CHAPTER 7

RESULTS

7.1 INTRODUCTION

As the results pertaining to methodological aspects of the study were included under the relevant sections of Chapter 6, this section reports on the quantitative and qualitative aspects of the Rorschach data.

The participants' performance on the special index constellation and the key variables is highlighted first, followed by the identification of sequential search strategies for this sample. The findings for the two variables on personality style, Lambda and Erlebnistypus (EB), are cited. The bulk of the chapter is devoted to data reflecting potential commonalities in the participants' personalities and psychological functioning. As far as practically possible, these data are reported per cluster.

7.2 SPECIAL INDICES

All but 4 participants' (74%) protocols featured one or more of the special indices. As graphically presented in Figure 3, 5 participants (33%) showed a positive Depression Index (DEPI), and the Suicide Constellation (SCON) of 3 participants (20%) was positive. Of the 7 participants who scored positively on the DEPI and/or the SCON scale, 4 (27%) were already on mood-related medication. Although 3 participants (20%) had a positive Coping Deficit Index (CDI), none of them had DEPI scores higher than the cut-off value. Of the 3 participants who scored positively on the old Schizophrenia Index (SCZI), only 2 (13%) showed a pathological level on the new Perceptual Thinking Index (PTI). Two participants (13%) scored positively on the Hypervigilance Index (HVI). Of most interest in view of the much-debated association between trichotillomania and obsessive-compulsive spectrum disorders, is that none of the participants in this sample scored positively on the Obsessive Style Index (OBS).

A positive OBS signals the inclination to be perfectionistic, overly preoccupied with details, indecisiveness, and often having difficulties with expressing emotions - especially negative ones. It also identifies people who are strongly influenced by their needs to be conventional.

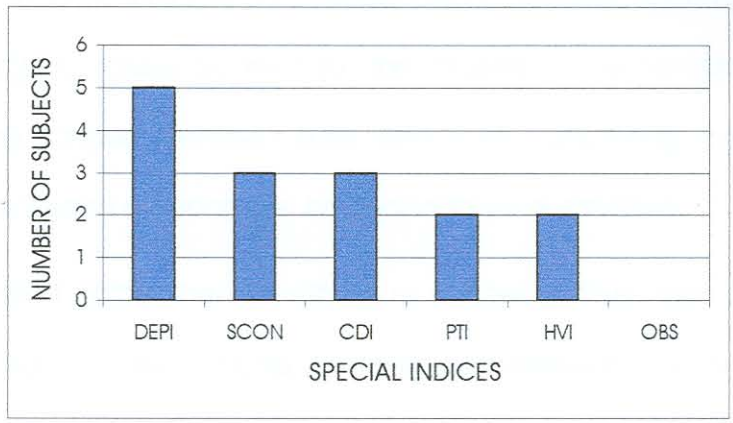


FIGURE 3: POOLED DISTRIBUTION OF SPECIAL INDICES ACROSS SAMPLE

The distribution of these special indices across the individuals in the research sample is detailed in Table 5 below.

TABLE 5: DISTRIBUTION OF SPECIAL INDICES PER PARTICIPANT

PARTICIPANT	POSITIVE SPECIAL INDICES
BJ	PTI & DEPI (SCZI)
BM	DEPI & HVI
BN	DEPI & SCON
HJ	HVI (SCZI)
HL	DEPI & CDI
JL	-
JR	-
KE	SCON
KL	-
KW	PTI (SCZI)
MK	DEPI
MR	SCON
PS	-
WL	CDI
YE	CDI

7.3 STYLE VARIABLES

7.3.1 Lambda

Interestingly, none of the participants rendered a Lambda value higher than the critical point (L>0.99) to indicate an avoidant personality style. Although 6 participants (40%) had Lambda values below 0.30, the majority of the sample's (N=9) (60%) Lambda values ranged between 0.30 and 0.99, suggesting that most of the participants manifested an adaptive, balanced focus of attention.

On the other hand, rather than simplifying or narrowing down the stimulus field, the 6 participants (40%) whose Lambda values ranged between 0.08 and 0.27 showed an excessive openness to experience as characterised by an overly broad focus of attention.

Low Lambda individuals are usually highly sensitive to their experiences and acutely aware of events in their lives (Weiner, 1998). Given the combination of EA, Adj es, and Adj D score values, however, this style appears to represent a liability rather than an asset in at least 5 of the participants (33%). They probably tend to become overinvolved when they contemplate the underlying significance of events to sort out their feelings about them.

A summary of the sample's Lambda performance appears in Table 6 below.

TABLE 6: SAMPLE'S LAMBDA STYLE

DESCRIPTIVE DATA						
MEAN	S.D.	MIN	MAX	FREQUENCY	MEDIAN	MODE
0.41	0.22	0.08	0.88	15	0.45	0.45

NORMATIVE DATA									
	NON-PATIENT ADULTS (z)					OUTPATIENT ADULTS (z)			
Z VALUE	S.E.	S.D.	KURTOSIS	SKEWNESS	Z VALUE	S.E.	S.D.	KURTOSIS	SKEWNESS
-0.62	0.19	0.75	-0.49	0.36	-0.58	0.05	0.18	-0.49	0.36

7.3.2 Erlebnistypus (EB)

As mentioned in Chapter 6 and graphically represented in Figure 4 below, the majority of participants (N=9) (60%) shows an ambitent[1] style of problem solving and decision making. This finding proved significant, as Weiner (1998) points out that the inconsistent impact of emotions on ambitent people's lives often results in inefficient coping efforts, unpredictable behaviour, and an uncertain self-image.

Except for 1 participant (7%) who is extratensive, the remainder of the sample (33%) shows an introversive style of ideational preference where emotions are kept more peripheral during decision-making and coping activities.

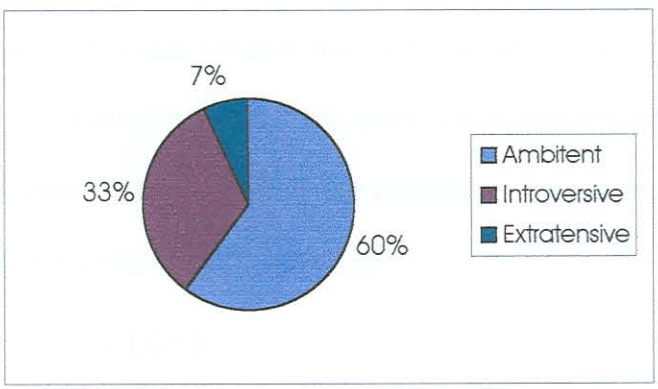


FIGURE 4: DISTRIBUTION OF EB STYLES

Bearing in mind that the majority of the sample (60%) is ambitent, it is noteworthy that all the introversive participants (33%) and the one extratensive individual (7%) also show a pervasive EB style in coping with problem-solving or decision-making situations. Figure 5 below presents this finding graphically.

[1] A closer analysis of 2 participants' EB values indicated that the data designating their coping style might not be reliable. One participant's data are too sparse (2:1.5) to assure validity for any of the EB personality styles, whereas the massive containment of affect signalled by the other's EB data (4:0) could constitute a transient defensive reaction rather than part of a distinctive introversive coping style. Where relevant, however, these individuals' EB results were accepted at face value (unless otherwise indicated) to accommodate the limitations of a collective analysis of the sample's Rorschach data.

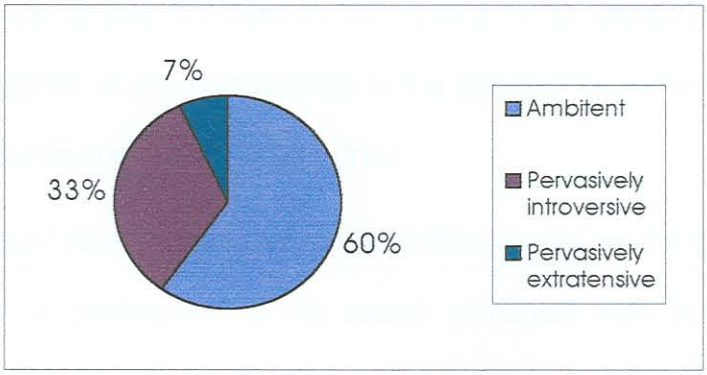


FIGURE 5: DISTRIBUTION OF PERVASIVE EB STYLES (EBPer)

Although the presence of a pervasive EB style is not necessarily a liability, it does indicate the likelihood of less flexibility in coping and decision making. The same applies to ambitents, whose inconsistent approach to problem solving and decision making often renders them less efficient than people with either an introversive or an extratensive style. This finding suggests that, even within their respective coping styles, the entire sample showed some kind of vulnerability in their characteristic problem-solving, decision-making, and coping behaviours.

7.4 SEQUENTIAL SEARCH STRATEGIES

Given the distribution of special indices in the sample, it is not surprising that one or more of the key variables initiated the search strategy for the majority of participants (N=14) (93%). In the only other protocol, the search strategy was introduced by the participant's high number of Critical Special Scores, with the relevant tertiary variable being Sum6>5. Figure 6 presents these findings graphically.

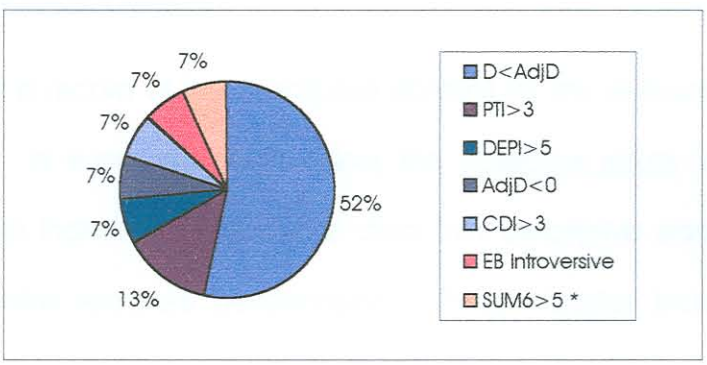


FIGURE 6: DISTRIBUTION OF KEY VARIABLES

The predominance of key variables in the choice of sequential search strategies confirms the presence of psychopathology or the potential for some kind of functional disorganisation for the majority of participants.

Given the disorder's DSM-IV classification under the impulse control disorders, it is also noteworthy that 10 participants' (67%) search strategies were introduced by the controls cluster, while clusters of the cognitive triad determined the search strategy for 4 participants (27%). Only 1 participant's search strategy was introduced by the affective cluster (7%). This is graphically illustrated in Figure 7 below.

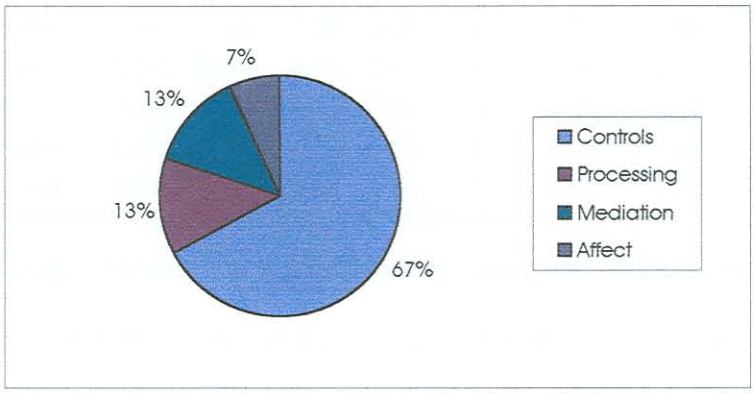


FIGURE 7: INTRODUCTORY SECTIONS IN CLUSTER ANALYSES

7.5 CLUSTER ANALYSES

7.5.1 Controls and stress tolerance

The fact that the controls cluster determined the majority of the sample's (67%) search strategies certainly suggests some unusual features regarding the sample's capacity for control and/or stress tolerance.

Table 7 below is a record of the descriptive statistics for the relevant variables in the controls cluster. In every section to follow, the collective results table groups the distribution of the individual participants' data into descriptive statistics in order to describe the entire sample's performance. These statistics include the mean,

standard deviation, frequency, range, median, and mode for each variable as it occurred in the sample.

TABLE 7: COLLECTIVE RESULTS FOR CONTROLS CLUSTER

VARIABLE	MEAN	S.D.	MIN	MAX	FREQ	MEDIAN	MODE
D Score	-1.93	1.84	-5.00	2.00	15	-2.00	-2.00
Adj D	-0.87	1.54	-4.00	3.00	15	-1.00	-1.00
EA	6.90	2.80	3.50	14.0	15	6.50	-
es	12.60	4.57	6.00	21.0	15	12.0	-
Adj es	10.13	2.24	5.00	16.0	15	9.00	-
FM	5.80	2.40	2.00	9.00	15	6.00	-
m	2.20	1.60	0.00	7.00	13	2.00	2.00
Sum C'	[1.93]	[1.65]	0.00	5.00	11	2.00	2.00
Sum T	[0.60]	[1.08]	0.00	3.00	4	0.00	0.00
Sum V	[0.27]	[0.57]	0.00	2.00	3	0.00	0.00
Sum Y	[1.80]	[1.90]	0.00	7.00	10	2.00	-
Pure C	[0.27]	[0.57]	0.00	2.00	3	0.00	0.00
MQual-	[0.47]	[0.62]	0.00	2.00	6	0.00	0.00

Based on the value for individual participants' variables, standardised scores were calculated for each participant. In every cluster, the sample's mean values for these z scores are represented in the table for standardised scores. For example, Table 8 below lists the standardised score (z) for each variable as it would have been distributed on a normal curve, to compare the sample's performance with that of the non-patient and outpatient adult populations listed in the Comprehensive System's normative tables (Exner, 2001). The standard error and standard deviation from the mean are listed, and the kurtosis and skewness (based on the standardised values) are given to elucidate the distribution of the standardised scores on a normal-shaped curve.

Where relevant, the values for non-parametric variables are shown in brackets. Care was taken not to assume the accuracy of statistics based on parametric analyses.

Highlighted figures indicate a significant deviance from the relevant norm population.

TABLE 8: STANDARDISED SCORES COMPARIED TO NORMATIVE DATA - CONTROLS CLUSTER

	NON-PATIENT ADULTS (z)					OUTPATIENT ADULTS (z)				
VARIABLE	Z MEAN	S.E.	S.D.	KURTOSIS	SKEW	Z MEAN	S.E.	S.D.	KURTOSIS	SKEW
D Score	-1.96	0.51	1.97	0.11	0.10	-1.38	0.37	1.42	0.11	0.10
Adj D	-1.24	0.50	1.95	2.08	0.36	-0.96	0.36	1.38	2.08	0.36
EA	-0.74	0.31	1.22	1.74	1.31	0.10	0.22	0.84	1.74	1.31
Adj es	1.42	0.41	1.58	-0.85	0.41	1.38	0.29	1.13	-0.85	0.41
FM	1.57	0.49	1.90	-1.21	-0.22	1.75	0.35	1.34	-1.21	-0.22
m	0.93	0.43	1.67	4.75	1.59	0.72	0.34	1.30	4.75	1.59
Sum C'	[0.38]	[0.38]	[1.47]	[-0.51]	[0.61]	[0.74]	[0.35]	[1.37]	[-0.51]	[0.61]
Sum T	[-0.57]	[0.47]	[1.84]	[1.21]	[1.64]	[0.10]	[0.34]	[1.33]	[1.21]	[1.64]
Sum V	[-0.02]	[0.25]	[0.97]	[4.78]	[2.27]	[-0.23]	[0.20]	[0.77]	[4.78]	[2.27]
Sum Y	[1.24]	[0.53]	[2.05]	[2.28]	[1.42]	[0.68]	[0.45]	[1.73]	[2.28]	[1.42]
Pure C	[0.40]	[0.41]	[1.60]	[4.78]	[2.27]	[-0.30]	[0.17]	[0.67]	[4.78]	[2.27]
MQual-	[1.47]	[0.61]	[2.37]	[0.40]	[1.08]	[0.04]	[0.23]	[0.88]	[0.40]	[1.08]

Table 9 below lists the performance of individual participants in the sample for major elements in the controls cluster.

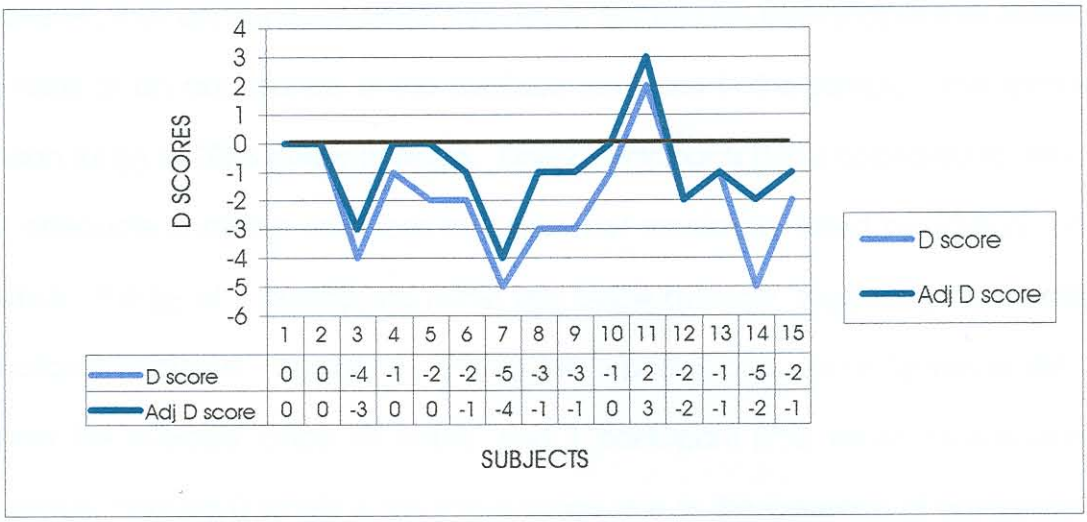
TABLE 9: DISTRIBUTION OF MAJOR VARIABLES IN CONTROLS CLUSTER PER PARTICIPANT

	BJ	BN	BM	HL	HJ	JL	JR	KE	KW	KL	MR	MK	PS	WL	YE
D Score	-3	-5	-2	-5	-3	+2	0	-1	-3	0	-1	-2	-2	-2	-1
AdjD	-1	-2	-1	-4	-3	+3	0*	0	-1	0*	-1	-1	0*	-2	0*
EA	12.0	7.0	7.5	3.5	7.0	14.0	6.5	8.0	5.5	4.0	5.5	8.0	6.5	4.5	4.0
es	20	21	13	17	18	7	9	11	14	6	10	14	12	10	7
Adj es	16	14	11	16	16	5	9	8	9	5	9	13	6	10	5
CDI	1	3	2	5#	3	1	2	2	3	2	3	3	2	4#	4#

One of the more pronounced factors to consider is the sample's D scores, as is evident from Figure 8 below.

* This is probably not a reliable or valid index for these participants, and the Adj D score most likely falls in the minus range. Where relevant for specific calculations concerning customary capacity for control and stress tolerance, these participants' value for Adj D was taken as –1.

\# Positive CDI



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
D score	0	0	-4	-1	-2	-2	-5	-3	-3	-1	2	-2	-1	-5	-2
Adj D score	0	0	-3	0	0	-1	-4	-1	-1	0	3	-2	-1	-2	-1

FIGURE 8: DISTRIBUTION OF D Score AND Adj D

The sample's mean for the D Score is –1.93, despite its range (-5 to +2). This is significantly low compared to both the non-patient (z=-1.96) and outpatient (z=-1.38) norm groups. Bearing the D Score's median (-2) and mode (-2) in mind, the sample's capacity for control and stress tolerance is currently significantly impaired. However, this finding does appear to have chronic implications, as the mean for the sample's Adj D is –0.87. Although only in the low average range in comparison to the outpatient group norms (z=-0.96), it is still significantly lower than the norm for the non-patient norm group (z=-1.24).

Control and stress tolerance

The potential impact of the findings represented in Figure 8 is clearer if cognisance is taken of the fact that 13 participants (87%)[2] had an Adj D in the minus range, suggesting an inherent vulnerability in the personality profile of the research sample. Only 1 participant in the entire sample (7%), notably the extratensive one, had an Adj D in the high positive range.

It is remarkable that only 3 participants (20%) showed a positive Coping Deficit Index (CDI), and that one of them had a quite demanding professional career.

[2] Although 5 participants had an Adj D score of 0 (zero), this appeared to be a valid and reliable index for only one individual when the value for EA is taken into account.,

However, they did not cope better than expected with the demands of their worlds as a result of an abundance of the available resources in the sample. The sample's mean for EA (6.90) is below average. Only 2 participants (13%) appeared to dispose of adequate available resources that were not excessively taxed by environmental stimuli. The EA of 8 participants (53%) was below average, suggesting more limited available resources. Another 4 (27%) of the 5 participants whose EA values did fall within the average range for adults, and 1 participant (7%) whose EA was above average, had Adj D scores in the minus range due to the presence of unexpectedly elevated Adj es values.

Just more than half the sample (N=8) (53%) had elevated values for Animal Movement (FM>5), and another 3 participants (20%) had an FM value of 5. As the mean for this variable is significantly elevated compared to the normative data for both non-patient (z=1.57) and outpatient (z=1.75) groups, it suggests that the presence of ungratified needs that could be expected to interfere with participants' attention and concentration, is particularly strong in this sample.

It may then be significant that 11 participants (73%) had T-less protocols (SumT=0), while 3 other participants (20%) showed elevations in the texture variable (SumT>1). The potential negative implications of the former include a limited capacity to form close attachments and an aversion to intimacy. Weiner (1998) emphasises this aspect when he points out that SumT=0 occurs in only 11% of non-patient records and increases to 64% in outpatient populations. On the other hand, having more than one texture response sometimes also promotes the maladaptive behaviour that arises from efforts to alleviate subjective experiences of loneliness, distress, and emotional deprivation usually associated with SumT>1.

As the presence or not of a texture response in a record constitutes a relatively stable trait variable, either signifies chronic adjustment problems that were apparent in all but 1 participant (93%).

Moreover, 60% of the sample (N=9) showed an elevated value for SumC' (i.e. SumC'>1). In 4 of these participants (27%) this higher value indicated excessive internalisation of feelings that they would rather have externalised.

Only 3 participants (20%) had a Vista variable that exceeded the normatively prevalent score of 0 (zero). Only this small portion of the sample appeared to engage in ruminative, painful introspection about perceived negative features. Two of these participants also had positive scores on the DEPI.

Situational stress

Although impairment of the psychiatric participants' capacity for control and stress tolerance is not unexpected, the sample's low D Score value suggests a susceptibility for situational stress that surpasses that of the general psychiatric population. This is evident when the sample's D Score value is compared to that of the normative outpatient sample (z=-1.38).

At least 10 participants (67%) currently experience some situational stress (D<Adj D) and it can be assumed that their current stress tolerance is lower than usual. Consequently their typical capacities for control could be less sturdy than usual. This is cause for concern as in 8 of these participants (53%), the problem is being superimposed on an already limited capacity for control and stress tolerance.

According to Exner (200), situational stress usually creates considerable psychological discomfort, frequently increasing the potential for some form of impulsive behaviour. If true for the participants in this sample, their stress could have given rise to decisions

and/or behaviours that were less well organised than usual. This could in turn affect the conclusions based on other clusters' data.

Upon closer examination, however, the small difference between the values for Adj D and the D Score suggests that 8 participants (53%) currently experience only a mild to moderate form of psychological disruption. Only 3 participants (20%) are currently experiencing substantial levels of stress that could be expected to cause considerable interference in customary patterns of thinking and/or behaviour. Notably, 1 of these participants scored positively on both the DEPI and PTI scales, another featured a positive DEPI and SCON, and the third had a positive PTI. Surprisingly, these participants continued fulfilling their everyday functions without any readily apparent ineptitude.

Based on the values of m and SumY, it can be assumed that the psychological consequences of the stress tended to be diffused in 6 participants (40%), impacting on both their thinking and emotion, and having a substantial impact on 3 participants' (20%) ideational activity. Only 1 participant (7%) gave evidence that the stress had a considerable impact on her emotions.

The values of the participants' D Scores suggest that of 3 participants (20%), the impact of the situational stress was rather modest. One participant (7%) functioned adequately in environments that were familiar - especially those that were structured and well defined. However, she could be vulnerable to disorganisation and impulsive thinking or behaviour as situations became more complex or ambiguous.

Six participants (40%) had a D Score value of less than –1, suggesting that in situations of increased situational stress, they would exhibit substantial potential for disorganisation and would be highly susceptible to control difficulties. This portion of

the sample also had to be highly vulnerable to ideational and/or behavioural (but not emotional[3]) impulsiveness under those conditions.

Except in situations that are very structured and routine, people with a D Score value of less than –1 are not expected to function adequately or effectively on a regular basis. What is surprising, however, is that all but one of these women had careers in which they functioned unexpectedly well.

The findings of the controls cluster emphasise the presence of persistent adjustment problems for the entire sample:

- Their innate, chronic vulnerability in the capacity for control and stress tolerance (AdjD) left the sample even more susceptible to the severely disruptive effect of situational stress (D Score).
- There could be a relation between the strong presence of ungratified internal needs (FM) and the limited availability of adequate resources (EA).
- Problems with attachment and intimacy are common (SumT).

7.5.2 Information processing

The first of the three clusters in the cognitive triad involves the mental procedures entailed in the input of information. The efficient organisation of information consists of an adaptive balance between the amount and quality of information taken in (scanning the environment), and the capacity to process that amount of information adequately (creating images or icons in the short-term memory).

The processing strategy in any given situation can be affected by many elements. Motivation and economy-related issues, achievement needs, defensiveness, and pre-established sets or preconceived attitudes can be inferred from the sample's performance on the Rorschach variables included in Table 10 below.

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[3] The absence of C responses in these participants' records contraindicates the potential for emotional impulsiveness.

TABLE 10: COLLECTIVE RESULTS FOR PROCESSING CLUSTER

VARIABLE	MEAN	S.D.	MIN	MAX	FREQ	MEDIAN	MODE
DQ+	7.87	2.25	5.00	12.0	15	8.00	-
DQv/+	[0.00]	[0.00]	0.00	0.00	0	0.00	0.00
DQv	[0.27]	[0.44]	0.00	1.00	4	0.00	0.00
Zf	12.87	3.67	7.00	22.0	15	12.0	12.0
Zd	2.83	4.67	-8.00	9.00	15	2.50	2.00
M	4.00	1.41	2.00	7.00	15	4.00	4.00
W	7.40	2.68	3.00	12.0	15	73.0	7.00
D	7.60	4.50	2.00	18.0	15	7.00	-
Dd	[4.40]	[2.65]	1.00	11.0	15	4.00	-
PSV	[0.07]	[0.25]	0.00	1.00	1	0.00	0.00

Table 11 presents the sample's performance compared to the normative data. Except that the sample made less use of Usual Details (D), whose implications are discussed below, deviations from the normative group are statistically insignificant.

TABLE 11: STANDARDISED SCORES COMPARED TO NORMATIVE DATA - PROCESSING CLUSTER

	NON-PATIENT ADULTS (z)					OUTPATIENT ADULTS (z)				
VARIABLE	Z MEAN	S.E.	S.D.	KURTOSIS	SKEW	Z MEAN	S.E.	S.D.	KURTOSIS	SKEW
DQ+	0.23	0.27	1.04	-1.24	0.22	0.55	0.19	0.72	-1.24	0.22
DQv/+	-0.64	0.00	0.00	-	-	-0.34	0.00	0.00	-	-
DQv	-0.57	0.09	0.36	-0.73	1.18	-0.64	0.08	0.31	-0.73	1.18
Zf	0.37	0.35	1.37	1.31	0.82	0.46	0.26	0.99	1.31	0.82
Zd	-0.66	0.11	1.62	0.27	0.91	-0.12	0.05	1.06	0.27	0.91
M	-0.15	0.19	0.75	0.97	0.95	0.06	0.15	0.58	0.97	0.95
W	-0.37	0.30	1.17	-0.79	0.26	-0.14	0.21	0.83	-0.79	0.26
D	-1.40	0.32	1.24	0.27	0.91	-0.29	0.23	0.89	0.27	0.91
Dd	[1.94]	[0.42]	1.64	[1.06]	[0.88]	[0.41]	[0.25]	0.98	[1.06]	[0.88]
PSV	[-0.01]	[0.27]	1.03	15.00	3.87	-0.23	0.11	0.45	15.00	3.87

Although the sample as a whole generally performed within expectations compared to the outpatient norms, analyses of individual participants' characteristic ways of information processing presented some interesting findings.

The mere fact that no one in the sample showed a high Lambda style of processing (mean=0.41) already alludes to the participants' tendency to become very involved in their worlds.

Most of the participants (N=7) (47%) scored within the average range for adults on the Zf scale that assesses organising activity and frequency. A further 40% (N=6) of the sample invested considerably more into the processing effort than most adults, despite the fact that all but one of them were already under a continual threat of disorganisation (see par. 7.4.1). Only 2 participants (13%) were overly economical, almost lackadaisical, in establishing organising objectives for their approach to processing stimuli.

Despite the sample's varied organising activity, unusual inconsistencies existed within the context of their processing strategies and economy. An examination of the participants' individual scores for the relevant variables in the Economy Index elucidates this statement (see Table 12 below).

TABLE 12: INDIVIDUAL PARTICIPANTS' PERFORMANCE ON THE ECONOMY INDEX (W:D:Dd)

	BJ	BN	BM	PS	HL	HJ	JL	KE	KW	KL	MR	MK	JR	WL	YE
W	7	11	6	8	4	12	7	11	7	4	6	7	7	11	3
D	11	2	3	4	18	15	11	3	5	9	7	5	8	4	9
Dd	11	1	6	4	5	8	6	1	4	1	3	3	6	4	3

None of the participants in the sample showed a value for all three the variables in the W:D:Dd ratio that is within the expected range (i.e. 1:1.3-1.6:Dd<4). This is not surprising in view of the frequency of Dd>3, which indicates a kind of atypical processing for the majority of the sample.

Although 8 participants (53%) gave proportionally more D than W answers (where the latter usually suggests a more economical approach to information processing), 4 of these participants (27%) showed an elevation in their Dd responses. As Dd responses are only formed after considerable scanning that requires increased effort, the predominance of Dd responses by these participants actually neutralises the economy of their processing efforts.

Furthermore, W was proportionally greater than D for 7 participants (47%). The fact that 5 of these participants (33%) also gave higher frequencies of Dd answers reinforces the hypothesis that these participants tend to invest more effort in the processing of information than is customary.

The combined elevation in W and/or Dd responses therefore suggests that 80% of the sample invest in a kind of processing that is everything but economical – regardless of whether it is due to the predominance of W responses or elevations of the Dd responses in the Economy Index.

The Aspirational Index sheds more light on this finding. When the W:M ratio is considered against the backdrop of the group members' EB style, it is significant that all the ambitent participants (N=9) (60%) strive to accomplish more than is reasonable in the light of their current functional capacities. This is also true for 2 of the introversive participants (13%).

In view of these findings, one could expect that the majority of the participants (73%) have to work hard to achieve even everyday objectives.

Although the sample performed within the average range for Zd compared to both the non-patient (z=-0.66) and outpatient (z=-0.12) populations, its range (-8 to +9) draws attention to the individual differences in the sample's processing efficiency. Almost half the sample (N=7) (46%) are relatively proficient in examining their environments. However, the exaggerated Zd values of the majority (N=8) (53%) indicate such a pronounced style of overincorporative (46%) or underincorporative (7%) scanning that either may reasonably be considered a neurotic defence. Although intended as protection against the disturbing effects of too much or too little environmental stimuli, the extent of both these styles is such that it probably represents a liability for these participants. This is especially true in view of the chronic potential for psychological disorganisation in the sample (see 7.4.1).

The quality of the processing efforts of most of the sample appears to be within the average range, especially in comparison to the normative psychiatric population. However, in view of the above-mentioned overinvolvement in the stimulus field, however, it is not surprising that they gave less of the more common DQo responses than non-patient adults do. In fact, when the values for DQ+, DQv, and DQv/+ are examined against the background of each individual's EB style, the quality of 9 participants' (60%) processing efforts is more than merely adequate. The quality of the processing efforts of the remainder of the sample (N=6) (40%) is exceptionally good and probably rather complex. It is noteworthy that none of these participants is particularly well educated, and most of them completed only a short diploma course after completing their secondary education.

The findings of the processing cluster suggest that:

- The participants clearly tended to become very involved in organising their environments (Zf), regardless of their inherent vulnerabilities mentioned before.
- Many of them invested more energy than necessary in attempts to assess situations precisely, with varying degrees of accuracy (Lambda, W, and Dd).
- Not surprisingly, the quality of their processing efforts was generally more than sufficient (DQ+), but it was certainly not economical (W:D:Dd).
- Most of them aspired to more than what could reasonably be expected (W:M) in light of the serious limitations in their internal resources and capacity for stress tolerance.
- It seems possible that either the perfectionistic or the lackadaisical style of processing (Zd) of some constitutes a defence. Although in itself an adaptive process designed to relieve anxiety, the extent to which this processing style has become fixed now amounts to a maladaptive effort to control their environments.

7.5.3 Cognitive mediation

The second cluster in the cognitive triad is concerned with how the acquired mental images get translated or identified to be functional. The process requires some form of resolution between the newly attained images and previously stored icons. In addition to the degree to which such translations are accurate, common, or unique, the Rorschach data also provides information on the circumstances in which the accuracy of such translations falters. Table 13 below summarises the sample's presentation of mediational activity.

TABLE 13: COLLECTIVE RESULTS FOR MEDIATION CLUSTER

VARIABLE	MEAN	S.D.	MIN	MAX	FREQ	MEDIAN	MODE
XA%	0.83	0.02	0.60	0.95	15	0.88	0.93
WDA%	0.85	0.03	0.67	1.00	15	0.85	-
FQx+	0.80	0.98	0.00	3.00	7	0.00	0.00
FQxo	9.60	3.65	4.00	17.00	15	9.00	8.00
FQxu	5.47	2.03	2.00	9.00	15	5.00	4.50
FQx-	3.47	3.18	0.00	11.00	14	2.00	1.00
FQx none	[0.07]	[0.25]	0.00	1.00	1	0.00	0.00
M-	[0.47]	[0.62]	0.00	2.00	6	0.00	0.00
X+%	0.54	0.10	0.34	0.67	15	0.57	-
X-%	0.17	0.11	0.00	0.38	14	0.13	0.07
Xu%	0.29	0.08	0.11	0.40	15	0.31	-
F+%	0.60	0.24	0.33	1.00	15	0.50	-
S-%	0.30	0.31	0.00	1.00	9	0.25	0.00
P	5.40	1.45	3.00	9.00	15	5.00	5.00

As is clear from Table 14, the sample shows some unusual characteristics in translating acquired environmental input, especially when the quality of the sample's X%s is taken into account. However, this is probably to be expected from a psychiatric population such as the current sample. The only significant deviation from the outpatient norms is that the sample exceeded the expected number of unusual form characteristics.

TABLE 14: STANDARDISED SCORES COMPARED TO NORMATIVE DATA - MEDIATION CLUSTER

	NON-PATIENT ADULTS (z)					OUTPATIENT ADULTS (z)				
VARIABLE	Z MEAN	S.E.	S.D.	KURTOSIS	SKEW	Z MEAN	S.E.	S.D.	KURTOSIS	SKEW
FQx+	0.10	0.30	1.15	-0.35	0.93	0.16	0.19	0.75	-0.35	0.93
FQxo	-2.05	0.29	1.13	-0.23	0.59	-0.68	0.26	0.99	-0.23	0.59
FQxu	0.97	0.27	1.03	-0.65	-0.8	0.67	0.22	0.85	-0.65	-0.08
FQx-	1.59	0.71	2.74	1.28	1.42	0.12	0.37	1.44	1.28	1.42
FQx none	-0.12	0.18	0.70	15.00	3.87	-0.49	0.08	0.30	15.00	3.87
X+%	-2.51	0.30	1.18	-0.62	-0.68	-0.69	0.20	0.76	-0.62	-0.68
X-%	1.91	0.60	2.33	-0.95	0.57	0.05	0.30	1.17	-0.95	0.57
Xu%	1.98	0.32	1.24	0.22	-0.89	1.21	0.25	0.96	0.22	-0.89
M-	1.47	0.61	2.37	0.40	1.08	0.04	0.23	0.88	0.40	1.08
P	-0.85	0.28	1.08	1.11	0.80	-0.15	0.18	0.69	1.11	0.80

The majority of the participants (N=10) (67%) have the capacity for conventional reality testing. Four of them (27%) show an XA% and WDA% within the expected range, and a further 6 participants (40%), whose XA% and WDA% are higher than 0.90, make a special effort to translate situations accurately.

The remainder of the sample (N=5) (33%) experiences varying degrees of mediational problems. The XA% and WDA% of 1 participant (7%) suggest that her mediational translations, although generally appropriate in obvious situations, tend to become less appropriate in more ambiguous circumstances where she feels unsure of what is expected of her. The reality testing of another participant (7%) who also scored positive on the Perceptual Thinking Index (PTI), falters significantly in situations where the cues to appropriate translations are not obvious. Yet another (7%) showed a moderate mediational dysfunction, while 2 participants (13%)[4] showed significant mediational impairments. The dysfunction of both is serious and their reality testing is often markedly affected.

Mediational distortions occur only occasionally for the majority of the sample (N=9) (60%). However, 6 participants (40%) gave more than the acceptable number of FQ- responses, increasing the sample's mean for X-% to 0.17. When the X-% of all

[4] Interestingly, both participants featured a positive Schizophrenia Index but only one qualified for the Perceptual Thinking Index.

the participants is examined against the backdrop of the number of responses, the location of FQ- answers, and the use of space, 2 participants (13%) showed a moderate elevation in the incidence of mediational dysfunction, 3 participants (20%) experienced pervasive mediational difficulties, and the elevation in X-% of another 3 participants (20%) indicated the likelihood of even more prevalent and serious mediational impairments. This suggests that slightly more than half the sample (53%) experienced a form of mediational dysfunction at least some of the time.

Seventy-nine percent of all the FQ- responses produced were given on blots containing chromatic colour. However, only 32% of these represented S- answers, and only 3 participants (20%) had more than one Space response in their protocols. This is contra-indicative of trait-like anger and negativism in the sample. Twelve of the 14 participants (80%) who gave minus Form Quality answers gave these on Card IX and/or Card X. Thus, in addition to the disorganising effect of emotionally-laden situations for the majority of the sample, this effect seemed more prevalent in unstructured, complex situations.

The distribution of Popular responses in the sample confirms earlier findings that expected or appropriate responses are likely in situations when the cues for such responses are obvious and/or simple. The majority of the sample (N=13) (87%) performed within expectation compared to both the non-patient (z=-0.85) and outpatient (z=-0.15) populations. Only 1 person (7%) appeared overly concerned with detecting cues for socially accepted or expected behaviour. Another one (7%) showed very little regard for social convention, as is confirmed by her history of adultery and substance abuse.

Examination of the X+% and Xu% indicated that none of the participants were overly committed to conventionality. In fact, the majority of the sample (N=9) (60%) was able to disregard social demands or expectations more easily than most people, and

showed a tendency for unique decisions that reflected an emphasis on individualism. A further 5 participants (33%) went beyond mere unconventionality and behaved more atypically and even inappropriately at times. No one in the sample had an X+% value that is associated with more obsessive and/or perfectionistic tendencies (X+%>0.85), as might be expected from patients with an obsessive-compulsive spectrum disorder.

The findings of the mediation cluster confirm that:

- The majority of the sample had the inherent capacity to maintain adequate reality testing (XA% and WDA%)
- They could be expected to respond realistically in situations where appropriate reactions were clear (P), regardless of a stronger emphasis on individualism (Xu%)
- The majority nevertheless experienced some degree of mediational impairment at least some of the time (FQx- and X-%). They appeared to be especially vulnerable to emotionally laden situations that were more ambiguous and unstructured – conditions that are typical of interpersonal interaction.

7.5.4 Ideation

The third cluster in the cognitive triad is represented by a form of thinking where translations of input are conceptualised and used in individually meaningful ways. Table 15 below lists the sample's performance on the Rorschach variables that typically reveal characteristics of conceptual thinking.

TABLE 15: COLLECTIVE RESULTS FOR IDEATION CLUSTER

VARIABLE	MEAN	S.D.	MIN	MAX	FREQ	MEDIAN	MODE
Intellect	2.13	1.67	0.00	6.00	15	2.00	-
a (active)	7.33	3.52	2.00	14.0	15	7.00	-
p (passive)	4.93	2.91	0.00	11.0	14	4.00	3.00
Ma	2.47	1.75	0.00	6.00	14	2.00	2.00
Mp	1.60	1.02	0.00	3.00	13	1.00	1.00
FM	5.80	2.40	2.00	9.00	15	6.00	-
m	2.20	1.60	0.00	7.00	13	2.00	2.00

TABLE 15: COLLECTIVE RESULTS FOR IDEATION CLUSTER (cont.)

VARIABLE	MEAN	S.D.	MIN	MAX	FREQ	MEDIAN	MODE
MOR	[1.40]	[1.25]	0.00	4.00	11	1.00	1.00
Sum6SpSc	7.53	2.96	3.00	14.0	15	8.00	8.00
L2 SpSc	2.00	1.86	0.00	6.00	12	1.00	1.00
WSUM6	23.80	11.95	3.00	50.0	15	21.0	-
DV	[0.93]	[1.00]	0.00	3.00	9	1.00	-
DR	[1.00]	[1.21]	0.00	4.00	8	1.00	0.00
INCOM	[2.67]	[2.02]	0.00	7.00	13	2.00	-
FABCOM	[0.67]	[0.70]	0.00	2.00	8	1.00	0.00
ALOG	[0.27]	[0.68]	0.00	2.00	2	0.00	0.00
DV2	[0.27]	[0.57]	0.00	2.00	3	0.00	0.00
DR2	[0.33]	[0.60]	0.00	2.00	4	0.00	0.00
INCOM2	[0.60]	[1.14]	0.00	4.00	4	0.00	0.00
FABCOM2	[0.80]	[1.17]	0.00	4.00	6	0.00	0.00
CONTAM	[0.00]	[0.00]	0.00	0.00	0	0.00	0.00
MQual-	[0.47]	[0.62]	0.00	2.00	6	0.00	0.00
MQual none	[0.00]	[0.00]	0.00	0.00	0	0.00	0.00

In addition to the previously noted elevation on the FM variable, the sample's deviation from outpatient norms on the passive movement variable (p) could elucidate these patients' resistance against long-term adherence to alternative coping strategies aimed at reducing hair-pulling symptoms. Furthermore, as conceptual thinking forms a basis for reality testing, the sample's unexpectedly elevated values for the Critical Special Scores suggest some form of ideational peculiarity that must affect their decisions and deliberate behaviours. As is evident from Table 16 below, the extent of these difficulties clearly differentiates the sample not only from non-patients norms, but also from general psychiatric populations.

TABLE 16: STANDARDISED SCORES COMPARED TO NORMATIVE DATA - IDEATION CLUSTER

	NON-PATIENT ADULTS (z)					OUTPATIENT ADULTS (z)				
VARIABLE	Z MEAN	S.E.	S.D.	KURTOSIS	SKEW	Z MEAN	S.E.	S.D.	KURTOSIS	SKEW
active	0.40	0.42	1.35	-0.81	0.38	1.16	0.35	1.35	-0.81	0.38
passive	1.24	0.47	1.22	0.18	0.80	0.59	0.32	1.22	0.18	0.80
Ma	-0.28	0.30	1.00	0.13	0.94	0.22	0.26	1.00	0.13	0.94
Mp	0.17	0.26	0.71	-1.17	0.12	-0.13	0.18	0.71	-1.17	0.12
Intellect	0.38	0.30	0.99	0.15	0.63	0.27	0.26	0.99	0.15	0.63
FM	1.57	0.49	1.34	-1.21	-0.22	1.16	0.35	1.34	-0.81	0.38
m	0.93	0.43	1.67	4.75	1.59	0.72	0.34	1.30	4.75	1.59

TABLE 16: STANDARDISED SCORES COMPARED TO NORMATIVE DATA - IDEATION CLUSTER (cont.)

	NON-PATIENT ADULTS (z)					OUTPATIENT ADULTS (z)				
VARIABLE	Z MEAN	S.E.	S.D.	KURTOSIS	SKEW	Z MEAN	S.E.	S.D.	KURTOSIS	SKEW
MOR	[0.69]	[0.38]	[1.46]	[-0.64]	[0.70]	[0.26]	[0.25]	[0.98]	[-0.64]	[0.70]
Sum6SpSc	3.87	0.56	1.09	0.16	0.42	1.50	0.28	1.09	0.16	0.42
WSUM6	4.77	0.80	1.16	0.36	0.72	1.34	0.30	1.16	0.36	0.72
L2 SpSc	[7.76]	[1.99]	[1.49]	[-0.39]	[0.90]	[1.04]	[0.39]	[1.49]	[-0.39]	[0.90]
DV	[0.44]	[0.34]	[0.99]	[0.32]	[1.05]	[0.13]	[0.26]	[0.99]	[0.32]	[1.05]
DR	[0.88]	[0.47]	[1.63]	[0.95]	[1.26]	[0.96]	[0.42]	[1.63]	[0.95]	[1.26]
INCOM	[2.79]	[0.71]	[1.94]	[-0.51]	[0.65]	[1.58]	[0.50]	[1.94]	[-0.51]	[0.65]
FABCOM	[0.76]	[0.36]	[1.10]	[-0.65]	[0.63]	[0.39]	[0.28]	[1.10]	[-0.65]	[0.63]
ALOG	[1.13]	[0.91]	[1.68]	[4.35]	[2.40]	[0.33]	[0.43]	[1.68]	[4.35]	[2.40]
DV2	[4.44]	[2.55]	[1.98]	[4.78]	[2.27]	[0.59]	[0.51]	[1.98]	[4.78]	[2.27]
DR2	[2.94]	[1.45]	[0.83]	[2.63]	[1.79]	[0.26]	[0.22]	[0.83]	[2.62]	[1.79]
INCOM2	[4.46]	[2.35]	[2.52]	[4.24]	[2.11]	[0.91]	[0.65]	[2.52]	[4.24]	[2.11]
FABCOM2	[4.81]	[1.95]	[1.89]	[2.17]	[1.56]	[0.84]	[0.49]	[1.89]	[2.17]	[1.56]
CONTAM	[0.00]	[0.00]	[0.00]	-	-	[0.00]	[0.00]	[0.00]	-	-
MQual-	[1.47]	[0.61]	[0.88]	[0.40]	[1.08]	[0.04]	[0.23]	[0.88]	[0.40]	[1.08]
MQ none	[-0.13]	[0.00]		-	-	[0.00]	[0.00]	[0.00]	-	-

Against the backdrop of an ideational framework, the previously mentioned distribution of characteristic EB styles implies that the inconsistent role and impact of emotions render the thinking of the ambitent participants (60%) psychologically inefficient. They would at times try to push their feelings aside to address issues logically, whereas emotions would significantly influence their decisions at other times. As neither approach is used consistently both are rather inefficient, and as a result these participants have to invest more time and effort in dealing with the demands of everyday life. Although the remainder of the sample showed some inflexibility in their preferred coping style, closer analysis revealed that this is especially true of 4 of the introversive participants (27%). They allowed their emotions to play a very limited role in their decision-making activity and also relied on this rigid style of thinking when a less cognitive approach would have been preferable. In other words, the participants' distinctive coping styles were employed in such a manner that the entire sample experienced some difficulty with problem solving and decision making.

When the a:p ratio is examined, the attitudes and values of 9 participants (60%) were reasonably well fixed with a concomitant effect on the conceptual process. Six of these participants (40%) showed ideational sets and values that were so inflexible that they would find it quite difficult to alter their attitudes and opinions or even consider alternative perspectives on issues. Such rigidity is usually rooted in an underlying sense of fragility.

The sample as a whole did not reflect ideational sets commonly associated with cognitive problems. Only 2 participants (13%) scored positively on the HVI scale. The anticipatory or hyperalert state indicated by this index suggests a long-standing, negative or mistrusting attitude that could provoke illogical or even paranoid-like patterns of thought. Although 11 participants gave MOR responses, the frequency of these responses indicated that only 4 participants' (27%) conceptual thinking was marked by a moderate but significant pessimistic set and a substantially lowered quality of conceptual thinking.

The sample's mean value for m, associated with a subtle awareness of external demand situations, is high but within expectations based on the norm groups. However, the sample scored significantly higher on the FM variable compared to both the non-patient (z=1.57) and the outpatient (z=1.16) norm groups, suggesting considerable need states among the participants in the sample.

In fact, of the 10 participants (67%) who scored higher than average on FM+m, the composite left-side eb value of 8 participants (53%) confirms earlier hypotheses on the presence of chronic rather than transient internal need states. The substantial level of peripheral mental activity due to these needs probably frequently interferes with these women's attention and concentration. The Form Quality of 9 participants' (60%) M responses has no interpretative usefulness. For 6 other participants (40%), however, the presence of MQ->1 confirms the presence of some thinking peculiarities.

Situation-related stress further increases this kind of peripheral activity for 2 of these participants (13%).

Twenty-six of the 58 M responses (45%) produced by the sample involved poor use of form (FQ-) or at least one of the Critical Special Scores. This result confirmed the presence of intrusive preoccupations that presented an immature, concrete quality of thinking.

Given all of the above, it is noteworthy that only 1 participant (7%) showed a reasonably flexible style of thinking, problem solving and decision making. Although this person's emotions played a predominant role in these activities, she was able to use more appropriate cognitive approaches to complement the demands of important situations.

Analysis of the six Critical Special Scores confirms that the participants' conceptual thinking clearly resulted in pervasive difficulties in containing or directing ideational activities adaptively, regardless of the unique source of its disruption.

Table 17 below lists the number of answers that warranted Critical Special Scores for all the participants. Only 1 participant (7%) presented an unquestionably clear conceptual thinking with a WSUM6 value of only 3. The value and composition of WSUM6 for the remainder of the sample (N=14) (93%) suggested that, as a group, these individuals tended to think in a disorganised, inconsistent manner, often marked by seriously flawed judgment.

TABLE 17: DISTRIBUTION OF CRITICAL SPECIAL SCORES PER PARTICIPANT

	BJ	BN	BM	PS	HL	HJ	JL	KE	KW	KL	MR	MK	JR	WL	YE
DV	1	2	0	0	1	1	1	1	1	2	0	0	0	0	3
INC	5	3	7	1	3	5	2	1	2	0	1	0	3	6	2
DR	0	2	0	1	3	1	1	2	0	0	0	4	0	1	0
FABC	1	1	2	0	0	1	0	1	0	0	1	0	2	0	1

TABLE 17: DISTRIBUTION OF CRITICAL SPECIAL SCORES PER PARTICIPANT (cont.)

	BJ	BN	BM	PS	HL	HJ	JL	KE	KW	KL	MR	MK	JR	WL	YE
DV2	0	0	0	0	0	1	2	1	0	0	0	0	0	0	0
INC2	4	2	0	0	0	0	2	0	0	0	0	0	0	0	1
DR2	0	0	0	1	1	0	0	2	1	0	0	0	0	0	0
FABC2	2	2	0	0	0	0	0	0	4	0	1	0	1	2	0
ALOG	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0
CONT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SUM6	13	14	9	5	8	9	8	8	8	3	3	4	6	9	7
WSUM6	45	50	22	21	22	20	20	27	39	3	13	12	21	29	15

Figure 9 illustrates the extraordinary frequency of conceptual slippages in the sample.

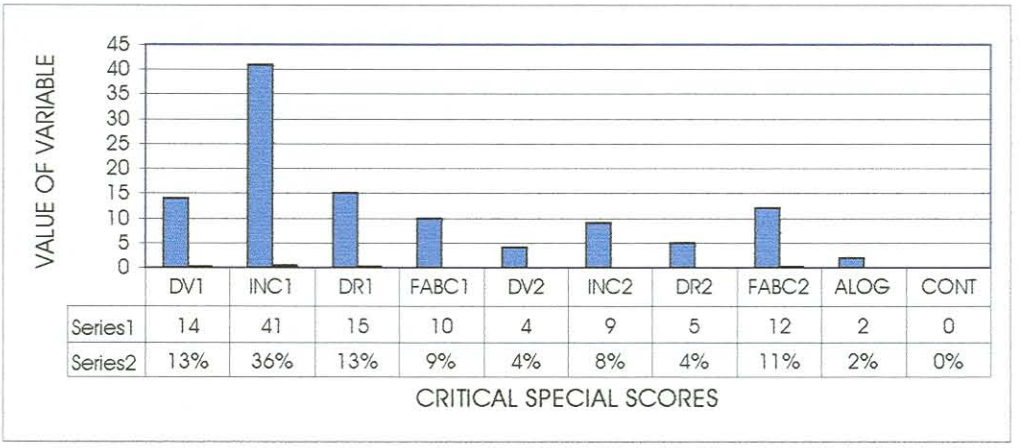

FIGURE 9: POOLED VALUE OF CRITICAL SPECIAL SCORES ACROSS SAMPLE

Figure 10 below indicates that the majority of these slippages (63%) represented mild forms of cognitive mismanagement (i.e. DV1, INCOM1, and DR1 answers), and that only 23% of the assigned Critical Special Scores represented more serious forms of cognitive dysfunction (FABCOM1, DV2, INCOM2, and ALOG answers). Only 13% of the sample's Critical Special Scores resulted from severely impaired conceptual thinking (DR2, FABCOM2, CONTAM). However, the latter involved 9 participants (60%), of whom 6 gave a FABCOM2 answer and 4 gave a DR2 answer. No one gave a CONTAM answer.

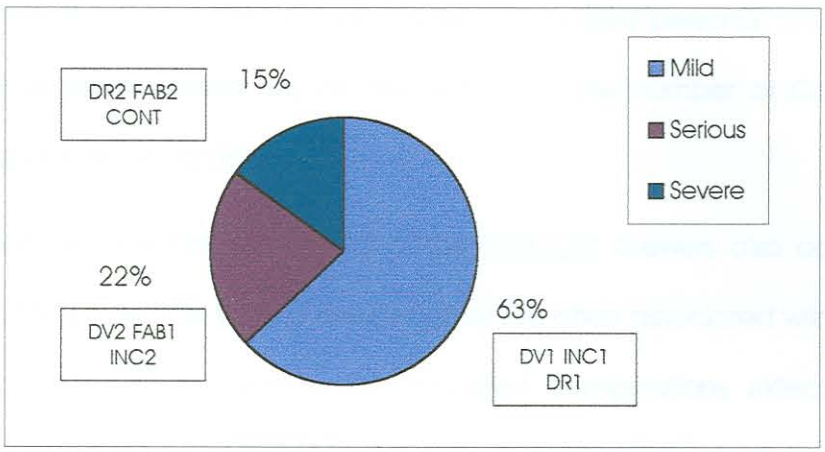

FIGURE 10: DEGREE OF COGNITIVE DYSFUNCTION INDICATED BY CRITICAL SPECIAL SCORES

A review of the standardised scores confirms that the mean for Sum6 is elevated compared to both the non-patient (z=3.87) and the outpatient (z=1.50) norms. Accordingly, the sample's mean value for WSUM6 (23.80) is also significantly elevated compared to the non-patient (z=4.77) and even the outpatient (z=1.34) norm populations.

When the value for WSUM6 rises to such levels as in this sample, there is usually an association with impaired reality testing. However, almost none of the answers containing Critical Special Scores were particularly bizarre. As mentioned above, the majority (63%) represented mild forms of cognitive mismanagement (i.e. DV1, DR1, and INCOM1), reflected by unexpected forms of flawed or immature logic for adults.

In fact, 41 of the 112 (37%) assigned Critical Special Scores comprised INCOM1 answers, in which the participants merged an unusual combination of details into a single object. According to Exner (2001), this kind of answer represents a conceptual failure to discriminate and/or a kind of concrete reasoning. What may be cause for concern, however, is that 7 participants (47%) gave more than two INCOM1 answers. Three of them (20%) also had more than one INCOM2 answer, reaching beyond the occasional, simple discriminatory failure. Although the nine INCOM2 answers in the sample were not truly bizarre either, they did reveal a loose form of logic that tended

to discount reality considerations and/or reflected marked personal preoccupations. The INCOM answers represented almost half (45%) the number of Critical Special Scores assigned for the sample.

Given the above, it is not surprising that the FABCOM answers also occurred at a higher frequency. Like the INCOM answers, they are often associated with less mature forms of ideation. More specifically, fabulised combinations reflect very loose conceptual associations and irrational forms of synthesising. In the sample, they represent a further 20% of the Critical Special Scores.

Only 2 participants (13%) gave ALOG answers to represent a form of strained reasoning where faulty cause-and-effect relationships are connected in a simplistic manner and maintained regardless of apparent flaws in the logic. It follows that, as these ALOG answers were more concrete than bizarre, they also indicated immature thinking and unexpectedly poor judgment.

These instances of unsophisticated, arbitrary connections constitute 78% of the assigned Critical Special Scores.

The 9 ambitent participants produced all the DR responses in the sample, suggesting some form of indecisiveness or a defensive attempt to detach from the task. Although the DR responses in low frequencies simply reflect poor judgment, they could indicate a decline in control over the ideational impulses of the 2 participants (13%) who gave more than two Level 1 answers. On the other hand, the Level 2 responses indicate a more seriously impaired ability to 'stay on target'. They suggest the presence of impulsive and disjointed conceptual thinking in 4 participants (27%) who produced more than one DR2 answer. The DR answers comprise 17% of the sample's Critical Special Scores.

DV1 answers indicate brief moments of cognitive mismanagement, but none of the 5 participants (33%) who produced them scored high enough for the result to be interpretatively significant. However, 3 of these participants (20%) also gave a DV2 response which signalled the presence of intrusive preoccupations and a more serious form of cognitive mismanagement. The DV answers constitute 13% of the Critical Special Scores in the sample.

Given the presence of frequently impaired conceptual thinking in the sample, plus the fact that most of the participants appeared to be continually subjected to the disruptive effects of unmet internal need states, the previously raised question about their repertoire of defensive manoeuvres again becomes relevant. Analysis of the other variables in this cluster does not answer this question satisfactorily.

Based on the Ma:Mp ratio, 4 participants (27%) tended to revert to fantasy more often than is common for most people. Three of them (20%) presented with the 'Snow White Syndrome', routinely escaping from unpleasant situations by flights into fantasy in order to deny reality - often neglecting many of their own needs in the process.

Intellectualisation did not feature as a common defensive measure in this sample. This is clear from its mean on the Intellectualisation Index (mean=2.13) and its standardised scores for non-patients (z=0.38) and outpatients (z=0.27). Only 3 participants (20%) were slightly more inclined to intellectualise their feelings by accepting a distorted form of conceptual thinking in order to deny the true impact of a situation.

From the findings of the ideation cluster it is therefore evident that:

- Practically the entire sample's thinking is characterised by disorganised and inconsistent ideational activity, often marked by seriously flawed judgment (WSUM6).

- In addition to the psychologically ineffective coping styles of the majority of the sample (EB), many also showed some form of rigid inflexibility that pointed to an underlying sense of fragility (a:p).
- Chronic rather than transient need states frequently seemed to interfere with the participants' concentration and attention (FM+m).
- The sample clearly experienced pervasive difficulties in containing or directing their ideational activities adaptively (Sum6), regardless of the unique source of disruption in the individual participants' conceptual thinking.
- Attempts to make arbitrary connections between the elements of a situation frequently compromised their reality testing (INCOM, FABCOM, ALOG).

7.5.5 Affect

Emotions tend to permeate most psychological activity. When emotions interact with thinking, they affect judgments and decisions and impact on many other aspects of behaviour. The sample's performance on the Rorschach variables related to emotion is highlighted in Table 18 below. In addition to the characteristic EB styles referred to in paragraph 7.3.2, these variables provided information about the role and function of emotions in the participants' psychological functioning.

TABLE 18: COLLECTIVE RESULTS FOR AFFECT CLUSTER

VARIABLE	MEAN	S.D.	MIN	MAX	FREQ	MEDIAN	MODE
FC	1.27	1.34	0.00	4.00	10.0	1.00	1.00
CF	1.87	1.89	0.00	7.00	11.0	1.00	1.00
Pure C	[0.27]	[0.57]	0.00	2.00	3.00	0.00	0.00
CP	[0.00]	[0.00]	0.00	0.00	0.00	0.00	0.00
Sum C'	[1.93]	[1.65]	0.00	5.00	11.0	2.00	2.00
Sum T	[0.60]	[1.08]	0.00	3.00	4.00	0.00	0.00
Sum V	[0.27]	[0.57]	0.00	2.00	3.00	0.00	0.00
Sum Y	[1.80]	[1.90]	0.00	7.00	10.0	2.00	-
Afr	0.61	0.16	0.36	0.88	15.0	0.00	-
Blends	5.73	2.57	2.00	10.0	15.0	6.00	6.00

With the exception of two variables (see Table 19 below), the sample generally performed within expectations in terms of both non-patient and outpatient norms. Although it is not unexpected for a psychiatric sample such as this one to perform below average on the FC variable, the significant elevation in Blends compared to the norms for the general psychiatric population is certainly worthy of consideration. One may reasonably expect similar experiences of environmental stress, unfulfilled needs, and unresolved conflicts in both these populations.

TABLE 19: STANDARDISED SCORES COMPARED TO NORMATIVE DATA – AFFECT CLUSTER

	NON-PATIENT ADULTS (z)					OUTPATIENT ADULTS (z)				
VARIABLE	Z MEAN	S.E.	S.D.	KURTOSIS	SKEW	Z MEAN	S.E.	S.D.	KURTOSIS	SKEW
FC	-1.22	0.19	0.74	0.21	1.12	-0.08	0.27	1.03	0.21	1.12
CF	-0.41	0.39	1.50	2.00	1.33	0.49	0.38	1.48	2.00	1.33
Pure C	[0.40]	[0.41]	1.60	[4.78]	[2.27]	[-0.30]	[0.17]	[0.67]	[4.78]	[2.27]
CP	[0.00]	[0.00]	[0.00]	-	-	[0.00]	[0.00]	[0.00]	-	-
WSUMC	-0.82	0.32	1.24	3.26	1.41	0.10	0.30	1.16	3.26	1.41
Sum C'	[0.38]	[0.38]	1.47	[-0.51]	[0.61]	[0.74]	[0.35]	[1.37]	[-0.51]	[0.61]
Sum T	[-0.57]	[0.47]	1.84	[1.21]	[1.64]	[0.10]	[0.34]	[1.33]	[1.21]	[1.64]
Sum V	[-0.02]	[0.25]	0.97	[4.78]	[2.27]	[-0.23]	[0.20]	[0.77]	[4.78]	[2.27]
Sum Y	[1.24]	[0.53]	2.05	[2.28]	[1.42]	[0.68]	[0.45]	[1.73]	[2.28]	[1.42]
Afr	-0.36	0.26	1.02	-1.05	0.31	0.17	0.22	0.86	-1.05	0.31
Blends	0.28	0.33	1.28	-1.04	0.12	1.08	0.28	1.10	-1.04	0.12

Although the mean values for the achromatic colour (C') and the different shading determinants (T, V, and Y) are not interpretatively significant, analysis of individual differences proved useful. Unexpected elevations[5] in the variables constituting the right-side eb suggest that 9 participants (60%) were suffering from some form of negative affective experience. Three of these participants (20%) featured an eb ratio with the value of the right side exceeding that of the left side, signalling the presence of intense emotional discomfort or even distress.

[5] i.e. SumC'>2; SumT>1; SumV>0; SumY>2

As is evident from the distribution of the individual scores listed in Table 20 below however, the varied sources and extent of their discomfort complicate the formulation of individual hypotheses that would serve the purpose of the current study.

TABLE 20: DISTRIBUTION OF RIGHT-SIDE eb VALUES PER PARTICIPANT

VARIABLE	BJ	BN	BM	PS	HL	HJ	JL	KE	KW	KL	MR	MK	JR	WL	YE
SumC'	4	2	2	0	3	5	2	1	2	0	0	5	2	0	1
SumT	1	2	0	0	3	0	0	0	0	0	0	3	0	0	0
SumV	2	0	1	0	0	0	0	0	0	1	0	0	0	0	0
SumY	4	2	0	7	2	2	0	2	4	0	1	1	0	0	2

Given their respective EB styles, the sample's Afr suggests that the majority (N=9) (60%) was as willing or interested as most other adults in processing emotional stimuli. One participant (7%) was very attracted by emotional stimulation and apparently quite interested in emotional exchange. However, her DEPI and CDI scores indicated that her personality organisation was vulnerable to frequent experiences of affective disruption. The remainder of the sample (33%) showed below average values for Afr. Four of these participants (27%), all ambitent, preferred to be less involved with emotional stimuli. Given their control and modulation difficulties, this could signal some awareness of the problem and an inclination to avoid situations that could exacerbate it. Two of these participants tended to deal with feelings on an intellectual level more often than most people. Only 1 participant (7%) showed a marked tendency to avoid emotional stimuli, suggesting that she was uncomfortable with emotions. Not surprisingly, she was even more inclined to rely on a defensive use of intellectualisation to reduce or neutralise the true impact of emotions that were unavoidable.

Analysis of the FC:CF+C ratios in the group suggests that 87% of the sample (N=13) experienced some degree of difficulty with the modulation and expression of their emotions. This is illustrated in Figure 11, and described in more detail below.

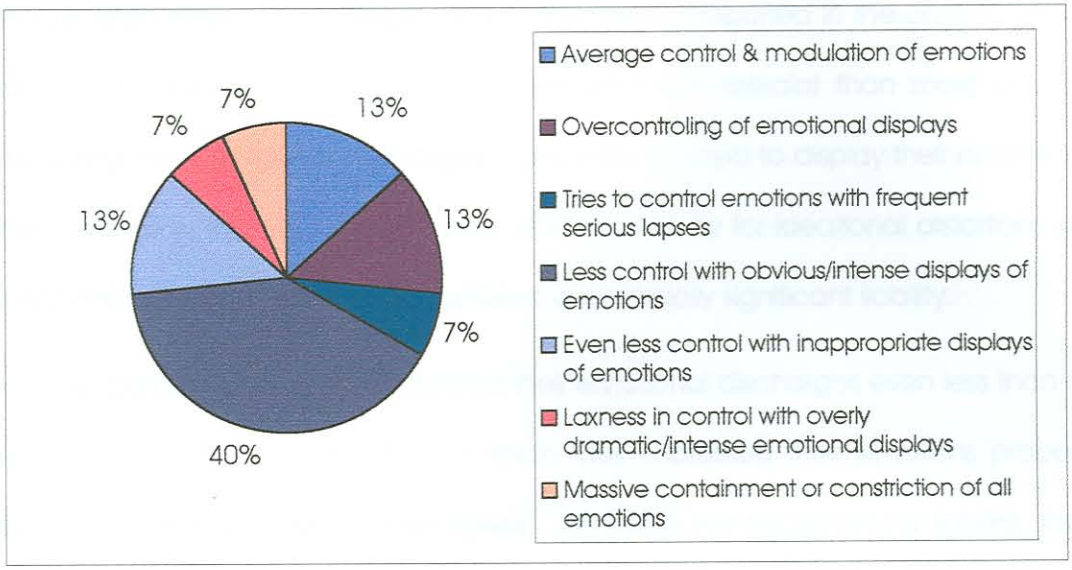

FIGURE 11: MODULATION AND DISPLAY OF EMOTIONAL DISCHARGES IN THE SAMPLE

As is evident from Figure 11, only 2 participants (13%) in the entire sample controlled or modulated their emotional discharges about as much as most adults do. Still, given the value of their EBs, one would have expected these two introversive participants to modulate any emotional displays quite tightly. In addition to featuring Adj D scores in the minus range, however, they might actually exert somewhat less control over their emotions than usual due to the present overload of situational stress (D Score>-1). It is then not surprising that both of them also had a positive DEPI.

Two other ambitent participants (13%) were inclined to overcontrol their emotional displays much more than most people, suggesting a fearfulness or mistrust of being involved in intense emotional experiences. This deduction is confirmed by an unexpected elevation in the achromatic colour responses (SumC'=5) of one of these two participants who also had a positive HVI. The other's SumY value of 7 clearly showed her frustration with the feelings of helplessness that arose from an inability to resolve a particularly stressful situation in her life.

One participant (7%) strove to modulate her emotional discharges effectively, but potentially serious lapses in modulation were nevertheless frequent.

Although probably not surprising in view of the findings reported in the controls cluster, most of the participants (N=6[6]) (40%) exercised less restraint than most adults in modulating their emotional discharges. They were inclined to display their emotions in rather obvious or intense ways. In view of their proclivity for ideational distortions and control difficulties, this tendency constituted a potentially significant liability.

Two other participants (13%) modulated their emotional discharges even less than the above group, and the intensity with which they expressed their emotions probably frequently called attention to themselves. Although not necessarily a liability, these participants' impaired capacity for control and specific ideational problems left them at risk when their passionate emotional expressions were inappropriate under the given circumstances.

The 1 extratensive participant (7%) showed a unique way of dealing with affective experiences. Her FC:CF+C ratio of 1:8 suggests that she is by nature an emotionally immature person whose emotions are often shallow and superficial and relatively transitory. Rather than the more formal and reserved expression of relatively stable affects, she showed a significant laxness in modulating her emotions and tended to express her emotions in an overly dramatic and overly intense manner. However, as is evident from her positive D score (+2) and the apparent lack of experienced emotional difficulties (eb=5:2; DEPI=2; CDI=1; Afr=0.85), she is not incapable of exerting self-control and keeping her emotions in check. Rather, she chooses not to do so. Her childish tendency towards expansive or explosive, potentially inappropriate emotionality nevertheless creates a significant vulnerability in adjustment.

Finally, 1 participant (7%) had a SumC of 0 (zero). In combination with a left-side EB value of 4, this signalled a massive containment or constriction of affect. She currently uses considerable energy to ensure that her emotions are all strictly concealed and

[6] Unexpectedly, two of these participants have a distinctively introversive EB style.

controlled. However, the combination of a positive CDI with a D score and (revised) Adj D in the minus range makes it particularly unlikely that she would be able to maintain this sort of extreme constriction over a lengthy period of time. In fact, if she does not allow for episodes of deliberate release, she is likely to become overwhelmed by the increasing intensity of her affects. These would thrust her into a labile state where her emotions dominate most of her psychological functioning. When this happens, her emotions would force her into decisions and behaviours that would bring relief, regardless of the realities of the situation.

An examination of the DEPI and CDI combinations in the sample elucidated the cost to some of the group members' affective vulnerabilities. Two participants (13%) had a DEPI value of 6 but a value for the CDI of less than 4. This signalled a significant and potentially disabling affective problem that probably promoted behavioural dysfunction. The DEPI and CDI values of 3 other participants (20%) confirmed the presence of a personality organisation that was vulnerable to frequent experiences of affective disruption. Both the DEPI and CDI of another participant (7%) had a value of 5, alluding to the potential for affective problems in response to social adjustment difficulties.

Analysis of the WSUMC':WSUMC ratio indicated that 6 participants (40%) tended to inhibit the release of their emotions much more frequently than most people, and they were burdened by more irritating affects than should normally be the case.

The frequency and sequence of Space responses by 7 participants (47%) are interpretatively insignificant. However, it indicated the likelihood of a somewhat negativistic set in 3 participants (20%). This could impair their ability to create and sustain rewarding social relationships. In another 5 participants (33%), the frequency of Space responses points to the presence of trait-like, considerable anger that had to affect their decision-making and coping activities. It is then significant that all but one

of these participants had an elevated value for SUMC', suggesting that they often internalised these emotions.

The sample showed an unusual complexity when the proportion and composition of Blends in each protocol were examined against the backdrop of the participants' EB style. Table 21 below lists each participant's performance in the Complexity Index as well as a revised index for which the calculations take the impact of environmental stress into account.

TABLE 21: PARTICIPANTS' CURRENT AND USUAL LEVELS OF PSYCHOLOGICAL COMPLEXITY

Level of Complexity	Ambitents (16-36%*)								Extratensive (19-33%*)			Introversives (13-26%*)			
Participant	BN	PS	HL	HJ	KE	KW	MK	JR	WL	JL	BJ	BM	KL	MR	YE
Blends/R (Current)	0.71	0.44	0.10	0.23	0.47	0.38	0.40	0.10	0.21	0.25	0.34	0.53	0.14	0.19	0.27
Blends/R (Usual)	0.57	0.31	0.07	0.23	0.47	0.19	0.40	0.10	0.21	0.21	0.28	0.47	0.14	0.13	0.27

*Average for EB style

It is clear from Table 21 that 2 of the ambitent participants, the 1 extratensive participant, and 2 of the introversive participants (33%) featured a current level of psychological complexity that is not unlike that of others with a similar style orientation. The psychological organisation of 2 other participants (13%), both ambitent, was most likely marked by some sort of immaturity or impoverishment. Given their other difficulties with controlling and modulating their emotions, they could be expected to manifest behavioural difficulties in complex emotional situations.

The remainder of participants (N=8) (53%) showed a more complex than expected psychological functioning. In at least 6 of these participants (40%), this unexpectedly high level of psychological complexity appeared to be characteristic.

What is unexpected, however, is that 10 participants' (67%) usual level of complexity appeared to be relatively unaffected by current stressors in their lives. Given the

extent of other difficulties previously reported for these participants, they could have found some means to absorb the effects of these stressors.

Figure 12 below illustrates the difference between the sample's current and usual levels of psychological complexity.

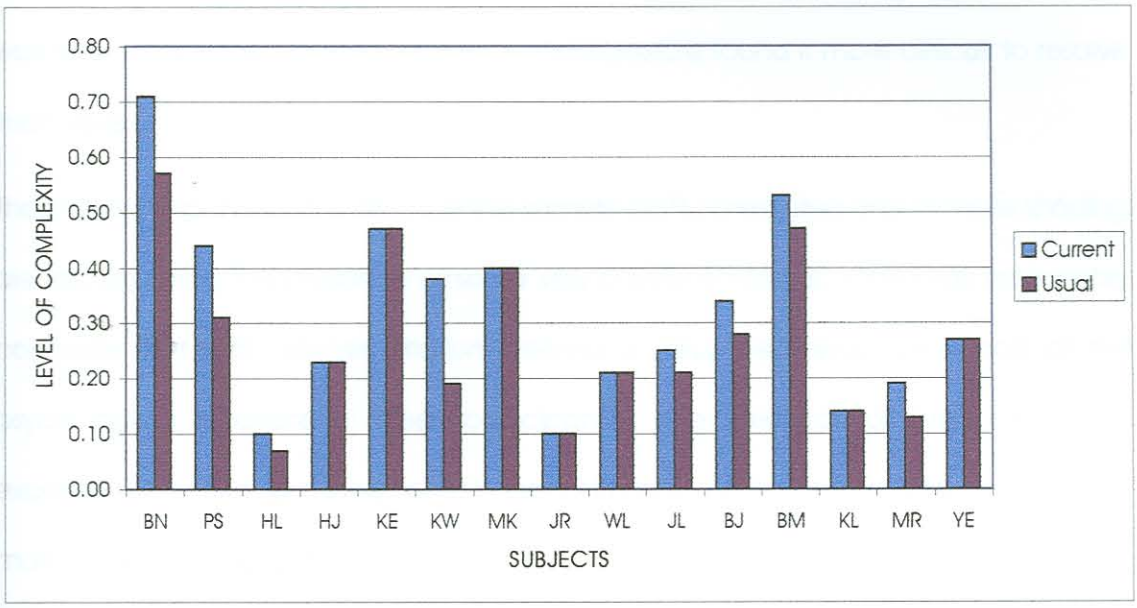

FIGURE 21: PARTICIPANTS' CURRENT AND USUAL LEVELS OF PSYCHOLOGICAL COMPLEXITY

The unexpectedly high number of determinants per blend suggests, regardless of the above findings, that the psychological functioning of almost all the participants (N=12) (80%) become inordinately complex at times. While not necessarily a liability, the sample's previously mentioned vulnerabilities regarding the availability of resources and problems with controlling and modulating their emotions could easily contribute to dysfunction.

Bearing the characteristics of the participants' distinctive EB styles in mind, the frequency and composition of colour-shading blends in 4 participants' (27%) protocols suggest that they are sometimes uncertain or confused by emotions or emotional situations. This is not unexpected of 3 of these participants (20%) who are ambitent, and it probably contributed to their inconsistent approach to decision making and problem solving.

Two participants (13%) tended to experience feelings more intensely than most people. They were often confused by the impact of emotions and sometimes found it difficult to bring emotional situations to a close. The frequency of such confusing emotional experiences was exacerbated by situationally related events in both their lives. These experiences were particularly disruptive for the introversive participant, who was less accustomed to such situations and therefore found it more difficult to resolve such issues.

These 2 participants and 3 others in the sample (33%) presented one or more shading blends, signalling the presence of some very painful emotions. One may reasonably conclude that such intense irritation created a disruptive impact on almost all the psychological functions of these participants. The presence of such tormenting experiences would probably affect their attention and concentration and could markedly impair their judgment.

From the affect cluster's findings it can be inferred that:

- Most of the participants showed a willingness to deal with emotions (Afr), and few were uncertain or confused by emotions or emotional situations (colour-shading Blends).
- The majority of participants endured some form of negative affective experience (eb).
- The entire sample experienced some difficulty with controlling and modulating their emotions. Some exercised excessive control over these emotions, but the majority typically restrained their emotions much less than most people and often expressed their emotions in intense and/or dramatic ways (FC:CF+C).

- Most participants attempted to keep their emotions at a peripheral level, but the majority was nevertheless affected by the inconsistent impact of emotions on their decisions and the behavioural implementation of those decisions (EB).

- The majority of the sample was psychologically rather complex. Most participants' level of complexity appeared relatively unaffected by current situational stress (Blends/R).

7.5.6 Self-perception

This section deals with the image that members of the sample had of themselves, with impressions they had regarding their own characteristics. These may or may not be accurate and/or accessible to their conscious awareness. The extent to which these participants were involved with themselves in contrast to their concerns for the external world was examined.

The participants' performance on the Rorschach variables related to this aspect of their personalities and psychological functioning is listed in Table 22 below.

TABLE 22: COLLECTIVE RESULTS FOR SELF-PERCEPTION CLUSTER

VARIABLE	MEAN	S.D.	MIN	MAX	FREQ	MEDIAN	MODE
3r+(2)/R	0.45	0.19	0.14	0.80	15	0.40	0.33
Fr+rF	[0.33]	[0.60]	0.00	2.00	4	0.00	0.00
FD	[1.87]	[1.36]	0.00	4.00	12	2.00	-
H	2.60	1.50	0.00	6.00	14	3.00	3.00
(H)	0.87	0.81	0.00	3.00	10	1.00	1.00
Hd	1.33	1.25	0.00	4.00	11	1.00	1.00
(Hd)	0.47	0.62	0.00	2.00	6	0.00	0.00
Hx	[0.20]	[0.54]	0.00	2.00	2	0.00	0.00
An	[2.00]	[2.19]	0.00	7.00	11	1.00	1.00
Xy	[0.13]	[0.50]	0.00	2.00	1	0.00	0.00
Sx	[0.27]	[0.57]	0.00	2.00	3	0.00	0.00
MOR	[1.40]	[1.25]	0.00	4.00	11	1.00	1.00
Sum V	[0.27]	[0.57]	0.00	2.00	3	0.00	0.00

It is evident from Table 23 below that the sample generally performed within expectations in a comparison with the normative groups, with the apparent exception

of anatomy responses. However, when this finding is interpreted, the non-parametric qualities of An should be borne in mind and descriptive properties of frequency data should be studied.

TABLE 23: STANDARDISED SCORES COMPARED TO NORMATIVE DATA – SELF-PERCEPTION

	NON-PATIENT ADULTS (z)					OUTPATIENT ADULTS (z)				
VARIABLE	Z MEAN	S.E.	S.D.	KURTOSIS	SKEW	Z MEAN	S.E.	S.D.	KURTOSIS	SKEW
3r+(2)/R	0.53	0.57	2.21	-0.90	0.39	0.27	0.37	1.42	-0.90	0.39
Fr+rF	[0.52]	[0.37]	1.44	[2.63]	[1.79]	[0.23]	[0.25]	0.98	[2.63]	[1.79]
FD	[0.66]	[0.39]	1.52	[-1.40]	[0.23]	[0.87]	[0.36]	1.40	[-1.40]	[0.23]
H	-0.36	0.23	0.91	0.26	0.38	0.22	0.28	1.08	0.26	0.38
(H)	-0.35	0.21	0.82	1.96	1.13	-0.25	0.18	0.69	1.69	1.13
Hd	0.48	0.33	1.27	0.76	1.12	-0.08	0.22	0.84	0.76	1.12
(Hd)	0.51	0.33	1.28	0.40	1.08	-0.10	0.19	0.74	0.40	1.08
Hx	[0.74]	[0.63]	[2.44]	[8.39]	[2.92]	[0.81]	[0.69]	2.67	[8.39]	[2.92]
An	[1.90]	[0.76]	[2.95]	[1.72]	[1.53]	[1.01]	[0.48]	[1.87]	[1.72]	[1.53]
Xy	[0.35]	[0.56]	[2.15]	[15.00]	[3.87]	[0.04]	[0.40]	[1.56]	[15.00]	[3.87]
Sx	[0.33]	[0.33]	[1.26]	[4.78]	[2.27]	[-0.32]	[0.15]	[0.60]	[4.78]	[2.27]
MOR	[0.69]	[0.38]	[1.46]	[-0.64]	[0.70]	[0.26]	[0.25]	[0.98]	[-0.64]	[0.70]
Sum V	[-0.02]	[0.25]	[0.97]	[4.78]	[2.27]	[-0.23]	[0.20]	[0.77]	[4.78]	[2.27]

Despite the nondescript standardised scores, an examination of the individual records rendered potentially significant commonalities in the participants' views of themselves.

Four participants (27%) showed unexpected elevations in their reflection answers (Fr+rF), indicating that they were unusually self-centred and had an exaggerated sense of their personal worth. These characteristics could be basic personality features that dominated their perceptions of themselves and their worlds. As the need for reaffirmation and/or reinforcement of their exaggerated sense of personal pride would substantially impact on their decisions and behaviours, these participants would find it more difficult to establish deep and meaningful interpersonal relationships. This could in turn provoke introspection that might result in internal conflict due to some awareness that the high values they attributed to themselves may not be valid.

The Egocentricity Index (3r+(2)/R) of all but one of these participants (N=3) (20%) was also above average. This finding confirms that the above-mentioned narcissistic-like

features were strongly embedded in their psychology and provided some confirmation of their extensive self-involvement and inclination to assess themselves quite highly.

The result for another 4 participants (47%) whose Egocentricity Index was also above average signalled an unusually strong concern with themselves that could easily lead to neglect of the external world. Although such scores may indicate a high self-regard or estimate of personal worth, it was clear from the research interviews and/or other Rorschach findings that these participants' self-concepts rather involved a marked sense of personal dissatisfaction.

The Egocentricity Index of another 5 participants (33%) suggested a quite negative estimate of their personal worth. They regarded themselves less favourably in comparison with others. Not surprisingly, 3 of them scored positively on the DEPI.

Four participants (27%) presented a frequency of MOR answers that confirmed their self-image was noticeably marked by negative features. Their perceptions of themselves were consequently quite pessimistic. Another's result signalled the presence of some conflict between her self-image and self-value that might stem from perceived educational failure.

The value for An+Xy suggests that almost half the sample (N=6) (47%) experienced some unusual body concern. Although not necessarily significant in the case of 3 of the participants (20%), the combined presence with MOR and/or FQ- determinants suggests that it is a significant issue in at least 2 of these women's (13%) psychological organisation. The extent of body concern of the other 4 participants (27%) with an elevation on this scale in the absence of known physical problems, suggests the likelihood of a disconcerting sense of vulnerability that is prompted by rumination about their body and/or self-image.

Not surprisingly the majority (N=8) (53%) engaged in some unusual self-inspecting behaviour. For 1 of them (7%) this involved a constructive striving for self-improvement. The presence of a V score in 3 participants' records signified a preoccupation with perceived negative features, whereas the same result for the other participants merely represented some rumination about themselves.

The absence of FD or V answers in 3 other participants' (20%) records suggests that their view of themselves is unlikely to change due to increased self-awareness, as they seldom engaged in self-inspecting behaviour. In fact, only 4 participants (27%) routinely made use of introspection to promote the reevaluation of their self-image.

What is of more concern, however, is that an analysis of the H:(H)+Hd+(Hd) ratio and its content coding suggests that only 3 participants' (20%) self-image is based on real experience with real people instead of on their imagination. The majority of the sample's (N=12) (80%) self-image and/or self-value seemed largely based on imaginary impressions or distortions of real experiences. This implies that most participants were less mature, that their self-awareness was limited, and/or that they had more distorted notions about themselves.

This distorted notion is not surprising in 2 of the participants (13%) who were hypervigilant. As they were inclined to mistrust their environments and were preoccupied by the possibility of being degraded or manipulated, they invested considerable energy into maintaining a state of preparedness so that they could timeously identify potential threats to their self-esteem. Their personal integrity was particularly important to them, and they would defend it by attributing the causes of negative events to external forces, regardless of the realities of the situation.

From the above findings on self-perception, it is evident that:

- The participants had negative self-images, although some tried to deny this by employing narcissistic methods of defence (3r+(2)/R and Fr+rF).

- At least half the sample maintained an unusual body concern that could reflect a sense of their perceived vulnerabilities (An+Xy).
- The majority of the participants' image of themselves was rooted in imaginary impressions or distortions of real experiences (H:(H)+Hd+(Hd)).
- It is unlikely that introspection would markedly affect the majority of the sample's perception of themselves despite being quite involved with themselves (FD and V).

7.5.7 Interpersonal perception and behaviour

A number of factors affect how people perceive and relate to others. In addition to external elements that prescribe adherence to certain roles or expectations, internal factors such as needs, attitudes, emotional states, and coping styles also have a considerable impact on people's notions of their social environments.

Table 24 below lists the sample's Rorschach data for the variables related to interpersonal perception.

TABLE 24: COLLECTIVE RESULTS FOR INTERPERSONAL-PERCEPTION CLUSTER

VARIABLE	MEAN	S.D.	MIN	MAX	FREQ	MEDIAN	MODE
All H	5.47	2.50	3.00	12.00	15	5.00	5.00
H	2.60	1.50	0.00	6.00	14	3.00	3.00
(H)	0.87	0.81	0.00	3.00	10	1.00	1.00
Hd	1.33	1.25	0.00	4.00	11	1.00	1.00
(Hd)	0.47	0.62	0.00	2.00	6	0.00	0.00
Isolate/R	0.20	0.20	0.00	0.79	13	0.14	-
Sum T	[0.60]	[1.08]	0.00	3.00	4	0.00	0.00
Fd	[0.20]	[0.40]	0.00	1.00	3	0.00	0.00
COP	1.13	1.02	0.00	4.00	11	1.00	1.00
AG	0.60	0.88	0.00	3.00	6	0.00	0.00
PER	1.40	1.54	0.00	5.00	8	1.00	0.00
a (active)	7.33	3.52	2.00	14.00	15	7.00	-
p (passive)	4.93	2.91	0.00	11.00	14	4.00	3.00
GHR	2.87	0.63	1.00	5.00	15	3.00	3.00
PHR	3.13	1.92	0.00	11.00	15	2.00	2.00

The sample as a whole appeared to differ substantially from the normative samples on the Isolation Index, active and passive movement variables, and the quality of their human responses (see Table 25 below). It is not unusual for a psychiatric sample to differ substantially from the non-patient norms for the GHR:PHR ratio, and to be more inactive or isolated in their interpersonal relationships than people without a DSM-IV diagnosis. However, analysis of the individual records indicated that the standardised scores highlighted in Table 25 below should be interpreted with caution, as only a small portion of the sample actually scored positive variables that identified the presence of features that could negatively impact on interpersonal perceptions or behaviours, even in a comparison with outpatient norm populations.

TABLE 25: STANDARDISED SCORES COMPARED TO NORMATIVE DATA - INTERPERSONAL PERCEPTION

	NON-PATIENT ADULTS (z)					OUTPATIENT ADULTS (z)				
VARIABLE	Z MEAN	S.E.	S.D.	KURTOSIS	SKEW	Z MEAN	S.E.	S.D.	KURTOSIS	SKEW
All H	0.06	0.38	1.46	1.44	1.31	0.06	0.24	0.92	1.44	1.31
H	-0.36	0.23	0.91	0.26	0.38	0.22	0.28	1.08	0.26	0.38
(H)	-0.35	0.21	0.82	1.96	1.13	-0.25	0.18	0.69	1.69	1.13
Hd	0.48	0.33	1.27	0.76	1.12	-0.08	0.22	0.84	0.76	1.12
(Hd)	0.51	0.33	1.28	0.40	1.08	-0.10	0.19	0.74	0.40	1.08
Isolate/R	1.01	0.63	2.44	0.55	0.94	1.08	0.41	1.57	0.55	0.94
Sum T	[-0.57]	[0.47]	[1.84]	[1.21]	[1.64]	[0.10]	[0.34]	[1.33]	[1.21]	[1.64]
Fd	[-0.01]	[0.14]	[0.54]	[0.90]	[1.67]	[-0.18]	[0.21]	[0.81]	[0.90]	[1.67]
COP	-0.63	0.20	0.77	2.83	1.36	0.15	0.25	0.96	2.83	1.36
AG	-0.44	0.20	1.93	2.36	1.63	-0.24	0.19	0.75	2.36	1.63
PER	0.53	0.45	1.75	-0.12	0.82	0.22	0.25	0.97	-0.12	0.82
active	0.40	0.42	1.63	-0.81	0.38	1.16	0.35	1.35	-0.81	0.38
passive	1.24	0.47	1.84	0.18	0.80	0.59	0.32	1.22	0.18	0.80
GHR	-1.16	0.18	0.70	-0.12	0.03	-0.34	0.18	0.71	-0.12	0.03
PHR	1.10	0.47	1.83	5.01	1.99	0.26	0.32	1.24	5.01	1.99

When the individual participants' a:p ratio is examined without consideration of other elements, the participants did not seem particularly passive in their interpersonal relations. This is contrary to expectations for psychiatric participants, but might cast some light on the sample's elevated standard score for active movement (z=1.16) when compared to the norms of another outpatient sample. In fact, the a:p ratio of

only 4 participants (27%) indicated that they would assume a passive role in their interpersonal relationships. The substantial frequency of passive movement answers produced by these participants confirmed that they would prefer to rely on others to take responsibility for decision making. They were less inclined to identify alternative solutions to problems or to initiate new patterns of behaviour.

The unexpected elevation in another 3 participants' Fd responses intimated that a further 20% of the sample could exhibit greater dependency behaviour than is typical for adults. These participants probably also relied on others for direction and support, and they tended to be rather naïve in their expectations concerning interpersonal relations.

Excessive dependency appears to be but one way in which the participants addressed their interpersonal needs.

Except for 1 participant (7%) who acknowledged and conveyed her need for closeness in ways similar to those of most people (SumT=1), the majority of the participants (N=11)[7] produced no texture responses. This suggests that 73% of the participants were probably overly concerned with personal space and much more cautious about creating or maintaining close emotional ties with others.

Another 3 participants (20%) showed unexpected elevations in their texture responses (SumT>1), indicating the presence of very strong unfulfilled needs for closeness. As their histories were void of a recent emotional loss, it is doubtful whether these yearnings were merely reactive. It seemed likely that they had a more sustained experience of longing or loneliness which they felt unable to reconcile or satisfy.

When the issues around R and EB styles are considered, the relation of Pure H contents to all human contents in individual participants' protocols suggests that the sample as

[7] Although the potential for a false positive finding was ruled out for 3 of the 4 participants' whose records were completely void of grey-black or shading responses, inferences based on their T-less protocols should be approached with caution.

a whole was quite interested in people. Figure 13 below illustrates the sample's characteristic interest in and conceptions of others (described in more detail below).

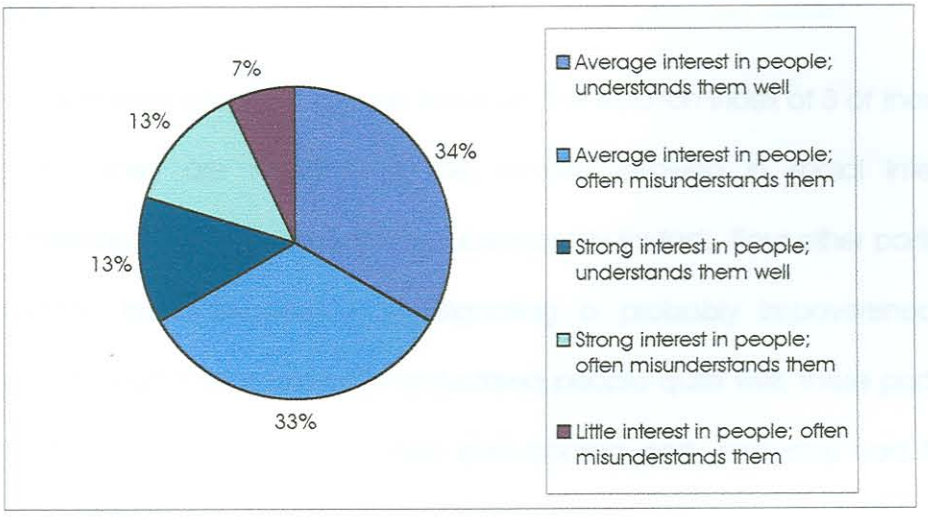

FIGURE 13: CHARACTERISTICS OF SAMPLE'S PERCEPTIONS OF OTHERS

The majority of the sample (N=10) (66%) were as interested in others as most people are. However, only half of them can be expected to conceptualise people in ways that are reality-based. The other 5 participants (33%) probably do not understand people that well and would tend to misinterpret social gestures to the detriment of interpersonal relationships. A similar ratio applies to the 4 participants (27%) who were strongly interested in others. The interest of 2 of them in others was based on an understanding of people that seemed to be grounded in reality, whereas the other 2 (13%) did not understand people very well - with similarly negative social consequences. Only 1 participant (7%) showed very little interest in others, and as she also failed to understand them, she was probably emotionally withdrawn, with few social contacts.

The presence of COP and AG responses in the sample occurred infrequently, with COP's median and mode at 1 and AG's even lower at 0 (zero). However, the combination and rate at which they appeared in the majority of the participants' (N=10) records, confirm that 67% of the sample seemed open to interpersonal exchanges and usually expected them to be positive.

Only 1 participant in the sample (7%) is likely to be regarded by others as likeable and outgoing. However, the Bt+2Cl+Ge+Ls+2Na/R ratio suggests that she is socially quite isolated.

Despite the sample's interest in people however, the Isolation Index of 3 of them (20%) suggests that they are reluctant to be actively involved in social interaction. Their participation in social activities was subsequently limited. Four other participants' (27%) Isolation Index exceeds 0.33, signalling a probably impoverished social existence. Although they seemed to understand people quite well, these participants found it difficult to connect with others and consequently probably had few truly rewarding relationships.

Two participants (13%) did not routinely anticipate positive interaction between people. Although both reportedly had satisfying relationships with their spouses, they felt less comfortable in interpersonal situations and preferred to remain on the periphery of group interactions. Others were likely to regard them as distant and aloof, and this probably contributed to their sense of discomfort in the presence of strangers. Not surprisingly, one of them was positive on the CDI, whereas the other had a positive HVI.

Two other participants (13%) perceived aggressiveness to be a natural part of interpersonal relationships. This was cause for concern as they also tended to misunderstand social cues. Both of them were typically more negativistic or oppositional towards their environments. Despite these Rorschach findings, however, neither was perceived as particularly forceful or aggressive in their everyday interaction. Other findings suggest that they probably seldom voiced but rather internalised these negative affects. Both also scored positive on the DEPI.

Six other participants (40%) gave PER answers which suggest that they would be somewhat more defensive in their interpersonal relationships than most people. They

often relied on a display of knowledge as a way of reassuring themselves and to avoid having to contend with challenges from others. Only 1 participant (7%) was inclined to become defensively authoritarian when she felt insecure about her personal integrity in interpersonal relationships. Although usually adaptive, others probably regarded her as rigid or narrow-minded and she struggled to maintain close relationships.

The value for the GHR:PHR ratio of most participants (N=9) (60%) confirms that, regardless of their interpersonal strategies, their social activities were usually adaptive and regarded favourably by others. However, the opposite is true of 6 other participants (40%). Their GHR:PHR ratio suggests that they were prone to engage in interpersonal behaviours that were probably less adaptive to situations than might be desirable. They might subsequently be regarded more unfavourably by others.

From the above findings on the sample's interpersonal perceptions, it is clear that:

- People were important to them (H:(H)+Hd+(Hd), and most of the participants expected social interactions to be positive (COP and AG).
- The sample suffered from chronic interpersonal deprivation that significantly impacted on their relationships (SumT).
- Some participants were excessively dependent on others (a:p and Fd), but the majority were quite guarded about establishing and maintaining close interpersonal relations (SumT=0). A few were even socially isolated (Bt+2Cl+Ge+Ls+2Na/R).
- The majority of participants behaved in adaptive, socially appropriate ways and others probably regarded them favourably (GHR:PHR).