personality evaluation was how uneasy Carl could feel about unacceptable impulses and the defensive maneuvers he developed to conceal or manage aggression.

Understandably, many adolescents on the threshold of adulthood find assertive, rebellious, and even overtly aggressive feeling states difficult to comprehend. Indeed, normal adolescence is for many a period of discovering how to deal with and understand potent affect states. Such emotional confusion or uncertainty creates further difficulty in knowing how to express or contain impulses while still being dependent on adult authorities for protection and support. It was not possible at this point to clearly interpret this second response (R2) as a normal or pathological manifestation of adolescent development, a decision that would begin to emerge as interpreting the protocol continued to unfold.¹

Card II

<p>3. Which way should I look at it? It's kind of a face at the bottom, like a crying dragon. Like it's upset about something. You know, like a Chinese dragon. The rest doesn't look like much.</p>	<p>The nose looks like a reptilian nose, the crying eyes, and the dragon has those things coming down from its chin. The black stuff could be smoke coming down from its nose, but I don't think it is. (Crying dragon?) Because it goes down like it's sad and it's eyes are closed.</p> <hr/> <p>Maybe his kid dragon died or something, like maybe someone dying. (Crying dragon?) A paradox, like a powerful giant thing reduced to tears. (Q) I feel like I'm enemies with my school and there's no way I could beat my school. And I wish there was some way I could reduce the giant powerful thing to tears. Like it's something stronger than you. You want to stop it but you can't.</p>
--	--

Carl's passing question before he delivered his response to Card II ("which way should I look at it?") seemed to shift subtly from the question he asked at the start of Card I about gauging how far he could go with responding to the inkblot. Here, at the start of Card II, Carl was more uncertain. He no longer was asking for permission; rather, he seemed to be asking for direction. I wondered whether he was surprised if not even alarmed by what he was seeing, and that he now was asking for help about how to proceed. The only assistance he received was the usual "it's up to you," and the response he produced (a crying dragon) undoubtedly continued exposing a psychologically salient and evidently disturbing affect state. His closing comment ("the rest doesn't look like much") recalled his opening comment before the start of Card I ("it's not much of anything"). Of course, it simply could have been his manner of speaking or a comment about trying to make sense of the amorphous inkblots, but it was equally plausible that Carl's comment at this point reflected his having had enough and that he might not want to provoke any further disturbing affects. In either case, the comment was worth noting and remembering.

It also was noteworthy that Carl perceived achromatic color when he mentioned black smoke, but then added, "but I don't think it is." This determinant was not mentioned during the response phase and it first occurred at the end of the initial clarification part of the inquiry. Moreover, in an effort to take back what he saw, Carl attempted to minimize if not actually disavow that the black

color influenced his seeing the area as a crying dragon. He seemed to be trying to distance himself from the affective experience of sadness inasmuch as the dragon’s eyes were closed and he made a tentative reference to death. Carl may have been conveying how difficult it was for him to tolerate distressing affect states, which he appeared to allow into his experience only tentatively before attempting to purge them as best he might.

Carl seemed to experience the image of “a powerful giant reduced to tears” as a “paradox”—an apparent incongruity he could not easily resolve. The commanding figure represented by the dragon had been weakened; from this imagery, Carl’s associations led to his problems with his life at school, talking about his existence there as undermining. He wished to overcome the situation by beating it down, seeming to equate the school system he could not successfully “beat” as a “powerful giant” he wished to take down in defeat but felt unable to stave off.

It was beginning to sound like the “civil war of the monsters” he described so metaphorically on Card I—with sides drawn up and braced to do battle against enemies—signifying an adolescent representation of life and its struggles in Carl’s mind. Winning seemed to mean having to fight for his autonomy against a powerful force he felt unable to stand up against. For Carl, coming into his own appeared to mean having to overcome a looming giant and “reduce it to tears” in order for him to feel that he could hold his own.

Card III

<p>4. <i>Two women and a big pot in front of them. They’re leaning over it or something.</i></p>	<p><i>The breasts in front. They’re bent over a table or a pot or a rock. I don’t know what they’re doing, they’re just looking at it.</i></p>
<p>5. <i>Some kind of organ or something, like a stomach with an esophagus, and maybe kidneys or something.</i></p>	<p><i>They just have those shapes.</i></p> <hr/> <p><i>Like they were taken out of a body or something, from a dead person. They’re not in a person so they had to get taken out somehow.</i></p>

Carl seemed to settle down with his first response to Card III, a conventional percept with no notable elaboration. His noting that the figures were female

because of the breasts was not particularly unusual; this was supported further by the *GHR* code for good human representation, good form quality, and there being no special scores (although it received a thematic code for *ODL* using R-PAS). His next response also seemed unremarkable, despite the *FQu* code. I often ask for additional elaboration of anatomical responses when testing limits because such percepts tend to provide clues about self states or more generally, a sense of bodily integrity or somatic manifestations of psychological states that are not easily expressed. In this testing-the-limits inquiry, Carl used the phrase “taken out” twice, which appeared to place some degree of emphasis on these organs being removed from the body they came from.

Perhaps what was most striking about this card, as well as the previous card, was the absence of color determinants. While that is uncommon but not necessarily unusual in a context of few or no color determinants representing a defense against affective overstimulation, I was not as inclined to dismiss the absence of color in Carl’s responses to Cards II and III because the content and fantasy material of his earlier responses provided compelling indications of appreciable affective involvement. It also is quite possible that affective involvement or stimulation need not be represented solely by the use of color as a determinant.

To be sure, Carl’s verbalizations during the testing-the-limits inquiry suggested that there was far greater affective responsiveness than absent color determinants might imply. His opening response to Card I (hands)—while innocent enough by itself—led to a reference to fighting, and the response that followed the percept of hands was about monsters, which alternated between the monsters attacking and hugging. Even what might be construed as a standoff as a compromise position did not entirely keep Carl from seeing aggressive intent in these figures representing enemies. Card II continued the theme of enemies—though only when the inquiry probed further upon testing limits—yet Carl’s original association of a crying dragon also made it clear that this youngster’s affective experience was hardly silent and out of his awareness. He may through various defensive positions have attempted to keep his affective experience contained and present only in the background—what I like to refer to as a *slow simmer*—especially on Cards II and III where the striking red color is particularly provocative and difficult to ignore. That Carl could keep salient affect states in check is surely important, which speaks to the intactness of defenses and ego functions operating to balance reality demands with affective urges. Of course, containing affective expression does not imply that intense affective upsurges were absent or that they were not salient features of this boy’s internal experience.

Card IV

<p>6. <i>It looks like kind of a big Godzilla-like monster. You're looking up from below, like he's standing over you. He's got a tail and claws</i></p>	<p><i>The bottom of his feet and it's a different color and shading. And that's the view, like 3D. The tail and you just see this part. These claws or tentacles are like droopy things that must hang down in front. A weird-looking head. Just like a big freaky monster dude.</i></p> <p><i>(That's the view, like 3D) The lighter and the darker, when you're drawing. Like if you want to make a 3D effect.</i></p> <p><i>(Standing over you) That's the view. The way the ink falls on the card. Because you see the bottom of his foot and it makes it seem like he's positioned over you.</i></p> <hr/> <p><i>Like he's real goofy. I wouldn't be scared of him. He's real cheesy, not very threatening. Like those angels in the other picture—that would be threatening. But this is stupid-looking.</i></p>
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This card contained Carl's first use of determinants other than form or movement. Vista, suggestive of a painful sense of looking inward, often connotes experiencing self-depreciation, and on this response it appeared in the context of a percept of another monster figure—initially appearing to be standing above, requiring that an observer would have to look at the monster from a subordinate position. Before long, however, Carl seemed to immobilize this figure that first seemed to appear dominating: it was now reduced to having “droopy” appendages and being “weird-looking . . . a big freaky monster dude”—almost like a pal he might get a kick out of being around to pass the time.

Carl added two additional comments of some note during the testing-the-limits inquiry. First, the monster was “goofy . . . stupid-looking,” which not only was consistent with cutting the monster down to size, but in addition seemed to further denigrate the figure. Secondly, he volunteered that it was not threatening and that he had no fear of this monster, differentiating it from something he found threatening about the angels/monsters he described previously on Card II as enemies preparing to fight it out in a final showdown. Reminiscent of the comment he made on the testing-the-limits inquiry on Card II (“I wish there was some way I could reduce the great powerful thing to tears . . . you want to stop it but you can't”), I speculated that in a subtle, disguised way Carl

might have been conveying through this vista determinant something further concerning the emotional threat he experienced when he felt dominated or overcome by others' power. Moreover, and still speculative at this fairly early point in the evaluation, Carl may have signaled how in response to feeling diminished he might wish to turn the tables around and immobilize or devalue potentially threatening objects.

Card V

<p>7. <i>It looks like a bat, or a big bug like a moth or a butterfly. And it's an overhead view.</i></p>	<p><i>It's flying. The head, antennae, the wings going out.</i> <i>(Bat or a big bug like a moth or a butterfly) A bat, probably. It's flying and you're looking down on it. It's flying below you.</i></p> <hr/> <p><i>(Looking down on it; it's flying below you) Even though it's high, you're still higher than it. Some kind of weird symbolism like that.</i></p>
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This response, while conventionally popular, also contained an unusual reference to perspective concerning the flying bat in respect to an observer. That is, it seems that an observer should be looking up at the flying animal but instead “you’re looking down on it . . . it’s flying below you.” Notwithstanding the unusualness of a bat flying below a person watching it, this response did not receive a cognitive special score because it was not unequivocally incongruous. But it did seem to demonstrate how important it must have been for Carl to come out on top. His emphasis on being above the flying bird undoubtedly must be considered in the context of the response preceding it, in which Carl described a “big Godzilla . . . you’re looking up from below, like he’s standing over you.” By the end of the inquiry, however, this looming, threatening Godzilla monster was considerably diminished—it was reduced to a “goofy . . . stupid-looking . . . not very threatening . . . freaky monster dude.” Now on Card V, Carl seemed to relish how he was on top and he was intent on staying there.

Note also that Carl was at first undecided whether the figure was a bat or a smaller, weaker creature such as a moth or butterfly. When during the inquiry I asked which he saw, Carl decided on the bat—a potentially more overwhelming animal than the smaller and relatively innocuous moth or butterfly. I wondered whether he by now could feel comfortable seeing a bat because he felt

secure in his ability to keep in check a fear of being dominated or overwhelmed, as he did when he successfully transformed the Godzilla monster of Card IV into a goofy, “freaky monster dude” that was incapable of threatening anyone. Considered also in relation to his response to Card II, Carl seemed to have found a way to experience himself defeating what he feared might overpower him (“there’s no way I could beat my school . . . something stronger than you, you want to stop it but you can’t”) by transforming a powerful dragon into a crying dragon (“I wish there was some way I could reduce the giant powerful thing to tears”).

If Carl’s responses to Cards IV and V could be considered a successful victory from which he emerged triumphant, this sequence of responses also revealed a phase-appropriate adolescent fantasy of imperturbability and invulnerability. On the one hand, it was possible to detect the threat of domination and control from outside himself and the need to protect himself from being overcome and thus diminished. This youngster was braced from the outset for a fight (“hands . . . getting ready to fight”), a fight (albeit with notable ambivalence) that seemed to represent less about attacking or hostility than it represented standing up to powerful forces to secure his holding on to a position of importance. Though metaphorically disguised as a conflict between the rebellious archangel Raphael and God over who was the more favored or valued, Carl appeared to regard the struggle he experienced internally as one that had to be resolved by drawing up sides in a fight to a showdown. Adolescence as a time of bucking up against stronger authorities may well be a step toward autonomy and eventually resolving a conflict between compliance (as being weakened, giving up, or having lost or failed at something important for sustaining self-esteem) and autonomy (experienced as achieving a victory or overpowering others perceived as dominating). Framed thus, Carl’s bracing for a fight appeared to be his solution in fantasy for resolving this developmental challenge of adolescence, and he appeared to measure its success by overpowering the forces around him that might potentially dominate him.

Card VI

<p>8. <i>It looks like an animal skin spread out, like a rug you'd make out of a dead animal. That's about it.</i></p>	<p><i>It's spread out to dry it out. Kind of messed up. This here is like a tail or something, nothing real specific.</i> (Dry it out) <i>Like when you kill a deer or something, you have to spread it out to clean it out.</i> (Messed up) <i>The way they cut it, a little jagged.</i></p>
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Card VII

<p>9. <i>Two kids with Indian-like headbands, with feathers sticking out, looking at each other.</i></p>	<p><i>The hair is curly in front, there's a headband with a feather, and the nose is in front. They have chubby cheeks, like baby fat. The neck and chest here, and it doesn't show the rest of it.</i> <i>(Chubby cheeks) Like they were young. Young, cute-looking kids playing Indian, and they stopped playing and just said, "let's go kill someone."</i></p>
<p>10. <i>Like the corner of a box, like you're seeing it from the side. I don't really see much of the rest of it.</i></p>	<p><i>It looks like a 3D image. Like a line here and part of a box.</i> <i>(3D image) It just looks like that, the way a corner looks.</i> <i>(Show me how you see it) It looks like it's only part of what you see, it doesn't mean it has to be three-dimensional. It's just what a corner looks like.</i> <i>(Line here) Just because it's straight down. The corner of the box.</i></p> <hr/> <p><i>When I'm in class and bored, and I'll draw a square and then another and then connect them. I do that all the time. It also looks like razor blades [bottom third] or kids holding big meat cleavers [same D area as above plus bottom third as meat cleavers]. Like a Jeffrey Dahmer-type thing. I don't know if they're going to fight or something, maybe they're just playing, but they're holding it. A cartoony-like thing, another funky paradox: these innocent kids with meat cleavers, that I don't think they're going to attack each other, but they look at each other like "let's go kill somebody."</i></p>

This sequence of three responses on Cards VI and VII, while continuing the theme of fighting and impulse control, also pointed to Carl's somewhat over-the-top way of delivering his responses. He managed to convey in his language

and tone considerably ear-catching dramatic or exaggerated provocativeness. Thus, while he could just have reported seeing a cut-open or spread-out animal skin on Card VI, Carl went farther than that by adding, “like when you kill a deer or something,” and in so doing provided a certain added twist that somehow registers with a Rorschach examiner, however subtly, as just a bit too much.² Whether it was adolescent bravado, a whistling-in-the-dark counterphobic nonchalance, or just wanting to say something startling, I was left with the impression that Carl did not have killing on his mind as much as he wanted to provoke a listener to pay attention to something about him—possibly desecration or more likely, vulnerability. This youngster’s earlier description of internal organs “taken out of a body . . . they’re not in a person so they had to get taken out somehow” (R5) smacked of a similar cavalier, nonplussed manner of talking about dissected or dead bodies and body parts. Of course, this might just have been a manner of speaking having no connotation of being anything other than that; with adolescents it is always difficult to know when to take certain verbalizations seriously or when to dismiss them as simply an adolescent’s bold or fearless thinking.

On the following card, Carl’s responses conveyed an over-the-top provocativeness not easily overlooked: appearing to arise from nowhere in particular, both responses ended with a comment to “go out and kill somebody.” In his first response to Card VII (R9) Carl’s spontaneous comment at the end of the inquiry about children saying “let’s go kill someone” arrived as a shock all the more because the response content of children described as having “chubby cheeks . . . baby fat . . . cute-looking” suggested imagery of an innocent, cherubic quality. He made it sound as if the children’s motivation was mainly for sport; curiously, Carl repeated a nearly identical comment about casually killing someone in his next response to this card. Although on R10 that comment appeared at the end of a testing-the-limits inquiry, I wondered whether he made the provocative comment to be sure that what he said was being heard.

This second response (R10) was notable for several reasons. First, the content was that of a box—emphasizing seeing mainly just a corner of the box—visualized that way because of its dimensionality (*FD*). He seemed to be conveying a feeling of being boxed in or cornered, and his association on a testing-the-limits inquiry to this unusual response began with a comment about boredom. Carl thus referenced the main affect state surrounding his chief complaint—lethargy or listlessness regarding his experience of school and the directionless, unmotivated goals he felt about his life and future. He seemed to be conveying a link between his predominant affective experience of boredom and feeling psychologically stuck or trapped. Then, Carl suddenly produced an additional quasi-response (albeit one that technically would not be scored)—razor blades or children holding meat cleavers.

As he proceeded to describe this image further, it led to an association to a notorious serial killer (Jeffrey Dahmer) known for murdering and then mutilating his young male victims. Carl then appeared to take some distance from what was emerging as he tried to decide whether the figures were playing or attacking

(which was reminiscent of his trying to decide on R2 between demons or angels and between hugging or attacking), finally commenting that the image was “cartoony.” Furthermore, as he did on R2 with the allegorical image of the archangel Raphael in conflict with God, Carl resorted to intellectualizing by describing what he talked about as “another funky paradox,” not unlike his earlier witty-sounding side comments such as the “civil war of the monsters” (R2) and “a powerful giant thing reduced to tears” (R3), which he also prefaced by describing as a “paradox.” By the time Carl finished with R10—which started out as an innocuous corner of a box—he appeared to continue the same affect state as that of the responses he gave to Card VI and his first response to Card VII: hostile impulses emerging suddenly and without apparent provocation from an incongruous source (on Card VI, cherubic children with cute faces playing Indian; and on Card VII, the corner of a box). It is also possible that the reference to Jeffrey Dahmer—whose gruesome murders involved mutilation and cannibalism—as well as the somewhat cavalier way Carl spoke about dead bodies with the organs “taken out of the body” (R5) and an animal skin “when you kill a deer or something” (R10)—reflected dismissive, counterphobic reactions to feeling vulnerable himself.

Whether the “innocent kids” with meat cleavers were braced to attack each other or to kill others (R10), it was difficult to know precisely what Carl meant by “innocent” in the context of this associative embellishment. Thus, for example, he could have meant that he felt innocent in the sense that the hostile impulses on his mind were not his but belonged to others, or that they were innocent in the sense that children, mainly boys, sometimes have such thoughts but that they are not serious thoughts. Alternatively, Carl could have been indicating that the thoughts themselves were innocent, that is to say not seriously intended or that he was not on the verge of losing control of his actions. It is also possible that Carl might have seen himself as an innocent victim in the sense that he felt at the mercy of others’ hostile intentions. It also should not be discounted that he was talking about his own feeling states that could feel overpowering or confusing to him—dissociated such that the hostile fantasies were not really coming from within. Whatever “innocent” meant to Carl, certainly he was trying to signal or convey a sense of feeling troubled, possibly in a provocative way or with a dramatic flair to make sure he was heard loud and clear. His speaking about over-the-top hostile, murderous impulses thus need not necessarily reflect Carl’s own fantasies but rather may have functioned as a smokescreen concealing a belief that he would only be heard if he announced distressing mental states in a dramatic way that no one could overlook or ignore.

In light of these possibilities, it should not go unnoticed that in the CS approach the prognostically favorable *FD* determinant on Response 10, like the similar form dimension response of a bat “flying below you” on Card V, may suggest that psychologically vulnerable states were sufficiently accessible to Carl, implying that he should be amenable to talking about and reflecting on interpretive meanings in psychotherapy concerning ways he might feel vulnerable. Although in the CS, *FD* responses may suggest such a capacity for introspection, in R-PAS the interpretive significance of this determinant is less clearly established.

Card VIII

11. *It looks like two lizards or monkey-looking things crawling up the carcass of something dead that's hanging on some type of fire. A gutted animal and it's hanging and they pulled out its insides. And they're crawling up on top of it.*

The rib cage and its skin like hanging there and they cut him open. The bones sticking out, and it's over a fire like they're cooking him, and the two things crawling on the side.

(Dead animal cut up) Like he's hanging on a hook, like maybe tortured or something. They're holding the skin, too. And everything's ripped out and sort of hanging there. I guess I'm a morbid kind of guy. I like to see pictures of dead people, like I'll look on web sites for pictures of murder victims. I don't think that's bad, some people are like that. I'm not like a gore hound. I wouldn't go to crime scenes but I'd look at pictures. I'm sure I'd freak out if I saw a dead body. I like violence on computer games, too.

(Fire) I don't know if it's to scare him or to cook him. Like there's fire to scare him or they're executing him.

(Show me how you see it) The red or orangish colors. It doesn't have the shape of it, but I guess it could pass for fire.

This dude's like me—I'm tortured because I hate school and these bizarre things could be classmates I don't like, crawling up over me and ripping me apart while they're doing it.

(Fire) Like total humility, some state you don't want to be in and you have to claw up to get away from.

(State you don't want to be in) I don't know, like embarrassment or unpopularity. And everyone tries to get away from that. I don't think they had to rip out the guts, they could have just climbed over me.

It is important to note that beginning with Card VIII, seven of the eight responses to the final group of chromatic cards contained a color determinant. Indeed, one contained no apparent form content and was thus coded as *C*, and three of these responses were coded *CF*. Carl had no color determinant codes on the earlier chromatic cards (Cards II and III). Perhaps this youngster's initial responses showed greater constraint or inhibition of affect than his later responses, notwithstanding the disinhibited content contained in his early Rorschach responses. As Carl progressed through the cards, however, he seemed to be continuing down a path of increasingly disinhibited responding. Such disinhibition might even have been more than Carl felt comfortable reporting, notwithstanding my impression about his appearing shocking or over the top in order for others to comprehend his distress. This might be one potential explanation for the lack of color determinants on Cards II and III—representing possibly an effort to constrain affect—and a considerably pronounced use of color as a determinant on Cards VIII, IX, and X—representing an outpouring of affect, a good deal of which would not be considered to be well modulated (*FC: CF + C* = 3:4). Note, however, that on R-PAS (*CF + C*)/*SumC* was within normal limits (*SS* = 102). By contrast, the elevated *EII-3* (*SS* = 134) variable, largely an index of perceptual-thinking anomalies (although normatively uncertain in adolescents), suggested that adaptation—which may include affective modulation—was vulnerable mainly when thinking selectively impairs adequate functioning.

This boy's very complex response to Card VIII was in equal parts intriguing and disturbing. What was disturbing involved this being Carl's first color-determined response (and at that, one of his *CF* responses); its content also implied unraveling in a way that seemed to escape Carl's control. The overelaborated, rich thematic content of R11 also seemed to continue if not actually extend the transparently revealing concerns that began to appear with particular vividness on Card VII.

That being said, this response appeared less disturbing when considering the broad context of the entire protocol thus far. Carl's preoccupation with morbid details—including their emphasis or exaggeration—has already been noted in several of his other responses. Thus, the over-the-top, provocative quality of his verbalization in this response was no longer particularly shocking or necessarily difficult to understand. I speculated earlier that this was a youngster who might feel that in order to be listened to and taken seriously he must announce his distress indirectly but still loudly and dramatically. Looked at in this way, more than sounding alarming or as cause for clinical concern, it could be possible to recognize the lengths to which Carl had to reach for his surround—mainly, one would suspect, his parents—to listen attentively to his unhappiness and then to respond empathically to his distress. Certainly it was possible that Carl could have sacrificed self-control when he felt a need to send such distress signals. On the other hand, diminished self-control might signify unraveling, consequently portending a more disturbing decompensation process. However, the generally adequate adaptive capacities noted on the Structural Summary appeared to favor a more benign view of this issue. The R-PAS interpretive approach

might result in a more pessimistic view of the matter, suggesting that when his thinking strays too far from reality or compromises how he interprets people's motivations or relates with people, his judgment and effective adjustment may falter, consequently getting the better of otherwise adaptive ego functions.

With some caution, I lean toward the hypothesis that Carl's response process might be reflecting an exaggerated expression of distress in an environment that may be characteristically unobservant of relatively subtle indications of his feeling troubled. Individuals who have learned to expect that their needs may be ignored, or who experience their caretakers as psychologically limited, sometimes internalize their distress and consequently withdraw into themselves. Clinicians, however, are regularly accustomed to listening for subtle signals. Patients may be surprised that the clinicians they see read their concerns fairly quickly and often quite accurately. Sooner or later such patients may recognize that they do not have to shout, because their therapists are not as psychologically hard of hearing, so to speak, as their caretakers.

This is indeed how I was starting to take the measure of Carl through his over-the-top expressions of feeling injured and vulnerable. Thus, when he said, "I guess I'm a morbid kind of guy . . . I don't think that's bad, some people are like that, I'm not like a gore hound," Carl appeared to realize how he was sounding and then attempted to reconcile what he felt about himself and how that might be misconstrued. Probably for a similar reason he went on to say, "I wouldn't go to crime scenes but I'd look at pictures. I'm sure I'd freak out if I saw a dead body." He seemed more comfortable with the safety of distance ("I like violence on computer games, too") than he felt thinking about what he was describing in this response—which may also explain what appeared to represent Carl's distancing himself from the affective intensity expressed in his previous response (in his reference to meat cleavers, razor blades, and Jeffrey Dahmer) which in the end he managed to turn into a "cartoony . . . funky paradox." Notwithstanding the *DR2* code for the overelaborated, tangential nature of this extended verbalization, I remain unconvinced that it represented any fundamentally disordered quality of thinking. Rather, the affective intensity that underlay the deviant verbalization more likely characterized the intense degree to which Carl was emotionally stirred as he himself listened to and processed what he was saying. Quite possibly, his overelaborate wordiness reflected a need to recover from the affective disconstraint triggered by his response.

Most tellingly, in the testing-the-limits inquiry, Carl expressed what he felt about his existence quite clearly and unequivocally:

This dude's like me, I'm tortured because I hate school, and these bizarre things could be classmates I don't like crawling up over me and ripping me apart . . . like total humility, some state you don't want to be in and you have to claw up to get away from . . . like embarrassment or unpopularity . . . I don't think they had to rip out the guts; they could have just climbed over me.

Thus, feeling tortured, humiliated and embarrassed, and ripped apart, Carl accordingly spoke of his unhappiness and distress. Nothing was concealed; to

my ear it was perfectly evident to this boy (and to anyone who would listen, I suspect) that he was talking about a profoundly felt internal state. He had clearly been building up to this degree of emotional release for several Rorschach cards already, and it may have been the presence of chromatic color that provoked the kind of affect that emerged on this response.

The *FM^a* code might connote arousal of drive states and the *m^b* code added the connotation of an internal tension state possibly related to passivity or feeling helpless. Certainly, the combined effect of these movement codes was consistent with an impression of this boy as emotionally riled up while simultaneously experiencing helpless resignation. It also deserves noting that with several special scores (including *MOR* and in particular cognitive special score codes of *DR2* and *FAB*) and a *CF* code, it would be difficult to imagine that the form quality of such a response would be anything other than very poor. For a similar reason, the *PHR* code was not surprising to see, nor were the *MAP* and *AGM* codes on R-PAS unexpected.

Card IX

<p>12. <i>It kind of looks like a person. Their head, they're looking at you. Their back's here, squatting over. It seems like there's a deer head coming out the side of it.</i></p>	<p><i>The person bending over with a deer head growing out of the person. And like a blanket type thing in front, blowing in the wind. It's just weird.</i> (Deer head growing out of the person) <i>Some freaky mutant thing. It's coming out of the back of their head, sort of. (Show me where the person is) One person mirrored or it could be two persons. It's two persons. The face here, and the body, and the deer's head and antlers coming out of the back of the head.</i> (The deer head growing out of the back of the person's head; help me see it like you do) <i>The way people want to be animals and not care about anything. And he's like breaking apart—part human, part animal.</i> (Breaking apart) <i>More like it's a part of the person, just growing out of the head.</i> (Blanket like thing) <i>It's just kind of an abstract looking thing. A blanket looks like that.</i> (Help me see it) <i>It just looks like a blanket flapping in the wind.</i></p>
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<p>13. <i>They're on top of what looks like a fetus on the ground. Like an aborted fetus on the bottom. Like what they take out.</i></p>	<p><i>A big head, it's pink. The undeveloped arms and body.</i></p> <hr/> <p><i>Abortion. I think it's a bad thing, but you have to live with it. So I'm for it just as much as I'm against it; I support it even though I'm against it.</i></p>
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Notwithstanding the odd, incongruous response of a person with a deer head growing from its head (R12), by this point in the protocol the shock of Carl's bizarre responses had lost its punch. It seemed that he saw a person squatting, and he then saw a deer head in the same or an adjacent area. Rather than taking the trouble to separate these images, I could imagine that Carl might have thought that delivering a strange combination such as a person with an animal growing from its side would get my attention and he would just leave the response as it stood. He might also have thought that this strange-sounding response might appear imaginative, appealing to an adolescent's defiance of reality or what people might be expected to think or say.

That being said, understanding what Carl was trying to convey about his experience of himself and the world he found so troubling was probably more important at this point in the evaluation than merely restating what had already been noted about the quality of his thinking or his not being able or caring enough to censor his thoughts. Thus, for example, Carl's comment about "breaking apart . . . people wanting to be animals and not caring about anything" may have been more pertinent as a communication about himself. I did not think that Carl was concerned about *breaking apart* in the sense of decompensating, but rather that he had something in mind closer to the idea of *breaking out* or *growing out from*. He spoke about the deer head not as a dissociated part of the person, but rather as an integral part of the person trying to become or form something else—something related to being carefree or without responsibility.

Carl's reference to a blanket flapping was also odd; he could no more explain what made it look like a blanket than he could articulate why it was there. His best attempt was to say that the blanket represented an abstract quality about the card. However, Carl already showed that he was capable of imaginative use of abstract imagery and self-reflection, thus his appearing stuck when asked to elaborate on the image of a blanket was not characteristic of his style of managing complex imagery on previous Rorschach responses. I was puzzled by this aspect of the response, and thus reserved judgment about its possible meaning. It was tempting to tentatively speculate, however, that because blankets usually cover up things, Carl's motivation here might have been concerned with concealing or not seeing.

Carl's next response (R13), an aborted fetus, was somewhat surprising because it was not something I would have expected to be very much on an adolescent boy's mind. Furthermore, considering how provocative the subject of abortion often can be, Carl had surprisingly little to say about it. Equally surprising was Carl's apparent willingness to leave this response relatively unembellished, considering how he described many other responses. True, he made use of the color determinant; nevertheless, I would have thought that the image of an aborted fetus would have stimulated his imagination as much as several of his previous responses did. Even his comment transitioning from the previous response of the person with the deer head and the blanket to the aborted fetus ("they're [the person with the deer head] on top of what looks like a fetus on the ground") raised the possibility that he might overinclusively have incorporated these disparate images—but uncharacteristically for him, he did not take the bait. Indeed, Carl was fairly terse in his verbalization despite the modulated use of color (*FC*), possibly signifying some degree of affective stimulation.

Surely, I thought, something was up, which prompted my testing-the-limits question about the aborted fetus, but I did not feel that it opened up much more. Interestingly, in two places Carl commented about his ambivalence about abortion without indicating what his reasons were. He seemed to feel that it was a necessary evil, reluctantly accepting its necessity while simultaneously struggling with the idea. I had no knowledge whether the subject had any personal meaning for him. I knew that Carl had no strongly developed religious sentiments and that he had never had a girlfriend. On one level, this response appeared to reveal a struggle concerning holding two opposing sentiments in mind simultaneously. Further, neither the response proper nor its elaboration during the testing-the-limits inquiry elicited prominent concerns about guilt or morality despite his comment that it was a "bad thing," and nor was there a marked preoccupation with morbid bodily processes despite his reference to the fetus's undeveloped arms and body. Carl also noted—twice, in fact—that the aborted fetus was "on the ground" and "on the bottom"; he also commented that "it's what they take out," recalling similar responses of bodily parts removed from a dead organism on Cards III and VIII (R5 and R11).

Carl's comment about the fetus being "on the ground" might simply have represented another way of saying "on the bottom," but it did sound odd, particularly as a way of describing an aborted fetus. Although I could not imagine what being on the ground might mean in this context, somehow it must have escaped my attention, for otherwise I surely would have inquired further about the meaning of this odd verbalization.

In both this response and R5 Carl referred to gutting, more as an incidental comment than an exaggerated embellishment of a response such as R11. Considered together with the unusually high number of morbid (*MOR*) responses in the total record—five out of seven of which occurred on the final three chromatic cards—it was clear that Carl seemed quite concerned about body

intactness. Several responses referred to gutting bodies, which also was salient in respect to his reference to Jeffrey Dahmer on R10—a response that began as a box but upon further elaboration during a testing-the-limits inquiry led first to an association to razor blades, then children holding meat cleavers, and finally Jeffrey Dahmer—a notorious serial murderer who cannibalized several of his victims. I raised earlier the hypothesis that such responses might have been intended to dramatically indicate distress, perhaps because he felt that ordinary signaling to others that he was troubled or vulnerable would go unheard. I wondered in addition whether Carl felt gutted in a psychological sense—ripped open and left emptied out.

I cannot be any more certain about the interpretive meaning of this response than the speculative comments I raised above. What it revealed concerning Carl's inner psychological life was not immediately transparent. Note, however, that it was followed by five responses on Card X, which contrasted with there being no more than one or two responses on all of the preceding nine cards. Moreover, all of Carl's five responses to Card X contained a color determinant, two of which were *CF* and one of which was *C*. Three of these five responses also contained a *MOR* code. As I discuss below, a more nuanced comment about the meaning of the response of the aborted fetus emerges in the context of what follows this response on Card X.³

Card X

<p>14. <i>The head of some freaky evil doctor, like a super villain type guy. He's sort of got big shoulders and a trail of blood coming from his hands, and some wires.</i></p>	<p><i>An elongated head, the eyes, the nose here. A hat or something, and shoulders.</i> (Trail of blood coming from his hands) <i>It's red and spilled like blood. And wires from the side of his head going to his shoulders.</i> (Wires) <i>Just because they're wiry. They're long and slender.</i> (Show me how you see it) <i>They come out of his brain, to look more super villain-like.</i></p>
<p>15. <i>Two flowers on the bottom.</i></p>	<p><i>Daisy things, the orange surrounded by yellow. Kind of messed up, disproportionate.</i> (Messed up, disproportionate) <i>Just screwed up, not a perfect flower. There's something screwed up about it.</i></p>

<p>16. <i>Two dead crabs next to the blood over here.</i></p>	<p><i>They're holding torches. The shape with the legs coming out.</i> (Dead) <i>Just the way they're lying.</i> (Torches) <i>They have torches with fire coming out of it, holding it in their claw.</i> (Fire) <i>The color and it's blowing out to the side.</i></p> <hr/> <p><i>Like an artist just picked these weird things and put them together.</i></p>
<p>17. <i>Fire, a little bit, over here.</i></p>	<p><i>I don't really see it any more. The coloring, orangish, like a darker flame.</i> (Darker flame) <i>It's smokier looking, it just looks darker.</i> (Darker) <i>The color, a dark orange.</i></p>
<p>18. <i>A big monster bug, scary looking thing. It's holding a leaf.</i></p>	<p><i>There's its mouth. It's really hard to point out. Tentacles, appendages.</i> (Scary looking) <i>Not really scary, it's more goofy.</i> (Holding a leaf) <i>Because it's got a leaf shape and it's green.</i></p> <hr/> <p><i>Fanning the evil doctor guy. He has little evil minions.</i></p>

As just noted, Carl's opening response on Card X (R14) appeared salient in relation to the immediately preceding response of the aborted fetus on Card IX. He mentioned a trail of spilled blood, possibly suggesting an image of abortion as a procedure associated with bleeding and sometimes even a "freaky evil doctor." His mention of wires running between the brain and shoulders was not elaborated much beyond providing a form determinant and noting that the wires added to the figure's villainous look. These elaborations were in line with several of Carl's earlier verbalizations, for example the "freaky monster dude" on Card IV, a person with a deer head growing out from its side on Card IX, and a crying dragon on Card II.

R15 might have seemed like a welcome relief for Carl after a long series of responses with dramatic elaborations of thematic content—but not for long,

however. Almost immediately after noting the colorful flowers, Carl commented about their looking deformed and “screwed up.” Despite its morbid content, this response remained form-dominant and its good form quality also was preserved. It suggested not as much that an initial appearance of good integration began to falter (by introducing the morbid content material) as it suggested instead that this youngster seemed to need to stir up the pot, as it were, perhaps because he was not content to produce straightforward responses without calling attention to something distressing about his experience in the process. He may have needed to maintain a focus on the quality of dramatized urgency that characterized so much of his response style almost from the very beginning of the Rorschach—and the Human Figure Drawings, for that matter, which preceded the Rorschach administration.

The next response (R16)—dead crabs holding torches—also was coded for morbid content and it received a special cognitive score (*EAB*). It also contained a content code for fire, although the fire appeared to be contained because it was bound within the confines of the torches. I did not think that Carl was progressively losing control of his affective experience, but rather that as he indulged a need for exaggerating distress he sometimes could take his dramatized displays too far. He did not seem to know when to stop embellishing his responses with dramatic asides and as a consequence it may have been hard to keep things from getting away from him. Carl seemed to have trouble reining in a tendency for such over-the-top expressions of distress.

In his next response (R17) of a fire, however, Carl may indeed have gone too far even for his own level of comfort. Thus, Carl qualified the fire as being “a little bit” (and then as he began the inquiry, saying “I don’t really see it any more”). He sounded as if he wished to undo the fire he (metaphorically) started himself. Consistent with this impression about approaching the edge and then backpedaling, the following response (R18) showed him maintaining the cautious position to which he wanted to return, softening as he delivered a response that was more in keeping with generally typical adolescent fantasy and verbalization.

Recapitulation

What I am mainly suggesting—not only considering this sequence of responses on Cards IX and X, but also incorporating the pattern of the entire Rorschach protocol with its over-the-top verbalizations—is that the appearance of strained thinking, disconstraint, and faltering ego controls that the CS and R-PAS revealed may have reflected Carl’s need to push well beyond customary margins of affective expression to convey the emotional plight he experienced. As also indicated on the Structural Summary and R-PAS interpretation, Carl could manage to pull himself back from the brink, as it were, when he sensed he was reacting too provocatively or becoming too disinhibited in his thinking. As I will now attempt to demonstrate using his TAT responses, I formed the impression that Carl’s predilection for exaggeration functioned mainly as

a noisy distress call to make a generally unresponsive environment sit up and listen to what he was trying to say about feeling vulnerable and troubled.

Thematic Apperception Test

Card 1

I guess this kid's at violin lessons and his parents made him go, but he didn't want to go and he's just sitting there, listening to this teacher go on and on. But he didn't care, he's just listening, and class will end and he won't care. Maybe he'll pick up a thing or two about the violin but it's really meaningless to him. He doesn't want to be there.

(What led up to it?) It's probably like an after-school thing, or in school, whatever—you know what I mean, an extracurricular activity, whatever they call it at school.

(How does he feel about it?) He's bored out of his mind. He's just a little sleepy because it's so boring.

(What else does he feel about it being boring?) He feels obligated to do it by his parents, or the school made him do it. He really doesn't want to.

(What about his parents?) I think maybe his parents understand that he really doesn't want to do it, but you know that they're saying that you have to do it. Like the same way I am with school. I know it sucks, they know I know it sucks, but you just have to go and get it over with.

(How does he feel about what his parents say?) He understands it.

(Outcome?) The lesson will end and he'll just go home. He repeats the process whenever he has the next lesson, doing the same thing.

Carl began the TAT with an identification with the figure portrayed on Card 1, attributing to the boy—unsurprisingly—the same ennui that characterized his presenting complaint. Carl seemed particularly interested in grappling with the issue whether studying violin was required or optional, which I suspect mainly reflected his feeling that he had no real options. He seemed bored and disinterested either way, believing he had to comply despite feeling that the activity was meaningless. He could only say that he was “bored out of his mind” and right after saying that he added, “a little sleepy.” Carl could not seem to articulate affect states any more specific than saying he felt bored, and his solution appeared to represent metaphorically going to sleep and thus attempting to shut out the emotion he probably experienced.

Because I did not want him to affectively go to sleep on me, I repeated the question about the affect of the boy in the story. Although Carl apparently could not delve any deeper than what he had already said, he did seem to talk about his own experience of his parents when he observed that not only could the boy not find an interest or motivation to engage in the activity in the story but neither could the parents provide any salient motivation or compelling

meaning to interest him. He also seemed to be expressing, albeit indirectly and outside of his awareness, that his parents provided little emotional nourishment or engagement he could draw upon. Thus, when he said, "I know it sucks, they know I know it sucks, but you have to go and get it over with," Carl seemed to mean that he and his parents both recognized that school was a game to be played and that he should not expect to find enjoyment, meaningfulness, or interest there. When I asked how he felt about the situation and he said, "he understands it," Carl sounded resigned and, so I thought, disillusioned.

The parents in Carl's story to Card 1 were portrayed as responsible insofar as they saw that their child followed the rules, but they did not seem to show an understanding of wanting more for him or of providing encouragement or stimulating aspirations. Those were ideas that seemed outside of their experience or expectations for their children. This TAT story could readily be understood from the vantage point of what it expresses about the inner life and perceptions of the important people in a patient's existence. Examining Carl's story from this vantage point, it would not be difficult to see him believing that his parents' fulfilling a duty meant little more than an empty obligation without a corresponding sense of enthusiasm. There was little in Carl's home life to fuel the fantasies of a child's normal sense of greatness or imagination out of which a normally tamed sense of pride and balanced self-esteem might unfold. Carl's limited aspirations and concern about feeling dissatisfied with school and the work life that lay ahead in his future appeared to be as inspiring as visiting the dentist or eating one's spinach.

After seeing the rich quality of his Rorschach responses, certainly no one would conclude that Carl's inner psychological life was mundane. However, the kind of energetic mind that led to such imaginative richness belied his internal struggles more than it revealed an avenue for channeling the kind of imaginative seeking that drives interests. Indeed, Carl seemed to struggle against the empty depletion he seemed to find everywhere he looked. I suspect that a nascent though simultaneously deeply submerged desire for enlivenment remained unknown to him. Looked at in this way, Carl's story was revealing in large measure because it hinted at what was missing in his life or self-experience, making it possible for clinicians to imagine what was lacking and then to understand the kind of psychological function that might be clinically necessary to restart. Opening up directions to enthuse Carl's life might well be therapeutically advantageous because it seemed increasingly so that the quality of the depression Carl brought to treatment could readily be translated into his needing to come alive in a psychological sense.⁴

It seemed fairly clear that the central psychological theme of Carl's story was the depletion and diminished, listless affect of boredom. It may indeed be speculating beyond what reasonably could be inferred from this story to attribute special significance to the role of the parents as playing the game, as it were, at least in Carl's eyes. However, in consideration of Carl's Figure Drawings and Rorschach, I do not believe at this juncture that such an interpretation would be gratuitous or overreaching. Carl was indeed a youngster who felt empty and

afraid of facing a life ahead bereft of goals or ambitions. Equally important, what was difficult for him to comprehend was how feeling empty boredom was connected to his struggle to find a direction or purpose for himself that felt affectively engaging when the emotional substrate of his family life was characterized chiefly by diminished responsiveness. As a result, Carl probably felt stuck or trapped. His story to Card 1 was thus principally one concerned with emptiness and parental disengagement—not out of lack of concern but rather, out of incomprehensibility. Understanding what was deficient in his relationship with his parents provided a more cogent and clinically sophisticated window to apprehend what this boy appeared to need in treatment.

Card 2

I guess that's her dad and she's going to school, and that person over there's her mom. Her dad's a farmer and her mom's a farmer's wife. She goes to school and she wants to be better than her parents and have a better life, and they want the same for her.

(What's her relationship with her parents like?) *It's nothing weird or anything. Maybe they didn't go to school or whatever, and they want her to. It's a regular relationship.*

(Outcome?) *She just goes to school.*

On Card 2, Carl went in a direction that appeared to continue his story from Card 1: after expressing a sentiment of feeling trapped in a meaningless activity on Card 1, he then on Card 2 expressed the possibility of being able to secure something better. In this story, the parents showed a benevolent outlook on the protagonist's decision, although “want[ing] the same for her” or not standing in her way was not the same thing as assisting, encouraging, or in some sense psychologically fostering a developmental step—which I imagine would not have been an idea to which Carl would readily gravitate. Interestingly, Carl's story actually did contain an awareness that the parents might not understand the need behind the girl's wish to better herself, as seen through his mentioning that “maybe they didn't go to school” and how the mother was defined simply—or perhaps, merely—as “a farmer's wife.”

I was surprised after asking Carl about the relationships among the people in the card that he said “it's nothing weird”; however, I did not know what to make of this comment. Why, after all, would he think my question about the relationships might suggest that there was anything amiss or “weird”? There was no suspicion heretofore about anything unusual about the family situation, unless possibly Carl's still puzzling Rorschach response on Card IX about an aborted fetus left something unsettled or uncertain. It remained possible that my question took him by surprise not because there was anything the matter but mainly because he was not accustomed to thinking about people's relationships with one another. Consequently, from that standpoint, my question might have sounded odd to him.

It was also noteworthy that Carl's solution for achieving a better life was rather vague: the girl "just goes to school," as if something was supposed to happen to her. Absent was an idea of a particular ambition or goal; further, there was no fantasy or expectation expressed about what might have changed after going to school. Perhaps that level of thinking might be too much to expect from of a 15-year-old adolescent, who might think that getting an education was a commodity like going to a store to buy something. Nonetheless, Carl's vague and nonspecific concept of bettering oneself by going to school was somewhat surprising given the vividness and complexity of the internal fantasy life he revealed on the Rorschach and Human Figure Drawings. His imaginative thinking, albeit sometimes odd or strained, was so far not apparent on the TAT, a test that potentially reveals more about a person's capacity for inferring motivations and interrelationships among people and their needs.

Card 3BM

What is that, right next to her? I can't even tell. This is some girl; she just came home from school or work or something. Something really bad happened. I don't know, maybe someone died or something, and she just collapsed. She's freaked out and is crying like crazy.

(What led up to this?) Maybe the mother died, or the grandmother died, or the dog died, or something.

(Make up a story.) Someone dies, something close to her. She's separated from it. She's really upset about it.

(Outcome?) She just keeps crying and eventually she gets so sick of crying that she just falls asleep and goes on with her life.

With Card 3BM, Carl clearly could identify that the situation he described on this card represented appreciable emotional upheaval. He apparently grasped the emotional significance about the card right away, although he seemed to show the same limited perceptiveness about what underlies people's motivations and feeling states that he hinted at on Cards 1 and 2. Carl's opening verbalization ("what is that, right next to her? I can't even tell") indicated his noticing an object alongside the person that is sometimes ignored by people, often defensively, but he had trouble imagining what it might be and therefore could not integrate it with the rest of his story. His inability to make sense of the object in the context of the story was not one of indifference, such as adding the colloquialism "whatever" which he would sometimes say when he could not figure out something but did not care very much about the subject—for example, on Cards 1 and 2, and subsequently as well. Further, Carl had no difficulty integrating incongruous objects on the Rorschach (for example, the "civil war of the monsters" on Card I when he could not decide between seeing the figures as angels or monsters, or a person with a deer head coming out of its side on Card IX). But here on Card 3BM, Carl could not find a way to integrate

the object alongside the figure with his story—suggesting more that the integration failure represented a defense operation than it represented a problem of perceptual acuity. He appeared thrown off guard by what he saw on Card 3BM and what it may have signified.

As Carl proceeded to tell a story about “something really bad,” it was notable that together with his description of something catastrophic involving a death he tried to defensively minimize if not actually denigrate its significance. Thus, for example, Carl added that the girl in the figure was “freaked out” and “crying like crazy,” and ultimately “so sick of crying that she just falls asleep and goes on with her life.” Even more telling was Carl’s comment that “maybe the mother died, or the grandmother died, or the dog died or something”—the progression becoming increasingly remote in degree of emotional concern as he tried to distance himself from what must have represented a disturbing affect state. I guessed that the potential thought about his own mother dying might underlie his anxiety about Card 3BM (hence my carefully worded question, “the mother died or something?”), to which Carl responded thus: “someone dies, something close to her, she’s separated from it, she’s really upset about it.” The “someone” was vague and nonspecific; it then became “something” to attempt to depersonalize its emotional significance. Moreover, he attempted to defuse the anxiety still further by introducing the idea of separating. In the end, all of his attempts to create distance failed to sufficiently insulate him from anxiety because the girl in the story was left feeling “really upset.” Eventually, Carl resorted to the marginally effective emotional distancing brought on by anesthetizing himself through sleep and the emotional insulation that comes with the passage of time.⁵ It speaks to a vulnerability not quite seen previously in this assessment protocol—at least not in as dramatic or desperate-sounding a way as it appeared here—as Carl contemplated a theme of separation through death and how psychologically exposed the prospect made him feel.

It was somewhat puzzling why Carl’s vulnerability was triggered at this point, and why the Rorschach did not entirely capture this “raw nerve.” Indeed, so far the TAT revealed aspects of defenses and vulnerabilities he mainly succeeded in keeping in check on the Rorschach. That it was more apparent on the TAT than the Rorschach certainly speaks to the value of using a battery of tests, with each test contributing unique value to a complete evaluation. That being said, this boy’s unanticipated response to Card 3BM seemed now to reveal a more urgent side of Carl’s personality and functioning that was not as evident on the other tests.

Understanding Carl’s response to Card 3BM also involved considering the sequence of responses preceding and following it. Recall that on Card 1, Carl’s story about unenthusiastically going through the motions of something one had to do was paralleled by a picture of parents appearing to overlook or bypass emotional needs, offering no better a solution than the sense that life consisted of obligations one is not necessarily supposed to enjoy. And on Card 2, Carl’s story also appeared to convey a picture of parents who mainly were on a child’s side but still not really comprehending emotional needs. Here, on Card 3BM,

Carl tried to conceal a deep sense of distress, a concern sufficiently troubling that he barely could produce much of a story. While a person was depicted as resigned to one's lot on Card 1 and moving in a direction of seeking something better for oneself on Card 2—without entirely understanding what these people in his stories were looking for and with parents who, while supportive, did not comprehend what motivated them—Carl now seemed lost and floundering on Card 3BM. Something about loss or death managed to escape his defenses, and it appeared that he was trying to keep the floodgates securely shut.

But why on Card 3BM? Certainly, this concern was not a prominent feature of Carl's Rorschach, which overall seemed to suggest a reasonable albeit sometimes shaky capacity for psychological resilience, certainly insofar as his capacity for managing defenses was concerned. Something was up but it was not clear why at this point and why now. The next TAT card, however, seemed to reveal more of the story.

Card 6BM

This is like a middle-aged man and his mother. She's crazy or sick or something, and he wants to do something about it. Either he puts her in a hospital or gets her help, and he doesn't know how to approach her about it. I think she's sick, not crazy, because she knows she is, too, but she's so set in her ways that she doesn't want to change anything. And she knows that she doesn't have much time left. He just wants her to be comfortable but at the same time he wants her to be secure, so that's maybe why he wants to put her in a nursing home or something like that. And he's not going to do anything about it and just go on.

(Why does he decide not to do anything about it?) *He has trouble talking to his mother about stuff.*

(How so?) *I don't know, maybe he's intimidated by her or something.*

(In what way?) *He just doesn't feel like he knows his mother enough or feel comfortable around her, I don't really know why it would be.*

(Make up a story; what would you imagine?) *I don't know, a closed mother. She never treated him very well as a kid or whatever. They were never very loving and now he feels guilty because they were never close and she's probably going to die and now he feels that if only things were different [long hesitation] but they're not and now it's too late.*

(Outcome?) *He leaves, he goes on. Seems like nothing happened. Eventually she dies. He feels real bad.*

It was undoubtedly clear in this story that Carl was expressing a conflictual and deeply ambivalent level of engagement with what by now I assumed probably represented his relationship with his mother. What he started opening up about somewhat cryptically on the previous TAT card appeared to continue on Card 6BM, and the nearly paralyzing inhibition exposed earlier was now revealed more fully. Carl's unusual, atypical story suggested not only how "intimidated"

he seemed to feel about his mother, but also his inability to resolve his fearfully distant approach to his mother in any way other than removing himself nearly totally from her influence. I think I would probably rephrase his word *intimidated* to convey a different sentiment, one closer to the extreme detachment he appeared to feel regarding his mother, a state that would leave him feeling emotionally frozen in his relationship with her. Carl seemed to feel profoundly unknown by her, and he also appeared not to know her either.

Note the highly idiosyncratic way Carl managed the affect states triggered by this TAT card. Initially, there was a strikingly dark and distant sense of his mother as an emotional stranger—which must indeed have seemed quite “crazy” to him as he attempted to decide whether the mother in the story was crazy or sick. Carl then expressed how removed and ultimately estranged he seemed to feel about this mother, which left him unable to act, largely immobilized by his feeling emotionally frozen and unable to do anything besides remove himself from the mother. Attachment theorists might well regard a TAT story such as this as reflecting elements of ambivalent and/or detached attachment.

Considering Cards 6BM and 3BM in sequence, it might now seem plausible that the shock of Card 3BM gave way initially to a paralyzed emotional reaction that was quickly followed by an emotional reaction of profound distress that he tried but ultimately failed to bring under control. His reference to “the mother died, the grandmother died, the dog died” on Card 3BM reflected, I would now surmise, the desperateness of his attempt to find some degree of distance to purge the intensity of the feeling state that seemed to overwhelm him.⁶ Carl did not, however, succeed in this effort, and when reexposed to a similar psychologically demanding conflict situation on Card 6BM, Carl continued to experience the perturbation that was presaged on Card 3BM, showing even greater affective distress. His unwillingness or inability to relate a story to this card besides simply saying “she’s sick” or “he has trouble talking to his mother about stuff” prompted me to conduct a more vigorous inquiry than I might otherwise have done, essentially pushing Carl hard by my repeated questioning about his “trouble talking to his mother.” Asking “how so?” or “in what way?” and ultimately the command “make up a story” followed by a slightly more tempered or softer question (“what would you imagine?”) failed to generate much more than different variations of feeling “intimidated” by her or uncomfortable around her, about which he could only manage to say, “I really don’t know why.” Pressing him further would have been unproductive and probably hurtfully provocative. The inquiry did however reveal the depth of Carl’s affective alienation, while also substantiating what the Rorschach indicated regarding Carl’s capacity to sustain defenses in spite of the degree of affective upheaval these two cards appeared to trigger.

Carl could not manage to get any closer to the “crazy” situation of the mother’s decompensation on Card 6BM, preferring a solution of removing himself from the emotional turmoil by placing her in a nursing home in his story, where her comfort and security remained for others to manage. The mother

was further described as “closed” and their relationship as “never very loving.” Ultimately the man in the story left and moved on, feeling it was too late for anything consequential to happen. There was no resolution for Carl beyond “he feels real bad.”

Considering Carl’s response to this card together with the previous card, there certainly seemed to be some highly provocative situations that caught him off guard and exposed a raw nerve. He was at such moments left nearly frozen in affect states he could do little more than tolerate, waiting them out until they dissipated with time. His experience of his mother and their relationship clearly was one such powerful trigger, but the reasons underlying his surprisingly angry, disinterested pulling away from her at times of her need or distress remained a mystery, even at this late point in the evaluation. Carl could otherwise manage to coast along in a fairly affectively detached way in many other situations, such as those represented on Cards 1 and 2.

Card 7BM

I think that’s some older relative. That’s a guy in his thirties just talking about things they did when they were younger and just chatting about stuff. They’re probably at some family gathering or whatever, just talking about nothing.

(Who are they?) I don’t know, maybe it’s just some guy and his older uncle or his father or something like that.

(What’s their relationship like?) They probably like each other a lot, and you know, talk about whatever.

(About what? Make up a story) It’s weird, it could either be they’re talking friendly or it could be someone interrogating a guy. I think that’s what the picture is trying to show, but I didn’t see that right away. It could be like he’s questioning him about a murder or whatever, and he’s nervous about it and he’s trying to make him slip up.

(What led up to this?) Just because he’s [points to younger man] sitting like that and he looks nervous and the other one’s standing.

(Outcome?) Well, in version A, they’re talking like at a big family gathering, and they go on and talk to other people, that’s how it ends. In version B, I think this guy doesn’t slip up and he doesn’t crack and he doesn’t let them know any information that they need. And he wins, you know, he gets away with whatever he did.

(Going back to the first story, what’s their relationship like?) They get along alright, they don’t see each other much. They remain distant relatives or something, just talking now.

On Card 7BM, Carl seemed to have reconstituted after the previous two cards by returning to a casual, nonconflictual situation of easy conversation between family members. Perhaps light banter between males was easier for Carl to manage, carrying little or no conflict for him. His initial reference to a conver-

sation between an uncle and a nephew was somewhat unusual, although Carl followed this description by noting that it could be a father and son. Even so minor a comment ("some guy and his older uncle or his father or something") should probably not pass unnoticed; its significance remained uncertain, but it did suggest the possibility that Carl's relationship with his father was not particularly close.

It is always interesting when patients begin a TAT story in one way and then shift gears in the middle of the story, a pattern suggesting that either the "modified" story or the original story was the real story and that the other story represented a defensive operation intended to disguise conflict. There may be additional significance to such shifts as well, but story shifts bear close attention in the analysis of the TAT regarding personality mechanisms and defensive processes. Carl's switching gears actually represented adding a story alongside the one with which he started, judging from his own decision to provide an outcome to both stories. Whether or not the shift contained a particular meaning in relation to Carl's uncertainty about the older man in the story being an uncle or a father, it was evident that the nature of the relationship between the two pictured men had changed from one of pleasant reminiscing to an adversarial nature in which one man tried to challenge and trip up the other. The younger man was now under attack and he had to be on guard against deceptive undermining by the older man. It was certainly a situation in which the younger man felt unsafe, and Carl might have been indicating by his story shift that the appearance of a friendly, easygoing family interaction concealed an underlying feeling of threat at home. Carl's story also suggested that despite some concern or danger he managed to protect himself adequately ("he doesn't slip up and he doesn't crack").

I should also note that Carl may have perceived my probing inquiry on the previous two cards as if he were being "interrogated" and that I was trying to make him "slip up" or "crack." I cannot be certain whether "Version B" was linked to "Version A" by the idea of feeling threatened or undermined at home despite appearances to the contrary, or whether it was entirely a transferenceal manifestation of how he felt at this point during the TAT. In either case, this youngster demonstrated a return to his pattern of recovering from situations that triggered anxiety, thus succeeding in reconstituting his defenses. This is a particularly salient point to note in light of Carl's obvious distress and nearly immobilized psychological reaction to Cards 3BM and 6BM in relation to a maternal figure.

Card 7GF

That's a mother and a daughter, and the daughter's holding a doll. She's just telling the daughter about what she did when she had a doll when she was a little kid, too. The daughter doesn't really care, she's just looking off in the distance. And the mother is just like blah, blah, blah, and the mother keeps talking and the daughter's just sitting there listening even though she doesn't care.

(What is their relationship like?) *They're okay. The mother thinks they're closer than they really are, and the daughter just doesn't really care much. She probably wants to do something else right now or go somewhere or something, and the mother's still talking. She doesn't want to be rude. The mother just thinks she knows a lot more about the daughter than she really does.*

(How can you tell?) *I don't know, just things that are going on in her life. Like who she's really friends with and things like that.*

(Outcome?) *Eventually the mother just stops talking and the daughter leaves.*

This is a card I like to administer regardless of gender, mainly because it readily stimulates the quality of intimacy of a mother–child relationship. I am particularly interested in the story patients tell to this card when their stories to Cards 6BM and 7BM are sparse or insufficiently enlightening about how maternal and sometimes paternal objects are perceived. Carl's story to this card was consistent with the theme suggested in his previous TAT stories concerning emotional disengagement and distance in his relationship with his mother. Although this should come as no surprise, I wanted to see if this card's pull for mother–child intimacy might reveal more than what had been detected thus far, even a glimmer of longing or at least ambivalence. But that was not the case here: Carl chose to portray a relationship in which the mother did not recognize subtleties of the child's affect state, presuming a degree of closeness with the child that the child did not actually experience.

This story at first added a perception of the mother as out of touch with her child. It was very much a picture of empathic failure. The story also revealed something important about the child's reaction to the parent's empathic breach: the child seemed on the surface compliant rather than angry or rebellious, apparently adapting to the mother's unawareness of the child's emotional needs by resigning herself to the situation. There was a hint that it was all too familiar to the child and consequently experienced as beyond repair. This kind of familiarity or adaptation might indicate a state of chronic psychological unavailability in which the child seemed to give up on getting through to the mother by trying to press her case or by angrily protesting. For some people, playing along represents an adaptation to keep the peace or prevent matters from becoming worse, sometimes giving way to apathy or chronic depression. (I have more than a few patients in psychotherapy who are fond of the expression, *peace at any price*, in reference to their close personal relationships.)

Carl's adjustment may not necessarily have been the kind of apathetic depression suggested on Card 7GF; however, his regularly recurring description of parents who, while available, were nonetheless psychologically unaware or unknowing implied the predominant expectation that his psychological needs would go unnoticed. I further suspected that Carl kept much of his psychological life submerged, perhaps because he did not experience his relationship with his parents as conducive to exposing what he probably felt to be painful. From his Rorschach, Carl had already shown himself to be fairly imaginative, although

laying bare complex psychological experiences was not a part of his emotional vocabulary. The emotional undertones of his imagination, however, were quite close to the surface of his ongoing experience. The problem may have been that Carl could not find a receptive or comprehending audience to hear him out, but I doubt that that was the case. His reluctance to give voice to deep (and even not particularly deep) layers of his psychological existence was more likely self-protective. As long as Carl could keep needs and affects either contained or submerged he probably could manage to get by relatively unscathed.

Perhaps, however, the depressive anomie he now felt rather acutely covered over intrusive affect states he mainly kept in check but now confused him, increasingly overwhelming his capacities to deal with the psychological demands cards such as 3BM and 6BM seemed to trigger. Card 7GF, in contrast, may have represented Carl's customary way of adaptively subjugating potent psychological affects underground, compliantly tolerating whatever unhappiness was not too troubling for him to live through. Thus, for example, on Card 7GF, the outcome to Carl's story was that the child simply left while the mother finished her "blah, blah, blah . . . and keeps talking," which was the same outcome of Carl's story to Card 6BM, a card that was particularly disconcerting for him. On Card 7GF, the child merely put up with the mother's unawareness with apathetic disinterest until she could leave the situation; on Card 6BM, the son did nothing to help his ill mother, and just left when he could break away. Carl's compliant understatement probably led to the quality of deadened emotionality that covered over his unhappiness, but more recently he may have been experiencing greater distress in relation to school and his future such that his customary defenses may have insulated him less effectively from an affectively detached, uninvolved existence. It might also be possible, though still speculative, that anger surrounding his mother's unawareness and unavailability was increasingly becoming more problematic for Carl to deal with.

It is possible that I have taken some speculative liberties on Card 7GF. However, I arrived at this interpretation in consideration of this card being the last in a sequence of three consecutive cards in which the stories depicted a surface appearance of accord or politely going through the motions of relationships with parental figures that consistently revealed a subtle but nonetheless unmistakable layer of disengagement and emotional withdrawal. This was a sequence of stories that, when combined with the indication of parents' imparting a sense of joyless obligation (Card 1) and their uncomprehending acceptance of a psychologically complex decision (Card 2), created a firmly established impression about Carl's experiencing a grudging sense of his parents as estranged from him and unable to grasp what was important in his psychological depths. Ultimately, he seemed rather alone in the world, fending for himself without a real sense that his parents were behind him or deeply enough involved with him.

Carl did not feel overtly angry with his parents nor did he feel neglected or abused. For some time until recently, he also did not even feel particularly alone; nor did Carl seem to know that he felt dissatisfied or that he was

especially troubled. Instead, Carl appeared to go through his life feeling relatively little: perhaps bored (on Card 1), unenthusiastic or uninvigorated (on Card 2), and casually connected or self-protectively cautious (on Card 7BM)—all of which barely registered on his emotional radar screen. More psychologically difficult or strained involvements with his mother (on Cards 6BM and 7GF) registered perhaps only slightly more so in his awareness, but Carl seemed to lack a clear sense of articulated feelings about his mother beyond vague discontent. He seemed content to deal with his unhappiness (or anger or distress or disappointment—or whatever he might happen to feel) by insulating himself from affective experiences, thus depicting an adaptation to the psychological complexities and painfulness of his relationship with his parents dominated by the relief of escape rather than by a resolution that came anywhere close to approximating closure or understanding.

Probably it is worth reemphasizing at this point that there are limitations about what degree of self-awareness and adaptation might be expected from a 15-year-old adolescent. Carl did recognize, however, that he was troubled and unhappy and he possessed enough concern about the things that bothered him to ask his mother to inquire about psychotherapy for him. Carl neither externalized his problems nor did he feel acute symptomatic distress. Instead, he knew on some level that something was wrong and that he desired some help with his vaguely expressed chief complaint. It is of course telling that his mother did not notice a problem or feel a need for Carl to see a psychotherapist; the impetus for seeking treatment arose entirely within Carl himself, which was all the more surprising because not that many adolescents are self-referred. My main point in noting this is to provide another context for the interpretive comments I mentioned above. Carl was a youngster who was asking to understand some things about his life. Although he could not have known it, he also may have been seeking a relationship in which he could talk about his distress and unhappiness without feeling rebuffed or feeling that he had to submerge painful affects, as he may have felt with his parents.

Card 18GF

It's someone holding a dead body. I don't know, it looks like it could be that she killed the person and slashed its throat or whatever, even though you can't see blood. It's probably her husband, and she was upset with him. Maybe the husband was cheating on her, and she slashed his throat. And now she's got to hide the body, so she's going to put the body in a bag and stick it in the trunk of her car and drive it somewhere and stick it in a hole. And she doesn't really feel regret for killing her husband because she thinks she was justified in doing it.

(What's their relationship like?) They loved each other at first but they grew more and more distant. Then eventually she caught them, she caught him with another woman and it confirmed that he was cheating on her, so she killed him. She feels a little bit of regret, but she feels like it had to be done. And she was right in doing it. She hides the body and gets away with it.

Card 13MF

It looks like he was just beating her and she's unconscious on the bed and he's like, you know, rubbing her forehead because he was smacking her around or something and he doesn't know what he did. He was probably drunk or something.

(What led up to this?) I don't know, maybe it's his wife. He had a lot to drink, or was on drugs or something. He's not thinking right. Maybe she said something that bothered him, or she didn't do anything at all. He just went nuts and knocked her out. Then he felt bad about it and laid her on the bed and put the blanket on her.

(Outcome?) She wakes up in the morning. She's still mad at him but she's too scared to do anything. He's not going to really remember what happened. He knows he did something wrong. He's going to feel bad, but he won't care. He'll still drink, he'll do drugs, or whatever things he does.

Card 5

That's that same woman from before who killed her husband. Now she's walking in on her husband with another woman, and she's scared and she's shocked, but she opens the door and she sees them but she doesn't want to let them know that she saw them. And she's going to wait and then later on she's going to kill her husband. Like in that other picture.

(How does she feel?) She feels betrayed because she never really saw it coming. But she's really upset.

The stories Carl told to Cards 18GF and 13MF contained themes of anger, but of a particular quality—uncontrollable or impulsive rage between a husband and wife, initiated on Card 18GF by a wife and on Card 13MF by a husband. Furthermore, both people felt little or no remorse about their actions, despite recognizing that their actions were wrong. The wife's murdering her spouse felt justifiable, whereas the husband's violence left him with no qualms or regrets even though it was an unprovoked action. Carl dispassionately related these stories in a rather matter-of-fact manner, and the verbalization in both stories suggested a tone of indifference or, probably more to the point, psychological distancing. He related his stories in a way that seemed to say something like: *this happened, then that happened, he/she felt this way or that way, and then it's over and done with*. For example, there was as much of a focus in Carl's story to Card 18GF concerning the woman's problem about how to dispose of the body as there was about why she murdered her husband or how she felt. Similarly, Carl's story to Card 13MF sounded like an apologia for the consequences of substance abuse on judgment and self-control—as if that was its own justification. I suspected that the emotional distancing from the aggression in these stories reflected how uncomfortable anger was for him.

Like the over-the-top, dramatic quality of several of his Rorschach responses, Carl's excesses of fantasy—in both the Rorschach imagery and

the extremes of aggression expressed on these TAT cards here—appeared to represent an exaggeration or caricature of aggression. It mainly served to create a degree of psychological distance that Carl could hide behind, as if to suggest that no one would ever think he could feel that excessively rageful or dyscontrolled. Stated differently, what Carl's exaggerated rageful fantasies may have signified was more the difficulty he had recognizing normal levels of anger than it may have aroused concern about his potential for extreme destructive rage.

That Carl might be more distressed by the affect he tried to disguise also was evident in his response to TAT Card 5, in which he referred back to the story that led up to the murderous jealous rage he described on Card 18GF. Evidently, he could not psychologically let go of the affect that seemed to drive that story as well as the story he told to Card 13MF, too. The emotional salience of aggression and finding either justification or a reason to excuse feeling so rageful was compelling for him. But note that in Carl's continuation on Card 5 of the story he told to Card 18GF, he added that the woman was "scared . . . shocked . . . betrayed . . . really upset," all of which seemed to reflect indicators of Carl's confused psychological reaction. The varied affects he expressed appeared to represent how difficult it was for Carl to articulate what he could sometimes feel, making it difficult for him to understand exactly why he could feel angry and what to do with such confusing feelings. The story to Card 5, therefore, seemed to represent the persistence of a troubling affect state he was still trying to work out for himself by finding an explanation he could comprehend for what he was experiencing and how to react.

It can be difficult to know how seriously to consider themes of anger or impulsive murderous rage as they emerge in psychodiagnostic testing material, particularly in adolescents. Carl's TAT stories on these three cards, coupled with his many references to anger, fighting, and killing on the Rorschach, raised an important clinical concern about a primary problem with rage and its dyscontrol. I previously posed an alternative possibility about Carl's Rorschach responses, suggesting that such responses might signify overdramatized concerns about confusing feeling states that were expressed in an over-the-top fashion as the only way a 15-year-old youngster might have at his disposal to make people in his life sit up and pay attention to his distress. I favor the latter interpretation for several reasons. First, Carl's MMPI-A and Rorschach structural indicators did not point to appreciable problems with disinhibition or anger. The MMPI-A *F* scale suggested a tendency to endorse extreme symptoms or problems not attributable to inconsistent responding. It more likely reflected a tendency to gain attention for his problems, emphasizing particularly anxiety represented by internalization of conflict and an overintellectualized defensive style rather than externalization of anger or irritability. Similarly, the Rorschach CS and R-PAS revealed considerable internal stress that was generally well controlled, although he could show a vulnerability to expressing unmodulated affect states. Secondly, Carl's clini-

cal presentation did not emphasize appreciable concern about losing control of anger; it was not part of his presenting complaint, and his “weird” thoughts about fighting and aggression were more confusing than representing his fear of losing self-control.

Naturally, this does not mean that Carl was not angry or discontented, but I did not feel that the evidence was sufficiently compelling to elevate his hostile and at times murderous fantasies to a level of concern about losing self-control. I did wonder whether the aggressive content of these TAT responses emerged in relation to the story content suggesting how difficult it may have been to make meaningful contact with his parents, particularly his mother. His main overt affective reaction was one of emotional blocking, disposing him to seem frozen or immobilized about his emotional involvement with his mother, including difficulty recognizing how angry or betrayed he could feel in response to what seemed to reflect this degree of psychological distance or diminished empathic responsiveness.

Card 16

I don't know, I keep thinking about stories from plots of other stuff and things like that. For some reason I keep seeing this guy from the video games. I can't remember, I can't really come up with anything. There's just too many things, you know what I mean? There's too many thoughts running through my head, and if there is a drawing or something I could probably put something there. I can't just make up a story out of nowhere. I need some direction. I picture this guy from a video game, it's actually the same game like a dream I had. I picture a guy standing on top of a pile of dead bodies. I think they're humans and he's an alien, but he's a good guy or something, and he's got two big blades coming out of his fists, laser blades or whatever, and he just hacks them all to death. He was just fighting them all off, they had guns or whatever, and he's fighting them. He's standing on top of their dead bodies because they're supposed to hate each other because of a land conflict or whatever. He won, he took out twenty or the head guy or whatever. He's standing on top of their dead bodies. It looks cool.

This final TAT card—a blank card to which patients are asked to imagine a picture and then make up a story about that imagined picture—exposed Carl's discomfort with unstructured situations. Certainly, considering the free rein he brought to his Rorschach responses that hardly lacked a capacity for imaginative thinking, here Carl had great difficulty undertaking the task demand presented on Card 16. Significantly, he asked for guidance (“I need some direction”). Prior to asking for direction, he floundered considerably before launching into the story. It seemed that Carl could become nearly immobilized when left feeling on his own without someone in his corner to catch him if he stumbled or to function as a guiding, supporting, or companionate presence when he felt unsure of himself. Once he found his footing, Carl chose for his story a dream he himself recently experienced.

His dream was in many respects not unlike a number of his dramatic-sounding Rorschach responses, once again invoking the exaggerated, dramatized manner Carl seemed to need to make it loud and clear just how perturbed he sometimes could feel. Before he reached the point of relating his story in the form of a dream, all of the extensive verbalization prior to the story proper could itself be viewed as a reflection about how he felt when he was in an ambiguous situation reexposing him to a state of helpless distress with no immediate way out.

After this initial dynamic unfolded as he began to settle into formulating what he decided would make for an acceptable story, Carl described someone who was an alien among humans. He depicted this person as virtuous and basking in victory after defeating evil forces in a battle where the odds seemed stacked against him. By this point in the evaluation, however, I was inclined to suspect that Carl was describing a fantasized quality of affective experience that represented more a wished-for emotional or self state than it represented anything close to his actual feeling state. Throughout much of the evaluation, Carl frequently described emotions suggesting how vulnerable he often felt concerning being diminished or belittled, while wishing that he felt more like the idealization he seemed to be characterizing in his story/dream as victorious, accomplished, and being admired. In contrast, much of the time this boy experienced himself as removed from feeling proud or accomplished. Thus, Carl's story/dream may well have reflected a wish, something that was not easy for him to readily experience. Perhaps it was easier to give freer rein to expressing an idealized self-representation on Card 16—a blank card—notwithstanding the difficulty he showed getting started. Carl's marked difficulty initiating a story may thus have represented something more than difficulty tolerating ambiguity; it may have represented that he did not feel surefooted and that he needed guidance or direction to support him in expressing what he wished to feel about himself and the course of his life.

It would not be difficult to imagine that Carl's idealized wish to emerge victorious might not feel like a reliably secure self state he could sustain, as he metaphorically came out on top by standing over a "pile of dead bodies." Though perhaps tentative, it probably should not be overlooked as representing a hoped-for striving to achieve a confident, securely autonomous feeling of well-being. Stated another way, it may now be more clear what Carl struggled with and tried to convey throughout the various tests in the battery. He thus seemed to finish the evaluation by echoing the discomfort he felt and a longing for what he needed, trying to make others comprehend and take note of his unhappiness without feeling diminished or humiliated.

Summary of Treatment

In addition to subjective depression and anxiety, Carl presented with a depressive syndrome that included insomnia (on most week nights but not on weekends), diminished concentration and motivation, and intermittently decreased

appetite. His lack of motivation, boredom, and shifting school friendships contributed to feelings of worthlessness. Further, he experienced dreams about killing teachers and a preoccupation with violence that confused and disturbed him. However, he did not feel that he was at risk of acting on such fantasies, nor that he was troubled by losing self-control. I considered the possibility of a psychiatric consultation for pharmacotherapy depending on what might emerge about the persistence and severity of his anxious depression, and a psychodiagnostic evaluation to understand the meaning of his aggressive fantasies and their relationship with ego functions and self-cohesion depending on Carl's capacity for insight and introspection in the course of a weekly psychotherapy.

In the early sessions, Carl spoke about not having any special skills, and his associations seemed to include references to his father being too tired or depressed to show much interest or involvement with Carl. He saw little point to the future, anticipating academic, social, and athletic failures in high school and expecting an unsatisfying work life after school. He had no aspirations to attend college, feeling mainly that college offered few advantages for him. My interpretive comments centered around pointing out the emptiness pervading most areas of his life that he seemed to keep to himself, feeling that conveying his depressed, anhedonic feelings would fall on deaf ears. I explained to Carl that he seemed to conceal a wish for greater responsiveness from his parents, particularly concerning the feeling that he could not do anything well. Apparently directed more toward his father, Carl began to see that his defensive reticence about approaching his parents with his worries added to their not seeing how concerned he felt. I thought that his enduring lack of pleasure in school activities left him feeling alone with his unhappiness. Carl's responsiveness to such interpretive comments provided an important indication about his defensively submerged longing for involved, understanding selfobjects.

Carl's depression changed slightly over the first month of treatment; however, his dreams about killing teachers persisted, although somewhat less frequently. He agreed to a psychiatric consultation, was administered sertraline (Zoloft®) 25 mg. q.d., reported no troubling side effects, and he began to report a sustained diminution of agitation and of the urgency of his concerns about his future. I conducted the psychological testing concurrently but at different times than his regularly scheduled psychotherapy sessions.

Carl began speaking about a movie, *Office Space*, a comedy that parodied the frustrations of an office environment while also conveying aggravating and disillusioning aspects of work. Carl felt that this film captured his worries about a boring adult life, and he was eager for me to see it to know what he felt. I saw *Office Space* and as we talked about the film and the importance of my seeing it, it became clear that Carl felt people did not recognize what troubled him unless he in effect could give them a road map.

This led to his talking more about his parents, mainly how they had their separate interests and friends and spent little time together other than at family gatherings. He recalled a time when they were having an argument, which frightened Carl because he was accustomed to seeing them uninvolved with

each other and he did not know what his parents' arguing meant. He told me about an incident about five years ago when he felt deeply hurt by a cutting remark his alcoholic aunt made about him; he was provoked to tears and ran to his room. What was particularly notable was that Carl's uncle—and not his parents, who dismissed the incident as trivial and familiar—recognized how upset Carl felt and went to him, offering to take him to an arcade to play games. (In this context, recall Carl's story to TAT Card 7BM.) When I pointed out that I thought it was significant that it was Carl's uncle, and not either parent, who realized that Carl was hurt and made the effort to try to comfort him, Carl appeared surprised. It seemed clear that Carl expected an emotional disconnection between his parents and himself, and he could not easily imagine their being able to comprehend the depths of his unhappiness. I also thought that Carl himself had trouble recognizing much about his own emotional life.

I once received a phone call from Carl's mother during the early months of treatment, when she did not remember Carl's appointment time that day. She told me that Carl also could not remember the time, which she mentioned as an example of Carl not being as responsible as he should be. I remembered thinking to myself that probably many parents kept better track of their children's appointments than did the children themselves, even as adolescents, and I was mildly surprised that Carl's mother seemed to place that responsibility entirely on Carl and that she did not seem to feel in any way responsible. I wondered whether this phone call also might have reflected Carl's feeling that his parents ignored what was important for him. As we discussed both his and his mother's forgetting the appointment time later that day, Carl mentioned that as a small boy he used to be frightened of sleeping alone in his room, worrying about noises or something coming to grab him. He often slept in his parents' bedroom, even though they minimized his fears, and he outgrew his fears and "stopped caring" around age 12. I talked with Carl about the significance of sleeping in the same room as his parents as a way of trying to make them see what he felt, and that "outgrowing" his fears by not caring any more was not the same thing as feeling that his parents tried to understand his concerns or worries. Thus, not caring represented a defensive turning away from his parents as he wrote off their seemingly limited capacity to grasp his needs.

After we started working together, Carl began to develop a new set of friends, becoming disenchanted with many of his former friends whom he now viewed as stupid and uninteresting. He once described risking a potential altercation between himself and his new friends with some other boys. While he was fearful that a fight might ensue, I also thought that Carl sounded stimulated by the situation, which contrasted with his more customary monotony. He also began to talk about his father, realizing for the first time that he disliked him for his indecisive and complaining nature. I once saw the father, who came to pick up Carl after a session. I was surprised to see that he was missing an arm, which Carl had never mentioned. I asked Carl what had happened, and he told me his father lost the arm in an industrial accident. He had no further comment—as if it were a fact (like having brown or blue eyes) without any emotional

significance—which I could only imagine was characteristic of his relationship with his father. Around this time, Carl once fantasized what it would be like being one part Franklin Delano Roosevelt, one part Bill Gates, and one part a “real cool guy who built a whole empire from a comic book.” He seemed to be searching for invigoration or inspiration, and during this period of his treatment it seemed that Carl was attempting to turn away from people he found lacking.

Carl was not particularly athletic; however, he thought he should try out for one of his school’s teams because he felt he needed to stand out or have an identity at school in some way. He picked wrestling, but he was not selected for the team. He seemed depressed about not making the team, not as much because it represented failure or inadequacy but rather because he did not know how to fill the time he set aside for the team. Carl felt he lost an opportunity to show that he had a special ability and the motivation he had recently begun to mobilize in treatment wavered. He returned to feeling that working hard was futile and he was angry that others would not be able to appreciate his importance or admire him for some special ability. He was sick for two days but feigned illness—which he thought his parents believed—to stay out of school the week after hearing he did not make the wrestling team. He was feeling listless and angry, but mainly I thought he felt diminished as he spoke about frequently feeling unnoticed. Carl also mentioned that he felt that he was taking care of himself or raising himself—which reminded me of his mother’s expecting Carl to remember his appointment time when she did not herself remember the time, citing it as an example of Carl’s not being responsible.

As we talked about his diminished self-esteem alongside dashed aspirations for being acknowledged or admired, Carl gradually began to feel more energetic and he started to look again for friends with whom he could feel he had an important place. He befriended other students and he reconstituted feeling better about himself because he felt solidly accepted by these friends. Carl felt he could make his new friends laugh, which gratified him, and he also became friendly with a girl who, he was told, liked him. Carl pursued a relationship with this girl, feeling that they were much alike. He became unconcerned about his mother’s complaining and his father’s disinclination to spend much time doing things with Carl. As we talked about his new friends and the girlfriend, I pointed out how important it was for him to feel desired and valued, which seemed to contrast with his parents’ apparent unawareness of his needs. Carl also seemed to come to life when we talked about his needs, which I increasingly recognized as being an unfamiliar experience in his life. Feeling responded to by people more attuned to his internal affective experience appeared to ameliorate the injured, depleted self-cohesion with which he struggled. I kept relatively quiet about his not being affected by his parents’ apparently diminished attunement, considering that his defensive aloofness or indifference to his parents’ unawareness was less therapeutically important to emphasize at this point. I favored instead focusing on Carl’s needs for attuned responsiveness.

Carl was settling into feeling better about himself, and he was far less depressed save for occasional moments when he would feel “glum” as he worried that his friends might lose interest in him. He was becoming aware that girls started to seem interested in him, which motivated him to try to exercise more and lose some weight. Carl continued to feel disinterested in school, but he was worrying less about his future. Upsurges of anger became much more infrequent and did not trouble Carl as they had at the beginning of the school year. He gradually became more open to interpretations about his needs feeling ignored, and in treatment he expressed more openly feeling “irritated” by his parents’ obliviousness but also seeing their limitations more clearly. Nevertheless, Carl still remained distant from his parents and he seemed disinclined to want to talk with them about what mattered to him. As he derived increasing self-esteem from his friends and a budding interest in girls at school, Carl became increasingly aware that he distanced himself from his parents as he simultaneously sought out friends who valued his role in their social group. As the school year was coming to an end and he had a summer job lined up as a camp counselor, we stopped regular sessions for the summer, agreeing to speak again once school started up in the fall to see how he was doing and whether to resume meeting.

During that time, Carl reported two dreams. In one, the Virgin Mary slashed her wrists but blood was coming out of her eyes as tears flowed from her wrists. We talked about this dream in relation to Carl’s becoming increasingly aware of his affect states rather than stifling emotions, despite sometimes feeling confused by what he might feel. This dream of course contained several other interesting and undoubtedly important elements, which I noted to myself might possibly be pursued at a later time if Carl wished to resume treatment. In Carl’s second dream, he was locked in a bathroom trying to get out while the bathtub filled with water. He thought a person might be in the bathtub, but he could not see a person. He “punched” the water to scare the imaginary person. In talking about this dream, referring to an imaginary person he could not see, Carl mentioned that not very long ago he would have been afraid to accost someone who might threaten him. I merely commented for the time being that although he still could feel vulnerable, he also could imagine protecting himself rather than giving in to despair.

I saw Carl once in the fall. He told me that he enjoyed the summer job, kept up with his friends, and that he had a girlfriend over the summer. He felt he was trying to be more assertive with his parents about his needs, and although he thought his mother listened to him a bit more he still felt some frustration but wanted to keep trying himself. He still was bored at school, but he was less angry and his frustration was less troubling. We agreed that Carl could contact me if he wanted to talk further or if there was any change concerning sustaining the progress he had made. I had not heard further from him until nearly ten years later when he contacted me at age 25 in connection with frustration and uncertainty about a career path. At that time, I saw Carl for two visits to talk about his life in the intervening years. In connection with this volume, Carl consented to repeat the psychological assessment ten years after I first saw him for an initial evaluation at the beginning of his treatment at age 15. I present

the comprehensive assessment findings from age 25 in [Chapter 6](#), together with a discussion of the assessment findings in relation to those contained in the present chapter from age 15.

Discussion

Carl presented for treatment with complaints of depression, ennui, and a strong dislike for school, and “weird” thoughts about anger and destructiveness. He perceived little purpose or motivation to strive for much in his future, and was confused by angry thoughts he could not understand or easily dispel. The bluster and bravado he showed at the onset of the evaluation in his Figure Drawings continued throughout most of the Rorschach and much of the TAT. His test presentation could be viewed in a more favorable light as a kind of brash manifestation of male adolescent fantasy, or alternatively as a more serious indicator of disordered thinking and/or dyscontrol of aggression. In this section, I will summarize why I did not primarily view Carl’s problems in either of these ways, emphasizing instead a view that focused mainly on a progressive unfolding of a need to conceal how troubled he felt, and that his parents seemed not to grasp his distress. I begin with the structural test findings that provided an anchor for the basic personality organization before considering the meanings underlying this patient’s presenting symptom picture.

Empirically Based Scales (MMPI-A and Rorschach)

Carl’s MMPI-A pattern highlighted the anxious, perturbed mental state he presented at the beginning of treatment. It also suggested that his functioning was likely to be compromised by rigidity and perfectionism, and that intellectualization and possibly somatic concerns might be present, although somatization was not suggested in the Rorschach findings or by history or on clinical presentation. The overall pattern was consistent with a disorder chiefly involving internalized conflict rather than externalization or acting out, which also was consistent with the turmoil seen on the Rorschach. These test findings indicated that Carl’s anxiety and internalized distress were for the most part adequately contained, perhaps because coping skills were not particularly undermined. Although neither depression nor anxiety were prominently evident on his Rorschach, Carl nevertheless was disposed to aberrant thinking often concerned with the thoughts he expressed as being problematic for him, thoughts about damage or destruction. He was inclined to respond to distressing ideas and affect states inconsistently, and it was also possible that the intense affective reactions and intrusive disturbing thoughts he experienced reflected his exaggeration of what he felt sometimes dramatically or for provocative effect.

Carl’s primary difficulties understandably centered around school, which was the focal point of the major adaptations facing him in life. On the one hand, academic performance and interests begin to converge on preparation for adult working life or a career, which for a 15-year-old would understandably begin to

assume increasing importance. In addition, school represents the major arena of friendships and socialization. Carl had of late become increasingly concerned about both areas of adaptation to life at school. The MMPI-A highlighted his negative attitudes and diminished interests about school success, and perhaps a growing distance from friends and its consequent impact on feeling disliked or misunderstood. Adding to this impression was the Rorschach finding bearing on Carl's characteristic passivity and his inclination often to accommodate to what others wanted rather than being mainly concerned about his own needs. Thus, a deferential disposition in which he typically would allow others to make decisions for him further compounded his feeling of being uncomfortable or threatened around people.

Carl also struggled to manage self-esteem, which extended to feeling unattractive and that his abilities were limited, consequently contributing to his depression and ennui. He also could appear self-critical by harboring distorted views about body image, which could have contributed to the impression about somatic concerns as identified by the MMPI-A.

Carl's distressing thoughts may have disposed him to misinterpret events or other people's actions, leading to a feeling of isolation from others. This probably contributed to anhedonia and alienation as well as a pessimistic outlook about his life and future. Carl's thinking, which contained immature escapist fantasies rather than realistic solutions to problems, in addition to ideas about damage or destruction, likely also disposed him to distort people's intentions, particularly when he felt pushed or manipulated. A sense of pessimism pervaded his thoughts about finding a way out of dilemmas, which also probably added to the confused or troubling thoughts he had about his future.

Content Analysis (Figure Drawings/TAT/Rorschach)

Beginning with his first drawing of a "warrior type dude" standing ready "to blow stuff up," and continuing throughout most of the Rorschach and TAT, Carl announced something important about the way he needed to see or feel about himself. This image and verbalization, as well as the many references to raw aggression throughout most of the tests, appeared to suggest that Carl was filled with aggressive urges he either defended against or struggled to contain. Nevertheless, his MMPI-A profile suggested a predominantly internalized anxious-dysphoric clinical picture with no prominent indications of emergent dys-control. Moreover, the Rorschach (both using the CS and R-PAS approaches) showed no prominent indications of decompensation. Inspection of the content of his responses fostered an impression that bravado and Carl's manner of communicating his inner life in an exaggerated, over-the-top way had become his way of expressing feelings of distress. His often dramatic responses compelled one's attention, not because they represented boisterous narcissistic demandingness, but rather because they appeared to originate out of a need to make others realize that he felt distressed, seeming to need their understanding or concern.

Carl's proneness to distortions reflecting confused ideas about people or situations—a prominent inference from the Rorschach structural findings—probably should be reconsidered in light of the thematic content of the Rorschach and the other tests in the protocol. Carl was not particularly anxious by what he saw on the Rorschach, nor by the stories he told on the TAT. Thus, his responses were not destabilized by his over-the-top fantasies. Sometimes he went too far and needed to restrain his thoughts, but the way he reined in his fantasy life did not appear to characterize a youngster genuinely frightened of losing self-control. Rather, he seemed to need to exceed conventional expressions of his affect states to drive home the emotional plight he experienced, thus making his distress loud and clear to somehow make what I thought might reflect a generally unresponsive environment listen and take note.

Carl was not fundamentally struggling to hold on to himself or to contain impulsive, aggressive urges, despite sounding as if he was ready to explode at many moments. Thus, Carl did not appear essentially as an angry, disinhibited young man with a short fuse ready to go “nuts” at the slightest provocation. What may have sounded like thinking distortions thus may not have reflected disordered thinking as much as confusion about what he thought or felt at any given moment. In a related fashion, Carl's apparent ambitious overstriving or taking in more of what went on around him than he might be able to absorb very likely added to the strain of managing orderly thought quality and being self-critical of his thoughts and ideas. As a result, Carl seemed to resort to noisy, overdramatized distress calls as he tried to make sense of affect states he had trouble recognizing within himself and subsequently conveying to others. Quite possibly, what he needed others to recognize so that he might better understand and then tolerate his intense emotional life may only have backfired and thus obscured what he hoped to make others see. He thus became lost in the dramatic way he tried to communicate his anxiety, which very well may have been dismissed as adolescent overreacting.

Carl therefore appeared to inhabit a world where people were psychologically hard of hearing and thus he had to shout in order to be heard. The more he turned up the volume, the more he probably was seen as overemotional. As a result, his vulnerability and feeling of being “ripped apart,” for which he sought help or understanding, probably was overlooked and remained ignored, while Carl would try to calm himself down on his own. I considered the unusual way Carl came to psychotherapy to belong within this context: Because he was feeling increasingly depressed and unhappy about school, and because the people in his life may not have been listening to or comprehending his unhappiness, Carl asked his mother if he might see a therapist. Not many 15-year-old boys initiate a referral for psychotherapy; more typically a parent notices a problem and thus seeks treatment in the hope that their child will agree to see a therapist.

Looked at another way, it was Carl who recognized that he had a problem, one that his parents may not have understood. To continue the metaphor I suggested above concerning shouting to be heard in a tone deaf environment,

examining his Rorschach and other projective test verbalizations led me to consider the possibility that what underlay Carl's overembellished, overelaborate responses reflected an unrecognized desire to find an environment that was not as hard of hearing, so to speak. His manner of responding seemed to reflect not knowing when to stop (or, metaphorically, how loud he needed to shout) more than it represented disinhibition or thought disorder—even when, indeed, it seemed that he had gone too far out on a limb.

At several points on the TAT, his stories created the impression that his parents' life echoed in certain ways Carl's chief complaint of diminished enthusiasm and feeling uninvolved or disinterested. He also appeared to indicate that his parents could provide little psychological nourishment that Carl himself might be able to draw on to stimulate his own enthusiasm. He seemed as resigned to a life of limited enjoyment as the sense he had about his parents' view of life as going through the motions of what one is expected to do and that one should not expect to feel fulfilled about one's life. He also seemed to feel little encouragement to expect more for himself or to aspire to a better life, perhaps because it was outside of his parents' experience, which may have limited what they could instill or inspire.

Despite his chronic feeling of ennui, which I imagined was influenced by an empty and uninspiring home, Carl clearly had a rich inner life, as seen on his Rorschach and Figure Drawings. He seemed to come up against a stone wall as he tried to find a way to channel his vivid internal life into something meaningful in his daily life. More by what was left out than by what he said in his Rorschach and TAT responses, I surmised that Carl's ongoing experience of feeling "bored out of his mind," as he described it in one TAT story, represented the frustration of feeling stuck and not knowing what to do to feel more invigorated. Thus, without realizing what he felt or what he was struggling with, Carl seemed unable to imagine an existence or a future that was any more invigorating. Moreover, the depletion he seemed to find in his parents—and probably extending beyond his home life to include friendships and school as well—very likely offered little for him to turn to, wish for, or to aspire to become. It is from just this kind of psychological existence that a disturbance of normal idealization may originate, thus fueling the empty, depleted self-cohesion that easily coalesces into what Thoreau popularly described as quiet desperation. Clinically and theoretically, this quality of empty depletion represents the developmentally interrupted maturation of the idealizing sector of the self and interferes with self-cohesion. Kohut (1971, 1977) regarded idealization disturbances as an important substrate for diminished ambitions and ideals, feeling adrift or chronically unanchored in life, or in more pathological forms taking the form of disintegration products such as rage, addictions, or sexualizations of painful affect states.

The lack of a steady presence of vigorous or enlivening selfobjects in Carl's surround and internal psychological life represented a developmental deficit but it also pointed to a direction in which to search for tendrils of striving for a reparative selfobject experience. For example, his references to a warrior in

several places in the thematic content may have represented an idealization of something noble or strong. Carl may have been drawn to the warrior image epitomizing a wished-for admiration of its vigor and robustness as an aspect of male identification, notwithstanding his somewhat crude-sounding depiction of a “warrior dude” strutting with bravado for show or being dominated by brute force aggression. Notably, at other points, Carl expressed the importance of something he could point to “that defines my life,” potentially suggesting that he was psychologically open to talking about self-esteem needs. It was also prognostically significant because mobilizing thwarted idealization needs in treatment might facilitate talking with Carl about how his fantasies of destructiveness might defensively conceal vulnerable self-esteem concerns. For example, that Carl could not decide whether he saw monsters or angels on Card I and his difficulty reconciling their being “ready to fight when they get real close to each other . . . hugging or attacking” might help explain why his “weird thoughts” about aggressive preoccupations constituted an outward presentation that concealed a wish for closeness or caring. Consider also in this context Carl’s spontaneous comment during the Figure Drawing of a male when he spoke about his admiration for the film *Fight Club*: “Even though they’re fighting each other they feel there’s a point of their existence. They didn’t have Vietnam or a Depression or World War II where everything in their life revolves around that. I don’t have anything like that either that defines my life.” What also might not be far from the surface of his experience was a longing for a needed model, such as an idealized selfobject, to solidify a vigorous image Carl could internalize and draw upon to bolster the meaning or purpose he seemed to crave.

Consider as well, for example, TAT Card 1, in which the boy faced a “meaningless” requirement at school, and felt “bored out of his mind.” The boy was pictured by himself; however, Carl introduced into his story that the boy’s parents told him that he had to comply with the requirement, saying that “I know it sucks, they know I know it sucks, but you just have to go and get it over with.” In one respect, this story reflected the depleted self state Carl experienced so powerfully, but why, I wondered, did Carl introduce parents into the story? It may have represented turning to them for some psychological function. However, the parents he described, although present in the background and sympathetic, could not offer much useful guidance. Thus, silently and alone, Carl seemed to feel that he could do little but go through the motions of a life that felt empty and disinteresting. His parents to whom he might wish to turn for vitalization or nourishment appeared to have little to provide as idealizing selfobjects, perhaps because they experienced their own lives much as Carl himself did.

Carl’s relationship with his parents seemed to involve more than their not recognizing his need for idealization. Carl appeared to feel considerably detached from his mother, as if she were an emotional stranger to him, presuming a level of closeness or understanding that Carl felt to be false. He mainly perceived his mother as being out of touch. He was not overtly defiant towards her, perhaps because he did not fully recognize how alienated and angry he could feel about

her. Behind a surface compliance, Carl defensively walled off much of what he felt, although this defense did not totally insulate him from his anger and the ensuing anxiety he could experience as a result. His anxiety gave rise to a state of feeling frozen and immobilized, with little adaptive capacity to do much besides tolerate the discomfort, at some times as if someone else were experiencing the emotion while he simply and dispassionately stood apart from affect states. Carl's appearance of distanced nonchalance actually belied more discomfort with hostility than it reflected the casualness he may have wished to portray.

Indeed, Carl may well have adapted to a perception of his mother's apparent unavailability in which he was resigned to a state of chronic apathetic dissatisfaction rather than hoping to get through to his mother in a different way or by protesting angrily. Carl was also on guard in relation to his father, feeling tentatively comfortable but wary that a congenial give-and-take could quickly become adversarial. He appeared to self-protectively take some distance concerning his father in order to avoid feeling deceived or threatened. It was not likely that Carl could comfortably express desires for closeness or affection with either parent, given the wariness he seemed to experience with them both.

It is noteworthy that Carl's inability to resolve emotional discomfort other than by withdrawal or defensively insulating himself from affect states left him ill-prepared to manage difficult emotional states. Probably as his parents did, Carl would sit tight while riding out any anxiety he felt until it passed. He was in effect left to his own devices, much like the boy of Card 1 whose parents could offer no further help other than the wan sentiment that the boy had little recourse but to grin and bear unpleasant situations until they passed. Carl appeared to see his life in just this way, probably not knowing that any other way of adapting might even be possible. He seemed alone with his feelings of unhappiness and ennui, perhaps not being able to recognize or articulate other nuanced affects such as feeling psychologically dropped or abandoned and possibly even betrayed or angry. Such complex affects probably did not register fully for this boy, and nor did it appear that he would easily recognize feeling vulnerable or exposed as his closed off parents could not seem to be psychologically present at his side. Consequently, with parents he experienced as present but whom he also dimly apprehended as psychologically unknowing, Carl very well may have become estranged from his psychological needs, expecting little from those to whom he would naturally turn for understanding. He thus submerged his own needs and in the process felt his existence to be devoid of hopeful anticipation and his relationships to be uninvigorating.

The caring concern Carl seemed to crave was most telling in his Rorschach percept of a crying dragon, which he called a "paradox," by which I think he meant that he felt confused and uncomprehending that something big and powerful could simultaneously be weak and vulnerable. The image of the "powerful giant reduced to tears" led immediately to an association of his unhappiness with his life at school, feeling undermined and demoralized. Carl seemed to be saying that he needed to defeat what he found oppressive by reducing the "powerful giant" of the dragon to tears. He seemed to view his life as going

to battle, where winning meant having to defeat something big and powerful against which he could not easily hold his own. Perhaps he was making sense of the situation as best he could in the mind of an injured, vulnerable adolescent; thus going to war and fighting battles was Carl's way of viewing the problems in his life. Life's problems seemed like looming giants, and problem-solving seemed to mean overpowering and denigrating adversaries. In the process, this boy did his best to keep in check affects he felt surrounding feeling threatened or vulnerable, which sometimes were concealed behind defensively denigrating adversaries to protect himself from feeling diminished. Whether thwarted idealization needs were unmet or whether he found it difficult when he got close to affect states he might feel momentarily but then quickly disavow, it seemed that Carl's telling omission of himself from the Kinetic Family Drawing (a test I sometimes add that asks patients to draw a picture of everyone in their family with everyone doing something) may have signified not only that he saw himself at some psychological distance from his family—which by itself may not be particularly unusual for an adolescent—but also that it reflected his distance from a family environment that could not hear his distress and could not adequately provide the kind of idealization he craved.

This case illustrates several points that deserve comment about life-span or developmental aspects of personality assessment. For example, high school age and younger children almost always live at home with their parents, they may be required to observe certain curfews or restrictions, and the possibilities for independent relationships outside of the family sphere are also relatively limited, including romantic involvements. Moreover, economic dependence on the family limits youngsters' resources, and they have not yet entered the world of full-time employment—another important arena prominently impacted by personality and psychopathology. Nevertheless, the personality characteristics and level of adjustment in adolescents are in many respects not substantially different from those of adults. Predominant conflicts and maturity of defenses and adaptation are largely established by this age. What is not as clearly established is the range of adaptive resources that are possible or the availability of opportunities for independent behavior in which to enact psychological conflicts or deficits. But what it is possible to discern in young women and men nearing independent adulthood are their predominant personality characteristics and the potential psychopathologic vulnerabilities that would undoubtedly emerge as independent living, relationships and friendships, and the world of work increasingly come into play. Such personality characteristics and vulnerabilities are usually present at least in a nascent form and are frequently discernible by later childhood. Core aspects of personality thus form the substrate for subsequent adult functioning.

Erikson's (1950) emphasis on adolescence as a period of consolidating ideals and firming up a self concept would have represented a precarious psychological task for Carl, considering the changes adolescents normally experience in relation to a shifting of the secure anchors of childhood and the uncertainty about negotiating a predictable sense of the future. A more probable outcome

for Carl was interference with a process Anna Freud (1958) described as loosening of infantile object ties and which Blos (1968) further described as a normally occurring disengagement of libidinal and aggressive cathexes from infantile objects. Carl seemed to have problems modulating aggression, which following an ego psychological interpretation of adolescent development such as A. Freud's or Blos's, would suggest that the object relations of earlier childhood had not become structuralized in a way that fostered strengthening of the ego and consolidating ideals and goals, an ego ideal or superego function.

Carl was struggling to find a way to make his way in the world as he approached the end of high school and began to question what kind of a life he saw ahead for himself. His interests were not well formed—which by itself is not especially atypical among contemporary youth—but Carl seemed to approach this stage in his life with a sense of dread. He found little meaning or purpose at age 15 and he felt despair at facing a life ahead with little enthusiasm. Increasingly alienated and distant from people, Carl found it difficult to look to others with admiration or for others to provide a stable direction to hang his hopes on as he struggled to find satisfying goals for his life ahead. Lacking such idealizing selfobjects, compounded by a limited awareness of his affect life, Carl barely comprehended how he aimlessly clamored to make himself heard to an emotionally unresponsive world. He seemed without an enlivening, vigorous model he could turn to with enthusiasm and expect to be heard.

Carl's aimless discontent also seemed to cover over his anger. However, anger emerged as a reaction to an unresponsive surround he tried to rattle into understanding through his noisy, over-the-top protests. His was not the anger stemming from uncontrollable impulses requiring control or inhibition. What he seemed to need was the comforting presence of someone he could look up to or admire, out of which he might come to feel settled and thus less aimless. He needed to find within himself a direction that enthused or interested him, all the while feeling the encouraging presence of someone who could understand what he needed and also be on his side. It will be clear that the interpretive approach I favored in the above analysis of Carl's test findings was compatible with Kohut's self psychology (1971, 1977). Of course, other approaches provide alternative viewpoints, examining the same data from different perspectives.

As I noted earlier, Carl contacted me ten years after this psychological evaluation and the period of psychotherapy that lasted throughout his sophomore year in high school. I report on the findings from that subsequent clinical evaluation in [Chapter 6](#), which repeated the psychological tests of personality to compare his test findings and responses at age 25 with those reported in the present chapter at age 15. It will become evident from the conclusions of the evaluation at age 25 that, while Carl may have seemed less overtly troubled than he appeared at age 15, in a deeper sense not very much of the core personality characteristics and dynamic configurations had changed substantially.

The clinical case that follows in [Chapter 4](#) reports the test findings and interpretation of an 84-year-old man (Mr. B.). Both he and Carl were struggling with psychological difficulties embedded in but in many ways also independent

of their respective developmental contexts—adolescence in the case of Carl at age 15 and the geriatric period in the case of Mr. B. at age 84. Interestingly, Mr. B. faced a developmental and clinical challenge not very different than Carl's. Moreover, in [Chapter 6](#), where I present the psychological assessment findings of Carl at age 25, I will emphasize how the problems of adolescence largely persisted, perhaps in a somewhat different form in young adulthood. Although the course of Carl's life had not brought about a successful resolution of the problems identified above at age 15, their persistence reflects the characterologically ingrained albeit not necessarily intractable nature of need states throughout life. Carl's life certainly was not over at age 25, but his relatively unchanged personality organization did not bode favorably for a more optimistic outcome. Perhaps disappointment or failure might still reawaken the same motivation to seek help that he presented as a 15-year-old adolescent, and perhaps as well he might yet become aware at a deeper level of more unhappiness about his life and future than he had displayed as an adolescent.

4 Personality Problems in Later Life

Concepts about the stages of life and the developmental trajectory through the life span have intrigued students of behavior, and descriptions of potential life phases have strong roots in philosophy and literature. Studying stages of development has largely been the province of developmental psychology. Clinical studies of psychopathology or psychoanalysis focusing on development are quite rare. This has been particularly the case in the field of psychoanalysis, which has been influenced mainly by Sigmund Freud's specification in 1937 of psychosexual stages in childhood (Freud, 1968) and Anna Freud's (1936) extension of this work in her studies of a developmental sequence of psychosexual stages. However, their conceptualizations barely approached and extended no farther than adolescence.

Abraham in 1919 (Abraham, 1953) and Jung (1933) were among the earliest psychoanalytic theorists to take issue with Freud's limitation of the psychological developmental trajectory to the childhood years, favoring instead a position that suggested that development proceeded in a lifelong manner. Erikson (1963) was one of the foremost among psychoanalytic writers who emphasized crucial developmental tasks at a variety of points throughout life. Like Rapaport (1956) before him, he also called attention to a developmental frame of reference throughout the life cycle. He proposed eight distinctive stages, each with its primary developmental function and a discussion of consequences of failures to accomplish such stage-dependent tasks. Erikson emphasized achieving generativity as a fundamental developmental goal of older adulthood, a psychological task he contrasted with its relative failure, stagnation. He articulated what he described as an epigenetic principle, in which successive life stages build upon previous stages, thus modifying and influencing ongoing growth and development. More recently, important contributions to the definition and explication of middle and older adult development also have emerged (Gould, 1978; Levinson, 1978, 1996; Neugarten, 1979; Pollock, 1980; Vaillant, 1977).

To the extent that Freud considered advanced age it was in the context of his belief that psychoanalytic treatment was generally inadvisable at older ages, even past age 50, because he was skeptical that there was sufficient elasticity of mental processes to sustain a psychoanalytic treatment (S. Freud, 1953).

Despite Freud's misgivings on the subject and an inclination for many psychoanalysts to follow suit, in recent years the field has turned its attention to considering treatment of older adults and to better understanding concerns pertinent to this stage of life. Forrest and Cote (2002), for example, described what they termed a *mortal stage* in life, which centered on the loss of denial of mortality that is normally maintained to prevent becoming aware of the illusion of immortality. King (2005) regarded aging as precipitating disintegration in persons who are outwardly successful but have prominent narcissistic personality structures as they became increasingly aware of diminishing sexual potency, replacement of work roles by younger people, and growing dependency. She and Teising (2007) also emphasized the significance of one's death as a potent trigger for narcissistic disequilibrium or fragmentation. Kohut (1977) described the potential for undeveloped mental structures to resume growth following interruptions by developmental failures or self-cohesion deficits, a phenomenon Chessick (2009) regarded as an important consideration when undertaking the treatment of older adults. Valenstein (2000) emphasized that throughout the life cycle, epigenetic sequences of development reactivate earlier conflicts, mobilizing different adaptational demands. These included the importance of a narcissistic loss of self-sufficiency and pervasive loneliness accompanied by a need for attachment, particularly in patients who had lost a primary attachment object. Valenstein also commented that among the oldest patients in treatment, regression to primary anaclitic needs was particularly notable.

Psychodynamic considerations about aging have generally emphasized diminished adaptability of mental processes and increased rigidity, accompanied by brittleness of defenses. Older adults were often regarded as showing deficiencies more than resilience. Frequently, they were seen as regressing into the past while also being preoccupied with their approaching death, and memory impairments were viewed as facilitating repression of unhappiness. Balint (1957) regarded the reactivation of psychological issues stemming from infantile sexuality as potentially weakening defenses intended to oppose sexual drives, noting that excessive hypersexuality, religiosity, or somatization sometimes followed in its course.

Whereas younger individuals are typically more preoccupied with strivings that lead to a predominant future-oriented direction that includes the denial of death, with aging there tends to occur some degree of withdrawal that includes aversion to competition (which often was idealized), increased aggression and guilt, and an increased interest in sexuality that sometimes may appear as perverse sexual behavior (Georges et al., 1980). Internalized hostility also may dispose elderly persons to increased depression and self-contempt. Georges et al. commented that competition or energetic activity; whether intellectual, physical, or sexual in nature; may represent a need to reinvigorate self-esteem as declines begin to emerge and take hold. However, narcissistically based competitive strivings or assertiveness may recede as conferring a meaning on one's life becomes increasingly important. Georges et al. also considered more pathologic resolutions, including reactivation of a childhood neurosis.

Contemporary psychodynamic perspectives on aging also have emphasized the significance of adverse changes in this life stage, noting that such events, particularly loss and increased stress, are more frequent and occupy a more salient role in the elderly compared to younger individuals (Neugarten, 1979; Pollock, 1980). Further, maintaining constancy in the face of change and coming to terms with the meaning held by their lives—both in the past and in respect to a sense of purpose in the years remaining—are also important considerations in understanding clinical issues of the elderly. Pollock (1980) emphasized the perspective elderly patients brought into treatment as a beneficial aspect in clinical work because such patients had greater distance from traumatic experiences earlier in life. This distance might thus facilitate facing and examining conflictual relationships that could not easily be addressed at a younger age. The conflicts or self-esteem difficulties themselves were essentially unchanged; however, they might be expressed differently in advanced age. Relinquishing and mourning formerly held fantasies of omnipotence from one's youth may be an important consideration in successfully navigating the older adult years. Pollock (1980) and Cohen (1982) noted the importance of relaxing defensive structures, while also calling attention to mourning, although not necessarily as a pathological process. Relaxing defenses has also been regarded as an adaptive characteristic associated with the increasing interiority (Neugarten, 1979) that often comes with aging.

The patient, Mr. B., whose personality assessment I consider in this chapter, revealed a pattern of reactivated conflict that appeared to be lifelong. The conflictual pattern illustrates concerns related to loss and declining abilities similar to predominant clinical issues of elderly patients as I briefly reviewed them above. Curiously, however, in a particularly interesting way this patient's TAT might sound as if it were that of an adolescent struggling with concerns suggestive of separation and individuation issues. It is an especially interesting juxtaposition in relation to the case presented in [Chapter 3](#), a 15-year-old boy. Mr. B.'s case thus illustrates psychological concerns that would be regarded as pertinent to the stage of life of a man of advanced age but it also highlights that the same concerns may be universal phenomena occurring at any age, despite variation in their expression or clinical presentation. The fundamental issues of personality organization may appear in somewhat different ways at various stages in the life cycle, and as a result clinicians must struggle with disentangling relatively fixed personality features with a slow rate of change from features that seem specific to a particular developmental period.

Mr. B. was an 84-year-old white married male who was initially referred for a neuropsychological evaluation subsequent to his involvement in a minor automobile accident within the past year. His wife was insisting that he stop driving, and she asked a physician to examine Mr. B. for this purpose. Mr. B. complied with her request, although he wanted to continue driving because it made it possible for him to see friends at a nearby senior center and to travel to various activities he enjoyed. Driving short distances was his lifeline to maintaining these activities and socializing. He felt that his wife was limiting his involvement in activities he enjoyed, wanting him to stay at home more. An internist

referred Mr. B. to a neurologist, who observed age-related but apparently not serious cognitive problems. Mr. B. was then referred for a neuropsychological evaluation for further study, which I conducted. Mr. B. was otherwise in reasonably good health, save for benign prostatic hyperplasia which had been treated surgically ten years previously and was now moderately well stabilized.

After finishing high school, Mr. B. worked for 25 years in several delicatessens, two of which he owned and managed himself, mainly preparing food and serving as a counterman. Around age 50, Mr. B. began attending college and he received a B.A. in English. He then worked as a food inspector in a school system for 12 years until retiring about 15 years ago.

To briefly summarize the neuropsychological findings, Mr. B. displayed average intelligence (WAIS-III full scale IQ 103), although index scores indicated that verbal comprehension (VCI = 110) was superior to visual-spatial abilities (POI = 86), working memory (WMI = 90), and processing speed (PSI = 88). Although most of these abilities were at a low average level (18th to 25th percentile ranks) relative to a normative age-matched reference group, select WAIS-III subtests and other neuropsychological tests of visual organization (Hooper Visual Organization Test, Rey-Osterreith Complex Figure Test) and motor fluency (Finger Tapping) were slightly more adversely affected. Attention, concentration, and select aspects of memory were mainly at a low average level; however, other aspects of learning and memory functions as well as concept formation and executive functions fell below that level and thus were marginally compromised.

Because Mr. B. appreciated the potential risks of driving at his age and because he understood the circumstances surrounding the accident he was involved in, I concluded that his judgment was not substantially compromised. However, because motor and attentional capacities showed modest impairments despite otherwise mainly low average to normal cognitive abilities, I recommended that he try to arrange for others to drive or accompany him while driving whenever possible. Rather than suggesting that driving by himself should be discontinued entirely, I recommended that his driving should be minimized and limited to side streets and at circumscribed times, road conditions, and distances. I also recommended that his driving should be observed periodically and that if necessary, partial neuropsychological reevaluation in about 12 months might be warranted.

It became clear early on in the evaluation that Mr. B. seemed afraid of his wife, and he fearfully expressed how unhappy he felt and that he was always on guard to protect himself from what he saw as her criticism and belittling. This was Mr. B.'s third marriage, the earlier two ending in the deaths of his wives from carcinoma. Although he did not say as much, it gradually emerged that Mr. B. believed he had made a mistake in remarrying after his second wife died. However, he worried about being alone at an older age, despite having two adult children from his first marriage. He felt that he could do little more than try to tolerate his wife's complaints, keeping some distance from her even though they already spent relatively little time together because they each had different interests and activities. Mr. B. also thought his wife wanted him to

stay closer to home, that she discouraged his outside activities, and that she did not like him being friendly with neighbors. Mr. B. commented that he had been walking much more slowly in the past few years, but his wife walked more quickly and would not wait for him to catch up with her. He also mentioned that he used to have a strong sex drive, which bothered him because he was now impotent as a result of surgical treatment for benign prostatic hyperplasia.

I was left with a strong impression that Mr. B. sounded like a trapped boy looking for a way out while living in fear of a controlling and unsympathetic mother. It seemed that he was afraid to rock the boat, fearing that he would get into trouble if he stood up to her. It deserves mention that I once telephoned the patient to change an appointment, and his wife answered the phone. She stated that I could make the appointment change through her, and therefore I would not need to speak with Mr. B. directly. She also said that the matter of his driving was no longer a concern because “I don’t let him drive.”

Mr. B. was friendly and engaging, his thinking was lucid, and there were no obvious distinctive difficulties in comprehension, memory, orientation, or attention. Although the primary referral question concerned neuropsychological status, Mr. B. appeared sufficiently depressed and anxious that I decided to include a personality assessment in this evaluation, which was performed after the neuropsychological examination was completed. Because of the extensive length of the neuropsychological evaluation, to which I added a comprehensive personality assessment, I decided only to add the additional burden of a self report assessment such as the MMPI-2 or MCMI-III if the projective test protocols were sparse or unrevealing. As will be seen shortly, the personality tests yielded a rich and thorough picture of this patient’s personality; thus, as a result, an objective personality measure was not included.

Human Figure Drawings

Mr. B. first drew a male figure (Figure 4.1), about which he said:

A young man, he came from a farm, a lot of hard work. He had a lot of disappointments, hoping his crop will be okay. It depends on the weather if he can sell it. He’ll buy a mechanical plow, not the kind you have to push by hand. He wishes he was some place else, not in the country. He wishes it was more lively. He’d like to be a city boy with entertainment, supermarkets, malls, things to do.

I asked him to talk about the figure’s personality, and Mr. B. said the following:

He’s been locked into the farm, his father and grandfather had it and he can’t get out of the rut.

(How does he feel about that?) He’s hoping to make enough money to buy a home in the city so he can get away from all this.

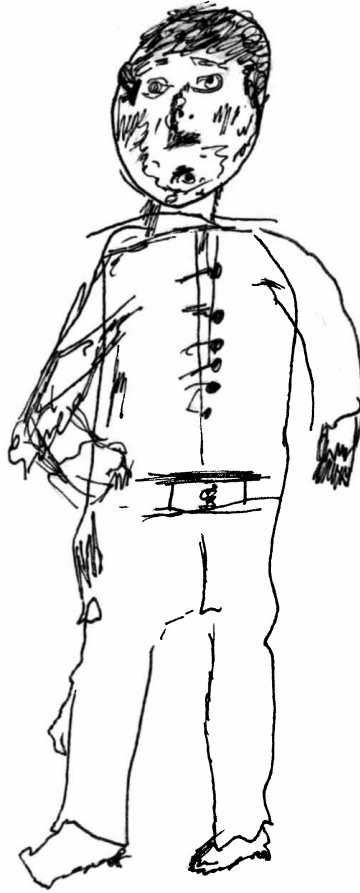


Figure 4.1 Human Figure Drawing (male)

(What does he feel?) *There's no way of telling his emotions. There's nothing to indicate how he is on the inside, even a trained psychologist can't tell. You have to talk to them, ask them questions.*

I then asked about the person's fears, followed by questions about other predominant emotions, to which Mr. B. responded:

He looks up at the weather and hopes the rain will come in time.

(What else?) *That his wife would get tired of him and run away with someone else because he led a dreary life.*

(What makes him sad or depressed?) *Things are not going so good, they're not as good as you expect them. The mortgage is coming due.*

(What kinds of things make him angry?) *When people come on his farm and steal his apples.*

(What is he doing in the picture?) *Standing and trying to figure out what to do next.*

Inasmuch as Mr. B. was 84 years old, it was noteworthy that the apparent object of his identification was that of a young man expressing discontent while simultaneously aspiring to attain a goal. Looked at in one way, Mr. B. might have been conveying disappointment about his own life. What was particularly striking, however, was his capacity also to imagine what he might still like to attain. Consequently, his was not a story about looking back, either with regret or disappointment, as much as it was a story about imagining a different direction for himself. But it was also a story conveying feeling unable to move in a different direction. Nonetheless, despite feeling “locked in . . . can’t get out of the rut,” Mr. B. may not have felt entirely trapped or immobilized because he could still imagine desiring to reanimate an empty (“dreary”) existence by seeking something “lively.” But he seemed unable to find a way to “get away from all this” through his own efforts. Instead, he passively waited for a change in circumstances outside his control—such as “it depends on the weather,” or for “his wife to tire of him and run away with someone else”—so that he might then realize his aspirations, and perhaps like the object of his identification in the drawing be a young man again.

However, what might have sounded like passivity might not necessarily have been so at all. Mr. B. seemed to need an external event to occur, such as rain or his wife leaving, to serve as a catalyst for him to feel free to seek out what he could easily imagine in fantasy. That is, Mr. B. was not without thoughts or ideas about what would animate him (“entertainment, supermarkets, malls, things to do”) but he may have needed a spark to start him on his way. Perhaps that spark to propel his aspirations came in the form of a turn in events or a stroke of good luck—a change in the weather, for example. However, it was more difficult to know what his wife’s leaving him represented. Knowing about the tension between Mr. B. and his wife, I considered the possibility at this point that his verbalization about the man’s wife tiring of him and leaving might have signified as much a wish as a fear because he did not convey anxiety about being rejected or being left alone. He almost seemed to view the thought of her leaving as being as favorable an outcome as rain coming to improve the crop, with both sounding fortuitous for Mr. B. as a way out of the rut he experienced.

Finally, I wondered about Mr. B.’s comment that “even a trained psychologist can’t tell” how he felt. Rather than being necessarily evasive or defensive, it might actually have been a playful way of conveying an interest in talking about his plight, although perhaps not without some ambivalence. It was possible that his comment here reflected some relief, albeit guarded, about being able to discuss his concerns about his wife’s interest in restricting his driving.



Figure 4.2 Human Figure Drawing (female)

The quality of the female Figure Drawing (Figure 4.2) was noticeably poorer than that of the man. The lines appeared ragged, making it difficult to clearly identify the main body parts, particularly how the arms were connected to the torso and the relationship between the left arm and the side of the head. The left arm actually appeared detached at the elbow. The legs had markings and lines that made it difficult to discern what they meant. The shoes looked oddly shaped, which contrasted with the clearer image of the shoes on the male drawing. I could not determine clearly whether the figure was wearing a dress or slacks. Most tellingly, the head and face were strikingly unfeminine in appearance. Had I not known that the drawing was intended to be that of a female, I would have thought that it more likely was a man because of the facial features. A somewhat heavy line above the mouth area even suggested the possibility of a moustache.

Mr. B.'s initial, spontaneous description of the female figure was noticeably sparse, particularly in comparison to his description of the male figure:

An average run-of-the-mill woman. A housewife, went to the supermarket to shop.

When I then asked him to describe the figure's personality, he said, I thought surprisingly nonchalantly:

She goes home to her husband and children. When her husband's not home, she fools around a little bit.

I asked him to elaborate, after which he said:

She's not happy with her life too much, it's a dreary life. A little romance makes the world go 'round. Too many temptations—the butcher, the baker, the candlestick maker—they all come around to see if they can take her.

I asked Mr. B. to elaborate further on “a dreary life,” and he said:

Nothing exciting. The top floor of a ten-story walkup and she's got to carry groceries to the top. The husband doesn't make too much money so it's not an exciting life.

I asked how the woman felt about that, and Mr. B. replied:

She's very unhappy that she couldn't have done better. Her mother told her to marry a rich man but she didn't listen, she wanted someone she loved. But she's a married woman, she has no prospects to go into.

Asked how the woman felt about her husband, Mr. B. said:

She accepts him. He was the only one who knocked on her door, so she accepted him. She was a widow and her husband left her with a nice apartment. She had a three-bedroom apartment, he had a one-room apartment, a studio, so they moved into her apartment. She always hoped that next year would be better.

Here, Mr. B. seemed to continue two of the themes he introduced in his drawing of the male figure: the figure's unhappiness about a “dreary life” and the woman seeking affairs because of her dissatisfaction with the husband. Further, this patient continued expressing a tone of passive acceptance about an unsatisfactory situation in the verbalization accompanying the female drawing, but without the undercurrent of hopefulness or imagining a way out that he expressed about the man in the previous drawing. True, the woman's affairs provided some “romance that makes the world go 'round,” but it did not sound convincing as a means of affording much in the way of a sustaining relief from the “dreary . . . unhappy . . . not exciting” tenor of her life, a life with “no prospects.” Indeed, Mr. B.'s opening comment after completing the female drawing was that it represented “an average run of the mill woman.”

Against this backdrop, it came as a surprise that in practically the very next breath Mr. B. had the woman indulging in affairs. Paraphrasing a popular nursery rhyme known as “Rub-a-Dub-Dub,” Mr. B. depicted the woman of

his drawing cavorting with “the butcher, the baker, the candlestick maker,” which appeared to represent an attempt to make light of the matter. Whether defensively concealing feeling injured or whether it reflected a genuine indifference or lack of concern, Mr. B. seemed to join in the woman’s denigration of what might be taken for a representation of himself—someone who “doesn’t make too much money,” someone she married not because she wanted him or decided to marry but rather someone who was “the only one who knocked on her door,” and finally, someone worth less (“a one-room apartment”) than what she had on her own (“a three-bedroom apartment”). There was no real expression of sympathy for the woman’s plight, which he described as drudgery (“she’s got to carry groceries to the top floor . . . of a ten-story walkup”). Mr. B. was not much more sympathetic to the plight of the man he drew earlier, but there he managed to imagine at least a possibility of something better.

Comparing the two drawings side by side, they created a predominant impression of Mr. B. as going through the unsatisfying motions of an existence that he himself captured best in his own words when he described these people’s lives as “dreary.” Life seemed filled with disappointment and held little to look forward to except perhaps in fantasy, but even that must have felt elusive and without any real basis in reality. There being no place to go to escape from his unhappy fate, Mr. B. appeared to experience life as either monotonous hardship or as falling into circumstances leading nowhere. Perhaps that is why his verbalizations about affairs or running away with a lover came as a shock to the ear in light of his descriptions of the man and woman he drew: he could indulge reckless abandon as far as he might take it but in fantasy only, throwing caution to the wind in an idealized imagined state of making “the world go ’round.”

Rorschach

The location chart for Mr. B.’s Rorschach is shown in [Figure 4.3](#). Below follows the Structural Summary and a discussion of the CS interpretive findings. Although Mr. B. produced a valid record of 17 responses, it included what amounted to a rejection on Card IX. He did not reject that card by indicating that he saw nothing; however, his response of naming colors was judged to characterize a comment about the card rather than an actual scorable response. The Structural Summary and R-PAS interpretations that follow thus proceed with appropriate caution because of the implicit card rejection.

CS Interpretive Findings

Mr. B.’s Rorschach CS Sequence of Scores and Structural Summary are presented in [Figures 4.4](#) and [4.5](#), respectively. The positive Coping Deficit Index (CDI) dictated the cluster strategy for interpretation, beginning with capacity for control and stress tolerance, and then proceeding sequentially to consider

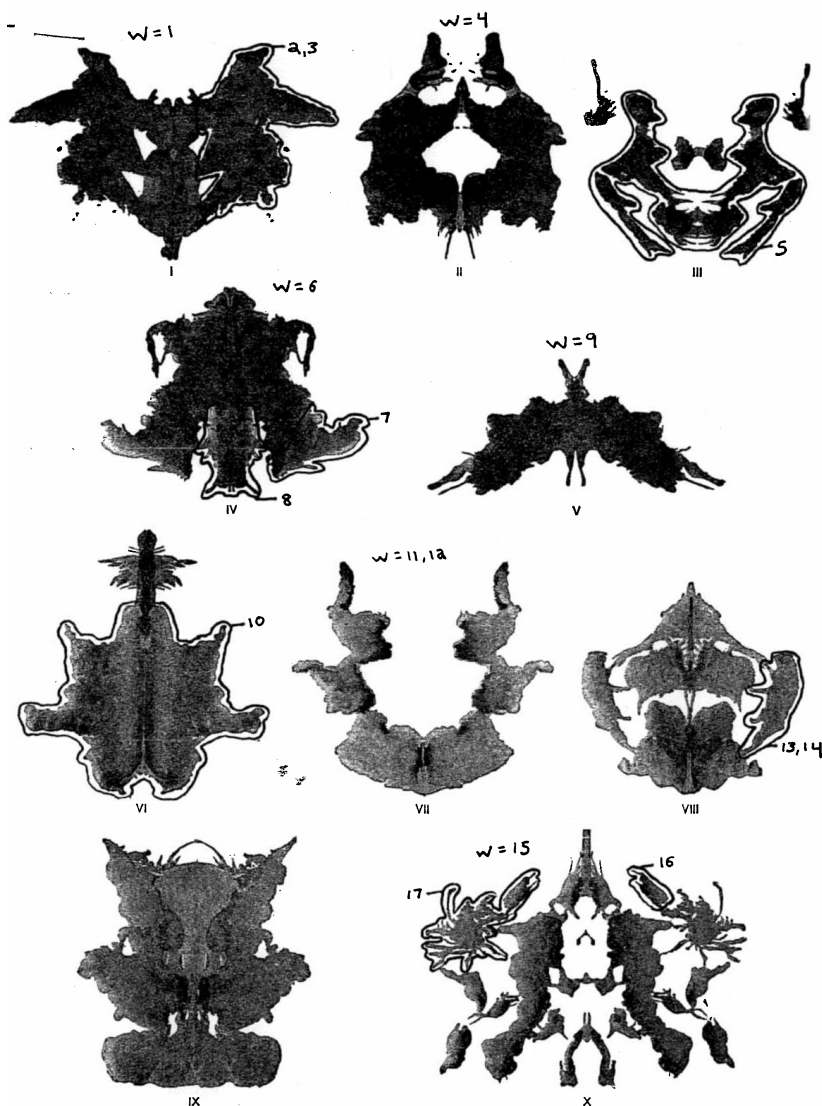


Figure 4.3 Rorschach location sheet

the affect, self-perception, interpersonal functions, processing, mediation, and finally ideation clusters. The clinical interpretation began by taking note of some degree of compromised functioning, perhaps influenced by a balance between coping resources and demands or stressors that was less than optimal. Mild albeit chronically overtaxed adaptive capacities likely undermined his management of difficult externally or internally generated tension states.

Card	Resp. No.	Location and DQ	Loc. No.	Determinant(s) and Form Quality	(2)	Content(s)	Pop	Z Score	Special Scores
I	1	Wv	1	Fu		H,Id			MOR, PHR
	2	Do	2	Fu		A			
	3	Do	2	Fo		A			MOR
II	4	W+	1	Ma.CFo	2	A,BI	P	4.5	DV, FAB, AB, MOR, COP, GHR
III	5	D+	1	FMau	2	A,Fd		3.0	AG, PHR
IV	6	Wo	1	Fu		A		2.0	
	7	Do	2	Fo		Hd			DR, PHR
	8	Do	1	mp-		Hd,Sx			PHR
V	9	Wo	1	FMpo		A	P	1.0	ALOG, MOR
VI	10	Do	1	F-		Fd			
VII	11	Wv	1	Fu		Fd			DR
	12	Wo	1	F-		Fd		2.5	
VIII	13	D+	1	FMa-		A,Fd		3.0	
	14	D+	1	FMa.FCu	2	A,Bt	P	3.0	DV
X	15	W+	1	FMapo	2	A,Bt	P	5.5	
	16	Do	12	Fu		Ad			
	17	D+	1	FMAo	2	A,Bt	P	4.0	FAB

Figure 4.4 CS Sequence of Scores

This kind of difficulty probably disposed Mr. B. to impulsivity or emotional overreactivity in response to transient but still chronically appearing states of overload and their consequent threat to affective regulation. In addition, intrusive thoughts appeared to perturb concentration and efficient problem-solving, and he could be vulnerable to dysthymic mood contributing to problematic relationships with others.

Mr. B. was not particularly self-reflective, and thus his understanding of his own motivations and those of others was limited. Consequently, he was probably unaware of the effect of his actions on other people. He also appeared troubled about somatic functions, which extended as well to concerns about sexual functioning. Seeing his body as dysfunctional undoubtedly added to this patient's inclination to feel pessimistic and dysphoric.

Mr. B. showed difficulty managing relationships with people, feeling simultaneously dependent on others for direction or support while also being uncomfortable about demands placed on him. He appeared to relate to others in a needy manner, which was coupled with not carefully considering others' needs or appreciating subtleties in interpersonal interactions. Mr. B. probably also experienced but may not have understood people turning their back on him. He was thus left vulnerable to feeling spurned and resentful toward the people he thought ignored his needs, which was superimposed on a tendency to

RATIOS, PERCENTAGES, AND DERIVATIONS

R = 17 L = 1.13			FC:CF+C = 1 : 1		COP = 1 AG = 1	
-----			Pure C = 0		GHR:PHR = 1 : 4	
EB = 1 : 1.5	EA = 2.5	EBPer = N/A	SumC' : WSumC = 0 : 1.5		a:p = 6 : 3	
eb = 7 : 0	es = 7	D = -1	Afr = 0.42		Food = 5	
	Adj es = 7	Adj D = -1	S = 0		SumT = 0	
-----			Blends:R = 2 : 17		Human Content = 3	
FM = 6	SumC' = 0	SumT = 0	CP = 0		Pure H = 1	
m = 1	SumV = 0	SumY = 0			PER = 0	
					Isolation Index = 0.18	

a:p = 6 : 3	Sum6 = 7	XA% = 0.76	Zf = 9	3r+(2)/R = 0.29
Ma:Mp = 1 : 0	Lvl-2 = 0	WDA% = 0.76	W:D:Dd = 7:10:0	Fr+rF = 0
2AB+(Art+Ay) = 2	WSum6 = 21	X-% = 0.24	W : M = 7 : 1	SumV = 0
MOR = 4	M- = 0	S- = 0	Zd = +1.0	FD = 0
	M none = 0	P = 5	PSV = 0	An+Xy = 0
		X+% = 0.35	DQ+ = 6	MOR = 4
		Xu% = 0.41	DQv = 2	H:(H)+Hd+-(Hd) = 1 : 2

PTI = 1	<input type="checkbox"/> DEPI = 4	<input checked="" type="checkbox"/> CDI = 5	<input type="checkbox"/> S-CON = 5	<input type="checkbox"/> HVI = No	<input type="checkbox"/> OBS = No
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Figure 4.5 CS Structural Summary

compare himself unfavorably with others as a result of diminished self-regard. Together with his inclination to misinterpret situations and his own and others' motivations, Mr. B.'s interactions with people were probably substantially compromised, leaving him feeling rejected and alienated.

Being preoccupied with unmet needs surely intruded on his thinking and probably added to what seemed to be a predominantly pessimistic outlook about life. Because his thinking, while conventional in nature, was often not logical or responsive to realistic perceptions of events, Mr. B. probably could appear scattered or difficult to follow. He more likely came across as coherent in well-defined situations requiring straightforward responses. Ambiguity or complex inner states or interpersonal events probably strained his capacity for effective understanding and appropriate responding. Indeed, uncertainty about how to think about and respond effectively to complex affects or emotional situations probably confused him and thus interfered with adaptation. This state of affairs was surely compromised further by other people's apparent inclination to keep some distance from Mr. B. when he acted in confusing ways, thus isolating him further from what he needed from others.

R-PAS Interpretive Findings

The R-PAS Sequence of Scores is shown in [Figure 4.6](#) and the Page 1 variables appear in [Figure 4.7](#). Because the complexity variable fell within normal

Cd	#	Or	Loc	Loc #	SR	SI	Content	Sy	Vg	2	FQ	P	Determinants	Cognitive	Thematic	HR	ODL (RP)	R-Opt
I	1		W				H,NC		Vg		u		F		MOR	PH		
	2	>	D	2			A				u		F					
	3	<	D	2			A				o		F		MOR,MAP			
II	4		W				A,BI	Sy	2	o	P		Ma,CF	DV1,FAB1	ABS,COP,MOR,MAP	GH	ODL	
III	5		D	1			A,NC	Sy	2	u			FMa		AGM,MAP	PH		
IV	6		W				A				u		F					
	7		D	2			Hd				o		F	DR1		PH		
	8		D	1			Hd,Sx				-		mp			PH		
V	9		W				A				o	P	FMp	PEC	MOR,MAP			
VI	10		D	1			NC				-		F				ODL	
VII	11		W				NC		Vg		u		F	DR1	AGC		ODL	
	12		W				NC				-		F				ODL	
VIII	13		D	1			A,NC	Sy			-		FMa					
	14		D	1			A,NC	Sy	2	u	P		FMa,FC	DV1				
X	15	V	W				A,NC	Sy	2	o	P		FMa-p					
	16	V	D	12			Ad				u		F		AGC			
	17	V	D	1			A,NC	Sy	2	o	P		FMa	FAB1			ODL	

Figure 4.6 R-PAS Code Sequence

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limits, there were no adjustments necessary to any of the Page 1 or 2 values. Judging from the prominent elevations, the emphasis for interpretation using R-PAS would begin with this patient's idiosyncrasies of thinking and unusual or odd beliefs, and his sense of deteriorating or feeling damaged. He seemed to regard people and situations in a simplistic or straightforward way, which might work well enough for him as long as involvements with people remained relatively undemanding. However, adaptive resources were limited, thus making him vulnerable to greater problems in overall functioning as more complicated emotional responses confused him and compromised judgment, leading to idiosyncratic, strained thinking.

Although adaptive demands could trigger distorted ideas or beliefs, the thinking and perceptual anomalies Mr. B. was prone to show were not present at a level of severity consistent with a psychotic disturbance. For the most part, he managed to keep his idiosyncratic ideas contained, but probably just barely and almost certainly not without problems facing realistic problems he would encounter in relationships with other people.

Feeling damaged undoubtedly contributed to a pessimistic, dysphoric outlook pervading much of his experience and how he thought about his life. While this very likely accentuated dependency, which appeared to be pronounced, Mr. B. was not someone who expected to be taken care of or nurtured. Indeed, he was inclined to act dismissively toward others, probably not recognizing how he acted with people or even that need states were heightened. This patient did not seem to know what to do with need states he barely recognized were present. Provoked by needs or cravings that eluded him and defied his

Domain/Variables	Raw Scores	Raw %ile	Raw SS	Cplx. Adj. %ile	Cplx. Adj. SS	Standard Score Profile CS										Abbr.
Admin. Behaviors and Obs.						60	70	80	90	100	110	120	130	140		
Pr	0															Pr
Pu	0															Pu
CT (Card Turning)	5	66	106								100					CT
Engagement and Cpg. Processing						60	70	80	90	100	110	120	130	140		
Complexity	53	32	93						90	100						Cmplx
R (Responses)	17	30	92	44	98				90	100						R
F% (Lambda=0.14) (Simplicity)	53%	77	111	71	108						110					F%
Blend	2	33	93	42	97				90	100						Blnd
Sy	6	53	101	67	106					100						Sy
MC	2.5	12	83	24	89			80	90	100						MC
MC - PPD	-4.5	26	90	20	89			80	90	100						MC-PPD
M	1	16	85	25	89			80	90	100						M
M/MC	[1/2.5]	NA						80	90	100						M Prp
(CF+C)/SumC	[1/2]	NA						80	90	100						CFC Prp
Perception and Thinking Problems						60	70	80	90	100	110	120	130	140		
EII-3	1.3	92	121	94	124							110				EII
TP-Comp (Thought & Percept.Com.)	1.4	80	113	82	114							110				TP-C
WSumCog	21	93	123	94	124							110				WCog
SevCog	1	80	113	80	113							110				Sev
FQ-%	CS FQ 24%	70	108	73	109						100					FQ-%
WD-%	CS FQ 24%	80	112	81	113						100					WD-%
FQ-%	CS FQ 35%	11	82	9	80			80	90	100						FQo%
P	5	44	98	43	98			80	90	100						P
Stress and Distress						60	70	80	90	100	110	120	130	140		
m	1	48	99	52	101					100						m
Y	0	19	87	32	92				80	90						Y
MOR	4	95	124	95	125							110				MOR
SC-Comp (Suicide Concern Comp.)	3.5	24	89	31	93			80	90	100						SC-C
Self and other Representation						60	70	80	90	100	110	120	130	140		
ODL%	29%	94	123	94	121							110				ODL%
SR (Space Reversal)	0	21	88	41	96				80	90						SR
MAP/MAHP	[4/4]	100%	95	125	94				80	90						MAP Prp
PHR/GPHR	[4/5]	80%	94	124	95							110				PHR Prp
M-	0	32	93	32	93					100						M-
AGC	2	36	94	43	97					100						AGC
V-Comp (Vigilance Composite)	1.3	13	83	22	89			80	90	100						V-C
H	2	24	89	32	93				80	90						H
COP	1	58	103	70	108					100						COP
MAH	0	26	90	26	90				80	90						MAH

Figure 4.7 R-PAS Summary Scores and Profiles—Page 1

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ability to comprehend them, Mr. B.'s dismissive behavior probably grew out of his imagining himself as more self-reliant than he actually was, which was an aspect of the unresourceful ways he could ill afford to show. Thus, unknowingly, he probably was his own worst enemy, consequently compounding his depressed, damaged feelings about his life as he alienated the people he needed to have in his corner. Accordingly, his relationships were colored by immature, negative attributions, and his tendency to expect others to be devaluing or unsupportive almost certainly would have made it difficult for such relationships to be mutually rewarding. Mr. B. was not about to approach people approvingly, nor were people likely to want to engage with him in anything other than a way that surely he would have experienced as hostile or rejecting.

Thematic Content Interpretive Findings

Card I

<p>1. <i>What you'd look like if you fell from the sixth floor and fell flat on your face.</i></p>	<p><i>Arms outstretched and a body shape. Not really a body shape but something like it, and the feet spread out.</i></p> <hr/> <p><i>Suicide. Someone committing suicide, what else could happen! What's there to thrill about! About ending it all—depression, or bad dreams or ailments, there's a million reasons why someone would kill themselves—bad luck, repulsion from the opposite sex.</i></p> <p><i>(Q) If you fall in love with someone and they don't reciprocate, it's hopeless.</i></p> <p><i>(Bad dreams?) Like if something happens in a dream and you wake up and you don't know if it happened or it was a dream. Like a child having nightmares.</i></p>
--	--

Mr. B. seemed to begin just where he had left off with the Figure Drawings—defeated and fallen. What a way to start off! His opening comment conveyed a self-image of failure—the person fell flat on his face. More than just failure, the expression *fall flat on one's face* also suggested humiliation as well. Naturally, this is the kind of response for which testing limits would surely be indicated, and Mr. B.'s verbalization upon querying at the end beyond what was necessary for coding this response did not disappoint in the association it yielded—suicide. Then in the very next breath he spoke about life as “nothing to thrill about” and shortly thereafter, “repulsion from the opposite sex.” Considering that both drawings conveyed the impression that he felt that the only happiness in an otherwise unsatisfying life was the excitement of a sexual or romantic affair, I am speculating that Mr. B.'s percept and associations to R1 represented a sequence of psychological experiences that began by his expressing the sense of emptiness and depression in life as he lived it day by day, followed by desiring to replace that emptiness with the kind of psychological experience that would revive being able to feel invigorated or enlivened. For this patient, that need or wish for invigoration—or as he put it, “life's only thrill”—was represented by sex. Sex, however, appeared to stand for more than sexual gratification alone. In a broader psychological sense, it represented feeling alive and vibrant. Thus deprived of life's only “thrill,” Mr. B. felt humiliated in failure and an object of “repulsion,” feeling there was nothing else left for him (“suicide . . . what's there to thrill about! . . . it's hopeless”).

Moreover, it was not difficult to detect ambivalence in this sequence of verbalizations. The unremarkable CS S-CON of 5 argued against a compelling

indication of suicidal despair, which also was consistent with Mr. B.'s verbalizations to the Human Figure Drawings and his wondering whether Card I was like a "bad dream" from which one might awaken. It might be more pertinent to understand his reference to suicide as a statement about experiencing his life as depleted and dominated by a joyless, uninvigorated existence. Mr. B. might possibly waver between feeling defeated and hopeful, much as he did in his descriptions of the figures he drew. Curiously, however, in both of his drawings the only intimation of hope or satisfaction in the context of an otherwise dreary life was associated with a woman having an affair—in the case of the male drawing, the woman would have run off with another man, thus leaving the man alone to seek his own happiness; in the female drawing, the woman remained in her unsatisfying life but she found a way to secure some momentary satisfactions. In both scenarios, the man (presumably Mr. B., assuming his identification with the male figure) was left out of the "thrill." The satisfaction was not his for the asking; instead, it happened around him and in spite of himself.

Mr. B. also mentioned ailments as a reason to kill oneself; indeed R1 contained the first of four *MOR* codes occurring throughout this record. He thus began his Rorschach by introducing the idea of damage or deterioration. This opening response also was this patient's only full human percept (*H*), suggesting a limited sense of himself and other people as little else but damaged. (His other human percepts—both coded as *Hd*—were of a man's feet, elaborated during inquiry as a woman's view of men as "all feet and all sex"; and in the response immediately following it, a percept of a penis hanging down, elaborated as "when a man's having sex, his penis stretches.") Thus, for Mr. B., it seemed that so many of his eroticized references were primarily expressing preoccupations about damage, detumescence (failure), humiliation, rejection and even more strongly—repulsion. Hearing what sounded like sexual preoccupations did not therefore belong primarily in a context of aging or a developmental issue appropriate to the geriatric period, which I believe would miss the mark. That is, when Mr. B. spoke about sexual failure or there being "nothing to thrill about," he did not mean the sexual frustrations of aging as much as he seemed to be saying more generally, *what's there to live for!*

Devitalization such as this, coupled with Mr. B.'s four *MOR* codes throughout the Rorschach record, certainly is consistent with an interpretation emphasizing damage or decline. These are frequent if not ultimately inevitable consequences of aging; as such, an elevated number of *MOR* codes makes sense as a developmental, life course consideration. However, it is also possible that the occurrence of a *MOR* special score on R1 in relation to a person falling and their body splattering could be difficult to differentiate from associative content about there being no "thrill" in life and of being rejected sexually, particularly in relation to the interpretation I suggested above regarding feeling uninvigorated. That is, a body splattered on the ground following a fall might reflect either a damaged state or an outcome of feeling beaten down and devitalized. The meaning of the three remaining *MOR* codes will be important to consider to help firm up a more nuanced differentiation between these hypotheses.

<p>>2. <i>A dog.</i></p>	<p><i>The head, ears, jowls, legs.</i></p> <hr/> <p><i>Like it's chewing on a bone. A dog feeding.</i></p>
<p><3. <i>This could be a donkey with a cut ear and a cut tail.</i></p>	<p><i>A little short piece for a tail, the long ears.</i> <i>(Cut ear, cut tail?) For some reason, someone chopped its ear or it could have been bitten off by another animal.</i> <i>(Show me how you see it) If a donkey was owned by a man who had a whip and he whipped it so hard, it cut off his ear.</i></p> <hr/> <p><i>It's very obstinate, if it doesn't want to move, it braces its feet and stays put. It's very docile and it's a good work horse if you treat it right.</i></p>

Following Mr. B.'s opening response to Card I, I was surprised to hear this relatively uncomplicated, straightforward response of a dog. Probably because I did not expect him to settle down quite so soon after R1, I was curious—and probably suspicious as well—to see whether R2 was indeed as straightforward as it sounded. That was my reason for testing limits on R2, which otherwise was a mainly conventional-sounding response. Considered in isolation, what emerged about R2 was not particularly unusual (“chewing . . . a dog feeding”), however it was the first of 6 of his 15 remaining responses concerned with food, eating or feeding, or fighting over food. Chewing on a bone possibly might suggest a relatively aggressive form of eating or feeding, but that must remain speculative at this point. My main observation about this response was to note that the reference to feeding or chewing followed a powerful response containing themes of falling, suicide, and repulsion. It would remain to be seen whether feeding represented recharging or recovery, obtaining nourishment or relief, or devouring or aggressive eating both in relation to the intensity of the previous response and in respect to this patient's many other food responses throughout the entire Rorschach protocol.

R3 contained another *MOR* special score (two of Mr. B.'s four *MOR* codes thus occurred on Card I), possibly suggesting a continuation of the theme of damage or deterioration. It also contained an indirect reference to oral aggression (“it could have been bitten off”). A possible implication concerning impaired

sexual function was also apparent (“a little short piece for a tail”), although equally compelling was an indication from Mr. B.’s description that the animal was diminished because of it. Moreover, the animal was a donkey—an animal often singled out for ridicule because of its presumed stupidity (it is also sometimes called an ass for the same reason) and also for its obstinacy.

On a testing-the-limits inquiry, Mr. B. confirmed the stereotypic implication concerning a donkey’s obstinacy, and he also mentioned its docile nature. However, as he described the donkey, docile seemed to mean passive or compliant—“a good work horse if treated right.” Thus, Mr. B. appeared to express opposing characteristics as represented by the donkey—not wanting to do what is wanted of it but also compliantly doing what it is told, as long as it is not mistreated. It is compelling to regard this characterization as an expression of his predominant self-image—mindlessly going through life doing what is asked of him as long as he is not mistreated, but also stubborn and oppositional when feeling pushed or maligned. This man seemed to be saying that it was his customary nature to passively, mindlessly go about his business, but Mr. B. mainly seemed to feel treated abusively and thus felt damaged. However, for Mr. B. feeling damaged was expressed as feeling sexually impotent. In the context of R3, he seemed to be conveying feeling as though he were psychologically castrated, with his “little short piece for a tail,” which defined how he felt about himself and his life. As before, I was uncertain whether an unnatural or distorted state represented damage or deterioration—reflecting the customary understanding of *MOR* responses—or whether it represented depletion in the sense of feeling that the “thrill” had gone out of his life, leaving him feeling diminished. Of course, the two interpretive views could reflect different sides of the same coin, and also either view may be especially salient in a context of life-span development.

Card II

<p>4. <i>Two animals kissing. And all the red is mostly blood. I can't figure out what the blood has to do with them. The blood on the head and the feet and between their mouths.</i></p>	<p><i>The lips are together. Two heads. (Blood?) Instead of kissing, they've been fighting. The two on top—the red is an analogy for kissing, the lipstick. (Kissing/fighting: help me see it) They're trained, they can't shake hands before they fight, so it's like that [laughs]. Dogs don't do that.</i></p> <hr/> <p><i>I never see animals kissing, you see love birds kissing. They're trained, they learned how to kiss. It's part of the act or something. (Dogs don't do that) A dog fight, dogs bred for fighting. A lot of people enjoy their dogs being viciously superior to other dogs.</i></p>
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Here, in this sole but complex response to Card II with no less than six CS special scores, Mr. B. juxtaposed kissing and fighting, interspersed with red color representing in one area blood and in another lipstick. The presence of the *FAB* code was mitigated by his realization that animals do not kiss, and thus the *AB* for the red color as “an analogy for kissing, the lipstick” minimized somewhat the pathological significance of the *FAB* code. Nonetheless, Mr. B. verbalized an incongruity, and thus the coding stands as is; however, equally important was his comment on the testing-the-limits inquiry—“they’re trained, they learned how to kiss. It’s part of the act.” I suspect Mr. B. was mainly expressing a feeling that powerful affective experiences seemed contrived or artificial rather than genuine. Whether considered as fusing of libidinal and aggressive drives or as signifying a sense of confusion or unreality about his affect life, it was clear that Mr. B. had difficulty reconciling ambivalent, opposing affect states.¹

Considered in the context of his three powerfully expressed responses to Card I, Mr. B. may have conveyed here on Card II just how affected he could be by emotionally prepotent and also confusing psychological states. Continuing in the same vein as his responses on Card I, Mr. B. also appeared to convey just how destabilizing his internal life had become. There was a quality about his verbalization in this response that led me to wonder whether he was also trying to communicate feeling as if he were being run through a ringer or that he felt himself to be on an emotional roller coaster.

Thus, for example, Mr. B. mentioned kissing first, then blood, which was followed by experiencing the confusing incongruity these images suggested. When he said “I can’t figure out what the blood has to do with them,” he seemed to mean something like *I can’t figure out what is going on inside to make me see (or experience) such things*. Mr. B. did not resolve the confusion during the response phase, and even during the inquiry he seemed to avoid commenting on kissing and blood, although he mentioned lips and heads. When I drew his attention to his reference to blood, Mr. B. could no longer avoid the incongruity. He dealt with it by seeming to minimize the animals’ kissing in favor of an activity more in line with blood, namely that the animals were fighting. But he appeared to become confused once again as he tried vainly to reconcile the ideas of fighting and kissing. I did not really follow what he meant by the intellectualized-sounding “the red is an analogy for kissing” and I could not tell whether he was differentiating among the red areas of Card II or struggling to integrate and explain the contrasting, persistent images of kissing and fighting. Apparently, the aspect of his response pertaining to kissing was not going away, and although he could not integrate *blood* with *kissing* his perhaps more reality-oriented attempt to integrate *blood* with *fighting* left him confused. Although he seemed to integrate *blood* with *kissing* via a comprehensible reference to lipstick, just as he managed to explain *blood* and *fighting*, this patient nevertheless was exposed to conflictual drive states he could not easily reconcile, apparently creating anxiety. The *MOR* code appeared to reflect more a sense of something damaged or injured than it concerned feeling diminished. The damaged or injured

animal of R3 did not suggest deterioration in the sense of advanced age or wearing out; rather, the quality of this response in relation to damage or injury may have represented mainly the confusion and distress this card probably triggered.

My next inquiry question (kissing/fighting: help me see it as you do?) attempted to address the effectiveness of ego functions in relation to intrapsychic conflict. Although he managed to find a partial way out of the dilemma and perhaps also its attendant anxiety (“they’re trained . . .”), he did not manage to resolve the incongruity between kissing and fighting other than by deftly diverting attention away from the issue I sought to clarify with him. However, I returned to this issue during the testing-the-limits inquiry to see whether a more open-ended query might provide a closer look at his psychological functioning. At that point, two interesting associations emerged. First, Mr. B. compared the animals being trained with an act—something contrived or manufactured that was made to appear real but which was in actuality only an outward disguise. He then introduced the idea of people enjoying animals fighting to represent being “viciously superior.” Perhaps this again suggested a clever, resourceful dodge—and simultaneously an adaptive or resilient defense such as sublimation of aggression. The idea of superiority, however, suggested something else—perhaps an aspect of narcissism, but equally likely it might have suggested healthy pride or taking pleasure in one’s abilities.

Card III

<p>5. <i>Two very lanky animals. They’re fighting over something they both want and they’re both opposite each other, like mirror images.</i></p>	<p><i>They’re both holding a piece of meat. The forepaws, rear paws, tearing apart the food.</i> <i>(What makes it look like meat?) It’s here, in between them.</i></p>
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This response contained another reference both to eating or food (as in R2) and fighting (as in R4). The animals in R5 were adversarial as they tore apart food they both wanted. However, the aggression was not clearly hostile in intent; consequently, the animals might not have been fighting against each other but rather fighting competitively for the bounty they both wanted. In the latter case, the fighting might connote assertiveness more than anger or assertion in the sense of fighting for survival.

Perhaps Mr. B. was in effect saying here that *you have to fight for what you want in life*; however, he also might have been saying something like *may the better man win*. Simple truisms such as these may mask a more fundamental problem, however. Thus, both interpretations, premised on the idea of a contest or struggle to win something—possibly representing Oedipal strivings—stood in contrast with the impression that emerged on previous cards concerning

this patient's difficulty integrating oral needs and aggression. Thus, some caution may be in order before regarding the thematic content as an indication of Oedipal strivings, which might have represented a more developmentally advanced or mature psychological organization than one dominated by oral aggressive impulses.

Card IV

<p>6. <i>A blotch put together on both sides. Like an animal cut in half, the paper was cut and was folded over.</i></p>	<p><i>A mirror image of the same animal. The ears, back legs, elongated body. The body's short for an animal.</i></p>
<p>7. <i>A person's feet.</i></p>	<p><i>An animal doesn't have feet like that. A man's shoes, a man's feet. If this was a woman representing a man, she'd say he's all feet and he's all sex. That's the way women think of men.</i></p>
<p>8. <i>An impression of a penis hanging down.</i></p>	<p><i>When a man's having sex, his penis stretches.</i></p>

On this card, Mr. B. produced multiple responses, as he did on Card I, which contrasted with the single responses he gave to both of the intervening chromatic cards. Whether or not the constricted productivity on Cards II and III reflected difficulty integrating the red color and what that might imply about affect management, two of Mr. B.'s three responses on Card IV contained prominent undisguised references to sexuality, both of which raised some concern about his level of psychological maturity, as I also suggested at the end of the discussion of the previous response. Mr. B. began on Card IV with a response of an incomplete or malformed figure ("an animal cut in half . . . the body's short for an animal"), which was reminiscent of this patient's response on R3 when he referred to the donkey's "little short piece for a tail."

Mr. B. then proceeded to deliver the two responses with sexual references. The first of these responses was convoluted: what he saw was a man's feet, which led him to comment first that they were not the feet of an animal, and then about a woman commenting about a man's sexual drive. The links between these references sounded quite odd. Perhaps the oddness had something to do with the immediately preceding response (R6), but there was no compelling reason to believe that to be the case. Mr. B.'s comments suggested strained reasoning, which became even worse when he also said, "if this was a woman representing a man"

This nearly incomprehensible comment seemed to be indicating that he was referring to how a woman might think about a man (rather than referring to confusion about whether the figure was a woman or a man, or something concerning a woman impersonating a man), and it probably had much to do with this patient's imprecise use of language to express more clearly what he was trying to say. Nonetheless, his awkward choice of words—coupled with the opening comment that the feet did not look like those of an animal and the aside about women believing that men are preoccupied with sex—suggested that Mr. B. became progressively destabilized as he elaborated on this response. Probably the associative link concerned equating feet with a penis, which was the next response (R8) in this sequence of three responses. Mainly though, Mr. B. created a rather clear impression that his verbalizations pertained to feeling criticized or demeaned by women. It might be possible, however, that Mr. B. had difficulty expressing concerns about feeling incomplete or imperfect, which could have been conveyed in clumsy, if not crude, sexualized ways. Feeling confused about what he struggled with and not knowing how to talk about what mattered very much to him appeared to lead to sexualizations of his psychological experience—which probably would be just as confusing to other people, mainly the women in his life, as they may have been to Mr. B. himself.

His next response (R8)—a more unambiguous sexual reference—was possibly prompted by the immediately preceding percept of a man's feet, even though the associative links to that response did not become evident until the inquiry for R7. Such a chain of events would be a risky assumption, although by this point in the Rorschach and Figure Drawings analysis, Mr. B. seemed to have made it quite clear that sexual functioning, or sexuality in general, were in the forefront of much of his thinking. Certainly, R8 by itself expressed fairly bluntly how Mr. B.'s perception of sexuality was associated with sexual potency and adequacy. The combination of poor form quality and passive movement further indicated how compelling this dynamic must have been for him. Mr. B. stated in the response phase that he saw the penis "hanging down," suggesting detumescence, and the passive movement code perhaps might connote involuntary movement or possibly even loss of control. It also was noteworthy that Mr. B. said during the response phase that he saw "an impression of a penis." This rather stilted or fussy way of describing what he saw was not characteristic of the way he spoke, and he generally tended to report what he saw on the cards with little uncertainty or tentativeness. Thus, it suggested taking intellectualized distance from his response. Mr. B. may have been uncomfortable about what he was seeing—a less than robust state that the penis connoted—and thus a defensive distancing would not be surprising.

The sequence of these three responses was noteworthy. He began by describing a malformed or incomplete animal, which he followed by an oddly elaborated response of a man's feet standing for a strangely reasoned way of voicing how women perceive men as "all sex." This patient then produced an overtly sexual response of a penis that was seen (anxiously, perhaps) as detumescent; however, by also saying that it "stretches" he appeared to be again expressing

how much sexual function was on his mind. Mr. B. might easily have been describing an anxious sense of abnormality, deterioration, or incompleteness, and attempting to find a way to undo or ameliorate what he felt, which at times was expressed as a preoccupation with sexual functioning (sometimes accompanied by strained reasoning) but at other moments took the form of concern or doubt about restoring potency. Looked at in one way, Mr. B. might have been expressing how thoroughly he regarded his identity as bound up with seeing himself as sexually adequate. He thus alternated between a self-image represented metaphorically by the image of a detumescent penis and a self-image represented by a view of himself as sexually (if not hypersexually) potent. Another way of viewing this sequence of responses and its dynamic import might be to regard Mr. B. as feeling depleted and undermined, struggling to recapture a self-image of vigor with which to fortify a faltering sense of self-esteem.

Card V

9. <i>A butterfly with outspread wings. It's been flattened out. It's in demise, dead.</i>	<i>The wings are spread out and it's so flat, that's why it's dead.</i>
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Mr. B.'s sole response to Card V—characterized by good form quality, and also a commonly seen popular response—nevertheless contained a special cognitive code for illogical reasoning (*ALOG* in the CS, *PEC* in R-PAS). Furthermore, R9 received another *MOR* code, Mr. B.'s fourth *MOR* out of nine responses thus far. His stilted-sounding phrase (“it’s in demise”) bordered on but probably fell short of a code for *DV*. It did not reflect Mr. B.’s characteristic way of speaking, and it too may have represented an intellectualized, distancing defense to manage the anxiety surrounding seeing the butterfly as dead, consistent with my impression about defensively intellectualized distancing on R8 in relation to his response of a detumescent penis. Considering R8 and R9 together, I would cautiously entertain the possibility that for Mr. B. diminished sexual potency was nearly equivalent to death.

There was relatively little to add about this response that has not already been addressed. I would note, however, that with the exception of only one of this patient’s four responses containing a *MOR* code, the remaining responses were accompanied by a special cognitive score in addition to the *MOR* code. It thus was becoming increasingly clear that Mr. B. frequently experienced some degree of destabilized thinking when concerns about damage or traumatic death were triggered (a fall from a building to the ground on R1, a bloodied animal on R4, and now a flattened-out butterfly on R 9). Note also that none of these same four responses were accompanied by achromatic or chromatic color codes. (In fact, chromatic color appeared sparsely throughout the entire protocol and, interestingly, there were in fact no achromatic determinant codes

at all.) Furthermore, the verbalizations accompanying these four responses were distinctive for the absence of expressed affect or even implied emotionality. Despite their morbid content, in these four responses Mr. B. seemed to experience anxiety associated with deterioration or impairment in a way that appeared detached, sometimes intellectualized, and sometimes characterized by irrationality. Such responses appeared to typify his customary way of thinking and managing troubling affect states rather than signifying a new psychological development. Consequently, Mr. B.'s *MOR* responses concerning damage or destructiveness seemed to reflect characterologically ingrained patterns of long standing.

Card VI

10. [long hesitation] <i>A lamb chop.</i>	<p><i>It's a stretch of the imagination. It's not much the shape. A mirror image of two pieces of meat. No specific shape, just the two halves.</i></p> <p>_____</p> <p><i>Dinner, a meal.</i></p>
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Card VII

11. <i>Three pieces of meat cut up.</i>	<p><i>Could be any shape, the way it comes off the carcass. If it was connected together by the bone, it wouldn't split apart. (Connected?) It's an uneven cut. A butcher uses a special kind of meat axe, not a knife. He really hasn't separated it, it's like incomplete cuttings. He hasn't wrapped up his cutting.</i></p>
12. <i>Some vegetables cut in half and cooked, potatoes and carrots.</i>	<p><i>The way it looks, a resemblance to potatoes and vegetables.</i></p>

All three of these responses contained references to food. Indeed, R10 was the first of four consecutive responses receiving a content code for food, three of which were of very poor form quality. It may be possible to be somewhat forgiving about the poor form quality because Mr. B. acknowledged that R10 was "a stretch of the imagination" and R11 contained a code for vague developmental quality. Nonetheless, his judgment about delivering poorly formed responses such as these still could be questioned. It might be possible that the intensity

of Mr. B.'s neediness reflecting a state of psychological hunger (or at least malnourishment or possibly neglect) may have been a sufficiently compelling psychological dynamic to override this patient's judgment about apprehending more commonly seen objects on Cards VI, VII, and VIII. Recall also that Mr. B.'s work life was spent entirely in the food services industry, initially in food preparation and as proprietor of a delicatessen, and later as a food inspector. Thus, interpretations concerning dependency, neediness, or oral gratification or frustration must be considered in this context. This does not mean, however, that interpretations about oral needs need to be discarded entirely; instead, they should still be considered as meaningful although their intensity or primariness might require tempering.

R10 was introduced by an uncharacteristically long hesitation and it came as something of a surprise. Given Mr. B.'s preoccupation with sexuality and the moderately strong pull on Card VI for triggering responses concerning sexual organs or activity, I would have expected Mr. B. to have responded accordingly. However, he did not, although the long latency to produce what turned out to be his sole response to this card gave pause to speculate about why this card provoked the hesitation it did. It was tempting, although still speculative, to wonder whether he did in fact see something other than what he reported ("a lamb chop") but suppressed a different response, and hence the long latency.²

Because the response itself seemed unusual to me—certainly, at least, it was uncommon—I chose to poke around some more to see what else might be involved in Mr. B.'s "a stretch of the imagination." However, on a testing-the-limits inquiry he said nothing further beyond confirming that a lamb chop was food for a meal. In the absence of any other clinical suggestions concerning the response of a lamb chop, it seemed prudent to simply note the reference to food as an exclusive content and conclude nothing further at this point.

Although nothing very definitive could be concluded about this response apart from the speculations just noted, Mr. B.'s next response (R11) was also about pieces of meat—except here they appeared to be described as if seen from a butcher's perspective. Technically the content category remained that of food; however, the way he described the meat emphasized the way it was cut from the bone of the animal carcass. His focus centered on the formlessness of the pieces of meat and how they were uneven and not connected, by which he appeared to mean separated or split apart. Mr. B.'s description of unconnected, incomplete parts was never explained in a way that made the percept sound less vague. He seemed to be saying when he used the word *incomplete* that the job was not finished or that it was not done properly. Thus, even after saying "not connected . . . split apart . . . separated . . . incomplete"—all psychologically loaded words—Mr. B.'s words still left me uncertain about what he was trying to express. It sounded as if he mainly meant that something was unfinished or incomplete, perhaps standing for his experience of himself and how he felt about his life. It seemed to parallel something about his existence that remained unarticulated: pieces of his life felt disconnected or unintegrated, or that there remained unfinished business or something Mr. B. needed to do. This elusive *something* was neither compre-

hensible to him nor articulated clearly in words. It did seem, however, that it was necessary for him to complete something before he could metaphorically “wrap[ped] up his cutting,” a phrase which also was curious. I could not be sure whether it took on psychologically symbolic meaning in relation to finishing up something per se or finishing up something before dying (wrapping things up), or simply whether it was mainly a phrase a butcher might use.

Card VIII

<p>13. <i>Some kind of insect.</i></p>	<p><i>Eating a leaf. Four legs. The shape is mostly like rodents. They wouldn't eat leaves, insects eat leaves.</i> <i>(Eating a leaf) Here, this could be a leaf they're eating.</i></p> <hr/> <p><i>They're hungry. But then animals are always hungry.</i></p>
<p>14. <i>An animal and a repeat of itself here. Climbing up a tree, two feet clinging to leaves.</i></p>	<p><i>The shape, elongated like rodents. Their back legs. Both are holding a leaf with their paws, climbing up something.</i> <i>(Climbing up a tree, clinging to a leaf) They're climbing up something, it looks like a tree and it's mostly green. They're clinging to a leaf and climbing up the tree.</i></p>

Here it might seem that Mr. B. let go of the preoccupation about food and eating, but he actually may not entirely have done so. Eating was more subtly present in R13 and the reference to clinging in R14 potentially suggested a not unrelated psychological dynamic. These animal responses, while technically two discrete responses, seemed mostly to be a variation of the same animal figure in the D1 area. In R13, the insects were seen eating a leaf, although Mr. B. appeared to be seeing these insects mainly as rodents, which is the way he described the same D1 area in his next response. However, it also seemed that their eating a leaf was important to the response, and when Mr. B. realized that rodents do not eat leaves it appeared that he thought about an animal that did eat leaves so the response made sense. His reasoning process was fairly clear: “the shape is mostly like rodents . . . they wouldn't eat leaves, insects eat leaves.” Thus, even though what he probably saw was the form of rodents and not insects, it was important for him to keep in a part of the response he needed to retain—the idea of eating or food.

Changing the animal to one he probably did not really see then became a secondary consideration, and he implied as much when he commented that rodents do not eat leaves but insects do. This reasoning process was reminiscent of R4 when he rationalized that the animals kissing were trained to do that because “dogs don’t do that.” Moreover, the importance of eating was further implied when, on the testing-the-limits inquiry, Mr. B. not only observed that the animals were hungry but also commented on the intensity of that need state (“animals are always hungry”). Considered alongside his comment on R7 (“she’d say he’s all feet and he’s all sex, that’s the way women think of men,” Mr. B. seemed to be suggesting that need states like hunger and sex were the most important psychological motivations, if not the only things that mattered, as if to say that animals were only interested in food and men were only interested in sex. Apart from the leap in reasoning from one instance of an event to a conclusion about every other occurrence, Mr. B.’s equating the intensity or primacy of hunger and sex as drive states indicated the extent to which he may have felt deprived. Though speculative, by seeming also to equate men with animals (and specifically rodents on Card VIII), Mr. B. may have been conveying a malevolent quality or animalistic intensity about gratifying need states. Recall also that on R5, the animals fighting over a piece of meat were described as “lanky,” suggesting the idea that they were undernourished. Also, their “fighting over something they both want . . . tearing apart the food” sounded more primitive in the sense of grabbing for their survival than it sounded competitive.

What I am suggesting here is that Mr. B. may have been communicating that he felt more starved than hungry; further, some of his descriptions of eating sounded more like devouring. The difference in intensity of the need reflected in this distinction might provide further insight into what Mr. B. meant when he said on R14 that the animals were “clinging to leaves” while climbing a tree. The tone here implied that these animals were not about to let go of the leaves—which represented food in the previous response—conveying once again the urgency of needing to hold on to what one has acquired. Furthermore, Mr. B. repeated the response of animals clinging to a leaf on Card X, which also was characterized by describing them as not wanting to let go of it. Recall also that in an earlier percept (R4), Mr. B. vacillated between prominent oral content (kissing) and fighting, conveying a substantial degree of intensity that he defensively resolved by laughingly dismissing the tension created between the red color as both lipstick and blood (“it’s part of the act . . . they’re trained”). Thus, simply eating a leaf readily and repeatedly turned into clinging to it, in the same way that simply eating because one was hungry readily turned into devouring or fighting to hold on to food out of a fear that otherwise it might disappear. One could infer that Mr. B.’s appetite, psychologically, was ravenous; moreover, he seemed to have to safeguard every morsel.

With this in mind, reexamining Mr. B.’s three food responses on the previous card bears reconsideration. While at first sounding like a preoccupation with food or eating that likely represented concerns about dependency longings, consid-

ered now in the context of the above impressions about his responses to Card VIII, Mr. B.'s responses to Cards VI, VII, and VIII together appeared to reflect this patient's tenuous hold on what he needed to achieve a secure sense of well-being. Thus, as inferred from the intensity expressed or implied in several of these responses in which eating turned into clinging, Mr. B. appeared wary of losing what he had managed to hold on to, while struggling to secure what he needed to sustain himself. Although Mr. B. seemed defensively unaware of the extent of his anxiety as he minimized its import, the intensity that emerged created an impression that he sensed that what he needed for his survival was drying up. It resembled a person feeling hungry, who then begins to eat and is surprised to feel hungrier than was sensed at first, and ultimately begins to worry where the next meal will come from. This is how I came to see what mattered most to Mr. B.: He seemed like a person unaware of the intensity of his needs or how deprived he often could feel, but as he began to get closer to gratifying need states it did not take long for him to apprehend both their intensity and fragility.

Considered from this standpoint, what might now be inferred about Mr. B.'s reference on R11 to disconnected, incomplete cuttings? Might this somewhat peculiar verbalization reflect his concern that the intactness (hence, viability) of the meat as a source of food (as sustenance or gratification) was threatened or undermined? Further, did his references to sexual preoccupation or that women saw all men as interested only in sex represent a clumsy-sounding attempt to convey his struggling to hold on to and thus preserve feeling energetic or vigorous about his life and how he felt it slipping away from him? Although still a tentative impression, what may have seemed confusing earlier concerning Mr. B.'s somewhat odd-sounding digression about incomplete cuttings and wrapping up cuttings was beginning to make more sense.³

Card IX

<i>A blot with three different colors: green, purple, and yellow.</i>	<i>Just green here, and purple and yellow.</i>
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At best a color naming response, I ultimately decided that this verbalization on Card IX was not a genuine, scorable response. Perhaps impacted by his compromised visual-spatial abilities as noted on the neuropsychological examination, Mr. B. was unable to formulate a coherent percept from the colors he perceived and named. Failure to generate any response to a card, sometimes leading to an overt card rejection, occurs most frequently on Card IX. Thus, while not an entirely unexpected finding on this card, Mr. B.'s inability to produce a response was not common either. Its meaning was probably indeterminate considering the various possible interpretations it might suggest; thus I will not comment further about the verbalization reported here or about this patient's failure to produce a scorable response.

Card X

<p>√15. <i>A lot of insects.</i></p>	<p><i>Two insects and two crustaceans or crabs. Small insects being carried along by two others, holding on to a leaf or something. (Insects being carried along?) The larger insect is going for a larger piece of the leaf and the other one's just clinging to it. Not intentionally, it just doesn't want to let go and the larger insect moves to the leaf to eat it. The smaller insect's just being carried along. (Leaf?) This long piece, right here.</i></p>
<p>√16. <i>A fish claw, a crab's claw. But it doesn't look like a crab.</i></p>	<p><i>The shape, sharp-toothed.</i></p> <hr/> <p><i>Feeding. The sharpness, they cut through whatever they're eating and they chew it.</i></p>
<p>√17. <i>Two crustaceans eating something, a leaf.</i></p>	<p><i>The fact that they have a lot of legs and they're eating a leaf, the green thing.</i></p>

R15, a common (*POP*) response on Card X, also was notable for the active-passive movement coding, which interpretively might suggest ambivalence. This patient once again described animals clinging to a leaf (the active movement part of R15), but he also described animals holding on to the leaf (the passive movement part of the response). Moreover, Mr. B. described “just clinging to it . . . not intentionally, it just doesn't want to let go”). His attempt to downplay the significance of *clinging* was not convincing: saying *just* twice, rather than minimizing the clinical import represented by the idea of clinging instead served only to emphasize it. Mr. B. also described the larger insects as wanting more of the leaf to which the smaller insects were clinging, again indicating the struggle he seemed to experience between aggressively taking and holding on to what one has so as not to lose it. Furthermore, his use of the phrase *not intentionally* seemed to imply that something could not be resisted—perhaps another indication of intensity of need, like clinging. In addition, saying *not intentionally* also suggested the possibility of a defensive attempt to disavow its presence; however, it also might have represented attributing fault or blame.

R16 was another response about eating, although this aspect of the response did not appear until a testing-the-limits inquiry. The eating also was aggressive in

nature, in which Mr. B. emphasized the sharp claw for cutting, biting down, and chewing. Thus, like R5 and in part like R4 and R11, oral aggression was again triggered. Although color was not used as a determinant in any of these responses except for R4, all but one involving oral aggression occurred on chromatic cards. R17 also concerned animals eating, although as scavengers it was unlikely that leaves formed a typical part of crustaceans' diet (thus the *FAB* code).

Recapitulation

Although I have focused primarily on Mr. B.'s preoccupation with food contents and responses involved in eating and his multiple references to clinging, I have not overlooked his opening response with its striking association to suicide or related themes of revulsion and self-depreciation. I regarded this patient's unusual opening response not as a direct reference to suicidal thinking per se but instead as a statement about how Mr. B. felt about his life. He felt spurned and demoralized and as such the association to suicide on the testing-the-limits inquiry represented his way of conveying desperation.

Mr. B.'s way of expressing desperation could be clumsy at times, reflecting what I noted earlier in the R-PAS and CS interpretations about his neediness and how that might blind him to the effect of his actions on other people. When he might need others most, Mr. B.'s sometimes odd or unresourceful expressions of neediness might only work to his disadvantage by alienating others and thus provoking people to turn away from him. For example, what Rorschach examiner, upon hearing an opening response about suicide, would not psychologically step back, listening with an ever greater cautious reserve as the protocol unfolded!

As he managed to convey during the initial neuropsychological evaluation I very quickly had the impression that he needed to make a connection with anyone who would listen to him, as he talked first about his walking slowly and that his wife would not wait for him to catch up to her faster pace. Before long, he was telling me how his sex drive had diminished and that he was impotent, and soon afterward he began speaking about his wife's trying to curtail his activities. Mr. B. sounded like a trapped boy looking for a way out of his dilemma as he was under the domination of a mother he feared and from whom he desired to break away.

Taking note of the desperate quality of this early clinical impression, it should not really be so surprising that this patient's opening response on the Rorschach would refer to suicide. I thought he was expressing a fervent desire for someone to take note and listen. But even on the Human Figure Drawings preceding the Rorschach administration, Mr. B. expressed feeling defeated and demoralized. That sexual potency and drive had come to stand for feeling invigorated was not difficult to see, and that there being "nothing to thrill about" in his life left him vulnerable to falling "flat on his face" also was comprehensible as a natural outcome of feeling depleted. That being said, I also thought it followed fairly clearly that his preoccupation with eating and at times oral aggressive themes

represented not only that this patient felt deprived and psychologically hungry but also that he appeared to feel that he had to fight for what little he could hold on to in his life.

Thematic Apperception Test

Card 1

This little boy, Tom, is looking at a violin, and he's trying to remember how to do the composition he was studying. He's a little perplexed, kind of worried. He's got a dark expression on his face because he's afraid his teacher will come in and he won't know the composition he's supposed to play. He's sitting in a chair cogitating. He has both his arms on the table, which is very poor manners.

(Outcome?) *He says, "Ma, I'm tired now, I'll take some more lessons tomorrow."*

(What happens next?) *His mother leaves him alone. He's a big enough boy to take care of himself. He didn't practice because he's not writing anything down, because he's still engrossed in thinking. This is an off day; some days you just can't think. He'll have a chance to remember what he's supposed to know. Sometimes you remember better when no one's peering over your shoulder, because you're more relaxed.*

(How does boy feel about not remembering?) *You can't read his mind. (Q) Well, he looks worried. He's not too happy here.*

(What does he feel?) *Helpless, like it's too much for him, he'll never get this. He gets frustrated, he's not even picking up the bow. He'd sooner not do it at all and go watch TV or read a book.*

(Mother leaves him alone?) *She's not there, she wants him to study by himself.*

(How feel that mother leaves him alone?) *Like he's getting away with something. He's not practicing. He don't [sic] look very happy here. She says, "Wait until your father comes home, he'll show you with a hickory stick."*

Mr. B.'s story, reflecting one of the more common themes about this card, began by acknowledging an expectation to perform responsibly: the protagonist was unprepared for a lesson and thus experienced guilt. The outcome to the story was an appeal to the boy's mother for understanding; however, the mother unsympathetically left him alone with his problem. Mr. B. seemed to highlight what might be regarded as a clash of developmental expectations: the boy sought help, which the mother declined to offer, believing that he was old enough to deal with the problem himself. I wondered whether Mr. B. was attempting to convey feeling that he was not psychologically ready to take on responsibilities expected of him. He also may have been communicating dismay about a mother who was not willing to consider the boy's appeal that, despite being "engrossed" in trying to work out the problem, sometimes a person does not perform at their best ("some days you just can't think").

Later, as I probed what being helpless meant, Mr. B. observed that "he won't

get it . . . it's too much for him," suggesting that he had reached the limit of his capacity. When he then said "he'd sooner not do it at all and go watch TV or read a book," I was not left with the impression of laziness or disinterest. It seemed that Mr. B. was mainly describing an off day; however, he might also have been describing trying very hard to master a developmental challenge he did not realize he was not yet ready to undertake.

Mr. B. therefore seemed to be describing difficulty meeting an expectation that may have been misunderstood as being within his grasp, perhaps because a parent expected him to take on responsibilities before he was sufficiently equipped to do so. Further, what Mr. B. may have been describing was his mother's inability to notice that he was not yet developmentally ready. When I asked about the mother in the story leaving him alone, he responded that "she's not there, she wants him to study by himself," suggesting that the mother thought the boy was mature enough to solve the problem. But from Mr. B.'s description of the boy's dilemma it seemed that the boy was genuinely stymied rather than shirking a responsibility. Mr. B. also felt that the mother leaving him alone made him feel that he was "getting away with something" when he actually may not have known what to do or how to begin.

The mother's misplaced view about laziness or irresponsibility, which the boy probably had no other way to understand, was then treated as misbehavior deserving punishment ("wait until your father comes home, he'll show you with a hickory stick"). For good measure, the boy also was criticized for placing both arms on the table, indicating "bad manners," which was an interesting observation because, while that might be a criticism of table manners, there is no etiquette guideline for sitting at a table while thinking about how to solve a problem. I could not be sure whether Mr. B. had in mind table manners, thus in an oblique way referring once again to eating as he had done so often in many of his Rorschach responses. Whether bad manners or bad table manners, Mr. B. implied feeling criticized in this odd-sounding comment.

Mr. B.'s criticisms of the boy's failure to have his lesson ready and his bad manners suggested an internalization of the mother's admonitions, which appeared to be more compelling for him than his futile attempt to appeal for sympathetic understanding—as if to say, metaphorically, *come on, have a heart!* However, the responsibility to recognize what a child cannot yet do may fall more appropriately with a parent. For example, parents frequently have to listen and intuitively sense what their children are capable of adequately mastering, differentiating accurately between requirements that may be too much to expect and accordingly stepping back, and requirements that are developmentally appropriate and then encouraging or admonishing their children to step up to the plate. I had the impression here that Mr. B. could not find a way to indicate that the boy was genuinely having trouble with something, tried to make his mother understand, which she did not seem to grasp or care about, and because the boy did not have the wherewithal to understand what was a legitimate expectation he was left feeling disobedient or lazy.⁴

I suspect that this story expressed Mr. B.'s early experience, leaving him

feeling that he was disobedient or no good when instead he mainly felt he was unheard. Being heard or empathically understood was probably not something he could rely on or anticipate, and I would imagine that he grew up with the expectation that one does what one is asked to do, ready or not, and that there was no such thing in his surround as responsiveness to developmental readiness or the corrective attempts parents make upon misunderstanding their children's needs. Echoing what emerged on the Figure Drawings and Rorschach, I imagined that Mr. B. lived most of his life the same way, and that the unhappiness represented by "there's nothing to thrill about" reflected what for him was a normal expectation of feeling ignored or misunderstood. He also felt criticized and depreciated—just as he was feeling recently with his wife who, as he probably believed, took away what was left in his life that he might be able to "thrill about." Perhaps his wife was being appropriately protective of him, as Mr. B.'s mother may have been, but apart from what actually transpired he probably was often left feeling unheard and demeaned.

I also wondered what Mr. B. had in mind when he said at one point, "sometimes you remember better when no one's peering over your shoulder." Considering that he was mainly describing a mother who left the boy alone with his dilemma, where could this comment about someone being involved (or perhaps intrusive) be coming from? I immediately thought about Mr. B.'s wife whose intrusiveness he feared, recalling my own phone conversation with her when she told me that his problem had been solved by *her* not letting Mr. B. drive. Might he be saying here that he was accustomed to being left alone with his problems—possibly more than was necessary—and that he was now unprepared to deal with a maternal object he found too overinvolved and interfering? Alternatively, could Mr. B.'s comment about remembering have referred to his cognitive problems, particularly in a context of others—including myself—observing his problems more closely than he wished? Both possibilities remain, therefore, as potential concerns to continue listening for as the TAT analysis proceeds and when interpreting the integrated test findings.

At a point when I asked him how he felt about the situation in his story, his initial response ("you can't read his mind") echoed what he said on the Figure Drawings when I asked a similar question: "There's no way of telling his emotions. There's nothing to indicate how he is on the inside, even a trained psychologist can't tell." Thus, he revealed a defensive evasiveness concerning his affect life, suggesting that such matters are off limits and accordingly should remain untouched. Mr. B. proceeded to speak—perhaps superficially or only in a general, somewhat distanced sense—about feeling worried, unhappy, and helpless. However, it was his initial reaction to my question that left me with the unmistakable impression that he was not interested in thinking about his emotions, preferring instead to leave that area of his psychological life unexamined. His evasiveness here would not necessarily indicate that affect states were unavailable or sealed off, but rather that examining his emotional reactions should be undertaken cautiously. Moreover, considering the question I raised above concerning a sensitivity about intrusiveness, Mr. B.'s references to others'

reading his mind or there being no way to know his emotions or thoughts—that not “even a trained psychologist” could see—might reflect a way to protect his perhaps vulnerable autonomy against what he experienced as unwanted, and possibly also unaccustomed, incursions.

Finally, it was of more than passing interest that Mr. B., who was able to use words like *cogitating*, *peering*, and *engrossed* and to perceive nuances of the picture such as “a dark expression on his face,” also used the phrase “he don’t look . . .” It pointed to the disparity between this patient’s lower middle class roots and his interest in reading and curiosity about learning as an adult (including starting college in his fifties, earning a bachelor’s degree in English). Mr. B. also worked full-time starting at age 15 to help support his family while still attending high school; he had to continue working full-time after finishing high school, which prevented him from attending college.

Card 2

A young girl coming home from school. The mother’s watching the farm hand working with his horse. The woman’s supervising and she doesn’t look up at her daughter coming home from school. The farmer’s doing a pretty good job, he’s about finished. The girl is not looking at the young man and neither is the mother. The girl—her head is far away—she’s thinking about someone else she likes better than this boy.

(Outcome?) *She goes in the house, the mother will follow her, and they’ll all have supper.*

(Her relationship with the mother?) *You can’t say, because they’re not looking at each other. The girl looks like she can’t wait until she gets in the house, and the mother’s just watching the farm boy planting the seeds. (Q) They’re not very close.*

(Why is that?) *They’re not even looking at each other. The girl’s also hungry. She came from school and she’s wondering what’s to eat.*

(How come they’re not close?) *Plenty of families are like that. The mother’s jealous of the daughter who is younger and prettier, and the mother’s looking backwards when she was younger how she’d do things differently. The daughter’s mind is also far away, like this coming Friday there’s a dance and she’ll meet a boy.*

(Mother thinking about, doing things differently?) *She wouldn’t be tied down to the farm, she’d come and go as she pleased, like the daughter.*

(Daughter feel about mother?) *She’s not very affectionate. The daughter has a cold look about her, she’s not the type to go over to her mother like “I’m here” and give her a kiss. She maybe has a book to read or maybe helps make supper.*

(How come not affectionate?) *She comes from a cold family. See, the mother has her nose in the air. She’s cool and calculating, and the daughter becomes that way—like mother, like daughter.*

This story, like the previous one, was about a mother–child relationship that appeared remote, unaffectionate, unequivocally unhelpful, and seemingly

absent of nurturance from the mother's side. Neither story referred to a father, and the story to Card 2 even contained an undisguised expression of jealousy in which the mother envied her child's youth and opportunities. The mother was portrayed as "supervising," which in the context of this story sounded more like watching over things than controlling—perhaps a more benign form of looking over someone's shoulder than Mr. B. represented in the previous story. The male figure was merely a hired hand, a person he made a point of mentioning as being present but unimportant ("the girl is not looking at the young man and neither is the mother"). Mr. B. also observed that this unimportant male figure was "doing a pretty good job" despite being barely noticed by the female figures. Apparently only Mr. B. took the trouble to notice that man, as if he momentarily stepped into the picture to stand up for the man's worth, almost surely representing his sentiment about his own life, as if to say *and don't forget about me!*

Twice Mr. B. mentioned that the mother and daughter did not look at each other when they interacted. To say that this relationship was cold or distant and even "calculating . . . with her nose in the air" is one thing, but to say also that they avoided eye contact—and twice at that!—sounded as if Mr. B. was turning cold and distant into a psychological deep freeze, so to speak. Regardless of his layman's sense about familial transmission of personality traits ("like mother, like daughter"), Mr. B. was conveying here what I could only characterize as a good example of a TAT representation of the cold, angry maternal introject so well described in the British object relations theorists' portrayals of schizoid and paranoid phenomena (Klein, 1930; Fairbairn, 1944; Guntrip, 1969). Building on his depiction of what I described as a distant, uninvolved and perhaps unempathic mother—not unlike my comment about the psychologically unresponsive mother he portrayed on Card 1—the quality of an angry, envious, and vindictive mother who could not nurture her child's needs (a hostile or malevolent maternal introject, to use the Kleinian term to characterize this kind of internal object representation) should also be considered in thinking about this patient's picture of his relationship to maternal figures.

When I asked Mr. B. to elaborate on this mother-child relationship, as he did on Card 1 ("you can't read his mind") and on the Figure Drawings ("there's no way of telling his emotions"), Mr. B.'s initial comment ("you can't see") also reflected his way of keeping people from seeing what he felt.⁵ However, once he got past this initial defensiveness, he spoke not only of the daughter's hunger—undoubtedly a metaphor for feeling needy and deprived—but he also indicated that the daughter wondered what was available for her to eat—almost certainly a metaphor for questioning whether her mother had the wherewithal to meet her needs. Interestingly, Mr. B. said little more about the daughter being hungry as his next thought about her referred to a reverie about meeting a boy—which I suspect represented a more hopeful solution to her "hunger" than what Mr. B. depicted the mother being able to offer. Equally interesting, Mr. B.'s next thought about the mother concerned her jealousy of the daughter's freedom to "come and go as she pleased" while the mother felt confined

("tied down to the farm"). The depiction of the mother's envy together with her coldness and limited capacity to provide nurturance was particularly consistent with the idea of the so-called bad breast in Klein and her followers' conceptualizations of psychopathology.

Recall also how many of Mr. B.'s Rorschach responses pertained to food and eating, representing at various times intense neediness, self-protective clinging, and oral aggression. Further, he sometimes acted as though he had to hold on for dear life to whatever he could secure. It was not that this patient felt starved of affection necessarily—although he seemed not fully aware of how voracious his needs could be, feeling starved rather than hungry—but rather he feared that he had to fight hard to hold on to whatever he could secure lest it be taken away or elude his grasp. Thus, with Mr. B. feeling emotionally starved and needing to hold on tightly to what he could, it was not difficult to link this kind of deprivation or vulnerability to the way he characteristically referred to women as humiliating or belittling, even expecting their demeaning rejection of him, as for example on the Figure Drawings; or as unavailable, coldly distanced, and non-nurturant, as on these first two TAT cards. It was becoming clearer how Mr. B.'s needs for affection and self-regard developed and how they had played out in his life. Feeling spurned and thus left to fend for himself might easily have created an expectation that life, like obtaining nourishment, consisted of subsisting on morsels. Moreover, he may have come to view his existence as mainly doing what he could to hold on to what little came his way. Indeed, at the core of his experience of life was a deeply rooted sense that there was little available for him to feel satisfied and that even that little amount did not come without a struggle. I could now more easily imagine how Mr. B. could feel like the image of a small insect clinging to a leaf it has secured, as he described several of his Rorschach percepts, and sometimes fending off a larger insect that wanted to take the leaf away for itself. Indeed, this might well represent the defining metaphor characterizing Mr. B.'s life.

Card 3BM

Here's a young lady standing by a tub, she's got some appliance by her feet. She must be very discouraged, because she's crying that she can't do the work that she expected to do. I hope it's not a major catastrophe—to get a woman to cry—but it doesn't look very good.

(Outcome?) She'll wait for her husband to come home and she'll give him hell for not fixing it, and he'll fix the tub or whatever was leaking.

(She's discouraged?) She's holding her head in her hands, it looks like she's crying.

(She's crying?) Because she couldn't do what she thought was going to be easy, and now she finds it's not so easy. And a woman, when she can't do nothing, the first thing they do is cry.

(She'll give her husband hell?) That's what my wife would do if I don't do something right. [At this point, Mr. B. launched into the following story, which was intended as a joke] A wife complains about things in the house that are broken—some-

thing on the front stoop's hanging down—and she asks her husband to fix it. He says to her: “Do I look like a carpenter?” and he goes out and plays golf. While he's gone, a nice young man comes to the house to sell something she doesn't want to buy, and he notices the thing hanging down and offers to fix it. She gives him a hammer and nails, then asks him in to give him something to drink and she asks him what she can do for him. And he says, “I don't want any money, but you can bake me a cake or make love to me.” Later, the husband comes home and sees it's fixed and asks her what happened, and he asked her what kind of a cake she baked for him. And she says to him, “Do I look like a baker?”

(Husband feel that the wife gives him hell?) When a woman's frustrated they have to take it out on somebody. The nearest person's the husband.

(He feel about that?) Not very happy. He feels she's a nag. (Q) She might have been in a bad mood, so he has to forgive her. You can't condemn her all the time, you have to forgive her because women don't understand not being forgiven.

Mr. B.'s story certainly was atypical for Card 3BM. I cannot recall ever having heard as idiosyncratic a story to this card before. This story also was unusual for its odd form—including using the image depicted on the card mainly as a starting point for a story in which its highlights were nowhere intimated in the picture but instead existed entirely in this patient's imagination. Further, I do not think I have heard a patient tell a TAT story in which they inserted a joke midway through the narrative. Nonetheless, it was a psychologically telling story, one that was foreshadowed in his verbalizations on the Human Figure Drawings.

Mr. B.'s starting point was not unusual—a person was depicted as being discouraged. He described the person, a woman, as helpless, and in his own form of what today would be considered sexist thinking (although that would not have been unusual in his day), Mr. B. added what he probably grew up learning, namely that women were characteristically helpless to the point of tears. Furthermore, also in keeping with the mores of his day, Mr. B. portrayed the helpless woman as doing the only thing women of the time were taught to do—turn to a man for help. His story did not necessarily reflect needing to demean or patronize women, but he did add a twist to the expectation of a woman's turning in helplessness to a man—she would “give him hell,” placing the blame on him for being inattentive or unresponsive. As the story continued, Mr. B. seemed to confirm the woman's expectation that the husband was inept, or at least unable to solve the problem. However, he also confirmed his own expectation that the woman would approach the man in an attacking, critical manner.

It was at this point in his story that Mr. B. associated to the joke about another man—a more capable man—who was responsive to the woman's needs and flirtatiously conveyed that she was a desirable woman. In contrast, the husband not only was unable to fix the problem but also acted indifferently to the woman's need or distress, ultimately walking away while uncaringly leaving her holding the bag and having to fend for herself. But the husband's attitude

backfired, when in the joke the woman found a more capable man and in angry retaliation for his indifference deflated the husband's arrogant intimation that she would not cheat on him or that she would not be seen as desirable to another man. Perhaps here Mr. B. was describing both parties in defensively retaliative adaptations to each other—essentially depicting an intersubjective dynamic reflecting a mutually self-defeating cycle of anger and deprecation. For Mr. B., so it seemed, anticipating being scornfully treated by women led him to show scornful indifference in return (as if he were in effect saying, I'm out of here, it's your problem).

It was noteworthy that the wife's solution—as conveyed through the joke—recapitulated Mr. B.'s descriptions of the woman he drew in the Human Figure Drawings, in which the woman's depleted existence, brought about by her husband's deficiencies, was revitalized by an affair. Card 3BM appeared to suggest that this patient regarded his relationships with women to be built on mutual scorn, indifference, and retaliation. Moreover, Mr. B. appeared oblivious to the psychological intensity behind the powerful affects brought on by this kind of interaction in which he made light of the woman's frustration and distress in his story by patronizingly dismissing what mattered to her. I could not be certain whether there was additional significance to relating this dynamic through the unusual device of telling a joke as an association to a TAT card. Interjecting a joke might have indicated that Mr. B. needed a degree of defensive distance lest he get too close to an awareness of the affective states this seemingly innocent joke reflected.

Card 6BM

A younger man and an older woman and they're waiting for the daddy to come home, because she's looking out the window and he just figures daddy must have something going on because he's got a worried look on his face. And also he's wearing a new suit, and his new suit is all stained, and his father wouldn't be too happy to see he spoiled a brand new suit.

(Outcome?) It ends with the father saying, "I can't trust you to do anything." Maybe he went out to look for a job, and being all stained like that he didn't do so well and that's why he has such a pained look on his face. The woman says, "Don't worry, son, everything'll be all right, your father won't be so mad, we'll go to the tailor and clean it and everything will be okay. Things are going to get better, it can't get worse, it can only get better."

(How does he feel?) So far, he feels better when his mother talks to him that way, but he's still not happy. He has to ask the father to fix the clothes because he can't afford to pay for it, and we'll say the father's not such a wonderful person who takes this with a smile. He figures it's about time he made his own living and not be so dependent on the father and mother.

(How does young man feel about this?) He doesn't look happy or joyful or expectant, he looks downcast, his chin is all the way down.

(Relationship with his mother?) *Well, it's her darling son so she doesn't look worried. She looks inquisitive, wondering how it will turn out. She's looking out the window, waiting for the father to come home from work. (Inquisitive?) Well, her son is unhappy and she wants him to be happy. It's her favorite son, her only son. (She's looking out the window?) She can't wait for the father to come home. She expects him to straighten it out.*

It sounded odd to hear this story beginning with a theme of a mother and son in relation to the “daddy,” which suggested an immature, regressive quality about the young man’s relationship with his father. At the end of Card 1, Mr. B. referred to a mother threatening her misbehaving son with his father’s wrath; now on Card 6BM, Mr. B. again implied that the father would disapprove of what the young man had done. Perhaps, referring to the father as the “daddy” represented an attempt to minimize the threat or ridicule its impact—or even attempt to appeal to a softer side of the punitive, disapproving father by portraying the young man as if he were a small child rather than an adult. Although the mother was portrayed as attempting to be comforting and optimistic, the son in this story did not feel reassured or comforted (“he doesn’t look happy or joyful or expectant”) as he faced his father’s scornful disapproval. Instead, he was left feeling like the failure his father considered him to be (“he looks very downcast”). Regardless of his mother’s best hopes for him, it truly was the father whose say mattered most.

This situation stood in contrast with the impression that had emerged on previous cards and on the Rorschach and Figure Drawings. Mr. B. seemed to feel resentful about being controlled or dominated by women, and he typically portrayed female figures as cold or indifferent. On Card 6BM, however, Mr. B. portrayed the mother figure sympathetically, if perhaps ineffectual. Indeed, it was possible that an image of a maternal figure as ineffectual might be what Mr. B. attempted to convey on this card—a mother who would like to nurture but was herself stymied or held back by a critical, unsympathetic father. Considering how much this patient’s Rorschach was dominated by a preoccupation with eating, being fed, and a clinging or grabbing approach to holding onto whatever sustenance he could, it would not be surprising that a maternal representation would be closer to that represented on Cards 1 or 2. What emerged instead on Card 6BM was a more ambivalent image of a giving or caring maternal introject who either could not follow through herself or had deferred her capacity to respond in a maternal fashion (“she can’t wait for the father to come home; she expects him to straighten it out”).

In another respect, the mother’s reaction resembled that of the woman on Card 3BM who could not fix the appliance, felt deeply discouraged, and turned first to her husband but ultimately to another man to solve the dilemma. Nor was it appreciably different than the way the woman on the Figure Drawings was portrayed—stuck in an unhappy situation with a man who was himself trapped, unhappy, and going nowhere while her own happiness was tied inexorably to men who were portrayed as failures. In both instances, Mr. B. described a way

out whereby these women turned with interest or anticipation to another man to feel enlivened. Previously I considered this outcome as Mr. B.'s wish to rid himself of a situation that felt like a weight on his back that either held him back or left him feeling injured and depreciated. Both might be plausible interpretations.

Considering the importance of the father—who was unseen on Card 6BM but nonetheless was an important psychological presence, both for the son and the mother—it might not be so surprising that Mr. B. devoted about as much effort to describing the unseen father's reaction as he did the mother's. Recall also how Mr. B.'s story on Card 2 began with his giving credit to the man who occupied an unimportant role in the story, a role incidentally about which the women in the story seemed indifferent. Mr. B.'s characterization of "the daddy" centered around the young man's damaged suit and his depending on the father to "fix the clothes," his failure to get the job because of his unkempt appearance, and the father's patronizing but also devaluing attitude ("the father's not such a wonderful person who takes this with a smile"). It was possible that Mr. B. felt unprepared to assume adult responsibilities, which the "daddy" failed to notice, believing instead that the young man was old enough to be more independent. The mother also did not seem to respond optimally to the son's plight by fostering his dependency. The young man may have felt trapped between an ineffectual mother whose solution was to rush in with a suggestion that did not promote his development—and which also was a solution she could not accomplish on her own without the father's endorsement—and a father who also failed to comprehend what was psychologically necessary to facilitate the young man's confidence or independence. The father's patronizing scorn seemed to instill in the son that he was a failure, echoing Mr. B.'s description of the man he drew on the Human Figure Drawings. This "daddy" seemed not to understand that confidence and independence do not simply appear at a certain age; he may not have understood what was called for to foster such maturation.

Card 7BM

An elderly man and a younger man. They must be very close because their heads are close together and they're discussing something very important. They both have serious looks on their face. This would be that same younger man we just saw with the mother, and now he's telling the father all his troubles. And the father's thinking how he's going to pay for it, and he's wondering what kind of help can he give the young fellow to alleviate this problem. The father's a white collar worker because he's wearing a shirt and a tie. He's not a worker with his hands because his clothes are pretty clean. He's not very happy over this prospect of an unemployed son who causes so much trouble.

(Outcome?) *He says, "Come to my office, I'll get a job for you there."*

(What is their relationship like?) *Well, you can see it's very close, the son's got his head on the father's shoulder. And the father doesn't look that unhappy over it, so it can't be a bad relationship.*

Although it is somewhat unusual for patients to continue a story across two or more TAT cards, neither is that an extremely rare occurrence. Understanding such a sequence of responses probably would involve recognizing that while a patient may be attempting to convey an important psychological theme or affect state, to do so may have to make use of a figure on another card or a previous theme already expressed. Sometimes the pertinent dynamic configuration is better conveyed through another figure, albeit on a different TAT card. Mr. B.'s story—which continued the theme he began on Card 6BM about “that same younger man we just saw with the mother”—was particularly telling because the young man was depicted as turning to his father for something he seemed to find lacking in his relationship with his mother. I already surmised regarding Card 6BM that Mr. B.'s experience of his relationship with his mother and father may have influenced how he attained crucial steps in his psychological development, a theme I continue to explore here in relation to how this patient perceived his capacity to make a success of himself in life.

Previously, I commented about the mother on Card 6BM who appeared ineffectual and deferred to the father “to straighten it out,” and thus was not portrayed as helpful or capable of resolving the son's concerns—just like the woman of Card 3BM who also could not solve a problem and became overwhelmed by her plight, ultimately turning first to her husband for help but eventually to another man for a successful resolution. Granted, the mother figure described on Card 6BM was more sympathetic to the son than the maternal figures, or for that matter any other female figures he had previously referred to on the TAT and Figure Drawings. The women Mr. B. had previously described were typically seen as indifferent or insensitive, perhaps stemming from a more profoundly felt image of women as being bitterly disappointed or neglected by the men in their lives. Nevertheless, despite the more sympathetic, well-intentioned characterization of the mother described on Card 6BM, Mr. B. still seemed to see this mother figure as unable to do much to help her son.

Against this backdrop of regarding maternal figures as having little to offer, Mr. B. may have turned to the father figure in his story to Card 7BM, possibly expectantly or hopefully (“now he's telling the father all his troubles”). The father—who was previously represented as simultaneously patronizing and critically disparaging of his son as a failure—here was depicted more benevolently, although not without at least some ambivalence (the father was “wondering what kind of help can he give the young fellow . . . an unemployed son who causes so much trouble”). This representation echoed the father's sentiment expressed on Card 6BM that “it should be about time he made his own living and not be so dependent on the father and mother.”

Mr. B. seemed to be suggesting that if there were to be any way out of his dilemma, it would require a beneficent paternal figure to make it happen—even if the father had some misgivings or expressed displeasure. Note that the father was represented on Card 7BM not only as potentially helpful, but also as a paternal figure Mr. B. could imagine turning to for soothing or nurturance (“the son's got his head on the father's shoulder”⁶)—the “daddy” of Card

6BM who was both comforting and infantilizing. He even began his story to Card 7BM by commenting that “they must be very close because their heads are close together.” Although the father was not described as rejecting or disparaging of the son’s need, neither did he seem to understand the son’s plight (“the father doesn’t look that unhappy over it”). Thus, it was a paternal figure more than a maternal figure to whom the son felt he could more comfortably turn—for both realistic help and as a comforting presence—even though the father was ambivalent and did not know how to understand the son’s emotional needs. In the end, Mr. B. did not state that their relationship was good; rather, he observed that “it can’t be a bad relationship.”

Mr. B. appeared to emphasize that the father was a white collar worker in a clean shirt and tie rather than a blue collar worker whose hands might become dirty. Recall that on the surface, the central dilemma of Card 6BM was the problem of the young man’s stained suit. It appeared that Mr. B. regarded the father as accustomed to a settled, possibly professional status but that the young man was unaccustomed to a suit and what it signified. I suspect the significance of this distinction represented a developmental step he was not yet prepared to take, and as I intimated earlier, it may also have represented longing for a settled, confident father to guide him in a direction he aspired to reach while feeling insecure about knowing how to attain it. Particularly pertinent to considering Mr. B.’s experience of his parents preparing him for the developmental transition to responsible adulthood, it appeared that references to white collar vs. blue collar and a clean look vs. a stained suit represented feeling either ignored or neglected, first by a mother who could not do very much unless backed up by the father and then by a father who seemed unaware of how to help a son make such a developmental transition. Interestingly, it bears noting that Mr. B., who worked for most of his life as a delicatessen counterman, later in life earned a college degree and became a food inspector. Thus, almost 30 years since his own young adulthood, Mr. B. somehow managed to find the wherewithal to move from a blue collar to a white collar status, a not insignificant albeit deferred developmental milestone.

Card 7GF

A mother and a daughter, she looks out for the teenager and the mother’s telling her the facts of life. So she can learn how to behave and attract men, so she can eventually find some weak-willed fellow who will marry her.

(Weak-willed?) Yeah, strong-willed men are not so fast to get married. When it comes to women, all men are weak-willed. But the main thing is the mother says to her, “You find a nice young man—who has a job and makes a nice salary—and you be a good wife to him, and he’ll take care of you.”

(Weak-willed?) The mother says to the daughter that she should find a man who makes a nice living, is good-looking, and she’ll be all right. And the daughter’s still carrying around a doll, so she’s not so emotionally mature.

(Weak-willed man?) *Well, the mother says the main thing is that the man should make a good living and treat her right, and she'll be okay. If he's not weak-willed but a strong-willed man, then he might not want to work or he won't treat her right and she might not be so happy in her marriage.*

(Outcome?) *The girl grows up, meets a nice man from the Rockefeller family, and does very well in the long run.*

(How does she feel about the mother's advice?) *She listens to everything the mother says, she doesn't want to face the mother but she listens. She thinks she's a little too young, she's still holding on to her doll, which is not a sign of maturity. But she listens to her mother because it's the best she can do.*

(Their relationship?) *It's got to be a good relationship because the mother gives advice to the daughter and the daughter listens to it. So what else can she do?*

Being unsure what Mr. B. meant by the girl finding a weak-willed man, which he seemed to imply represented a favorable outcome, I asked him to elaborate—no less than three times, and still I wasn't sure what he meant! Thinking his evasiveness might indicate defensiveness, I persisted with this line of inquiry. However, with each attempt I made it seemed either that the defense was impenetrable or that he did not understand what I was asking him about “weak-willed.” This was puzzling to me because so far on the TAT there had not been any difficulty inquiring about responses or verbalizations. As best as I could determine, what Mr. B. was saying was that for a woman the advantage of a weak-willed man was that such a man would be malleable and could be molded according to what a woman might want or need, whereas a strong-willed man would be a problem because a woman would have nothing but problems. The critical factor behind the mother's advice was that a marriageable prospect should be responsible as a breadwinner, take proper care of his wife, and otherwise make few demands on a woman.

Understandably, Mr. B. at age 84 grew up at a time when this view of what made for desirable qualities in a husband and of married life was taken for granted. What was not necessarily as understandable was his internalization of the idea that being weak-willed was to be his lot in life and that it was not to be questioned. In this respect, although on the face of it Card 7BM dealt with a mother–daughter relationship, Mr. B. also was speaking here about how he himself was expected to behave, perhaps compliantly assuming that it was a husband's role to make a good-enough living and that it was a wife's role to run their life together. Perhaps that was the reason he did not respond more directly to my three attempts to have him focus on what he meant by “weak-willed”; for him, perhaps, it was crystal clear and he might not have understood what I was having trouble understanding.

Note how Mr. B. emphasized the lack of congruence between the mother's advice and the daughter's developmental readiness to hear her mother's words. The girl obediently listened and took in the message, but Mr. B. stressed that

she was not yet ready to absorb its meaning. He did not say so directly, but Mr. B. seemed to be implying that the mother was psychologically out of step with the child's development, assuming greater readiness than the girl herself felt. He appeared to be continuing the theme I suggested earlier in my discussion of cards 6BM and 7BM, namely that of a young person not yet psychologically prepared for a responsible adult role and that the parents did not recognize this.

Mr. B.'s story ended with the girl marrying a "Rockefeller." By this somewhat joking but also ironic story outcome, Mr. B. could have been registering how incredulous it must have seemed for a parent to be carrying on about marriage to a girl more interested in playing with dolls. His closing remark ("so what else can she do!") surely seemed to convey that something important about the mother-daughter communication and their relationship was psychologically amiss, notwithstanding Mr. B.'s saying that their relationship was good because the mother gave advice and the daughter listened obediently. Mr. B.'s story also implied—rather than expressed directly—that the daughter did not want to face the mother⁷ and that the daughter seemed to understand something her mother could not. That is, the girl seemed aware that it was premature for the mother to be talking to her about managing a marital relationship while the girl was at a developmental stage where "she's still holding on to her doll"; thus she could not expect her mother to accurately and empathically comprehend her developmental need.

Mr. B.'s experience may well have been rather similar as he, too, like the girl in his story, compliantly but uncomprehendingly listened to what he was told to do but without understanding why. Chronic parental misattunement to a child's psychological development interferes with maturation and understanding of one's inner life. Consequently, it would not be difficult to reconstruct how Mr. B.'s emerging sense of himself as a developing youngster could have been impeded in a way that would probably have disposed him to feel uncertain or confused about what he was prepared for in life and how confident he could be in his abilities. So burdened, it would not be surprising that this patient would face similar uncertainties throughout life, hampered by being able to accurately appraise how he experienced himself and other people. At his present stage in life, Mr. B. was again on his own without an empathically responsive surround to help anchor him psychologically as the autonomy he valued and the activities that held meaning for him were being threatened or undermined.

Like the girl in his story, Mr. B. silently acquiesced, all the while voicing internally how confused he felt about what he was experiencing and seeming not to know how to respond in a way other than passively going along with events happening around him. Interestingly, the adolescent youngster described in [Chapter 3](#) also appeared to be struggling with a somewhat similar psychological experience. That boy, Carl, seemed to feel left adrift as his parents did not appear to grasp the emotional distress he felt. Unlike Mr. B., however, Carl's solution was not one of passive acquiescence as he tried to shake up the people in his life to take note and listen. Mr. B., on the other hand, seemed

to feel like the girl who felt “it’s the best she can do” as he accepted parental misattunement as normal. He would not have questioned or tried to make his parents listen to him, feeling again like the girl in his story whose reaction to an empathically unresponsive or unattuned environment was, “so what else can she do!”

Card 13MF

Here you see a young woman, and this is her bed. This fellow, I wouldn’t say he killed her, but he could have because he’s got remorse of some kind. He’s saying, “What will tomorrow be like? Will you think down on me tomorrow after having a good time tonight?” Nobody seems to be very happy here. She’s lying down, she appears to be exhausted, she didn’t have time to get dressed. This must be in the girl’s house. The girl’s got books on the table, she must have been reading the book before he came.

(Outcome?) You want me to become a novelist here! I think he’s saying goodbye to her because she’s too easygoing. She let him have his way with her, and now she’s busy reading books and relaxing. So he’s going to leave and that will be it. She’ll have to look for somebody else.

(Why does he leave?) Because his mother told him that boys don’t marry easy girls.

On Card 13MF, Mr. B. went from having killed the woman to leaving her because “she’s too easygoing” and “boys don’t marry easy girls.” As it was in his day, the young woman was damaged goods—apparently even if she was well-read! Interestingly as well, Mr. B.’s invoking social mores of the day was expressed according to his mother’s say-so. Mr. B. seemed to be indicating that his mother called the shots—another indication concerning Mr. B.’s accepting what his parents said without questioning, regardless of how he might otherwise have felt.

Although a theme of murder is not uncommon on this card, I do not know why it triggered a thought of murder for Mr. B.—no matter that he felt remorse “of some kind”—but he did not return to that thought as his story unfolded. Perhaps leaving the woman as a result of the man’s mother’s killing his desire was enough to take care of that! When the young man expressed shame as he asked “will you think down on me tomorrow after having a good time tonight?” I was surprised that it seemed to matter more how he would be thought about rather than the woman, who might actually have had more to lose. Indeed, the woman was described as being relatively unconcerned about it all, more interested in getting back to her reading than having to find someone else to marry—which in Mr. B.’s story sounded more like an inconvenience than her being bothered by anything more important.

Even his remark that “you want me to become a novelist here!” sounded like another defensive dismissal of the psychological importance of what this card stimulated in him. When he said, “nobody seems to be very happy here,” I was reminded of his joke on Card 3BM: the woman was unhappy while her

husband was dismissively indifferent, going off on his own to hedonistically play golf while the woman was left stranded with her problem.

Card 18GF

That's a woman with a child—no, it looks like a grown man. She's holding him. You don't know if he's hurt or what, you can't see his face. I don't know if he fell down the staircase and she's consoling him. It could be he hurt himself or he could just be tired. She has compassion in her face. He just got his Dear John letter from the government that he's been accepted. She's telling him things could be worse—maybe they'll reject him, maybe he won't pass the test. She's very wily.

(Wily?) You can tell from the expression on her face. His reactions you can't see, but it's not very good, he's not very happy about it, not very exuberant. So it can't be good news.

(Outcome?) He has to go in the service anyway, like it or not. And he'll get through with it and come out all right. Or he won't get through with it, they'll make her a Gold Star mother. (Q) They used to call it that. If a man got killed, they'd give the mother a gold star.

(Is she his mother?) She looks old enough. I'll assume it's his mother, because who else would be so worried.

(How does he feel about going in?) He's got his head back, so he's not gung ho and doesn't want to go fight for his country, for his rights, or charge the enemy. He looks kind of dejected, he doesn't like the prospect of going away.

(Why is that?) Because he's a coward at heart [laughs].

(What does she feel?) She might lose him. No mother wants to lose a child, war or no war.

Mr. B. was initially unsure whether he saw a boy or a man, but eventually settled on the figure representing a man. I at first thought he was describing the woman as a consoling wife or girlfriend, in part because his reference to a Dear John letter implied a rejection or the end of a romantic relationship. However, much later on in his story and after the confusing reference to a gold star mother, Mr. B. offhandedly clarified that the woman who was consoling and compassionate could be the man's mother ("I'll assume it's his mother, because who else would be so worried?"). Although it would not necessarily be that unusual for a man to turn to his mother for comforting, nonetheless it sounded odd to be hearing a story from an 84-year-old man about being comforted by his mother. However, looked at another way perhaps it should not be surprising because nowhere in the projective test protocols did Mr. B. ever perceive a woman he described as a wife or girlfriend as being consoling or compassionate. Indeed, as Mr. B. himself said, what other woman did he feel showed any concern about him! Although he saw maternal figures sometimes as benevolent, the consoling mother he described on Card 18GF seemed no

more successful at providing comfort than the mother he described earlier on Card 6BM. Moreover, also like the mother on Card 6BM, the maternal figure on Card 18GF appeared unable to offer the man any more comfort than the sentiment that things could have been worse.

The man in this story was unhappy because he was being drafted into the military. Mr. B. probably meant to say that the man received a letter from Uncle Sam instead of a Dear John letter. In his day, a letter from Uncle Sam meant an order to report for military service, and a Dear John letter meant that a woman was breaking off an engagement with a man. Whether or not he forgot or confused these two phrases, he still seemed to have the theme of the previous TAT card on his mind, one that concerned a romantic rejection even though in his story the man had left the woman. Mr. B.'s initial confusion about the figure being a boy or a man may have represented his own uncertainty about his capacity to function as an adult male—another TAT theme that appeared in several stories. I suspected that his conflation of a Dear John letter and a letter from Uncle Sam concerned questioning his adequacy as a man who could keep a woman in his corner or acquit himself competently as a soldier. In this regard, note also how Mr. B. initially saw a boy, then changed it to a man who either had fallen or was tired, and finally a man about to be drafted. Further, this patient's concerns about being drafted centered entirely around being able to survive and "get through with it," feeling disinclined to want to attain anything more noble "because he's a coward at heart." (At the point in time Mr. B. would have been called for the Selective Service draft, a different standard of patriotism prevailed compared to some other generations. Thus, "get[ting] through with it" would have been atypical.)

Mentioning that "he doesn't like the prospect of going away" was reminiscent of Cards 6BM and 7BM, expressing doubt about feeling confident that he could go out on his own and not feeling sufficiently prepared to succeed in a world of adult responsibilities. Consequently, staying close to home and not "going away" may have been linked to Mr. B.'s story about the young man wearing a stained suit and losing a job opportunity because he did not know how to present himself well. Despite being 84 years of age, Mr. B. may have been signaling that he never managed to achieve a comfortable degree of separation and individuation.

Card 4

It's a couple closer in age, looks like a man and his wife or a man and his girlfriend. He's telling her this can't go on, he turned his head away. He doesn't want to hurt her feelings, but he can't afford to let this go on. He's got another girlfriend or he's got a wife, and he told her his wife will find out and they'll have a lot of trouble. He's got a troubled look in his eye.

(Outcome?) There's two stories. You need two pictures to tell how it'll end. How could it end if he's unhappy that he's leaving her! She's looking at him like "How about it,

haven't we been close enough to each other?" She doesn't look like she plans to lose him, but she probably will. She's got her arms around him, she's holding him tight, and she doesn't want to let go. So how could it end! Either they'll get back again or they won't get back again. It's yes or no, that's all I can say.

(What will happen?) He turned away from her. He knows they had a good relationship, but now he's got other prospects in mind. And he's not ready to make something permanent.

I rarely administer Card 4, but I did ask for Mr. B.'s story to this card because I wanted to further ascertain his capacity for intimacy, however underdeveloped or driven underground that might have been. Many of Mr. B.'s characterizations of intimate relationships involved one person two-timing the other. Mr. B. seemed almost to take this for granted, because rarely if at all did he express the idea of one person trying to conceal another relationship from the other. Often, the reason had to do with one person seeking revenge, attention or caring, or enlivenment or animation in a relationship. Most of the time it was the woman who sought an extramarital relationship, usually to spite her husband who was portrayed either as a failure or as inconsiderate, and even at times brutish. Typically, the affairs Mr. B. referred to were flaunted in the face of the aggrieved party, as if to drive home how inadequate that person appeared to the person seeking gratification through the other relationship.

On Card 4—a card with a strong pull for a story concerning intimacy or closeness—Mr. B. not only repeated this already familiar theme of two-timing, but he also expressed for the first time a sentiment of regret or consideration: The man did not want to hurt the woman's feelings and he felt unhappy to be leaving her. Notably, on other TAT cards and on the Figure Drawings when I asked Mr. B. to say more about how a character felt about some aspect of the story, he was coyly or jokingly evasive. He could not easily be drawn in to speaking about emotional states. I could not be certain why on Card 4 he spontaneously and without prompting spoke about feeling regretful or unhappy, although the card pull for psychological intimacy may partly have influenced this. Another possible reason might be that by this point in the TAT, Mr. B. already had laid bare, albeit unwittingly, hints of strongly felt sentiments about long forgotten, frustrated longings. Coy about relating the outcome of the story, his Lady and the Tiger-like resolution seemed to convey ambivalence and, perhaps more to the point, the emotional confusion he might have felt by his unaccustomed words of unhappiness and regret.

When I pressed him—fairly gently—to provide an outcome and thus resolve the dilemma, true to form Mr. B. reverted to his familiar position of withdrawing emotionally (“he turned away from her”), thus defusing the intimacy and gratification the man was searching for in the first place by turning toward the woman in the picture. Mr. B. explained in his story that the man's reason for leaving the woman was to avoid trouble at home, yet he implied that his marriage was limited or unsatisfying. Note also the words Mr. B. used to take his

leave—"he's got other prospects in mind . . . and he's not ready to make something permanent." Although sounding as if he was just getting ready to move on and repeat the same dynamic configuration all over again, I thought that the problem reflected something more than simply fearing commitment. Rather, I suspect that as he showed in so many places throughout the Rorschach, Mr. B. mainly seemed to be expressing how he put his longings for something more gratifying behind him as he turned his back on his needs and returned to the familiar but unsatisfying emotional life to which he was accustomed. His was an existence of someone starving while grabbing on to whatever he could manage to hold on to, as suggested so compellingly on the Rorschach. But Mr. B. also seemed to expect that whatever he could attain or accomplish for himself was not secure or durable.

Card 14

Why is this young man in the dark, by an open window? And he's looking out the window like he's contemplating suicide. If he's contemplating suicide, he's climbing out the window. If he's not contemplating it, then he's coming back in. You can't tell if he's in or out. He's half in and half out. And with all the black all around him, he's probably contemplating suicide because of the dark picture. The dark side of things. His best girlfriend rejected him, his friend ran away with his girlfriend, and he has nothing to look forward to. And he goes out the window and says goodbye to it all.

(What does he feel?) *He can't be feeling very well, a person without prospects.* (What particular feelings?) *He's not feeling happy, that's all I can say about it.*

This, too, is a TAT card I generally give only when there may be a lingering question of suicidal ideation. I was not really concerned about that, but because of Mr. B.'s opening response on the Rorschach I thought it might be the prudent thing to do. That being said, although Mr. B.'s story to Card 14 was one of the common stories to this card, his story initially emphasized the person's ambivalence not unlike the previous TAT card in which he vacillated between the man's leaving the woman or staying with her. However, his initial noncommittal "he's half in and half out [the window]" gave way to resolving the ambiguity in the direction of the person committing suicide, influenced at least partially by "all the black all around him . . . the dark picture . . . the dark side of things." Although the TAT is not the Rorschach, one cannot help but wonder whether the same penchant for dysphoria, resignation, and affective constraint that underlies *T* and *C* determinants on the Rorschach comes into play here as well. Nonetheless, the verbalizations about darkness, having "nothing to look forward to," and saying "goodbye to it all" clearly compelled an interpretation emphasizing despair, despite Mr. B.'s by now familiar emotionally shallow responses to inquiry questions intended to flesh out affect that were no more illuminating than simplistic generalities such as "he can't be feeling well" or "he's not feeling happy." Indeed, his annoyance with such inquiry questions may have prompted

him to append the statement, "that's all I can say about it," indicating that he had had enough of my inquiry questions along this line.

It is difficult to differentiate between active suicidal concern and appreciable despair on psychological tests, particularly when it occurs throughout a battery in more than one place, as it did in this case. Certainly, a story with a theme of suicide would not necessarily be sufficient to raise a prominent concern about suicidal ideation, in the same way that I did not consider Mr. B.'s mention of suicide on the testing-the-limits inquiry on the opening response of the Rorschach to be cause for alarm. Surely, such verbalizations should not be ignored, all the more so because there occurred two references to suicide on the test battery. Mr. B. did show a vulnerability to affective dysregulation, accompanied by impulsivity, dysthymic mood, and intrusive thoughts. However, there were no prominent clinical features of a depressive syndrome, the CS suicide constellation and R-PAS suicide concern composite (SC-Comp) were not elevated, there were no vista determinants on the Rorschach, and no other signs or verbalizations throughout the record strongly suggested a preoccupation with suicide or the quality or degree of despair that might warrant more serious concern about imminent self-harm. However, Mr. B.'s occasional impulsivity coupled with at least a transient dysphoric nature should not be discounted. One can never be certain about predicting a suicidal gesture or behavior or even how prominently to raise such a concern; generally, determining degree of depression, impulsivity, and pervasiveness of experiencing profound despair are probably better earmarks of the kind of psychological states out of which active suicidal potential emerges. Reminding oneself or a referring clinician about suicidal ideation as a potential concern to keep in one's clinical awareness to thus monitor was all that should be necessary at this point, along with the customary advisory recommendation to remain alert to any clinically significant changes in mood, impulsivity, or ideation should any of these occur.

That being said, I proceeded to examine the meaning of the sense of despair and hopelessness Mr. B. expressed on Card 14, without however couching my interpretation in a framework of a predominant concern about suicidal thinking or behavior. I remained mindful that anyone faced with a sufficiently prolonged, acute state of despair could of course be vulnerable to suicide. However, I did not think Mr. B.'s mental state or degree of vulnerability was at that point.

Mr. B.'s despairing story centered around the loss of a girlfriend who left a man at the instigation of another man. By now, this was a familiar theme, although what was not familiar was that, instead of indicating indifference if not actually relief, here for the first time Mr. B. expressed a theme conveying futility. This was not consonant with the TAT story to Card 3BM, for example, about the husband who behaved indifferently to his wife who was just as indifferent when she told him she had slept with another man to spite him. Nor was the futility and despair in the story to Card 14 similar to Mr. B.'s description of the husbands' apparently uncaring reactions on the Figure Drawings about the wives who cheated on them or ran away with other men. Perhaps this might mean that the shallow-sounding, flippantly evasive responses to my questions

concerning the emotions felt by the people in his other TAT stories concealed a degree of feeling wounded or diminished that was heretofore hidden, a result of a lifetime of putting emotional reactions to events in a kind of psychological cold storage. Perhaps Mr. B.'s rather undisguised expression of futility represented a momentary breakthrough of an affect state that was ordinarily well defended, provoked by one TAT stimulus after another unrelentingly exposing his innermost vulnerabilities. It was difficult to be sure. However, the despairing sense he expressed on Card 14 revealed how Mr. B. felt when his defenses weakened or were provoked by an upsurge of affect beyond a point he could effectively manage.

Note, however, how Mr. B. ended this story. Showing a capacity for some recoverability from a momentary upset, he referred to "prospects"—a word that also appeared in his previous story, used there to suggest a sense of having resources to get beyond the unhappiness or regret he felt on Card 4 about leaving the woman. Although here on Card 14, Mr. B. described the person in the story as being without prospects, in the context of the entire assessment protocol I was not left with the overriding impression that Mr. B. felt so totally bereft or that he could not at least seek out resources to try to recover from hurtful situations, including those that seemed to strike a chord of despair and futility as powerful as that which emerged on Cards 4 and 14.

Discussion

Mr. B. presented a rich, vivid picture of his personality dynamics across all of the projective test protocols, despite there not being a self-report assessment. My discussion will first summarize the major empirical findings from the Rorschach Structural Summary and R-PAS, followed by a content analysis of the Rorschach and other projective tests, before proceeding to consider this patient's personality structure and the developmental characteristics discerned in the test material that influenced or were influenced by his personality organization.

Empirically Based Findings (Rorschach CS and R-PAS)

This patient appeared to suffer from a moderate degree of compromised functioning influenced by a less than optimal balance between coping resources and the demands or stressors he faced. Thus, adaptive capacities were overburdened, representing a chronic, lifelong vulnerability undermining his overall functioning and ability to manage anxiety. Mr. B. was prone to act impulsively or to display heightened emotional reactivity when he felt that situations became too difficult to manage, particularly complicated emotional interactions with the people in his life that left him confused about what he was feeling or how to act. Troubling thoughts also seemed to perturb concentration and efficient problem-solving, and he was vulnerable to dysthymic mood at times. Seeing his body as dysfunctional and concerns about managing sexuality also influenced his feeling of depression and pessimism about life.

Not by nature introspective, Mr. B. was limited in being able to accurately or effectively grasp what he himself was feeling and how other people thought about him. This patient's thinking, although usually conventional, could be illogical and as a result difficult to comprehend. Situations that were emotionally complicated or that strained his capacity to understand what was happening tended to provoke scattered thinking or confusion. Thus, odd or idiosyncratic ideas, often concerning thoughts about damage or deterioration, could sometimes dominate his thoughts.

He seemed to have little sense about ways his own behavior impacted the people in his life. This patient thus appeared to have difficulty negotiating relationships with people, feeling dependent and in need of support but also resentful about expectations others had of him. His dependency was not matched, however, by a good capacity to understand what other people needed from him. As a result, Mr. B. probably felt people turning away from him, adding to his confusion about why others might seem aloof or withdrawn, especially when he needed to depend on others. Consequently, not being sensitive to subtleties of interactions with the people in his surround, Mr. B. was prone to feel spurned and rejected, and possibly in retaliation he responded in kind, feeling angry as he perceived people ignoring his needs and ultimately feeling diminished or devalued as a result.

Content Analysis (Figure Drawings/TAT/Rorschach)

Mr. B. experienced much of his life as unsatisfying, feeling as though he lived a "dreary" existence with little to look forward to, and from which he could not imagine any satisfactory escape. Life felt monotonous and it lacked a "thrill," as he put it, to provide a stable sense of invigoration or enthusiasm. While this might appear to resemble dysphoria, he appeared to experience more a sense of devitalization than depression, mainly representing a chronic state of disillusionment about his life and future. In fantasy, he could imagine escaping from the "dreary" predicament he experienced most of the time, although the content of his solutions was usually sexualized such that sex stood for invigoration or feeling alive. A lack of sublimatory potential seemed evident, and this man's incapacity to imagine satisfaction other than through sexual excitement signaled his inability to secure a more suitable channel for relief from the relatively empty or depleted psychological existence permeating his life. At the age of 84, such a failure to have achieved a workable sublimatory capacity was all the more problematic for him.

Mr. B. seemed to regard invigoration about life as being bound up nearly totally with a view of himself as sexually adequate, leaving him vulnerable to readily feel depleted or underpowered as he struggled hard to reconstitute a vibrant, vigorous level of self-cohesion. Something felt missing or incomplete, though I doubt that Mr. B. experienced this lack in a way he could articulate. The sense of self appeared to be experienced as fractionated or disconnected from his earlier life, when he could imagine feeling more enthusiastic or

stimulated—for example, channeling an interest in reading to finding the wherewithal and determination to earn a college degree past age 50, after more than 30 years of work behind the counter of a delicatessen. Speculating that in his younger years he felt a hunger for learning or intellectual stimulation, Mr. B. now seemed to feel his needs and yearnings more like those of a starving and greedily ravenous man clinging or grabbing with animalistic intensity to hold on to what he could, going after any morsel for stimulating a depleted self that might come his way.

Eating and feeding became potent metaphors he unwittingly used to convey seeking satiation of an undernourished psychological state. Mr. B. seemed to feel that he had to devour what he could get his hands on and at whatever cost, because there might be nothing left for tomorrow. When Mr. B. spoke about suicide, I doubt that he meant it in the usual sense of killing oneself. I think what he meant to convey was the demoralized, desperate sense that his life had lost its “thrill” and that it was hardly worth the effort of soldiering on in the depleted course his life seemed to be taking. What few satisfactions remained felt threatened and undermined. When he said “what’s there to thrill about,” I think he really meant that what little remained was slipping away from his grasp.

Feeling rejected and depreciated, it was becoming increasingly hard to feel like the donkey that is “a good workhorse if you treat it right,” putting up with the misery of life so long as he was treated reasonably well. Casting about for a sympathetic ear, for someone who would understand what he felt and try to explain it to him, Mr. B. indeed sounded like a trapped boy looking for a way out from a critical, envious, and coldly unsympathetic mother. This was represented currently in his life by an ever-watchful wife who seemed intent on curtailing his autonomy and keeping him close to her apron strings, perhaps either not grasping or caring about his efforts to find a way to communicate how hard his life had become.

Made to feel disobedient while he mostly felt unheard, Mr. B. seemed to grow up with the expectation that one does what one is expected to do, and that there was little tolerance for not feeling secure about one’s abilities to negotiate developmental challenges. Furthermore, it probably was his experience that parents had no time to indulge their children’s need to learn how to do things or ease them into a state of readiness or feeling of confidence.

Mr. B.’s relationship with his father also may have been disappointing and ambivalent. Perhaps finding little comfort or understanding from his mother, it would not be surprising that he might turn to a father when needing help with situations in life he could not figure out or manage himself. This patient may have wished for a father who could provide a sympathetic ear, hoping that such a father might be able to offer a solution or point to a direction Mr. B. could follow to buttress confidence or independence. It appeared that he found his father at best marginally able to comprehend what Mr. B. needed, and he may have reacted with patronizing scorn when as a boy Mr. B. turned to him for guidance to help him come into his own. Whether the father meant well but could not understand what Mr. B. needed or whether he was too unavailable or

unable to help his son find his way in life, Mr. B. appeared to have a relationship with the father in which he saw the father as more helpful or comforting than he actually was. His was a father who was either ambivalent himself about what he could give his son or he simply could not comprehend the boy's emotional needs. Mr. B. may not have been able to convey his needs as a young boy to parents who either were limited, too busy, or otherwise disinterested or unavailable to take the time to listen and understand what he needed from them. Perhaps as a result, Mr. B. grew up having difficulty reading other people's psychological states or expressing his own in a way that might lead people to be drawn toward him rather than turning away.

Mr. B. experienced women as humiliating or belittling, and also distanced and thus non-nurturant. He portrayed women as being unhappy and stuck with him, perceiving himself also as trapped, unhappy, and going nowhere. He perceived women experiencing him as an inadequate failure, and he seemed to understand—with a sense of relief in fact—why they might spurn him and turn with anticipation to other men who were competent and could give them more. His sense of relief at the prospect of being abandoned by women in favor of other men may have felt like a burden being lifted, notwithstanding that he would simultaneously feel injured and alone.

Chronic parental misattunement naturally interferes with normal development, which for this patient seemed to revolve around solidifying confidence in his abilities and taking the necessary developmental steps toward mature independence. Mr. B. must have felt hindered in knowing what his needs were and figuring out how to make them known to others to get people on his side. So, too, did Carl, the adolescent boy I described in [Chapter 3](#). Carl's solution was to exaggerate his emotions, thereby unwittingly signaling his distress. Mr. B., in contrast, now at age 84 and probably also as an adolescent, drove his distress underground as he compliantly and passively tried to go along with the expectations laid out for him. As a result, he probably was disposed to uncertainty or confusion about what he was prepared for in life and how confident he could be in his abilities. Just as he surely must have struggled to solidify an emerging sense of himself as a confident, developing youngster—normally an expectable outgrowth of an emotionally responsive parental environment—it would not be surprising that Mr. B. would face similar uncertainties now as the autonomy and wherewithal to remain involved with activities he found meaningful were slipping away and thus under threat.

5 Personality Problems Associated with Cerebral Dysfunction

The field of clinical neuropsychology has grown from a relatively specialized area within clinical psychology and behavioral neurology for much of the last century to becoming an established discipline in its own right, mainly within the past 50 years. It is an interesting curiosity that the discipline has shown relatively limited interest in addressing the interrelationship between cerebral dysfunction and personality or adaptation, apart from either reacquiring or developing compensatory functional skills. I consider the issue of personality development in cerebral damage in this chapter, which presents findings concerning personality patterns and adaptation in a 55-year-old patient with a longstanding learning and attentional dysfunction she attempted to keep secret, which had never previously been evaluated.

Problems affecting attention certainly are well known and easily recognized, and the perpetuation of attentional problems into adulthood also is well acknowledged as a frequently expectable outcome. Disturbances of attention may take the form of distractibility, or even its opposite in which affected children and adults may have difficulty disattending when it is advantageous to do so. Their focus of attention often favors impersonal objects or activities that are experienced as absorbing or entertaining, while children and adults with an attentional disturbance frequently have greater problems focusing on tasks they find difficult, less interesting, or in situations that are more interpersonal in nature. Levin (2002, p. 343) summarized the fundamental problem by describing such persons as “extremely loaded down with the weight of having to work many times harder than most people to organize themselves . . . [which] is really the major key to understanding their dilemma. This has been called the general problem of monitoring input and output in order to maintain inner organization within optimal levels.”

Cerebrally impaired individuals are frequently observed to experience shame concerning their cognitive difficulties, and if they are of school age, sub-par academic performance. Often failing to live up to expectations for school success and achievement in their work life that others manage far more easily, such people display self-esteem problems and may feel themselves to be imposters (Levin, 2002). A variety of emotional reactions are commonly seen, often involving anxiety-depressive symptoms in anticipation of not meeting

performance demands. Such patients characteristically misplace objects, forget obligations, are chronically late, grossly underestimate time in relation to carrying out necessary functions, and often are disorganized.

There is an extensive literature on prognosis and course, family history/genetic factors, and neurocognitive and neuroimaging mechanisms in disorders of attention (Barkley, 1997; Posner & Raichle, 1994; Spencer et al., 1996). From twin and adoption studies as well as molecular genetic studies, there is reasonably good evidence to regard such disorders as heritable. Familial disturbances when combined with predisposing factors such as obstetric complications or poor parental psychosocial adjustment (including unstable or conflictual home environments or psychiatric disorder) constitute important risk factors. In addition, dysregulation of frontal-subcortical circuits has been noted, predominantly in males, and dopamine and norepinephrine neurotransmitter systems also appear unstable in disorders of attention (Castellanos et al., 1996; Filipek et al., 1997). Such patients are also at risk for comorbid psychiatric disorders both in childhood and adulthood, and neurocognitive deficits affecting intellectual performance, academic achievement, and social functioning are well-known associated sequelae. Comorbidity is an important predictor of impaired outcome, including persistence into adulthood, a common observation.

However, there is far less attention devoted to this area in the personality theory and assessment literature and from psychoanalysis, particularly in clinical presentations of attentional disorder in adults. Gilmore (2001) regarded the main problems in children with attentional disorders to be those involving integrating affect or self experience, an impaired capacity to reflect on discontinuities of internal experience, modulating impulsivity, and managing overstimulation, including that associated with intimate object relationships. Although Gilmore was mainly writing about children with attentional disturbances, her comments regarding intolerance of change and transitions (including distractibility and fragmentation following unexpected changes) would seem equally applicable to adults with attentional disorders. Similar problems also exist more generally among patients with acquired cerebral impairment for whom dysregulated affect presents problems, including hyperexcitability that sometimes may be expressed as breakthroughs of sexual or aggressive impulses.

One defensive resolution may involve the use of obsessional defenses as a means of attempting to manage internal experiences that elude self-control, leading inevitably to disturbances of object relations as well. As a result, narcissistic fragility and the need to be in control often may emerge as associated problems, which frequently lead to experiencing relationships as disorganizing and conflicted. Gilmore (2000) commented that histories of children with attentional deficit disorder (ADD) from early infancy often include reports of their appearing hard to reach, comfort, or affectively modulate; such infants' motor movements are overactive and they also seem to have the kinds of temperament that foster attachment difficulties for their mothers. She considered all of these problematic concerns as central characteristics of a fundamental

disturbance of developmentally acquired ego synthesis, organization, and integration. Gilmore also speculated that these aspects of compromised ego functions confound what appear to be defenses with dissociated affects and drive derivatives.

I focus on a comprehensive study of one patient's personality organization, conflicts, defenses, and self and object relations in respect to the cognitive-perceptual compensations and learning and work strategies this patient developed in an attempt to meet academic demands, and later on, the cognitive demands of the workplace. Although it is nearly impossible to disentangle premorbid personality characteristics from the influences of compromised neurological status on motivation, affect regulation, and self-esteem, I consider in depth the predominant aspects of this patient's personality structure—inextricably confounded by premorbid and comorbid factors though it may be—to examine the interrelationship between neuropsychological deficits and personality, a relatively neglected area in both personality assessment and neuropsychology.

The patient whose personality assessment findings I present in this chapter, Ms. C., was a 55-year-old white female, who was initially referred for a neuropsychological consultation. She followed that evaluation by seeing me in psychotherapy for 13 months. That by itself was not very unusual, but the reason she sought treatment certainly was—and this will become clearer shortly after I present this patient's history. The reason for referral for the evaluation was straightforward enough. She had a debilitating ear and nose infection following an episode of pneumonia that led to complaints of memory and concentration problems. She was having difficulty learning new material and a neurologist advised neuropsychological testing following a recent MRI of the brain and EEG, both of which were normal. I saw her for an interview while she was still recovering from the ear and nose infection but waited to conduct the neuropsychological evaluation until these conditions were stabilized and eventually resolved.

As I reviewed the main findings with Ms. C., she revealed something she had never told anyone before. Because of the comprehensive nature of the cognitive functions assessed with neuropsychological tests, she realized that I was able to see the scope and magnitude of cognitive deficits that had plagued her practically her entire life. Apparently, she had managed to conceal these cognitive difficulties from teachers and even from her parents as a child—at least so she thought, and I had no reason or suspicion to question her report over the period of time we worked together—and then later in adulthood from employers and colleagues at work. Ms. C. apparently had a severe learning deficiency which she now recognized in retrospect had been present since starting school about 50 years before, at a time when learning and attentional deficits received nothing resembling the degree of scrutiny and diagnostic attention they have come to receive over the past decade or two. In the late 1940s and early 1950s, children who had trouble learning were for the most part considered “slow” or not especially smart. Feeling deeply humiliated by her learning problems—even as

early as age 5 or 6—Ms. C. developed a pattern of studying that she maintained throughout her entire school career, a pattern involving taking careful notes during classes (understanding little or nothing about what she was hearing in the moment during classes or lectures), copying over her notes, reading them over and over in small bits until she comprehended the material, and memorizing what she could to be able to pass tests.

Quite clearly for Ms. C., doing homework was unlike the way most other children and young adults did homework or studied. For her, homework and studying had become a way of life, consuming nearly all of her after-school time. Indeed, in her work life, Ms. C. would typically arrive early and stay late, taking work home with her at nighttime and on the weekends, and she would devote hours upon hours going through her meticulous pattern of completing work she could not do during the workday but that her coworkers managed to finish during regular work hours. Her life for all intents and purposes was devoted to work—not especially because of a passion for her work, but because she felt she had no choice but to do so because it took her about three times as long to complete her work responsibilities as it did for most other people. I had the impression that Ms. C. seemed to be holding down three full-time jobs!

Over the years, I have seen many ways and patterns used by people to compensate for a wide variety of learning and attentional problems, as well as many ways used to cope with the sequelae of neurological and psychiatric diseases that have compromised cognitive and perceptual abilities. Ms. C.'s way, however, was something I had not seen previously—certainly not ingrained to the extent it became for her. Even more striking was her motivation to succeed, such that she not only managed to get through enough school to earn a high school diploma, but in addition she went on to earn a college degree and a masters degree in speech pathology. She applied the same time-consuming, painstaking strategies she used to get through elementary and high school to her undergraduate and graduate studies. Moreover, she approached every occupation she held in essentially the same way, expending probably two to three times the amount of time and effort to complete her work responsibilities. This patient's entire life was given over to work in the same way that her childhood and adolescence were nearly totally devoted to schoolwork and studying.

Upon completing a masters degree, Ms. C. took a chance working as a speech pathologist, but she sensed that she might not be able to meet the demands of the work environment using the same strategies she had developed for studying and overpreparing herself throughout her school career. Within six weeks, she realized that her intuition was correct, and she quit the job before she imagined she surely would have been fired once her employer realized that something was seriously amiss about her impaired processing and cognitive capacities.

What she did next was to find work in the only kind of environment in which she really ever felt comfortable: Ms. C. became an assistant to the head of the graduate program she attended and from which she earned her masters degree. She had earned a reputation as a serious, well-prepared student and she was known to the faculty for her work habits and for always being on top of things.

By working in the same way that she had as a student ever since first grade, Ms. C. managed to do her work without being detected as having a learning disability. She eventually left for other administrative positions, often changing jobs every seven to ten years as she kept receiving promotions, which because of the greater demands on her cognitive functions mainly threatened to expose her longstanding problem.

As time went on, of course, computers and word processing had become de rigueur in nearly all office environments. She simply could not learn the basic fundamentals of computer use, and she painstakingly did her work either in longhand or using a typewriter, often at home or before or after regular work hours. She managed to dismiss her failure to learn computer skills as a personal eccentricity, deftly enlisting others to transcribe her work to help her out. Over many years, she had become quite skillful in getting people to help her and thus managed to circumvent her cognitive problems. She managed to use one reason or excuse after another throughout her work and school life as a means of concealing the severity of her cognitive difficulties, always in a way, however, that elicited concern and a willingness from others to help her compensate for her “peculiar idiosyncrasy.” Ms. C. believed that no one in her life—including her parents as a young child—had any inkling of her cognitive problems. She was always seen as industrious and hard working, and by being thoughtful and pleasant to others she managed to recruit people willing to indulge her unusual-seeming needs and thus cover for her problems.

Having now undergone a neuropsychological evaluation, Ms. C. recognized that she could not conceal her cognitive deficits from me, and for the first time in her life she felt there was now a person—myself—with whom she could talk about her lifelong struggle in this area. She believed that I had in this way become the only person in the world who knew her secret. I would hasten to add that the primary motivation underlying this transference position came about only because she now recognized that “the jig was up” and she might as well try to understand more about this disability she secretly devoted her entire childhood and adulthood to overcompensating for and concealing. That is, never having been offered or having sought treatment or remediation, Ms. C. now felt that since I knew her secret she could talk with me about her problems. She was mildly interested in seeing whether I might be able to help her remediate her learning problems—an area I told her I could not help her with because it was not my field—but she actually was more interested in talking with me to see if I could help her find more successful strategies to better disguise her problems and thus continue her lifelong strategy of overcompensation and concealment. Thus there began a 13-month period of psychotherapy focused on this goal—from Ms. C.’s point of view—although I became particularly interested in understanding why her problem might have gone unrecognized by her parents and why she could not talk with them or sympathetic teachers about her difficulties.

I will first briefly summarize the neuropsychological findings to provide this relevant context, but I will primarily emphasize the personality assessment

findings to focus on the central question of my interest in this case and why I selected it to present in this chapter—the characterologic dispositions defining this woman's personality and how these fostered the development of her adaptation to a longstanding neuropsychological deficit that was either congenital or acquired early in childhood development. I also will describe briefly the 13-month course of psychotherapy.

Neuropsychological Findings

Ms. C. obtained a WAIS-III full scale IQ of 106 (66th percentile level), with marginally better verbal comprehension (index score 112) than perceptual organization (index score 101) abilities. Although verbal concept formation was normal, Ms. C.'s verbal reasoning and problem-solving abilities were appreciably better. Visual-spatial abilities also were variable, ranging from average to low average spatial analysis to above average visual-spatial reasoning and problem-solving abilities. Speed or efficiency of information processing (processing speed index score 103) was comparable to verbal and perceptual ability levels; however, working memory (index score 84, 14th percentile level) was inferior to all three WAIS indices. Other tests of processing efficiency and speed revealed greater deficits, however, particularly when more effortful demands on capacity were required.

Memory functions were mainly within normal limits; however, retention for selective material—mainly delayed recall of visual-spatial stimuli—fell below a level that would have been expected given this patient's intellectual capacity. Verbal memory remained well preserved, as did verbal fluency, and motor functions were within normal limits bilaterally. Higher level cognitive functions involved in conceptualizing sequences of steps appeared to be compromised, particularly when novel strategies for problem solving were called for. Consequently, Ms. C. was able to learn basic concepts but she had difficulty shifting to other concepts or cognitive structures when such shifts would have been more adaptive to particular tasks at hand. At such times, she approached new problem-solving situations haphazardly, characterized mainly by random and consequently unresourceful thinking which was particularly problematic when she could not easily apply verbal strategies to talk or think her way through novel problem-solving situations. It seemed that relatively greater impairment was revealed when familiar cues or prompts were not readily available to be used. Ms. C. seemed aware of but oddly indifferent to her frequent failed attempts at such moments, despite otherwise adequate levels of motivation and concentration.

The principal findings indicated that while verbal and visuospatial neuropsychological functions were generally well preserved, compromised working memory and executive functions undermined efficient performance, including implementing resourceful or adaptive strategies for problem solving or concept learning.

Minnesota Multiphasic Personality Inventory (MMPI-2)

Ms. C.'s MMPI-2 profile yielded a valid ($T < 65$ *L*, *F*, *K*, *VRIN*, and *TRIN*) 3-1 profile in which Scale 3 (hysteria) was elevated at $T = 73$ and Scale 1 (hypochondriasis) was elevated at $T = 67$. This 3-1 code type is typically seen in patients with prominent or persistent somatic complaints and in individuals exhibiting a personality pattern prone to somatization of psychological states. That being said, it deserves note that Scale 2 (depression) was not much lower than Scale 1 (with a T score of 64), and all other clinical scales fell well below these levels. Examination of the restructured clinical scales (RC) correcting for demoralization as an influence on the major clinical scales indicated that somatic complaints and low positive emotions emerged as the highest elevations. However, both of these RC scales fell below $T 65$, particularly low positive emotionality, and *RCd* (demoralization) was also low. For this reason and because of the level of Scale 2 in respect to Scales 3 and 1, a conversion pattern of somatic reactivity was not especially indicated, nor was pronounced anxiety or depression prominent either. This pattern suggested that Ms. C. was unlikely to be troubled by marked psychiatric symptoms; rather, she more characteristically functioned at a diminished level of efficiency despite a generally asymptomatic psychiatric presentation.

Apart from the possibility that the scale elevations seen here might reflect somatic complaints attributable to this patient's recent medical problems, Ms. C.'s characteristic personality organization suggested that she viewed herself as well functioning and responsible. If there were somatic symptoms of particular note, she was not generally inclined to show the kind of concern about such symptoms that normally would be indicated. Such patients usually are not particularly given to psychological insights concerning physical symptoms, nor as a rule are they responsive to this way of thinking. Being instead more likely to rely on denial and projection as prominent defenses and externalization of blame, Ms. C. was inclined to experience indifference about problems, probably acting defensively unconcerned and optimistic instead. A somewhat self-focused nature coupled with needs for attention or affection also seemed to dispose her to show heightened dependency, while simultaneously feeling uncomfortable about dependency needs. Although generally outgoing, interpersonal relationships nevertheless appeared rather superficial and lacking in genuine involvement because other people were perceived mainly for their need-fulfilling functions. She was prone to feeling resentful when people would not respond attentively to her, or when they were not sufficiently supportive or did not serve her needs. This patient generally controlled hostility in such circumstances, although it could emerge through passive-aggressive actions or less frequently as temper outbursts. Ms. C. was more likely to act in socially acceptable ways so that others would see her as a conventional and conforming person who behaved reasonably.

Human Figure Drawings

Ms. L. began by drawing a stick figure (Figure 5.1). When I asked her to draw a whole human figure, she first drew a male (Figure 5.2)—an unusual initial

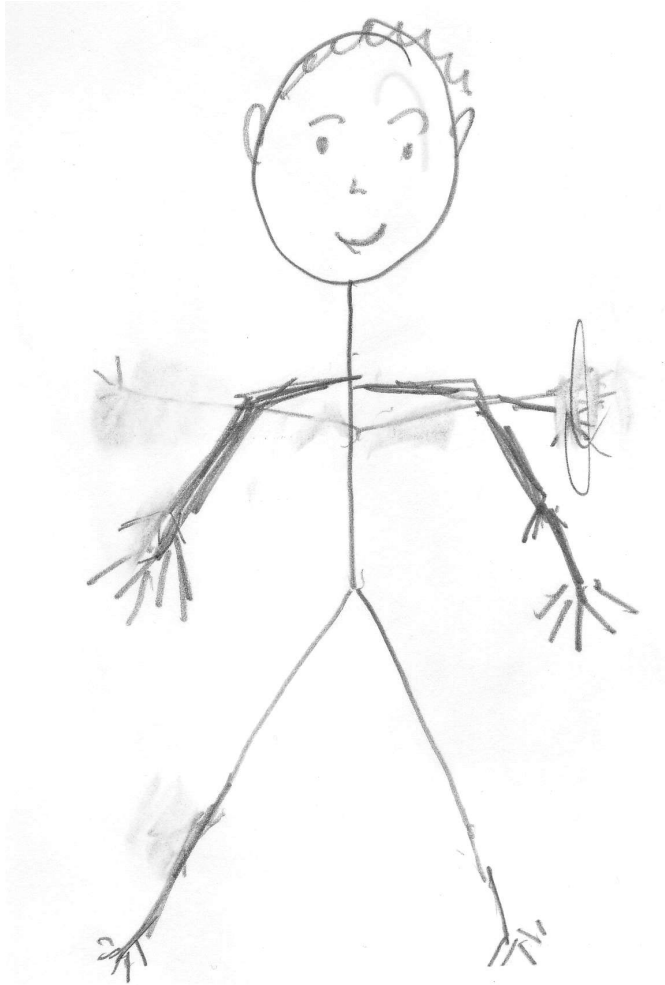


Figure 5.1 Human Figure Drawing (initial drawing)

drawing of the opposite sex—which, unlike her second drawing, looked unclothed except for possibly having shoes. The right-side extremities were notable for having extra lines and erasures, particularly the hand, which appeared misshapen and distorted. The face and head had some detail, and she also had a faintly drawn circular shape enclosing the human figure. When asked to describe the person she drew, Ms. C. said:

A hardy person, healthy, ready to do a job. A happy person, but determined. I have it as a male, not a weak person. It's a strong structure, everything's in proportion—the arms, the legs, someone who comes across as a confident person and eager and motivated.

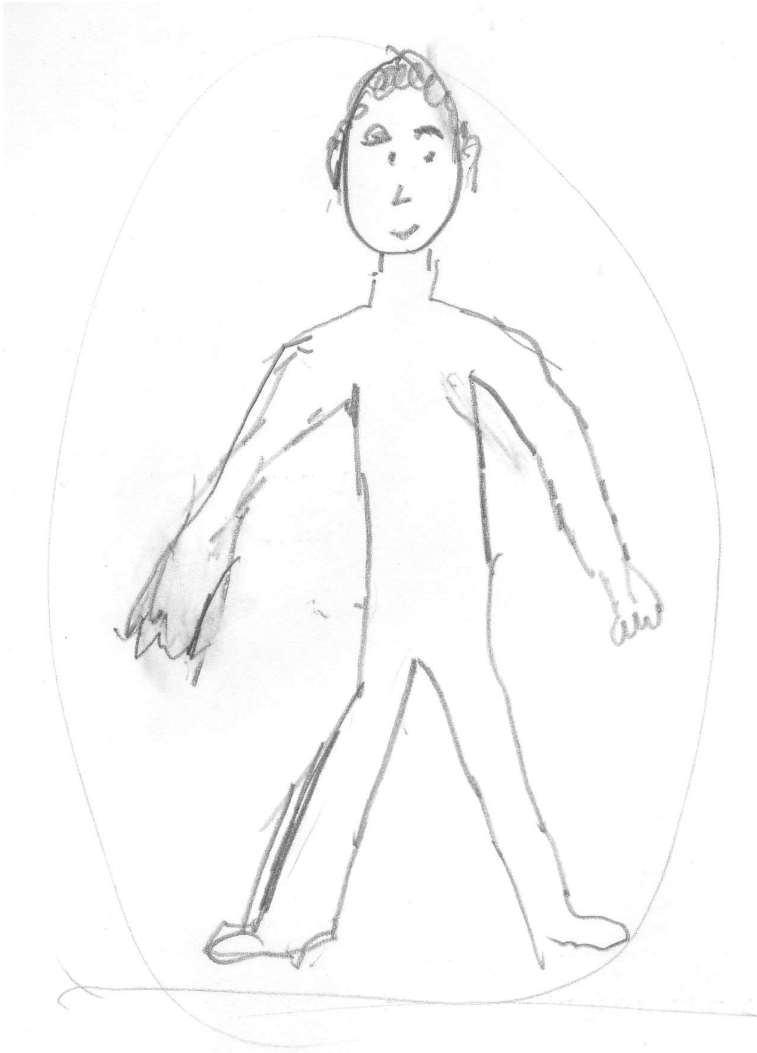


Figure 5.2 Human Figure Drawing (male)

(What's he like on the inside?) *He has a good head on his shoulders. His thinking is rational. He's responsive, and responsible. A warm person, a feeling person. He would be a helping person.*

(A helping person?) *I just came from Target and there was this person who helped two women get something down off a shelf. He didn't say, "It's not my department." He assumed the responsibility and said, "Sure, I'll help." It measures their values, how they were raised. That's what makes or breaks a person.*

(How do you mean?) *When I had this disability with my eyes, I felt awkward asking for help. I felt I was intrusive, and it was so important how people offered to help me. I didn't even have to ask for it, they just knew.*

I next asked in turn about the person's fears or worries, what made him depressed, and what made him angry. Ms. C. responded as follows:

(Fears?) *He's pretty confident, but maybe a fear of getting ill, getting sick. Hurting himself. I drew him as being coordinated—there's strength—and it's scary to lose that.*

(Depressed?) *Maybe the feeling of losing that confidence or the stick-to-it-iveness. But I think it would be situational. I think he'd have the fortitude to work it through. The strength is there.*

(Angry?) *Disrespectful people, who don't respect other people or who are abusive. Abusive behavior or language.*

(Abusive?) *People who don't see how their actions affect other people. They're just encased in themselves. He's the opposite of it—he must be strong. He's I-oriented but he's we-oriented as well.*

(What about that makes him feel angry?) *It pollutes the world—people who don't see how their actions affect the world.*

Finally, I asked what the person was doing as she drew him. Ms. C. replied:

He's standing up straight. He's not hunched over, he's not bending.

Everything about this patient's verbalization emphasized the man's strength, confidence, and stability. Her comment about drawing the figure as a male and "not a weak person" seemed to imply that she had in mind a contrast, possibly suggesting that she regarded women as weak. Further, Ms. C. noted the psychological qualities of warmth and sensitivity alongside the figure's fortitude and hardy nature, creating an impression of an idealization of manliness, integrity, and kindness—or as Ms. C. stated it, "he's responsive and responsible."

She associated to an event she witnessed earlier that day, describing how a male employee helped two women at a store. She emphasized that the man was helpful in a situation in which it was not incumbent on him to act that way. Still more telling, Ms. C. then associated to her own difficulty asking for help when she was ill recently. She was concerned that her requests for help would be perceived as intrusive and she felt grateful when other people intuitively sensed what she could not easily express. Ms. C. seemed to be signaling being able to or wishing to turn to men for sensitive understanding at times of need.

Still, the figure she drew did not particularly create an impression of strength, vigor, or even a strong sense of character. Indeed, while the figure appeared to resemble more a male than a female, the drawing at first looked to me as much like an adolescent boy as a grown man. Furthermore, the absence of

any features of the clothing made the figure appear nondescript or perhaps vulnerable and exposed. Note also the asymmetry between the right and left arms with erasures in the area of the right hand or arm, the meaning of which was unclear.¹

As a result, despite Ms. C.'s emphasizing strength and hardness about the male she drew, there may have been more to it than meets the eye, which should raise an examiner's index of suspicion regardless of the way she verbally described the figure. As she spoke about being in need of assistance, being hesitant to show or express this need, and appreciating when others intuitively sensed a state of need and responded accordingly, I kept wondering about her attribution of such empathic or sensitive qualities to a man. Moreover, I was particularly curious to hear what she would have to say about the female figure I would ask her to draw next.

I realized after the fact that I had neglected to ask Ms. C. about the circular line she drew around the figure; however, her verbalization about people "encased in themselves" might offer a clue. It was of more than passing interest that when she spoke about what made the man angry, her use of the word *abusive* prompted me to inquire further, probably because it seemed like a somewhat strong word to use here. My asking her to elaborate led to her clarification about people not seeing the effect of their disrespectful or abusive actions, which was not however the question I asked. She then proceeded to go further off the point when she referred to abusive people as "encased in themselves," by which she seemed to mean egocentric. At this juncture she seemed to be talking about a quality that sounded still further removed from *abusive*, and Ms. C. added in this context that the person she drew was the opposite of "encased" (or egocentric). However, she returned to the idea of his being strong—which also did not seem related to the idea of being "encased" let alone "abusive"—and she ended up referring back to egocentrism and how that was balanced with concern about others. Her response to my question about anger seemed to reiterate her distaste or anger about people acting in a self-centered way ("it pollutes the world"); however, it also was not an obvious response to the question I asked.

I have analyzed this sequence of questions and replies for several reasons. First, it was the earliest point in the assessment that Ms. C. became emotionally moved about something—possibly anger—at which point she seemed to wander off the point while also sounding elusive. Second, while her somewhat circumlocutory thoughts lacked coherence and thus were difficult to follow, she did not go astray to the extent that I had trouble understanding her meaning. What became especially difficult to follow was her way of seeming to slip in other ideas or connotations that also were not well explained. Thus, the more I asked, the more elusive she became. She seemed to steer me in different directions, ultimately going around in circles and leaving me to give up trying to get a clear enough understanding about what she meant. Further, I suspected that this manner of confusing people was unwittingly a part of how Ms. C. managed anxiety, remaining close enough to what a conversation concerned for others

to feel she was on the same wavelength as they were, while by the time people might realize they did not know what she was saying they probably would give up and leave the conversation alone. (Recall how Ms. A., described in [Chapter 2](#), showed a similar elusive pattern. However, in that case the motivation behind Ms. A.'s defensive evasiveness served a different purpose.) This particular style of expression occurred at many points throughout the evaluation, and I comment later about the defensive purpose it appeared to serve. At this juncture, however, I am mainly calling attention to this patient's unusual stylistic way of expressing herself, noting that its fuller meaning will become clearer as the test material continues to unfold.

Ms. C.'s description of the female figure ([Figure 5.3](#)) surprised me:



Figure 5.3 Human Figure Drawing (female)

It looks like Olive Oyl! Determined, athletic, friendly. Smart. She's an achiever, an empathetic person—to people as well as animals, without regard to age, to people of all ages. She's a goal-oriented person, a mover and shaker, not happy with the status quo. She wants to change things and will fight for it.

I also asked about the person's fears, and what made her depressed and angry.

(Fears?) *She's an athletic person, so she worries about anything that would happen to her body. She's very conscious about her health and always wants to have that mobility. (Mobility?) To accomplish what she wants to. She doesn't want to waste time. She wants to do a lot of things.*

(Depressed?) *Death, losses. But she'll spring back. But a loss like a family member, she'll recoup. She's viewed as being a strong person.*

(Angry?) *Rudeness, abuse. Theft. (Theft?) If someone stole a car or something, or someone took advantage of someone else, or who does things that will hurt someone. She knows right from wrong and who does the wrong thing.*

The character of Olive Oyl from the popular cartoon *Popeye* was generally portrayed as gangly, awkward, and clumsy—a decidedly unflattering sight to behold with her toothpick-thin figure and large feet. Still, Olive Oyl was Popeye's girlfriend, and he was steadfast in his devotion to her despite her sometimes grating ways. Nevertheless, hardly any young girl of Ms. C.'s generation would have aspired to be anything like Olive Oyl. What could Ms. C. possibly have been thinking here! As the evaluation proceeded, I continually asked myself what kind of self-representation or identificatory figure was Ms. C. characterizing through this odd, highly idiosyncratic choice.

This patient did emphasize several prominent characteristics about the figure she drew, one of which—her determination and achievement-oriented attitude—could well describe Ms. C. from the brief historical sketch I provided about her. She emphasized as well that the person subscribed to strong sentiments about her beliefs and that she was intent on righting situations she considered needing correction. Ms. C. also emphasized the figure's good-hearted, empathic nature, particularly stressing how these attributes extended broadly and without discrimination.

When I asked Ms. C. about fears or anxiety, her associations predominantly concerned incursions on physical or athletic robustness and a concern about health or that there might be something the matter with the woman's body. For her to use the word *mobility* was, I thought, a curious choice, prompting me to inquire further. The patient's explanation reemphasized the theme of accomplishment, particularly her mention of not wanting to waste time. I wondered whether wasting time or not being mobile might have been connected with Ms. C.'s own worries about falling behind, which she could ill afford to let happen in her everyday work life. Even as she imagined what might cause the figure she drew to feel depressed, Ms. C. emphasized its aftermath when she immediately followed the mention of death and loss by saying, "she'll spring back . . . she'll

recoup.” Although this patient commented that the figure was “viewed as being a strong person,” I wondered whether her stating that the figure was *viewed* as strong might belie recognizing or at least doubting how she actually felt, mindful of the importance of being seen as strong and resilient by other people.

In the same way that the word *viewed* crept subtly into her verbalization, causing me to wonder what she was implying, her reference to *theft* in relation to feeling angry also was a curious choice. When I asked Ms. C. to clarify what she meant, her response took her somewhat far afield from what she initially said, much as also happened when she was asked to clarify what she meant by a connection between anger and abusiveness in relation to the male drawing. Thus, her association between a theft of a car and taking advantage of or hurting someone and knowing right from wrong was not intuitively clear. Rather, the idea of *abuse* actually seemed to be the starting point for her apparent digression—just as that same word was the starting point for her circumlocutory digression during the inquiry about the male figure she drew. Why the idea of abuse was as disorganizing for her as it appeared to be, and why its link with anger was as poorly articulated as it was remained to be determined.

Ms. C. also mentioned a concern about anything that might go wrong about the person’s body and the importance of *mobility* in her description of the female drawing. It made me wonder whether the ideas about something being wrong with the body, mobility (now in the sense of being able to free herself from something going wrong), and righting of wrongs were all connected with either an actual or attempted episode of abuse in her history. Perhaps representing a dissociated experience, it nonetheless seemed quite evident that an associative link between abuse and anger gave rise to this patient’s intermittent drifting into an incoherent manner of communicating her thoughts. I was not sure whether the lack of coherence of her cognitive processes was specific to something concerning abuse or whether it was a broader ego deficit, though in either case it pointed to a somewhat brittle, compromised ego function.

What by now had been two wandering digressions, both provoked by the idea of abuse which she herself spontaneously introduced, led me to return to Ms. C.’s comment about her drawing of a man when she talked about abusive people being “encased in themselves.” She may have meant egocentric in the sense of wanting what they want regardless of how it might affect others, and this quality may have provided the link to anger, a link she could not herself explicate clearly. But I also wondered whether being “encased” might have represented getting lost in thoughts others could not follow, something closer to feeling lost in space and accordingly experiencing a feeling of being insulated or isolated. True, the context for being “encased in themselves” belonged with the male drawing and it emerged in the specific context of people who were abusive. She probably was referring to men although I was not entirely certain of that. When I originally thought of her meaning egocentric when she said *encased*, I had in mind a reference to men; however, Ms. C.’s circumlocutory language did not make it any clearer. In any event, her particular meaning would remain to be determined as the evaluation proceeds.

It often is unclear what to make of a person drawing an opposite sex figure before drawing a figure of the same sex as themselves. Typically, people of both genders draw their own gender first, particularly men. Ms. C. began, however, by drawing a male first, which was preceded by drawing a stick figure. Although her drawing of the male figure lacked much detail, one of the hands was misshapen and distorted, and there were no apparent details of clothing. Ms. C. nevertheless described the figure as strong and confident. In contrast, her drawing of the female figure appeared to be a more defined figure (although the nose was omitted from the face), it was clearly clothed unlike the drawing of the male, and the person was described as sure of herself and determined. However, her description of the male figure as being strong when it looked exposed or possibly defenseless seemed somewhat incongruous. Moreover, that Ms. C. described the female figure as recovering well from setbacks and being “viewed” as strong suggested the possibility that Ms. C. wanted to be perceived as strong but that she felt uncertain about how strong or resilient she really was.

Influenced in part by these curious and possibly contradictory representations, together with her initially drawing a person of the opposite sex, I very tentatively speculated that qualities of the male she drew might have described the female she drew more accurately, and also that the female she described was simultaneously strong and bold—like Olive Oyl—but also dissociated and thus weakened. Further, depending also on what she meant by “encased in themselves,” she could have been talking about both men and women.

I continued to be intrigued by Ms. C.’s reference to Olive Oyl, and I now regret not asking her more about her association to that character from the well-known cartoon she undoubtedly would have known as a child. Certainly, weak would hardly be a way anyone familiar with the *Popeye* cartoon would have described the brash, outspoken Olive Oyl, who was someone to reckon with and hardly a pushover. Although earlier I wondered what kind of identificatory figure Olive Oyl might have represented, it was possible that her no-nonsense, strong nature might well have served as a basis for an identification; after all, there were very few bold, outspoken female identification figures among the popular cultural figures of the time when Ms. C. was growing up. Perhaps struggling with anger triggered by feeling abused or taken advantage of, and because certain experiences or memories may have been dissociated, Ms. C. appeared to vacillate between walling off or insulating her emotional life and presenting a resilient image of herself to others. I could imagine why Ms. C. might be drawn to a representation of a self-assured woman, regardless of her rather unfeminine physical appearance, who could stand up to and hold her own with a man, even one like Popeye—a somewhat diminutive figure but nonetheless a gruff sailor man symbolized by deriving his strength and assurance from eating spinach. Indeed, Ms. C.’s male drawing and verbalization reminded me of this incongruity about Popeye: he did not look powerful but once fortified he was indeed a powerhouse. Moreover, he remained devoted to Olive Oyl through thick and through thin.

No doubt, I am stretching beyond the imagery Ms. C. presented in these drawings and the verbalizations associated with them. However, Figure

Drawings by their nature can allow for a broad palette of hypothesis-generating ideas; they are a good basis for forming hypotheses and raising questions, but on their own merit drawings do not provide a satisfactory basis for answering the questions they raise. That being said, having previously discussed Ms. C.'s MMPI-2 findings, I next proceed to discuss her Rorschach.

Rorschach

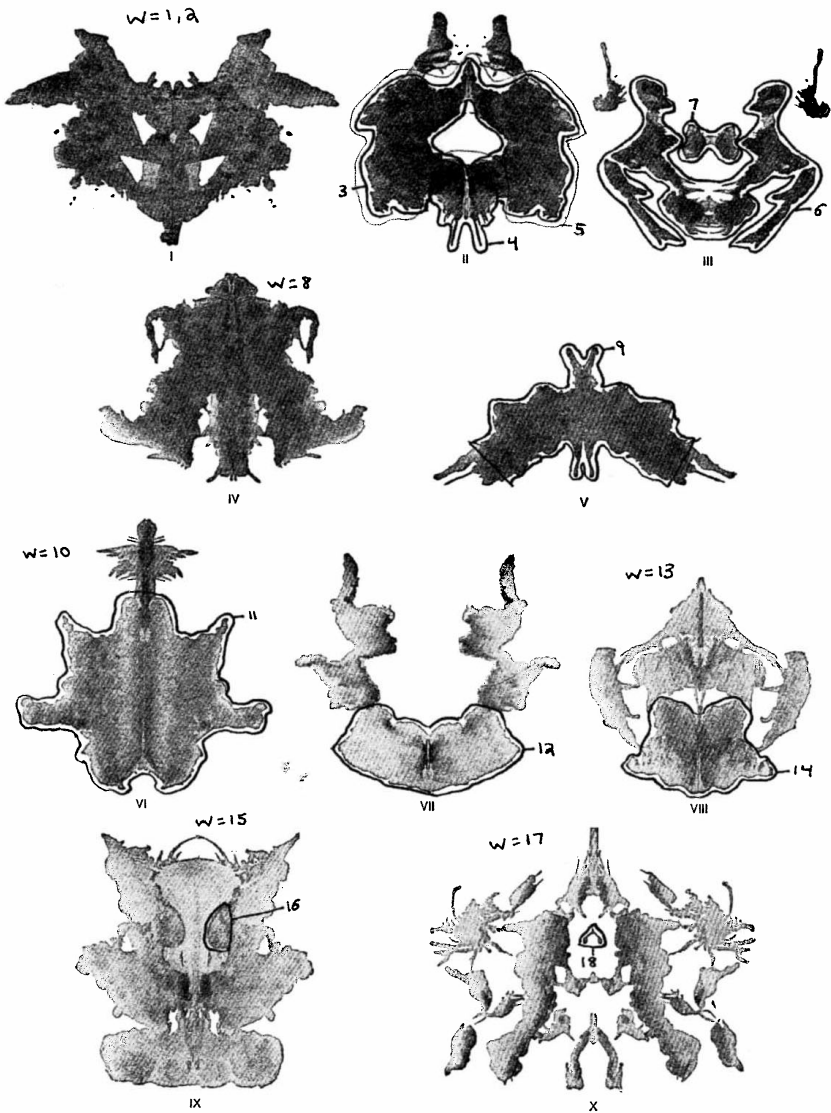


Figure 5.4 Rorschach location sheet

Presented below is Ms. C.'s Structural Summary followed by a summary of the CS-and R-PAS-derived clinical interpretations, after which I consider the responses proper and their implications for interpretation. It will become evident that Ms. C. produced highly idiosyncratic response content, largely impacted by freely wandering elaborations and associations.

Figure 5.4 shows the Rorschach location sheet for Ms. C., and her CS Sequence of Scores and Structural Summary are shown in Figures 5.5 and 5.6.

CS Interpretive Findings

Card	Resp. No	Location and DQ	Loc. No.	Determinant(s) and Form Quality	(2)	Content(s)	Pop	Z Score	Special Scores
I	1	WSo	1	FC'o		(A)		3.5	
	2	Wv	1	C'F.YFu		Art			
II	3	D+	6	FMpo	2	Ad,Id	P	3.0	
	4	Do	3	CF.YF.mp-		An,BI			DV, DR, MOR
	5	Dd+	99	F-	2	A		3.0	DR
III	6	D+	1	Mp.FC'o	2	H,Cg,Fi	P	3.0	GHR
	7	D+	3	Mp.FC.FYu	2	An		3.0	FAB, PHR
IV	8	Wo	1	FT-		A		2.0	INC
V	9	Ddo	99	Fo		A			
VI	10	Wo	1	F-		A		2.5	INC
	11	Do	1	C'F.YFo		Ad	P		
VII	12	Do	4	FTu		Fd			
VIII	13	Wo	1	FCo	2	A,Art	P	4.5	INC
	14	Do	2	Fu		Cg			
IX	15	Wv	1	CFo		Ls			
	16	Ddo	28	FC'-	2	Ad			
X	17	Wo	1	FC.FMao		A	P	5.5	DV
	18	Do	3	Fo		An			

Figure 5.5 CS Sequence of Scores

In this interpretively valid profile with an elevated Coping Deficit Index (CDI = 4) and $D < \text{Adj } D$, the cluster strategy for interpretation began with capacity for control/stress tolerance, followed sequentially by the situation-related stress, interpersonal perception, self perception, affect, processing, mediation, and ideation clusters.

The first notable findings were thus derived from the variables comprising controls and stress tolerance, such as the *EB* ratio of 2:3.5, elevated CDI, $D = -3$ and $\text{Adj } D = -2$, and $EA = 5.5$. Such a pattern would suggest that Ms. C. did not appear to show a consistent style of coping, fluctuating between thoughtfully considering and emotionally responding to events and experiences

RATIOS, PERCENTAGES, AND DERIVATIONS

R = 18 L = 0.38											
<hr/>											
EB = 2 : 3.5			EA = 5.5			EBPer = N/A					
eb = 3 : 11			es = 14			D = -3					
			Adj es = 11			Adj D = -2					
<hr/>											
FM = 2			SumC' = 4			SumT = 2					
m = 1			SumV = 0			SumY = 4					
<hr/>											
FC:CF+C = 3 : 2						COP = 0					
Pure C = 0						AG = 0					
SumC' : WSumC = 5 : 3.5						GHR:PHR = 1 : 1					
Afr = 0.50						a:p = 1 : 4					
S = 1						Food = 1					
Blends:R = 6 : 18						SumT = 2					
CP = 0						Human Content = 1					
						Pure H = 1					
						PER = 0					
						Isolation Index = 0.06					
<hr/>											
a:p = 1 : 4			Sum6 = 8			XA% = 0.72			Zf = 9		
Ma:Mp = 0 : 2			Lvl-2 = 0			WDA% = 0.80			W:D:Dd = 7:8:3		
2AB+(Art+Ay) = 2			WSum6 = 18			X- = 0.28			W : M = 7 : 2		
MOR = 1			M- = 0			S- = 0			Zd = +2.5		
			M none = 0			P = 5			PSV = 0		
						X+ = 0.50			DQ+ = 4		
						Xu% = 0.22			DQv = 2		
<hr/>											
PTI = 1						<input type="checkbox"/> DEPI = 3		<input checked="" type="checkbox"/> CDI = 4		<input type="checkbox"/> S-CON = 4	
								<input type="checkbox"/> HVI = No		<input type="checkbox"/> OBS = No	

Figure 5.6 CS Structural Summary

impacting her life. Accordingly, she sometimes showed a measured or even-tempered approach to problems, but Ms. C. also was capable of responding unpredictably with impulsive or uncontrolled outbursts, mainly when feeling emotionally overwhelmed. She characteristically appeared to experience considerable distress, which also represented a longstanding feature compromising adjustment. Because she struggled with and at many times lacked adequate resources to manage the degree of stress she experienced in much of her everyday functioning, Ms. C. was vulnerable to feeling disorganized or preoccupied with managing stressful situations.

Presently, and probably characteristically as well, Ms. C. appeared sensitive to marked situational demands with prolonged or intensified periods of neediness. As a result, she often would experience compromised self-control, probably accompanied by anxious-dysphoric affect. Although generally affectively constrained, Ms. C. also displayed complex thinking and emotional reactions which, rather than fostering adaptability, instead appeared to make her appear fairly complicated and unpredictable to the people around her.

Examining CS interpersonal relations and self perception variables unsurprisingly revealed how this patient might act sociably albeit in a self-protectively superficial and guarded way, which probably stemmed from her internal discomfort about people's expectations. Prone to being passive and also somewhat dependent in her relationships with other people, Ms. C. was inclined to subjugate her needs to others. Thus, acting deferentially and in a passive-dependent but also guarded manner only served to intensify her neediness and feelings of deprivation. Ms. C. was probably not strongly inclined to show

interest in or derive satisfaction from interpersonal relationships, contributing to her relative isolation. Although being somewhat withdrawn in this way did not appear to lead to self-absorption, neither did it promote self-awareness. Echoing one of the key MMPI-2 findings, Ms. C. seemed particularly preoccupied with somatic functions, which might impact how she felt about herself.

Ms. C.'s affective experience seemed to be dominated by a diffuse feeling of tension or unease, which because of her defensive style typically operated outside of her awareness. Although some stressors may have been of relatively recent onset, she also was vulnerable to chronic loneliness and feeling deprived. Because this patient showed considerable emotional constriction, her affect life could appear stilted or tight as she was inclined to back away from affective experience. By preferring to favor dealing with emotional reactions somewhat distantly or intellectually, Ms. C. could be at some risk for developing somatization reactions. Limited though they might be, the affect states she did allow herself to feel were probably experienced deeply, accompanied by moments of unmodulated intense affect, though usually fleeting.

CS variables concerned with information processing and cognitive mediation and ideation also provided indications about how Ms. C. perceived and reacted to emotional and interpersonal situations. Her characteristic emotional reserve served an adaptive function insofar as it disposed her to confront difficult situations dispassionately. Though not without emotional concern or engagement when necessary, this patient more characteristically appeared even-tempered and she was inclined to contain the intensity of emotional involvements or responsiveness. As a result, she was prone to approach many situations in a vague or imprecise manner that could at times lead to inaccurate perceptions of people's intentions and actions. At such moments, Ms. C. probably initially would appear confused about what to do in situations that were not clearly defined. Sometimes, transient disruptions of orderly thought processes typically reflecting unmet needs might lead to lapses of judgment; however, this patient generally recovered quickly from such brief disruptions. While intrusive thoughts stimulated by need states did not typically interfere with relationships with other people, Ms. C.'s thinking could nevertheless become rigid, which also limited realistic, adaptive problem solving.

On balance, Ms. C. showed several areas of vulnerability. However, these were mitigated by adaptive strengths serving to create an outward appearance of mostly adequate functioning. More internally but also more outside of her awareness, Ms. C. was susceptible to feeling deprived or lonely, thus disposing her to anxious-depressive mood, an inconsistent pattern of responding effectively to stressors, and as a result moments of confused thinking.

R-PAS Interpretive Findings

Figures 5.7 and 5.8 show the Sequence of Scores and Page 1 variables for Ms. C. Ms. C.'s protocol was somewhat brief but still interpretable, despite a potential for false negatives that was partially offset by a more than adequate

Cd	#	Or	Loc	Loc #	SR	SI	Content	Sy	Vg	2	FQ	P	Determinants	Cognitive	Thematic	HR	ODL (RP)	R-Opt
I	1		W			SI	(A)				o		C'		AGC			
	2	@	W				Art		Vg		u		C',Y					
II	3	@	D	6			Ad,NC	Sy		2	o	P	Fmp					
	4		D	3			An,BI				-		mp,CF,Y	DV1,DR1	MOR			
	5		Dd	99			A	Sy		2	-		F	DR1				
III	6		D	1			H,Cg	Sy		2	o	P	Mp,C'			GH		
	7		D	3			An	Sy		2	u		Mp,FC,Y	FAB1		PH		
IV	8		W				A				-		T	INC1	AGC			
V	9		Dd	99			A				o		F					
VI	10	@	W				A				-		F	INC1	AGC			
	11		D	1			Ad				o	P	C',Y					
VII	12	@	D	4			NC				u		T				ODL	
VIII	13		W				A,Art			2	o	P	FC	INC1				
	14	V	D	2			Cg				u		F					
IX	15		W				NC		Vg		o		CF					
	16	>	Dd	28			Ad			2	-		C'					
X	17		W				A				o	P	Fma,FC	DV1				
	18		D	3			An				o		F				ODL	

Figure 5.7 R-PAS Code Sequence

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number of blends in her record. Her functioning could be compromised by periods of destabilization as she became overwhelmed by anxiety and helplessness she probably had trouble managing. At such moments, Ms. C. could easily feel a diminished sense of control over important aspects of her life. While the CS interpretation emphasized her ambivalent style of back-and-forth fluctuations between measured and impulsive responsivity, R-PAS emphasized more this patient's emotionally deadened or dysphoric manner that very likely encumbered her ability to function adequately.

Ms. C.'s coping capacities were marginal, contributing to her difficulty in thinking through problems that probably faltered when the considerable stressors she seemed to face much of the time got the better of her. However, she could usually manage to regain her composure and redeploy her customarily adaptive resources, typically by reining in perturbing affect states. In general, Ms. C. tended not to be aware of or concerned about subtleties of her own or other people's actions, and she undoubtedly had problems interpreting people's motivations accurately. Nevertheless, interpersonal relationships seemed mainly congenial. Characteristically more inclined toward an avoidant rather than a detached orientation to people in her surround, Ms. C. appeared to keep involvements with people at arm's length largely as a result of her marked shyness and passivity. Thus, although on the surface she related well enough to other people and relationships remained generally stable and comfortable, intimate relationships were probably rather controlled and as a result fairly remote.

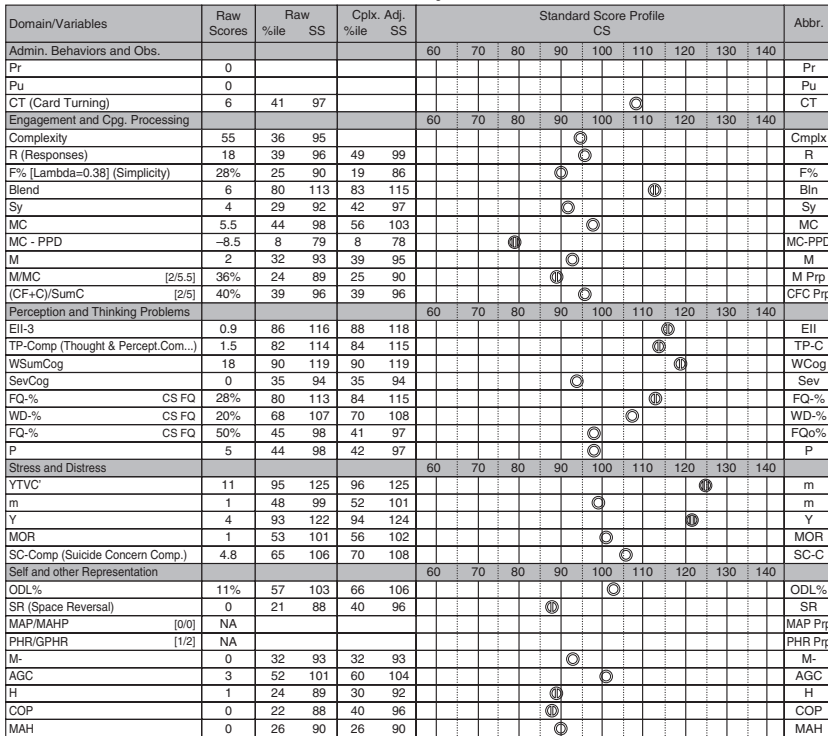


Figure 5.8 R-PAS Summary Scores and Profiles—Page 1

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The R-PAS, like the CS, recognized Ms. C.'s sensitivity to stress provoked by neediness and her vulnerability to anxious-dysphoric affect. Ms. C.'s shy, distant manner and her passivity disposed her to find interpersonal relationships generally unrewarding. Although dependency was not a prominent finding, relationships with people were important to her, even though she appeared to have largely given up on expecting emotional relationships to be satisfying. However, Ms. C. seemed not to recognize how she probably came across to people, thus accentuating her shyness and a tendency to keep to herself. Nevertheless, despite difficulties with thinking and reasoning, reality appraisal and judgment were generally adequately preserved.

In what follows, I examine the response-by-response content and sequence of percepts for a more detailed, fleshed out picture of Ms. C.'s vulnerabilities and personality adaptations. I focus on gaining an understanding of this patient's unique way of adapting to a long history of learning difficulties and her unusual, secretive manner of compensating for the cognitive deficits she experienced throughout her life.

Thematic Content Interpretive Findings

Card I

<p>1. <i>I see a butterfly, a mixture of a butterfly and a spider. It has claws, a tail, and the wingspan. It has eyes. How detailed do you want me to be?</i> (That's up to you)</p> <p>(Take your time; look some more) ^>v</p> <p><i>Can I move it in any direction?</i> v</p> <p><i>No, that's it.</i></p>	<p><i>The claws, the eye here, the wingspan. It's a combination because a butterfly doesn't usually have these claws and they don't have this indentation.</i> (Mixture of a butterfly and a spider?) <i>In a butterfly, you don't have the break in here— these indentations and where this white is here. I don't see a pure butterfly. It reminds me of a butterfly. Usually butterflies are very pretty. This is drab, it's not colorful. So this thing is—it's not horrendous—but it doesn't remind me of anything too great. Like a blotchy item—the coloration in the black and gray. A hybrid of different things. It's not a real butterfly, not a real insect. A hybrid of things.</i> (Spider?) <i>Where the claws are. It reminded me of a spider. I don't think a butterfly has claws.</i></p>
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Ms. C. began conventionally enough with a percept of a butterfly. However, she quickly revealed that she also seemed to see a spider. Rather than keeping these percepts separate, she delivered them together without bothering to indicate that they were separate images—hence, her unusual-sounding “mixture of a butterfly and a spider.” She did not fuse these images to produce a contamination response, however, nor did this patient’s solution unequivocally merit any other cognitive special score. Although it may have come close to being an incongruous combination (*LNC*)—and indeed to some it might have been coded as such—the main point to emphasize is that regardless of this coding decision, there can be little doubt that any examiner would have thought long and hard about the unusualness of this verbalization. Struggling over how to code this response surely must parallel the puzzlement casual observers must experience concerning the oddness of Ms. C.’s thinking. I had little doubt that Ms. C. knew that her “mixture” was not real; however, I was not as confident that her misguided choice about creating such a “mixture” took into account how odd this integration would sound to others.

Perhaps there was a clue behind her question about how detailed she should be about this response. She reported discrete features of the insect, even though

certain features such as a claw and a tail might not make sense together. I wondered whether her question about detailing what she saw had to do with describing discrete features without regard to how they might be integrated. Apart from the matter of asking me for direction or what I wanted or expected from her—not unlike how one might ask a teacher what kind or level of depth was expected in an answer to an examination question, a not irrelevant factor given this patient's history—Ms. C. seemed to be wondering about whether she should take a relatively concrete approach to the Rorschach situation or whether I was looking for a more integrative or conceptual approach.

My noncommittal response led to no further verbalization. This being Card I, I prompted her in a nonleading fashion to look further on the card. Ms. C. then turned the card on all sides, after which she asked for permission to do what she had in fact just done. It seemed to me that Ms. C. was attempting to clarify the parameters of the vague Rorschach situation, on the one hand trying different ways of working around the problem and on the other hand needing to establish ground rules about how much flexibility she actually was permitted.

Later, during the inquiry phase, Ms. C. herself attempted to clarify the incongruity she left unexplained previously. Without retracting or modifying the combination of the butterfly and spider, Ms. C. took pains to note that such a combination did not exist. Her combination of a butterfly and a spider did, however, account for there being no *POP* code assigned.

Perhaps even more importantly than the question of thought disturbance, this patient's repeated comments about the diffuse shading seemed to explain how hard it was for her not to be able to see it unequivocally as a "pure" butterfly. That is, the drabness of the card seemed to overshadow an expectation (or perhaps a need) to see something "colorful," suggesting how potentially an affective dimension potentially compromised reality-oriented thinking. Moreover, the way she repeated several times how the shading threw her off track led me to wonder whether, more than the incongruity she mentioned, she also may have been troubled by the affective quality represented by the drabness which got the better of her. It therefore may have been the affective disharmony she sensed in the card that threw her off balance, causing her to be unable to let go of the idea of a combination or mixture of a butterfly and a spider. Despite her protest to the contrary ("it's not horrendous"), one could not escape believing that this patient really perceived some kind of "horrendous" quality in this percept. Apart from the fact that the word *horrendous* implies a quality of affect that is more intensely distressing than that which drabness connotes, I wondered as well whether Ms. C. wanted to rid the card of the drab colors, as if by talking over and over about it she could talk her way out from seeing the drab quality—and the affect giving rise to the confusion she experienced, a state of confusion that was also "not horrendous."

I later realized that I should not have let her comment "blotchy" go unexamined. True, it immediately preceded her saying that the "coloring is black and gray," which I took to mean at the time that Ms. C. was clarifying what she meant by "blotchy." Although there was no other implication that

shading was used as a determinant, it remained possible that she might have seen a blend of shading and achromatic color (*FC'.FY*), as she did on R2. The rarity of more than one shading-shading blend and its distinctive interpretive significance was not mitigated however by the potential loss of still another such blend, because there already was more than one such blend in the full record.

As is usually the case with the start of a thematic content analysis, speculative impressions such as these are best registered by examiners as worthwhile hypotheses, albeit tentative and subject to modification or rejection as the analysis proceeds. Certainly, such hypotheses should not be dismissed as being too unsubstantiated to deserve serious consideration; whether they are affirmed or ultimately discarded or modified becomes the work of the rest of the content analysis in the context of the Structural Summary/R-PAS findings.

<p>2. <i>An ink stain, an inkblot. If you spilled ink on a piece of paper and folded it, you'd get that kind of pattern. It's black and gray, just more depressed. Or it can be more distinctive—black and white.</i></p>	<p><i>The inkwells they used to have, or if you spilled ink on a piece of white paper. (Ink?) Just the color. It's a mixture of the black and gray.</i></p> <p><i>(Depressed?) The features, the color. They're not strong colors. There's a lighter gray here than over here. Some areas are darker than others.</i></p> <p><i>(Depressed?) The colors are depressing colors. They're not vibrant colors.</i></p>
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What probably was most striking about this response was that having struggled to defend against a potentially distressing affect state on her opening response to Card I, here the transparency of Ms. C.'s affective experience was laid wide open—it was “more depressed.” Note also that despite her reference in the response phase to “depressed” and two inquiry questions attempting to clarify what she saw, Ms. C.'s verbalization remained at a descriptive level without attribution of an affective experience. As a result, neither *Hx* nor *MOR* codes were assigned. Although the depressive tone emerged transparently, Ms. C. seemed to pick herself up more easily than she did in her previous response. Thus, she began the present response with the vague image of an inkblot and she seemed content to remain with that amorphous percept, referring to the black and gray coloration but never returning to the depressing quality it gave rise to. Unlike Ms. C.'s “mixture” on R1, here she was less ambiguous about clearly articulating what was coded as a shading-shading blend.

As I tried several times to probe her comment about depression during the inquiry, my two questions about what made the card look depressed to her led nowhere. Ms. C. reiterated her use of the card's achromatic coloration and shading, revealing nothing more about how this suggested depression beyond saying “they're not strong colors . . . some areas are darker than others.” She

gave a bit more of a clue when I asked her a second time what made the inkblot look “just more depressed,” commenting that “the colors are depressing colors . . . they’re not vibrant colors.” Although saying that the colors were depressing added nothing to what she said previously, adding that the colors lacked vibrancy clarified to some degree what she might have meant by saying “they’re not strong colors”—enlivening, vitalizing affective experience may have been lacking in her life. Whether she was expressing what might be regarded as a form of empty or anaclitic depression (Blatt, 2004) or the sense of ennui or lack of zest associated with a depleted, devitalized self (Kohut, 1977), very likely at least some of Ms. C.’s experience of herself reflected a substantial degree of diminished vitality.

Regarding her shading-shading blends, the occurrence of even one such blend is generally very rare in a protocol; that Ms. C. produced two was particularly noteworthy because it would suggest that the intensity of the kind of painful psychological experience giving rise to this unusual combination of determinants was indeed pronounced. Exner (2003, p. 329) regarded shading-shading blends as an indication of “a more tormented experience that creates a very disruptive impact on most all affective functioning.” Considered together with this patient’s emphasis on the “depressing” quality of the achromatic colors that were “not vibrant” and the fact that Ms. C. seemed to be announcing this particular combination of affective qualities fairly early on, she may have been signaling the importance of a rather deeply embedded diminished sense of her emotional life and internal experience. It appeared to represent a form of experience that registered as being important but it also was an experience reflecting an aspect of her psychological life she could not get too close to and thus articulate clearly—hence her response of an inkblot that was apprehended with only the most vague, formless anchor in external reality. This form of unanchored, empty, and tormented psychological experience seemed to portend a vulnerability to easily feeling lost or confused, not unlike the way some patients talk about their inner life as if it were an abyss from which there is little hope of an escape.

It was still premature to conclude much about Ms. C.’s awareness of her emotional life and how she experienced affects. Several indications pointed to an appreciable degree of dysphoric affect, yet she did not present with overt depression nor did she express much more than fleeting concerns about depression. Neither was the *DEPI* constellation particularly elevated, nor did the MMPI-2 suggest prominent depression. Although shading-shading blends occur with marginally greater frequency in depressed patients relative to non-patients and schizophrenics, a muted, subclinical depression seemed plausible. In view of the elevations on MMPI-2 scales Hy (3) and Hs (1), and MMPI-2-RF scale RC1, a personality pattern consistent with experiencing distress primarily in the form of somatic complaints could account for the presence of several shading-shading blends.

Considering the two responses to Card I together, this patient’s opening response was mainly characterized by the drabness that appeared to color her

internal experience, which she perhaps tried to avoid feeling. Seemingly unsuccessful at that, R1 led to a questionable cognitive lapse, giving way in her second response to a vague, amorphous image that conveyed more rather than less of the quality of empty, devitalized internal experience she may have tried to deny. Some might question whether R2 should be considered as a legitimate response without there being greater clarification about what she saw or what made the card look like an inkblot. I chose however to retain it as a discrete response because of the way Ms. C. described a pattern resulting from spilling ink on paper and folding it. Naturally, there can be little doubt that also capturing a verbalization about a percept looking depressed was psychologically important and should not be ignored.

Card II

<p>3. <i>Two puppies. Same type of dogs, facing each other. They're muzzle to muzzle. Between them is a toy. ∨ ∧</i></p>	<p><i>The head, muzzle, ears, paws, collar or neck area. There's some object between them, a solid object—a triangle with an extension down.</i></p>
<p>4. <i>Here I see bleeding hearts.</i></p>	<p><i>One side of the heart, it's like cherry red. It's not completely attached because there's a lighter shade here.</i> (Show me how you see the bleeding hearts?) <i>There's two parts but I don't see it as complete yet. There's openings in it, it's not completely formed.</i> (Bleeding?) <i>The way it's scattered here.</i> (Scattered?) <i>It's more like it's dripping—it's going downward.</i> (Lighter shade?) <i>It's a heart, not completely together. It's not a solid color red—that's the openings—it's not completely together yet.</i></p> <hr/> <p><i>It could be a birth defect—biological or emotional [laughs].(Q) Crybabies. A Bleeding Hearts Club where people just commiserate. It's not necessarily a negative thing.</i> (Crybabies?) <i>Someone is a mush, a pushover. For the underdog.</i></p>

Ms. C. began Card II with a well-formed popular percept with no unusual features. This good form quality response (R3) suggested that when affect was not prominently triggered, she managed to reconstitute herself quickly enough to produce a well-integrated response, in spite of the apparent difficulty she showed on Card I.

However, Ms. C.'s stabilization did not last long, because the following response (R4), which was of poor form quality, involved inanimate movement together with two different affective experience determinants (chromatic color and diffuse shading). R4 therefore represented a color-shading blend—the first of two such blends on the entire Rorschach protocol. Further, as was the case with this patient's shading-shading blend on R2, this color-shading blend on R4 also was not form-dominant, indicating the potential for the affective valence to take precedence in the response process (and by inference presumably in life, too) when confusing or ambivalent affective experience was triggered. Moreover, this response revealed just how compromised this patient's cognitive organization could become when affective engagement was prominent—an indication I suspected even as she began the Rorschach but which was by now more evident and unequivocal. The content of this response (bleeding hearts, which she later clarified as one heart with its two halves shown) also graphically revealed an aspect of ego destabilization in Ms. C.'s description of this incompletely formed and disconnected heart. The color-shading blend response has an important history in Rorschach psychology, including the CS. Like shading-shading blends, color-shading blends are more prevalent in depressed patients, particularly among suicidal depressives (Applebaum & Holzman, 1962). The occurrence of even a single color-shading blend is one potential variable comprising the Suicide Constellation.

Interpretively, Exner (2003) and Weiner (2003) regarded this type of blend as an indication of confused or ambivalent affect, creating problems in knowing how one feels at different moments. Weiner also regarded color-shading blends as a form of anhedonia in which a capacity to experience pleasure was notably diminished, particularly when the number of such blends was greater than one, as in Ms. C.'s record. Elevated color-shading and shading-shading blends, both of which were apparent in this patient's record, left little doubt that Ms. C. experienced considerable difficulty managing affective experience. Her problem did not appear to be affective dyscontrol; rather, the problem appeared to center around how difficult it was for Ms. C. to absorb and recognize affective arousal in herself. As a result, feeling states were short-circuited or filtered out of her ongoing experience.

She thus appeared to react as if affects did not exist, in spite of verbalizations that would suggest heightened emotional arousal to most observers. People might feel somewhat relieved that they did not have to contend with potent feeling states in Ms. C., but they still might be confused by the way she appeared to them. Thus, her words could sound as if strong emotions were not far from the surface; however, such emotions probably rarely if ever actually emerged. It must have been something like the reaction people would

have following a weather forecast about a severe storm coming, bracing for it but then seeing nothing much at all as the storm arrived and blew out to sea, leaving little more than a mild whimper. Stated another way, and perhaps more to the point, her affect resembled what a person might anticipate if a robot delivered an ominous warning about an impending disaster that did not arrive because the robot's computer mechanism reported it incorrectly. Indeed, Ms. C. resembled such a robot, one whose batteries might need to be changed! In fact, whether to change her batteries or leave well enough alone constituted precisely a kind of therapeutic decision a clinician would need to consider, taking into account the underlying psychological structure or degree of deficit.

I neglected to inquire about the heart not being completely attached; however, the idea of a heart being disconnected and dripping blood, while not entirely comprehensible, nonetheless suggested an aberration. On a testing-the-limits inquiry, Ms. C.'s association concerned a congenital abnormality—a chronic, longstanding condition that was not unlike her own persistent struggle against all odds to compensate for an appreciable learning disability. This response might thus be understood as a metaphor for seeing herself as damaged—biologically and emotionally, as she spontaneously added—which then provoked discomfort, as reflected in her nervous laugh after she mentioned a birth defect. Interestingly, Ms. C. then emphasized the psychological dimension in focusing on the idea of a bleeding heart as a metaphor for disparaging weakness, feeling sorry for oneself, or appearing weak-willed. Thus, she derisively made light of “crybabies” by trivializing emotional damage or vulnerability (“a Bleeding Hearts Club where people just commiserate”), adding for good measure the view that feeling sorry for oneself or parading around one's emotional damaged goods was for psychological weaklings (“a mush, a pushover . . . the underdog”).

This kind of toughing it out and dismissively trivializing psychological life seemed quite consistent with the way Ms. C. had lived her life with a chronic learning disability, forging full steam ahead in spite of roadblocks threatening to undermine her efforts at every turn. It also suggested that she had internalized a rather puritanical attitude toward defects or weaknesses, a way of life that pushes on without reflecting about or indulging in adversity (“mush”).

I inquired about her seeing the blood as “scattered,” not certain whether she meant to say *splattered* but used the wrong word. Although she clarified that she meant “dripping down,” I could not entirely dismiss what crossed my mind at this point—the *mater dolorosa*, a reference to a Latin hymn describing the profound sadness of the weeping Mary at the cross as Jesus was crucified. My association was not totally unfounded because the images of a broken heart and blood dripping down as a veiled symbol connoting tears were plausible referents for such a cultural-religious association. I think the association to *mater dolorosa* (or at least that of the profound sadness and tears associated with a broken heart) may have occurred to me because of the subtle, muted tone of

melancholy that was increasingly taking shape as I sat with this patient, a tone that was not at all evident in her behavior or affect but which seemed to emerge from the content of her responses.² Particularly notable in this regard were two of Ms. C.'s three previous responses—the drabness of the butterfly/spider lacking bright colors and the “depressing colors . . . not vibrant” of the inkblot stain. My association to *mater dolorosa*, of course, is another example of a speculative hypothesis too far removed from a sufficiently compelling rationale for interpretation in Schafer's (1953) sense, but neither is it the kind of association that should be discarded *prima facie*. Just as a clinician would undoubtedly keep thinking about and possibly return to such an association in a context of psychotherapy, so too should a personality assessment examiner keep such thoughts viable in a sector of his or her awareness that considers their import and potential meanings, subject to confirmation by the cumulative evidence from a complete assessment evaluation.

In addition to the dripping blood reflecting inanimate movement as a third determinant, it also was seen as “cherry red.” This verbalization seemed to convey a particular quality of vividness about the blood in which the brightness of the cherry red color stood in sharp contrast against the “not horrendous” drabness that prevented her from seeing a “pure . . . pretty . . . colorful” butterfly on Card I or the “vibrant . . . strong colors” she seemed to miss when reporting the “depressing colors” on her second response to that same card. Interestingly as well, when Ms. C. described the lighter shade in her bleeding heart response, she used it to convey that the parts of the heart were “not completely attached . . . not completely together”—once again, a veiled but nonetheless suggestive reference to loss or separation, perhaps tinged with sadness. The confluence of the lighter color referring to a disconnection and the bright cherry red color referring to dripping blood in this color-shading blend added to the implication that Ms. C.'s awareness or tolerance of her internal affective life was either ambivalent or confused—a rather deeply distanced sense of her emotional life she seemed to struggle with in order to keep increasingly intense, burgeoning affect states suppressed and in their place, affect states this woman seemed not to know what to do with or how to feel or comprehend what they meant to her.

And what of the kinds of affect states she managed not to register, which were in effect blown out to sea like the metaphorical storm I suggested above? The prevalence of two shading-shading blends suggested that her style of managing painfully disruptive emotions was to short-circuit them. In one respect, Ms. C.'s way of deflecting affects reflected a defensive accomplishment; however, it came at a cost of a dampened, emotionally diminished existence, one that depleted a sense of a deeper inner psychological life. In addition, the prevalence of two color-shading blends indicated how she apprehended her emotional life—a perplexing mélange of affects, alternating between satisfying emotions and fearfully and sometimes painfully unsatisfying emotions. She seemed not to imagine that anything good would come her way or last for long. Considering these two kinds of blends alongside each other, the question could

legitimately be posed thus: Was it better for this patient to experience a full range of emotions—including emotions of deep or intense psychological pain (Exner's "tormented" psychological experience; Exner, 2003)—or not to feel much of anything at all?

Perhaps an answer might be discerned from this patient's frequent associations to using color, for example her complaint on R2 that "the colors are depressing . . . they're not vibrant colors." Or perhaps the "cherry red" color on R4 alongside a lighter shade of red signifying something not completely attached or formed; or how on R7 "the coloring changes to something more lively, it seems happier . . . two hearts coming together" alternating with "a lighter shade, so they're not completely merged yet," to which she associated how "the merging of the colors" represented "as you get older and experience different things and it gets stronger or weaker, or you get wiser . . . the growth process of the heart." Then there was her penultimate response on Card X where she said about the different colors that "they're vibrant, lively and warm. The ocean is very alive with all different kinds of life," which interestingly was followed by her final response of the protocol—a wishbone.

Unquestionably, Ms. C. showed a lively, stimulated awareness concerning chromatic color throughout her Rorschach, but notably the level of arousal it represented was nearly always qualified or neutralized. For example, bright colors suggesting happiness or merging were followed by lighter shades suggesting incompleteness. Often when color was mentioned, presumably referencing something affectively vital being opened up, it was quickly followed by its being shut back down again. The missing vibrant colors she mentioned also were closely linked to a lack of vibrancy—which impressed me most about the way Ms. C. seemed to have lived her life, devoting untold hours to the effort required to camouflage the shame of her pronounced learning deficiency and neuropsychological impairment. I was reminded here of the poignant final line from Chekhov's *The Cherry Orchard*, in which the 87-year-old manservant Fiers reflects on his lifetime of service entirely devoted to one family. As the family members disperse from their estate forever, Chekhov gives these words to this character who has known no other life: "They've gone away . . . forgotten about me . . . never mind . . . life's gone on as if I'd never lived."

In this regard, note also what Ms. C. said as she added spontaneously after her dismissive, derisive comment about crybabies and a Bleeding Hearts Club on the testing-the-limits inquiry: "it's not necessarily a negative thing." Here—not unlike the comment of Chekhov's character, "never mind,"—after already having minimized the psychological significance of everything she opened up about the bleeding heart, dripping blood, and cherry red color, Ms. C. proceeded to demonstrate how I would suppose she picked up the pieces of powerful affective fragments and went on to reconstitute a psychological equilibrium for herself. It is quite possibly how she had found a way to manage the unhappiness and profound cognitive difficulties she encountered nearly daily as she made her way through life.

<p>5. <i>Two things coming together, but the noses are together. But down here, it's separated. They're joined, but they're not going to remain. They're going to walk away, or they'll be separated due to some reason.</i></p>	<p><i>Two objects, they're together. They're attached up here, but here on the bottom they're not completely independently whole. The outline of two images.</i> <i>(Coming together?) They're together on top, but not completely connected on the bottom.</i> <i>(Walk away?) They'll walk away and be able to function.</i> <i>(What do you see?) Some type of living things. Two animals. They can't function down here, they can't live their fullest. So after some repair, they'll be able to live independently and function.</i></p> <hr/> <p><i>They can't function the way they are because they're conjoined. They'll be physically two separate things but will be working together.</i></p>
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In this response, Ms. C. continued the theme of disconnected objects she introduced in her previous response of the bleeding heart. This response, however, not only contained the reference to animals' body parts not being connected but it also revealed how this patient's attention centered on trying to make sense of animals functioning with partially connected and partially separated parts. She initially saw "two things coming together" but soon noticed that actually only the noses were together. Ms. C. was then preoccupied by the fate of these separated parts ("they're joined, but they're not going to remain"). Admittedly, "they're not going to remain" is an odd-sounding idea or phrase, not that dissimilar from her odd-sounding mixture of a butterfly and a spider (R1) when she became perturbed about how the coloration prevented her from seeing just a butterfly. Here on R5 this patient may have become similarly perturbed when something she expected to see did not materialize, generating anxiety when her experience of a stable, familiar world seemed to fail her. Thus, when Ms. C. becomes anxious, her thinking can falter, giving way to peculiar or odd ideas or ways of expressing herself. However, examiners need to be judicial about such cognitive slippage so as not to assume that it automatically represents genuine thought disorder. Rather, it is important to exercise care to distinguish between disordered thinking consistent with acute psychosis and a momentary faltering or brittle ego function.

That being said, this patient's idiosyncratic thinking appeared in this context to reflect anxiety when her expectations about reality let her down. Here on

R5, as in her previous response, Ms. C. mentioned early in the response that something was the matter—something that concerned cohesion or connection of parts of objects. In R4 the heart was not completely attached, and on R5 only the noses were together while “down here, it’s separated . . . they’re not going to remain, they’re going to walk away.” She proceeded to express ambivalence about the prospect of the disparate parts becoming connected in order for the animals to remain intact.³

Ms. C. seemed to indicate that the two animals were coming together as if it were natural for them to be joined. She then noticed that the animals were not fully joined, conveying anxiety that the connection was fragile and also her pessimism about the connection being sustained (“they’re joined, but they’re not going to remain”). Following this, she then added that “they’ll be separated,” which to my ear seemed to convey anxiety about separation rather than a psychological achievement of autonomy. Moreover, during the inquiry, Ms. C. began to consider how this form of life could be “completely independently whole.” When I asked what she meant when she said “they’re going to walk away,” I was not convinced that she genuinely believed what she said in her reply about the animals being able to function. I asked again what she meant by walking away, framing my question around what she saw, and she replied not about what she saw on the card but rather with a verbalization that seemed to negate what she had just said about being able to function: “they can’t function down here, they can’t live their fullest. So after some repair, they’ll be able to live independently and function.”

Further, on a testing-the-limits inquiry, Ms. C. confirmed an unsatisfactory outcome (“they can’t function the way they are”) to which she added “because they’re conjoined . . . they’ll be physically two separate things but will be working together.” She seemed to be expressing the idea that ideally the animals should remain connected, but their separation was inevitable because a secure connection could not be sustained. She did not seem to imply that the tenuous connection was necessary for their survival, but she did seem to imply that their separation was premature and accordingly that it compromised optimal development. Stated another way, Ms. C. did not appear to be describing the phenomenon of hanging by a thread; rather, she seemed to be conveying the idea that the thread was weak and insecure. The animals could function in their disconnected state, albeit not optimally. Consequently, “walking away” represented the best they could do to ensure some degree of functional independence. It sounded more like a necessary evil than it conveyed a psychological achievement such as a satisfactory resolution of Mahler’s (1968) separation-individuation subphases.⁴ As a result, the animals “can’t live their fullest . . . after some repair” is the functional equivalent of making the best of a less than ideal solution. It is also a good psychological assessment illustration (Silverstein, 2001) of what Kohut (1971, 1977) and Tolpin (1993) meant by a compensatory structure.

It was of more than passing interest that there was barely any, if any verbalization or outward indication of anxiety considering the nature of this response,

even more so when considering the conventional nature of Ms. C.'s initial response to Card II. I had already commented on the matter-of-fact delivery of her responses to Card I, particularly R2, which also sounded as if affect had been engaged in a way that might have indicated greater perturbation than that which was apparent. Taken together, these observations suggested the possibility that anxiety was sufficiently walled off from Ms. C.'s ongoing experience, representing a degree of emotional distance which left her unaware of what she felt from moment to moment.

Already by this point at the end of Card II, it was becoming clearer how certain of the Structural Summary, MMPI-2, and Human Figure Drawings indications about Ms. C.'s personality functioning emerged in relation to the people in her life. Her way of vacillating between a measured, affectively constrained approach to problems and an unpredictable yet still controlled way of talking about complex feeling states seemed to represent her way of keeping affect states in check and outside her awareness. It was a way of existing, therefore, that was simultaneously defensive and adaptive, but such fluctuations in the way she processed ongoing experience must have been perplexing to others. People probably could not be sure from one moment to the next what was going on within Ms. C. As suggested by the MMPI-2, managing to behave in a socially agreeable way served the purpose of fostering an appearance of being reasonable and conventional; however, it only partially masked how complicated this patient must seem to other people despite her surface appearance of conventionality.

Both Ms. C. and the people around her thus did not have much of a sense of the troubling psychological states she probably managed to obscure when she seemed to effortlessly slip into expressing oddly complicated thought processes. She seemed oblivious that people might have difficulty in comprehending her thoughts. Consequently, this patient created a veneer of appearing complicated at best and strangely confusing at worst; moreover, not only were her circumlocutory thoughts at times difficult to follow, but in addition they would not necessarily become much clearer even after she was asked to explain herself. Recall, for example, how on the Figure Drawings the more I asked her to clarify what she meant, the more elusive she became, steering me this way and that and going around in circles such that I ultimately gave up trying to understand her—which, I suspect, is what happens to many others in her everyday life. I imagine this way of defensively wearing down people has been one of the ways Ms. C. has managed anxiety, and I would not rule out the possibility that it might actually reflect a dissociative mechanism or defense. Nevertheless, this patient could create an impression of being on the same wavelength as other people, who might think they were following her; however, the effort to continue filling in the gaps in what they thought she was saying might easily become too much of a strain, leading people to withdraw from her.

Card III

<p>6. <i>Two abstract dancers. They're over a fire or a basket—something round. They're in costume.</i></p>	<p><i>The color schemes going from the black and white to the introduction of more color. The head, neck, torso, arm, leg. (Abstract dancers?) The contour—it's not a typical body. They're bent over so it looks like an abstract.</i></p> <p><i>(Dancers?) The way they're bent over and the contour, they look very sleek.</i></p> <p><i>(In costume?) Maybe a mask because it's not a typical head. The fluffiness—like feathers or fur or something.</i></p> <p><i>(Fluffiness?) The gray—lighter and darker; here it's solid gray.</i></p> <p><i>(Fire or a basket?) Something round, like a campfire that's not burning. Just something circular.</i></p>
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As she did after her butterfly/spider “mixture” and “depressing colors” responses on Card I, Ms. C. here also demonstrated a good capacity to recover her psychological composure after in effect spilling her guts, albeit in her controlled, distanced manner. Thus, Card III began with a generally conventional, popular response which contained for the most part no particularly troubling codes or special scores, much as Card II also began with a similar kind of well-balanced response and verbalization. Ms. C. could often seem to be the kind of person who approached new situations with at least the appearance of there being a clean slate with relatively few signs of emotional baggage from recent experience.

However, her cool, detached manner could only preserve this veneer for a short while, as she again succumbed fairly quickly to the pull of psychologically conflictual themes. But even at that, her considerable affective reserve kicked in to protect her from succumbing too deeply under the influence of pressing needs. She seemed to stand apart and watch herself react to emotionally provoking content, almost as if she were acting a character's role in a play rather than experiencing anxiety resulting from the intensity of affects in the moment. It was not for nothing that Ms. C. had four *C'* responses in her total protocol, one of which occurred in this response. Note also that this was a response of people who were dancers but they were not described as *dancing*. Dancing, of course, is driven by music—itself an experience connoting emotional arousal—and the motivation to move in synchrony with the emotional sway of music. Thus, although a connotation of emotionality was suggested, the act—and by inference participating in or experiencing the emotionality—was left out of her response.

Consistent with this impression, note how deliberately and cautiously Ms. C. spoke about how she perceived the achromatic colors, commenting about “the color schemes going from the black and white to the introduction of more color.” That was about as close as Ms. C. would allow herself to get to the darker recesses of her internal experience, as if the tentativeness suggested by “the introduction” of more color was her way of standing outside and looking in, so to speak—something akin to a person dipping a toe in cold water and then saying he or she had gone swimming. Moreover, perceiving the dancers as abstract added to the impression of emotional distance, which notably was her first—and only—response containing human content. Being “in costume” also carried a connotation of removing herself from a deeper layer of affective experience, in the sense that an actor wears a costume when stepping into the psychological states of a character being enacted.⁵

Until it was called to my attention, I did not pay sufficient attention to the area this patient used to indicate the R6 location. Without looking carefully, at first I assumed that Ms. C. included the D7 area in this response. Wondering why I thought so, I now believe that my error occurred because she referred plausibly to the D3 area as a fire/campfire or a basket. Assuming that where there’s smoke, there’s fire, as the saying goes, I mistakenly thought that the red area of D7 represented smoke, that being the reason the patient saw fire. I also believe that I was misled by Ms. C.’s reference to “the color schemes going from the black and white to the introduction of more color,” mistakenly thinking that she meant achromatic color leading to chromatic color. But chromatic color was not included in the D1 area she used for location. In my mind, I translated the D7 area as smoke coming from the fire Ms. C. mentioned and also that its red color was the reason she saw fire in the first place.

However, although Ms. C. did see a fire (a reference, incidentally, to which she did not commit because she alternated between seeing the D3 area as a fire and a basket), she did not include the red D7 area. Moreover, she gave form as the sole determinant for the fire, volunteering that the fire was “not burning.” Thus, not only was the fire under control, it also was finished—she had in effect put out the fire. Also, the fire became an innocuous campfire, an image more likely associated with something pleasurable or generally safe. What I am suggesting is that seeing how Ms. C. could so easily toss out teasers about material with emotional overtones, and also seeing how masterful she was about throwing a cover over such innuendos, I wonder whether I—probably like many people in her surround—assumed, so to speak, a fact not in evidence. Given the powerful connotation so strongly associated with the idea of fire, I thus wondered whether I somehow wanted to capture the chromatic color determinant underlying the relatively intense affect I suspected was there yet well concealed.

Although I did not get what I was going after (in my mind at least), in thinking through my error and taking into account the equivocation over the fire or basket, the fire becoming a campfire, and then the campfire that was not burning, I may actually have gotten more than I thought I needed. Thus, it became possible to see just how Ms. C. managed to have it both ways: she

could talk about a potent affective image represented by the fire, but because the fire was tamed (a campfire) and controlled (not burning) she could psychologically remove herself from experiencing affective arousal. Stated differently, “losing” chromatic color as a determinant may not have been that important; rather, seeing in the verbalization how step by step she weakened the affective valence of the fire actually may have revealed more than the chromatic color determinant might have. Its absence actually was the more telling observation, which also could be discerned by the combination of a *Fi* content without there being a chromatic color determinant. The verbalization actually revealed a more graphic look at this patient’s way of putting out the fire—a fire she herself started in the first place—leaving nothing in its wake as she weakened its force by systematically removing everything emotionally salient about it.

Ms. C. similarly seemed to imply texture as another determinant, thus seeming to flit around the edges of this determinant as she also may have done with chromatic color, without committing to either. It was late in the inquiry that Ms. C. introduced the textural reference; however, although she subsequently clarified it as being determined by the achromatic color, it was not coded as *T* because of its late appearance during the inquiry. Consequently, this patient actually may have implicitly perceived texture, in a sense toying with the affect so implied but falling short of genuinely taking the plunge (to recapitulate my swimming metaphor) and having to expose the vulnerability of a state of need often associated with affectional cravings and deprivation. Together with injecting a layer of defensive distancing by describing the dancers as abstract and in costume, Ms. C.’s cautious, defensively layered explication of this percept appeared to insulate her from exposing the emotional longing that texture responses frequently connote, or failing that to prepare her for the fallout she might experience were she unsuccessful at keeping this kind of uncomfortable affect at bay.⁶ Perhaps her capacity for affective constraint at just the right moments helped Ms. C. to maintain a protective balance, represented here by the *FC* determinant in this response—in addition to the three others she produced.

It was of particular interest that this same response contained Ms. C.’s only human movement response, which also was coded for passive movement. Nevertheless, R6 was coded as *Popular*, it was of good form quality, and it also received a good human representation (*GHR*) code. These saving graces did not go unnoticed; however, they mainly served to demonstrate how Ms. C. could maintain at least an outward appearance of normal, reality-oriented contact with the external world, fostering her capacity to keep a constricted, tightly controlled lid on potentially painful or disruptive affect states. Such a defensive operation kept Ms. C. insulated from her internal affective experience—although it went farther than that to the extent that it left her disconnected from her emotional life.

Ms. C. saw the people “over a fire”—which she quickly qualified somewhat by offering the possibility that the people might be over a basket, a neutral and far less affectively potent image. She did not clarify what she meant by seeing them dancing *over* a fire or a basket, and I neglected to ask her about that. Nonetheless, seeing people *over* a fire sounded like they were *in* or perilously close

to the fire—indeed, a dangerous predicament. Although this patient probably did not intend to convey such a quality of danger, saying that she saw people positioned above an object—even a basket—nevertheless was at least a moderately odd verbalization, but still one that fell short of a *DV* code. (It might be construed as a concrete description because the card area referring to the people (D1) is perhaps above the card area referring to the fire or the basket (D3); however, the people would probably more likely be seen literally to the side of rather than above the card area representing the fire or basket.)

In clarifying what she meant by seeing the dancers in costume, Ms. C. described them as wearing masks, which immediately preceded her reference to a fluffy textural quality. Although a mask might be part of a costume, it also signifies concealment, which may have been a way to create further distance before referring to texture—much as she did earlier while referring to achromatic colors as an “introduction” to more color. That is, she may have had to interject a layer of distance in effect by putting on a mask before she could consider entertaining the possibility of a textural quality, which still is a relevant consideration in spite of the fact that texture was actually not coded.

7. *The dancers are in black—that’s more depressed. Here, the coloring changes to something more lively, it seems happier—coming together, it could be two hearts coming together. It’s a lighter shade so they’re not completely merged yet, or they’re in the process.*

Shaped as a heart. This piece right here is attached by this, but it doesn’t look like it’s really flush. Two individual hearts and they’re separated, but this piece—I don’t know what it is—maybe an appendage. (A lighter shade?) A lighter shade of red—darker red and like a pink. (Not completely merged yet?) If this shade or color was merged, it would make it darker. The color is merging, not the hearts.

They’re functioning, each one is formed. (Different shades/colors?) Possibly as you get older and experience different things and it gets stronger or weaker, or you get wiser. The merging of the colors has to do with as you get older, the heart gets larger—it could be part of the growth process of the heart.

This response began with a reference to the previous response; evidently, Ms. C. was still not ready to let go of that response (R6) in spite of all she had already expressed about it. Although the first sentence of R7 referred directly to R6, I included it with R7 mainly because there was a pause of sufficient length to

suggest that the patient was considering the possibility of another response to Card III. It appears that R6 and R7 were clearly interwoven. In fact, one could easily infer that Ms. C.'s opening statement described an affect state ("the dancers are in black—that's more depressed") that she probably could not bring herself to say in such an undisguised way on R6. She may have needed the pause between these responses to gain still greater distance. She then launched into the main part of R7, which was fundamentally a negation of the feeling tone she expressed in R6 ("here the coloring changes to something more lively, it seems happier"). Ms. C. did something similar on Card I when she seemed to complain about the drab, depressing colors. There, when she said "they're not vibrant colors," she seemed to want to turn the card into something colorful and thus reverse experiencing what I imagined represented a drab, depressing existence. Here, on R7, she managed to do something more than register a complaint. She actually attempted to undo or reverse the depressive affect. Her attempt to somehow turn the affect she described almost upside down on itself probably misfired—except possibly to herself—because there was very little about this response or the way it was elaborated on inquiry to substantiate a convincingly lively or happy quality. At least, I was not convinced that she managed to pull that off.

That this response and R4 on Card II were both color-shading responses adds to the impression that this patient lacked a clear perception of her mood states. Consequently, ambivalently felt emotions coupled with dysphoric mood may have left her confused about what she felt at different moments, including how she felt about the people in her life, harboring a pessimistic sense that good things would not last (Weiner, 2003). Given that Ms. C. expressed no observable dysphoria or overt depression, her characteristic defensive way of walling off affect protected her from becoming aware of internal affect states.

However, it also seemed to prevent her from clearly comprehending emotions she felt and what they signified about ongoing affective experience. This patient's shut-down awareness about herself consequently may have limited her ability to differentiate affect states—like the present response, which she described as a lively or happy mood state (in order to get away from intrusively encroaching dysphoria, I suspect). Her response not only had nothing to do with lively, vibrant mood, but instead it concerned something unsettling associated with disconnection, separation, and possibly loss. Ms. C.'s odd-sounding comment that "the color is merging, not the hearts," like her similarly odd-sounding comment on R1 about a mixture of a butterfly and a spider, also may have reflected how her thinking could become compromised when intrusive affect states destabilized her functioning.

It is also of more than passing interest that the content associated with the lively, happy color she emphasized represented the identical theme Ms. C. described on R4 (the cherry red hearts that were not yet together). The present response, like R4—two hearts "in the process" of coming together—also was influenced by the gradation in shading of the color, which accounted for the hearts being seen as "not completely merged yet." R7 was the second of her two color-shading

blends, which like R4 contained nearly identical color and shading determinants. The metaphorical connotation of “two individual hearts and they’re separated” was all the more compelling because of its poignancy.⁷ Being separated, trying to forge a connection but not quite getting there, the idea of a merger with its rich if somewhat uncertain implications concerning object relations or self-cohesion, and the yearning quality suggested by this imagery of disconnection and probable loss were all psychologically compelling qualities that practically jumped off the page. No examiner could fail to be drawn to the unmistakable undertones expressed in responses such as this and R4, and yet it was remarkably striking to me how straightforwardly she delivered these responses. Indeed, her matter-of-fact manner was indistinguishable from that of most people who deliver a response to this card as commonplace as two people standing over a pot.

Perhaps for this reason, being so disconnected from realizing how peculiar a percept of hearts in the process of coming together would sound to others, Ms. C. apparently was not concerned enough to either inhibit it or to rationalize what she meant (or did not mean) to express. On this response, she seemed to suffer a loss of distance from which she did not recover, probably more because she did not seem to recognize that her response was idiosyncratic than because she truly could not recover from it. Although it was coded as *FAB*, one of the more serious of the cognitive special scores and the one that would probably represent the greatest loss of distance among all of this patient’s special scores, I was less concerned about its reflecting disordered thinking than I was about its reflecting the extent to which lapses of judgment might occur. Indeed, such lapses were not rare for her in consideration of the entire protocol, as seen for example by this patient’s *WSum6* of 18 on the CS, and *WSumCog* scaled score of 119 and *EII-3* scaled score of 116 on R-PAS. Moreover, 7 of her 18 responses—nearly 40 percent—contained at least one cognitive special score, half being incongruous combinations (*INC*) or fabulized combinations (*FAB*). Such responses indicated the extent of Ms. C.’s impaired capacity to modulate or inhibit her thinking as she attempted to insulate herself from experiencing distressing affect states—reflecting more the psychological cost of walling off painful emotionality than they reflected genuinely disordered thinking.

Ms. C.’s reference to an appendage was a curious one. Although the word *appendage* typically refers to an attachment, it also may have a connotation meaning subsidiary or subordinate. In the context of this response of separate hearts not quite coming together or merging and in respect to note 7 above, I tentatively wondered whether her perception of an appendage had a meaning representing something more than an attachment or addition. I wondered whether Ms. C. might have had in mind herself as an appendage in the sense of subordinate or less important in relation to the important people in her life. I am calling particular attention to this response because of the unique psychological content it appeared to contain for Ms. C., all the more so because it practically was a repetition of an earlier response—thus implying special salience—and because the anticipated loss of several of this patient’s friends and her own thought about relocating to remain close with them constituted one of

the very few emotionally salient topics she spoke about in her psychotherapy.

The testing-the-limits inquiry represented my attempt to understand what Ms. C. was trying to convey about herself through this peculiar yet highly evocative percept, a percept that was all the more important to understand because it reprised a similar theme expressed previously on another card. By way of explaining the merging of hearts/merging of colors, she seemed to step outside the response per se, reflecting almost philosophically about her experience of life: “possibly as you get older and experience different things . . . it gets stronger or weaker, or you get wiser. The merging of the colors has to do with as you get older, the heart gets larger—it could be part of the growth process of the heart.” But I felt no closer to understanding what she meant, either about the idea of hearts merging or about growing stronger, weaker, or wiser; or the heart getting larger; or what Ms. C. called the “growth process of the heart.”

Just as it happened earlier while inquiring about the mixture of a butterfly and a spider on Card I, the more I asked (or the closer I tried to get to understanding what she meant) the more confusing or disorganized her thinking became. Again, she seemed to be keeping me and my line of probing from getting anywhere beyond what I sensed to be a wall of confused communication. I left the matter alone at this point. However, there can be little doubt that an orderly, logical continuity of thoughts seemed to elude her. Her thinking may not have been inherently confused but I did think that it sounded confusing because she intended it to be so. I actually am rather impressed how deftly she managed to camouflage what seemed to lie behind this response to my question about how she saw shading and color. At the moment I recorded and inquired about this meandering verbalization, however, I very much doubt I saw it that way at all, probably feeling anxious and concerned about the severity or depth of psychopathology I thought I might be seeing.

8. *Some type of a bug or insect, with claws or fur or a hard shell. Some type of reptilian thing.*

Claws, eyes, the head. Part of a foot here or some type of appendage. Two feet. (Fur or a hard shell?) It's multicolored: light to dark gray to black, it makes it look crusty. Little striations—I don't know if it's fur or part of a shell. Here it looks crusty, but here I see striations, almost like a petal, like a flower petal. (How do you see it—striations, almost like a flower petal, on a bug?) Yeah. It could be a bug eating a petal. (Crusty . . . fur or part of a shell?) It looks harder or like little hardened holes. Here it looks softer like fur.

Card IV

This was Ms. C.'s first of what were to be two texture responses on the Rorschach, which here combined texture—connoting a state of affectional need or craving—with an incongruous combination (*INC*) and poor form quality. This response, following immediately after one that was coded for a *FAB*, was consistent with the by now rather firmly established impression that Ms. C. fared poorly when emotionality and need states were triggered, unless she could manage to wall off her affective reactions even if that came at a cost of strained, peculiar or off-putting thinking. Indeed, it was quite strange to imagine how she could see a bug or insect having fur, claws, or a hard shell. None of these textural qualities made any kind of sense for a bug or an insect, nor did seeing an insect with feet for that matter. It seemed that no matter how she tried to avoid perceiving a textural quality, presumably she could not manage to extricate herself from the forceful pull of the particular kind of emotional longing that is often associated with perceiving texture. Moreover, of the three textural qualities this patient mentioned—claws; a hard-textured quality suggesting attacking; and a hard shell, another hard-textured quality suggesting insulation from potential attack—two of them (claws and the hard shell) appeared to represent body structures important for self-protection. By contrast, her possibly seeing fur (or a flower petal, as she added during the inquiry) also indicated perceiving a quality of softness alongside the hard-textured quality just noted. I cannot infer very much about what this might mean, but it deserves mention that rarely do patients' references to textural qualities contain as broad an array of soft-hard qualities as Ms. C. verbalized in this response.

To complicate matters further, Ms. C. also described the gradations of shading as denoting crustiness. Upon inquiring further, she stated (but did not clarify) that she perceived both hardness and softness—and for good measure she also threw in another curve ball when she referred to the crustiness as “hardened holes”—an image I could barely understand but yet I think I was myself too emotionally exhausted by this point to ask her what she meant. Indeed, I felt by this point that I had been put through the ringer!

That being said, note also that Ms. C. referred to an appendage on two consecutive responses (R7 and R8), and that I neglected both times to inquire about what she meant by an appendage. If it may serve in any way to excuse my lapse over not inquiring about both of these responses, I can only believe that the strain of trying to follow her thought processes must have gotten the better of me, considering that by this point practically every one of her Rorschach responses was difficult to hear and absorb, and thus to figure out how best to conduct an inquiry. Consequently, I think I must have let pass some of this patient's more innocuous-sounding imagery and verbalizations. For example, I cannot at all be sure what Ms. C. might have meant by seeing two feet on this bug or insect with claws, fur, or a shell. I cannot know with certainty what might have been sacrificed by these and probably other omissions from the inquiry, although no doubt the richness of the verbalizations I did carefully

inquire about yielded otherwise important information for interpreting this Rorschach protocol. Nonetheless, I recall vividly feeling drained after finishing this Rorschach. I could only imagine how draining Ms. C. must seem to the people she interacts with in her life. Yet I must add that I did not find this patient to be as frustrating or emotionally draining during our regular psychotherapy sessions, perhaps because she hardly ever brought her emotional life into the psychotherapy.

This poor form quality response, apart from suggesting how judgment or reality appraisal may suffer when a state of neediness or deprivation is provoked, also indicated that Ms. C. could go to great lengths to minimize the potentially destabilizing consequences triggered by yearning or deprivation. Thus, her percept of a bug or an insect was unusual for this card, which typically pulls for percepts of large and sometimes looming or overpowering figures. By seeing a small and typically harmless animal she may have attempted to minimize the potential for feeling overwhelmed; however, this attempt led to an ominous distortion of form accompanying this particular shading determinant (*T*). Accordingly, although apparently unable to prevent herself from perceiving a textural quality, Ms. C. was able to at least limit the influence of the psychological salience texture implied by rendering something often seen as potentially overpowering into the quite harmless, diminutive bug/insect she reported. It may also bear pointing out that while it is by no means unusual for examiners to expend considerable effort deciding whether a bug or insect realistically could have fur, claws, or a shell, for example—and consequently whether such a response would receive a special cognitive score such as *INC* as this particular response did—it surely is important for examiners to give equal if not actually greater attention to peculiar imagery such as a bug with fur, claws, or a hard shell for what this portends about regulating the intrapsychic balance between drives and defenses. After all, having mentioned fur, claws, and a hard shell as metaphors expressing the threat of being exposed, just how much protection could such a little bug really need! For Ms. C., the strain of insulating herself from being reexposed to the deprivation associated with thwarted or suppressed affectional yearnings was increasingly showing signs of fraying at the edges. Consequently, the effort to sustain the kinds of defenses she required to effectively wall off affect states must have been faltering. One manifestation of this vulnerability was detectable in her compromised reality-anchored thinking, which seemed to occur more frequently than just occasional lapses.

9. <i>It's almost like a bat, with the exception of these two extremities.</i>	<i>The wingspan, legs, top of the head.</i>
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Card V

I can imagine that most examiners would by now feel as relieved after reading this response as I undoubtedly did by this point in Ms. C.'s Rorschach.

Although a bat is a very common response to this card, it fell short of being coded as a popular (*POP*) response because it was seen in a Dd99 area of the card—a fact I could almost be persuaded to overlook, in part because most of the area she used for the bat remained intact and also because form quality was satisfactory. However, it also felt reassuring to have heard a familiar-enough sounding response from this patient after so many of the preceding strained responses stretching the bounds of conventional percepts and verbalizations. Why, I thought, did she have to spoil it all by making it a point to omit a fairly minor part of the card! Granted, her spoiling the response was indeed a minor point, and spoiling in this context only cost her a *POP* code. Nonetheless, she still could not produce an unfettered response even here on a card that is easily seen as a bat but which Ms. C. had to qualify as being “almost like a bat.”

I recognize that my petulant-sounding complaint may come across as petty, but I also think my complaining and frustration here serves to illustrate another important point about a person such as Ms. C., who easily could be seen as idiosyncratic if not actually strangely different—the proverbial peculiar duck. Accordingly, when people are accustomed to expect oddness from someone and then at certain moments such a person behaves less oddly, there is a tendency to benignly excuse relatively less oddness by adjusting one’s expectations about what passes for conventional and what would be considered odd. It is as insidious as the creeping grade inflation that teachers barely perceive to be happening, which only becomes perceptible when one steps back and observes their perceptions from a more critical distance.

I was not certain what to infer from this patient’s focus on there being something the matter with the way the extremities looked to her. It made me think of her two previous responses in which she noted but could not fully integrate areas she ended up calling “appendages”—attached parts that were not very different from extremities. Thus, on R7 Ms. C. did not know how to integrate the appendage which remained unspecified with the main part of the response of hearts coming together, and on R8 she said the appendage was two feet but she did not indicate how these feet were related to the bug or insect. Here on R9, because Ms. C. saw something wrong about the extremities she eliminated them from her percept of the bat. I could not conclude that she was being more discerning here by not finding a way these extremities could form a part of the bat. Certainly, there appeared to be something quite perplexing (and also strange) about how Ms. C. perceived attached parts, even when she said they represented appendages or extremities.

<p>10. ^ v ^ v [long hesitation] <i>Some type of insect. But I'm not getting any real feeling for what it is.</i></p>	<p><i>Claws, the head, it's equal on both sides. But the claws aren't terribly defined.</i></p>
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Card VI

Hesitations before generating responses and lengthy pauses between responses continue to be intriguing observations, notwithstanding Exner's (2003) decision not to record latencies because he found that the reaction time difference between chromatic and achromatic cards (color shock) was not an important discriminating variable in the CS. Nonetheless, it deserves some note that Ms. C.'s latency at the start of Card VI was noticeably longer than her latencies to other cards; in addition, there was appreciable card turning. When she did deliver her first response to this card—an insect—she immediately commented that the percept was not well defined, which she repeated during the inquiry. This patient mentioned claws as the first body part of the insect—which accounted for the *LNC* code and also contributed to this response being coded for poor form quality—but she shortly attempted to negate seeing the claws.

Considered together, the long hesitation, the claws, and the poor form quality suggested that Ms. C. may have been uncomfortable with this card, possibly though only speculatively because its form features sometimes suggest genitalia. Claws could suggest several possible meanings, including gripping or grabbing onto objects, or in reference to people clawing it could suggest aggressive or malicious intent. Claws also could represent metaphorically arming the insect for the purpose of self-protection. Claws are not typically on insects, although the analogous body part, pincers, is sometimes mistakenly confused with claws. This patient's reference to claws followed by an attempt to disclaim that reference raised the possibility that a defensive function might be operating to distance herself from a connotation of hostile or malevolent intent or that it might have belonged in a context of self-protection. Recall that R8 contained a similar reference to claws on an insect or bug, although on that response Ms. C. mentioned a hard shell and fur in addition to claws, in a context I thought of in connection with insulating herself against potential attack. If there was a particular implication behind Ms. C.'s reference to claws on R10 followed by a disclaimer, her self-protective defenses apparently were robust enough to manage to keep it well hidden.

<p>11. <i>Something you'd find on an Indian reservation—a tanned skin. Something from nature, like a buffalo hide. It's not necessarily depressing, it's something that was alive.</i></p>	<p><i>It was alive and was used to keep people alive.</i> (Used to keep people alive?) <i>To keep themselves warm. It was kind of recycled [laughs]. The tone of it, the shading.</i> (Tone of it, the shading?) <i>It's not heavily darkened like in the other cards. Here there's grays and then lighter grays and then a solid black. And also how it's formed, I just saw it as part of a skin or hide of an animal.</i></p>
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This patient's affective association ("it's not necessarily depressing") to this response of a commonly seen, popular animal hide arrived almost simultaneously with the response itself. Rarely do people perceive this popular animal hide or skin with any particular affective valence. Moreover, her reference to its not being *necessarily* depressing appeared to both recognize and then negate its effect on her—thus, it was at one and the same moment a projection followed by a denial. That the skin or hide came from an animal that was now dead does not usually evoke feelings of depression any more than does eating a meal despite knowing that an animal was killed as the source of the food. Ms. C.'s attribution of depression here also suggested that she may have assumed that other people would have the same association to an animal skin, perhaps another aspect of being out of touch with or prone to misread others' motivations. Thus, here again was a response of good form quality, including a *POP* code, but that still contained a subtle but definite distortion.

In Ms. C.'s elaboration during the inquiry, she explained how an animal skin came from a formerly living animal and that it now was "recycled" to sustain another's life. Her emphasis on the achromatic colors and the gradation of the colors that superseded form—thus making this response another shading-shading blend—yet again pointed to the complex quality of her affective experience. This response suggested emotional distress including dysphoria, as noted previously in connection with another shading-shading blend (R2) and one of her color-shading blends (R4). Moreover, the dominance of shading over form indicated that she seemed to apprehend the affective component as the more gripping psychological quality capturing her attention.

By this point in the Rorschach protocol, it was compelling that intense albeit confused, ambivalent, or powerfully conflicted *manifestations* of affect apparently could coexist in tandem with disavowed, detached *experiences* of affect. The distinction I am drawing here is one that seems counterintuitive insofar as potent affect states that might be expected to result in immobilizing, intense displays of affect unpredictably did not actually occur. That is, Ms. C. showed several indications of affective arousal in the scoring codes that were not matched however by a corresponding affective experience one would expect to see in the verbalizations. This represented a curious kind of disconnection between what she would say and what observers might expect to see as a reaction, and how Ms. C. actually behaved—a disparity that probably confused people with whom she interacted. Yet, this apparent disconnection or disavowal was probably comfortable for Ms. C.

The affective experience I have been emphasizing was derived primarily from the formal codes, particularly the significance of this patient's shading-shading and color-shading blends. However, the psychological qualities these blends represented were not particularly well reflected in her verbalizations. Thus, for example, an "animal skin . . . not necessarily depressing . . . recycled . . . to keep people alive" sounded mainly like an odd or idiosyncratic chain of thoughts. Similarly, her previous shading-shading blend of an "ink

blot . . . black and gray, just more depressed” also could pass by without very much notice. So too with the outset of Ms. C.’s color-shading responses, which began by sounding at most unusual or idiosyncratic (“bleeding hearts” and “dancers in black . . . that’s more depressed . . . here the coloring changes to something more lively”). However, in contrast to her shading-shading responses, by the time Ms. C. finished elaborating on these color-shading responses, the highly evocative though bizarre shape her elaborations took was unmistakable. Consequently, Ms. C.’s shading-shading blends may have indicated subtle though not particularly disorganizing qualities of emotional experience, but which nevertheless conveyed what I called above a disconnected or disavowed experience of emotionality. They reflected the presence of intense affective manifestations coexisting perhaps oddly but comfortably with bland affective experience that did not match the potent quality of affective arousal (Exner’s “tormented experience”) associated with such responses.

That being said, the response content was noteworthy for the animal hide being described as something that was once alive but now was recycled to continue promoting life. Based on her explanation, it seemed that she may have conflated ideas containing the rather uncommon association of sustaining life and keeping warm. A more dominant association to keeping warm more likely would pertain to warmth as a comfort or need state, possibly a textural quality. Certainly, the quasi-tactile quality associated with an image of warmth could represent in a disguised fashion feeling comfortable or soothed, or even possibly being protected against uncomfortable coldness such as an animal skin might provide through touch or bodily contact. But Ms. C. neither mentioned nor intimated a tactile quality; consequently, it would be far too speculative to assume she had that in mind, even though she had already produced one texture response and there was one more to come—in fact, in her next response. With appropriate caution, however, there is no reason for an examiner not to keep in mind and continue to reflect on this patient’s curious link between the ideas of staying alive and keeping warm.

Card VII

12. $\wedge \vee \wedge$ <i>McNuggets</i> . [smiles/laughs]	<i>The shape and texture. It’s tan, or gray-ish. It just looks like something that’s fried.</i> (Looks like something that’s fried?) <i>The texture, that crustiness. The shading here. It looks sandy or crusty.</i>
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The combination of a reference to food and the use of texture suggested that a need state was stimulated. (I also would not rule out the possibility that this *T* determinant was in part stimulated by her previous response; note my

comment above regarding R11.) However, from Ms. C.'s characterization of the food content (McNuggets) and even more so from the way she smiled as she delivered this response, I wondered whether an affect state other than neediness or craving was triggered, one that might have reflected there being something lighthearted or cute about seeing McNuggets on a psychological test. Had she not emphasized the textural quality—a characteristic of shading that examiners take quite seriously when interpreting patients' affective dispositions in relation to psychological need states—I might not have called much attention to this patient's smiling. However, from earlier material it appeared that making light of serious matters and affective distancing from deeper layers of needs formed an important part of Ms. C.'s *modus operandi* for getting by in life. I previously noted this disparity in relation to this patient's offhand, somewhat dismissive comments about psychologically loaded verbalizations such as a Bleeding Hearts Club of crybabies as an association to a disconnected, bleeding heart (R4). Even her "recycled" animal skin to keep people alive (R11) had a bit of this same flippant quality about it.

Note as well how she perceived the textural quality—"grayish . . . sandy . . . crusty." Except possibly for "crusty," this was hardly an appetizing description of the texture of food! And it also was nothing to smile about. The combination of her amused smile and a response of McNuggets, possibly an indirect reference to a kind of comfort food perhaps associated with fun or a treat, together implied a pleasurable quality of affect. But then adding "grayish . . . sandy" spoiled any sense of something either appetizing or enjoyable. (Interestingly, though I suspect improbably, the word *crusty* could have been a reference to a crust of bread to indicate a small, insufficient amount of food. *Crusty* also might connote disagreeableness, such as a rough or uncivil quality of behavior.) Ms. C. seemed to be equating food and pleasurable enjoyment with something unappetizing or disagreeable. Moreover, she appeared to keep these affective connotations isolated from one another, as if one quality was entirely removed and apart from the other. Her defenses of isolation of affect and thought, and disavowal were operating once again.

Furthermore, for a patient who had not rotated the cards during the response phase on the first five cards, it was somewhat surprising that she would have begun doing so in the middle, first on Card VI and now again on Card VII, and several times. I speculated that on Card VI, the long hesitation before starting her response coupled with several card rotations and a vaguely articulated response suggested her discomfort about the card, possibly avoiding seeing genitalia, which is uncomfortable for some people. Here on Card VII, considering that the popular D1/D2 area is readily seen as a head or human figure by many people, and one more commonly seen as female, I wondered whether the card turning might have reflected a defensive attempt to avoid seeing a female figure. If a female figure stood for nurturance and her food response with a texture determinant but described in a distinctly unappetizing way were linked together, then her defensive disavowal noted above and the card turning possibly to avoid seeing the popular human figure might

connote being stimulated by needs or cravings experienced as frustrating or unsatisfying. It tentatively raises the possibility that Ms. C. had blocked an awareness of this kind of need in relation to a maternal function or figure, a hypothesis perhaps better considered with the benefit of incorporating findings from the Figure Drawings and TAT. I recognize that I am stretching fairly far out on a limb in raising such a hypothesis, however as long as it remains hypothetical until confirmed or disconfirmed, it is not a bad working hypothesis to keep in the background as the interpretation continues to unfold.

What was becoming increasingly clear as the Rorschach proceeded was the impression that Ms. C. appeared considerably removed from internal need states and the affects these typically stimulate. She might be able to speak a language that acknowledges needs and affects but in a genuinely felt sense her actual experience of such needs and emotion states remained miles away from the words she might use to talk about them. This patient also seemed to manage to conceal a perhaps deeper feeling that might even be at odds with the words she used to express herself. The content of Ms. C.'s response concerned food, which coupled with texture as a determinant implied emotion states possibly reflecting feeling deprived or craving nurturance. The mostly disagreeable depiction of the texture of this food only added to this impression concerning dissatisfaction or unhappiness about what might have passed for such nurturance as was available to her. Certainly "McNuggets" is an idiosyncratic choice to represent nurturance or nourishment. Moreover, her McNuggets were not moist, firm, tasty or otherwise inviting; instead, her "grayish . . . sandy . . . crusty" McNuggets were mainly unappetizing. Small wonder, therefore, that she might experience her existence as unsatisfying and unappetizing—not unlike the way an infant might make a disapproving face and turn away from sour milk. It also makes it less of a mystery why Ms. C. might turn away from feeling stimulated by the promise of nurturance, expecting to find what came her way to be mainly disagreeable, all the while driving her needs and desires underground in the process.

Card VIII

<p>13. <i>It's almost like a collage—two animals, one here and one here, perhaps a bear.</i></p>	<p><i>The legs, arm, head, ear. Same on both sides. The bears are part of the collage because their colors go in with the rest of it.</i> <i>(Collage?) The different shapes, sizes, and colors. I don't know what the other parts are. A grouping.</i></p>
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<p>14. √ <i>Like a jacket on one side. A sleeve, a zipper.</i></p>	<p><i>One side is one sleeve, and one sleeve's on the other side.</i> <i>(Zipper?) Something has to keep it open, not closed, so I'm just going on the assumption that it's a zipper.</i></p> <hr/> <p><i>Like they're hunting. Two eyes, they're hiding and blending in with the color scheme in here.</i></p>
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Ms. C.'s first response to Card VIII, unlike most of her responses, was one of the few that did not strike any note of oddness. Like R3 and possibly R9, this response merits little comment. Even the *INC* code was a minor lapse, one that would not call any particular attention to itself. The patient's description of the bears as part of a collage was mildly unusual but it was not especially deviant, and there was nothing about her explanation of the collage during the inquiry that raised any question. That she described R13 as a collage—a grouping of objects in an art work—at most might indicate some distancing or possibly intellectualization, but probably of greater interest was the good integration of color with the form features, suggesting that a capacity to experience affect adaptively was possible at least at some times.

In contrast, with R14 Ms. C. returned to an idiosyncratic, somewhat odd-sounding description of what otherwise would have been a moderately well-conceived response. True, form quality was less than optimal (although a jacket does appear in the form quality tables as *Fu*); however, it was Ms. C.'s verbalization about the zipper (“something has to keep it open, not closed”) that injected the odd quality into this response. Still, it fell short of receiving a special cognitive score. Conceivably, however, other examiners might be inclined to code a special score here. Nevertheless, whether or not this verbalization fell just within or just outside earning a special cognitive score—a determination that often can be a difficult boundary to decide—a more useful way of thinking about a zipper as something to keep something open but not closed would inevitably surround inferring what Ms. C. might have been thinking as she offered this comment. Thus, I asked myself, what could she have meant by a zipper intended to keep a jacket open when typically a zipper's main purpose is to close something? Compounding my curiosity was the comment she spontaneously added after referring to the zipper for opening but not for closing something: “I'm just going on the assumption that it's a zipper.” Here, Ms. C. may perhaps have sensed from my asking her about the zipper that what she said might have been amiss, and seemed to allow herself a way out should she need it, thus building in a way to self-protectively take back what she had said.

On a testing-the-limits inquiry, Ms. C. commented about hunting and hiding. Ms. C. may first have thought of a hunting jacket; however, she soon spoke about hunters in hiding, presumably lying in wait for their prey. Her reference to hiding was influenced by seeing eyes—probably a figure-ground reversal and using achromatic color—although she also commented how the eyes blended in with the other colors, which added to an impression of hiding.

She did not comment further on the zipper or the comment that prompted my asking her to elaborate further on this response in the first place. Perhaps she thought there was nothing further to explain about why a zipper might keep something open but not closed; or perhaps she did not want to say anything more about it. I probably could have pressed the issue further; however, I had already seen how Ms. C. could deftly avoid subjects she did not wish to talk about. By introducing the idea of hiding, Ms. C. may have tried to hide from what she said, but it was not clear exactly why she might hide from or avoid explaining what she meant about the zipper. As I commented earlier concerning R10, Ms. C. was accomplished at self-protectively concealing things she said but may have sensed she was better off not saying. She was perhaps alerted to a deft clamming up in this way by inquiry questions and further testing-the-limits probing intended to call attention to idiosyncratic ideas she may not have noticed. On the Rorschach and in life, this acquired, hypertrophied skill may have been one of her greatest assets.

Card IX

<p>15. <i>Some type of floral. Things you'd find in a coral reef or Mediterranean waters, because of the colors.</i></p>	<p><i>The color schemes are very soft, very gentle. But I don't see figures I can identify with. So, something in coral reefs in very warm water, very indistinct. It's equal on both sides.</i></p>
<p>16. <i>> I see a face here. An eye, the long nose. One here, too.</i></p>	<p><i>The eye, the long nose. (Eye?) It's round and it's black. Like something like a moose or a reindeer, with a long snout. (It's black, the eye?) It's like an oval, and the eye is black. The other colors are red, orange, and this is like a black.</i></p>

Ms. C. began Card IX with a response nearly totally given over to color as a determinant. Unable to come up with any definable shape beyond the general indication of a coral reef and with little more than the symmetrical appearance

of the area as an indication of form use, this response suggested a substantial degree of openness to affective experience. Yet, despite the rather open and undisguised affective valence indicated by this response and the nearly textural-sounding description of the “soft . . . gentle . . . warm” colors, this patient was barely able to provide an articulated form to go along with and thus support an affective experience. Hence, it was not surprising when she commented that “I don’t see figures I can identify with.” She experienced, therefore, a pleasing, almost luxuriant affect state in consideration of her emphasis on the soft, gentle qualities about the color, but she could not bring it into alignment with words or thoughts having meaningful associations or memories for her. In this percept’s vagueness, it operated like an affective fragment—something “indistinct,” and as such difficult to grasp, remember, or otherwise bring to life in respect to her ongoing experience. It was a pleasing affect, but one that seemed to feel intangible and unrelated—somehow just out there, lost in space.

After delivering this response, Ms. C. proceeded to see a more definable form, an animal face, which also used the achromatic color features of the card. She could comment that the chromatic colors on Card IX were present, but these were not integrated into her response, where she several times referred to blackness. Thus, R16 implied a quite different experience of affect, one that was more muted, limited, and probably constricted. The distinctiveness of the animal face, in contrast to the undefined forms of R15, implied that the diminished affective quality was familiar and knowable to her. It was an experience of emotionality that she lived with most of the time, while the affective quality of R15 was unfamiliar and not anything “I can identify with,” as she herself put it. In R15’s emphasis on the card’s prominent pastel colors, she may have enjoyed a brief respite from what I imagined to be her typically diminished, constricted experience of her life. Thus, by R16 it was back to business as usual for Ms. C. in the one-dimensional monocolored, disconnected, disengaged way she went through her life.

Card X

17. <i>Crabs, of different colors. Something that's crawling.</i>	<i>All different types of life in the coral sea. Shrimp look like this, crabs. All the shapes. (Of different colors?) They're vibrant. Lively and warm. The ocean is very alive with all different kinds of life.</i>
18. <i>A wishbone.</i>	<i>The shape.</i>

In her opening response on Card X, Ms. C. seemed to come to life once again, as she did briefly on the preceding card. When I asked her specifically about the colors she referred to during the response phase, without hesitation she spontaneously commented about their invigorating quality (“vibrant . . . lively and warm” sea life).⁸ Though it is not uncommon for people to see crabs in several locations on Card X, it is however rare for people to describe them as vibrant. True, although Ms. C. never specifically said that she saw anything other than crabs perceived as crawling, she seemed to strongly imply that she actually may have seen various types of sea life. For many people, although crabs that are crawling may not necessarily be regarded with disgust or revulsion, neither are they associated with being lively and warm. Thus, it seemed incongruous to imagine the idea of crabs and warm, vibrant colors in the same context.

Ms. C., however, was a person who was nothing if not idiosyncratic or capable of apprehending unusual images simultaneously. Consequently, for the same reason that imagery such as a mixture of a butterfly and a spider (R1), bleeding hearts not completely attached (R4) or hearts merging to come together (R7), or a bug or insect with claws or fur (R8) and the like arrived trippingly off the tongue for this patient—at the expense of a code for minor cognitive slippage (the “coral sea”)⁹—so too would the image of vibrant and warm crabs not seem particularly incongruous for Ms. C., knowing what seemed rather clear by now about her internal life. Indeed, an image of crabs with lively or warm colors was not all that dissimilar from the image of a bug or insect with fur that she reported previously. It suggested now as it did then that soft, warm affect states could easily coexist with images or qualities that were hardly associated with softness or rich, vivid emotions—such as bugs, insects, and now crawling crabs. It conjured up an impression about this woman as someone expecting to find warmth in cold or repulsive places. It led me to wonder what it might be like for someone made to feel repulsed who then seeks affection or enlivenment. I imagined a mother who barely tends to if not actually rejects the runt of the litter.

Following this rather innocent-sounding albeit nonetheless psychologically complex response of crabs and vibrantly colorful forms of sea life, Ms. C. delivered a deceptively simple response of a wishbone, which was her final Rorschach response. She had the least to say about this response in the inquiry, and she offered no extraneous verbalization as she had done previously with many of her responses. Besides being a moderately common response of ordinary form quality to the D3 area in which it was seen, the idea of a wishbone probably should not be overlooked, in part because its significance often stems from what precedes such a response. For Ms. C., the immediately preceding response was crabs and the vivid, lively colors on the card—an incongruity, as I discussed above, that may have sparked something related to the idea of wishful hoping or anticipation. Although I was interpreting this patient’s reference to a wishbone as representing wishing for good luck, I could not of course be certain that this symbolic connotation was the one Ms. C. had in mind.¹⁰ That being said, it was tempting to cautiously speculate that the interesting choice of words she used to

describe the colors on Card X ("vibrant . . . lively . . . warm"), notwithstanding the fact that the basic percept was that of crabs seen as crawling, might stand for a wished-for quality of an emotional experience she could only imagine, an experience that nonetheless might elude her a great deal of the time.

I had no doubt that Ms. C. could comprehend what the concepts of vibrant or lively signified and that she knew that other people might at times have such experiences. However, I doubt that such words felt in any meaningful way tangible for her or that she could readily summon up memories of such states, because they were too alien. Nevertheless, I suspected that she could have been thinking in her whimsical-sounding closing response of a wishbone, *wouldn't it be nice to experience what vibrant and lively might feel like!* Thus, when she said, "the ocean is very alive with all different kinds of life," I could almost imagine a sense of a child's wondrous discovery of something new and exciting, which also might include a world of affective experience that might well have seemed remote to her.

Recapitulation

Although Ms. C. could appear unaware of feeling anxious, her anxiety appeared to lead to odd or circumlocutory thoughts obscuring what she meant to say and as a result making it difficult to follow her train of thought. This would constitute both a defensive position and an adaptive mechanism to keep people at some distance. She herself seemed unaware of what she does to create emotional distance, so Ms. C. probably would be less perturbed than others concerning the continuity of her thinking. Thus, as people might feel puzzled by what she could say, Ms. C. was relatively undisturbed. Although sometimes fraying at the edges, her capacity to usually maintain a generally normal if perhaps idiosyncratic outward appearance came at the expense of keeping a tight rein on experiencing painful affect states. In this way, she was largely insulated from her internal affective experience.

Indeed, this patient's experience of and estrangement from emotionality was very likely the most telling characteristic of her psychological functioning, certainly as revealed on the Rorschach. Not only did she produce five responses using chromatic color—some of which were color-shading blends—but in addition she had five *C'* responses—and several of these were shading-shading blends. Moreover, on four of her five chromatic color responses there appeared a verbalization referring to aliveness or vividness (on R4, the "cherry red" bleeding hearts; on R7, "the coloring changes to something more lively . . . happier"; on R15, "the color schemes are very soft, very gentle"; and the vibrant colors she described on R17).

On two other responses in which color was not formally coded, it was mentioned and in particularly interesting but quite different ways. First, on R6 Ms. C. referred to the "introduction of more color," a comment I previously called attention to for its halting, tentative implication of color rather than a definitive commitment to its use. Secondly, on R16 she referred to two of the brighter

colors on Card IX (red and orange), but she did not actually use them as a determinant, favoring instead the black achromatic color. Nonetheless, the red and orange clearly registered with her despite these colors not being used in a way to reflect there being a color determinant. Mentioning the red and orange here sounded somewhat impulsive as if it strongly captured her attention but was not integrated with the response proper. Ms. C. seemed almost to blurt it out with no real context in mind, much as a disconnected non sequitur might sound, contrasting noticeably with the more contained, held back “introduction” of color on R6. Even on an achromatic card, Ms. C. referred to color, or more accurately to its absence, when on R2 at the end of the inquiry she mentioned how the colors were “depressing . . . they’re not vibrant colors.”

Clearly, Ms. C. had considerable difficulty coming to grips with her emotional life, including how affects were apprehended or expressed. Because affects were so deftly tucked away and isolated from ongoing experience, she probably had little overt difficulty with or even much awareness about what she felt at many times. Ms. C.’s affect life was fraught with confusion and conflict; thus at some moments lively and vivid affect emerged only to include alongside it odd or twisted verbalizations, while at other times she experienced affects that appeared to be in conflict with one another. At still other times, disquieting or tortured affect states appeared to surface surprisingly freely. This patient mostly appeared to expend much effort constraining the appearance of affect states. Emotionality was never a simple matter for Ms. C. With what served as both a defensive and at the same time an adaptive function, she managed to remain at a considerable distance from most affect states, hardly ever thrown by them and in this way coasting along blithely insulated from their intrusive impact on her functioning.

Thematic Apperception Test

Card 1

This is a young boy, maybe 8 years old. The violin here, he’s contemplating how to fix it if it was broken, or this is something he really wants to do. I know parents want their children to have lessons to learn an instrument, and someone suggested violin, so this kid is supposed to be practicing. But he’d rather be somewhere else, because he does look sad.

(Outcome?) He doesn’t continue violin lessons and his parents say they lost all this money.

(How does the boy feel about that?) Happy, because he didn’t want to continue. Maybe his parents were saying, “if you don’t want to do it, don’t do it, we’re not going to waste the money.”

(How do his parents feel about it?) One parent probably wanted it more than the other, to round out a person. Maybe they also played an instrument at one time, so maybe they pushed it on him.

(How does that parent feel about the way it turned out?) *I think disappointed but then reality set in. The boy has other interests and maybe one parent will talk to the other parent and so maybe one parent will be disappointed and the other parent will be more understanding. But it's a dilemma for him.*

(Dilemma?) *Disappointing the parent. (Q) He's sad but he knows this is not going to work. I don't think any child wants to disappoint a parent and they try their best, but then say this is not what I want to do. He doesn't seem like an acting out kid, he's not going to act out and say I don't want to do it because I don't like it. He's more like the kind of kid who'd say to the parent I don't want to do this rather than acting out. I mean, it's I don't feel comfortable with it and I don't know how to do this.*

Ms. C.'s story may have reflected her own childhood experience of having a problem, how she attempted to engage her parents in the problem, and how the parents responded. She vacillated concerning the nature of the boy's problem on Card 1, initially saying that he was trying to repair the violin but then shifted to the boy's learning to play violin. She also vacillated about the boy's motivation, at first saying "he really wants to" play the instrument but she then switched gears to indicate that the boy was disinterested and sad because he wanted to do something else. Her story seemed to communicate what happened to an enthusiastic desire ("he really wants to" learn the violin) that decisively and possibly irrevocably was transformed into sadness and disinterest. She described parents who seemed to lack genuine interest in the boy's learning an instrument, appearing instead to be going along for the ride ("parents want their children to have lessons") without matching or fostering the boy's enthusiasm.

Ms. C.'s story never returned to what she initially mentioned—learning to play or fixing the violin. Her subtly slipping in the comment about "something he [the boy] really wants to do" may have represented how the boy's eventual loss of interest and sadness was the aftermath of the parents' dispassionate, disengaged reaction. Not only did the parents fail to match the boy's enthusiasm but they also seemed to overlook his desire to play the violin, misinterpreting what looked like the boy's turning elsewhere as being flighty or showing diminished interest. The parents appeared to react to the boy's shifting interest as normal ("reality set in"); however, it did not seem to register with them that at one point it was "something he really wants" and that he was also left feeling sad. Thus, what at first looked like vacillation or ambivalence on the boy's part more likely concealed deeper and submerged feelings of diminished self-worth. Feeling so diminished could easily give way to sadness representing the residue of having lost a sense of wonder or enthusiasm and consequently feeling devalued.

In addition to the parents' disengagement with the boy's seemingly genuine interest and their unawareness of his mood state, they appeared to rub salt in the wound by indicating concern only for the money they "wasted," in this way trivializing what mattered most to the boy and also conveying that nurturing an interest of his was at best grudgingly tolerated. The parents in this story barely

concealed that they would be glad to be done with what seemed to be little more than a wasted effort. There was no sense of joyful pride or pleasure in the boy's interest or curiosity as Ms. C. depicted their relationship with the boy in her story; rather, she described parents who appeared to feel imposed upon and not wanting to be burdened. It was as if she felt that when the parents said to the boy, "if you don't want to do it, don't do it," they really meant "do whatever you want, just leave me alone." If this reconstruction of the family dynamics was reasonably close to Ms. C.'s actual experience of her early life, it would not be difficult at all to imagine that her parents might have readily missed the struggles she went through with learning and cognitive functions, and equally importantly that she would have done her best to conceal her problems—as well as her hopes and aspirations—from as unsympathetic and unknowing a home environment as she portrayed here on Card 1.

It also deserves note that in spite of the above depiction of the boy's parents as unsupportive or indifferent, Ms. C.'s story also suggested how one parent may have failed to show an awareness of the boy's preference in favor of wanting something from him and then reacting with disappointment. The other parent, however, comprehended the boy's dilemma more empathically ("one parent probably wanted it more than the other, to round out a person . . . maybe they pushed it on him . . . one parent will be disappointed and the other parent will be more understanding"). This dynamic illustrated that it might be possible to appeal to one parent for a more responsive, understanding recognition of a child's developmental need if the other parent shows a pronounced, unrelenting empathic breach. The germ of such empathically involved understanding, whether from another parent, a grandparent, an interested teacher, or someone else capable of providing that kind of self-object function might be sufficiently enlivening to permit thwarted development to continue despite a child's originally healthy striving falling on deaf ears. Awakening or stimulating stalled development through another's psychological engagement with a child may potentially restart a normal developmental process that was interrupted, thus leading the way to depressive disillusionment or chronic boredom.

This description represents a good example of what Kohut (1971, 1977) and Tolpin (1993) meant by a compensatory structure, an idea I previously described in relation to diagnostic assessment (Silverstein, 2001). A related concept from psychoanalytic self psychology is the concept of a leading edge, which Kohut (1971) briefly mentioned only as a footnote to refer to an aspect of interpretation that recognizes such thwarted needs and strivings along with defenses and conflicts in the hope that submerged longings essentially forgotten or driven underground might be remobilized in the transference. Tolpin (2002) developed this idea further, describing what she called a *forward edge transference*, to represent the possibility that thwarted developmental longings may be revivable in treatment with the hope that securing self-object responsiveness might reinvigorate and thus foster repair of a so-injured self.

In Ms. C.'s story, she implied that one parent might have been able to serve a somewhat felicitous selfobject function—a tendril of a compensatory structure—while the other parent only fostered the boy's feeling that he was a disappointment. Her story thus expressed what might happen when, instead of recognizing what a child needs to restart a stifled developmental longing, a parent to whom the child might have turned has failed to recognize what the child needed and unwittingly responded in a way that only made matters worse.

I suspect that the real dilemma for Ms. C. was partially captured by the difference in the parents' responsiveness, the one failing to comprehend and the other providing some kernel of understanding but possibly not enough to promote an involved engagement with restarting thwarted developmental strivings. Thus regarded, this patient's dilemma might be understood as that between giving in to the demoralization of defeat or attempting to turn elsewhere to secure a recognition of what she needed to find a viable route to succeeding in life. I did not know how much good was achieved when "maybe one parent will talk to the other parent" and I also could not be sure that the "dilemma" for the boy did not concern whether to follow one parent's wishes or follow his own. However, I hypothesized that instead of succumbing to the school failures that so often ensue when children experience severe learning deficiencies, living their lives as though they were failures and thinking of themselves as dummies, Ms. C. was buoyed on by the kernel of "understanding" from a parent who seemed to have at least some implicit idea about her struggling, and she was enabled to find a way to mask her deficits and egg herself on to successfully achieve some semblance of a professional career, albeit with great difficulty.

I did not at first understand what she meant by a dilemma; however, upon inquiring further Ms. C. explained that the boy was "sad but he knows this is not going to work. I don't think any child wants to disappoint a parent." Thus, worried about being seen as disappointing rather than being difficult or ungrateful ("an acting out kid"), Ms. C. ended her story by expressing how the boy accepted the blame for his failed interest, saying how uncomfortable he was and that he could not successfully navigate learning the instrument. Lost in all of this was the initial desire or interest—the "something he really wants to do"—which was replaced by self-blame and the boy's not wanting to be a disappointment in the eyes of his parents. Ms. C.'s story conveyed nothing of what one might reasonably expect to see, namely requesting help or trying to make the parents comprehend how much of a struggle learning the violin had become. Rather, in her story she seemed to emphasize the importance of staying out of the parents' way, not becoming a burden or a disappointment, and in the process assuming the blame for the problems the child had rather than expecting that anyone should be there to help—a child's version of the adage, keep your problems to yourself.

The original enthusiasm was lost in the shuffle, dampened down as I imagined she herself felt. Ms. C. soldiered on by herself to make the best of things, there being no support for and no time to feel the desire of "something [s]he really

wants to do,” much like the “lively . . . vibrant” colors she noted at several points during the Rorschach. I suspect that Ms. C. submerged what was lost behind a stoic, affectively diminished existence that left no room to indulge in a “Bleeding Hearts Club . . . for crybabies,” as she described earlier on Card II of her Rorschach. Further, what may have been left of the initial desire probably never left her, surviving in the tremendous perseverance she showed throughout her academic and work life when it could have been very possible to secure an easier route to getting by, one that did not involve the degree of struggle she continuously experienced. This was not therefore simply overcompensating; instead, it could be thought of as trying to keep an original desire or enthusiasm alive in herself, as she tentatively seemed to peek out at certain points, as for example her comment about the “introduction of more color” on the Rorschach.

Card 2

Looks like a father or a brother, he has one horse to do all the plowing. This looks like a mother, it looks like she's pregnant. And this is the daughter, she has books and has very mixed feelings about wanting to change her life and going on to school and leaving the farm. And especially leaving her mom, it looks like she's pregnant. She's making a decision. Her parents want her to get an education. I think she leaves, because I think that's what her parents want her to do. She's not a child, she looks like a teenager. Her parents are saying, "it's okay."

(How does she feel about leaving?) *Mixed. She needs reassurance from the mother.*

(Q) *The mother's life is set. The girl feels that maybe by getting an education she can send money back to the farm and help out that way.*

(Mixed?) *I'm not sure she knows. The mother's attire—she's been a farmer's wife her whole life. The daughter looks like she's been going to school, she's chosen what she wants. She's the one who's being chosen to go and get an education.*

(Being chosen?) *It's an awesome responsibility. She's probably the oldest one. So this one's leaving, but there's another one coming.*

(How does the mother feel?) *She has a look of peace. A decision was made, and she's okay with it.*

At first glance the girl appeared to be ambivalent about leaving for school, but on closer analysis her story portrayed the girl struggling more with her relationship with her mother than with the conflict between leaving for school and staying at home. The emotional tone of the story suggested that the daughter was not so much deciding as she seemed to be churning around unarticulated feelings. Her thinking was repetitive and scattered, sounding very little like a struggle to reach a decision. As Ms. C. developed her story, it reflected how unfocused the daughter's thinking appeared, starting with ambivalence about “wanting to change her life and going on to school” vs. remaining at home (while commenting at two points in between that the mother was pregnant, without commenting about what this meant for the girl). Most tellingly,

Ms. C.'s story related that the girl had "chosen what she wants" but in the very next breath, without seeming to recognize that she contradicted herself, this patient said that the daughter was "the one who's being chosen." Ms. C.'s story proceeded to jump around as she spoke about leaving the home and being replaced, the responsibility that being chosen entailed, that the daughter was no longer a child and thus the time was right to go off to school, and the daughter's needing or hoping for the mother's reassurance that leaving home was the right developmental step.

The story continued in its unfocused, scattered trajectory as Ms. C. spoke about the mother's life being set and how the daughter could help the family. I inferred that the sometimes contradictory or unfocused directions that emerged as her story unfolded reflected the daughter's feeling lost and confused about what was happening and what she felt. When she expressed needing "reassurance" from the mother, I wondered whether she mainly meant that she sought a mother who could clarify or help her make sense of the confused, uncertain emotions the daughter experienced. However, what the girl hoped the mother would provide was not forthcoming, and thus she was left in a confused state, in a sense fumbling around in the dark. Interestingly, the daughter seemed to keep as great a distance from the mother as the mother kept from her. That is, neither of them tried to engage the other and the girl expressed no clear emotional reaction to her dilemma other than what might have been concealed behind her unfocused thinking. For the most part, her story recapitulated the story she told to Card 1, which also concerned the relationship between a child and an indifferent, disengaged parent.

The daughter offered at most a rather weak statement about what she wanted for herself. It was the parents who wanted her to leave for an education or she was designated to assume that responsibility—in a sense, the sacrificial lamb. There was much talk about making a decision in this story, but the only decision that seemed up for discussion concerned the parents' deciding whether or not the daughter should be cast out of the nest, so to speak. It was not at all clear that the daughter really had any say in the matter, and although she seemed to express some interest in leaving home for an education, that desire was not especially strong or compelling. Her main feeling appeared to be that an education was a good commodity to have or a responsibility to bear. Even when Ms. C. said the daughter chose what she wanted, she immediately followed that statement by saying that the daughter was chosen to pursue further education that would allow her to send money back home and thus preserve some tie to the home front. She did not appear unable to separate nor did she seem to prefer remaining at home; however, it did seem that part of the daughter's motivation to stay at home concerned preserving a connection with her pregnant mother. This might express the idea that in spite of the mother's disengagement—which the daughter may have defensively been unable to see—any connection was better than no connection at all, no matter how remote or uninvolved it might be.

However, from the mother's point of view, it appeared that the daughter was designated to leave, but not necessarily because the daughter was chosen for a

special honor. The daughter might wish to believe that to be the case, so as not to feel the rejection and abandonment that mainly underlay the mother's decision. However, the story seemed to imply that the daughter was being pushed out not necessarily for her own development but perhaps more for the mother's convenience or because the mother was no longer interested in her. When Ms. C. said, "so this one's leaving, but there's another one coming," she appeared to express the idea that the mother saw the daughter as easily replaceable, perhaps because she did not need or enjoy the daughter. There was no consideration from the mother's side—at least as Ms. C. seemed to perceive the situation—about the daughter's ambivalence, insecurity, or concerns about separation. It was all matter of fact: a decision was made, so off she goes.

The mother appeared to represent an unresponsive maternal object whose life was "set" as "this one's leaving but there's another one coming." This was a mother who had "a look of peace" while the daughter was lost and struggling, right in front of the mother's eyes but outside of her awareness. A picture thus emerged of an aloof, unseeing, self-absorbed mother unable to recognize the daughter's distress that did not simply represent a conflict surrounding separation and loss. Rather, the picture Ms. C. painted more compellingly depicted a mother–daughter relationship characterized by a neglectful, narcissistic mother whose presumably chronic affective unresponsiveness disposed the daughter to an anxious sense of distress surrounding feeling forgotten about and ignored. It is also worth noting here that although the girl spoke about what her parents "want her to do," the father was a peripheral figure in the story. He was mentioned only once and it seemed clear that he was not a part of the main psychological action of the story about the girl's dilemma, which transpired entirely between the girl and the mother. Consequently, the daughter was left having to fend for herself not only with an apparently uninvolved, remote mother but also with an equally unavailable father who might otherwise have served in a compensatory capacity to buffer the mother's unresponsiveness.

In consideration of the above, I suspect that the daughter's "very mixed feelings" had more to do with her relationship with the mother and very little to do with the ambivalence involved in the decision being made on the surface. Thus, there really was no decision the girl had to make. What passed for her struggling to decide whether to leave or stay was never about a decision at all; rather, the struggle reflected little more than the girl's unrecognized distress, camouflaged behind what she oddly called her "awesome responsibility." The girl's struggle—her "awesome responsibility"—was hardly one about ambivalence or the problem of a naturally occurring developmental step; it was instead the anxiety over feeling psychologically dropped and the ensuing distress surrounding feeling lost and alone. The anxiety also was reflected in the girl's unfocused and scattered thoughts.

Although in certain respects it may constitute an inferential leap to go from the specifics of this story to a reconstruction of a profoundly distant and uninvolved mother–daughter relationship, this story also goes a long way toward explaining a dynamic pattern seen repeatedly throughout Ms. C.'s Rorschach

and Figure Drawings. I came to regard Ms. C.'s story to Card 2 as particularly telling as it compellingly revealed what I suspect was the psychological reality of her relationship with her own mother.

Card 3BM

Obviously it's a middle-aged woman, something's obviously upsetting her, I don't know—this is a set of car keys down here. I believe she's just heard something that's happened that's very upsetting to her. She's reacting to it.

(What led up to this?) Could have been illness, death, some type of disappointment. Just having her fill of frustration. I think perhaps the woman received a phone call, something unexpected and she's reacting to it. Maybe a death.

(Reacting to it?) Sadness. [long hesitation] I'll go with she's distraught. [hesitation] Either she just finished crying or she just started to cry. It looks like she's somewhat composed, so either she's just been crying or she's just now reacting to it.

(Make up a story) I would go with an older person: a mother, father, aunt, not a child, but an older person.

(Outcome?) She gets up and goes to where she has to go. She'll either call someone to be with her or have someone accompany her. Or she'll just get in the car and go.

(What does this death represent for her?) The end of a milestone. I don't see her as a young woman, I see her as a middle-aged woman, so maybe the loss of a parent. Everyone becomes an orphan at some point.

(What does it mean to her?) Sadness. It was more of a shock, because she's not sitting, she's down on the floor and she dropped the keys. Like a fait accompli—something happened, and the person is gone.

Contrary to most of her psychological test responses and her customary nature, Ms. C. here openly described an affectively charged situation right from the start. Interestingly, however, it took her quite a while to settle on a definite story, focusing for quite some time on vague, noncommittal details such as “something's obviously upsetting her, I don't know . . . just heard something that's happened . . . something unexpected . . . could have been illness, death, disappointment, frustration.” After a number of inquiry questions, I realized that she still had not told me what exactly the “something” was, and I asked her again to make up a story—which she still did not do (“I would go with an older person: a mother, father, aunt, not a child, but an older person”)! When I asked her for an outcome, it may not yet have registered with me that Ms. C. still had not told me exactly what was happening in her story. Assuming that she probably had in mind that someone died by some unexpected (and unexplained) means, I asked her specifically about the meaning of the death, at which point she finally was able to indicate that the protagonist experienced the death of a parent—still not saying whether it was a mother or a father.

Ms. C. was unquestionably perturbed by what she was experiencing affectively, costing her more effort to easily sustain a nonchalant, matter-of-fact psychological state concerning an “obviously” innocent event in which she could “just get in the car and go.”

Considering how often patients have trouble identifying whether a person in the picture is male or female, curiously Ms. C. had no difficulty with that at all: the person “obviously” was a woman, and like herself, middle-aged. Of course, it is by no means obvious whether the person is male or female. Ms. C.’s certainty may have reflected a powerful identification with the traumatic event to the extent that she initially may have lost some distance from the card by nearly placing herself squarely in the psychological action she described—as if it were her and the traumatic event was happening to her right there in the moment. Caught off guard and unable to defensively create some insulation to protect her normally intellectualized, distanced affective experience, this patient seemed to be struggling to maintain her composure, and by inference ego control, about what she was experiencing. If there was anything “obvious” about her story—which actually was more of a fragment describing a reaction than a complete story with a beginning, middle, and end—it was Ms. C.’s attempting to dilute the experienced affect and thereby maintain emotional control to “just get in the car and go.” That she twice said “she’s reacting to it” before saying the person was sad might well reflect her way of feeling overwhelmed by an affect state she might not have been able to even identify—not unlike the distressed affect I assumed to be triggered previously on Card 2.

After several evident hesitations during which time she modified feeling sad to a more disorganized emotional state (“distracted”), Ms. C. then struggled to determine whether the figure in the story had finished crying or was about to start crying—yet another indication of her estrangement from affect states she was feeling or perhaps trying to forestall. She evidently decided that the person had stopped crying, and thus it looked as if “she’s somewhat composed”; however, she seemed to misjudge the affective intensity of the moment because she shortly again became disorganized and thrown by overpowering emotionality such that she still could not identify whether the person had been crying or whether “she’s just now reacting to it.” Thus, for Ms. C. composure or regaining ego control seemed to mean creating distance from affects by waiting for their potency to diminish and therefore removing herself from the emotionality of moment. Repeatedly, Ms. C.’s story emphasized that the figure in the story was an older woman rather than a younger woman, which seemed important for her to stress.

Ms. C. here seemed mainly to be depicting her vulnerability to affective overstimulation, particularly when it caught her off guard and without an effective defense to insulate herself from the intensity of what she was feeling. The preceding card (Card 2) reflected a contained emotional reaction to a story about an indifferent or unresponsive mother. However, on Card 3BM Ms. C.’s story conveyed just how emotionally overwhelmed she sometimes could feel and how difficult reconstituting an affective equilibrium could be when caught off guard. Her intense but immobilizing emotional response to this story about

the traumatic death of a parent appeared to suggest that it required all she could muster to reconstitute herself. It was only toward the end of the story that Ms. C. could say that the traumatic death was that of a parent, adding the curious comment that “everyone becomes an orphan at some point.” It suggested possibly a greater degree of attachment to a parent than her earlier stories indicated, albeit perhaps a dismissive or disorganized style of attachment, masking a far stronger emotional valence than she dared allow herself to experience and which her earlier stories deftly managed to conceal.

Card 7GF

A mother and a young girl, and it looks like she's holding a baby, a toy baby. The mother's reading from the book to the daughter who's holding the baby—her play baby—and she's looking away from the mother or out the window and thinking about what the mother's reading. It's very peaceful, as if the baby was real, and it's almost like three generations of women. They're on a couch. The mother looks like she put the table closer to her so she can talk with the daughter and spend time with the daughter.

(Mother holding a book?) *She's reading from a book. It looks like the daughter would pretend she's a mother and this is her child. The daughter's listening to her mother reading, it's a very calming scene. She seems relaxed and peaceful.*

(What's the daughter thinking about?) [long hesitation] *She's just staring out. The voice is a soothing voice, like her mother in the background, like soft music.*

Card 7BM

An older man and a younger man and it's his father or a relative. I see there's wisdom in the father's eyes, the son has told him something and he feels more perplexed. The father's given him some advice and now the younger man is coming up with a decision. It's very calm, I don't see it in any way depressing.

(Decision) *Something the young man does not want to do. The older man is telling him what's the right thing to do, and his eyes are much more soothing because it's as if “I've been there,” whereas this is the first time this younger man has been in this situation and is facing the reality.*

Apart from the patient's unusual phrases referring to the baby (“a toy baby . . . her play baby”), Ms. C.'s stories to Cards 7GF and 7BM were coherent and nonconflictual. Particularly on Card 7GF, the mother–daughter relationship was depicted as calm and intimate, contrasting sharply with the unavailable, remote portrayal of the mother on Cards 1 and 2. In particular, the mother was represented as being attentive to the daughter, responsively maternal, and there was no indication that the girl in the story showed discomfort or distancing from the mother. The same emotional tone was present on Card 7BM.

Also unlike Cards 1 and 2, in which there was only the faintest indication of an interaction between a child and a parent, the way the girl was described

on Card 7GF indicated that she was in emotional contact with the mother throughout the story, as she listened to and thought about what the mother was reading, and as she felt calmed by the mother's ministrations and soothed by her voice—"like soft music." So, too, was the younger man on Card 7BM soothed by the father's calming advice. The mother was also attuned to the daughter, as she leaned in closer to "talk with . . . and spend time with the daughter"—although I was not entirely sure how the mother's pulling the table close to herself reflected intimacy rather than possibly creating a barrier instead. Another indication of an enduring bond was reflected in Ms. C.'s statement about "three generations of women" as the daughter comfortably contemplated the idea of the play baby as her own in the future.

There was only one indication that there might be a dark cloud in the midst of these two successive cards with an affective tone dominated by soothing responsiveness to a child's needs: on Card 7BM, Ms. C. interjected the comment, "I don't see it in any way depressing"—very nearly a non sequitur considering that this comment seemed unrelated to anything in her story and thus seemed to come out of nowhere. Not seeming to recognize that the comment did not follow from the context of her story, Ms. C. may have been conveying misgivings about the comforting paternal advice or the reassurance the young man felt from his father. Thus, talking about calming while simultaneously communicating unconsciously a sense of a depressive pall suggested that despite a benevolent quality, she might harbor some doubt or uncertainty about an intimate or trusting relationship.

In the context of her Rorschach and the previous TAT cards, what might account for such a vastly different picture of these parental representations? Although seeming incompatible with the personality formulation thus far emerging, ambivalence or vacillating between the psychological positions suggested by these TAT stories could offer one potential explanation for such marked disparity. Other possible explanations also come to mind. For example, as is frequently the case, patients' conflicted object relationships are not necessarily problematic all of the time. Consequently, ambivalence arising out of conflict or pre-Oedipal (pre-ambivalent) deficit states such as alternating all-good/all-bad object representations is not an unexpected clinical finding, either on interview or on psychological assessment. Moreover, from an attachment theory perspective, a fearful-avoidant pattern would characterize a desire for attachment intimacy that could be impeded simultaneously by feeling undeserving but also distrustful, in which steps toward closeness alternate with backing away from or suppressing intimacy longings entirely. This patient's letting slip an out of context comment ("I don't see it in any way depressing") on Card 7BM could reflect such a process occurring in the middle of an otherwise benevolent-sounding verbalization.

Card 4

Oh, this is like something out of—like Clark Gable. Well, it looks like the man's saying something like "I've got to go do something," whether it's a dangerous act or it's that he's

made a decision and he has to go through with it. She is— [hesitation] I don't think it's fear, it looks like it's more temptation—like "Stay" and not "Don't go." I don't know if it's "I've got to go back to my wife." She's more seductive than wifely.

(What is their relationship?) His is more "I don't want to go but I have to" and hers is "Don't go." So it's more of a turbulent relationship. In the past they've been together but now he's made a decision to leave.

(Outcome?) He goes.

(How does he feel about that?) He's not terribly happy but [laughs] he knows it's the best to do. She's saying "Stay," maybe. It's something I've seen in the movies because it looks like that, an old World War II movie. But the way she's made up, she doesn't look like a wife, but more a mistress.

(How does she feel?) She invested time but I think she knew at some point it would go this way. She's not gripping into him with her hands, like "Don't go, I'm going to die."

(How does she feel about his leaving?) I think she'll accept it, she's unhappy, but he's going to go—the inevitable.

Ms. C.'s story to Card 4 was one of the usual variants of a loss and separation theme, concerning a man leaving a woman who tries to keep him from leaving her. What was atypical about Ms. C.'s story was that the woman did not show a strong attachment to the man, and consequently the woman did not care that much about his remaining with her. Ms. C. emphasized that the woman was at most ambivalent and certainly not acting out of desperation (the woman first said, "stay," and not "don't go" but just a few moments later she was saying "don't go"; then later, "stay, maybe . . . she's not gripping into him with her hands"). The woman was not indifferent or unconcerned but neither was she particularly invested in his staying.

She seemed prepared, in a cynical and almost world-weary way, that "he's going to go—the inevitable." Portrayed as a seductive mistress, there was no hint that the woman was about to collapse after the man left, notwithstanding the fact that "she invested time . . . [and] she's unhappy." Ms. C.'s mention of the story as temporally distant (referring to Clark Gable and World War II) and her comment that "it's something I've seen in the movies" further suggested emotionally distancing. Her hesitation and cynical laughing as she related the story added to the impression that Ms. C. appeared unmoved and emotionally detached in the face of abandonment. Even her manner of telling the story in the kind of shorthand she used for words the man and woman said to each other ("stay," "I've got to go back to my wife," "don't go") conveyed insulating herself from the protagonists' emotions because it represented a way of having the examiner infer affect states rather than Ms. C.'s communicating them more directly, and thus injected still further distancing. Her story seemed to be a TAT analogue of her Bleeding Hearts Club response on the Rorschach.

Card 18GF

This looks like two women, one has fainted and has fallen back on the rail of the steps. And the other one almost looks like a daughter. The other one looks like an older woman. There's concern on the part of the younger woman, it's a look of finality, that the person was sick and it's a look of sorrow. It's happened, and the sadness in the eyes, so I don't think it's something that was coming as a surprise or an emergency. It's the end.

(Outcome?) I think the woman dies.

(What does she feel?) Sadness, but I think it was not unexpected. I think she's resolved.

(What's their relationship?) A mother and daughter, or two sisters.

Card 13MF

Okay, this is another death scene. It looks like a younger woman. [hesitation] I want to go with either a sudden death or a suicide.

(What led up to this?) I don't know, it looks like a younger woman so I'm presuming something happened during her life, or an illness. Although usually when you commit suicide [laughs] you're not laying in a bed. And I'm not sure if the man has white hair, gray hair, or whether he's her father, but I'm tending to think it's more of a husband and wife scenario. And also, the person's in a single bed, so he may have walked into this, into the room.

(What did he walk into?) The person who's now deceased either committed suicide or died of an illness. But I don't think it's an illness, I think she committed suicide.

(Led up to suicide?) I'm going with either being ill, she took her own life, or a breakup or a doomed marriage, or whatever. I don't see this as a house, and it's certainly not their bedroom, and it's a single bed so maybe even another room in the house. Usually people that suicide don't do it in another room.

(Outcome?) She's dead [laughs] and he's sorry. Maybe he knew and came to her rescue, or maybe he got a phone call or something like that. Because it almost looks like, I was going to say a motel or maybe a dorm room or something. I think it's a rented room, because that's the kind of picture you'd find in a rented room—it's a barn, a traditional barn, and it looks like a night stand with two books, each going in different ways.

(What does that suggest to you?) I think she went there to commit suicide. I don't think it's a natural death.

(What happens with the man?) Well, he'll have to come to terms with what happened. Apparently he thought something may have been taking place, and it looks like he came in, and there's no coat or anything like that, so apparently it was warm out and he doesn't have a coat on. And also he's dressed in office attire, so I think he either got a call or he surmised something.

These last two stories, echoing Ms. C.'s story to Card 3BM, also were concerned with death. Her story to Card 18GF was about a daughter's sadness following

her mother's death. The main difference between this story and that of Card 3BM was that here the death was anticipated, and thus it did not come with the traumatic shock that nearly immobilized the protagonist on Card 3BM. Indeed, on the earlier card Ms. C. appeared so taken aback that she could barely imagine who had died. The woman on Card 18GF—who “*almost* looks like a daughter,” thus injecting a degree of distance—was calm and resolved to expect the outcome. Considering the stories to these two cards (3BM and 18GF) alongside each other, it appeared that the main differentiating characteristic was the sudden traumatic rupture in one story vs. the anticipated loss that was not a shock in the other. Being “resolved” to the “finality” of the mother's death allowed for preserving emotional composure as the daughter tolerated sadness and reconstituted herself. In contrast, “reacting” to the traumatic news on the earlier card promoted exactly the kind of affective dysregulation that clearly unnerved Ms. C. It led to her trying to tamp down all but the most controlled, manageable affect states to preserve a level of emotionality she could tolerate more comfortably with some distance.

Ms. C.'s story to Card 13MF was more complex. Although it began as “another death scene,” her story turned into another sudden death, in this case suicide. Trying to make light of what must have impressed her as a grave situation, Ms. C.'s laughter at the thought of a person not committing suicide while lying in a bed missed its intended mark. Her thoughts continued to focus away from the young woman's motivation to the color of the man's hair and noticing that the woman was lying on a single bed. As I tried to redirect Ms. C. to her story about the suicide, she backed away from that idea to briefly entertain the possibility that the woman was ill. Although she reaffirmed her original thought concerning suicide, she may have been trying momentarily to divert me from pursuing the matter. I again asked Ms. C. about the suicide and she briefly mentioned a “doomed marriage,” but then she immediately was off and running in an unrelated direction—to distract me once again, so I thought—this time by wondering in which room in the house the action was taking place if the woman was lying on a single bed.

By this point I thought that asking her repeatedly to talk about the suicide was fast turning into a cat-and-mouse chase—much as I felt at several points when I inquired about her Figure Drawings. I decided to switch gears to ask her about the outcome, either hoping I might be able to backtrack or that I could try in this way to reconstruct the reason for the suicide or the woman's mental state. She again tried to joke her way out by responding to my question about the outcome by saying, “she's dead.” Ms. C. then changed the subject and proceeded to speak about the man on Card 13MF, but before long she launched into another diverting tangent, this time about whether the suicide occurred in a motel room or a dormitory room, whether a picture of a barn on the wall indicated whether it was a motel or a dorm room, and the fact that there were two books on a night stand “each going in different ways”—just as at this moment she and I were going in different directions. Even as I asked about the man—still not knowing exactly how he was related to the woman—she quickly

dispensed with the question with a simple platitude before digressing in a particularly confusing, illogical aside about a coat not being there which implied that the weather was warm “and he doesn’t have a coat on . . . and also he’s dressed in office attire.” Almost as if she could read my mind, when she spoke about the books facing in different ways and I asked, incredulously, “What does that suggest?” she answered, “she went there to commit suicide!” We were right back to playing a game of a *they went that-a-way* chase!

Unquestionably, Ms. C. could not speak at all about the woman and her mental state, or what happened and why, and her digressions to unrelated and largely irrelevant material became increasingly prominent as I repeatedly tried to move her in a different direction to talk about the woman’s suicide. She also could not speak about the man in the picture as well, not even to say how he was related to the woman or how he figured in the scenario of her suicide. What it mostly indicated was the degree of this patient’s vulnerability when emotionally provocative thoughts or affects threatened to overwhelm her defenses. Looked at in one way, her tenacity in being able to hold me at bay as I repeatedly attempted to get closer to her thoughts and emotion states revealed a resiliency of ego control as she maintained these stubbornly impenetrable defenses. But it also revealed a potential for momentary fragmentation as she implemented defenses that may well have been close to the limit of their capacity to ward off thoughts and affects that potentially undermined adaptive functioning.

There is nothing really new about this conclusion because I had already commented on this theme previously in the analysis of both the Human Figure Drawings and the Rorschach. Also, as I noted previously on other tests, her periodic lapses into circumlocutory thinking again indicated what probably was apparent to others but not to herself. Thus, for example, she could respond to my questions about the woman’s suicide by repeatedly digressing on irrelevancies such as whether this was a motel room or a dorm room, the type of art work on the room’s wall, and the placement of books on a night table. I did not know what it was about themes of suicide, traumatic death of a mother, or abuse that particularly affected her in this way. Nevertheless, these themes appeared to provoke marked avoidance of these subjects as she became entangled in a web of sometimes odd, sometimes tangential, and sometimes markedly loose and disconnected thoughts, all of which served to insulate her from and therefore rein in experiencing the kind of affective destabilization these psychological hot buttons undoubtedly triggered.

Summary of Treatment

It will probably come as little surprise that Ms. C. brought all of her affective reserve into the psychotherapy as she spoke about her life and earlier history. And because, as I have already noted, the majority of her life was centered around the adaptations she had developed to manage her work, most of what she spoke about in a weekly psychotherapy over a period of 13 months was

related to her work. She experienced problems writing reports on patients she evaluated, keeping track of patients she worked with as a speech pathologist, and documenting progress notes. As I also mentioned earlier, although it felt like a relief to Ms. C. to be able to talk frankly for the first time in her life about her cognitive processing problems, after the neuropsychological evaluation was completed it became clearly apparent to her that I was fully aware of the extent of the difficulties she had tried her whole life to keep hidden. What she was looking for in the therapy was not an opportunity to talk about how she had managed throughout her life or at what emotional cost or sacrifice; rather, she mainly wanted to try to find possibly more effective ways to conceal her problems from her coworkers. She was not opposed to trying to see whether she could develop better cognitive strategies to manage her considerable organizational and writing problems, but it was clear that what she perceived as being most important was strengthening her concealment strategies. It did not seem to matter to her that the amount of time she spent doing her work, both in the office and at home, was nearly equivalent to holding down three jobs. When I asked her about the emotional component of living her life as she did, Ms. C. looked at me with a surprised look that seemed to say that she did not comprehend what I was talking about.

She told me more about her ways of organizing her work and how she had done that throughout grade school, high school, and later on at university level. She would recite her rituals in a matter-of-fact, affectless tone that did not seem as necessarily compulsive as I may be making it sound but actually was more like going through the motions of an intensive regimen of physical therapy stretches and exercises she had to make her way through, as if she were a person with a chronic back or arthritic problem. It did not sound particularly joyless, nor did it sound enjoyable, and even though there was a prominent obsessive, mechanistic quality about her repetitive drills, routines, and constant copying of notes over and over, her ways had more of a quality of reflecting what her life was about that was not unlike the way someone might describe driving the same route to their work day in and day out. What was unusual, therefore, was not the repetitive nature of how she led her life; what in fact was unusual was that there did not seem to be much of anything else in her life. Surprisingly, I was not left with the impression of Ms. C. as a dull, obsessional, dry or affectless person. Instead, I found myself feeling impressed with her dedication and her purposive drive to be successful, and the intensity of how she struggled was quite palpable. I particularly found it poignant when she described how she became intently focused on trying hard to learn how to operate and retain the sequence of steps for using a cell phone.

When I would ask her about her life apart from her preparations for work, what Ms. C. told me was not especially surprising. She lived by herself, spent untold hours in the evenings and weekends writing and rewriting reports, organizing her records, and preparing for work assignments she anticipated in coming weeks. She spent some time with friends and saw family periodically. There were no overt family tensions, at least by her report; however, she said

very little about her activities with family members. She apparently did not date, which was a subject like discussing her family that she never brought up and said very little about when asked. The focus of her interest remained solidly on trying to find ways to disguise her problems at work, and on how better to engage coworkers to assist her with problems. She devoted much thought to ways she could learn more about her coworkers to give them thoughtful presents or do thoughtful deeds she thought they would appreciate, so they would thus be inclined to sympathize with Ms. C.'s difficulty navigating the computer age and how that impacted modern offices. She looked for ways to lightheartedly have the secretarial and clerical staff look upon her plight as a sign of being an old fuddy-duddy, accustomed to her ways and content to keep up her idiosyncratic ways of doing things that might seem amusing, especially to younger staff members who had not grown up when the basic office machine was a typewriter.

Once, and only once, did Ms. C. come in wanting to talk about how anxious she was beginning to feel about a number of her friends who all were planning to retire to Florida within the following six months. Ms. C. had planned to visit these friends—some of whom were married and some single—several times a year and she also knew that they would return to the area for periodic visits with their families. However, she anticipated feeling more lonely and isolated and she expressed concern about how she would get by. She started to think that it would be advantageous for her to consider retiring within the next few years and moving to be close with her friends in Florida. Although she actually did not see many of these friends very regularly or frequently, she talked about wanting to see more of them over the following months before they were scheduled to move away. Ms. C. had no particular hobbies or interests, and it sounded as if she passively went along with activities her circle of friends were interested in, such as movies, playing cards or board games, and occasional trips.

Ms. C. mentioned anticipating her friends' moves mostly in passing over the next few sessions, and it always came up parenthetically after discussing what had transpired during the previous week at work and in relation to her struggles writing reports. She was becoming increasingly anxious and sad as she spoke about her friends' moving. However, although she seemed to want to bring up the subject, she also was obviously uncomfortable talking about her reactions and anticipating feeling lonely. I felt I needed to be very careful how much I asked about what she felt and that it was more important to listen sympathetically than to probe too deeply beyond what she was willing to mention.

The more she spoke about the impending losses as the weeks went by—always mentioning it toward the end of a session and after having talked about her more customary topics related to adapting to her work environment—I began to get the impression that Ms. C. was becoming anxious over the fact that she kept bringing up the subject, almost against her will. I suspected that at this point it was starting to sink in for her in a deeper way. She seemed particularly uncomfortable during one session as she talked about her fear of losing her friends and it appeared that she was fighting against becoming tearful. I

had little doubt that she would have wanted to return to her customary state of assuming a dispassionate, emotionally distant perspective to preserve her level of adaptive functioning and to keep her thought processes in check. At the very end of the session, she announced that she would need to miss several weeks' appointments because a larger than usual number of reports would be coming due and she needed to focus all of her efforts on those projects. She said that she would contact me to resume sessions once the pressure began to ease, but I somehow thought she would not return. And she did not. After all, if a "Bleeding Hearts Club . . . for crybabies" was not her style, neither I am sure was psychotherapy if it was about to take that kind of a turn.

Discussion

Empirically Based Scales (MMPI-2, and Rorschach CS and R-PAS)

Underlying an outward appearance of mostly adequate functioning, Ms. C. showed considerable vulnerability which she managed to mitigate by developing adaptive strengths that served her moderately well. More internally, though outside of her awareness, Ms. C. was susceptible to feeling deprived or lonely, thus disposing her to anxious-depressive mood, an inconsistent pattern of responding effectively to stressors, and as a result moments of confused thinking. While appearing to most observers as mainly adjusting well to life demands, on closer inspection her functioning might better be described as unresourceful rather than conforming to a pattern suggestive of a recognizable syndrome.

Ms. C. may have found herself feeling more emotionally at loose ends and distracted at present than was customarily her nature. She was inclined to vacillate between a measured approach to problem solving and a more unpredictable, possibly impulsive approach, usually resolving to a position in which her affective restraint operated to cover over complex emotional reactions. This patient was more inclined to appear distraught when neediness was triggered; however, her typically subdued, flattened out internal affective experience generally prevailed, often accompanied by rigid thinking. Although it produced a rather dispassionate orientation to situations and people in her midst, at the same time her affective reserve usually shielded Ms. C. from emotional experiences she would prefer to avoid, despite momentary lapses.

Ms. C. could appear oblivious to problems that others might notice and wonder about, and thus in her rather indifferent way go about her business relatively unconcerned about how she might come across to others. She could still behave in a compliant way that would not lead to people turning away from her. This patient's relationships with people were cordial but nevertheless remained close to the surface. She was not particularly close with people and her relationships appeared to be defined largely according to their need-fulfilling functions. Ms. C. was, however, inclined to feel resentful when she felt

ignored or unsupported, and she may have struggled with dependency while at the same time attempting to deny such needs.

Ms. C.'s affective experience seemed to be dominated by a diffuse feeling of tension or unease, which because of her defensive style typically operated without her recognizing what she could be feeling. Because this patient showed considerable emotional constriction, her affect life appeared stilted or tight as she was inclined to back away from affective experience, preferring to take a distanced, intellectualized perspective concerning her emotional life. There also were indications suggestive of somatization; however, it could be equally likely that rather than expressing somatic concerns per se, her functioning reflected externalization or a lowered capacity for psychological-mindedness. Partly as a result, Ms. C.'s vague, unarticulated way of regarding situations and people left her open to inaccurate perceptions of people's intentions and actions and transient disruptions of orderly thinking or compromised judgment.

Content Analysis (Figure Drawings/TAT/Rorschach)

Expanding on the above observations, Ms. C.'s ability to act in ways that could seem normal enough alternated with ways that would undoubtedly seem idiosyncratic in the eyes of other people. She could maintain such an outward appearance, largely insulating herself from her internal affective experience, to keep a tight rein on experiencing painful affect states. Thus she could protect herself from becoming aware of anxiety, although this seemed to come at the expense of odd or circumlocutory thoughts that often made it difficult to understand what she thought about situations and feeling states in her midst. It appeared that keeping herself estranged from her affect life was the predominant mechanism she cultivated and integrated into a well-oiled, ingrained way of life, one that represented both a defensive position and an adaptive achievement. By managing to remain affectively insulated and keeping people at arm's length, Ms. C. usually was able to appear oblivious even as people in her surround probably felt puzzled by her odd ways. I easily could imagine how thoughts or events might capture her attention, leading Ms. C. to impulsively blurt out what she might be thinking, all the while not realizing that she was not understood or unable to organize her thoughts so people could follow her train of thought.

Certainly, Ms. C. had considerable difficulty coming to grips with her emotional life, including how affects were apprehended or expressed. Because affects were so deftly tucked away, she probably had little awareness about what she felt at many times. Ms. C.'s affect life was fraught with confusion and conflict. Thus at some moments lively and vivid affect emerged only to include alongside it odd or twisted verbalizations, while at other times she could experience affects that appeared to be in conflict with one another. At still other times, disquieting or tortured affect states seemed to surface surprisingly freely. This patient mostly appeared to expend much effort constraining the appearance of affect states. Clearly, emotionality was never a simple matter for Ms. C. Defensively distant, this patient was, I suspect, rarely thrown by affect states beyond

her capacity to comprehend and synthesize, which thus insulated her from their potentially destabilizing impact on her functioning. However, at least of late, Ms. C.'s defensive adaptation seemed to be fraying at the edges.

While estranged from her inner depths in this way, Ms. C. also seemed dimly aware of something off or diminished about her emotional life. She seemed to recognize that there was something potent about what was lacking in her inner psychological life, a quality she perhaps could apprehend but not articulate. This form of empty and sometimes tormented psychological experience probably confused her, leaving her feeling unanchored but not realizing how empty or deprived she also might feel, and not knowing how to express such sentiments or why they affected her so. Ms. C. could be simultaneously aversive to and overstimulated by cravings for nurturance that had become associated with deeply frustrating or unsatisfying gratification. Affection appeared to feel unappetizing to her, and consequently unfamiliar.

However, despite appearing affectively removed, her emotional distancing did not prevent her from sounding otherwise. Ms. C. could sometimes confuse people around her who might expect to see more potent feeling states than she expressed; indeed, sometimes she could sound as if strong emotions were not far from the surface. However, emotionality frequently dissipated before it ever really emerged, which also might explain why she might show what I would call a rather hard-boiled intolerance leading her to disparage weakness or vulnerability. Sounding tough or unsympathetic seemed to reflect her way of managing burgeoning affect states—keeping them on a slow simmer and thus suppressed, in their place, and tucked away outside of her awareness—mainly because Ms. C. seemed not to know what to do with or how to comprehend what strong affect states meant for her.

Nevertheless, this patient had not entirely written off an awareness that there was a form of emotional experience extending beyond the dampened-down affective life dominating her own existence. Ms. C. showed some sense that there was more to life than what she mainly experienced; however, there was little sense of desire or yearning for anything more. Nor did she appear to express regret or disappointment, or even resentment over what she had missed. If anything, there was more of a sense of curiosity—a curiosity resembling looking in with wonder about a kind of emotional experience that probably seemed unfamiliar or mystifying. In the end, she either seemed to accept her lot in life or dismissively mocked what other people seemed to experience but which she did not, as she went about picking up the pieces of her life and moving along as best she might. It was an adaptation she evidently had come to make peace with in spite of the profound cognitive difficulties that precipitated the kinds of compromises that consumed much of her life and practically defined her existence.

From Ms. C.'s TAT story to Card 13MF and references to men on other TAT cards, and her verbalization concerning the man she drew on the Figure Drawings, it appeared that men represented complicated, incongruous figures for her. Her drawing of a man—which somewhat atypically she drew first, the

opposite sex than her own—depicted a person described as strong and sensitive but also “encased” in himself. There were few details drawn, the man’s clothing was indistinct, and a hand looked misshapen. She represented the man as helpful to women, whom she seemed to imply were weaker or dependent. However, the drawing did not look much as if it matched the psychological qualities she attributed to the male figure, and once her association to abuse emerged her verbalization became increasingly confused and elusive. Recall also her description of the two men on TAT Card 7BM, described as an older man comforting or benevolently advising a younger man. However, coming out of nowhere it was followed by a comment that made little sense in the context of her story (“I don’t see it in any way depressing”). Her other TAT stories also described men’s motivations in perplexing ways.

I had no knowledge of whether Ms. C. might have experienced abuse at the hands of a man earlier in her life or childhood, and I hesitate to go any further than raising that as a possibility in relation to her confused representations of male figures and her reference to abuse followed by a digression into confused, circumlocutory thinking. I also tentatively considered in discussing TAT Card 1 how a possible compensatory structure in relation to one parent experienced as understanding and the other as disappointed might reflect this patient’s turning away from an uninvolved, unresponsive mother. She perhaps attempted to turn instead to a father perhaps seen as more attentive to her needs, though probably not without some ambivalence or possibly trepidation. I stop short of speculating much beyond this point about these interpretive possibilities and about Ms. C.’s representations of men; however, I will conclude that she appeared rather clearly to harbor incongruous and confused sentiments about what men were like and what kind of mental representations they signified in her internal psychological life.

All that being said, it should not go unnoticed that Ms. C.’s representations of women were no less confusing and probably equally troubled. She drew an opposite sexed figure before drawing a woman—a somewhat unusual response, although what that meant was of uncertain clinical significance. It might have indicated turning with greater interest toward a male or turning away from a female; however, such an inference could only be regarded as speculative. But what surely was a more productive direction to pursue about this patient’s drawing of the woman and her verbalization was attempting to understand her curious reference to Olive Oyl. I discussed above many potential interpretive implications concerning this familiar cartoon character, and I note here in summary mainly how that character was boldly and confidently depicted: Olive Oyl was free-spirited, resilient, capable of holding her own, and equally capable of putting a man in his place when necessary—spinach or no spinach! There was another side, too: Olive Oyl was gangly and unattractive, and there was a certain brashness about her free-spirited manner that certainly would not have been considered feminine or lady-like. She would not easily have been a figure idealized by most girls of the period in which Ms. C. grew up.

However, it might not be hard to see why Ms. C. might be drawn to a representation of a self-assured woman such as Olive Oyl, regardless of her rather unfeminine physical appearance—a woman who, like Ms. C., could easily have said about a Rorschach response of bleeding hearts that it suggested “crybabies, a Bleeding Hearts Club . . . a mush, a pushover.” To face her world as a developing child and adolescent with the extensive and pronounced cognitive difficulties she showed, Ms. C. indeed would have needed every bit of Olive Oyl’s spunk and determination to have survived in a parental atmosphere that may have been compromised. I suspect her parents either failed to comprehend the depth of her cognitive and academic difficulties or possibly comprehended but disregarded them, or were otherwise unable to assist her more effectively. In such an environment, this patient was largely left to her own devices to develop the compensations and adaptations she would need to get through school and cultivate for her working life.

One byproduct of adapting to Ms. C.’s profound cognitive deficits also entailed an adaptation that included walling off her affective life at great personal cost to sustain a resilient external presentation. Greatly distanced as she was from needs for affection or comfort, which were concealed behind an exterior picture of no-nonsense toughness and determination—Olive Oyl-style—Ms. C. managed to fashion a life that more or less succeeded, in her way. She was doubly hindered by having to stave off whatever memories or destabilizing affective reactions these represented in relation to abuse—and for that matter theft, possibly of a life, as I wondered about from another comment she made during her Olive Oyl drawing and verbalization. At the cost of reserved and strained relationships with both men and women, and odd or idiosyncratic thought processes that seemed to emerge when neediness or anxiety-provoking situations intruded on the way of adapting she had crafted for herself, Ms. C. thus managed to make her way in a life that many people with the kind of cognitive deficits she showed would have shunned. Ms. C. could peep out once in a great while, as her concluding Rorschach response of a wishbone suggested, together with the imagery she seemed to allow herself to luxuriate in for a brief moment in her immediately preceding response about a form of life that was “vibrant, lively and warm . . . alive with all different kinds of life.” She could thus imagine a different, emotionally richer life than the drudgery permeating much of her existence.

6 **Continuity and Change from Adolescence to Young Adulthood**

This chapter contains a follow-up assessment of Carl, who was presented in [Chapter 3](#) at age 15. The assessment was conducted when Carl contacted me ten years after I saw him in psychotherapy and when the original psychological assessment was conducted. I saw him briefly at age 25 to talk about a current problem he wanted to discuss and to gather a history of the course of his life during the intervening ten years. Shortly afterwards, I asked Carl if he would agree to repeat the testing, and thus I conducted a personality assessment over two visits six to eight weeks after he consulted with me.

Although there is a productive literature concerning longitudinal or follow-up assessments of personality, most of the research and clinical reports on this topic examine a single test and most such studies have relied on self report. There exists very little literature examining longitudinal outcome and personality assessment using a psychological test battery in part because personality assessment is frequently a cross-sectional method of studying the personality dynamics and psychopathology of individuals. Test batteries comprised of self report and performance instruments offer potentially important information for examining the stability of characterologic or trait-like aspects of personality. They also are useful for distinguishing state from trait characteristics and ingrained, chronic personality features from either acute or temporary adaptational features that may not necessarily form part of an enduring, stable personality structure. Follow-up assessments, though they undoubtedly occur for a variety of clinical reasons, have infrequently entered the literature, particularly in relation to a comprehensive analysis of clinical outcome. The relationship between personality assessment and ongoing psychotherapy has been studied very infrequently. Several years ago, I reported a case of Rorschach findings at the initiation and midpoint of a four-year period of psychotherapy, accompanied by a 30-year follow-up (Silverstein, 2007b).

The case of Carl's second assessment reported below considers the changes from the original to the second assessment using a battery of performance and self report tests, both in relation to the ongoing psychotherapy from ten years before and in relation to the history I obtained concerning Carl's life in the intervening ten years. Naturally as well, the important developmental shift from middle ado-

lescence (age 15) to young adulthood (age 25) will be considered in the report of findings and the ensuing discussion. Differentiating clinical change from normal maturation is always difficult to achieve in a naturalistic context, and thus such factors are sometimes inextricably intertwined. In considering aspects of the findings and comparisons across the two time periods, I keep in mind the impact of development (maturation) and issues related to clinically distinguishing between immutable and potentially malleable personality changes, while recognizing that disentangling such factors is often speculative and usually not verifiable.

At the time of the follow-up, Carl was a young man of 25, a college graduate from an Ivy League college who had been awarded a prestigious postgraduate fellowship to study and work on a research project in political science at a major university in England. After returning from his year abroad, Carl was uncertain and somewhat unenthusiastic about a career direction and he was disinclined to continue into graduate school, despite his successful accomplishments. Although he did well in coursework, he was mainly interested in political satire. Carl secured an internship with a magazine known for its satirical bent. He enjoyed that experience and the people he worked with. However, he continued to feel uncertain about what he was interested in doing in that field and what he wanted to do with his life. As the internship was nearing its end and recognizing that it was doubtful he might be hired by the magazine as a staff writer, Carl realized that he needed a job but was unsure about the kind of position he should seek. He was living at home and consulted me to talk about these concerns, although he was not sure what he would talk about or whether he really was in need of psychotherapeutic help. Moreover, without insurance and a work prospect in hand, Carl felt he could not see me for more than two appointments. I told him that I would be glad to see him after that point if he would like to continue. He said that he would think about that once he had secured a job that provided health insurance.

I noted that it had been ten years since I had seen Carl in psychotherapy and had conducted the psychological assessment. I was interested in repeating the assessment for several reasons. First, ten years had elapsed and given the nature of the findings and the therapeutic work when he was 15 years old, I was curious to see what the test findings would indicate, particularly because Carl's chief complaint at age 15 was that he despised school and had no interest in his studies or attending college. Secondly, then as now, Carl was concerned about what kind of work lay in store for him. Third, during the ten years that had elapsed since I last saw Carl he had not felt a need for continuing psychotherapy; thus the follow-up test findings would not have been influenced by intervening treatment.

I learned from him that after first attending a well-regarded state university, Carl did well academically and was motivated to do even better. He applied to transfer to a prestigious university where he had some friends, and was thrilled that he was accepted. Carl's interest and motivation was further stimulated by his successfully pursuing a prestigious award for postgraduate study abroad—all this from a young man who at age 15 could not wait to get out of school! Carl, anticipating being out of work after his internship finished, agreed to

come in for the testing, which I conducted in two visits and for no fee. What follows are the complete assessment findings from age 25, using the same tests (except that the MMPI-A was replaced by the MMPI-2). My discussion emphasizes comparison of the two time periods (designated as 15yo and 25yo below), with a particular focus on a response-by-response content analysis comparison. I conclude with a detailed history of Carl's life covering the past ten years.

Minnesota Multiphasic Personality Inventory (MMPI-2)

Carl showed an elevated *F* scale ($T = 70$), which also was elevated at 15yo, accompanied now at 25yo by an elevated *F_b* scale ($T = 79$) suggesting endorsement of a wide range of symptoms. Although these elevations and an elevated *PK* scale value ($T = 87$) indicated marked stress and self-depreciation, they also pointed to a heightened sense of vulnerability. Similar to the 15yo profile, his 25yo MMPI contained normal *VRIN*, *TRIN*, *L*, and *K* validity scales. This represented at both time periods essentially valid records but with some possibility of symptom exaggeration.

As at 15yo, most of the main clinical scales at 25yo were elevated ($T > 65$), perhaps signifying an exaggerated clinical presentation superimposed on a predominant pattern reflecting chronic disturbance more than situational distress. At 25yo, a 2–7 pattern was the predominant configuration (*D*, $T = 91$; *Pt*, $T = 85$). Carl displayed an atypical 1–7 configural pattern at 15yo; however, now as a young adult his 2–7 pattern conformed to a more common one (however, a peak on *D* is relatively uncommon among males). Thus, anxiety and depression were most prominent, and although somatic reactivity (*Hs*, $T = 75$) was also notable it may not have been as marked as it was at 15yo. Although the MMPI-A and MMPI-2 are not directly comparable, it appeared that the 25yo profile for the most part reflected similar and persisting personality characteristics.

Immaturity or impulsive acting out (*Hy*, $T = 74$; *Pl*, $T = 84$) appeared to accompany the predominant anxious-dysphoric personality features at 25yo, and although signs of guilt and unworthiness were apparent Carl probably took little responsibility for his actions and he seemed to show mainly superficial indications of remorse. Disinclined to be confrontational and tending to deny personal problems, Carl's feelings of guilt and regret often would leave him unhappy and worried about the future. He could feel rather hopeless or alienated, and he also might be prone to concentration problems, obsessional thinking, and difficulty making decisions. Carl could seem withdrawn, and limited energy or enthusiasm for life added to his anxiety and also might give rise to suicidal thoughts.

The PSY-5 negative emotionality/neuroticism (*NEGE*, $T = 70$) and introversion (*INTR*, $T = 71$) scales added to this picture by revealing an anhedonic, pessimistic side of Carl's personality structure, characterized by marked worrying, magnifying problems, and self-criticism. The *INTR* scale was also moderately elevated at the 15yo assessment; however, psychoticism which was elevated at 15yo was not elevated at 25yo. As he showed ten years before in respect to school-related discomfort affecting self-esteem and aspirations, Carl's psychological

difficulties seemed once again concentrated in areas related to work functioning or adjustment. Except for a possibly greater level of severity at present, the interpretive inferences from the 15yo MMPI generally remained constant at 25yo.

Human Figure Drawings

Carl drew a male figure first (Figure 6.1), which he described as follows:

Describing this person, like giving him a personality, or just describing him physically? I was just taking an anatomical approach in drawing a whole person. I don't know, he's kind of a blank slate of a person. I don't know anything about the person.

(What would you imagine him to be like?) Well, I sort of inadvertently gave him kind of a scaly face, it wasn't really intentional, actually it looks more like a monster than a person. Sort of a zombie quality. I gave him a more muscular frame but that's sort of a standard comic-booky thing. A bizarre version of humanity, like a buxom female. Stranger than life characteristics. I imagine he's confident, he has good posture.



Figure 6.1 Human Figure Drawing (male)

(What's he like on the inside?) *I don't know, it's impossible to say. Probably incredibly insecure because anyone looking like that—that weight lifter look—is probably trying to compensate for something. A very superficial thing—that tough guy look, this idea of success, insecurity with females, or defenses or something. They do that to attract females, the hypersexualized kind of dude.*

(What does he think and feel about things?) *There's a tendency to constantly evaluate yourself so he's constantly comparing himself to other people. All that shallowness, he's probably not thinking and feeling too much.*

(Anxious?) *That alpha male status thing, money and looks and sexual partners, all those things. I guess he worries about falling on the social ladder.*

(Sad or depressed?) *Maybe that you're never going to be at the top of the hill. It's a fake game but people keep playing it anyway. There's this ideal out there of where you're supposed to be, like this super-rich business dude. I don't subscribe to that because I realize it's dumb.*

(Angry?) *Frustration and challenging this alpha male status, so I guess a direct challenge to his rank.*

(Doing now?) *I just drew this anatomically, he's just standing there, not doing anything, just sort of removed from reality completely, just a representation of a person.*

Carl's male figure looked and sounded like a toned-down version of the "warrior type dude" he imagined and drew at 15yo. At 25yo, Carl had more difficulty describing this hypothetical person than he did at 15yo, but the difference may well have lain with producing a more nuanced characterization of the figure's inner life compared with the more outward, stereotypically brutish image he depicted ten years before. True, the "muscular frame . . . weight lifter look . . . alpha male" aspect of masculinity persisted alongside many of the hedonistic, mindless features of Carl's 15yo characterization. But Carl also sensed and was trying to integrate a more vulnerable, uncertain representation of men and masculinity. Thus, despite being seen as confident, his 25yo male drawing also conveyed the insecurity of compensating for something lacking.

Carl's idealization of brutish fighting and strength was mainly emphasized in his drawing of a male figure at 15yo, although it also contained references to deeper layers conveying concerns about a purpose in his life. Now at 25yo, self-doubt representing uncertainty about goals to guide his life or to provide a center of initiative was more predominant. Masculinity was still idealized as a reflection of vigor and robust strength; however, Carl spoke more unambiguously than at 15yo about the "alpha male" image that captured his imagination as being a shallow one. It nonetheless represented a quality he seemed to desire, though he also may have sensed that it eluded him. Carl might have defensively diminished its importance ("a fake game . . . comic-booky . . . bizarre version of humanity") but he also needed to secure a place for himself on the "social ladder." From a point of some distance from this ambivalently felt standard of success, Carl expressed in a somewhat veiled way what I considered to reflect

concern about winding up standing on the sidelines “removed from reality . . . not doing anything”—a euphemism, I suspect, for not going anywhere. He consequently depicted a self-image of a young man who seemed to understand and in some sense admire how things worked in life, simultaneously feeling apart from what he sought to achieve, perhaps because he did not know how to carry it off and succeed in a social or interpersonal way. The depressive ennui of his adolescence concealed behind an idealized image of a brutish “warrior dude” had largely been replaced as a young adult by an aggressive “alpha male” idealized jock effortlessly pursuing money and girls. I did not yet know what had happened to the depressive ennui but what did seem to emerge was a persisting concern about what he was capable of becoming and whether he would be able to make the cut to succeed in life, “shallow” and “fake” though that might be. Much as it appeared at 15yo, Carl at 25yo showed little understanding of or differentiation among affect states.

Carl’s verbalization following the drawing of a female (Figure 6.2) was as follows:



Figure 6.2 Human Figure Drawing (female)

It's always so damn hard to draw females. We'll just hint at it, I've got the full picture in my mind. I don't know if this is the complement to that guy, so this is a vague representation of a female, I guess. It's really just the same picture, but with boobs and long hair. Is she shallow? I don't know.

(What's she like on the inside?) I don't know, confrontational or assertive, but not necessarily in a bad sense. Aggressive in a good way, like career-wise. I can't draw too many conclusions, I don't know what more to say.

(Anxious?) I feel like I'd be misogynous to say relationship concerns or other generic female concerns. I don't know, I wish I was more able to elaborate on this stuff for you. It's hard to say. I need something like a Likert scale here—you're killing me.

(Depressed?) Betrayal by friends or sexual partners.

(Doing now?) Sort of standing on display.

Despite representing the female figure as a “complement” to the male just drawn, Carl seemed to attribute somewhat greater self-assurance or a sense of direction to this person compared to his verbalization about the male figure he drew and described. Although neither figure was richly fleshed out in his verbalizations about them, Carl seemed to show more understanding about the inner workings of the male figure. His depth of understanding of women indeed seemed “vague” as he said, save for some greater sense of purpose or motivation than that which he attributed to the male figure. Carl at 25yo was no less tentative about imagining the figure’s inner life than he was at 15yo. His verbalization was brief relative to that of the male figure and he said “I don’t know” or “I guess” about the female far more than he did when describing the male figure. His 15yo drawing of a female was peppered with comments such as “she isn’t as deep as him . . . he analyzes everything, she won’t.” Thus, not much had changed ten years later. Carl did appear however to apprehend a greater capacity for self-assertion in women and perhaps a drive to make their way in the world, which stood in contrast to a view of men as psychologically stuck in the same place and going nowhere.

Contrasting with his idealizing “alpha male” qualities about men, Carl repeatedly expressed devaluing views about women. Concealed behind his depreciating comments about “boobs” and shallowness, and notwithstanding his protest about not wanting to sound “misogynous,” Carl more than anything created the impression that he may not yet have developed much in-depth experience or intimacy in his relationships with women. His trivializing though simultaneously defensive-sounding use of the royal *we* (“we’ll just hint at it”) made it seem that he thought that only a hint was necessary to express the essence of the woman’s life. It seemed to cover over a lack of familiarity, conveying discomfort or thinly veiled hostility, perhaps underlying his remark implying that the female drawing was little more than a “counterpart” to that of the male, differing largely in respect to having “boobs and long hair.” It also sounded condescending when he said “I’ve got the full picture in my mind,”

as if to say that there was not that much to draw or represent about a woman. Carl's presumption that the woman represented in the drawing was shallow appeared to reflect his not knowing how to approach or relate to a person of the opposite sex to be able to come to know what she might be like. When he began the drawing by saying, "it's always so damn hard to draw females," it sounded like an imposition he could barely be bothered with.

Indeed, at one point during the verbalization, he said he needed a "Likert scale" as a guide to knowing a person in a way that ordinarily would not require a measuring stick! He followed this comment by expressing how hard it was for him to get inside the personality of the female figure he was having trouble describing when he jokingly said "you're killing me!" Sounding on the surface like an innocent enough remark, it also conveyed an attempt to forge a connection with another man about a troubled, confusing area of Carl's experience. He also expressed what I thought reflected letting me down or being a disappointment when he said, "I wish I was more able to elaborate on this stuff for you."

These two comments that followed each other sequentially suggested that when he felt psychologically adrift it seemed important for him to be able to turn somewhere for an assuring, guiding hand on his shoulder as he charted unfamiliar waters. That is, letting me down or feeling as if he had failed me represented a way of thinking about this young man's need to feel that someone understood the anxiety he could not quite grasp himself. Recalling Carl's Figure Drawings and TAT from 15yo, I noted his concern over not feeling up to facing expectations or challenges and that his parents seemed unable to comprehend how he felt. He seemed alone with his fears as he tried to get through what was expected of him.

I thus could picture Carl at 25yo still facing developmental expectations that were fraught with anxiety, not recognizing how he felt and also anticipating that no one would understand his concerns. He seemed to need to feel competent and appreciated rather than feeling like a disappointing failure. Without asking for help in so many words—which he was neither accustomed to doing nor would he have expected help to come his way—Carl's way of bantering with me provided a means of understanding what he probably meant behind the words he spoke. Possibly recalling from his psychotherapy ten years earlier that he might not need to submerge and conceal feeling distressed with me, Carl could risk conveying that he felt vulnerable, although I doubt that he understood how he could easily feel psychologically lost and adrift without an anchor—his metaphorical Likert scale.

Rorschach

In this section, I examine Carl's Structural Summary and a summary of R-PAS findings, followed by a discussion of the findings in comparison with his 15yo protocol. His Rorschach location sheet appears in [Figure 6.3](#).

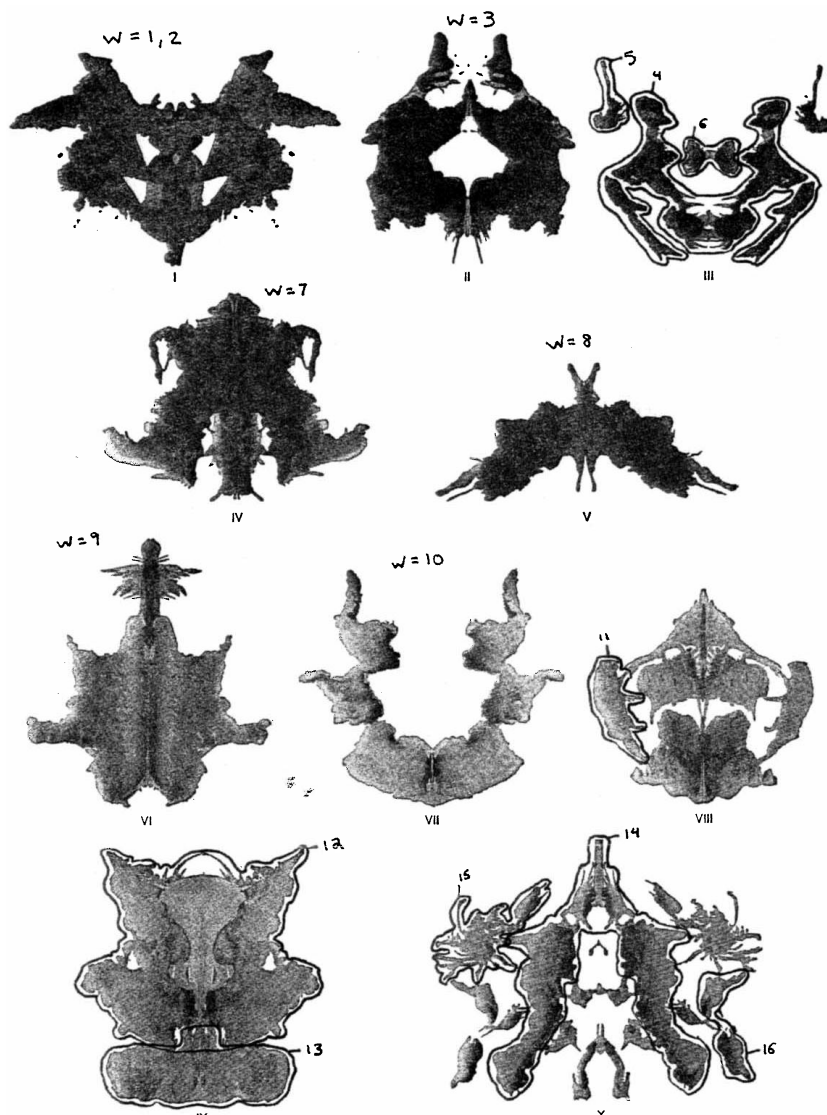


Figure 6.3 Rorschach location sheet

CS Interpretive Findings

Carl's CS Sequence of Scores and Structural Summary are shown in [Figures 6.4](#) and [6.5](#). None of the constellations were positive, including *PTI* which had been an area of concern at 15yo. However, as will soon become evident, the verbalizations in the 25yo record were no less problematic than they were ten

Card	Resp. No	Location and DQ	Loc. No.	Determinant(s) and Form Quality	(2)	Content(s)	Pop	Z Score	Special Scores
I	1	WSo	1	Fo		Cg		3.5	DR
	2	W+	1	Ma.mp.FC'u	2	(H),Cg		4.0	COP, DV, GHR
II	3	W+	1	Ma.FCo	2	(H),Cg,Id		4.5	COP, DV, GHR
III	4	D+	1	Mp.FMpo	2	(H),A,Hh,Sx	P	3.0	GHR
	5	Do	2	mp.CFu	2	An,BI			DR
	6	Do	3	Fo		An			DV
IV	7	Wo	1	FMa.FDo		(A)		2.0	
V	8	W+	1	Mau	2	H,A		2.5	INC, PHR
VI	9	Wo	1	FTo		Ad	P	2.5	MOR
VII	10	W+	1	Mao	2	H,Cg,Id	P	2.5	COP, GHR
VIII	11	D+	1	FMao	2	A,Ls	P	3.0	DV
IX	12	D+	2	Mau	2	A,Na		2.5	FAB, PHR
	13	Do	6	CFo	2	An			
X	14	Dd+	21	Ma.FCu		(H),Cg		4.5	GHR
	15	D+	1	Mao	2	(A),Bt	P	4.0	GHR
	16	Dd+	99	FMa.CF-	2	A,Fi		4.0	FAB

Figure 6.4 CS Sequence of Scores

RATIOS, PERCENTAGES, AND DERIVATIONS

R = 16 L = 0.14			FC:CF+C = 2 : 3			COP = 3 AG = 0		
-----			Pure C = 0			GHR:PHR = 6 : 2		
EB = 8 : 4.0	EA = 12.0	EBPer = 2.0	SumC' : WSumC = 1 : 4.0			a:p = 10 : 4		
eb = 6 : 2	es = 8	D = +1	Afr = 0.60			Food = 0		
	Adj es = 7	Adj D = +1	S = 1			SumT = 1		
-----			Blends:R = 7 : 16			Human Content = 6		
FM = 4	SumC' = 1	SumT = 1	CP = 0			Pure H = 2		
m = 2	SumV = 0	SumY = 0				PER = 0		
-----						Isolation Index = 0.25		

Figure 6.5 CS Structural Summary

years previously. Accordingly, *W Sum 6* was essentially unchanged, falling at a notably high level at both time periods. Perhaps what was different at 25yo was that Carl was better able to contain how his idiosyncratic and at times troubling thoughts were expressed. However, as will be seen later, his responses

sounded no less bizarre or uncontrolled than they had when he was an adolescent, despite his $XA\%$ of 94% being markedly better than the value of $XA\%$ (61%) at 15yo. Similarly, his $X-\%$ at 25yo (6%) was considerably lower than the comparable percentage at 15yo, which was 33%.

There also were other general indications of more stabilized adjustment. For example, half of Carl's six M responses at 15yo were of poor form quality, whereas as a young adult at 25yo none of the eight human movement responses he produced were $FQ-$. Furthermore, at 25yo there were no pure color responses (compared with one at 15yo), he had three COP responses compared with one at 15yo, he had two m determinants compared with five at 15yo, and his sole MOR code at 25yo contrasted sharply with seven such codes at 15yo. Moreover, Carl's $GHR:PHR$ ratio of 6:2 was decisively improved compared to the comparable ratio of 2:6 at 15yo. Consistent with these shifts in interpersonal and object relations capacities suggested by $GHR:PHR$, MOR , and COP , Carl also showed appreciably more favorable $a:p$ and $M^a:M^p$ ratios relative to the 15yo values of 4:9 and 2:4, respectively. His single texture response was more optimal than the absence of texture at 15yo; however, egocentrism was more pronounced at 25yo and Carl also may have been somewhat more isolated compared to his 15yo record. The predominant clinical picture suggested mainly adequate functioning and adaptation uncompromised by significant anxiety.

Carl produced about the same number of responses at 25yo as he did at 15yo, and these responses also were as complex and richly imaginative as they were at 15yo. As a result, Carl's low λ ratio of 0.14 was not appreciably different than the comparable value of 0.20 at 15yo. Carl's EB at 15yo shifted from 6:6—an ambivalent style—to 8:4 at 25yo—an introversive style. A shift away from an ambivalent style might not necessarily be surprising in the transition from adolescence to adulthood. Being for the most part at 25yo less likely to be experiencing intrusive thinking, which was troubling to him as an adolescent and which precipitated his seeking psychotherapy at his own request, the recent protocol suggested that Carl may have settled into more of an ideational approach to life situations, a pattern that dominated decision making more than feeling states or intuitive or emotion-based impressions. He neither avoided nor had difficulty with modulating affective experience. Carl might display momentary fluctuations in regulating intense emotion states, but he could readily regain his composure and show restraint as situations warranted.

Although he displayed a preferential style of problem solving favoring thinking through problems, Carl's affect life was not inaccessible. Moreover, despite less incapacitation by troubling and intrusive thoughts than he had had at 15yo, Carl still showed problems thinking clearly and coherently, sometimes drawing conclusions arbitrarily that reflected irrational or unconventional thinking, particularly surrounding unmet needs or when feeling limited control over situations he might face. He was inclined to favor overly accurate and precise views of reality, though at times rigidly so, because he could not easily relax a way of being exacting in his thinking. Carl also was inclined to overlook subtle signals

in interpersonal situations that might sometimes interfere with relationships with people; however, his capacity to bounce back from momentary stresses coupled with good impulse control fostered generally good adjustment most of the time.

Openness to new experiences and a preference for ambiguity were comparable at both time periods, but so too was Carl's inclination to see situations in life and relationships with people as more complicated than necessary. As a result, his overly complex way of apprehending events around him, while advantageous in some situations, could create problems in interpersonal relationships such that people could tire of his pedantic ways. Coupled with more than an average degree of self-absorption and the appearance of being less attuned to other people's motivations, Carl was prone to experiencing dissatisfaction concerning relationships with people. While he showed a good capacity to be reflective, his self-awareness seemed compromised by an equally prominent disinclination to become intimately involved with people. He appeared to favor instead rather limited and less mature ways of relating to people, which also could interfere with identity development.

Although Carl appeared to demonstrate an interest in relationships, he also tended to feel inadequate and consequently vulnerable around people, which left him somewhat socially isolated. He probably was not avoidant or fearful in social situations, but neither was he adept at engaging others in a way that would lead to greater intimacy or establishing deep rather than reserved relationships.

R-PAS Interpretive Findings

Cd	#	Or	Loc	Loc #	SR	SI	Content	Sy	Vg	2	FQ	P	Determinants	Cognitive	Thematic	HR	ODL (RP)	R-Opt
I	1		W			SI	Cg				o		F	DR1				
	2		W				(H),Cg	Sy	2	u			Ma,mp,C'	DV1	COP,AGM,AGC	PH		
II	3	@	W				(H),Cg,NC	Sy	2	o			Ma,FC	DV1	COP,AGM	PH		
III	4		D	1			A,Sx,NC	Sy	2	o	P		Mp,FMp			GH	ODL	
	5		D	2			An,BI		2	u			mp,CF	DR1				
	6		D	3			An				o		F	DV1				
IV	7		W				(A)						FMa,FD		AGC			
V	8		W				H,A	Sy	2	u			Ma	INC1		PH		
VI	9		W				Ad				o	P	T		MOR,MAP			
VII	10		W				H,Cg,NC	Sy	2	o	P		Ma		COP,AGM,AGC	GH		
VIII	11		D	1			A,NC	Sy	2	o	P		FMa	DV1				
IX	12		D	2			A,NC	Sy	2	u			Ma	FAB1		PH		
	13		D	6			An		2	o			CF				ODL	
X	14		Dd	21			(H),Cg	Sy		u			Ma,FC		AGC	GH		
	15		D	1			(H),NC	Sy	2	o	P		Ma			GH		
	16		Dd	99			A,Fi	Sy	2	-			FMa,CF	FAB1				

Figure 6.6 R-PAS Code Sequence

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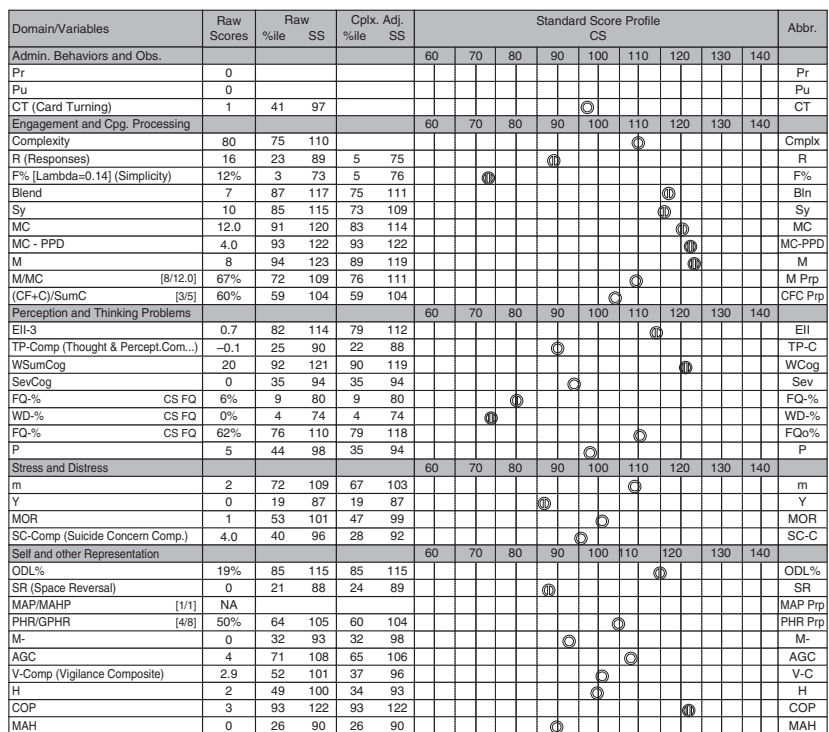


Figure 6.7 R-PAS Summary Scores and Profiles—Page 1

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The Sequence of Scores is represented in Figure 6.6, followed by the Page 1 variables in Figure 6.7. The below average number of responses (*R*) was just barely sufficient for interpreting R-PAS; however, it was consistent with the CS impression of largely more stable functioning compared to the earlier 15yo record. Although Carl showed a greater than average level of engagement and awareness of psychological processes, adaptive resources could appeared relatively immature and not as well developed as they might seem on the surface. Stated another way, it could be said that while he talked a good game, the psychological substance underlying how he came across was not always secure. Thus, whereas the potential problematic determinants variable (*PPD*) was not elevated relative to *M* and *C*, the quality of a number of Carl's responses seemed to compromise the effectiveness of thinking before acting and exercising good judgment. He seemed emotionally overresponsive to many situations, as he also did at 15yo, while at the same time revealing that it could be difficult for him to filter affective reactions to be able to experience many

ongoing events in a neutral way. Carl often appeared to experience emotion states and react to situations he encountered as being more complicated than necessary.

Carl showed distortions in thinking; however, these were generally modest in intensity or severity. The elevated *EII-3* suggested that problems in this area, when present, might be influenced by interpersonal difficulties. Although this patient's elevated *CritCont%* (Critical Contents) suggested appreciable concerns related to bodily functions or aggression, these areas of functioning did not seem particularly troubling, particularly in a context of there being no notable stressors impacting overall functioning. The quality of self and other representations indicated heightened dependency (*ODL%*), which might be experienced in an overly dramatized manner, and a tendency to present himself to others as appealing and deserving of others' caring concern (elevated *COP*, no *MAH* codes). In other respects, Carl's interpersonal relationships appeared mainly congenial and unremarkable, although the potential for harboring hostile ideation (*AGM*, *AGC*) should not be discounted. Nevertheless, there was no appreciable concern about potential aggressive dyscontrol.

Comparison of CS and R-PAS Findings at 15yo and 25yo

With the caveat about interpreting the adolescent normative reference points in mind, it was still mostly possible to compare the two Rorschachs conducted ten years apart. It appeared that in many respects Carl was generally less distressed and functioning better at 25yo relative to the earlier record. This would not be surprising because Carl was depressed and anxious as an adolescent and he sought treatment on his own. At 25yo, although there seemed to be a vague sense of discomfort, it was not nearly as destabilizing as it had been at age 15. Although Carl displayed a stable level of psychological functioning and more mature adaptive capacities at 25yo, there persisted problems that, while subtle and not overtly expressed or even perceived as problematic, nonetheless compromised Carl's establishment of closer and more satisfying relationships with people.

None of the CS constellations were positive, including *PTI* which had been an area of concern at 15yo. A similar finding also was noted in the R-PAS interpretation, mindful however that some variables were not unequivocally interpretable. Nonetheless, this patient's verbalizations in the 25yo record were no less problematic than they had been ten years previously. Both the CS and R-PAS showed evidence for improved reality testing and fewer or less problematic thought distortions at 25yo. Although the two interpretive approaches identified less incapacitation by troubling and intrusive thoughts at 25yo compared to the 15yo record, Carl potentially could still show problems thinking clearly and coherently, sometimes drawing conclusions arbitrarily that reflected irrational or unconventional thinking. He was characteristically inclined to

overlook subtle signals in interpersonal situations. However, in both the 15yo and 25yo protocols Carl's capacity to bounce back from momentary stresses coupled with good impulse control fostered generally effective adjustment in most situations.

This patient's *EB* at 15yo shifted from an ambitent style to an introversive style at 25yo and he neither avoided nor had appreciable difficulty with modulating affective experience. He might have displayed momentary fluctuations in regulating intense emotion states, but he could readily regain his composure and show restraint as situations warranted. These impressions also were generally consistent with interpretive inferences based on R-PAS.

Both the CS and R-PAS approaches suggested that Carl's involvements with people might be limited or superficial, and thus less mature. The R-PAS and CS indicated a normal capacity for and interest in relationships, although the CS also indicated that he tended to remain somewhat socially isolated. Carl's tentativeness, insecurity, and possible fearfulness in developing intimate attachments also may have contributed to compromised self-esteem and hindered the development of a more mature pattern of identifications. This aspect of his immaturity seemed largely unchanged and as a result remained underdeveloped as Carl moved from adolescence to young adulthood. Further, affective experience, although well regulated, was probably experienced with some degree of distance, more than likely representing his premorbid level of emotionality which was disrupted in adolescence as he became overwhelmed by trying to contain an upsurge of distress about school and his future.

Thematic Content Interpretive Findings

Card I

<p>1. [long hesitation] <i>It's weird. Two things. One, the bottom half of a face mask, like a ski mask. Like a SWAT team face mask. Something that would be worn to cover the lower half of your head. There would be goggles with it.</i></p>	<p><i>Four ventilation holes. Just the shape. This would pull around to be like a buckle in the back.</i> (Lower half of the head?) <i>Those generic dime-a-dozen bad guys coming at you. They can never shoot. Like storm troopers. The running joke with them is why can't they seem to aim, they never hit anyone. Every video game has those guys. The generic foot soldier, it was okay to shoot right through them and have blood and guts everywhere. They don't count, really.</i></p>
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Carl began Card I with a mask percept, albeit an unusual mask from his description. A SWAT team usually signifies a superior level of uniquely trained police specializing in high risk missions. Although perhaps signifying little more than a longstanding interest in science fiction adventure movies and video games—an interest he had shown ten years earlier and which appeared in many of his 15yo Rorschach responses—its persistence ten years later together with an adolescent-sounding reference to bad guys would raise a question about this young man’s maturity level. Interestingly, however, Carl quickly belittled the SWAT team figures he saw, emphasizing their ineptness and how de-idealized they had become in his eyes (“they don’t count”), which also was a theme in some of his 15yo Rorschach responses.

Carl seemed to emphasize the mask in his verbalization, raising the possibility that its connotation as a symbol of concealment or disguise was a crucial element in this percept. He seemed to relish the idea of exposing this figure, typically seen as powerful or highly skilled, as an incompetent laughing stock. In this sense, Carl appeared to be removing a mask to reveal weakness rather than vigor, a Wizard of Oz-like theme that was very much at the interpretive center of his 15yo protocol. Thus, beginning in some sense where he left off at that time, Carl seemed to announce that disparaging and de-idealizing powerful figures remained important for him. Behind Carl’s observation that these “generic . . . dime-a-dozen . . . storm troopers” were a “joke,” he may have been expressing a veiled wish for strong or competent figures in his life who did count.

2. *Two angels, but definitely a malevolent edge to them. But they're kissing. Maybe demons, but at the same time they seem flowy and evanescent. Hands are off to the side. The more I look at it, the more I'm going with the scary angel thing.*

Like evil angels, there's something demonic about them. Heads here, they're holding their hands away. Their garments, something like a priest would wear, like flowing robes, a skirt-like thing. Their feet are pointing down almost like they're floating in a mid-air embrace thing. But it's totally malevolent, there's nothing good about these guys. There's giant wings in the back.

(Malevolent?) The shading, the fact that they have wings and they're black. And those priestly vestments gives them sort of a malevolent edge.

(Shading?) It's black, it gives it that look.

(Flowy and evanescent?) An ethereal kind of incorporeal sort of thing. Especially the wing part, like your hand would go right through the wing.

	<p>(What do you see that makes it look evanescent?) <i>Parts of the wings are sort of floating away. The wings are just there for show.</i></p> <p>(Wings floating away?) <i>Not like actual physical wings like birds. They're just there to look scary. Something about the shape of the wings—they suggest wings, it gives it that evanescent kind of flow to it.</i></p> <p>(Kissing?) <i>Not a romantic gesture. It's something they're doing that's spooky or crazy.</i></p> <p>(Evanescent?) <i>Like with everything, comic books and video games, they're bad guys, some kind of malevolent demonic bad guys. They're not the final bosses of the game. They're evil parodies of an angel—like an evil version of that. Like mocking that—the antithesis of an angel.</i></p>
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Carl struggled with considerable ambivalence every bit as much as he did on a similar response to Card I at 15yo. Whether the hugging monsters or attacking demons of the earlier protocol—which was part of his “civil war of the monsters” response—or the kissing angels or malevolent demons of the current record, Carl continued to have trouble resolving the ambivalence such images so compellingly stimulated for him. Even when he seemed to reach what he thought was an attempted resolution (“the scary angel thing”), Carl did not seem to recognize that what he thought was a resolution was nothing of the kind. Although perhaps no longer a civil war of monsters, the analogous response at 25yo was only somewhat better modulated. The warring, hate-filled “showdown” of 15yo thus seemed to become “mocking . . . evil parodies . . . the antithesis of an angel” at 25yo, implying that it might be difficult for Carl to believe that benevolent-appearing objects could be in his corner and that he had to be careful not to become too trusting and thus be deceived by an appearance of good intentions.

Carl thus seemed to struggle with integrating introjections of good and bad objects, not very differently than he had ten years previously. Need states were still fraught with potential danger, humiliation, or deceitfulness, causing him to keep a cautious distance from others, although not to a degree that included paranoid ideation. Like the preceding response containing the idea of mocking a powerful image, here too Carl commented about mockery in reference

to “demonic bad guys” as “parodies of evil . . . the antithesis of an angel.” He seemed to be saying that goodness was a cruel “joke” being played to disguise truer malevolent intentions—and possibly also, from R1, to disguise ineptness masquerading as strength or stupidity masquerading as boldness.

As much as he might have wished to see the angels not only as benevolent but also as kissing—which I am regarding as an intimation of closeness more than an intimation of eroticism—Carl seemed to be saying here that intimacy portended danger or deceitfulness. Moreover, using the word *mocking* carried a connotation of concern about being laughed at for being taken in by a false appearance of intimacy. Considered together, I wondered whether Carl might have felt that intimacy was a pretense, a dangerous lure that led to deceit, mockery, and potential danger. Consequently, “kissing” in any sense of the word was something to be avoided or undertaken with some distance or with great care, and needs for intimacy or closeness were fraught with danger. As I speculated concerning Carl’s female drawing, my hypothesis about his discomfort with women or sexuality seemed increasingly likely from his description of the figures kissing as “spooky or crazy.” This comment added a connotation of anxiety extending beyond mere discomfort arising from inexperience or unfamiliarity.

The inquiry was more protracted than usual because this response contained several verbalizations suggesting potential determinants or imagery requiring clarification, some of which seemed to defy my attempts to do so. Thus, references to malevolence, evanescence, “flowy,” and wings floating away reflected the complex nature of this response. It was difficult to be certain exactly what he saw or to what extent some of these verbalizations were secondary elaborations. “Wings floating away” was a particularly odd verbalization.

This response was also the first of four with a content code of (*H*), which represented 25 percent of his responses overall. By contrast, Carl produced only two *H* responses, yielding a 1:2 ratio of *H*: (*H*) responses. In his 15yo protocol, Carl had four *H* or *Hd* responses (two of each type) and two (*H*) or (*Hd*) responses (one of each), yielding a 2:1 ratio of *H*: (*H*) responses. Consequently, although at 25yo Carl produced no *Hd* or (*Hd*) responses, he had proportionately more responses involving human figures of an unrealistic or fantasized nature compared to his 15yo protocol. Carl’s *Isolation Index* also increased slightly from 15yo to 25yo. These patterns suggested the possibility of greater distance from apprehending other people in a mature, fully fleshed out, or realized manner as he moved from adolescence to young adulthood.

The words Carl used to describe the angels (“evanescent . . . incorporeal . . . ethereal”) suggested imagery connoting their being insubstantial and not durable or fading away. Though it may be so that angels commonly are perceived as not of this world and thus are transitory or fleeting figures, the idea of things not being long-lasting or durable clearly seemed to dominate much of Carl’s verbalization. Similarly, his comment about the demonic bad guys as “not the final bosses of the game” was curious and its psychological significance was not entirely clear at this point. As a tentative working hypothesis, Carl may have

been experiencing benevolent and malevolent objects as fluid mental images in conflict with one another. Thus, his comment about “not the final bosses” might suggest in addition to experiencing contradictory mental states in flux that a resolution of such mental states might be possible.

Card II

<p>3. <i>Two faceless gnomes pressing their hands together. Seated in front of each other. Silly gnome hats, pressing their hands together, wearing big oversized coats.</i> ∧ ∨ [long hesitation]</p>	<p><i>Sitting on benches. Big gnome overcoats. Wearing orange gnome boots.</i></p> <p><i>(Gnomes?) That hat especially. Those funny little gnome jackets with a hood-type thing. Your iconic garden gnome. I remember from ten years ago, what I'm now seeing as gnome hats was the entirety of the heads. Now I'm seeing two children—this is their hair and the outline of their face, yelling at each other. And a severe underbite. It looks like two kids engaged in arguing, dressed in giant smocks for some reason.</i></p> <hr/> <p><i>(Gnomes?) A hobbit-like mischievous kind of character, but good. A dwarf, fantasy kind of character. Playfulness. I can't see the gnomes any more. The kids are like those Dutch figures with bonnets. They're arguing, pushing each other. It's the same hands, maybe it's because there's spittle coming out of their mouths, because they're arguing really intensely.</i></p> <p><i>(Underbite?) They're just kids, it's just something I notice, I'd attribute it to a less intelligent character. I just picture that lower jaw jutting out like that, like they're less sophisticated.</i></p> <p><i>(Can't see the gnomes anymore . . . two kids arguing?) I'm just seeing more for some reason. The gnomes are missing faces here—not normally—so maybe when I saw the faces more, the children became clearer. Now that's all I see—just the children and their faces and not really the gnomes.</i></p>
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This response of faceless gnomes wearing silly hats and overcoats appeared at first glance as a playful, whimsical image. Carl seemed to think he saw something similar at 15yo; however, what he actually did see was a crying dragon that was accompanied by a verbalization about imagining he had to overpower threatening figures so they were “reduced to tears.” After recalling what he thought he saw at 15yo, Carl immediately observed that he could no longer see gnomes and he proceeded to transform the image of gnomes into children yelling or arguing. When I asked him about gnomes on a testing-the-limits inquiry, Carl’s association was that they represented playful and diminutive albeit benevolent fantasy figures—which could be understood as harmless and underpowered. Once he perceived the image of children, however, that image so dominated his imagination that he could barely see the gnomes any longer. The children seemed to represent an ambivalently apprehended image, described as innocent-looking Dutch children with bonnets arguing “really intensely.”

I could not be sure whether Carl may have had in mind a connotation of gnomes from common folklore as deformed or troll-like, diminutive old men who were subterranean dwellers usually functioning as guardians of treasure mines. His association concerned mainly a silly or funny-looking, dwarfed appearance, and thus no further conclusions about what they signified could be justified beyond their being benign or diminutive figures. (An image of Carl’s one-armed father crossed my mind at this point, although I could not of course infer whether Carl might have had the same association.) That the gnomes were practically erased from his perceptual awareness after he saw the figures of children might reflect having repressed the imagery of gnomes or associations to these mythical figures, perhaps even more so because Carl saw the gnomes as faceless. Clearly, the children represented ambivalent motivations, and his commenting on the prominent underbite followed by his association to unintelligent or unsophisticated figures suggested an element of primitiveness about this image.

Card III

<p>4. [long hesitation] <i>I guess it looks like humanish figures with something very phallic but with breasts. Standing around some kind of cauldron. And a butterfly floating in the middle—maybe a bowtie. It could be a bassinette, or a cauldron.</i></p>	<p><i>It’s breast-like in the chest, but it also looks like an erection. More like a bassinette, two babies in a crib or something. The head, a protruding kind of mouth. They’re tilted back. And legs. (Butterfly floating in the middle, maybe a bowtie?) It’s just sort of suspended there. Those wing-like projections attached in the middle.</i></p>
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	<p>(Something very phallic with breasts?) <i>I don't know, I see both. Seems more feminine because it seems like it's over a baby. But it also has a penis. The more I look at it, it looks more ape-like, like an intermediate stage between apes and humans.</i></p> <p>—————</p> <p><i>It could be either or. More than a man with breasts, it seems like a woman with a penis.</i></p> <p>(Woman with a penis?) <i>Transgendered people. What is it really, then? It's rocking a cradle, both of them are.</i></p> <p>(Butterfly in the middle?) <i>I don't know, it seems extraneous, like it has nothing to do with it.</i></p>
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<p>5. <i>Two stomachs with an esophagus hung on the wall.</i></p>	<p><i>This is the stomach and this thing trailing off from it. Definitely the color, it looks like blood. I can't decide on anything, maybe in the context of this sexual identification thing, these could be testicles, suspended organs.</i></p> <p>(Hung on the wall?) <i>They're not just magically floating, so maybe they're on the wall.</i></p>
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<p>6. <i>Spread-out lungs. The description makes it sound darker than it is. It's kind of odd, these body parts in different places and these figures with breasts and penises.</i></p>	<p><i>The shape of them, they're connected in the middle.</i></p> <p>(Description makes it sound darker than it is?) <i>It's like where did these lungs come from! I pictured blood and guts, but I don't see it as violent or anything in this context.</i></p> <p>(Spread out?) <i>Like if you were going to post them to the wall. Like they were nailed to the wall, that's how they would look.</i></p>
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Although Carl was productive on Card III, there was a noticeably long hesitation before delivering his first response. Although this initial response was the relatively uncommon hermaphroditic human-like figures, Carl's further description was more problematic. He could not decide whether the D3 area was a butterfly or a bowtie and whether the D7 area was intended as a cauldron or a bassinette. Even when I asked about the butterfly/bowtie during the inquiry, Carl commented about its form but seemed to totally miss the incongruity I was going after in trying to clarify exactly what he saw, thus seeming to evade the issue. In both instances, neither area was well integrated with the human-like figure. Moreover, Carl also noted that the penis was erect, suggesting that erotic stimulation was at least as important as the reference to the anatomical anomaly influencing how he saw this percept.

Carl began by noting the incongruity about a breast and a penis belonging to the same figure, but he seemed to retreat quickly from the topic by making reference to the bassinette. This comment at first sounded as though he intended to continue elaborating about the breast and penis images, but when he proceeded to talk about an unrelated image—the bassinette—it actually sounded more like a non sequitur. His direct reference to eroticism or sexuality (the erect penis) may have provoked his rapid retreat from the subject. Carl proceeded to mention that the bassinette contained two babies—perhaps a safer, not sexually tinged image.

When I drew Carl's attention back to the hermaphroditic image, he commented on its ape-like appearance, perhaps to emphasize that it was unrealistic but possibly also to create distance from a potentially threatening image having connotations either of discomfort about sexuality or sexual identity confusion. His odd-sounding comment on a testing-the-limits inquiry ("more than a man with breasts, it seems like a woman with a penis" and later, "what is it really, then? It's rocking a cradle, both of them are") only added to this impression.

Carl's next response (R5) struck me at first as deliberately playful or provocative rather than bizarre. I thought that he perceived the shape of a stomach and the shape of something resembling an esophagus, but rather than searching for a plausible connection between them or editing what he saw, Carl instead chose to blurt out just what he saw—perhaps to be daring or unusual, or to get my attention, or to show off how creative he could be. I did not however regard this odd-sounding response as psychotic or thought disordered ideation. It reminded me of Carl's frequent over-the-top style of bravado responding on his 15yo Rorschach.

That being said, when Carl later spontaneously referred back to "the context of this sexual identification thing," however defensively provocative or cavalier he may have been trying to act it appeared that he could not easily break away from a concern this card seemed to stimulate for him. Consequently, when he said "I can't decide on anything," I would add to that how he also was indecisive about his esophagus/testicles response and the unresolved cauldron/bassinette and butterfly/bowtie images of his previous response.

Carl's third response to Card III (R6) once again made reference to R4, making it abundantly clear that the ambiguous sexual imagery and connotations of this card were evidently stressful for this young man. I did not know what he was thinking when he said "I pictured blood and guts, but I don't see it as violent," or what he meant during the response phase when he said "the description makes it sound darker than it is." Figuratively, Carl seemed to be whistling in the dark, as the saying goes, and it reminded me of Freud's comment that "the benighted traveler may sing aloud in the dark to deny his own fears, but, for all that, he will not see an inch further beyond his nose" (1959, p. 96).

Card IV

<p><i>7. I remember this from ten years ago and I still think it looks like a giant monster from underneath. Like you're looking at it almost standing on glass. You're looking up at it, seeing the bottom of its feet. There's a tail in the background, curling up in the back, holding its plant-like tendril arms, holding them up in a kind of menacing way. A plant-like snakish head. Like a dramatic swooping shot like in a movie when you'd first see Godzilla.</i></p>	<p><i>Like that first big reveal in those movies, when you see how big Godzilla is. (Plant-like tendril arms?) It's very loose and viny or something. Where his hands should be there's all these plant-like things. (Menacing?) The position it's in. There's no context but maybe because it's like a hundred feet tall, and also those arms in a scary position. (Scary position?) Like Boris Karloff the mummy, like hanging its hands out. (Snakish head?) Like a king cobra snake.</i></p> <hr/> <p><i>Like a giant B-movie monster, like impending destruction.</i></p>
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Carl correctly remembered that he did indeed report seeing a "big Godzilla-like monster . . . looking up from below, like he's standing over you" ten years before. That monster from ten years ago also had "droopy" tentacles and "he's really goofy . . . stupid-looking . . . not very threatening . . . I wouldn't be scared of him." Now, ten years later Carl's monster still had weakened arms ("plant-like tendril arms . . . loose and viny") and was perceived as menacing, and it also was perceived as large because of a perspective relationship (although at 25yo the determinant was *FD* rather than shading (*V*) as was the case at 15yo). Although Carl did not supply a verbalization consistent with the "goofy . . . not threatening" verbalization of his 15yo Rorschach, at 25yo he suggested that the monster resembled an image from a "B movie . . . like

Boris Karloff the mummy.” Accordingly, perhaps indicating a threat now experienced more distantly though similarly diminished as it appeared to him on the 15yo Rorschach, Carl still seemed alert to looming figures portending danger. However, once he got past “that first big reveal” when the potential threat first became apparent, what I referred to as his whistling in the dark defense on the previous response and his immobilizing the monster (its “viny . . . tendril arms”) seemed to kick in, signaling diffuse anxiety.

That Carl’s anxiety and defensive disavowal were apparent in this response was not particularly unusual, but what was noteworthy was that his anxiety did not seem to dissipate. Although it might be possible to regard a shift from the vista determinant at 15yo to form dimension at 25yo as a potentially more favorable indicator of managing anxiety, I think the recurring and unrelenting theme of danger both at 15yo and 25yo across these first six or seven responses was not a sign to be ignored regardless of the defensive overlay surrounding the theme of threat that seemed so much a part of the psychological world Carl inhabited.

Card V

<p>8. <i>Like a moth creature thing. It's very large. Its arms outstretched, antennae, it's covering up two nude females. The females are like one of those mud flaps you see on trucks behind the wheels—sometimes they have a silhouette, like of women, or team logo ones.</i></p>	<p><i>Some kind of bat creature because of the antennae. Like a giant moth. For some reason he's using his wings to cover up two nude females, doing it intentionally. (Nude females?) The top of their heads, sitting on their side. (Females?) Something slender about the legs, like females. (Nude?) An unclothed leg. The part I do see isn't clothed and the fact that someone's trying to cover them up. (Doing it intentionally?) Like it's not letting you see even though you want to. (Connection between the moth and the two females?) I can't imagine where the connection would be. But it's like censoring them for some reason. It's obstructing your view and it knows it is.</i></p>
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This was the second of Carl’s responses that was similar or nearly identical to one he produced on the 15yo Rorschach. Indeed, for several such responses Carl himself noted that he saw the same or highly similar percepts. There was

one obvious difference on R8 between the two responses ten years apart: at 25yo the large moth-like figure was covering up nude female figures. Carl made no attempt to withhold—or possibly he could not stop himself from commenting about—the nude females he saw. Although he referred to thwarted or frustrated desire, he also expressed the idea that something was “censoring . . . obstructing your view . . . not letting you see even though you want to . . . doing it intentionally.”

Alongside these references to thwarting or censoring he also commented about concealment (moths covering up the nude women and images of nude women behind a truck’s mud flaps where they might not be especially prominent). His turning the nude female images into a possibly less threatening or possibly denigrating team logo insignia also was pertinent to understanding Carl’s response. I could not be certain about the meaning underlying his associations to truckers and sports teams, particularly in this context of an image of nude women, but it was not easy to believe that he had in mind something well intentioned. Carl’s reference to the women’s “unclothed leg” also sounded odd or stilted, suggesting possibly inexperience, inhibition, or discomfort. Certainly, from his earlier responses it seemed clear that Carl was uncomfortable with or anxious about sexuality.

The idea of something or someone getting in his way or censoring his desires was curious, possibly suggesting a conflict model interpretive view pitting drives against superego prohibitions. However, I decided to reserve judgment until a clearer picture emerged concerning maturity and stability of object relations. I noted in regard to Carl’s 15yo protocol on this card that he had appeared to find a way to transform feeling dominated into feeling that he had overpowered a source of threat. Adolescent boys sometimes need to buck up against authority or prohibitions on a path toward stabilizing greater autonomy. However, as the 15yo evaluation proceeded, I expressed reservations that what might have appeared to be an adaptational accomplishment was really not very well secured.

Now as a young adult, Carl faced adaptational demands that included managing sexuality and the development of mature sexual-emotional relationships. I was skeptical that he showed adequately fortified psychological strengths to successfully navigate such demands as an adult. I doubted that ego functions were sufficiently secure and autonomous to meet mature adult demands, largely because malevolent object relations and unneutralized aggression undoubtedly interfered far too readily. While fantasies of overpowering, fighting and defeating, and omnipotent control may be comprehensible in a context of normal adolescent development, they do not bode well for most situations of adulthood. Carl seemed to be showing in R8 at 25yo a precarious balance between desire and inhibition or prohibition that so far suggested a picture of being stuck or frozen more than it suggested being on a clear enough path to resolution.

Card VI

<p>9. <i>I remember this one, too. An animal skin. It's been gutted and cut out, and this is what's left over from the skin. Like a deer, the hide of the animal's just kind of splayed out.</i></p>	<p><i>The front legs, and hind legs. The coloring and texture, it looks like a leather look to it. Like someone tried to dry out the skin. Someone cut the head off.</i> <i>(Coloring . . . leather look?) It looks like untreated leather. Lighter here and it's changing. It's that coupled with the shape that seems very animal-like to me.</i></p> <hr/> <p><i>Not bad things, like a tribal decoration. There's something very natural about it.</i></p>
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Card VII

<p>10. <i>I remember this one, too. I remember I saw two kids—I still see it. Wearing Indian hats, playing cowboys and Indians. They're holding two very large cleavers. The iconic feather headband hat, looking at each other.</i></p>	<p><i>The nose, chubby little kid faces, the feather sticks up in the back, the torso, a little tuft of curly hair.</i> <i>(Hair?) The positioning of it relative to the face.</i> <i>(Cleavers?) The shape and the fact they're holding it. It implies violence, like they're out to attack each other with the cleavers.</i> <i>(Headband?) I don't really see it. It's implied, because it's holding the feathers. It's a silhouette, just the outline of it. I'm doing my darndest to see something else in this one, but I can't. I can't imagine what other people would see. I remember this one and I went right to it and couldn't see anything else because I remember it so vividly.</i></p>
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Carl was correct about remembering that he saw a splayed out animal skin at 15yo on Card VI, although now at 25yo (R9) the addition of the texture determinant suggested at least the possibility of an emerging awareness of need states he probably rarely experienced, let alone was able to articulate. Carl mentioned on the 25yo Rorschach that the animal's head was cut off,

which he did not mention on the 15yo Rorschach, although he did comment at the earlier time period that the animal skin was “messed up.” Overall, the response seemed relatively benign, which I confirmed on a testing-the-limits inquiry in which Carl observed that the animal skin looked decorative and “natural.”

On Card VII (R10), Carl also recalled a response from his 15yo Rorschach (“I still see it . . . I remember it so vividly”); however, the dramatic-sounding verbalization on his protocol at 15yo and the clinical concern it generated about violence or disinhibition (“let’s go kill someone”) appeared better controlled at the point of the 25yo Rorschach. Nevertheless, some concern remained, as Carl showed considerable difficulty in trying to get away from the imagery that captured his attention as compellingly now as it had ten years earlier (“I’m doing my darndest to see something else in this one, but I can’t”). Note that his mention of violence came at the very end of the inquiry on the 15yo protocol, whereas now at 25yo Carl mentioned seeing cleavers during the response phase. Furthermore, his reference to the boys using the cleavers to attack each other, mentioned during the inquiry, was at least a more direct explanation of the boys’ motivation, albeit not a particularly comforting assurance of Carl’s capacity for control when he was stimulated by aggression. Also, as before, the human figures were baby-faced boys with tufts of curly hair (at 15yo, Carl also mentioned baby fat), suggesting innocent play. Still and all, struggling to do “my darndest to see something else” also suggested that anger continued to be problematic for this young man and that he might not always feel himself to be sufficiently in control of his affect states and impulses. His comment that “I can’t imagine what other people would see” also indicated some degree of concern about his thoughts or urges as he worried, I suspect, how normal he was.

Considering these two responses on Cards VI and VII both sequentially and in respect to his responses to these cards at age 15, I would infer that Carl continued to convey concern about many thoughts that could at times come over him, worrying whether the affects and thoughts he experienced were like those of other people and whether there was something wrong with him. Possibly less troubled or distressed at 25yo than at 15yo, Carl still struggled with impulses that frightened him but which he mostly managed to keep under wraps. I never felt Carl to be on the verge of aggressive acting out as an adolescent, and my impression of him at age 25 as well as his clinical history during the intervening ten years was consistent with that impression.

In this context, I will introduce at this point a spontaneous side comment Carl made later on (Card X), saying with an unmistakable look and sound of fearfulness and concern, “My answers here are so lame, why do I go back to these childish things?” I will address this comment later, but I refer to it now in relation to the concerns I have raised thus far about this young man’s shame about his inner life as he struggled to deny or disavow disturbing mental contents.

Card VIII

<p>11. <i>They look like bears on the side. Normal sized bears climbing up a teeny, tiny miniature of a mountain. A mountain and trees scene, a tiny miniature version of it.</i></p>	<p><i>The bears I saw first and I can't really make anything out of the rest. I don't really see the mountains and trees that much, it's really the bears mostly.</i> <i>(Miniature of a mountain?) I don't really know anything about the middle, it's mainly the bears. You've definitely got bears. I guess it's rock colored-ish or true colored-ish but I don't really see anything about it. If I keep staring at it, that's mostly what I see—these scary monster things.</i> <i>(Mountains and trees scene?) I guess the coloring. (Q) Greenish and the other has sort of a rocky look to it.</i></p>
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Gone at 25yo was the morbid quality of a dead, decaying carcass on Card VIII that Carl saw at 15yo, giving way to a percept of bears alongside a mountain, albeit a “teeny, tiny miniature of a mountain.” Carl’s diminutive mountain, stripped of any sense of imposing majesty, also was a vague form that seemed to function mainly as a backdrop, scaled back in size, against which the more prominent image of normal-sized bears took precedence. Perhaps because of the way he saw the perspective relationship, the bears seemed to tower over the mountain—both literally and figuratively—and as a result the bears carried the psychological connotation of appearing as “scary monster things.” Certainly, it appeared that Carl’s description of a fairly conventional wildlife or mountain scene probably was not as benign a representation of his internal psychological life as it initially may have seemed. Try as he might, Carl could not find much respite from the “scary monster things” that seemed to give him little peace. A somewhat serene, naturalistic environment—a metaphor, I suspect, for a sense of well-being or equilibrium—soon became small in size as it became dominated by anxiety.

Card IX

<p>12. <i>Two moose or antlered type creatures. Like riding a wave.</i></p>	<p><i>The heads upturned, antlers, the general shape, the hind area. Water or a wave they're on, almost like they're surfing.</i> <i>(Moose riding a wave?) Not literally like a surfing moose. Almost like a moose is landing with a crash of water.</i></p> <hr/> <p><i>Something powerful, majestic.</i></p>
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<p>13. <i>And that wave happens to be on top of two fetuses on the bottom.</i></p>	<p><i>Because it's pink and something with the shape is like little pink digits. A chubby fetal look to it.</i></p>
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Carl's initial response to Card IX—a moose riding a wave—was just as oddly incongruous as his response to this card had been on the 15yo Rorschach—a deer head growing out of the back of a person's head. I did not have the same concern about the 25yo Rorschach as I had about Carl's seemingly outrageous manner of responding as an adolescent, at which time I concluded that his over-the-top responses represented an attempt to call attention to a sense of urgency that may not have been attended to or recognized. But I did have a different kind of reservation about this more recent Rorschach, based not only on this response but also on the tenor of the entire Rorschach thus far: I thought Carl was living with a quiet but persistent undercurrent of tense discomfort that seemed to permeate his entire existence, a quality of discomfort he actually may not have known he felt, perhaps because it did not connote the same sense of distress he felt as an adolescent. Even the imagery Carl conveyed—surfing a wave—suggesting an affect state of relative calm or pleasurable excitement gave way in the inquiry to “landing with a crash,” which suggested either a sensation of an intense thrill or of the bottom dropping out. Although on a testing-the-limits inquiry Carl's comment about something “powerful, majestic” conveyed an impression of the former, in the context of the entire record I thought there was good reason to doubt that Carl really could feel that sanguine deep down.

The general content of the response that followed (R13) also was similar to that of Carl's 15yo Rorschach; however, the “chubby” pink fetus did not contain the possibly troubling associative elements accompanying this response at age 15. Thus, references to an aborted fetus or undeveloped extremities were now absent and accordingly this response was less provocative than its counterpart on the 15yo Rorschach. Moreover, it was less striking in respect to how it followed the preceding response (R12) compared to the same sequence of responses on Carl's 15yo Rorschach. It was possible and not at all unlikely that the same degree of confusion or distress that permeated Carl's 15yo Rorschach persisted into young adulthood, the difference being largely that at 25yo he was less aware of or troubled by thoughts or affects that as an adolescent overwhelmed his capacity to keep such distressing mental contents in abeyance.

Card X

<p>14. [long hesitation] <i>A helmet of some scary monster guy. He has a very large red cloak over his shoulders. He's holding his hands together like he's going to tell you what he's up to, like a super villain going to explain his plans.</i></p>	<p><i>Like a Darth Vader helmet. My answers here are so lame—why do I go back to these childish things? Here's his shoulders, so I feel this is where the helmet would be. Like a metallic thing.</i> <i>(Metallic?) The coloring. Silver tones with charcoal in it, the darker colors.</i> <i>(Hands?) The position relative to the person.</i></p>
<p>15. <i>Two aliens and they have palm leaves they use to fan the alien overlord guy. Something crustacean.</i></p>	<p><i>A multi-legged type of spider, crab things.</i> <i>(Palm leaves?) They just look like that.</i></p> <hr/> <p><i>They're senile to him. He's running the show.</i></p>
<p>16. <i>Two deer-like creatures jumping away from him, with their heads on fire.</i></p>	<p><i>The position they're in. Tilting their head back, the front and hind legs.</i> <i>(Heads on fire?) Just looks like fire.</i> <i>(Q) The coloring, the shape of it.</i></p> <hr/> <p><i>They're victims of him—this evil character.</i></p>

It was difficult to decide whether this sequence of responses represented a single response or three discrete responses, about which knowledgeable expert consultants disagreed. I decided to consider Card X as being comprised of three separate responses. Regardless of one's personal predilection on the matter there would be little doubt that the overinclusive, broadly encompassing chain of thoughts and imaginative ideas Carl demonstrated on this card richly demonstrated the degree to which an unfiltered and diffuse flow of ideas could arise and so dominate his thinking. This response or series of responses was in part drive-dominated, and as such signified drives or urges overriding an expectable level of ego function capacity to bind or contain the flow of thoughts or ideas. I largely came to the same conclusion in my discussion of Carl's responses to Card X on the 15yo Rorschach.

On R14, Carl's "super villain . . . explain[ing] his plans" replaced the "freaky evil doctor . . . super villain" with a trail of blood and wires coming from its brain,

from the 15yo Rorschach. To some degree, explaining intentions conveyed a sense of control that spilled blood and mysterious wires did not, just as in R10 on the 25yo Rorschach, Carl's indicating that the cleavers were intended for attacking was at least some attempt to explain what they represented compared to Carl's rather shocking-sounding comment coming at the very end of a similar response to the same card at 15yo ("let's go kill someone"). Nevertheless, it was not easy to take too much comfort about an image of a "scary monster guy," notwithstanding the fact that Carl actually said that he saw the helmet—potentially connoting a reference to protecting the head—and that he devoted a good deal of his verbalization to describing features of the helmet. Carl may have felt some degree of better self-control or being better insulated from his inner demons than he did at age 15; however, he himself seemed concerned that his "lame" responses were "childish"—which I took to represent that he really meant naïve or immature.

The following response (R15) of aliens with palm leaves fanning an "alien overlord guy" (the same super villain of R14) was Carl's 25yo version of his comparable response from the 15yo Rorschach of "little evil minions" that were "not really scary, it's more goofy." Although Carl said very little about the aliens during the response and inquiry phases, on a testing-the-limits inquiry he observed that they were "senile," by which he seemed to mean without a mind or intentions of their own and being entirely subservient to the wishes of the central super villain figure described in R15, like the "minions" he described on his 15yo Rorschach. Rendered mindless and unknowing, here Carl may have been speaking metaphorically about damping down emotional states that could come over him and overtake self-control, leaving him uncomprehending about perturbing feeling states that seemed to come out of the blue.

Carl's final response on Card X appeared to wed a heightened state of affective arousal as expressed by the fiery colors, the incongruity and perplexing nature of the experienced affect that ensued, and ultimately a feeling of being overcome and passively subjected to the consequences of the emotional fallout he could barely comprehend let alone master.

Recapitulation

In many ways, this last response neatly summed up the major psychological dynamics of this young man's emotional experience. Whereas the 15yo Rorschach seemed to be dominated by an exaggerated, over-the-top attempt to convey the emotional distress he experienced and which seemed to overwhelm him, now ten years later Carl appeared to be living somewhat more comfortably but with many of the same perturbing psychological concerns. They had not subsided appreciably, although they may not have been pressing in on him quite as much as they did when he was an adolescent. But neither was Carl able to gain better control of aspects of his internal life that either were momentarily disturbing or that lurked in the background as vaguely distressing emotion states he might sometimes apprehend and then try to put out of mind and in so

doing forget. He was prone to disparage people he thought should be stronger, whom he thus de-idealized—a theme that would be more apparent and better fleshed out on the TAT—and Carl’s distancing from people probably represented a defense operation serving to minimize close, intimate involvements with others to thus protect himself from exposing the immature, aggressive, and otherwise pathological object relations that seemed to dominate much of his inner life.

The similarity of themes across the two Rorschach records, the degree of idiosyncratic thinking or imagination still present in the 25yo Rorschach, and the troubling flashes of intermittent discomfort or distress Carl sometimes experienced were consistent with an impression of Carl as a young man continuing to struggle with immature object relations, aggressive impulses, and probably compromised or underdeveloped psychosexual adjustment despite his experiencing less overt distress at the moment. The fusion of aggressive and libidinal drives very likely interfered with managing to develop or maintain both interpersonal friendships and intimate sexual relationships. In this context, I again cite the side comment Carl proffered on Card X when he said, with visible discomfort, “My answers here are so lame—why do I go back to these childish things?” in which lame and childish really, I believe, meant primitive and immature.

Thematic Apperception Test

Card 1

This kid is being forced by his parents to take violin lessons and he really doesn’t want to, so now he’s locked up in his room. He’s supposed to be studying but he’s just going to end up falling asleep because he doesn’t have any interest in studying violin.

(What led up to this?) The parents wanted him to do it but he doesn’t want to.

(Outcome?) He eventually falls asleep and the parents will come up and find him sleeping, and probably scold him. And he’ll explain to them that he doesn’t actually want to play.

(How do they react to that?) They’re displeased, they expected him to play the violin.

(How does he feel about that?) He thinks he disappointed them. There might be a little friction immediately but they’ll all get over it pretty quickly, so it’s probably not that big of a deal.

Carl’s story to Card 1, one of the commonly told stories to this card, was similar to the story he told at age 15. He did not dwell as much at 25yo about the theme of boredom and meaninglessness as he did at 15yo, but he clearly indicated just as much displeasure about having to do something he did not enjoy. Although Carl’s story did emphasize being forced to play the violin, adding that the boy

was “locked up” in his room, as in his story at age 15 the boy was able to get through to the parents that he did not want to practice. He conveyed a greater sense of friction between the boy and his parents, and Carl also referred to the parents as feeling displeased and disappointed about the boy’s disinterest, an attribution he had not expressed ten years before. Moreover, as he did at age 15, Carl seemed to feel conflicted that his solution still was to literally and figuratively fall asleep.

I emphasized in the earlier assessment how the boy’s parents seemed unable to provide motivation or interest that would feel invigorating to the boy. Rather, they seemed to feel as little intrinsic interest as the boy himself felt, and although the same dynamic fundamentally still held true in the present, Carl depicted the parents as acceding to the boy’s wishes to discontinue studying violin. This shift, of course, might simply reflect Carl’s having more choices open to him compared to his adolescence, when he felt pushed or forced in directions about which he had little interest or control. Perhaps the more important dimension of the story concerned the boy’s perception of his parents. The friction may have indicated that he more easily stood up for what he wanted, but the parents’ unknowing sense about the boy’s interests or desires seemed undiminished. On the 15yo TAT, the parents understood that the boy did not enjoy the violin but they and the boy passively went along and played the game. On the 25yo TAT, although the boy got his way and was relieved not to have to play the instrument any longer, he initially felt his parents’ displeasure and that he was letting them down. Carl thus expressed a sense of not living up to parental expectations, and even though in the story the parents reluctantly went along with the boy’s wish, I did not have the impression that he or they felt proud about the outcome.

Carl also conveyed the idea that perhaps the parents felt that the only way to make the boy do what they thought was good for him was for him to be “forced . . . locked up.” Expecting or hoping for something to take hold, the parents may have assumed that all that had to be done was to enforce discipline, perhaps not comprehending that they themselves might need to provide a source of interest or motivation, or otherwise become involved with the boy’s studying. Like being made to eat one’s spinach, compelling often does not bring satisfaction.

My point here is to emphasize how Carl characterized what such a state of affairs probably felt like for him. He felt internally unhappy and not readily able to express his unhappiness. His solution seemed to lie in his comments about falling asleep—which he mentioned no fewer than three times in his story. Thus, much as he did as an adolescent, Carl shut down what he felt and attempted to submerge his unhappiness in emotional withdrawal or joyless compliance. True, he might have been able to risk greater “friction” and, as a young adult, voice more autonomy than he had felt he could as an adolescent. But he was no better able to understand what he felt beyond vague displeasure, and he could not manage to engage his parents in his psychological life.

Moreover, I suspect that this also set the stage for Carl's diminished awareness of his own affect life and disengaged involvement with other people.

Card 2

[long hesitation] *I don't know what to make of this scene. For some reason, I picture these two as a mother and daughter. The other guy looks too young to be her father, so there's some kind of sexual relationship with the mother and this male, and the daughter is aware of it. She's slightly jealous of it, but I think nothing will come of it, she won't actually confront the mother and it will go on for a while. The mother actually looks like she might be pregnant, so eventually she gives birth to that guy's kid. This will be her new little sibling and she'll resent the sibling. The end.*

(What led up to this?) *They always owned the farm and he was some new guy who'd come to work on the farm.*

(Outcome?) *They just go on resenting each other quietly. The mother seems to be somewhat oblivious to the fact that the daughter's not happy about it, and it goes on forever.*

Carl's story to Card 2 at age 15 was more commonplace than his story at age 25, the former emphasizing a "regular relationship" among the family members whereas the latter story emphasized a story dominated by resentment and rivalry. Carl took a long time before initiating his story, and his opening statement ("I don't know what to make of this scene") also suggested blocking. His comment that "for some reason, I picture these two as a mother and daughter" sounded odd because of his "for some reason" qualification. Surely, there was a good reason why Carl saw a mother and daughter; what I suspect was happening was that he was avoiding talking about something else he saw. Further, uncharacteristically saying "the end" as he concluded his description of the story before the inquiry began also suggested that Carl likely wanted to be done with this card as soon as possible.

As he developed his story, the obvious themes of secrecy, jealousy, and not talking about what was going on under cover emerged clearly and directly. I also suspect that Carl's description of the girl as feeling "slightly jealous" is hardly what she really would have felt; probably very little is slightly anything in Carl's family regardless of how buttoned up or swept under the rug events may seem on the outside, which is why Carl may have had trouble initiating a story to Card 2 in the first place. Why his emotionally loaded story slipped by his more typical guardedness surprised me. His rich characterization of this family's life, in contrast with his earlier "regular" depiction, revealed a deeper layer of psychological tension than Carl characteristically experienced or engaged.

True, there were indications from his other TAT stories ten years earlier that he probably harbored anger related to his parents' insensitivity that may have been targeted more directly toward his mother. However, I would not be inclined to regard Carl's story on Card 2 at 25yo as a reflection of an emerg-

ing awareness of his own emotional life. Indeed, Carl was if anything more distanced from his emotional life than he had been as an adolescent, when an upsurge of anxious depression broke through in relation to his unhappiness about school and what his future would be like.

I have no knowledge of an antagonistic or conflicted home environment in Carl's history. Indeed, the main impression about his parents that had emerged during the period of psychotherapy ten years previously was one of a mother and father who were reasonably available for their children and who tried to do their best, while being somewhat insensitive to subtleties about need states or emotional nuances. There was no overt indication of parental problems or disharmony that led me to wonder about appreciable conflict or tension between Carl's parents, or whether either parent might have been having an affair. Furthermore, Carl rarely spoke about his brother, yet I never had reason to question that there was anything of the ordinary about their relationship.

Consequently, while Carl's story to Card 2 on the 15yo TAT was unreflective but otherwise ordinary, I was surprised by the degree of overtly expressed hostility that emerged in his story on the 25yo TAT. What was not surprising, however, was that the anger was experienced as a more muted affect—resentment—rather than as hostility, that the mother was “oblivious” to what the child understood and felt about the situation, and that “nothing will come of it . . . it will go on forever,” with neither one confronting or acknowledging a highly charged situation.

Card 3BM

I can't seem to tell what's on the floor next to her. I don't know, it almost looks like a victim, like someone killed themselves. I can't tell if that's a gun. It looks like a waiting room. I don't know what to make of this picture. It looks like maybe there's blood around her, but I can't tell, maybe it's just a shadow. It looks like some kind of violent scene, I wish I could think of some kind of narrative here. Something led up to her maybe killing herself, maybe with a gun. Now she's laying down, curling over maybe a couch like you'd have in your dentist's office, not something you'd have in your living room. So maybe she came to the doctor's office and attempted to kill herself there. But I can't tell what that thing is next to her.

(Led up?) I don't know, maybe she's super depressed or something, or doing it for attention there at the doctor's office. She thought the doctor could help her, she didn't really want to kill herself, but she might survive if she did it there.

(Outcome?) Maybe she shot herself, she will live, someone will find her.

In his story to this card on the 15yo TAT, Carl saw a girl devastated by the death of someone close to her, and she then collapsed in tears and fell asleep. Now, at 25yo, although Carl depicted a suicide attempt in his story it seemed that his main intent was to convey seeking attention or help. The suicide

attempt occurred in a doctor's office, and probably because it took place there the attempt was averted. Although I did not push him enough to develop a story about what led up to the girl's depression or why she thought suicide was a solution, Carl nevertheless communicated in much the same way as he did as an adolescent that appreciable distress would not be recognized unless emotional upheaval sounded dramatic.

Following the story he told on the immediately preceding card, this story continued to capture how Carl dealt with affect states that were fleetingly recognized. It was not Carl's nature to tune into what he felt for very long. He thus typically appeared to ignore distress or wait for it to pass. His story to Card 3BM at 15yo ended with Carl saying that the girl in the picture "eventually . . . gets so sick of crying that she just falls asleep and goes on with her life," which is exactly how I suppose Carl himself was inclined to react by ignoring as much of his inner life as he could. Even when matters became sufficiently distressing—as the significance of making a suicide attempt would imply—Carl probably would let matters build until he would have to exaggerate a level of emotional distress he could not otherwise express in order to make others take notice. Thus, Carl's story was not one unequivocally concerning suicidal ideation or concern; rather, it was a story revealing the extent of his psychologically buttoned-up, constricted life.

Carl was thrown by this card, momentarily losing equilibrium until he could settle down to be sufficiently composed to organize a coherent story. Even more so than he did with the same card at age 15, Carl was initially flustered ("I can't seem to tell what's on the floor . . . I can't tell if that's a gun . . . I don't know what to make of this picture . . . maybe there's blood around her, but I can't tell, maybe it's just a shadow . . . I wish I could think of some kind of narrative here"), and as all of these verbalizations implied, it took quite some time before he could settle into a story. In my discussion of Card 3BM on the 15yo TAT, I again wondered whether the emotional floodgates had opened on this particular card for some reason.

I speculated that Carl's stories to the two preceding TAT cards concerning themes of resignation or the beginning tendrils of imagining a more felicitous direction for his life gave way on Card 3BM to a sense of floundering, possibly provoked by the theme of loss or death. On the 25yo TAT, Carl seemed to trade feeling resigned to meaningless compliance for relief that he need not be forced into doing things he did not enjoy; however, the empty or depleted and meaningless existence that permeated the 15yo TAT, while possibly less prominent at age 25, surely no less dominated his internal life as I attempted to probe more deeply into how the person felt and what lay ahead in the future. The kernel of beginning to consider that a better life might await him—a theme on Card 2 of the 15yo TAT—did not continue on the same card in Carl's 25yo TAT, however. Carl's story suggested remaining stuck in an existence where strong sentiments could not be given voice and had to be reined in and tolerated in silence—"forever." Card 2 actually revived the emotional resignation Carl expressed on Card 1 at 15yo.

Starting with Card 3BM at 25yo, which at both time periods concerned a theme of death, Carl's characteristically joyless, dampened down emotional life emerged in a more undisguised way, a way that triggered an affective reaction beyond his normally restrained, reserved experience of emotionality. I do not particularly think the theme of death was the crucial trigger at either time period, in part because at 15yo the person "gets so sick of crying that she just falls asleep" and at 25yo the person survived the suicide attempt at the doctor's office, thinking that "the doctor could help her." It was possible that the real trigger was the heightened affect stimulated by the imagery on Card 3BM, a degree of affect that Carl could not seem to defensively ignore very easily.

Card 6BM

This looks like an overbearing mother. The son is telling her that he's going to leave and the mother just looks to the side, trying to deny the fact of what he just said. He feels guilty that he just said that, maybe she's alone and doesn't like the idea of her son leaving, but he's going to.

(What led up to this?) He's been living with his mother for a while and now he feels guilty about having to leave. But it could be that maybe he met a girl, or maybe he's leaving to go to school, for some reason he's got to leave. I think the mother is in denial of that, looking off to the side trying to make him feel guilty. She lays on the theatrics but he tries to maintain his resolve and leave.

(How does he feel?) Really guilty but he does what he has to do. He seems nervous like he's fidgeting with his hat in his hand. Seems like the father is gone and it's just the son and the mother now, and she's dependent on him. Sort of hampering him from growing up a little bit.

The mother of Carl's 15yo TAT was "crazy or sick," the son felt intimidated and thus could not feel comfortable around her, and he struggled between institutionalizing the mother and leaving her unprotected on her own. The mother of the 25yo TAT was still difficult to be with or to relate to, he perceived her as "overbearing," and although his story continued to reflect struggling between staying at home to care for her and being on his own Carl seemed to remain conflicted about how to resolve the matter. At both time periods, Carl's stories described a quality of separation that sounded rather close to the son's need to wrench himself away from the mother's grip, afterwards feeling guilty, but still having to act decisively to insulate himself against a mother who seemed oblivious to or unconcerned about the son's need for autonomy. Evidently, what I took to represent Carl's characterization of his mother had not changed substantially as he moved from adolescence to early adulthood. He seemed to regard his mother as thinking mainly of her own needs, "hampering him from growing up," and although unable to block his psychological development she made a difficult step no easier for him. Nervous and unsure of his next

developmental steps, Carl appeared to feel that it would have to require all of his resolve to move forward.

Card 7GF

I can't tell if that's a doll or not. Is it a real baby or a doll? I can't tell. I have no idea what's going on here. Some type of hyper-feminized conversation that wouldn't be had in front of any male. Maybe that's the mother and she's with her 9-year-old daughter and the mother just had another child, and the mother's encouraging the daughter to play with the new baby. But the daughter doesn't want anything to do with the new baby. That's why she's looking off to the side because she's completely disinterested. The mother's trying to say good things like you'll love the baby, play with the baby, but the daughter has no interest in the baby. So the mother will keep pushing her to love her, a new sibling, but the daughter's disinterested and not happy about having another sibling.

(Outcome?) She doesn't like this new sibling getting all the attention, she resents that.

(What happens next?) The mother takes the baby back and the daughter angrily storms out of the room and goes about her business.

(What's their relationship like?) I feel it was better before because the mother was paying more attention to the baby and the daughter doesn't like that.

Here was another representation of a mother–child relationship reflecting no less a state of tense discomfort than had Carl's stories to Cards 7BM and 2. It also continued the same general theme that was present on Carl's 15yo TAT. While at 15yo his story revealed the mother's obliviousness to the daughter's indifference and disinterest, now at 25yo Carl's story revealed—as his story on Card 2 also showed—far greater anger about the mother's obliviousness concerning the daughter's psychological state. Thus, for example, the daughter in the story from ten years ago was “just sitting there listening even though she doesn't care . . . she doesn't want to be rude”; in Carl's story at 25yo the daughter “angrily storms out of the room and goes about her business.” Similarly, on Card 2 ten years ago Carl's story about a girl whose relationship with her parents was “regular” had changed such that at 25yo the girl and her mother “resented each other quietly.”

In both of Carl's stories on the 25yo TAT, the girl was angry about being pushed aside as the mother showed greater attention toward another child and appeared indifferent to the girl's feelings about being displaced. When I discussed Carl's 15yo TAT stories in [Chapter 3](#), I suggested that disengagement or ennui underlay his understated depression, giving rise to compliantly tolerating what I assumed represented his mother's insensitive unawareness of the impact of her possibly neglectful actions. Now at 25yo Carl's passive compliance may have shifted to become a bolder expression of what had been swept below the surface as he seemed to more directly articulate anger and resentment when feeling shoved to the side. Previously having kept his own counsel behind a veneer of bored but silent compliance, Carl at 25yo may simply have

traded that quiet tolerance of a situation he felt helpless to change for walking away from it and wanting no part of it. Note also that his story to Card 6BM described a son needing to keep his resolve to leave a mother who seemed to express more interest in cajoling the son to stay with her. The mother apparently was thinking only of her own needs as she seemed unconcerned about what the son needed for himself.

Nevertheless, I was not sure that Carl could fully recognize what he felt enough of the time or why angry or injured feelings could surge up within him at different moments. Carl might thus “look off to the side” or walk away (or even sometimes “storm[s] out of the room”), as he said about the girl in his story who “go[es] about her business.” Although Carl’s possibly greater access to knowing when he might feel angry or resentful could be viewed as a favorable indicator suggesting recognizing or articulating affect states, I had no reason to believe that he comprehended the link between feeling angry and feeling responded to in an indifferent, oblivious manner. Nor did I think he could begin to understand how feeling resentful originated in what I considered his experience of his mother’s neglectful lack of awareness.

An important reason why I came to this conclusion, in spite of the content of his stories and the way such psychological connections seemed to come to him fairly readily, resulted from Carl’s apparent surprise at what was coming out of his mouth, seen in the anxious wariness that seemed to surround his storytelling and through his comments about struggling to come up with stories. For example, at the beginning of the present card, Carl conveyed the difficulty of making up a story in this way: “I can’t tell if that’s a doll or not. Is it a real baby or a doll? I can’t tell. I have no idea what’s going on here.” He sounded more than confused; he actually sounded somewhat distressed. On other cards, Carl struggled in a similar manner. Thus, for example, he said on one card (Card 16, below), “That’s pretty impossible. I don’t know if I can just come up with things . . . I’ll be floundering for 40 minutes here, I have no clue . . . maybe a continuation of the scene from the last card. I can’t answer this . . . I don’t know how to come up with something”; and earlier on Card 3BM, “I can’t seem to tell what’s on the floor . . . I don’t know . . . I don’t know what to make of this picture . . . I wish I could think of some kind of narrative here.” In this context, recall again Carl’s agitated comment as he struggled with Card X on the Rorschach: “My answers here are so lame—why do I go back to these childish things?”

Card 7BM

This is a guy out with his boss, some work-related activity. They’re drinking or whatever, and maybe the boss is commenting that the guy doesn’t look too happy being out and maybe the guy doesn’t enjoy a party-type atmosphere. The boss is trying to cheer him up and the boss fails to do that.

(What led up to this?) *He’s the quiet guy at work and the boss is pretty outgoing, and he tries to get the guy come out of his shell a little bit when he’s out.*

(Outcome?) *The guy does his best to give the boss what he wants and seem happy, but the guy's not actually going to be happy.*

(Why isn't he happy?) *I don't know, maybe it's just his disposition, he's not an outgoing kind of person.*

Carl's story was in one respect a story characterizing an unhappy, morose state and in another respect it depicted a benevolent attempt by an older man to assist a young man to recover from that mental state. As he did on the 15yo TAT, Carl began by describing a casual, relatively nonconflictual relationship with an older man that was quite different from the tense, troubled relationship he depicted on the previous cards of the 25yo TAT representing a mother-child relationship. The 25yo story also did not reflect the shift seen in Carl's story at age 15 in which the relationship changed from one representing friendliness to a story about an older man tripping up a younger man. Thus, Carl's story might represent a more uncomplicated and unambivalent image of an older male than he imagined as an adolescent, perhaps indicating a degree of comfort with a paternal figure that was less conflictual than the persisting hostile maternal introject originating from the mother's distance and insensitivity. Carl saw paternal figures as interested and potentially helpful, but he was not hopeful that a benevolent male figure could remedy what appeared to be a pessimistic, morose sense about himself or his life.

Card 18GF

I think it's a middle-aged woman, she came home to find her mother laying at the bottom of the stairs, presumably dead. She lifts her head up and she realized that the mother just died and she looks grief-stricken about it.

(What led up to this?) *The mother just died of old age. The daughter was out and she wasn't able to take care of the mother, and maybe the mother slipped down the stairs. She was old, and it was natural causes. But now the daughter feels extremely guilty because she wasn't around to take care of her.*

(Outcome?) *She'll feel guilty for a long time after because she wasn't around even though she couldn't have been.*

This story emphasized an adult child's guilt surrounding insufficient attention to her mother. It echoed a theme of guilt Carl expressed earlier on Card 6BM, in relation to his story about an adult child trying to forge a life that was independent of an overbearing mother's needs. The present card stressed the degree of unrelenting guilt the daughter experienced, despite circumstances beyond her control. Carl seemed to express the sentiment that the daughter should have watched after the mother more diligently even though she could not have been around at all times. Juxtaposing her autonomy with a sense of responsibility to the mother left the daughter feeling perpetually conflicted, so

it seemed, and although at some times she could recognize anger and resentment toward the mother, there seemed to be times when guilt overshadowed resentful anger.

Comparing Carl's story at 25yo to Card 18GF with his story at age 15, a theme of murderous rage without guilt predominated in the earlier story of a woman who discovered her husband cheating on her, "so she killed him . . . and she was right in doing it." Granted, Carl's highly dramatized responses at age 15 spoke to a need to gain attention to his distress, and thus in his story to Card 18GF he may have exaggerated the intensity of his anger. Nonetheless, his more measured story at 25yo conveyed none of the anger of the earlier story—only the guilt. In like manner, Carl's relatively tame story on the preceding card (Card 7BM) about a benevolent boss was quite different than his story to the same card at 15yo when a cordial camaraderie between two men was transformed into the older man tricking or deceiving the younger man.

The overall pattern suggested that Carl's generally moderated presentation at 25yo reflected a more stabilized adjustment than he showed at age 15. Although the dramatic intensity of affect had diminished for the most part, Carl's quieter and somewhat more subtly expressed manner of conveying his concerns did not indicate that the disquietude of his adolescent years had disappeared. Of course, there was no compelling reason to expect otherwise, but it also should come as little surprise to see that what replaced the loud distress of ten years earlier might resemble an emergence of a complacent, resigned adaptation. Consequently, themes of unrelenting guilt or unhappiness ("she'll feel guilty for a long time"; "the guy's not actually going to be happy . . . it's just his disposition," Card 7BM; "it will go on for a while . . . the daughter's not happy and it goes on forever," Card 2) ran throughout several of Carl's stories. I did not have the impression that Carl overtly felt resigned or unhappy much of the time; however, the affective tone accompanying several of his stories suggested resigned acceptance or feeling chronically disaffected whether he was aware of this affect state or not.

Card 13MF

Part of me thinks it's just a post-coital scene, but something about it just seems very dark and menacing. Like he might have just murdered her for some reason, maybe they were having rough sex or something and he choked her too hard [nervous laugh]. He's sweating and he looks guilty. The way her arm is hanging off the bed seems unnatural for a sleeping person, and also people don't just go to bed with their breasts exposed like that. She'd pull a blanket up over her, so I feel like she's dead. He just killed her and he's realizing what he's done. He's trying to formulate a plan for what he's going to do. So he's going to call his best friend and make that dead hooker call that everyone wonders they might have to make one day.

(Dead hooker call?) No, I don't think it was a hooker, it was just some tryst he was having on the side and he's going to try to hide the body.

(How does he feel?) *He feels terrible, he didn't mean to do it, but he doesn't want to accept responsibility for what he did. He knows there's no way he can explain it to the police. So he's got to take care of it himself, and try to hide the body.*

(Outcome?) *The friend comes over and they try to hide the body, but there'll always be some piece of evidence that they forget. I don't know, just something about this, it's got that Hitchcock style, it sure looks like that to me. There's no way the police are going to understand. In the end, his own mind will play tricks on him and he'll end up giving himself away.*

Although not without some degree of remorse, what seemed most striking in Carl's story was his lack of interest or concern about the fate of the woman. He expressed regret not that the woman had died but rather that he regretted what had happened, and the focus of the action in the story was directed toward covering up what transpired "so he's got to take care of himself." His dispassionate description of a "dead hooker call" sounded more like the immaturity of a fraternity-brother ritualistic bond of mutual self-help than it reflected a psychopathic or disinterested attitude toward women or the way men relate to women. This was at least the second reference to Hitchcock's film noir style of conveying intrigue and suspense. Despite some apparent interest in Hitchcock's classic method of portraying tension, Carl's understanding of that style was not well developed; thus his story to Card 13MF appeared to reflect far more a sensibility closer to *Animal House* than it resembled *Spellbound* or *Vertigo*.

Carl's story to Card 13MF on the 15yo TAT also reflected an immature adolescent's view of male–female relationships with its references to "smacking her around . . . he was probably drunk . . . he just went nuts and knocked her out." The degree of hostility he expressed seemed both extreme and out of character for Carl. However, as I commented in [Chapter 3](#), I did not think it necessarily compelled inferring disinhibition or loss of control of anger, nor did it seem to reflect psychopathic lack of remorse or emotional disregard. At 15yo, Carl's exaggerated stories which I thought reflected a need for others to pay attention may not have been as pronounced at the time of the 25yo assessment, which seemed to reflect mainly his deficient understanding of and manner of relating to women. At the very least, he showed marked inexperience and discomfort about how to behave with women. Surely it was not difficult to see that he undoubtedly would have considerable problems forging mature relationships with the opposite sex, with his hostility creating a sufficiently potent impediment to developing intimacy or trust. Though I could mainly just speculate, I wondered whether a growing recognition of his mother as unaware or insensitive was beginning to surface in his adult relationships with women, possibly triggering an intensity of hostility that took him by surprise and perhaps frightened him when he could not simply disparage or make light of close relationships or involvements.

Card 5

I feel like she's secretly doing some kind of drug in her room. She's up to no good. It's the forties or something, something bad she's up to, maybe that meth they gave the housewives, I don't know, whatever drug a fifties or forties housewife would have been doing. She heard a sound and she's opening the door real cautiously, she's nervous, someone might have come home and interrupted her. It's the husband, and he starts saying "what are you doing!" like he knows she's up to something she's trying to avoid. She's trying to stop him from going in that room, but he finds whatever drug she was using.

(Outcome?) A fight ensues and she ends up sobbing on the floor.

(How's their relationship?) It's strained. He'll try to get her help, but was there actually rehab in the fifties? He'll slap her around or something.

Here was yet another "strained" male–female relationship at a time when in Carl's view "he'll slap her around" took the place of enlightened understanding of emotional problems. Once again, although not without an undercurrent of rage toward women, Carl's approach to a relationship with a woman was based on hostile control or domination rather than a capacity to see another person as unhappy or distressed. I did not explore further his reference to the 1940s or 1950s and a drug "they gave the housewives," although later on it reminded me of a film (*The Stepford Wives*) in which men systematically drugged their wives to turn them into robot-like machines completely in the husband's control. Carl's story, however, reflected some capacity, albeit limited, to recognize a woman's distress.

Card 16

That's pretty impossible. I don't know if I can just come up with things, I'm terrible at stuff like that. I'll be floundering for 40 minutes here, I have no clue. It seems silly, but what's floating through my mind is the script for every Hitchcock movie I've ever seen. I don't know why, I just picture some fighting couple for some reason, I don't know why they're fighting. Maybe a continuation of the scene from the last card. I can't answer this.

(Make up a story) I don't know how to come up with something. Some couple that's been married for a while, they're arguing about finances. Something generic but still it gets to be an ugly spousal fight.

(What do you imagine the picture would be?) Just the two of them walking away from each other, going to separate rooms, but I'm sure they'll resolve and get back together in the end. A normal married couple. I'm sorry it's so generic.

Not much that was new unfolded in Carl's story to the blank card. His marked difficulty coming up with a story was surprising, but perhaps not so much after all considering Carl's apparent antagonism toward women and his difficulty

apprehending close male–female relationships much beyond adversarial or hostile interchanges. Given free rein to imagine any picture on the card he might wish to see, Carl chose to continue the theme that predominated in most of his TAT stories. His apologetic excuse for yet another depiction of an antagonistic male–female relationship suggested that it was something that mattered to him, whether or not he would have thought so or mentioned having problems developing relationships with women.

Carl's solution to the antagonistic interaction represented in his story, although different than his resolutions on other cards ("he'll slap her around," "he just killed her," "he leaves the mother," "she resents that . . . it will go on forever"), was not any better: "the two of them walking away from each other, going to separate rooms." Carl followed this comment by saying "I'm sure they'll resolve and get back together in the end," however there was good reason to believe that his depiction of "a normal married couple . . . it's so generic" was no more mature or any less colored by hostility than his other characterizations about how mature relationships develop or relationship problems are resolved.

Carl's History during the Ten-Year Period between the 15yo and 25yo Assessments

It was initially gratifying to learn how much Carl had accomplished in the intervening ten years, particularly given his chief complaint as an adolescent that he despised school, saw no direction that compelled his interest, and was depressed over the prospect he imagined to be a long and tedious work life. However, after listening to Carl describe what he had achieved and then how he felt about a career, it did not take very long at all for me to realize that his impressive-sounding credentials seemed rather empty and aimless. It was saddening to see myself come to the conclusion that his progress, maturity and insight actually turned out to lack much depth and that in some ways the person who was sitting before me as I talked with Carl about his life was not substantially different than the person I had seen as an adolescent ten years previously.

Carl began treatment at age 15 depressed and profoundly disinterested in school and with little interest in developing a career direction. He also felt socially awkward and worried about losing a support system of friends. At the end of a period of weekly psychotherapy lasting for nine months of a school year, his depression was in remission, he had had a good summer as a camp counselor, he had started to date a girl he met at the end of the previous school year, and although still disinterested in school he was comfortable approaching the new term rather than dreading school restarting. He had had no further therapeutic contact with anyone since that time.

Carl started college at a state university campus where he did well academically, earned straight As, and chose philosophy as a major. He felt enthusiastic about the subject, especially the problem of free will and determinism. His freshman year was partially spent socializing as was expected and he had friends

and a social and dating life, while also maintaining his excellent grades. Carl told me that he did not know he was intelligent until that point in his life. In his sophomore year, he spent less time socializing frivolously, studied more, and managed to keep his friends even though they commented negatively about his studiousness and the nerdy reputation he was acquiring. But he enjoyed philosophy and seemed to manage these two sides of college life.

He started to think about what it would be like to attend an even better, more prestigious school, given that he was doing so well. Carl applied to a prestigious Ivy League university as a transfer student, and was accepted. He worried about being able to hold his own academically, not feeling certain about his abilities, and ultimately he decided to remain at the state university. After spending a semester abroad in his junior year at a prestigious college in Germany, Carl reapplied to the Ivy League college, was again accepted, and this time made the transfer. Although he attended the new college only for his senior year, Carl continued doing very well academically. He began to realize, however, that philosophy did not seem to be a practical major, so he double majored in philosophy and political science, gravitating toward studying government. Approaching graduation but with no particular plans and disinclined to attend graduate school, Carl considered applying for a prestigious fellowship to study abroad. He was successful at earning this fellowship, spending one year at a university in England continuing a project he had begun as an undergraduate. He found himself bored with the work he was doing, but he enjoyed the opportunity to spend a year there, enjoying mainly the prestige of being a scholar in the program that supported him.

When Carl returned home after the fellowship year, he obtained work as a research assistant at a magazine. He disliked the work because it bored him and he also was unhappy with his supervisor, whom he thought did not appreciate Carl's ideas about sophisticated research methodology, wanting Carl to mostly do the work she set out for him and not to question her. He left after 18 months and then secured a part-time unpaid internship at the news magazine where he was currently working and enjoying his job. He was involved with the editorial staff, working mostly on layouts rather than writing, but he enjoyed the people he worked with, particularly the sophisticated edge about the dry wit or sarcasm of the people and the type of image the magazine represented. He had hoped the internship would have turned into a salaried position, but he did not think that was likely as the internship was approaching an end. Carl lived at home with his parents and brother, spending his off time reading (mostly books about political satire and economics). He told me that he no longer had the interest he once had in philosophy, reading very little in that area. Carl felt satisfied with his life, enjoying his work and spending most of his time alone; however, he was not disconnected from his friends and he occasionally dated.

Carl had only one sustained relationship of about two years, with a girl he described as staid but dependable, whom he met during his final year at college. He grew tired of this former girlfriend, not because she was

living at some distance while attending graduate school, but rather because he found her increasingly conventional in her values and beliefs, especially about monogamy while they had a long-distance relationship. He thought the relationship was not working out well, and they seemed to mutually feel they should not continue together. Carl did not say much about breaking up; however, I did not get the impression that he cared about losing the relationship as he continued having casual sexual relationships and maintaining his male friendships.

I mentioned the two movies that had meant so much to Carl at age 15, and he responded enthusiastically that they still did. As he spoke about the discontented worker in *Office Space* and the group of men whose friendship was built up around brute force fighting in *Fight Club*, Carl sounded to me as if he were frozen in time—thinking in much the same way as he did when he was an adolescent. I was rather surprised that these films still appealed to him as much as they did when he was an adolescent. I asked whether there were any other films that had captured his attention in recent years, and he said there were not. Carl also had no other cultural interests; he had enjoyed reading during college, but that did not continue after graduating. After some thought, he did mention a movie that interested him quite a bit. This was a film about a young man who left his existing life and went into the wilderness, Thoreau-like, but ran into trouble and realized he was about to die either from starvation or exposure. The film was about the man's ill-fated attempt at survival, in which he may have eaten poisonous leaves because there was nothing else to eat, and he drew his own blood to scratch out a note to leave behind. What Carl liked about the story was that it was a psychological thriller, which was largely the appeal he said the other movies held for him.

Here then was this young man, discontented as an adolescent and worried that he would not be enthusiastic about working in a dead-end job for the rest of his life, who somehow found the drive from within to pursue and open up important doors for himself. Feeling intelligent and accomplished perhaps for the first time, Carl seemed to come to life and his pride in his abilities and the energy that seemed to stir in him must have been intensely stimulating. That a young person coming from a working-class background with little exposure to or interest in understanding the world around him should become excited about philosophy must have taken him by as much surprise as I found myself feeling as I listened to him talk about this interest. Carl saw himself continuing to achieve excellent grades and a world seemed to open up for him as he read and expanded his horizons and interests.

Although Carl did not say as much, I wondered whether he might have felt ignored or dropped when it came to a point of securing a mentor or advisor to guide him through independent scholarship, his excellent grades notwithstanding. This was not unlike the way I thought he felt at the hands of his unsuspecting parents and possibly also about high school teachers who may not have recognized a need for direction or stimulation. I thus wondered whether he had not been able to interest a professor in working with him or in advising him

concerning the postgraduate fellowship he managed to secure. Carl thus was perhaps left to his own devices, turning to a project he worked on earlier in college but which may not have interested his mentor at the university where he studied in England. Interestingly, he studied the personality makeup of political figures held in high esteem. I thought that Carl felt ignored and on the sidelines in England, going through the motions of working on his project but largely unaided. I had the impression that the sum and substance of Carl's achievement was a high grade point average, but that there was not very much heft beyond his straight As.

When Carl returned home, everything seemed imperceptibly to have fallen apart—his enthusiasm was dampened, he had no one apparently to guide a career path, and he worked in a setting where his supervisor spurned his efforts to show what he could do, possibly dismissing his eagerness or even arrogance as youthful hubris that needed to be tamed. I suspected that the combination of these factors led his bubble of self-esteem to burst, puncturing the degree of nascent pride he attempted to sustain. Thus, no longer feeling capable and accomplished, the energy that fueled his interests dissipated as if the wind had been knocked out of his sails, and I imagine Carl started floundering all over again. He stopped reading philosophy, lost his interest in political science and government, and his scope of interests and energy about a broader world seemed to empty out. All that was left was an interest in political satire and his enjoyment of dry wit and sophisticated sarcasm—the vestiges of a dampened vitality replaced by unrecognized bitterness and disappointment. Without the trappings of prestige all around him, Carl found himself again depleted, empty, and uninvigorated as his moment in prime time seemed to fade away without him comprehending what was happening or how to stop the downward spiral.

I kept thinking that one day he would wake up and find himself an empty shell of a person—lacking in deep motivations or compelling concerns, extending perhaps to a relationship with a woman as well—and experience a psychological crisis again, not unlike the depression he presented ten years ago that led him on his own initiative back then to seek treatment. Probably that was why he sought me out again after ten years, unknowingly feeling that his options were running out for holding onto something to revitalize his life.

Carl was not someone who could go it alone by providing the invigoration from within; I always thought he needed a supportive, enthusiastic figure in the background to egg him on and thus, serving an idealizing self object function, help to keep him afloat—much as his TAT stories to Cards 1 and 2 from the 15yo assessment compellingly suggested. As the outcomes of those stories foreshadowed, and like the direction his life seemed to take following college, I think it became too difficult for Carl to sustain on his own the psychological oxygen that resulted from pride in his achievements and a fortified sense of self-esteem. No longer an Ivy League man with a prestigious postgraduate award to his credit and the stimulation that internationally recognized universities afforded, Carl folded up and resorted to the depleted existence he could not break away from, as represented by his enduring, compelling interest in *Office*

Space and *Fight Club*. Truly, like the newer movie that captured his attention, Carl was slowly dying from within.

Young adulthood is for many still a time of relative immaturity or superficiality, but I did not see too many signs that Carl was moving in a psychologically deeper direction. I thought that the shine of his “credentials” was already starting to wear off and would prove disappointing to him if he continued going nowhere fast. His disinterest in reading, which for a brief time had been an avid interest representing a passageway to stimulation, seemed to evaporate because the interest was sustainable only as long as the structure his credentials provided was still standing. Without that calling card, Carl apparently could not sustain the enthusiasm to chart a clear direction for himself; and without someone by his side to assist him as he struggled, he seemed to flounder in ennui and not be able to sustain the momentum to preserve feeling vitalized.

Carl expressed very little mature insight about himself or his life, using words like “weird,” “cool,” and “dickhead” (to disparage others) quite a bit. He had an air of slightly snooty Ivy League smugness, even in his manner of speech, but he was not overtly arrogant or off-putting. He felt his best ability was a sense of detecting pretentiousness in others and keeping a distance from people until he felt they were more genuine or well-intentioned. His relationship with his parents was much as it had been before: he felt closer with his mother—but not in a substantially deeper way—and he felt more forgiving about his father than my notes from ten years ago indicated. He saw his father as depressed and self-conscious about his lost arm. Carl seemed surprised when I suggested that he might have felt some distance on his father’s part toward Carl as a young boy and adolescent. He insisted that his relationship was good with his father and not very different than it ever was. However, there was more overt antagonism toward Carl from his brother, who resented Carl’s accomplishments while he himself was still struggling hard to finish an associate’s degree.

Carl did not remember much about his psychotherapy, and when I reminded him of some significant interpretive observations, they seemed to go over his head and gave him no real pause for thought or reflection. However, he listened attentively to what I had to say, and I thought he felt gratified that I remembered much about the events and feeling states we had talked about ten years before. Carl generally appeared to show hardly any curiosity about his motivations or about his past. He thought that he probably did not need the antidepressant I recommended for him, thinking that his depression mainly was alleviated when he lost weight on his own and thus became more desirable to his friends and to girls. He remembered calling me once, apologetic about disturbing me late on a weekend night, concerning a fight his friends were having and how frightened he had felt, not knowing what to do. At the time he seemed to appreciate my calling him back soon after receiving his phone call; however, he now said as he recalled the situation that there was no need for him to have called. He apologized again for having disturbed me, but I was not sure he really felt apologetic. When I referred to it, he also seemed to miss

the point of what it meant to feel he had someone who understood his need at that time.

Overall, Carl was initially engaging as a solid-appearing young man, more poised and good-looking than I remembered him as a 15-year-old adolescent. However, there was little insight or depth, and although he held on to the trappings of some very real and important accomplishments at a young age, I wondered whether the narcissistic gratification of earning excellent grades, attending prestigious schools, and winning an important fellowship mattered more as external markers of achievements. I did not have the impression that the substance of what he had learned or accomplished had changed him very much. In short, I did not feel that he was moved or deeply affected by the experience of this period of time in his life beyond being able to tell others what he had done. Carl was not keen on attending graduate school and he was not sure of an area he might pursue even if he were to pursue an advanced degree. As I spoke with him, I kept thinking that in a fundamental way Carl was not appreciably different or even more mature than the 15-year-old boy I had seen ten years ago.

Curiously, I found myself feeling insignificant in his presence, in the way certain narcissistic personalities leave clinicians feeling when it seems that the therapist does not register for them as being important other than as an accessory. It is of course flattering when a former patient, seeming to think favorably enough about the work in the therapy, returns for additional help, particularly after the passage of many years. Imagine that same therapist feeling injured when the patient then proceeds to disparage their work! Thus did I feel as I listened to Carl talk about his memory of the beneficial effect of an antidepressant and his trivialization of feeling frightened enough to call me at a moment he had considered an emergency. But I was mainly left wondering why the meanings about Carl's life that I thought were so important seemed to mean so little to him.

I mostly found Carl to be shallow and rather uninteresting by the midpoint of the interviews we had, mainly feeling shut out and disconnected. I asked myself whether Carl's narcissism was crystallizing into a predominant personality style now that he was a young adult, and I also wondered why I did not seem to notice it very much when Carl was a 15-year-old adolescent. From my notes, I saw that I had commented about it, more indirectly however as I talked with Carl about his need for admiration from a depressed, withdrawn father and the transference significance of a responsive selfobject. He now appeared in adulthood as not particularly interested in other people, generally content about his life although it sounded rather solitary and superficial to me, and mainly distantly aloof as he seemed to go through the motions of intimacy but not really feeling it very much.

Carl's reason for seeking me out again was because he was uncertain about his next career or job move, which as I thought about it may have reflected a veiled sense of deeper concern that he was progressively resting on his laurels and worrying about what that could do for him. Although I doubt that Carl would have recognized it, it seemed that the emptiness of his inner and external life had set him back to where he had been before he started college and began

collecting his impressive credentials. I could only speculate that the diminishing effect of his accomplishments continued as time went on; however, I have not had any further contact from Carl since the visits I have described.

Discussion and Summary of 15yo and 25yo Protocols

While not overwhelmed at age 25 about a direction for his future, Carl's lack of a career path was no less pressing than it was for him as an adolescent. My impression about his recent history suggested that the aimlessness and lack of purpose persisted, notwithstanding his academic accomplishments that took me by surprise. His rudderless goals on the Figure Drawings, coupled with an impression of immature identifications and a shallow understanding of himself and others, particularly women, stood in contrast with some of the more favorable indications from the CS and R-PAS pointing to better adaptive capacities and ego functioning, at least in comparison with Carl's 15yo protocol. Carl did show problems with thinking clearly or coherently at many times, perturbed further by intrusive ideas; however, he mainly seemed untroubled by his thoughts.

As noted on the MMPI, appearing alienated or withdrawn may have insulated him from an awareness of unmet needs and anxious-dysphoric features or negative emotionality, contributing to his tendency to minimize problems. Carl's upsurge of anxiety surrounding uncertainty about his future at age 25—probably catching him off guard and precipitating the contact he made with me—seemed to dissipate just as quickly as it had emerged as he reconstituted his defenses and retreated back to a position of sealing over anxious perturbation and thus not pursuing further treatment. Evidently, many of the problems noted at 15yo seemed to largely remain unresolved as Carl entered young adulthood.

Behind a thin veneer of presenting himself as a relatively confident young man, he also conveyed a sense of there being something lacking internally. Carl's idealization of brutish fighting and strength was a thin overlay, barely obscuring a desire to fortify an image of vigorous masculinity that he sensed was underdeveloped. Notwithstanding all of his talk about idealizing an "alpha male" image, I did not think that he really believed the words coming out of his mouth. For example, it did not take long before he went from admiring the images of robust strength he spoke about to devaluing its importance ("a fake game . . . comic-book . . . bizarre version of humanity"). I thought that he went along with the image and the talk to try to hold his own on what he euphemistically called the "social ladder," but what I thought he really meant was that a disturbing feeling of not going anywhere covered over a sense that he did not know how to carry off making it in the world and that he felt psychologically adrift.

What was even more disguised and I suspect elusive for him was feeling shame about needing a robust, secure man for a guiding or assuring hand on his shoulder as he navigated unfamiliar waters. He seemed to need to feel the secure understanding that another man might be able to provide in order to

become more robust or assured within himself. I think Carl mistook idealization of an exaggerated “alpha male” image for the kind of paternal idealization he did not manage to secure with his father, either because his father was too uninvolved or disinterested to provide the kind of idealizing selfobject function Carl needed or because Carl saw his father as too diminished or unin vigorated to turn to in seeking idealization.

In a certain respect, Carl was continuing a struggle that preoccupied him at 15yo, as he seemed to defensively disparage or de-idealize the very thing he needed most. Stated another way, by trading the “crying dragon” of 15yo for the “generic . . . dime-a-dozen . . . storm troopers . . . [who] were a joke” of 25yo, he may only have changed the imagery he used to express a need for a strong or competent person who would count for something he could depend on. He needed to recover from feeling hesitant or ashamed of turning to a man for an involved, enlivening selfobject experience—the psychological oxygen Kohut (1977, 1984) frequently described—that Carl could metabolize and thus internalize to strengthen self-cohesion.

I was not certain what to infer about Carl’s apparent lack of experience of in-depth intimacy in his relationships with women. His trivialization and depreciation of women appeared to reflect a rather deeply seated hostility about which I did not think he showed any awareness at all. Struggling to integrate introjections of good and bad objects was problematic for him, and his detached condescension regarding women belied a strong underlying concern surrounding potential danger, humiliation, or distrust. This might explain why he kept a cautious, fearful distance from women, whom he readily mocked and defensively denigrated. It was not difficult to see how this dynamic concerning denigration and depreciation was expressed through Carl’s enduring interest in a world of science fiction adventure stories and movies centered on aggression and overpowering others. It was more unclear in explaining why this dynamic was as potent as it appeared to be and how it developed in respect to Carl’s relationship with his mother. Nonetheless, Carl’s preoccupation with imagery concerning good and bad objects locked in adversarial, overpowering positions was strong and persistent. His continuing fascination with a film such as *Fight Club* and a mainly sublimated adult version of that dynamic expressed in the form of political satire and biting wit pointed to a problem that Carl did not at present seem to recognize but which was likely to impede development of intimate relationships in the future and might well also interfere with his capacity to develop a work or career path.

Carl seemed caught in a position at the moment that fell somewhere in between the existence he led growing up as a youngster trying to find a place to fit in, and the existence he now found himself in as he again struggled to find a place. He grew up in a psychological world of supportive but unempathic parents who could not read his needs very well or offer him a model to generate stimulation or foster self-esteem. Carl managed to secure a more steady place in the world of college life, which stimulated him and showed him how intelligent he was for the first time in his life. He took hold of feeling proud and successful,

and he assertively created opportunities for himself that offered the promise of a life he could not have imagined for himself even five years previously. Ten years ago I suspected that Carl needed a buoyant selfobject environment in order to thrive and come into his own, and I had the impression that apart from the satisfactions he derived through his own reading and working hard to get good grades, he may not have known how to seek out a mentor or even have realized his need for such a selfobject function. He managed to acquire the outward signs of success, but I think Carl ultimately floundered in the absence of a guiding hand to point him in a direction he could not manage on his own.

Probably feeling somewhat unanchored as he did at age 15 but not as acutely distressed as he did back then, at age 25 Carl may have sensed he was heading for difficulties in his life but was uncertain what he needed. Seeking treatment once again, or perhaps toying with the possibility, probably represented a growing sense of impending psychological difficulty, but without a sufficient level of distress he was not yet about to open up a can of worms he largely preferred to ignore. Insulating himself from his emotional life and keeping a reserved distance from people probably protected Carl from having to face the impact of the aggression he harbored and how that probably interfered with developing or maintaining intimate relationships. However, unless Carl could manage to continue functioning in the cocoon he may have created for himself, it would be difficult to imagine that he might not need further help down the road.

Notes

2 Personality Problems Associated with Affect Dysregulation

- 1 In this context, I note that I experienced great difficulty setting up appointments with Ms. A. She was firm about times of the day she could not make and I felt frustrated trying to find a give and take in making appointments, particularly when she would arrive late. She seemed unconcerned that the reasons for her lateness, however reasonable they might be, threw off my schedule and necessitated making more appointments than I would have thought necessary to complete this evaluation. I was unable to feel much beyond anger and annoyance at her willful or irresponsible disregard until I came to understand more clearly the dynamic underlying her behavior.
- 2 In this regard, I have always been fond of Schachtel's (1966) example of a vignette from Freud's "Introductory lectures on psycho-analysis" (1963, p. 407) about a small boy who was frightened in a dark room and asked his aunt to speak to him. The aunt asked the boy why speaking to him would alleviate his fear, to which the boy replied, "If someone speaks, it gets lighter." How telling that Ms. A.'s response of a festive event followed and may have been provoked by the shading or achromatic color she seemed to go to such great lengths to dispel in her previous responses.
- 3 It is also tempting to consider how the somewhat unusual phrase she used repeatedly (pressed down) was elaborated in this response ("so the wings wouldn't almost be there"), alluding to the possibility that the insect might not be able to fly. In this sense, it would be immobilized or trapped, which could be consistent with the finding that this patient had seven diffuse shading responses in the entire record, potentially signifying helplessness. However, note also that Ms. A. did not leave her insect totally defenseless, for it had its "stinger"—both here and in the previous response.
- 4 Because the butterfly and heart images seemed separate and the butterfly heart was thus not apparently a condensation, this response was not considered to be a contamination.
- 5 This concern might have reflected the attentional problem the referring clinician wondered about, which was one of the main reasons for the consultation in the first place. However, although the Rorschach may have its own unique ways of revealing attentional problems, it is not an optimal method for assessing disorders of attention. I would note, however, another possibility about this patient's *distraction*: it might just as easily represent a difficulty maintaining boundaries among responses. I will return to this point to consider the possibility that such distractions or attentional lapses may also indicate a problem found in bipolar spectrum disturbances. In such cases, a gross loss of distance or marked perceptual fluidity might be consistent with a more severe presentation such as acute mania. In contrast, more subtle or intermittent lapses might be compatible with a milder form of bipolar affective dysregulation

such as hypomania. In the latter instance, such lapses would not be unnoticed but neither would they be as prominent or severely tangential as genuine lapses of attention from which patients cannot recover or return to the task at hand.

- 6 Note also that this quasi-response on Card II was followed by her first response with a vista determinant. The following card (Card III), despite there being four responses, had no color determinants even though areas of two responses that used chromatic color were prominently used. Furthermore, Ms. A.'s second response on Card IX was preceded by her other response containing a vista determinant.

3 Personality Problems in Adolescence

- 1 I note parenthetically in this context a vignette that emerged during Carl's psychotherapy. He once related to me how an alcoholic aunt's caustic comments to him provoked him to go to his room in tears. His parents thought little of the situation because they were accustomed to the aunt's sarcasm when she drank, and they apparently did not feel a need to comfort Carl in his distress. I could not know at the time of the assessment how alone he could feel when he wanted to lash out but might have been confused by his emotions and unsure how far he could go to express his anger. However, as I came to understand more about Carl's relationship with his parents, I thought about this and other Rorschach responses in relation to feeling hurt and weakened when his parents failed to grasp how injured he could appear when he felt belittled.
- 2 It could be easy to overlook such additions or overelaborated comments, falling as some do just below a threshold of qualifying as a cognitive special score. This may happen particularly when an examiner's attention is focused on scoring determinants and special scores for intricate or complex responses where such elaborations could easily fall off an examiner's internal radar screen. Consequently, attending to subtle criteria for special scores could draw attention away from other subtle aspect of responses, such as Carl's adding these few additional words ("like when you kill a deer or something") to his response. Indeed, many such subthreshold verbalizations as well as some genuine deviant responses (*DR*) are of a type that examiners devote considerable effort deliberating how much verbiage is redundant or tangential while sometimes becoming distracted from listening to what is actually being communicated.
- 3 One of the more remarkable aspects of the Rorschach is just such a phenomenon. As in psychotherapy, the meanings of much of behavior are not always clear in the moment, but they emerge in a broader context that considers what both precedes and follows particular responses.
- 4 What he needed therapeutically could be readily formulated along the line of Tolpin's (2002) forward edge transference, a concept she developed based on Kohut's self psychological perspective. Forward edge interpretations emphasize underdeveloped aspects of normal development that were insufficiently responded to or were thwarted by a selfobject surround that failed to recognize their importance for fostering healthy self-cohesion. I will return to this concept at a later point; I introduce it here mainly to illustrate how a conceptual framework may unfold as discrete Rorschach and Figure Drawings findings become established. Inferences derived from the TAT add an important context in an evaluation to ground theoretical understanding of patients' self-cohesion, their relationships with the object world, and the purpose or directions they either wish for or find blocked or diminished in their lives. As Jenkins wrote recently, "Storytelling is a quintessentially integrative function . . . stories bring people, ideas, and feelings together . . . folktales build cultures; bedtime stories raise children . . . understanding stories helps us understand these things, which makes them useful for clinical work with clients who have trouble understanding

themselves” (2008, p. xi). TAT findings, superimposed on hypotheses from early and middle points of an evaluation, help to make sense of assessment material obtained from Rorschach and Figure Drawings interpretive inferences.

- 5 Previously, on Card 1, Carl also spoke of feeling bored followed by feeling sleepy; that seemed to be his way of dealing with affect states he did not understand and felt uncomfortable about. Thus, boredom (which was also his chief presenting complaint) is a euphemism for submerged or diluted affects that Carl neither understood nor recognized; he wished mainly to rid himself of these uncomfortable states, but the price he paid was the listless existence he appeared to lead. The solution—that is, the therapeutic objective—would seem to be finding a way to open up his emotional life without causing him to run from it or feel too anxious.
- 6 The distinguished pioneer of descriptive psychiatry Emil Kraepelin once described a patient’s explanation of the onset of her recurrent depressions as having been precipitated by “the death first of her husband, next of her dog, and then of her dove” (1921, p. 179). Kraepelin’s example referred to lower thresholds for stressors to potentiate susceptibility to depressive episodes, which is a different but not unrelated context from Carl’s comment on Card 3BM. Kraepelin’s patient was mainly describing a vulnerability factor in this illustration; Carl was describing becoming increasingly removed from a potentially destabilizing source of conflict.

4 Personality Problems in Later Life

- 1 Although I did not ignore the possibility that kissing, like eating, connotes orality (including dependency, needs for or concerns about nurturance, and oral aggression), I emphasize here the conflictual, confused or ambivalent, and destabilized affective regulation implications of this and several of this patient’s eating/feeding responses throughout this Rorschach protocol. I thus considered his use of contents concerning oral activities much as I considered most other content references, more for their indications of defenses, ego functioning, self-cohesion, and more generally the structural aspects of psychopathology than as specific manifestations of libidinal drives or psychosexual developmental stages as conventionally represented in classical drive theory or ego psychology.
- 2 Differential reaction time between chromatic and achromatic Rorschach cards was formerly a variable of clinical interest, typically seen as reflecting blocking due to perceived threat or differential level of card difficulty (long reaction times), or impulsivity or disinhibition (short reaction times). Exner (2003) retained this variable when he initially introduced the CS; however, he later discarded reaction time as there appeared to be insufficient empirical support for retaining it beyond the first edition of Exner’s text.
- 3 I have speculated elsewhere (Silverstein, 1999, 2001) that some codes for *DR* contain potentially important meanings extending beyond their tangential or off-task nature. Thus, what may seem to be task-unrelated verbalizations also may represent patients’ ill-fated attempts to find a way to convey something important about their life or experience. Consequently, such apparently off-task verbalizations are in a more important sense not primarily off task at all. Indeed, such verbalizations are precisely what is most important about the task in the first place. Mr. B.’s response here represents a good example of this phenomenon.
- 4 Not unlike the adolescent boy Carl, whose assessment findings I reported in [Chapter 3](#), Mr. B. also struggled with an unresponsive selfobject milieu. Without understanding what they were feeling, Carl and Mr. B. both tried to make their needs heard and recognized. Carl unwittingly resorted to over-the-top alarms he used to signal his distress, in the hope that his parents would perk up and listen to what was going on within him. Mr. B. similarly experienced the people in his life

to be unresponsive, misinterpreting his needs and deriding him for being willful or disobedient when he tried to animate an existence he found uninvigorating. Both felt trapped, each in his own way. Carl at age 15 tried to recover from his distress by dramatizing the turmoil he felt in a way that could easily have been dismissed as adolescent excess. Mr. B. at age 84 tried to lean on others to respond to his neediness but probably in a way that drove people away at moments he most needed them.

- 5 As on Card 1 and the Figure Drawings, when Mr. B. did elaborate on the relationships he was describing, what he said was particularly revealing and important: feeling “helpless” (Card 1), worrying “that his wife would get tired of him and run away with somebody else” (Figure Drawings), and now on Card 2, “the girl’s hungry . . . wondering what’s to eat.” I should also point out that at least two of these three comments seemed to come out of the blue because there was no particular context leading up to these statements. And yet they were all provoked at the point or soon afterwards that I asked Mr. B. to describe something about the depicted relationships or what he felt about what was happening in his stories.
- 6 Note also that only very remotely does Card 7BM depict either man with his head on the other’s shoulder. I had never heard that comment before, and I had to look on the card to check whether seeing that was even possible, notwithstanding the inherent ambiguity built into TAT cards. It appeared possible that Mr. B.’s strong need to see a father as comforting may have led him to see one man’s head on the other’s shoulder—not necessarily a distortion of the drawing, but still an extremely rare observation, even after taking into account that the neuropsychological examination revealed this patient to have no more than minor visuospatial problems.
- 7 Recent research on mother–infant interactions has observed and recorded infants’ common response of turning toward their mothers when the mothers appeared to responsively and accurately engage their infants. However, when the mothers’ attempts to engage their infants were asynchronous or apparently disrupted an ongoing interaction pattern, the infants turned their gaze away from their mothers (Beebe & Lachmann, 2002).

5 Personality Problems Associated with Cerebral Dysfunction

- 1 Note also how her stick figure drawing emphasized the arms and hand areas. Moreover, she initially drew the arms outstretched at shoulder level but then erased the arms and redrew them alongside the torso. The hands on the stick figure were disproportionately large, particularly the right hand, and the fingers resembled something like prongs. Further, the position of the arms looked slightly unusual, perhaps raised for some reason as the figure possibly was looking warily leftward. As I tried to imagine what a person might be feeling or was about to do with arms so positioned, my initial impression was that of being braced for something and being self-protectively vigilant or prepared to act. However, the more I looked at the drawing the less I thought so, but I continued to wonder why I had the initial impression that I did. I also wondered why the male figure at first looked like an adolescent, although as I looked further I became less convinced of that. I think that I was having trouble matching up an impression about the drawing with Ms. C.’s verbal description. I also wondered whether the incongruity I felt reflected something about Ms. C. looking in the wrong place for the kind of sensitive understanding or strength she may have wished to locate in men.
- 2 This may be another albeit unintended benefit of side-by-side seating during Rorschach administration: when a response containing vivid, evocative imagery is expressed with a matter-of-fact or bland delivery, by looking away examiners may register such a disparity more keenly as they endeavor to attend to the more important clinical function of listening to the melody and not the words.

- 3 Although this patient clearly indicated seeing two animals, I remained uncertain whether she was really describing one organism with disconnected parts—implying potentially an internal experience of fragmentation—or two animals in some state of disconnection from one another—implying a separation-individuation or attachment conflict. Although I favored the latter, I continued to wonder what it might mean that this patient seemed to have difficulty articulating convincingly enough—in spite of her frequent reference to two animals—that she was predominantly characterizing a perturbing experience of separation failure. Certainly, a separation-individuation difficulty could also be associated with some degree of fragmenting internal experience, depending on the severity and chronicity of the disturbance of separation.
- 4 Although the interpretive basis for this statement followed most explicitly from Mahler's (1968) seminal work, her thinking clearly influenced related theoretical formulations by many psychoanalytic theorists, among which those of Bowlby, Winnicott, Kohut, Anna Freud, and Fonagy are only a few that immediately come to mind. The burgeoning field of attachment theory and research is currently the main theoretical heir to Mahler's ideas. I have tried to express the formulation I suggested above in a general theoretical way, emphasizing Mahler's work in part for its coherent position. Naturally, there are related interpretive viewpoints representing psychoanalytic positions (such as those of Winnicott, Kohut, and Anna Freud). Moreover, attachment theory itself is a complex area of inquiry that consists of several interdependent propositions. Without becoming sidetracked by the variety of theoretical positions, I have focused on Mahler's mainly to demonstrate how the content of Ms. C.'s responses may be conceptualized from this vantage point. Her responses may of course be conceptualized in other ways as well. For this reason, I have tried to favor the more theoretically neutral term *disconnection* rather than *attachment*.
- 5 One function of a costume in the theater or in an opera is to disguise the fact that an actor is someone other than the character being portrayed and to allow an audience to "forget" that fact and lose themselves in the work being performed. A relatively recent trend is for some theater and opera directors to recast a setting or time period of a theatrical work in contemporary times, accordingly costuming actors as they might dress themselves in today's times. This serves the purpose of bringing the emotional meaning or impact of the work closer to an audience's current experience, as if to suggest, for example, that the conflicts and vulnerabilities of Shakespeare's *King Lear* or Verdi's *Rigoletto* are not unique to those of fathers from a different era in the remote past but rather that they represent the conflicts and vulnerabilities of fathers of all times, including those sitting in the audiences of today. Ms. C.'s abstract dancers in costume, however, seemed miles away from the person inside.
- 6 Had she articulated a texture determinant earlier or more unequivocally during the inquiry, Ms. C. might have come close to producing another shading-shading blend. Moreover, had she included the D7 area—as I mistakenly thought she had at first (and who knows, maybe in fact she did in her mind, managing however to exclude this area from her actual delivered, verbalized response)—this patient might have produced a color-shading blend in addition to a shading-shading blend. In the final analysis, I am not convinced that it mattered very much that she did neither because by this point I could see how effectively her deft, defensive concealment seemed to work for her. It also would not be that difficult for an examiner to relax the practice of holding fast to what is in the first place a somewhat arbitrary rule about something being said and at what point it was said, and accordingly allow into their internal calculus what I think is a more important psychological consideration that the real spirit of this response favored Ms. C. having seen texture and chromatic color, regardless of what she said she saw and when she said it.

Of course, these impressions still must remain speculative at this point in the analysis, although they do point to a problem with Rorschach administration that

has never been satisfactorily resolved: By scrupulously avoiding potentially leading inquiry questions lest we artifactually induce a determinant a patient may not have had in mind, we run the risk of missing determinants that may actually have been perceived but not articulated. We really do need to develop a way to resolve this problem because sometimes we lose more than we gain by adhering to the strict abstinence policy of a spare, unobtrusive inquiry. I do not personally believe that examiners need to consider the thought of putting ideas into people's minds as heresy by taking a few judicious, carefully phrased risks. Many times, we may lose more by constraining ourselves in an effort to avoid leading questions than we might gain by asking carefully phrased nonleading questions. A testing-the-limits inquiry following a conventional inquiry may be one potential solution. For example, when I first learned the Rorschach in 1970, it was considered acceptable to ask the question "if it were another color, would it still look that way?" when a somewhat obvious potential color determinant was not mentioned during the inquiry. How I do miss not being able to pose that question anymore, probably more times than I would care to admit!

- 7 In spite of my having seen Ms. C. in weekly psychotherapy for 13 months, she never mentioned a word about either a current or past romantic history. I was always curious about this important omission about her life; however, I did not suspect that there had been any serious romantic interest. Based on nothing in particular, I tended to think that Ms. C. was a lesbian, but that did not alter my overriding impression that the main motivation in her life was her frantic effort to complete her work against all odds and keeping this difficulty entirely to herself. She did speak about close friendships, and during the time I saw her in treatment she was struggling with anticipating the loss of friends planning to move away. Interestingly, this was one of the very few rather personal areas of her life that Ms. C. spoke about. It was practically the only area of her life that she spoke about in a way that left me appreciating in a deeper psychological sense the extent to which she could experience longing or loss. Its significance for understanding R7 and R4 was of course clear, and the compellingly poignant quality of R7 in particular made it possible to imagine just how strongly she might have felt about the impending separation from her friends. This was not, however, an area she wished to talk about very much.
- 8 Ms. C. appeared to reemphasize this vibrant quality as she followed this comment with another, explaining how "the ocean is very alive with different kinds of life." In the way she spoke of these vibrant colors, if one listened to this response with eyes closed, I do not think it would be all that difficult to discern a quality of her luxuriating in the colors—as if she could see or even touch what she was seeing and describing. It is indeed intriguing how strongly expressed or perceived colors can "sound" nearly palpable, which in the vocabulary of Rorschach psychology presents a novel opportunity for thinking about interrelationships among determinants and the affect states they represent (Schachtel, 1966).
- 9 It was pointed out to me that there is a body of water named the Coral Sea off the northeast coast of Australia. Although I did not believe that Ms. C. had this specific reference in mind when she referred to a coral sea, I could not however be certain that she did not.
- 10 I was surprised to learn, however, that apparently there are several other cultural references to a wishbone, such as a football position, the commercial name of a salad dressing, and the name of a dog on a television program of the same name who could imagine himself as well-known literary characters while being dressed to resemble such characters.

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