

CHAPTER 5

STATISTICAL RESULTS OF THE CYCLOID SAMPLE

Introduction

This chapter critically discusses the results obtained from the sample, and offers a meta-level and theoretical integration of the findings. The areas discussed follow the structure outlined in the previous chapters, namely, a discussion of (a) psychological preference (*EB*), (b) the modulation of affect, (c) viewing the self, and (d) relating to others. To ensure a detailed analysis the results will initially be studied from a group perspective after which the standard deviation and variance of variables for each participant will also be studied. The goal of this process is to aid theoretical understanding and stimulate further research. The sample's demographic variables follow an analysis of the interrater reliability results.

Interrater Reliability

To assess interrater reliability, Pearson correlation coefficients were computed between the paired mean ratings of all raters (four in total, including the researcher) for each of the 113 variables (i.e., Pearson coefficients were applied to each possible pair of measurements). The means were computed per rater for each variable observed for 15 participants. The Pearson correlation coefficient serves as a measure of the extent to which measurements (in this case, the means of each rater's observations per variable for the same 15 protocols) vary together. In other words, are large means of one rater associated with large means of another (positive correlation); are small means of one rater associated with large means of another (negative correlation); or are means of two raters unrelated (correlation near zero) for the 113 variables observed for the same 15 cases (Voster, 2010). The correlation

coefficient value is independent of the units in which the variables are expressed. The resulting correlation matrix is as follows:

Table 5.1.

Pearson Correlation Coefficients for the Three Interraters (1, 2, 4) and the Original Group Statistics (3)

Rater	1	2	3
2	0.985	-	-
3	0.983	0.996	-
4	0.999	0.986	0.983

High correlations (>0.8) were achieved between the mean measurements of all raters. Measurements by Raters 1 and 4, and to a lesser extent Raters 2 and 3, achieved a near-perfect correlation. Weiner (1991) suggests that interscorer agreement should at least be 0.80 for the chosen Rorschach indices. The findings thus comply with the expectations and standards as set forth by Weiner (1991).

Demographic Variables of the Sample: Sample and Participant Characteristics

Introduction

The following section describes the demographic distributions of the sample: (a) age, (b) gender and race, (c) educational level, (d) marital status, (e) employments status, (f) inpatient/outpatient status, and finally, (g) principles diagnosis. Table 5.2 summarises the main variables that constitute affect modulation, view of the self, and relating to others to be discussed shortly. A detailed analysis of the descriptive statistics of participants are presented in volume 2 (Appendix D), under the headings (a) RIAP descriptive statistics for 50 selected protocols, (b) Raw descriptive data, and (c) Individual analysis computations.

Table 5.2.
 Results for Variables 'Modulating Affect', 'Viewing the Self', and 'Relating to Others'

Variable:	Age	Yrs Ed	Afr	Sum C'	WSum C	Col. Shading Blends	Sum Shading	S	EBPer	FC	CF	C	CF +C
Mean	36.26	12.68	0.58	1.62	3.52	0.44	3.22	2.00	3.64	1.28	1.32	1.04	2.36
Minimum	18.00	7.00	0.23	0.00	0.00	0.00	0.00	0.00	1.80	0.00	0.00	0.00	0.00
Maximum	58.00	19.00	1.20	7.00	8.50	2.00	12.00	8.00	8.50	5.00	5.00	5.00	6.00
Standard Deviation	11.77	2.59	0.23	1.81	2.10	0.64	2.64	2.00	1.96	1.26	1.24	1.28	1.59
Variance	138.60	6.71	0.05	3.26	4.40	0.41	6.99	4.00	3.83	1.59	1.53	1.63	2.52
Median	34.00	12.00	0.56	1.00	3.50	0.00	3.00	2.00	3.00	1.00	1.00	1.00	2.50
Mode	28.00	12.00	0.56	0.00	4.50	0.00	1.00	1.00	2.00	0.00	0.00	0.00	3.00
Values >0	50.00	50.00	50.00	32.00	48.00	18.00	45.00	38.00	21.00	33.00	33.00	28.00	42.00

Variable:	CP	Fr + rF	3r+(2)/R	V	MOR	FD	Sum H	H	(H)	Hd	(Hd)	Hd + (Hd)+(H)	ISOL
Mean	0.06	0.12	0.26	0.00	1.48	0.62	4.12	1.94	0.78	0.96	0.44	2.18	0.19
Minimum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Maximum	1.00	2.00	0.64	0.00	6.00	5.00	11.00	7.00	4.00	5.00	3.00	9.00	0.60
Standard Deviation	0.24	0.44	0.16	0.00	1.66	1.07	2.93	1.66	1.11	1.29	0.73	2.14	0.16
Variance	0.06	0.19	0.02	0.00	2.74	1.14	8.56	2.75	1.24	1.67	0.54	4.56	0.02
Median	0.00	0.00	0.26	0.00	1.00	0.00	3.00	1.00	0.00	1.00	0.00	1.00	0.17
Mode	0.00	0.00	0.07	0.00	0.00	0.00	1.00	1.00	0.00	0.00	0.00	1.00	0.00
Values >0	3.00	4.00	48.00	0.00	32.00	18.00	49.00	44.00	22.00	26.00	16.00	38.00	40.00

Variable:	Bt	Cl	Ge	Ls	Na	R	Sum T	H+A	Hd +Ad	A	Ad	Cg	Zf
Mean	1.06	0.26	0.26	0.50	0.68	19.44	0.50	9.02	2.56	7.08	1.60	0.74	9.38
Minimum	0.00	0.00	0.00	0.00	0.00	14.00	0.00	4.00	0.00	1.00	0.00	0.00	4.00
Maximum	7.00	3.00	5.00	3.00	4.00	36.00	5.00	17.00	9.00	15.00	6.00	4.00	20.00
Standard Deviation	1.32	0.56	0.88	0.79	1.02	5.69	1.02	3.15	2.16	3.06	1.62	1.01	3.83
Variance	1.73	0.32	0.77	0.62	1.04	32.33	1.03	9.94	4.66	9.38	2.61	1.01	14.65
Median	1.00	0.00	0.00	0.00	0.00	17.00	0.00	9.00	2.00	7.00	1.00	0.00	9.00
Mode	0.00	0.00	0.00	0.00	0.00	14.00	0.00	9.00	1.00	8.00	1.00	0.00	8.00
Values >0	29.00	11.00	6.00	17.00	20.00	50.00	15.00	50.00	42.00	50.00	35.00	23.00	50.00

Variable:	Zd	COP	AG	A	p	M	Lambda	GHR	PHR	(A)	(Ad)	M-	Sum Y
Mean	-0.64	0.36	0.40	3.62	2.76	2.34	0.96	2.20	2.24	0.50	0.10	0.36	1.00
Minimum	-10.00	0.00	0.00	0.00	0.00	0.00	0.14	0.00	0.00	0.00	0.00	0.00	0.00
Maximum	13.00	4.00	5.00	9.00	10.00	8.00	5.00	7.00	9.00	3.00	1.00	2.00	4.00
Standard													
Deviation	4.44	0.75	0.93	2.29	2.31	2.04	0.99	1.95	2.11	0.74	0.30	0.66	0.97
Variance	19.76	0.56	0.86	5.26	5.33	4.15	0.97	3.80	4.47	0.54	0.09	0.44	0.94
Median	-1.00	0.00	0.00	3.00	2.00	2.00	0.64	2.00	2.00	0.00	0.00	0.00	1.00
Mode	0.50	0.00	0.00	4.00	2.00	1.00	0.27	1.00	1.00	0.00	0.00	0.00	0.00
Values >0	19.00	13.00	12.00	48.00	41.00	43.00	50.00	40.00	40.00	19.00	5.00	13.00	32.00

Variable:	EA	FT	TF	T
Mean	5.86	0.24	0.08	0.00
Minimum	1.50	0.00	0.00	0.00
Maximum	13.00	3.00	1.00	0.00
Standard				
Deviation	3.08	0.66	0.27	0.00
Variance	9.49	0.43	0.08	0.00
Median	5.50	0.00	0.00	0.00
Mode	3.50	0.00	0.00	0.00
Values >0	50.00	8.00	4.00	0.00

Age distribution of sample

The participants' ages ranged from 18 to 58 years, with a mean age for the sample of 36.26. More specifically, 16% of the sample fell within the age range of 18-25, 32% within the 26-35 year age range, 20% between the ages of 36-45, 18% between 46 and 55, and lastly, 14% between the ages of 56 and 65. Developmentally, most of the sample is in the phases of *early and middle adulthood* (see tables 5.3 and 5.4).

Table 5.3.

Age Distribution of Participants

Age Group	Number	%
18-25	8	16
26-35	16	32
36-45	10	20
46-55	9	18
56-65	7	14

Table 5.4.

Descriptive Data relating to Age of Participants

Descriptive data	Age
Mean	36.26
Minimum	18.00
Maximum	58.00
Standard Deviation	11.77
Variance	138.60
Median	34.00
Mode	28.00

Gender and Race

Six percent of the sample ($n=3$) were Coloured¹, including two females and one male.

The majority of participants were of either Caucasian or African descent. The Caucasian

¹ The description "Coloured" refers to an ethnic group of mixed-race people who genetically possess some sub-Saharan African ancestry (mainly Khoisan), but not enough to be classified as African Black people under the current laws of South Africa. As bi-racial ethnic group they possess ancestry from Europe, Indonesia,

group constituted 50% of the sample ($n=25$), and included 11 males (22%) and 14 females (28%). The African group included 22 participants, representing 44% of the sample, including ten males (20%) and 12 females (24%). The sample as a whole thus consisted of 22 males (44%) and 28 females (56%), as shown in table 5.5 and table 5.6.

Table 5.5.

Participants' Ethnic Grouping and Gender

Race	Gender	Number	%
Coloured	Male	1	2
	Female	2	4
Caucasian	Male	11	22
	Female	14	28
African	Male	10	20
	Female	12	24
			$n = 50$

Table 5.6.

Percentage of Male and Female Participants

Gender	Number	%
Male	22	44
Female	28	56

Education level of sample

Twelve participants (24%) did not complete secondary school (Grade 12). Of the 12 participants, there were five Caucasian males (10%), one Caucasian female (2%), four African males (8%), and two African females (4%). Twenty one participants (42%) had completed at least 12 years of schooling. This subgroup included one Coloured male, three Caucasian males (6%), eight Caucasian females (16%), three African males (6%), and six African females (12%). Participants who had completed between 13 and 15 years of

Madagascar, Malaya, Mozambique, Mauritius, and Southern Africa and currently represent approximately 8.8% of the South African population.

education (i.e., a bachelor's degree or tertiary diploma) included a single Coloured female (2%), two Caucasian males (4%), two Caucasian females (4%), two African males (4%), and one African female (2%). Finally, participants who had completed 16 or more years of education (including Honours, Masters and doctoral degrees) included one Caucasian male, three Caucasian females, one African male and three African females. Statistically the average number of years of education for the sample was 12.68 years (see tables 5.7 and 5.8).

Table 5.7.

Years of Education Completed According to Gender and Ethnic Grouping

Education	Gender	Number	%
<i>Under 12 years</i>		12	24
Coloured	Male	0	0
	Female	0	0
Caucasian	Male	5	10
	Female	1	2
African	Male	4	8
	Female	2	4
<i>12 years</i>		21	42
Coloured	Male	1	2
	Female	0	0
Caucasian	Male	3	6
	Female	8	16
African	Male	3	6
	Female	6	12
<i>13-15 years</i>		8	16
Coloured	Male	0	0
	Female	1	2
Caucasian	Male	2	4
	Female	2	4
African	Male	2	4
	Female	1	2
<i>16+ years</i>		9	18
Coloured	Male	0	0
	Female	1	2
Caucasian	Male	1	2
	Female	3	6
African	Male	1	2
	Female	3	6

Table 5.8.

Descriptive Statistics for Participants' Level of Schooling

Descriptive data	Years Education
Mean	12.68
Minimum	7.00
Maximum	19.00
Standard Deviation	2.59
Variance	6.71
Median	12.00
Mode	12.00

Of the subgroup 'less than 12 years of education,' all four of the African males had a principle diagnosis of BD I, three of whom experienced psychotic features, and one experienced psychosis with antisocial features. Such experiences are highly likely to have influenced academic achievement. Of the five Caucasian males, four had a diagnosis of BD I, one of whom had the specifier 'with antisocial traits', and one had a diagnosis of BD II disorder. The single Caucasian female had a diagnosis of BD II, and the two African females had a BD I diagnosis, one of whom also had the specifier 'with psychotic features'. The presence of such severe symptomatology may partly explain lower scholastic achievement.

Marital Status

The sample group consisted of four married (8%), one widowed (2%), 15 divorced (30%), and 30 single (60%) participants. Table 5.9 summarises the marital status of participants:

Table 5.9.

Participants' Marital Status

Marital Status	Number	%
Married	4	8
Divorced	15	30
Single	30	60
Widowed	1	2

Employment Status

At the time of the study, 28% ($n=14$) of the sample were employed and 70% ($n=30$) were unemployed. Only one participant failed to provide information on her employment status. Table 5.10 summarises the participants' employment status:

Table 5.10.

Participants' Employment Status

Employment Status	Number	%
Employed	14	28
Unemployed	35	70
No Information	1	2

Hospital Status

At the time of the study, 48 of the participants (96%) were inpatients, with only two participants being outpatients (4%). Table 5.11 illustrates participants' hospital status.

Table 5.11.

Participants' Hospital Status

Hospital Status	Number	%
Inpatient	48	96
Outpatient	2	4

BD Diagnosis

According to the formal patient records, 76% of the sample had at the time of the study a principle diagnosis of BD I disorder, 22% were diagnosed with BD II disorder, and one participant had a diagnosis of Bipolar Disorder Not Otherwise Specified (NOS).

Table 5.12.

Participants' Diagnosis

Diagnosis	Number	%
BD I	38	76
BD II	11	22
BD NOS	1	2

One participant had a BD I diagnosis with both psychotic and antisocial features, one participant was diagnosed with BD I and epilepsy, one participant with BD I with borderline features, one participant with BD I with antisocial features, 10 participants (20%) with BD I with psychotic features, and one participant with BD II with borderline features.

Summary of Demographic Information

The sample evaluation consisted of 50 BD protocols of which, at the time of the study, 96% were inpatients and 4% were outpatients. According to the formal patient records, 76% of the sample had a principle diagnosis of BD I disorder, 22% were diagnosed with BD II disorder, and one participant had a diagnosis of Bipolar Disorder Not Otherwise Specified. Participants' ages ranged from 18 to 58 years of age, with a mean sample age of 36.26. Six percent ($n=3$) were Coloured, and the remainder were either Caucasian or African. The Caucasian subgroup constituted 50% of the sample ($n=25$) and the African subgroup represented 44% of the sample ($n=22$). The sample consisted of 44% males and 56% females.

Educationally, 24% of the sample did not complete formal schooling (grade 12) compared to 42% of the sample who did matriculate successfully. It was suggested that illness severity may have contributed to the failure to complete school. Sixteen percent of participants had entered and/or completed tertiary education and 18% had 16 years or more of education, completing Honours, Masters or doctoral degrees. Statistically, the average number of years of education for the current sample was 12.68 years. Given the level of schooling, it is discouraging that only 28% of participants were employed at the time of the study. The severity of symptoms and the inpatient status of most participants may explain this level of unemployment, and supports the research concerns raised in chapter 1. The sample statistics also reflected that only 8% of the participants were married at the time of the evaluation, while 2% were widowed, 30% were divorced and 60% considered themselves as single. Table 5.13 summarises the demographic variables of the sample:

Table 5.13.

Summary of Participants' Demographic Variables

EDUCATION			MARITAL STATUS			AGE		
	<i>n</i>	%		<i>n</i>	%		<i>n</i>	%
Under 12 yrs	12	24	Single	30	60	18-25	8	16
12 yrs	21	42	Married	4	8	26-35	16	32
13-15 yrs	8	16	Widowed	1	2	36-45	10	20
16+ yrs	9	18	Divorced	15	30	46-55	9	18
						56+	7	14

GENDER			RACE			HOSPITAL STATUS		
	<i>n</i>	%		<i>n</i>	%		<i>n</i>	%
Female	28	56	Caucasian	25	50	Inpatient	48	96
Male	22	44	Coloured	3	6	Outpatient	2	4
			African	22	44			

Hospital Status	Number	%
Inpatient	48	96
Outpatient	2	4

Diagnosis	Number	%
BD I	38	76
BD II	11	22
BD NOS	1	2

Style Variables: Openness to Experiences (*Lambda*), Psychological Preference, and Coping Style

Introduction and Discussion

Before an exploration of the sample's psychological preference and general coping style, it is important to review the complex *Lambda* findings of the sample. When considering the sample's openness to experience (*Lambda*) it was found that 50% ($n=25$) of the sample fell in the expected range, 32% ($n=16$) showed an avoidant style (avoidant individuals are known for their oversimplification of the stimulus field), and 18% ($n=9$) had an excessive openness to experience. It thus seems that 50% of the sample are able to maintain a balanced focus of attention and are thus seen as reasonably aware of both internal and external events, are able to tolerate ambiguity and uncertainty, and may be able to cope with situations in a relatively flexible manner.

Thirty two percent ($n=16$) of the sample seemed to have an overly narrow focus of attention ($Lambda > 0.99$) reflective of an avoidant style. The following tendencies may be present or preferred (due to environmental stress, sensory-regulatory difficulties, affect flooding, and the like):

- viewing both the self and the world with a kind of tunnel vision
- feeling most comfortable in clearly defined and well-structured situations
- relying on simplified solutions to complex problems

- preference for an uncomplicated existence
- a tendency to manage life in a detached, uninvolved and matter-of-fact way that “maximizes closure and minimizes loose ends” (Weiner, 2003, p.114)

In contrasts to the avoidant style, 18% ($n=9$) of participants showed an excessive openness to experience. These participants may prefer and seek out experiences that are complex and ambiguous and feel most comfortable in situations and environments that are relatively unstructured and open-ended. They are likely to become over-involved with “the underlying significance of events or sorting out their feelings about them” (Weiner, 2003, p.115). Although this may be considered a personality asset in those individuals with capacity and talent, those with limited coping capacities (*EA mean for sample 5.86*) or limited to modest skill may experience severe strain with a too-broad focus of attention. Unable to channel such an attentional style or preference could lead to an individual becoming cognitively scattered, distractible, and “painfully aware of distressing aspects of their lives that they would do better to ignore or overlook” (Weiner, 2003, p.115). Objectivity may also become impaired. Also, given that the sample had such a high number of avoidants (evident in a *Lambda* mean of 0.96), interpretation should be approached with caution. Table 5.14 to table 5.17 as well as figure 5.1 summarise these findings:

Table 5.14.

Percentage of Lambda

	<i>Lambda</i>		
Data	Adaptive	Avoidant style $>.99$	Excessive openness $<.03$
Count of Lambda	25	16	9
	50%	32%	18%

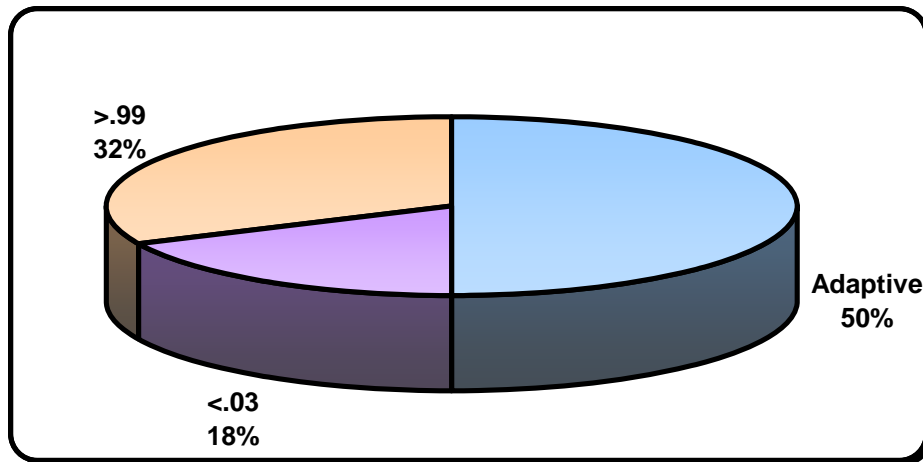


Figure 5.1. Graphic Representation of *Lambda* Data in the Sample

Table 5.15.

Descriptive Statistics for Lambda for the Sample

Descriptive Data	<i>Lambda</i>
Mean	0.96
Standard deviation	0.99
Minimum	0.14
Maximum	5.00
Median	0.64
Mode	0.27

Table 5.16.

Distribution of Lambda Scores for All Participants

<i>Lambda Values</i>	Total	<i>Lambda Category</i>
0.14	1	<.03 Excessive openness
0.21	2	<.03 Excessive openness
0.23	1	<.03 Excessive openness
0.24	1	<.03 Excessive openness
0.27	4	<.03 Excessive openness
0.36	1	Adaptive
0.38	1	Adaptive
0.42	1	Adaptive
0.43	1	Adaptive
0.45	1	Adaptive
0.5	2	Adaptive
0.54	1	Adaptive
0.55	3	Adaptive
0.56	1	Adaptive

<i>Lambda Values</i>	Total	Lambda Category
0.59	1	Adaptive
0.6	2	Adaptive
0.64	2	Adaptive
0.75	2	Adaptive
0.78	1	Adaptive
0.79	1	Adaptive
0.88	1	Adaptive
0.9	1	Adaptive
0.92	1	Adaptive
0.94	1	Adaptive
1	2	>.99 Avoidant style
1.09	1	>.99 Avoidant style
1.14	2	>.99 Avoidant style
1.17	1	>.99 Avoidant style
1.2	2	>.99 Avoidant style
1.25	1	>.99 Avoidant style
1.44	1	>.99 Avoidant style
1.5	2	>.99 Avoidant style
2.5	1	>.99 Avoidant style
3.8	1	>.99 Avoidant style
4.33	1	>.99 Avoidant style
5	1	>.99 Avoidant style
Total	50	

To reiterate, in reviewing the distribution (table 5.16, also see tables 5.17 to 5.20) of the *Lambda* scores as well as the fact that 17 participants had an $EA < 4$, it would seem evident that 32% ($n=16$) of the participants' *EB* style did not reflect a distinctive coping style and may be modified by the presence of a more pervasive avoidant style. Furthermore, it can now be stated that in considering the *EB* results, *Lambda* and *EA*, 40% ($n=20$) of the sample can be considered extratensive, 10% ($n=5$) introversive and 18% ($n=9$) ambivalent. Further exploration (tables 5.18 and 'exceptions' in chapter 4) of the high *Lambda* and *EA* score shows that:

- (a) for thirteen participants (26%) the data was too sparse as to identify a distinct coping style
- (b) for 6% ($n=3$) of the participants the *EB* style may be difficult to ascertain as they seem to

be currently overwhelmed or flooded by affect, indicating that both ideational and behavioural difficulties may be present. This experience may be the result of current stressors but may also be a trait-like feature, and

(c) a further 4% ($n=2$) of participants showed massive containment and/or constriction of affect.

Table 5.17.

EB in Relation to Lambda

<i>EB taking into account Lambda</i>	<i>Number</i>	<i>%</i>
EB style does not reflect distinctive coping orientation - may be modified by the presence of more pervasive avoidant style	16	32.00%
Extraversive style indicated	20	40.00%
Introversive style indicated	5	10.00%
No distinct style – ambitent	9	18.00%

Table 5.18.

Summary of EB in Relation to Lambda and the EA

<i>EB taking into account Exceptions (M or WSumC=0)</i>	<i>EB taking into account Lambda</i>			
	<i>EB style does not reflect distinctive coping orientation - may be modified by the presence of more pervasive avoidant style</i>	<i>Extraversive style indicated</i>	<i>Introversive style indicated</i>	<i>No distinct style – ambitent</i>
Data too sparse	13	1		3
Does not rely on <i>EB</i> in identifying coping style			1	
Extraversive style indicated	1	17		
Introversive style indicated	1		4	
No distinct style – ambitent				6
Testee may be flooded	1	2		

EB taking into account Lambda				
<i>EB taking into account Exceptions (M or WSumC=0)</i> by affect - does not rely on EB in identifying coping style	EB style does not reflect distinctive coping orientation - may be modified by the presence of more pervasive avoidant style	Extraversive style indicated	Introversive style indicated	No distinct style – ambitent
	16	20	5	9
	Total			

Table 5.19.

Exception 1: EA < 4

EB with Exception 1 - EA < 4 (Yes = 1)	Number	%
0	33	66.00%
1	17	34.00%
Total	50	100.00%

Table 5.20.

Exception 2: Left side or right side of EB=0

EB with Exception 2 (right side of EB) - may not be true style (Yes = 1)	Number	%
0	48	96.00%
1	2	4.00%
Total	50	100.00%

EB with Exception 2 (left side of EB) - may not be true style (Yes = 1)	Number	%
0	47	94.00%
1	3	6.00%
Total	50	100.00%

Summary: Style Variables, Psychological Preference, Coping Style and Lambda

In summary, in reviewing the *EB* style of the sample as well its complex relationship with both the *Lambda* and *EA* scores, 40% of the sample can be considered extratensive, 10% introversive, 18% ambitent, and 32% of the participants' *EB* style did not reflect a distinctive

coping style and may be modified by the presence of a more pervasive avoidant style. Forty percent of the sample thus seemed to prefer and use the interpersonal sphere as a way to find expression, whereas 10%, although even sociable and interactive at times, may find gratification mainly from their internal world. Forty percent may also tend to rely on emotions to make decisions and may try various options in the decision-making process. In contrast, 10% of the sample will tend to think before they make a decision, may prefer to keep their emotions aside and “delay initiating behaviors until they have had time to consider various options” (Exner, 2000, p.81).

Furthermore, 18% of the sample can be considered *ambitent*, which indicates no distinctive style or preference. As argued, in contrast to both introverted and extratensive types, ambitent individuals do not show consistency of either the introversive or extratensive styles in both their decision making or problem solving (Exner, 2000). They thus tend to be more inconsistent and at times less efficient than the other coping styles (although the *EA* may be of importance in accessing functionality of this preference). This does not, however, imply the presence of psychopathology.

Finally, in terms of the sample’s openness to experience 50% of the sample seemed able to maintain a balanced focus of attention and are seen as reasonably aware of both internal and external events, able to tolerate ambiguity and uncertainty, and may be able to cope with situations in a relatively flexible manner. As stated for 32% of the sample environmental stress, sensory-regulatory difficulties (preferences), limited inner resources and affect flooding may result in viewing both the self and the world through a kind of tunnel vision, stimulating the need for clearly defined and well-structured situations. The latter may see the shying away from complex problems, a reliance on an uncomplicated existence, and finally, a tendency to manage life in a detached, uninvolved and matter of fact way. This tendency may speak to representational de-differentiation and ego-constriction (“constrictions

of drive-affect-thematic realms” Greenspan, 1989a, p.62) as discussed in chapter 3 and is expected to have an impact on how self-others and affect is experienced and articulated.

Those (18%, $n=9$) participants that showed an excessive openness to experience may prefer, and actively seek out, experiences that are complex and ambiguous possibly leading to over-involvement with the underlying significance of events. This tendency may speak to affect, behavioural, or thought intensification. Representational differentiation may be negatively influenced by either deficits (low *EA* , elevated *Lambda*) or be the result of various active defences that reflects representational fragmentation, unstable basic endopsychic structures (reality testing, impulse control [see later $CF+C>FC$]) and problematic, polarized (either global or encapsulated) self-object representations

Affect

Introduction

As argued the impact and importance of affect cannot be underestimated. Processing emotional experiences is a complex task and is the product of how people manage feelings about themselves. In other words, it depends on how they modulate affect adequately, sufficiently, pleasurably and in moderation, as well how they function in emotionally charged situations. Figure 5.2, tables 5.21 and 5.22 summarise these research findings.

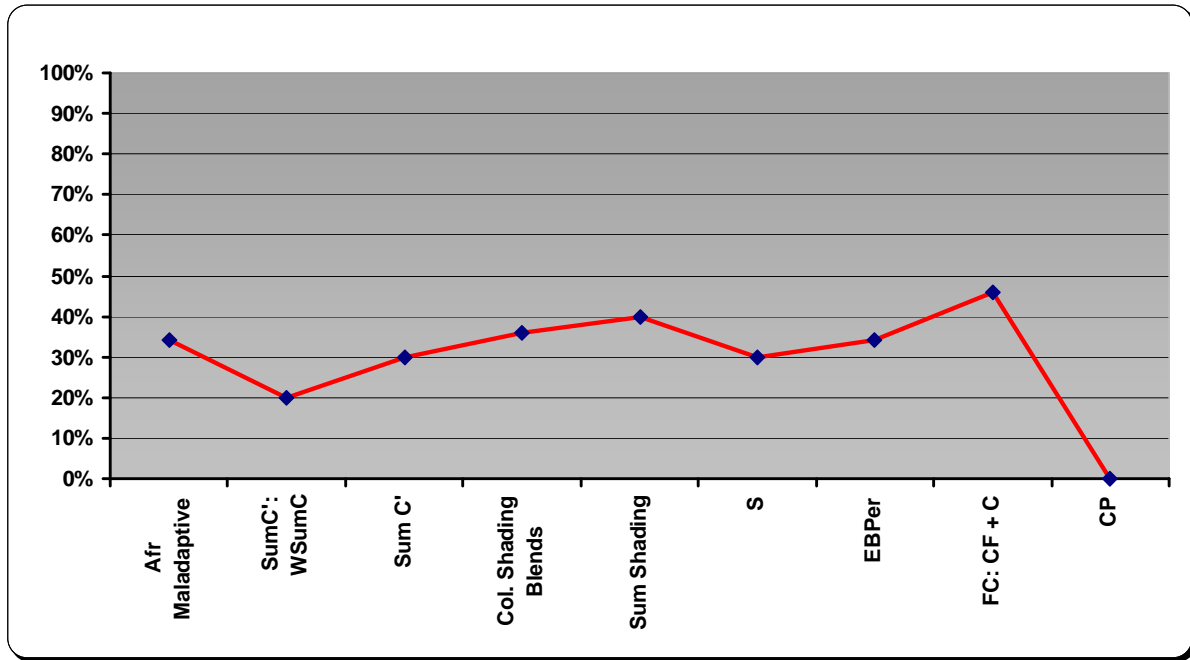


Figure 5.2. Modulating Affect: Participants' Maladaptive Responses Expressed as a Percentage of the Whole Sample

Table 5.21.

Modulating Affect: Percentage of Participants' Maladaptive Responses

Variables	Percentage of total
Afr.	34%
SumC': WSumC	20%
Sum C'	30%
Col. Shading Blends	36%
Sum Shading	40%
S	30%
EBPer	34%
FC: CF + C	46%
CP	0%

Table 5.22.

Descriptive Statistics of Sample's Modulation of Affect Variables

<i>Variable</i>	<i>Afr</i>	<i>Sum C'</i>	<i>WSum C</i>	<i>Col. Shading Blends</i>	<i>Sum Shading</i>	<i>S</i>	<i>EBPer</i>	<i>FC</i>	<i>CF</i>	<i>C</i>	<i>CF+C</i>	<i>CP</i>
Mean	0.58	1.62	3.52	0.44	3.22	2.00	3.64	1.28	1.32	1.04	2.36	0.06
Minimum	0.23	0.00	0.00	0.00	0.00	0.00	1.80	0.00	0.00	0.00	0.00	0.00
Maximum	1.20	7.00	8.50	2.00	12.00	8.00	8.50	5.00	5.00	5.00	6.00	1.00
Standard Deviation	0.23	1.81	2.10	0.64	2.64	2.00	1.96	1.26	1.24	1.28	1.59	0.24
Variance	0.05	3.26	4.40	0.41	6.99	4.00	3.83	1.59	1.53	1.63	2.52	0.06
Median	0.56	1.00	3.50	0.00	3.00	2.00	3.00	1.00	1.00	1.00	2.50	0.00
Mode	0.56	0.00	4.50	0.00	1.00	1.00	2.00	0.00	0.00	0.00	3.00	0.00
Values >0	50.00	32.00	48.00	18.00	45.00	38.00	21.00	33.00	33.00	28.00	42.00	3.00

Modulating Affect Adequately

Weiner (2003) describes modulating affect as the ability to engage in emotionally toned situations; the ability to exchange emotions with another; to feel comfortable with emotional content without becoming under or over-modulated; as well as a willingness to engage, exchange and thus respond to one's own and others emotions. Modulating affect adequately is described by the variables affect ratio or *Afr.*, *Weighted Sum C* and *Sum C'*.

Afr. The results reveal that 34% ($n=17$) of the group showed maladaptive *Afr.* ratios indicating (a) a general difficulty in becoming involved in emotional stimuli, (b) a tendency to avoid emotional stimuli, or (c) a tendency to become over-involved. Succinctly, a total of 66% ($n=33$) of the participants' ratios fell into the expected range, 24% ($n=12$) showed evidence of maladaptive withdrawal, and 10% ($n=5$) are considered too high. The mean for the *Afr.* for the sample was 0.58, suggesting that, as a group, the participants were as willing as most people to process emotional stimulation, which can be considered a personality asset.

Table 5.23 summarises these findings.

Table 5.23.

Descriptive Statistics for Afr. for the Sample

Descriptive data	Afr.
Mean	0.58
Minimum	0.23
Maximum	1.20
Standard Deviation	0.23
Variance	0.05
Median	0.56
Mode	0.56

WSumC: Sum C. The ratio *WSumC: Sum C'* focuses on the suppression and/or constraint of emotion (Exner, 2003; Weiner, 2003). *WSumC*, which includes *FC*, *CF* and *C*, relates to the management (control or modulation) of the release of emotion. It is argued that *WSumC* should be higher or equal to *SumC'* regardless of the *EB* preference. In reviewing *WSumC : SumC'* results as well as the *Afr.*, the majority of the sample seems to have an adequate capacity to experience and express affect in adaptive ways without undue inhibition (mean *WSumC*= 3.52, mean *SumC'*= 1.62). Given the severity of the participants' diagnoses, this result is perhaps surprising. A closer analysis of the spread of scores indicated by the standard deviation for *SumC'* reveals that although 60% of participants had a *SumC'* score ranging from 0-1, 40% of the participants had a *SumC'*>2, indicating the likelihood of bottled-up emotions, difficulties in relating affect states to others, possible reliance on autoplasmic defences such as denial, and general somatic expressions of affect² (depressive equivalents). Figure 5.2, table 5.21 and table 5.22 reflect these statistical tendencies. The lowered *SumC'* may also be attributed to the avoidance discussed in the *EB* section. Similar findings apply to *WSumC*. Here too, although the mean obtained fell in the expected range, an analysis of both the mean and standard deviation for *FC*, *CF* and *C* (see later discussion) suggests that the modulation of affect may be more impaired for some

² See the work of Katan and urinary indicators of mania (Wolpert, 1977).

participants than the statistical results may imply, possibly because they are hospitalised and treated with antipsychotic medications and may rely on avoidance.

Modulating Affect Pleasurably

According to Weiner (2003), the pleasurable modulation of affect entails being able to sustain a positive emotional tone that reflects feeling happy, experiencing joy, and taking pleasure in oneself and one's activities. It is reflected in the following variables: *Sum C'*, *Col-Shd Bld*, *SumShd*, and *S*.

SumC'. *SumC'* is hypothesised to indicate the extent to which a participant's affective experience is internalised and not expressed (Weiner, 2003). It is also related to the internalisation of unpleasant affects that are commonly associated with feelings of sadness and dysphoria. Statistically the mean of *SumC'* for the sample equalled 1.62 (thus $C' < 2$). However, when the standard deviation is taken into account (SD of 1.81 with a minimum of 0.00 and maximum of 7.00), it becomes evident that the mean may be misleading and that a significant portion of the sample does seem to internalise affect to a maladaptive extent, indicating feelings of sadness, unhappiness, misery and gloom. This is illustrated in table 5.24 and table 5.25 as well as figure 5.3.

Table 5.24.

Descriptive Statistics for Afr., SumC' and WSumC for the Sample

Descriptive data	Afr.	Sum C'	WSum C
Mean	0.58	1.62	3.52
Minimum	0.23	0.00	0.00
Maximum	1.20	7.00	8.50
Standard Deviation	0.23	1.81	2.10
Variance	0.05	3.26	4.40
Median	0.56	1.00	3.50
Mode	0.56	0.00	4.50

Table 5.25.

SumC' Totals

<i>Sum C'</i>	Total
0	18
1	12
2	5
3	9
4	2
5	1
6	2
7	1
Total	50

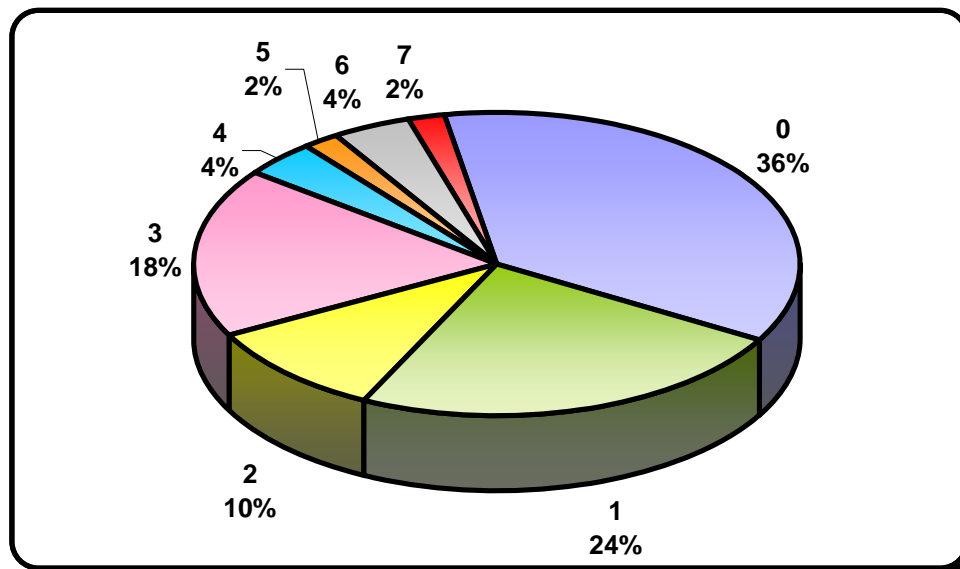


Figure 5.3. Graphic Representation of Sum C' Data

Eighteen participants had a $SumC'=0$; 12 had a $SumC'=1$; five had a $SumC'=2$; nine had a $SumC'=3$; two had a $SumC'=4$; one had a $SumC'=5$; two had a $SumC'=6$; and one had a $SumC'=7$. Seventy percent ($n=35$) of the sample fell into the expected range, and 30% ($n=15$) seemed to experience the painful internalisation of affect that may negatively influence the pleasurable modulation of affect.

Col-Shd Blends. The statistical results for *Col-Shd Blends* reflect a mean of 0.44 (see tables 5.26, 5.27 and figure 5.4 below). Given the more extratensive nature of the sample and

taking into account the standard deviation of 0.64, it is expected that extratensive individuals “accommodate a modest degree of uncertainty more easily than introversive persons, without having it interfere with their adaptation” (Weiner, 2003, p. 138). For the introverted and ambitent types in the sample, this score could indicate the presence of dysphoria “associated with ambivalent emotionality” (Weiner, 2003, p.137). Chapter 4 stated that, in a protocol of *Col-Shd Bld>0* (which accounts for 36% of the current sample), individuals may become confused about their feelings as they imbue both people and events in their lives simultaneously with positive and negative emotional characteristics. It is expected that this tendency will greatly influence the individual’s ability to experience affect pleurably.

Table 5.26.

Col-Shd Blends Totals

<i>Col. Shading Blends</i>	Totals
0	32
1	14
2	4
Total	50

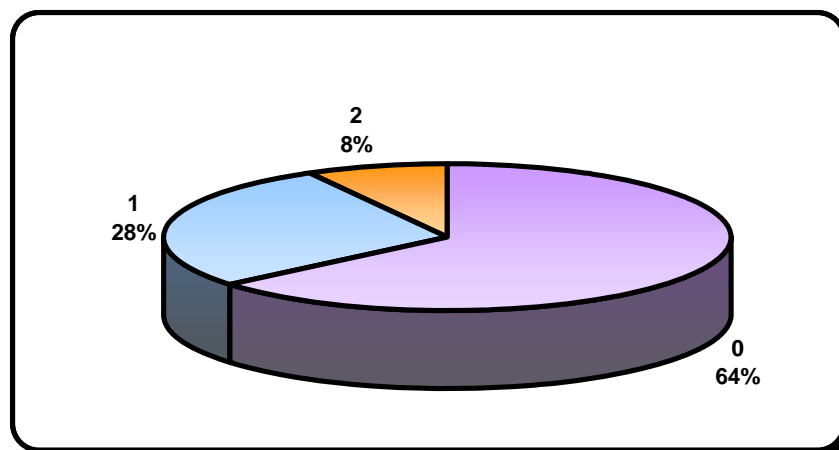


Figure 5.4. Graphic Representation of *Col-Shd Blends* Data

Table 5.27.

Descriptive Statistics of Col-Shd Blends for Sample

Descriptive data	Col. Shading Blends
Mean	0.44
Minimum	0.00
Maximum	2.00
Standard Deviation	0.64
Variance	0.41
Median	0.00
Mode	0.00

Sum Shd. *Sum Shd* is argued to show a mean frequency of 3 for both extratensive and introversive nonpatient adults. The sample mean fell into expected range with a mean of 3.22.

Figure 5.5 and table 5.28 summarise these findings.

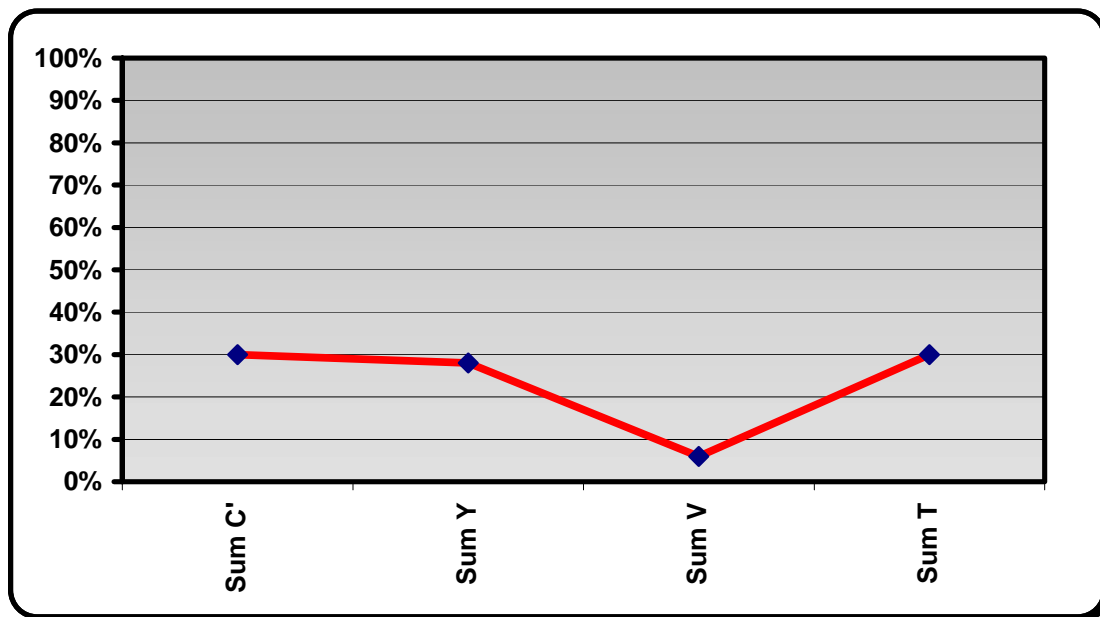


Figure 5.5. Sum Shading: Maladaptive Response Participants as a Percentage of All Participants

Table 5.28.

 Sum Shading *Descriptive Statistics for the Sample*

Descriptive Data	Sum Shading	Sum T	Sum Y	Sum C'	Sum V
Mean	3.22	0.50	1.00	1.62	0.00
Minimum	0.00	0.00	0.00	0.00	0.00
Maximum	12.00	5.00	4.00	7.00	0.00
Standard Deviation	2.64	1.02	0.97	1.81	0.00
Variance	6.99	1.03	0.94	3.26	0.00
Median	3.00	0.00	1.00	1.00	0.00
Mode	1.00	0.00	0.00	0.00	0.00
		15.00	32.00	32.00	0.00

There are four components of stress accentuated by the *SumShd* variable, namely $Y>1$; $T=0$; $T>1$; $V>0$; and $SumShd>FM + m$. The current results do suggest that the participants do not seem to experience extreme hopelessness (Y mean = 1), highly self-critical attitudes ($V>0$) or an unusual degree of emotional stress ($SumShd>Fm+m$). However, a tendency toward $T=0$ suggests that participants are aware of not having close relationships. The $T=0$ in the majority of the sample is discussed further later in this chapter.

S. According to Weiner, a median $S=1$ is expected for nonpatient adults, whereas an $S>2$ reflects personal liability as it indicates an inordinate amount of anger and even resentment towards people and events. Exner (1993, 2003) and Weiner (2003) propose that $S>2$ indicates oppositional rather than adaptive autonomy and will thus interfere with the pleasurable modulation of affect and the management of behaviour. This seems to be a possibility for 30% of the sample who scored $S>2$. Seventy percent of the group fell in the expected range and thus do not seem to have an inordinate degree of anger or resentment towards people or events. Table 5.29 summarises the mean average of S .

Table 5.29.

Descriptive Statistics of S for the Sample

Descriptive data	S
Mean	2.00
Minimum	0.00
Maximum	8.00
Standard Deviation	2.00
Variance	4.00
Median	2.00
Mode	1.00

Modulating Affect in Moderation

Individuals who modulate affect in moderation can experience and express emotions without becoming either too emotional or overly ideational, and do not need to manipulate people or situations to induce positive experiences. Modulating affect in moderation is measured by the variables *EBPer*, *FC:CF+C*, and *CP*. Table 5.30 summarises the statistical results obtained for the sample for modulating affect in moderation.

Table 5.30.

Collective Results for Modulating Affect in Moderation

Descriptive Data	EBPer	FC	CF	C	CF +C	CP
Mean	3.64	1.28	1.32	1.04	2.36	0.06
Minimum	1.80	0.00	0.00	0.00	0.00	0.00
Maximum	8.50	5.00	5.00	5.00	6.00	1.00
Standard Deviation	1.96	1.26	1.24	1.28	1.59	0.24
Variance	3.83	1.59	1.53	1.63	2.52	0.06
Median	3.00	1.00	1.00	1.00	2.50	0.00
Mode	2.00	0.00	0.00	0.00	3.00	0.00

EBPer. The results suggest that decision making among 18% ($n=9$) of the (extratensive) participants seems to be heavily influenced by emotion, while a further 14% ($n=7$) of the extratensive group are likely to combine feeling with thinking in order to cope. Thus for 9 extratensive participants general adaptation, which would include affect regulation as well as self and other relations, will be negatively influenced due to their highly expressive

and action orientated preference. Of the participants with an introversive preference, only 8% ($n=4$) seem to rely on feelings to make decisions, although the ideational approach is generally preferred. Tables 5.31 and 5.32 summarise these findings.

Table 5.31.

 EBPer and the *Extratensive Preference*

<i>EBPer 2.5 cut-point and Extratensive preference</i>	Number
Decision making influenced by emotion	9
Not applicable	34
Combine feeling and thinking in coping	7
Total	50

Table 5.32.

 EBPer and the *Introversive Preference*

<i>EBPer 2.5 cut-point and Introversive preference</i>	Number
Rely on feelings to make decisions although prefer ideational approach	4
Not applicable	46
Total	50

CP. *CP* is indicative of unsuitable emotionality, and reflects feelings of emotional helplessness due to the reliance on primitive defence mechanisms such as denial. Results for the current sample are statistically insignificant, with a mean of 0.06 and a standard deviation of 0.24. Only 6% ($n=3$) of the sample gave a $CP=1$. Tables 5.33 and 5.34 and figure 5.6 summarise these findings.

Table 5.33.

CP Totals for the Sample

CP	Total
0	47
1	3
Total	50

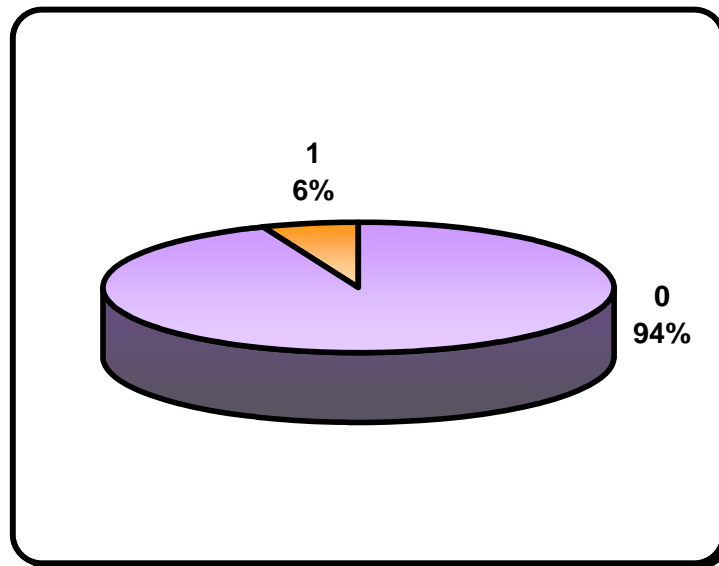


Figure 5.6. Graphic Representation of CP Data

Table 5.34.

CP Descriptive Statistics for the Sample

Descriptive data	CP
Mean	0.06
Minimum	0.00
Maximum	1.00
Standard Deviation	0.24
Variance	0.06
Median	0.00
Mode	0.00

FC: CF + C. The *FC* variable is associated with the more functional control and modulation of emotional experiences, while *CF* responses mainly reflect less modulated or restrained forms of affective discharge. In contrast, pure *C* responses are hypothesised to reflect the unrestrained expression of emotion. The current data suggest that the modulation of affect among the participants is more impulsive and intense; and that the sample as a whole may be experienced as emotionally immature and at times superficial and even dramatic ($[CF+C] > FC+I$; see table 5.35 below). Similar to children and young adolescents they may develop strong feelings quickly and also easily let them pass. This emotional reactivity makes them difficult to read, excitable and experienced as naïve (labile affectivity).

This is to be expected in bipolar and cyclothymic disorders (Weiner, 2003). Furthermore, the presence of *C* (mean=1.04, SD=1.28) suggests that the unrestrained experience and expression of emotion may be problematic. This is supported by the qualitative observation that the predominant expression of *C* in the current research sample mainly contains crude and primitive imagery such as *splattered* blood. As Exner (2003) argues, this is usually a personality liability, which according to the current researcher may be exacerbated in this sample given the *EB* styles. Since all the participants are currently on medication, this finding is of some concern.

Table 5.35.

Collective Results for Participants' Chromatic Colour Use

Descriptive data	<i>FC</i>	<i>CF</i>	<i>C</i>	<i>CF +C</i>
Mean	1.28	1.32	1.04	2.36
Minimum	0.00	0.00	0.00	0.00
Maximum	5.00	5.00	5.00	6.00
Standard Deviation	1.26	1.24	1.28	1.59
Variance	1.59	1.53	1.63	2.52
Median	1.00	1.00	1.00	2.50
Mode	0.00	0.00	0.00	3.00

Summary of the Experience of Affect

In reviewing the statistical results for the affect cluster, and in considering the *adequate modulation of affect* (*Afr.*, $WSumC:SumC'$), the sample as a whole seems to show a general interest in emotional stimulation ($Afr. = 0.58$) without unnecessary suppression or constraint of emotion ($WSumC: Sum C'^3$). There is also evidence of an adequate capacity to experience and express affect in adaptive ways for the majority of the group without undue inhibition (mean $WSumC = 3.52$, mean $SumC' = 1.62$), although bottled up emotions and the reliance on both autoplasmic defences ($SumC'$ elevation for 30% of sample) and alloplastic

³ Naturally this hypothesis will be influenced by findings in the interpersonal domain, the viewing of self and the *EB*. Although one may retain the capacity if $GHR > PHR$, one can imagine the implications when expressing affect.

defences ($CF+C>FC$) may be present. The sample as a whole does not seem to experience “a functioning impairment that limits their ability to recognize how they feel and describe the feelings of others” (Weiner, 2003, pp.136-137). Although this is clearly a positive finding, when considering the *Afr.* as well as the ratio $WSumC: Sum C'$ Weiner (2003) argues that although the sufficient capacity to experience and express affect makes a *quantitative* contribution to good adjustment, *it does not ensure that affect will be processed in a qualitatively adaptive manner.* Variables such the *EB*, viewing the self, relating to others and cognitive clusters will play a role in how affect is experienced and expressed.

In considering the *pleasurable modulation of affect* it seems that nearly half of the sample was aware of feelings of anhedonia. Furthermore, participants also seemed to have difficulty in modulating affect in *moderation*. It can thus be argued that when considering the experience and expression of emotions by becoming neither too emotional nor overly ideational, the sample did seem to experience some difficulty. This is reflected in *EB* (extratensive, avoidant, ambitent), the *EBPer*, as well as the observation that the modulation of affect was seen to be more impulsive and intense (labile). Again, this may influence both the view of the self as well as one's way of relating to others. Stated differently, it may also be argued that given the possible representational de-differentiation (see *EB and Lambda*) any affect intensification ($FC < CF+C$) may result in further dysregulation although there may be an underlying need, preference or potential to make use of the interpersonal sphere. Without representational differentiation the ability to modulate, understand and reflect on affect states may become compromised leaving the current respondents of the sample vulnerable to psychological phenomena such as concretization, psychic equivalence and the pretend mode.

Viewing Oneself

Introduction

The capacity to view oneself thoroughly, accurately and favourably is part of mental health. It is imperative in maintaining adequate self-esteem and in promoting positive self-regard. The data in this cluster provide evidence of both the participants' and the group's experience of self, self-image and self-esteem (see table 5.36 and figure 5.7 below).

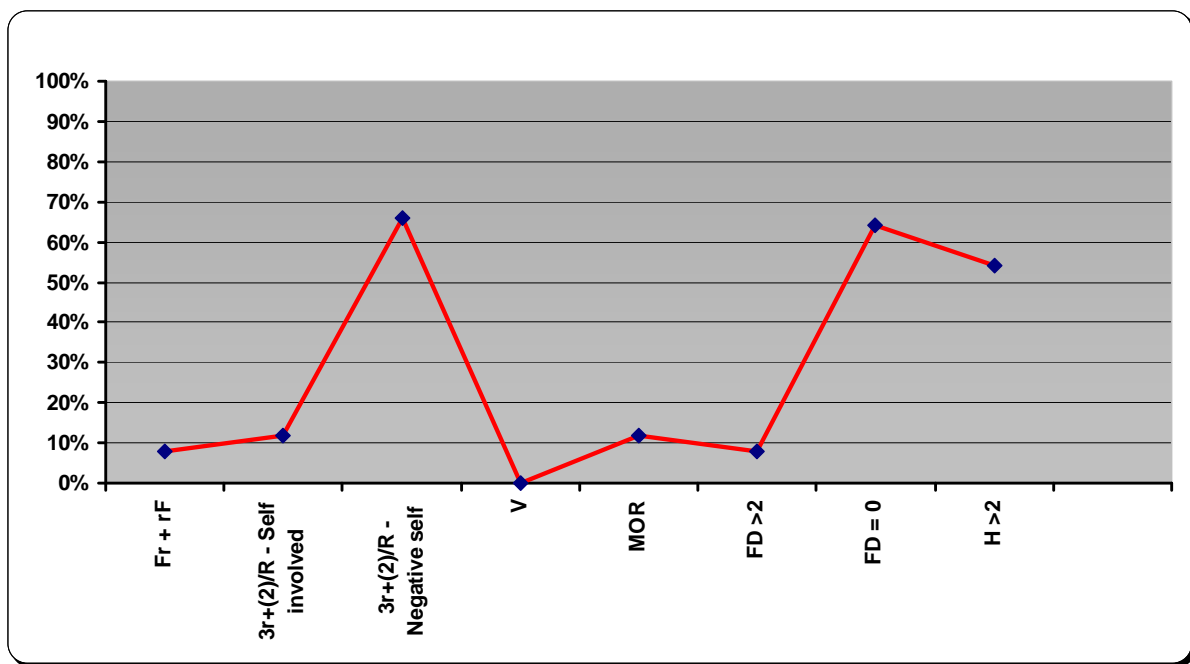


Figure 5.7. Viewing the Self: Total Number of Maladaptive Responses as a Percentage of All Participants

Table 5.36.

Collective Results for 'Viewing the Self' Dimension

Descriptive data	Fr + rF	3r+(2)/R	V	MOR	FD	Sum H	H	(H)	Hd	(Hd)	Hd + (Hd) + (H)
Mean	0.12	0.26	0.00	1.48	0.62	4.12	1.94	0.78	0.96	0.44	2.18
Minimum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Maximum	2.00	0.64	0.00	6.00	5.00	11.00	7.00	4.00	5.00	3.00	9.00
Standard Deviation	0.44	0.16	0.00	1.66	1.07	2.93	1.66	1.11	1.29	0.73	2.14
Variance	0.19	0.02	0.00	2.74	1.14	8.56	2.75	1.24	1.67	0.54	4.56
Median	0.00	0.26	0.00	1.00	0.00	3.00	1.00	0.00	1.00	0.00	1.00
Mode	0.00	0.07	0.00	0.00	0.00	1.00	1.00	0.00	0.00	0.00	1.00
Totals							97.00				109.00
Values >0	4.00	48.00	0.00	32.00	18.00	49.00	44.00	22.00	26.00	16.00	38.00

Maintaining Adequate Self-Esteem

Self-esteem can be defined as the central attitude(s) that an individual develops towards their personal qualities and capabilities (Weiner, 2003). It is measured by the variables $3r + (2)/R$ and $Fr + rF$.

Egocentricity Index or $3r + (2)/R$. The egocentricity index “provides an estimate of self-concern and possibly self-esteem. It is a crude measure of self-attending behaviour” (Exner, 2003, p.450). The mean average for the sample was 0.26 with a standard deviation of 0.16. An unusually strong concern with the self at the expense of healthy investment in the external world and its demands was evident in 12% of the sample. The egocentricity index for the sample fell below 0.32. This may indicate that, on average, participants tend to view themselves in negative terms and seem to compare themselves less favourably to others. The latter is usually expected in the development of *depressive states* (Exner, 1993, 2000, 2003; Weiner, 2003). As this variable seems highly stable over time, it provides a clue to long-term difficulties in maintaining self-esteem (Weiner, 2003). A mean of 0.26 is thus significant and can be associated with “*chronically low-self esteem that dates back to childhood and ordinarily shows little situational fluctuation*” (Weiner, 2003, p.163; italics added). It can also be hypothesised that since $3r + (2)/R < 0.33$, the participants in the current sample do not seem to be paying sufficient attention to themselves “and may even be *purposefully avoiding self-focussing*” (Weiner, 2003, p.163; italics added). This may be attributed to negative feelings about oneself. In other words, negative self-representations are not only to be expected but may be actively avoided as they may interfere with the pleasurable modulation of affect. The lack of self-focussing could also represent an effort to ward off feelings of dysphoria.

Fr + rF. According to Aronstam (2003), $Fr+rF > 0$ is a stylistic feature “that includes a marked tendency to overvalue personal worth” (p.44). The narcissistic-like characteristic

(although not necessarily negative in itself) could become a set response style (trait) that negatively influences both decision-making processes as well as behaviour in general. It is generally found in only 8% of nonpatient adults. The results of the current sample indicate that 8% of the sample had an $Fr+rF > 0$, suggesting that they are self-centred individuals who have an inflated sense of their own importance. As such, these individuals may deny difficulties in themselves, externalise, act out a sense of entitlement and superiority, and be unable to understand the emotions or behaviour of others. Even the negative impact of their behaviour may be frequently overlooked or actively denied. These qualities may be especially true of the 4% of the sample whose scores showed $Fr+rF=2$ (see figure 5.8 and table 5.37).

Table 5.37.

Fr+rF Totals for the Sample

<i>Fr + rF</i>	Total
0	46
1	2
2	2
Total	50

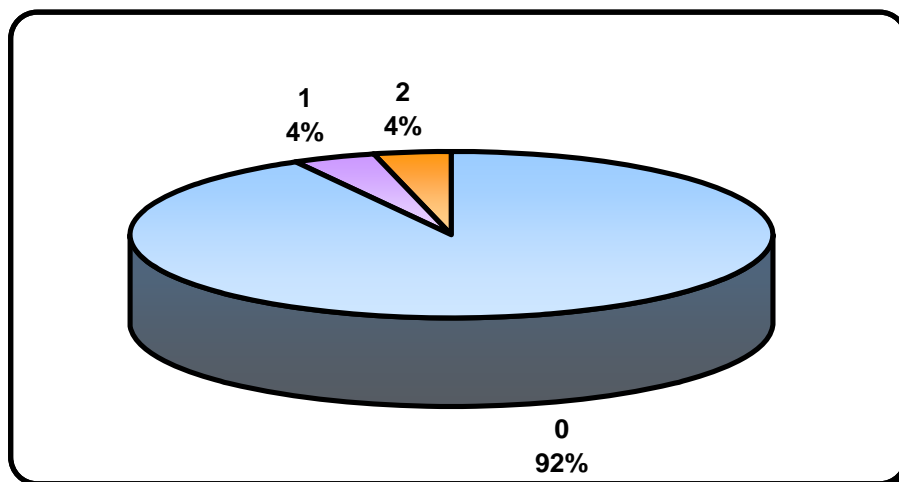


Figure 5.8. Graphic Representation of $Fr+rF$ Data for the Sample

Promoting Positive Self-Regard (*V*, *MOR*)

In conjunction with good self-esteem, positive self-regard facilitates good adjustment. It is also evident that people can have generally good self-esteem but at this very moment feel negative about an aspect of themselves (self-regard). The variables that provide a glimpse into these qualities are the Vista (*V*) and Morbid (*MOR*) responses.

Vista (*V*). According to Weiner (2003), Vista responses occur in no more than 20.6% of the protocols of nonpatient adults. The presence of $V > 0$ is usually associated with self-critical attitudes. Given the sample's results, reflected in table 5.35, there seems to be a general absence of self-critical attitudes as measured by the *V* variable.⁴ Combined with a low $3r + (2)/R$ one may speculate about the defensive or adaptive nature of these results.

Morbid Responses (*MOR*). The *MOR* response provides both indirect (and sometimes direct) information on negative self-representations (Exner, 1993, 2000, 2003; Weiner, 2003). If the value for *MOR* responses is > 3 one may imagine a self-image that is marked by negative characteristics. The statistical analysis reflects a mean for *MOR* of 1.48, with a standard deviation of 1.66 (minimum=0.00, maximum=6.00) indicating that the mean of the sample fell below the score of $MOR > 3$. A closer examination indicates that 18 participants had a $MOR=0$, 13 had a $MOR=1$, eight had a $MOR=2$, five scored $MOR=3$, two had a $MOR=4$, two had a $MOR=5$ and finally, two participants scored $MOR=6$ (see table 5.38 and figure 5.9). Twenty-two percent of the sample thus seemed to have a markedly negative self-representation.

⁴ Given the *EB* styles and $T=0$ for a majority of the sample, the potential for such attitudes could be absent due to cognitive immaturity. The latter frequently surprises therapists as they do uncovering work and the ego matures, and is congruent with earlier psychoanalytic work on cycloid patients in the depressive phase of their illness. A false negative may very well be evident.

Table 5.38.

MOR Totals for the Sample

MOR	Total
0	18
1	13
2	8
3	5
4	2
5	2
6	2
Total	50

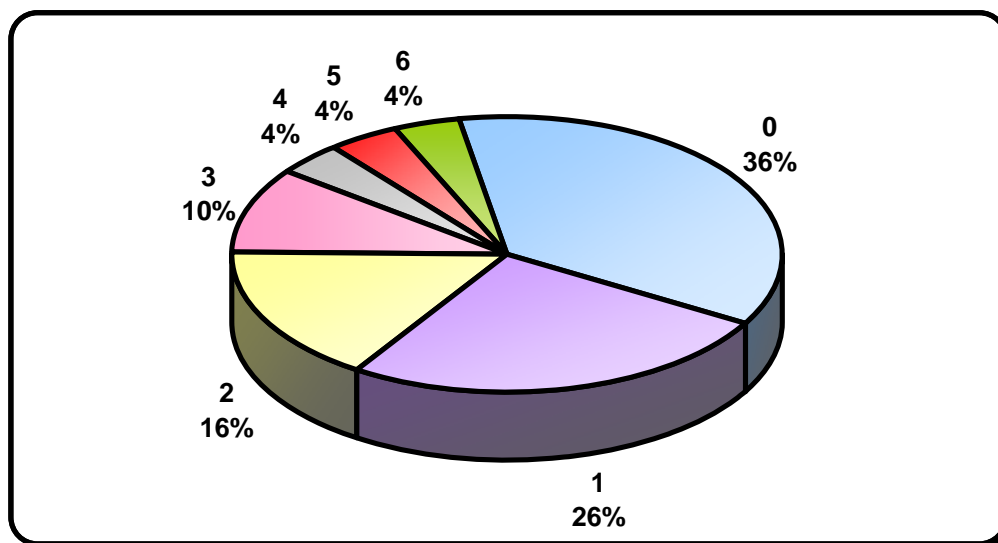


Figure 5.9. Graphic Representation of MOR Data

Enhancing Self-Awareness

Form dimension (*FD*) responses are designed to give information on self-inspecting behaviour or processes. The latter informs the way individuals meet their own needs while remaining sensitively aware of their influence on others as well as one's own behaviour. This is an advanced state of mind, a personality asset, and is indicative of maturity. Similarly, it being either over or under-aware places one's general adjustment at risk, as people may underestimate their impact on others, have difficulty examining their own motivations, affects and behaviour, and have difficulty adjusting their behaviour accordingly. An overly

self-aware person may also have difficulty relaxing, which may also lead to adjustment difficulties. In a normal record one or two *FD* responses and no Vista (*V*) responses are expected. Statistically the sample's mean is 0.62, the standard deviation of 1.07 (min=0.00, max=5.00), and *V*=0. It may be inferred that there is a general absence of ruminative and inherently destructive self-processing among the participants, although 8% of the sample do exhibit an unusual degree of self-consciousness and soul searching ($FD > 2$). When considering the sample as a whole ($FD = 0$ in 64% of the sample⁵), it may be argued that there may be less involvement in self-awareness⁶; considering the lowered *Egocentricity* index, it may be that there is a tendency to *neglect the self*. Various hypotheses may be generated from these observations, for instance, that the observed tendencies protect (defensively) a tenuous sense of self characterised by negative self-representations and feelings of depression. Given the *EB*, *EA*, *Lambda* and abovementioned affect realities it may also be indicative of either a lack of representational differentiation or representational de-differentiation wherein affectively driven self and other experiences (interpersonally: "They don't like me-see how they look at me" and endopsychically: "I don't want to feel this about myself...of others...my feelings/thoughts scare me") are experienced as over-stimulating, persecutory and/or disorganizing. Concretization, avoidance, constriction and encapsulation may ensure a feeling of control although mentalization cannot take place. Healthy self-reflection can only occur in states of minds characterised by representational differentiation. Figure 5.10 and table 5.39 provide a summary of the findings.

⁵ Weiner (2003) states that " $FD = 0$ in adolescents and adults suggests a maladaptive *disinterest in or incapacity* for being introspective, and $FD > 2$ is likely to be associated with an unusual degree of self-consciousness and soul searching" (p.169; own italics). Weiner seems to indirectly refer to the possibility of either a defensive process or a deficit.

⁶ This is similar to the findings of Schmidt and Fonda (in Belmaker, 1980) who report that *V* responses are limited, reflecting an impaired ability for detachment and self-critical thinking.

Table 5.39.

FD Totals for the Sample

FD	Total
0	32
1	11
2	3
3	3
5	1
Total	50

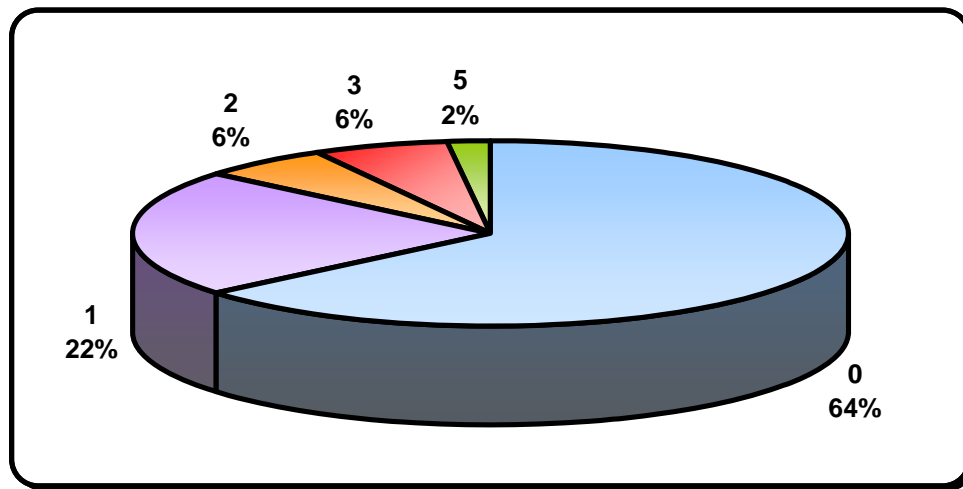


Figure 5.10. Graphic Representation of *FD* Data

Forming a Stable Sense of Identity

A stable sense of identity, the culmination of all previous identifications throughout pre-oedipal, oedipal, latency, adolescent and early adulthood developmental stages, allows a person a consistent and stable impression of the kind of individual they are, their central belief system, and a stable sense of destiny. To know thyself and to feel comfortable with one's strengths and weaknesses is a strong indicator of good adjustment. This is measured by the variable $H: (H) + Hd + (Hd)$.

$H: (H) + Hd + (Hd)$. Adaptive identifications are usually indicated by the presence of two whole and real human figures ($H=2$), as well as by H that equals or exceeds the number

of partial or imaginary human figures [$Hd + (H) + (Hd)$]. A sufficient frequency of H indicates that individuals have *adequate capacity to identify* comfortably with people who are a real part of their lives and with whom they have had opportunities to form such identifications. Combination of identificatory capacity and opportunity provides the foundations for developing a clear and stable sense of personal identity.

Table 5.40.

Collective Results for 'Forming a Stable Sense of Identity'

Descriptive statistics	Sum H	H	(H)	Hd	(Hd)	Hd + (Hd) + (H)
Mean	4.12	1.94	0.78	0.96	0.44	2.18
Minimum	0.00	0.00	0.00	0.00	0.00	0.00
Maximum	11.00	7.00	4.00	5.00	3.00	9.00
Standard Deviation	2.93	1.66	1.11	1.29	0.73	2.14
Variance	8.56	2.75	1.24	1.67	0.54	4.56
Median	3.00	1.00	0.00	1.00	0.00	1.00
Mode	1.00	1.00	0.00	0.00	0.00	1.00
Totals		97.00				109.00
Values >0	49.00	44.00	22.00	26.00	16.00	38.00

Table 5.40 show that $H < 2$ and $H < Hd + (Hd) + (H)$ for the sample, indicating that most participants experience insufficient identifications (see also *SumH* to be discussed later). This may influence the formation of a stable sense of self. It does not preclude an interest in others; however, when considering the mean of the sample and standard deviation of H : $(H) + Hd + (Hd)$ it appears that although the sample as a whole may be *interested* in others, there may also be difficulty in *identifying with real objects/people* and a *preference to identify with more remote, imaginary and fictitious objects*. This may interfere with the formation of a stable sense of identity based on reality considerations and feedback so well described by Greenspan (1989a, 1989b) and others (Kernberg, 1976; Masterson, 2000, 2004). Object splitting and social discomfort may be present, and given the *EB* preference of the sample,

one may also speculate about the use of projection, projective identification and other defensive realities.

Summary: Viewing Oneself

The sample's capacity to view the self in a thorough, accurate and favourable manner seems to be impaired, reflecting both developmental and adjustment deficits. Firstly, in terms of *maintaining adequate self-esteem*, it seems that a negative self-image, possibly chronic in nature, is experienced by the majority of the sample. It is hypothesised that the presence of such negative self-representations (and the awareness thereof) will interfere with attending sufficiently to the self. This tendency may even be an attempt, conscious or otherwise, to deflect the negative impact of the individual's behaviour on self and others, and may be the product of various defence mechanisms. Experiencing such self-representations (in the system's consciousness and/or unconscious) would also not *promote positive self-regard*. Paradoxically, the variables (*V*, *MOR*) that measure the latter, which includes the presence of self-critical attitudes and the presence of negative self-representations (as measured by the *Morbid* response) seem only applicable to a very small number of participants in this sample. Various factors may be at play. Firstly, this tendency may be ascribed to the presence of active defence mechanisms that interferes with self-critical thinking. Secondly, if representational differentiation did not develop fully, and/or de-differentiation is present, any form of self-reflection may prove difficult (also seen in *FD*), if not impossible. Thirdly, given the *EB* preferences, *EA* and *Lambda* results, perceptual and cognitive immaturity may also be present. Combined with representational de-differentiation and affect intensification (or its inverse) the ego may be in a reactive and constricting mode negatively influencing self-reflection. Given the mean age of the sample this is an area of therapeutic concern needing further study and exploration.

Finally, the results discussed also showed further evidence of insufficient identifications, which in turn negatively influences the development and experience of a stable sense of self. This does not preclude the possibility that the participants are interested in others, but when the samples' mean and standard deviation of H : $(H) + Hd + (Hd)$ are considered, *it seems that despite an interest in others, participants may experience difficulty in identifying with real objects/people and may prefer to identify with remote, imaginary and fictitious objects.* Again, in the logic of Weiner (2003):

The interpretive significance of $H < [Hd + (H) + (Hd)]$ derives from the likelihood that a Rorschach protocol containing more partial and imaginary human figures than whole and real human figures indicates maladaptive tendencies to identify with partial objects or with people who do not participate in the participants' everyday real world. In the case of partial figures, it may well be that people who give an inordinate number of human detail responses are correspondingly inclined to identify selectively with some but not other characteristics of people to whom they become close, much in the manner of individuals who engage excessively in *object splitting*. (p.170; italics added)

When experiencing severe mania, delusions or psychosis (even in the depressed phase) cycloid patients frequently emulate imaginary people that are considered heroes, villains and the like. Weiner (2003) continues (and it may very well again be argued to reflect a developmental absence [introjection and identification with positive good objects]): Modelling oneself after such fictitious or remote characters could have the benefit of resulting emulation of positive characteristics that these figures display. However, doing so contributes much less to a stable sense of identity than modelling oneself after a parent,

sibling, teacher, or good friend with whom one has a *close, enduring, and regularly interactive relationship*.⁷ [also see *COP, a:p* results] (p.170; italics added)

The developmental absence noted in the sample indicates an interest in the human world, even a need to ‘use’ the interpersonal sphere (*EB style*), but also seems to reflect difficulties that are described by Greenspan (1989) as occurring in the Representational Differentiation Phase of development (24-48 months or separation-individuation phase). The developmental absence will negatively influence general structure formation as seen in stable self-object representations needed for various on-going ego functions such as reality testing, impulse control and mood stabilisation, as well as influence self and object identity formation (differentiating between phantasy and reality) (Greenspan, 1989a). Again, these experiences may leave the cycloid patient susceptible to representational dedifferentiation and fragmentation (either genetic, dynamic, or both), unstable endopsychic structures, and defective, polarised, or constricted (global or encapsulated) self-object identity formation (Greenspan, 1989a). Furthermore, as the endopsychic world of self-representations may be organized as predominantly negative, a continual fragile self may need constant protection against further psychological pain and the reactivation of further feelings of ‘badness’. Unfortunately, reality-oriented feedback that may support a fragile ego may be difficult to tolerate and integrate; the endopsychic situation may become dominated by unconscious bad object states and ego growth may stagnate. Adjustment will therefore be increasingly compromised. This brings the discussion to relating to others, that is, the ability to identify with real objects with which individuals have an interdependent relationship.

⁷ The process of forming a close, enduring and regularly interactive relationship is central to anaclitic development as articulated by Blatt et al. (1994) as well as the DIR model of Greenspan (2002,2009).

Relating to Others / Interpersonal Perception

Introduction

The way people relate to one another is largely dependent on their attitudes towards others. These attitudes may also influence the degree of interaction as well as how attachment is managed. Adaptive interpersonal relationships involve the following (Weiner, 2003):

- (a) Sustaining interpersonal interest, involvement and comfort in interacting with others
- (b) Anticipating interpersonal intimacy and security (*Sum T, HVI*)
- (c) Balancing interpersonal collaboration with acquiescence with competitiveness and assertiveness (*COP, AG, a:p*)
- (d) Remaining interpersonally empathic (*accurate M*) (Exner, 1993, 2000, 2003; Weiner, 2003)

Being or becoming disengaged, distanced, or uncomfortable with others, experiencing intimacy as intrusive or dangerous, being either domineering or subservient, or misinterpreting the cues of others will greatly influence adjustment and interpersonal relationships in general (Kernberg, 1976). This section explores each of the areas. The percentage of participants showing maladaptive responses is reflected in figure 5.11 and the collective results are shown in table 5.41.

Table 5.41.

Collective Results for 'Relating to Others/Interpersonal Perception'

Variable	<i>COP</i>	<i>AG</i>	<i>A</i>	<i>p</i>	<i>M</i>	<i>M-</i>	<i>ISOL</i>	<i>Sum T</i>	<i>Sum H</i>	<i>H</i>	<i>(H)</i>	<i>Hd</i>	<i>(Hd)</i>	<i>Hd + (Hd)+ (H)</i>
Mean	0.36	0.40	3.62	2.76	2.34	0.36	0.19	0.50	4.12	1.94	0.78	0.96	0.44	2.18
Minimum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Maximum	4.00	5.00	9.00	10.00	8.00	2.00	0.60	5.00	11.00	7.00	4.00	5.00	3.00	9.00
Standard														
Deviation	0.75	0.93	2.29	2.31	2.04	0.66	0.16	1.02	2.93	1.66	1.11	1.29	0.73	2.14
Variance	0.56	0.86	5.26	5.33	4.15	0.44	0.02	1.03	8.56	2.75	1.24	1.67	0.54	4.56
Median	0.00	0.00	3.00	2.00	2.00	0.00	0.17	0.00	3.00	1.00	0.00	1.00	0.00	1.00
Mode	0.00	0.00	4.00	2.00	1.00	0.00	0.00	0.00	1.00	1.00	0.00	0.00	0.00	1.00
Values >0	13.00	12.00	48.00	41.00	43.00	13.00	40.00	15.00	49.00	44.00	22.00	26.00	16.00	38.00

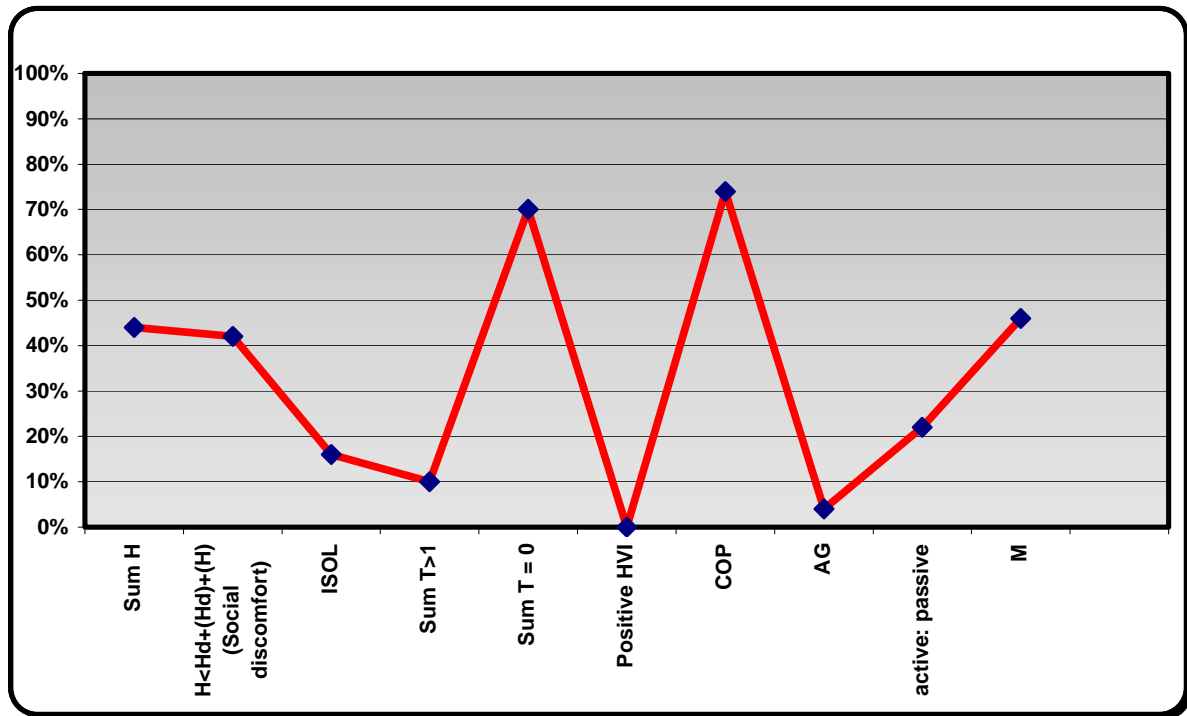


Figure 5.11. Relating to Others: Participants' Maladaptive Responses as a Percentage of Total Participants

Sustaining Interpersonal Interest, Involvement and Comfort

Central to all psychological discourse is relating with, and to, others. As described in chapter 3, the anaclitic developmental line (Blatt et al., 1994; Greenspan, 1989a) proposes that all growth is stimulated by being in a relationship with another, initially the mother. Psychological isolation and the emotional or physical absence of another is traumatic (Greenspan, 1989a, 1989b; Masterson, 2004). To adjust to reality a person should be able to sustain interpersonal interest (even one-sided interest, as described in chapter 3 under the character disorders), involvement, and experience a measure of comfort.

SumH, [*H*: *Hd* + (*H*) + (*Hd*)]. *SumH*, [*H*: *Hd* + (*H*) + (*Hd*)] gives the clinician sufficient opportunity to explore a patient's interpersonal interest, level of involvement, type of involvement, and general experience of interpersonal comfort. In terms of interpersonal interest, a score of *SumH*>3 is seen as an average degree of interest in others. *SumH*<4

usually indicates limited interest in others and by definition influences general interpersonal adaptation. Furthermore $Hd + (H) + (Hd)$ in excess of H not only indicates the absence of a stable sense of self but also “a maladaptive extent of social discomfort” (Weiner, 2003, p.171). This lack of comfort can culminate in general avoidance and distancing patterns as well as feelings of painful isolation. This is measured in part by the Isolation index (*ISOL index*). A review of the *SumH* of the sample shows a mean score of 4.12, which indicates at least an average degree of interpersonal interest. Weiner would state that this reflects “at least average interpersonal interest and constitutes a personality asset, whereas a $SumH < 4$ indicates limited interest in people and constitutes a personality liability” (p.171).

Interpersonal comfort scores where $H < Hd + (H) + (Hd)$ shows that the sample lacks to some degree a sense of social and interpersonal comfort, and possibly has a need to minimise feelings of threat, inadequacy and limitation compared to others:

As for *comfort* in interpersonal relationships, a surplus of $[Hd + (H) + (Hd)]$ over H responses suggests not only the deficiencies in identification noted in the previous section, but also a maladaptive extent of social discomfort. Persons with this imbalance in their human contents typically experience uneasiness in dealing with people who are real, live, and fully functional, that is, who literally have all of their parts in place and in working order. At a fantasy level, such individuals may be attempting to minimize feelings of threat or inadequacy in interpersonal situations by limiting the capabilities they perceive in others, which they can do by seeing them as being not really human or all there. (Weiner, 2003, p.171)

Withdrawn or avoidant behaviour may become a way to deal with this discomfort. In the current sample, total isolation due to such experiences fortunately seemed absent (see *ISOL index*). Emotional and interpersonal ambivalence may also be present: although there may be an interest in others this very interest is coloured by a lack of comfort and possibly

the experience of threat. Psychologically, one would wonder about the developmental, endopsychic and characterological sequelae of this experience.

Isolation Index. According to Exner (1993, 2003), social isolation is usually found when the Isolation index $>.33$. Theoretically it has also been thought that when the Isol. Index $>.33$, participants also tend to have less than two Cooperation (*COP*) responses and will also have a low *Afr*. There thus seems to be difficulty in both creating and sustaining meaningful relationships. The mean average of the current sample is 0.19, indicating that such marked avoidance seems absent (present in only 16% of the group) (see table 5.42). Despite the mean average, and as with previous variables, a consideration of each individual variable of the index offers more dynamic information (see figures 5.12 to 5.16 and tables 5.43 to 5.47).

Table 5.42.

Collective Results Relating to the Isolation Index

Variable	<i>Bt</i>	<i>Cl</i>	<i>Ge</i>	<i>Ls</i>	<i>Na</i>	<i>ISOL</i>
Mean	1.06	0.26	0.26	0.50	0.68	0.19
Minimum	0.00	0.00	0.00	0.00	0.00	0.00
Maximum	7.00	3.00	5.00	3.00	4.00	0.60
Standard						
Deviation	1.32	0.56	0.88	0.79	1.02	0.16
Variance	1.73	0.32	0.77	0.62	1.04	0.02
Median	1.00	0.00	0.00	0.00	0.00	0.17
Mode	0.00	0.00	0.00	0.00	0.00	0.00
Values >0	29.00	11.00	6.00	17.00	20.00	40.00

Botany. Among nonpatient adults, *Bt* responses usually achieve a mean of 2.37 with an SD of 1.3 (Exner, 2003). In the current sample the mean for *Bt* responses was 1.06 with an SD of 1.32. Forty-two percent of the sample had *Bt*=0, 28% scored *Bt*=1, 22% had *Bt*=2, 4% scored *Bt*=3, 2% scored *Bt*=4 and 2% had *Bt*=7.

Table 5.43.

Bt Total for the Sample

<i>Bt</i>	Total
0	21
1	14
2	11
3	2
4	1
7	1
Total	50

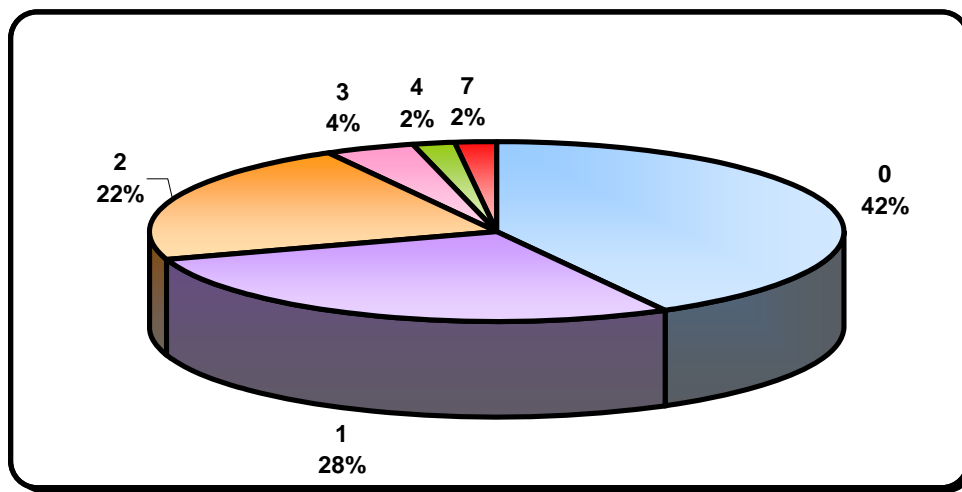


Figure 5.12. Graphic Representation of *Bt* Data

Clouds. Seventy-eight percent of the sample had a *Cl*=0, 20% scored *Cl*=1 and 2% had *Cl*=3.

Table 5.44.

CL Totals of Sample

<i>Cl</i>	Total
0	39
1	10
3	1
Total	50

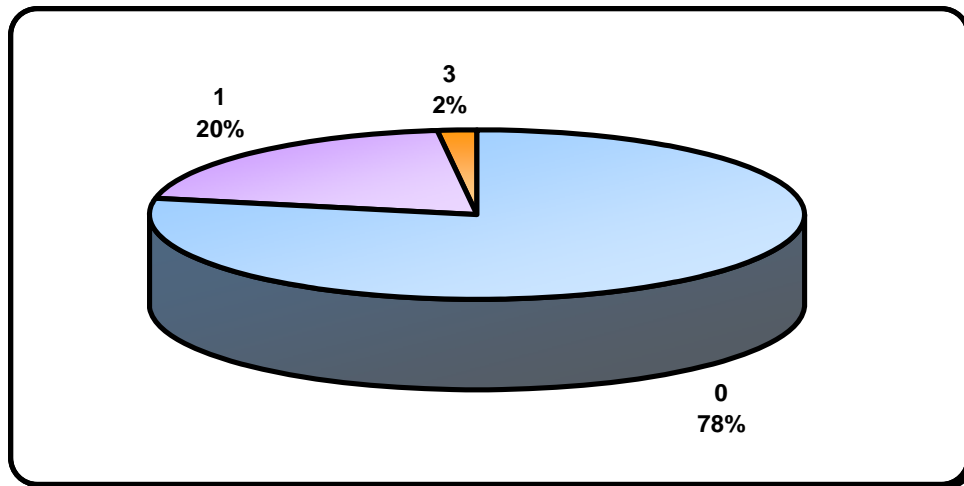


Figure 5.13. Graphic Representation of C/I Data for the Sample

Geography. Eighty-eight percent of the sample had $Ge=0$, 6% had $Ge=1$, 2% scored $Ge=2$, 2% had $Ge=3$ and 2% scored $Ge=5$.

Table 5.45.

Ge Totals for the Sample

Ge	Total
0	44
1	3
2	1
3	1
5	1
Total	50

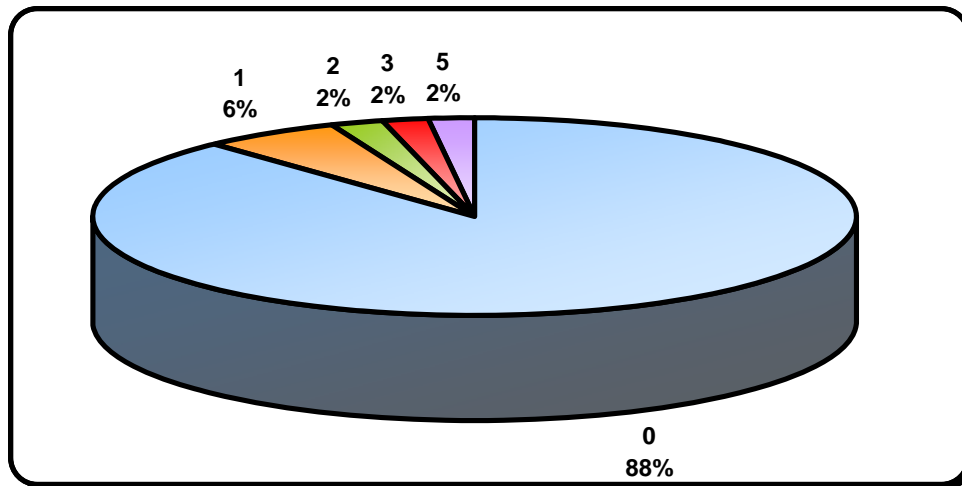


Figure 5.14. Graphic Representation of Ge Data for the Sample

Landscape. Sixty-six percent of the sample had an $Ls=0$, 20% had an $Ls=1$, 12% had an $Ls=2$ and 3% scored $Ls=3$.

Table 5.46.

Ls Totals of the Sample

<i>Ls</i>	Total
0	33
1	10
2	6
3	1
Total	50

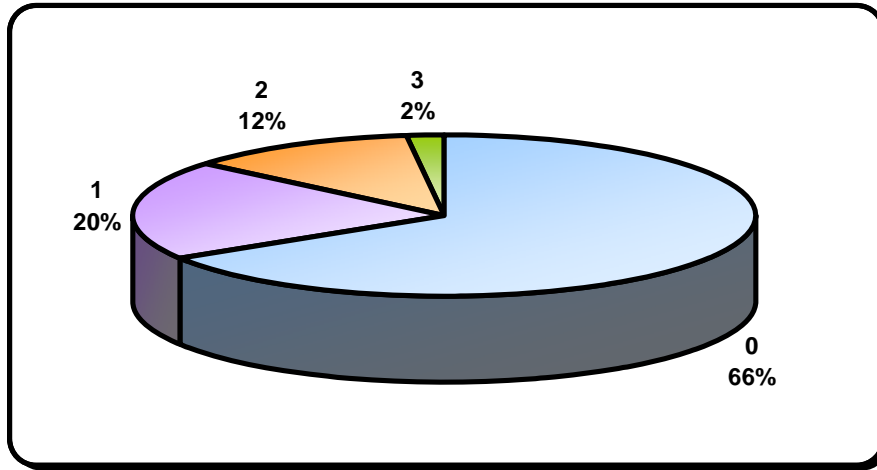


Figure 5.15. Graphic Representation of *Ls* Data for the Sample

Nature. As with *Bt* responses, *Na* responses are expected but with low frequency.

Sixty-percent of the sample scored $Na=0$, 22% had $Na=1$, 10% scored $Na=2$, 6% had $Na=3$ and 2% had $Na=4$.

Table 5.47.

Na Totals of the Sample

Na	Total
0	30
1	11
2	5
3	3
4	1
Total	50

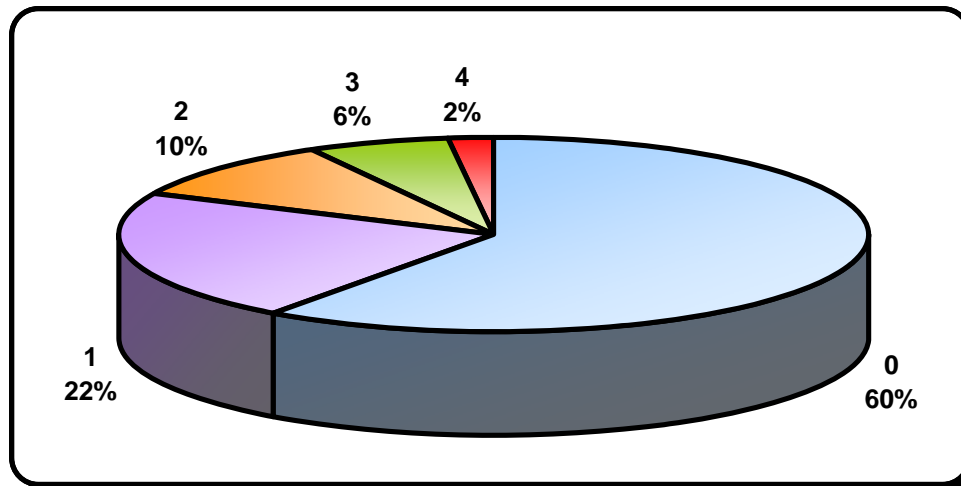


Figure 5.16. Graphic Representation of *Na* Data for the Sample

In summary, although the *Isolation* index was not indicative of extreme avoidance, isolation did seem evident for a small minority of the participants ($n=8$ or 16%).

GHR:PHR. *GHR* responses are perceptions and representations of positive schemata of self, others and relationships. They are manifested in accurate, realistic, logical, intact, human responses and benign or cooperative interactions. *PHR* are negative or problematic perceptions or representations, and are manifested in distorted, unrealistic, damaged, confused, illogical, aggressive or malevolent representations or perceptions. Satisfying relationships are usually characterised by $GHP > PHR$ and occur in dynamic interaction with *Human Movement responses (M)* and *Human (H)* responses. Table 5.48 summarises the mean average for both the *GHR* and *PHR* for the sample.

Table 5.48.

Descriptive Statistics of GHR and PHR for the Sample

Variable	GHR	PHR
Mean	2.20	2.24
Minimum	0.00	0.00
Maximum	7.00	9.00
Standard Deviation	1.95	2.11
Variance	3.80	4.47
Median	2.00	2.00
Mode	1.00	1.00
Values >0	40.00	40.00

The mean for *GHR* responses was 2.20, with a *PHR* of 2.24 indicating the possibility that the “participants may be prone to approach or respond to others in ill-advised or undesirable ways” (Weiner, 2003, p.172).⁷ Given that $GHR < 3$ as well as that the mean scores for *PHR* and *GHR* are very similar, problematic and conflictual relationships with others are predicted. This is borne out in the developmental histories of the participants. This finding correlates positively with scores on other variables such as $H:Hd + (Hd) + (H)$, and $T < 1$. Given that *EB* style is predominantly extratensive, followed by avoidant and ambitent preferences, various adjustment problems may be evident.

Anticipating Interpersonal Intimacy and Security

Looking forward to opportunities for intimacy, and feeling secure in close relationships is central to psychological health. The variables that explore and describe this capacity is *Sum T* and the *Hypervigilance index (HIV)*.

Sum T. Weiner (2003) warns that *T* is a complex variable. People that react to the texture qualities of the cards may experience a need to make contact with others, both emotionally and physically. The absence of a texture response could indicate that participants are very cautious in their interpersonal life and may be overly concerned about personal space. The sample’s mean average score for *SumT* of 0.50 (see tables 5.49-5.52 and figures

5.17-5.19) could indicate an discomfort with the affectional domain (tactile and intimacy driven domain), neither seeking nor anticipating intimate interpersonal relationships. The fact that 70% of the sample scored $T=0$ does not imply that they actively avoid interpersonal relationships, but rather reflects their discomfort with others. Weiner (2003) offers a note of caution

In considering the interpretative significance of $T=0$, however, examiners should be alert to certain circumstances in which the absence of Texture results from *perceptual rather than interpersonal dispositions*. Some persons may as a consequence of *cognitive immaturity or insensitivity* ignore the grey-black and shading properties of the blots, or, if they attend to these characteristics, *lack the ability* to articulate them. When this is occurs, there is likely to be no *SumShd* ($C'+T+V+Y$) at all in the record, and the absence of T may represent *inattention* to shading in general *rather than limited capacity for interpersonal intimacy*.

(p.174)

Given the mean of *SumShd*=3.22 (SD of 2.64), the latter caution does not seem particularly relevant. Most of the sample had a *Sum T=0*, which could indicate an interpersonal disposition that limits the capacity for interpersonal intimacy and may even reflect cognitive and/or perceptual immaturity (insensitivity). Despite this, and despite Weiner's reservations, if individuals did not master the representational differentiation and integration phases of development, as described by Greenspan (1989) in chapter 3, cognitive immaturity and insensitivity may occur. These phases of development depend on various budding ego capacities, the development of integrated self and object representations, as well as the increasing modulation of affect. These presentations could thus still be associated with $T=0$. Greenspan's (1989a, 1989b) work provides a developmental bridge to understanding this relationship. Klopfer, Ainsworth, Klopfer, and Holt (1954) also follow this reasoning when they argue in '*proportions relating to the organization of affectional needs*' (pp.291-

292) that affection (conveyed through texture responses K , KF , k , Kf , c and cF) can be developed to such an extent that it could either swamp the personality ($FK+Fc > 1/4 F$) (Exner's $T > 2$ and even a defensive $T=0$), or be severely repressed and denied ($FK+Fc < 1/4 F$) (Exner's $T=0$). Klopfer et al. (1954) add that "underdevelopment of the need for affection" (p.292) may also occur and explain this as a dispositional reality (sensory and regulatory difficulty). It is clear that in all interpretations, an integrative developmental model may assist the clinician to integrate complex possibilities. Back and forth affectional interaction throughout the lifespan – and the capacity for such an exchange – is needed for self and object representational development, as well as for the maturation of the perceptual system (Greenspan, 1989a, 1989b). Wittenhorn and Holzberg (1951) and Donnelly, Murphy, and Scott (1975) also suggest that the latter processes are part of a more global approach as a response style. They seem to recognise that cycloid individuals attend to the more 'obvious' qualities of the cards. This phenomenon, described as 'perceptual non-involvement' (or neurotic 'un-involvement') stands in contrast to the responses of individuals with unipolar depression who project more of their inner experiences onto the test stimuli. This may indicate either defensive processes or cognitive/perceptual immaturity (Belmaker, 1980):

Donnelly et al. noted a second feature besides the primary responsiveness to color as characteristic of bipolar subjects' response style to the Rorschach. This feature they label as 'global approach', which is seen in bipolars' selective recognition of and attention to the more obvious qualities of the stimuli without associational integration with inner experience. This 'global approach' may be seen, for example, in frequent production of amorphous precepts, and reveal, in their opinion, a kind of 'perceptual non-involvement', which stands also for neurotic non-involvement, and an apparent lack of dysphoric affects and conflictual contents. Rorschach productions of unipolar depressive patients are, on the other hand, characterized by 'perceptual involvement',

namely the projection of inner experience onto the test stimuli, thus disclosing considerable degree of neurotic concern. (p.330)

Table 5.49.

SumT Totals for the Sample

<i>Sum T</i>	Total
0	35
1	10
2	3
4	1
5	1
Total	50

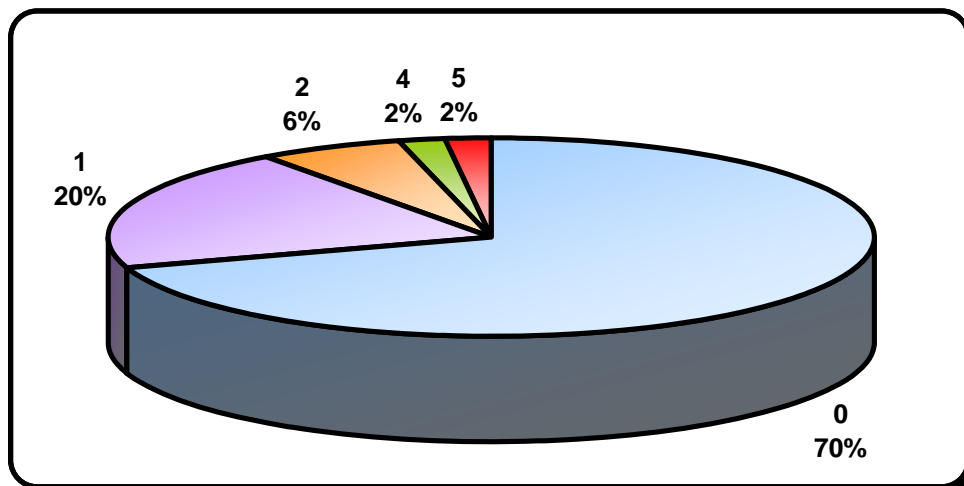


Figure 5.17. Graphic Representation of *Sum T* Data

Table 5.50.

Descriptive Statistics of SumT for the Sample

Variable	Sum T
Mean	0.50
Minimum	0.00
Maximum	5.00
Standard Deviation	1.02
Variance	1.03
Median	0.00
Mode	0.00
Values >0	15.00

Table 5.51.

FT Totals for the Sample

FT	Total
0	42
1	6
3	2
Total	50

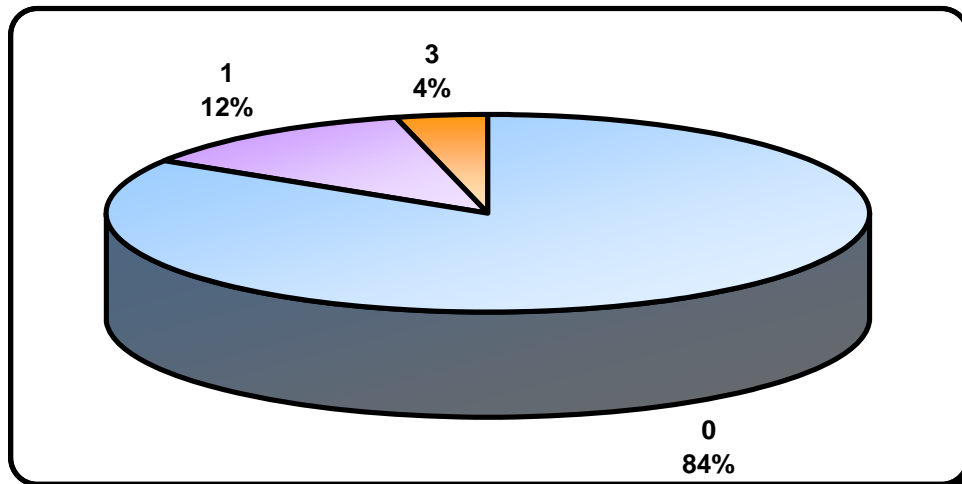


Figure 5.18. Graphic Representation of FT Data

Table 5.52.

TF Totals for the Sample

<i>TF</i>	Total
0	46
1	4
Total	50

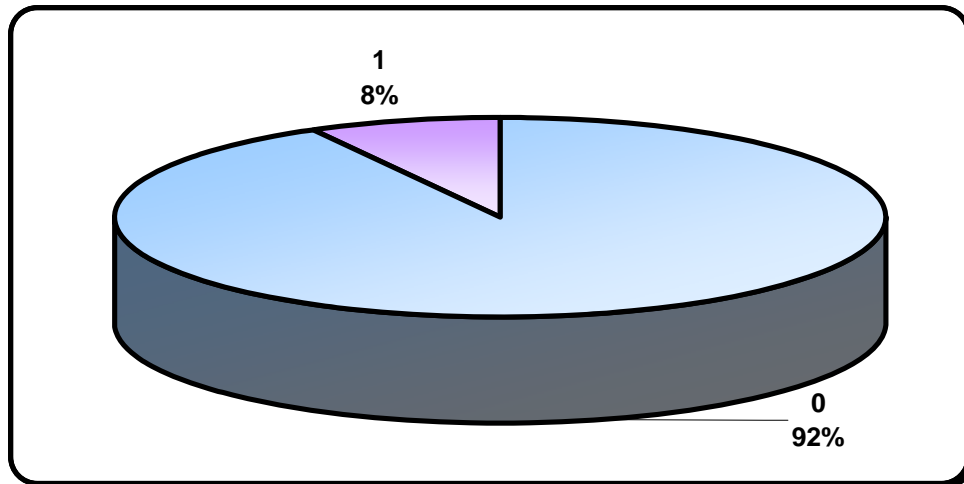


Figure 5.19. Graphic Representation of *TF* Data

The Hypervigilance Index: HVI. The *HVI* reflects participants' general tendency to be overly 'alert' to potential dangers in the environment. This stems from a basic distrust in the motives in others and a pervasive lack of feeling of security in the environment and interpersonal relations in general. The following variables are relevant:

- (a) $T=0$
- (b) $[H+ (H)+ Hd+ (Hd)] >6$ (paying considerable attention to people)
- (c) $[(H)+ (A)+ (Hd) + (Ad)] > 3$ (distancing/protecting the self by viewing others as imaginary rather than as real)
- (d) $H+ A: Hd +Ad < 4:1$ (hypercritical focus on parts of figures rather than the whole)
- (e) $(Zf) > 12$ ("identifies considerable concern with how events relate to each other"

[Weiner, 2003, p.177]).

(f) $Zd > 3.5$ (carefully scanning and searching the environment before coming to a conclusion)

The results indicate that the *HVI* was negative for the majority of the sample. Only five participants (10%) scored positively for this index. A closer inspection of the variables that constitute the index indicates some impairment in the capacity to form close attachments to others ($T=0$). There is also no clear evidence that individuals pay considerable attention to others [$H + (H) + Hd + (Hd) < 6$] in a hypercritical fashion [$H+A: Hd+Ad < 4:1$]. Furthermore, the hypothesis of $Cg > 3$ (indicating concern with protecting oneself) was only evident in 4% of the sample (see figure 5.20 and table 5.53 below).

Table 5.53.

Cg Totals for the Sample

<i>Cg</i>	Total
0	27
1	13
2	8
4	2
Total	50

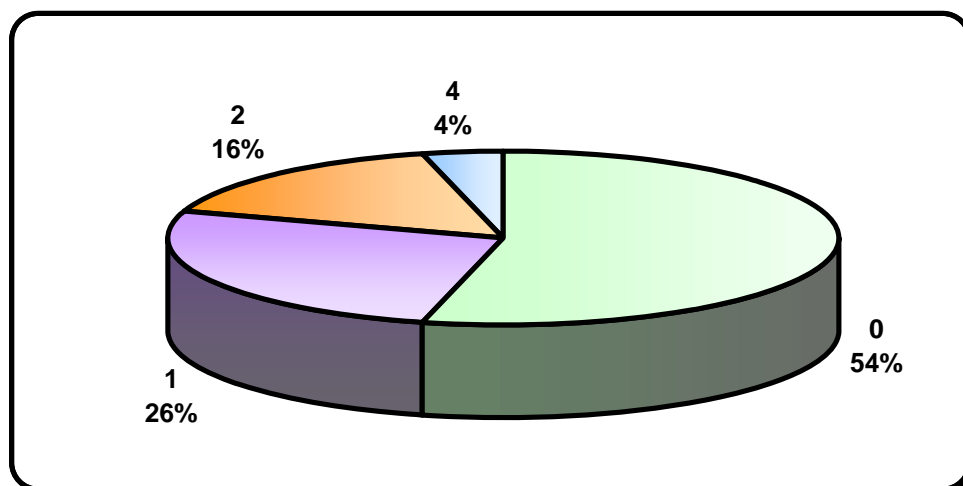


Figure 5.20. Graphic Representation of *Cg* Data

The sample's processing effort is reflected in the variable Z_f ($Z_f > 12$ (identifying concern with how events relate to each other). The results reveal that 24% ($n=12$) of the sample showed high processing effort, 32% ($n=22$) showed low processing effort and 44% ($n=22$) fell in the expected range. Table 5.54 summarises these findings.

Table 5.54.

Collective Results for the Sample's Process Effort as Measured by the Z_f

HVI Check Z_f – Category	Data	Total
High processing effort	Count of HVI Check Z_f – Category	$n=12$
	Percentage	24%
Low processing effort	Count of HVI Check Z_f – Category	$n=16$
	Percentage	32%
No significance	Count of HVI Check Z_f – Category	$n=22$
	Percentage	44%

The sample's ability to absorb and process information adequately was examined next. Seven participants (14%) were found to be 'overincorporators', 14 participants (28%) were 'underincorporators', and 29 participants (58%) can be viewed as adaptive in organising information efficiently. Table 5.55 summarises the sample's Z_d distribution.

Table 5.55.

Zd Distribution of Participants of the Sample

<i>Zd</i>	Total	<i>Zd Category</i>
-10	1	Underincorporate
-8.5	2	Underincorporate
-5.5	1	Underincorporate
-5	2	Underincorporate
-4.5	3	Underincorporate
-4	1	Underincorporate
-3.5	4	Underincorporate
-3	4	Adaptive
-2.5	2	Adaptive
-2	1	Adaptive
-1.5	2	Adaptive
-1	4	Adaptive
-0.5	3	Adaptive
0	1	Adaptive
0.5	5	Adaptive
1.5	4	Adaptive
2.5	1	Adaptive
3	2	Adaptive
4	1	Overincorporate
5.5	1	Overincorporate
6.5	1	Overincorporate
7.5	1	Overincorporate
8	2	Overincorporate
13	1	Overincorporate
Total	50	

Finally, $S > 3$ represents underlying anger or resentment. On this variable, 30% of the current sample had an $S > 2$ and 70% fell into the expected range. Thus the majority of the sample do not seem to experience severe anger and resentment, as measured by $S > 3$.

Balancing Interpersonal Collaboration with Acquiescence with Competitiveness and Assertiveness

It is a difficult task to develop a balance between the anaclitic and introjective lines of development; or put differently, between interpersonal collaboration and being assertive and competitive without losing a sense of security, support and comfort. The variables that

measure this ability are *COP*, *AG* and *a:p*. The results for balancing interpersonal collaboration with acquiescence with competitiveness and assertiveness are indicated in table 5.56.

Table 5.56.

Collective Results for Balancing Interpersonal Collaboration with Acquiescence with Competitiveness and Assertiveness

Variable	<i>COP</i>	<i>AG</i>	<i>a</i>	<i>p</i>
Mean	0.36	0.40	3.62	2.76
Minimum	0.00	0.00	0.00	0.00
Maximum	4.00	5.00	9.00	10.00
Standard Deviation	0.75	0.93	2.29	2.31
Variance	0.56	0.86	5.26	5.33
Median	0.00	0.00	3.00	2.00
Mode	0.00	0.00	4.00	2.00
Values >0	13.00	12.00	48.00	41.00

The ratio $COP < 2$ indicates a so-called “a maladaptive deficiency in the capacity to anticipate and engage in collaborative activities with others” (Weiner, 2003, p.178) (see table 5.57 and figure 5.21). Combined with the ratio $H: Hd + (Hd) + (H)$, interpersonal withdrawal and avoidance may at times be expected. Of the participants, 74% ($n=37$) had a $COP=0$, 20% ($n=10$) a $COP=1$, 4% had a $COP=2$, and 5% ($n=1$) had a $COP=4$. The sample mean for the *COP* variable was 0.36 with an SD of 0.75. According to Weiner (2003),

The absence of *COP*, by contrast, *identifies a maladaptive deficiency in the capacity to anticipate and engage in collaborative activities with others*. Unlike the positive interpersonal messages communicated by people who give *COP*, participants in whom $COP=0$ typically convey to others a disinterest in or even a distaste for doing things together in cooperative ways. As a consequence, no-*COP* individuals tend to impress others as being distant and aloof. Although they may not be actively disliked, they are unlikely to be popular or favourite members of their social group. The

personality characteristics indicated by $COP=0$ do not necessarily prevent people from forming close interpersonal relationships, especially if they have Texture in their record. However, in combination with an elevated $ISOL$ and a low $SumH$, lack of COP often indicates interpersonal avoidance and withdrawal. (pp. 178-179)

Table 5.57.

COP Totals for Sample

<i>COP</i>	Total
0	37
1	10
2	2
4	1
Total	50

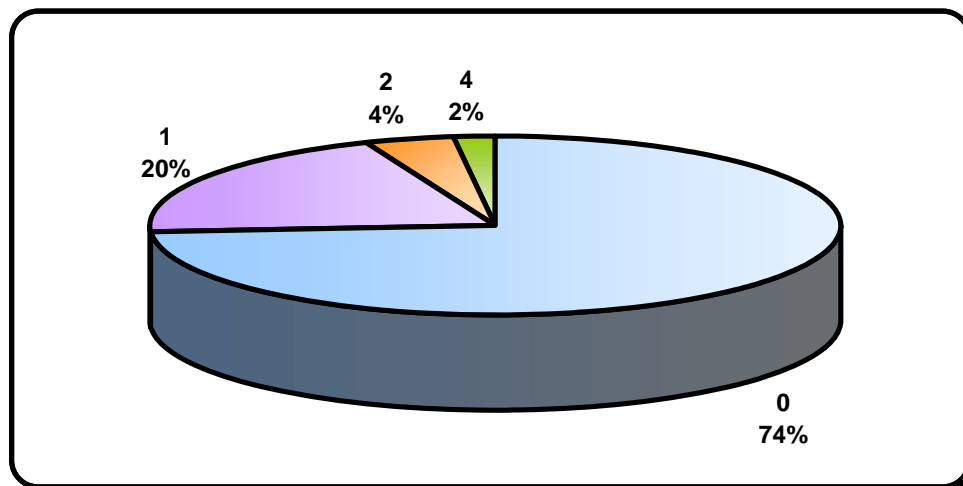


Figure 5.21. Graphic Representation of COP Data for the Sample

The AG results of the sample show that 76% had an $AG=0$, 16% ($n=8$) had an $AG=1$, 10% ($n=2$) scored an $AG=2$, 5% ($n=1$) had an $AG=3$ and 5% ($n=1$) scored an $AG=5$. The mean for AG was 0.40 with an SD of 0.93. Weiner (2003) states that “people with $AG=0$ may lack sufficient assertiveness to stand up for themselves when they should and to avoid being exploited and manipulated by others” (p.180). Maladaptive passivity (see $a:p$) may be

inferred. It should be evident that $AG=0$ may have no interpretative significance as aggressive participants may experience their aggressive behaviour as being highly egosyntonic:

Violently aggressive people have been known to give Rorschach protocols in which $AG=0$, perhaps because they are so unconcerned about aggressivity and so capable of acting freely on their aggressive impulses that they have no need to imbue their fantasy production with aggressive themes. (Weiner, 2003, p. 180)

Two participants had been diagnosed with antisocial features. Whether this perspective is relevant to their presentation requires further research. Table 5.58 reflects the AG totals and figure 5.22 provides a graphic representation of the AG data for the sample.

Table 5.58.

AG Totals for the Sample

<i>AG</i>	Total
0	38
1	8
2	2
3	1
5	1
Total	50

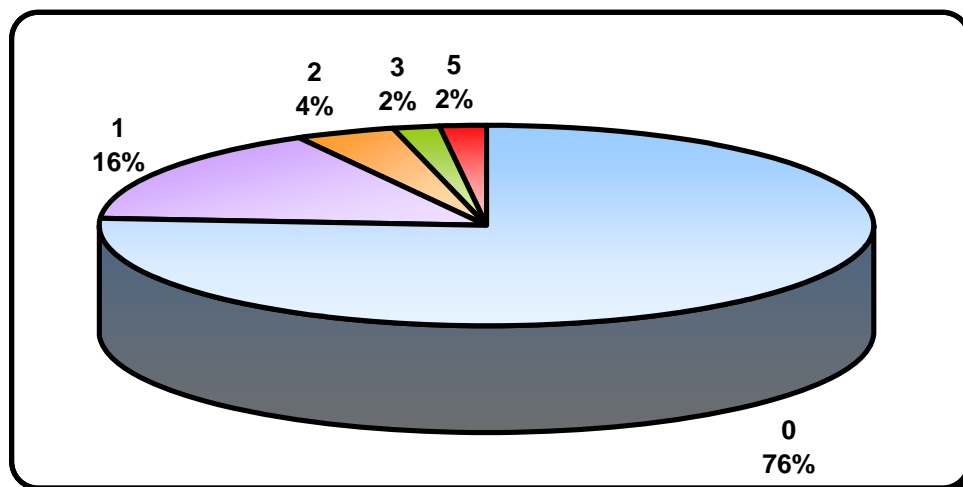


Figure 5.22. Graphic Representation of AG Data

Chapter 4 showed that in nonpatient adult populations, the mean value for a is more than twice the mean value for p (6.44:2.90). A ratio of $p > a+1$ usually indicates behavioural passivity, leading to the subjugation of one's needs. No inferences can be made from the sample's ratio, although the sample's a score is relatively low in comparison with p . The mean average of *active* and *passive* scores for the sample is summarised in table 5.59.

Table 5.59.

Descriptive Statistics of Active:Passive of the Sample

Variable	a	p
Mean	3.62	2.76
Minimum	0.00	0.00
Maximum	9.00	10.00
Standard Deviation	2.29	2.31
Variance	5.26	5.33
Median	3.00	2.00
Mode	4.00	2.00
Values >0	48.00	41.00

Remaining Interpersonally Empathic

The ability to be empathic, that is, to accurately understand, feel and appreciate the emotional life of oneself and others, remains an endopsychic and interpersonal achievement. Weiner (2003, p.181) defines empathy as “being able to see events from other persons’ perspectives and appreciate how they feel” and states that it “helps people understand the needs, motives, and conduct of individuals with whom they interact.” Those with limited empathy frequently misjudge or misinterpret other’s attitudes, behaviours and intentions. Interpersonal empathy is usually measured by the M and $M-$ responses.

Accurate M ($M+$, Mo , Mu). Empathic capacity on the Rorschach is measured by the M response (Weiner, 2003). It is subject to perceptual accuracy, reflecting both the accuracy of participants’ social perception as well as their general ability to form *realistic* impressions of people and interpersonal events. Empathic capacity is reflected in accurately seen M

responses, including $M+$, M_0 and M_u responses. Deficient empathic capacity is reflected in $M-$ responses. M must also be viewed in relationship to the participants' EB style. In nonpatient adults, individuals with introversive styles have a mean M of 6.2, while extratensive types have a mean M of 2.99. This does not mean that introversive individuals are more empathic – this is determined rather by the presence and number of $M-$ responses. Interpretatively, two or more accurately perceived M scores are seen as someone having adequate capacity for empathy, whereas $M->1$ reflects an impairment of social and interpersonal perception. Table 5.60 summarises the sample's M and $M-$ scores.

Table 5.60.

Descriptive Statistics of M and M- for the Sample

Variable	M	$M-$
Mean	2.34	0.36
Minimum	0.00	0.00
Maximum	8.00	2.00
Standard Deviation	2.04	0.66
Variance	4.15	0.44
Median	2.00	0.00
Mode	1.00	0.00
Values >0	43.00	13.00

The sample's mean average for M was 2.34, and for $M- = 0.36$. There thus does seem to be an adequate capacity for empathy, and the $M-<1$ indicates the absence of maladaptive impairment of social perception. These results are summarised in tables 5.61 and 5.62 and figures 5.23 and 5.24.

Table 5.61.

M- Totals for the Sample

M-	Total
0	37
1	8
2	5
Total	50

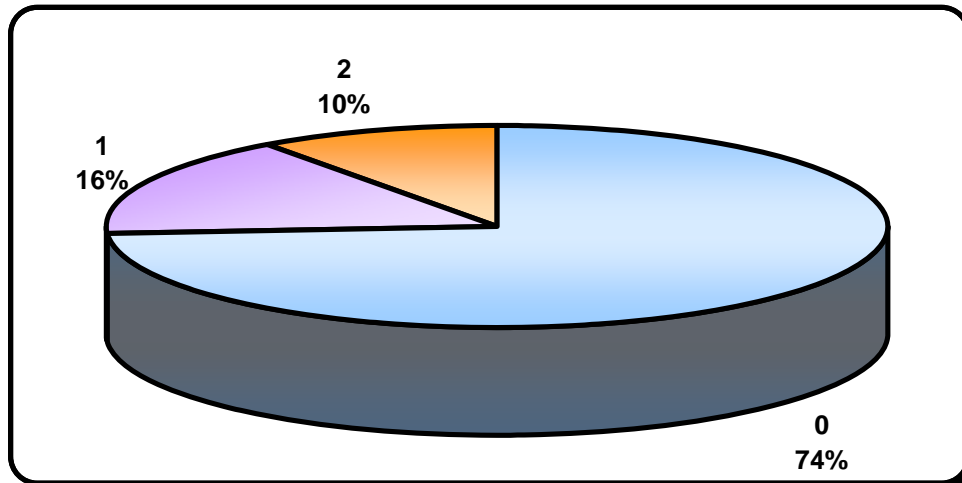


Figure 5.23. Graphic Representation of M- Data

Table 5.62.

M Totals for the Sample

Data		
M	M >=2	M >=2 %
No	27	54.00%
Yes	23	46.00%
Total	50	100.00%

Data		
M	Number	%
0	7	14.00%
1	16	32.00%
2	9	18.00%
3	5	10.00%
4	6	12.00%
6	2	4.00%
5	2	4.00%
8	1	2.00%
7	2	4.00%
Total	50	100.00%

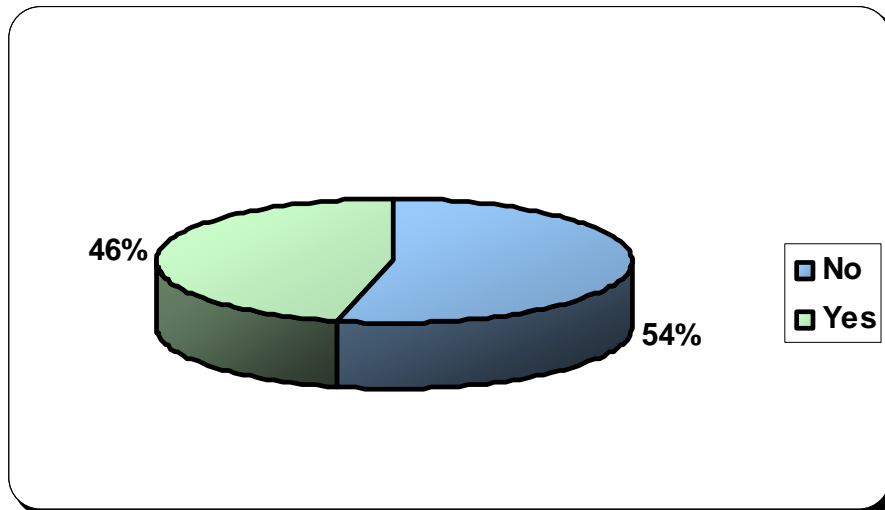


Figure 5.24. $M \geq 2$ as a Percentage of All Participants

Summary: Relating to Others

Difficulties in affect regulation and the experience of self will directly influence the experience of others. Theoretically, relating to others reflects longstanding object representations as well as current interpersonal adaptation and orientation. In terms of the sample's ability to *sustain interpersonal interest, involvement and comfort*, the statistical results show that there was an at least average degree of interest in others, although this will be influenced by the participants' general relative lack of social and interpersonal comfort, as well as their need to minimise both feelings of threat and of inadequacy. At a phantasy level, and in a possible attempt to manage negative self-experiences, participants in the sample may employ various defence mechanisms to 'control' and 'change' the threatening other, so well described by the work of Guntrip (1969) and Masterson (2000). Distancing and avoidant behaviour⁸ may also become an interpersonal strategy to deal with the discomfort.

Fortunately, total isolation seems absent. In terms of object relationships, distal developmental histories may reflect both problematic and conflictual relationships that

⁸ The next chapter will discuss the use of various defences, for example, becoming more rigid (*Lambda*), denying the impact of affect, withdrawing from affection and related experiences and needs (*T=0*), attacking linking and thinking (thought process disturbances), and so forth.

negatively influenced the positive *anticipation of interpersonal intimacy and security and thus the effective balancing of interpersonal collaboration with acquiescence and competitiveness and assertiveness*. The sample seems not to expect interaction to be either positive or collaborative, and lacks basic trust. Sufficient assertiveness also seems compromised. Although still able to *remain interpersonally empathic*, a deficiency in anticipating as well as engaging in collaborative activities with others may restrict their capacity to do so. One may also speculate about the possible misuse of phantasy, although maladaptive impairment in social perception⁹ seems absent for the majority of the participants. As self-reflection is also impaired, the view of self may either vacillate or be subject to distortion; and introspection may create subjective feelings of confusion to be avoided at all costs. Interpersonal avoidance and withdrawal may reflect similar endopsychic dilemmas. These would require the support of defence mechanisms, which in turn may negatively influence reality testing and the capacity to see others as whole objects.

Summary and Chapter Overview

This chapter critically reviewed the chosen variables and the statistical results obtained. Attention was given to the samples' psychological preferences, affective life, view of self, and way of relating to others. Participants with maladaptive responses are presented as a percentage of all participants in figure 5.25. Table 5.63 summarises the core findings of the study, and will be referred to as the cycloid individual's *Neglected Self*.

⁹ Severe stress in the absence of hospitalisation and medication may alter this variable.

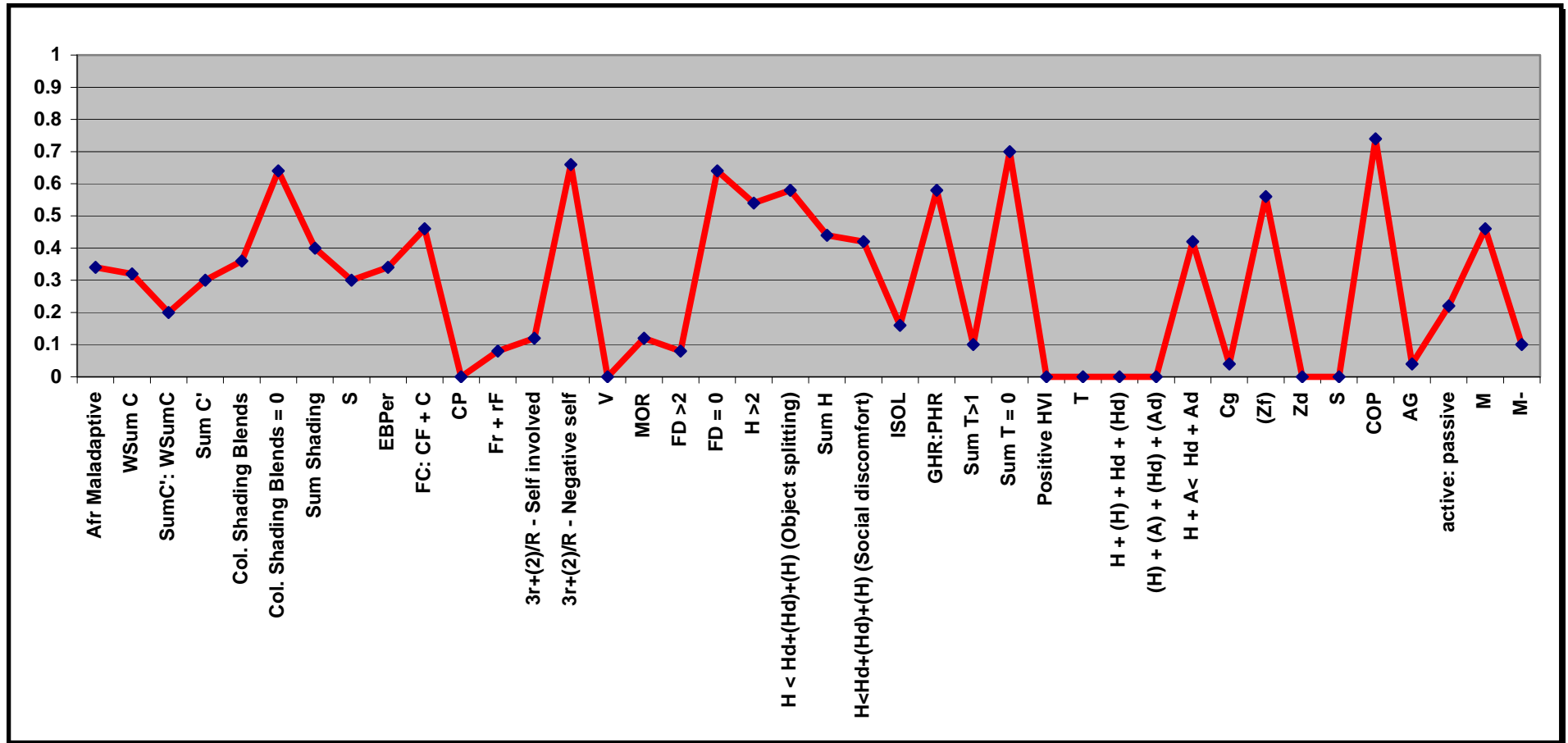


Figure 5.25. Participants with Maladaptive Responses as a Percentage of All Participants

Table 5.63.

Core findings of the Neglected Self

CORE FINDING OF CS VARIABLES

General description and psychological preference/style

- (a) Middle adulthood extratensive and avoidants.
- (b) Education 12.68 years
- (c) Predominantly female (Caucasian)
- (d) Single
- (e) Unemployed
- (f) Inpatient
- (g) Diagnosis Bipolar I
- (h) Open to experience ($\Lambda < 0.99$)

Affect
Modulating affect adequately

- (a) $Afr. = 0.58$ – as willing as most to process emotional stimulation
- (b) $WSumC: SumC'$ – an adequate capacity to experience and express affect

Modulating affect pleurably

- (a) $SumC'$ – no significance
- (b) $Col-Shd Blends$ – no significance
- (c) $Sum Shd$ – no significance
- (d) S – no significance

Modulating affect in moderation

- (a) $EBPER$ – no significance
- (b) CP – no significance
- (c) $FC < CF + C$ – modulation is compromised and seems more impulsive

Viewing the Self
Maintaining adequate self-esteem

- (a) $3r + (2)/R < 0.33$ – participants do not pay sufficient attention to themselves and may purposefully avoid self-focussing
- (b) $Fr + rF$ – no significance

Promoting positive self regard

- (a) V – no significance
- (b) MOR – no significance

Enhancing self awareness

- (a) $FD = 0$ in 64% of sample – less involvement in self-awareness

Forming a stable sense of identity

- (a) $H: (H) + (Hd) + Hd$ – insufficient identifications: although there may be interest in others, there may be difficulties in identifying with real people and a preference or tendency to identify with more remote and fictitious objects. This may interfere with forming a stable sense of self

Relating to others/Interpersonal perception
Sustaining interpersonal interest, involvement and comfort

- (a) $SumH, H: (H) + (Hd) + Hd$ – interest in interpersonal contact, however, there may be a lack of interpersonal comfort and a need to minimise feelings of inadequacy
- (b) $Isol Index$ – no significance
- (c) $GHR: PHR$ – prone to approach or respond to others in ill-advised or undesirable ways
- (d) $SumT = 0$ – uncomfortable in proximity of others, neither seeking nor anticipating intimate interpersonal relationships, possibly also indicating cognitive immaturity or insensitivity
- (e) HVI – no significance

Balancing interpersonal collaboration and acquiescence with competitiveness and assertiveness

- (a) *COP=0* – a maladaptive deficiency in the capacity to anticipate and engage in collaborative activities with other people
- (b) *AG* – lacking in sufficient assertiveness
- (c) *a: p* – no significance

Remaining interpersonally empathic

- (a) *M* – adequate empathic capacity
- (b) *M-* – no significance

The portrait of the *Neglected Self* suggests the following: The sample is predominantly *Extratensive and Avoidant*. For 40% of the sample there is a preference to mingle thinking and feeling, and for 32% there is a tendency or preference (due to environmental stress, sensory-regulatory difficulties or preferences, affect flooding, and/or the like) to view both the self and the world with a kind of tunnel vision, to rely on simplistic solutions to complex problems, a preference for an uncomplicated existence and a tendency to manage life in a detached, uninvolved and matter-of-fact way. In contrast to the avoidant style, 18% ($n=9$) of participants showed an excessive openness to experience. These participants may prefer and seek out experiences that are complex.

In terms of the samples' affect life, it seems that the sample is as willing as most to process emotional stimuli, and seems to possess an adequate capacity to experience and express affect. Participants thus have the ability to involve the self in emotional situations¹⁰ although a number of Rorschach variables cast doubt on the notion that the latter can be viewed a personality asset. Thus, although in itself a positive finding (a possible false positive), various perceptual, cognitive (ideation, mediation and processing), affective, self-

¹⁰ Given the *affective ratio* of 0.58 this hypothesis is true for all the psychological preferences:

Group	Average range
<i>Extratensive</i>	0.60 to 0.89
<i>Introversive</i>	0.53 to 0.78
<i>Ambitent (no distinct coping style)</i>	0.53 to 0.83
<i>Avoidant (high Lambda)</i>	0.45 to 0.65

representational and interpersonal experiences influence the capacity to experience and express affect. These will be discussed below. Furthermore, the sample's modulation of affect in moderation is compromised, leaving participants vulnerable to periods of unconstrained affect, ambivalent emotionality and possible impulsivity.

In addition, although the sample seems to have the *capacity* to modulate affect *pleasurably* (that is, it is able to sustain a positive emotional tone that promotes feelings of enjoyment of self and others), this capacity may be influenced by various representational difficulties as well as their psychological preference. In other words, the modulation of pleasurable affect may depend, or even rely on, factors such as

- (a) the constriction of self needs (evident in developmental theories discussed in chapter 2, such as Ablon et al., 1975; Anthony & Benedek, 1975; Cohen et al., 1954; English, 1949),
- (b) various developmental deficits (cognitive-perceptual deficits or defensiveness, e.g., elevated *Lambda*, lowered *EA*, tendency of $T < 1$, $H < (Hd) + (H) + Hd$),
- (c) the 'reliance' and 'expression' of dynamics and defences evident in disorders of the self (*low GHR: PHR, low AG, COP, $H < (Hd) + (H) + Hd$*) (also see Galatzer-Levy, 1988; Masterson, 1972, 1993, 2000, 2004; Ulman & Paul, 1990).

Despite the latter there was no clear evidence of a maladaptive degree of painful internalised affect. Psychodynamically, and highly speculatively, the latter may again be attributed to character-structure realities and the reliance on various defence mechanisms that are alloplastic in nature.

The self-representation of the neglected self can also be explored through a consideration of 'viewing the self' variables. The results suggest that the participants do not pay sufficient attention to themselves. In other words, self-focusing or self-attending behaviour seems impaired due to negative judgments about the self in relation to others. The

lack of positive self-attending behaviour and self-judgment will have a detrimental effect on self-esteem needed to promote self-acceptance, self-respect and self-confidence. Add to this the probability that the current sample's chronically low self-esteem most likely dates back to childhood and thus will show very little situational fluctuation, and as such, the balance between preoccupation and adequate attention to others is also expected to be compromised.

As Weiner (2003) states

Adequate self-esteem promotes self-acceptance, self-respect, and self-confidence based on realistic appraisal of one's capabilities and it contributes to people feeling generally satisfied with themselves and their actions... People with adequate self-esteem can also typically strike an adaptive balance between two poles: at the one end of the spectrum, preoccupation with themselves at the expense of adequate attention to the needs and interests of others; at the other end, total absorption in what other people want and enjoy at the cost of sufficient regards for their own preferences and individuality.

(p.160)

Furthermore, not paying sufficient attention to the self directly influences the enhancement of self-awareness. The sample also seems less involved in this process, probably as a defensive operation, or the result of representational difficulties discussed in previous sections. Given this tendency, it was surprising to find that self-critical attitudes were largely absent in the sample. Possibly, given the lack of self-esteem and the presence of negative self-comparison, the lack of self-awareness could in effect protect against self-attack and self-critical attitudes. Alloplastic defences may also be relied upon. Succinctly, the lack of self-inspecting behaviour or processes reflects the following difficulties:

- (a) inadequate introspection needed for how best to meet one's needs,
- (b) insensitivity as to how one's behaviour may affect other people, and

- (c) a lack of flexibility to reconsider one's image and impression of oneself.
- (d) Lacking self-awareness may thus leave one to underestimate one's impact, and to experience difficulty in examining one's own motivations, affects and behaviour and adjust one's behaviour accordingly. This has been a well documented cycloid difficulty.

In terms of forming a stable sense of identity, there seem to be insufficient identifications, and although the participants in the current study may be interested in others, they seem to find it difficult to identify with real people and may rather prefer to identify with more remote and fictitious objects. This may in turn interfere with the formation of a stable sense of self. Exner (2002) and Weiner (2003) both suggest that the latter is an indication that the conception of self and of people is based on imaginary conceptions rather than actual experiences. That is, the sense of identity for the majority of the sample seems to be largely based on imaginary conceptions.

Finally, when considering the variables that measure interpersonal perception, the general attitude of the sample towards others seems to be coloured by discomfort, most probably due to feelings of threat to self-esteem. The feelings of threat *do not exclude* interest in or involvement with others. Severe distancing or isolation techniques seem absent, which is a good prognostic sign. The question left to the clinician is how relationships are managed when comfort seems problematic (for the majority of the sample) and active withdrawal is not relied upon (high *Lambda*?). Furthermore, in exploring the *GHR: PHR* ratio it seems that the sample may be prone to approach and respond to others in ill-advised or undesirable ways¹¹. This most likely worsens the feeling of discomfort¹². To reiterate, *GHR* responses are perceptions and representations of positive schemata of self, others and relationships

¹¹ Mainly due to immaturity of the perceptual system and/or regulatory sensitivities. To be discussed in chapter 6.

¹² It is no small wonder that others distance and avoid cycloids due to the latter, and has frequently been noted difficulties in interpersonal relationships.

manifested in accurate, realistic, logical, intact, human responses, and benign or cooperative interactions. *PHR* responses are negative or problematic perceptions or representations as manifested in distorted, unrealistic, damaged, confused, illogical, aggressive, or malevolent representations or perceptions (Exner, 2000; Weiner, 2003). The results indicate a lack of both *GHR* and *PHR*, and since $H < (H) + (Hd) + Hd$ and $COP < 2$, one may argue a variation of representational constriction or lack of representational differentiation and articulation. This is evident in a maladaptive deficiency in the capacity to anticipate and engage in collaborative activities with others, and lack of sufficient assertiveness. *Non-secure attachment histories are expected, and leave the participants in the sample overly cautious in their interpersonal life.* This tendency is also most evident in the demographic data that finds a large percentage of the participants to be single or divorced. Fortunately, there seems to be an *adequate capacity for empathy*, although the abovementioned realities of various defensive operations, lack of self-esteem, affectional constriction, and representational constriction may all negatively influence the group's ability to *remain* interpersonally empathic. The sample may therefore frequently misjudge or misinterpret others' attitudes, behaviours and intentions although there seems to be no psychotic-like impairment of social and interpersonal perception.

Chapter 6 will attempt to further integrate the results of the study with previous research and the literature discussed in chapters 2 and 3.

CHAPTER 6

PSYCHOANALYTIC EXPLORATION OF THE NEGLECTED SELF OF THE CYCLOID PATIENT

Introduction

This chapter reviews the results set out in chapter 5 and integrates the findings with the reported empirical research and with the analytic literature discussed in chapters 2, 3 and 4. Special attention will be given to the conceptualisation of the self-other and affect realities as articulated in chapter 3. Inferences will be made in terms of cycloid patients' developmental strengths and deficits, as well as therapeutic possibilities to be addressed. Limitations and areas for future research will also be critically explored.

Summary of Most Relevant Statistical Information

The research sample consisted of 50 bipolar, predominantly inpatient participants. The mean *age* for the sample was 36.26 years. The majority of the participants were *diagnosed* with Bipolar I Disorder. *Culturally* the sample consisted mostly of Caucasian (N=25) and African (*n*=22) participants. In terms of *gender* the sample consisted of 44% males and 56% females. *Educationally*, 24% of the sample did not complete school compared to 42% who did matriculate successfully. A further 16% of the participants entered or completed basic tertiary education, and 18% had 16 years or more education, having completing Honours, Master's or doctoral degrees. Statistically the average number of years of education for the current sample was 12.68 years. Although educationally capable, at the time of the study only 28% of participants were employed and 70% were unemployed. The severity of symptoms and the participants' current hospital status may offer reasons for the high level of unemployment, and seems to support the research concerns put forth in chapter

1. Finally, at the time of evaluation 8% of the participants were married, 2% were widowed, 30% were divorced, and 60 % considered themselves single. The mean age of the sample indicates that participants generally fell into *the third phase of individuation* or young adulthood (ages 20-40), in which the differentiation from primary objects is supported by the reality of new and intimate attachments with others through courtship, marriage, work and children. That the majority of the sample was unemployed and single is concerning and may reflect various difficulties with self and object-representations (Colarusso, 2000; Greenspan, 1997). Such difficulties will have an impact on, and are reflective of, various developmental difficulties to be explored through the **DSPM**.

The DSPM and a Developmental Approach to the Modulating of Affect, Viewing the Self and Relating to Others

This section aims to integrate the research results with a developmental model in order to create hypotheses for further dialogue and research. To this end, the following sections explore the psychological realities of the results through the **DSPM** lens, as proposed in chapter 3.

Psychological Preference and the Modulation of Affect: Style Variables, Psychological Preference, Coping Style and *Lambda*.

The distribution of the *Lambda* and *EA* scores reveals that 32% ($n=16$) of the participants' *EB* score did not reflect a distinctive coping style and may be modified by the presence of a more pervasive avoidant style. Forty percent of the sample can be considered extratensive, 10% introversive and 18% ambitent. The large portion of avoidant and ambitent styles remains important and may be interpreted in a variety of ways:

- (a) The participants were guarded and withheld information and may give richer protocols on re-testing (high *Lambda*).
- (b) Despite the elevated *Lambda*, a low *EA* could indicate limited coping resources. The latter could be attributed to deterioration in cognitive-perceptual functioning due to the insidious course and nature of cycloid pathology. As discussed in chapter 2, deterioration with age is a reality in BD. Chronicity can severely tax ego-functioning and various scholars have hinted at the erosive effect of psychosis on the personality, character structure and general adaptation. Developmentally the high *Lambda* and low *EA* could also indirectly indicate the developmental deficits discussed in chapter 3. Specifically, cognitive-perceptual and sensory regulatory difficulties, evident since childhood and probably strengthened by non-responsive environments¹, could have resulted in limited coping resources. Dealing with the complexities of adulthood may lead to greater withdrawal, constriction and simplification. Both lacking in resources and narrowing the cognitive perceptual field reflect deficits in the differentiation of the representational world, and may further influence the continual developmental of self and object representations (and their emotive cathexis). As such, cycloid individuals may be heavily taxed in their attempts to deal with (1) changing role expectations, (2) variable interpersonal contexts, (3) complex emotional encounters, (4) affectional difficulties associated with adulthood such as marriage, work and childrearing, as well as (5) managing inherent endopsychic stress. Contemporary cycloid scholars such as McClure-Tone (2009) emphasise the latter realities in their socio-emotional functioning theories. This view is also congruent with Greenspan's (1989a, 1989b) and Kernberg's (1976) thinking.

¹ Practically this does not mean blaming the environment for cycloid difficulty. It merely highlights that a difficult situation is maintained by responses to it as 'difficult'. If a very sensitive or compromised child has parents who are struggling, the back and forth affectional cuing needed for ego-building may be compromised. Add to this environments (e.g. schools and later relationships) that also lack the capacity to hold and strengthen back and forth interaction, and a perpetually closed endopsychic and interpersonal system arises (see table 6.2). In response to the constriction and the lack of back and forth ego-building interactions and conversations, the self-regulating endopsychic system may close down, constrict, act out, simplify, guard, rely on phantasy objects and so forth as a way to survive. This in turn creates further difficulties in the environment, such as thoughtless boundary setting and control, acting out helplessness, etc.

(c) The individual may also experience the lack of *flexibility* (and range) in preference (*EBPer*, *elevated Lambda*, *low EA*) as confusing, thus negatively impacting the experience of self as consistent and integrated (i.e., a sense of continuity²). As a therapist I have treated various such cycloid patients that seem to become highly confused and dysregulated when given the added demand of self-reflection and self-observation. Such patients were also frequently diagnosed with BD and ADHD (regulatory problems lead to attentional difficulties), seemed highly responsive to many environmental cues at once, had great difficulty in down-or-up regulating, and seemed unable to engage in quiet, logical contemplation. Thoughts, feeling and behaviour seem to race, have a life of their own, and adjust to current stimulus in chameleon-like fashion. This implies difficulty not only in the interpersonal domain, but also in the affective and cognitive regulatory systems. As stated in chapters 2 and 3, one can only imagine the impact of such regulatory system difficulties when considering attachment and general adaptation³. Given such individuals' avoidant style, they may feel most comfortable in clearly defined and well-structured situations, prefer simple solutions to complex problems, and also prefer an uncomplicated existence. Stages 6 through 9 of Greenspan's model may prove difficult for such patients and they may even tend to manage their lives in a detached, uninvolved and matter-of-fact manner. This directly influences continual self and object representational development as proposed by theorists such as Jacobson, Kernberg and Masterson.

As with previous research, 40% of the participants in the current sample seemed to prefer an extratensive approach, combining thinking and feeling in their decision making. Although not indicative of any difficulty in itself, a highly expressive and action-oriented style may sometimes lack the thorough self-reflection needed to navigate adulthood and

² The work of Sheldon Bach (1995) entitled 'Narcissistic states and the therapeutic process' attests to this reality. The reader is referred to chapter 5 (Narcissism, Continuity, and the Uncanny) and chapter 8 (Self-Constancy and Alternate States of Consciousness).

³ The study of Bar-Haim et al. (2002) discussed in chapter 2 provides an example of the latter.

interpersonal complexity. As will become evident shortly, when combined with various difficulties in self-regulation, lack of introspection and the like, such a preference may be considered a liability.

Furthermore, although the sample was limited the results seem congruent with previous Rorschach observations and clinical research. Given the high percentage of Λ > .99 participants, the works of Rorschach (1921) and Bohm (1958) are relevant. These authors found rigidity and a preponderance of F predominant protocols to be usually associated with the depressed phase of the illness. Also, previous psychodiagnostic research completed through instruments such as the 16PF, MPI/EPI and so forth tentatively suggest that remitted bipolar patients tend to be more extraverted⁴ than remitted unipolar depressives. True differences in neuroticism⁵ between bipolar and unipolar presentations seem uncertain and more research is needed, although the works of Greenspan (1989) and Kernberg (1976) allow for the integration of constitutional factors and its impact on character-structure development, the expression of vulnerabilities on mental health, and so forth. The constitutional factors may very well serve as a basis for various representational difficulties to be discussed shortly.

In linking the psychological preference or style to the *management and experience of affect*, certain observations may be made. There seems to be a general interest in *emotional stimulation* without undue suppression or constraint of emotion. The majority of the sample also has an adequate *capacity* to experience and express affect in adaptive ways, and without undue inhibition; although they may rely on either autoplasmic and alloplasmic defences (possibly also accounting for $CF+C>FC$). As a sample, therefore, there does not seem to be “a *functioning* impairment that *limits* their *ability* to *recognize* how they *feel and describe* the

⁴ Extraversion, as measured by most psychological tests, is usually characterised by a so-called “dual nature” (Goodwin et al., 1990, p. 293) concept, that is, impulsivity and sociability.

⁵ “Eysenck and Eysenck (1963a, 1963b) defined neuroticism as ‘a largely inherent lability of the autonomic nervous system’ and as a general measure of emotionality. Its principle components include mood swings, inferiority, poor emotional adjustment, lack of social responsibility, suspiciousness, lack of persistence, social shyness and hypochondriasis, and lack of relaxed composure” (Goodwin et al., 1990, p.294). Moodiness is included as a factor.

feelings of others” (Weiner, 2003, pp.136-137; italics added). This result is surprising and therefore needs to be considered in context, especially given the sample’s diagnosis and other variables. Firstly, the interest in emotional stimulation may be linked to both the *EB style* as well as the variable $CF+C>FC$. Theoretically, this could indicate the presence of the regulatory process Type III difficulties as articulated by Greenspan. Greenspan (1997) argues that the ‘interest’ in emotional stimulation could in effect reflect the combination of under-reactivity (to touch [pain/pleasure] and sounds, *T* -less protocols) combined with stimulus craving (C, CF), frequently resulting in conflictual relationships. He states:

The characteristic behavioral patterns associated with this type include the active, impulsive, and aggressive behaviors. In such an individual there is often a combination of under-reactivity to touch and sound, stimulus craving, with poor motor modulation and motor planning, and evidence of diffuse, impulsive behavior towards people and objects. He or she tends to be active, seeking contact and stimulation; but appears to lack caution⁶. Not infrequently, there is a tendency towards seeking contact with persons or objects leading to destructive behavior (breaking things, intruding into other people’s body spaces, unprovoked hitting, etc.).

(Greenspan, 1997, p.94)

In terms of development, Greenspan (1997) added that the latter regulatory type, as infants, show stimulus seeking behaviour and;

as a preschooler, there is evidence of aggressive, intrusive behavior and daredevil, risk-taking style, as well as preoccupation with aggressive themes in pretend play. When unsure of self or anxious, he or she uses counterphobic behaviors (e.g., hits before getting hit). As an older child or adult, he or she tends to be active, risk taking, often aggressive. When unsure of him- or herself, this type of person can get more

⁶ $CF+C>FC$ as evident in the current research.

depressed and suspicious as adult adaptations do not work. When able to verbalize and self-observe, he or she may describe the need for activity and stimulation as a way to feel alive and vibrant. Such people tend to have poor motor modulation and motor discharge patterns, particularly when frustrated, angry, or vulnerable. They are under-reactive to touch (and pain) and crave touch or other physical contact. They may also be under-reactive to sound, listen fleetingly, and yet craving loud noises.

(Greenspan, 1997, pp. 94-95)

Various thematic observations present themselves for consideration: (a) psychological preference and its relationship to general regulation difficulties, affect differentiation and variables such as T (either $T=0$ or $T>2$); (b) discharge patterns (CF/FC); and (c) activity and affect interest as a need to revitalise the self (Galatzer-Levy, 1988; Guntrip, 1969; Ullman & Paul, 1990). Despite the participants' capacity for and interest in affect, developmental and constitutional factors may *interfere* with this capacity. Regulation difficulties, anhedonia, chronic stress, and negative (objective or subjective, conscious or unconscious) self-experiences may all interfere with the pleasurable modulation of affect. This is to be expected with inpatient patients who present with bipolar disorder, are unemployed and single, and who have had negative self-experiences and difficulties in anticipating positive interpersonal interactions.

The sample's psychological coping style may also interfere with the experience and expression of emotions, that is, the participants seem to become either too emotional or too ideational, or worse, vacillate between the two positions. Following a continuum approach (Aronstam, 2007), coping and the resulting experience and management of affect may alternate between rigidity, ambivalent emotionality and possible impulsivity (elevated Λ and $CF+C>FC$). These responses are frequently found in cycloid pathologies and

negatively influence self and other realities. The view of the self is explored in more detail in the next section.

Viewing Oneself: A Preliminary Look at the Self-Representation of Cycloid Patients

The sample's capacity to view the self in a thorough, accurate and favourable light reflects various developmental concerns and defensive dimensions. Maintaining adequate self-esteem seems marred by negative feelings concerning the self in relation to others, and is most probably *chronic* in nature. It may further be hypothesised that there is a lack of good self-representations needed to sustain positive levels of both self-esteem and self-regard. The implications of the latter were empirically studied by Segal and Blatt (1993): "what individuals believe about themselves matters in their lives more than other forms of knowledge" (Segal et al., 1993, p.23). Self-representations are believed to have a direct influence over the experience and management of affect, and at times, the very content of cognition. They also serve as a principal motivator for behaviour, both adaptive and defensive. Integrating these findings with the work of Kernberg (1976), Masterson (2000), and Greenspan (1989a, 1989b), it may be argued that the lack of good self-representation both influences and reflects the lack of vital and good object representations; and, by definition, introduces the notion of the various "affective colorations of these interactions between self and object images" (Segal, 1993, p. 49). Gratifying or libidinal experiences may have been overshadowed by frustrating or aggressive experiences, negatively influencing drive-affect related interaction, self-object differentiation and articulation, the projection-introjection process, as well as the general experience of the external world as either gratifying or frustrating, accessible or non-accessible. As argued by Greenspan (1989a, 1989b) the net result of the latter will by definition influence ego development, as well as representational differentiation.

The presence of negative self-representations⁷ also interferes with paying sufficient attention to the self. This may explain the absence of self-critical attitudes in the current sample (even with the presence of negative self-representations). As stated, the limited involvement in self-awareness combined with the lowered *Egocentricity Index* may be ascribed to a tendency of the sample to *neglect the self*. The neglect of the self seems to be chronic in nature and the experience of bad-me representations may very well rely on the sample's preference for self-deflection as a defensive/protective function against anhedonic feelings (and even mania)⁸. Previously articulated, the active neglect of the self, difficulty in self-reflection and the presence of negative self-representations directly reflects on the development and *formation of a stable sense of identity* [$H: (H) + Hd + (Hd)$]. The results of the study offer evidence of insufficient identifications, negatively impacting the development and experience of a stable sense of self. Developmentally, a possible hypothesis is that reality-oriented feedback of the supporting environment (Greenspan's stages 1 through 4) failed in general, either through true neglect or trauma, parental rigidity, developmentally impaired attachment styles, and/or regulatory difficulties (Type I – III) (in the patient and parent). More than likely, the failure may be ascribed to the *complementary interaction* of the dyad (as evident in the dynamic system theorists' research of chapter 2) as it seems that sensory regulatory difficulties may be present (see later debate on the variable T). This possibility was described by both Galatzer-Levy (1988) and Frieda Fromm Reichman (1949) who argued that the cycloid individual's parent's inability to hold the child's unique vulnerabilities in mind (and by being non-introspective), meant that the individual is often left to experience and understand emotional states (affects) as bodily states and impulses⁹. Intellectual work is mostly carried out in the nonverbal area and reality is largely experienced

⁷ Jacobson (1953) believes that in the melancholic stage of the cycloid illness, individuals treat themselves as the bad love object.

⁸ As a clinician I have become aware that constriction or absence may serve a very important homeostatic function for cycloid individuals; that is, by allowing themselves to become reflective 'activates' (in phantasy) both depressive (unregulated affect deprivation/longing/abandonment depression and the like) and manic thinking (omnipotent control, invulnerability) and affect states (and thus the cycloid cycle). Deflection seems to provide a measure of safety, a psychic retreat of sorts, although it limits endopsychic structuralisation.

⁹ See Fenichel's (1945) impulse neurosis and Greenspan's (1989) behavioural self-representation.

as ‘alien’¹⁰. Despite such developmental possibilities, it is also evident that the participants in the current sample have remained *interested* in others, although they may have difficulty in identifying with real objects or people, and may prefer to identify with more remote, imaginary and fictitious objects. It may be argued that the interest is influenced or coloured by various defensive processes. Furthermore, combined with the presence of a neglected self and the tendency to identify with remote or imaginary objects or people, reality-oriented feedback will be compromised and, with it, the structuralisation of a reality-oriented ego.

Relating to Others: A Preliminary Look at the Object Representation of the Cycloid Patient

Difficulties in affect regulation and the experience of self will directly influence the experience of others. Theoretically, relating to others reflects longstanding object-representations as well as current interpersonal adaptation and orientation. When considering the sample’s ability to sustain interpersonal interest, involvement and comfort, the results suggest that there was an at least average level of interpersonal interest in others although the latter is influenced by the participants’ relative lack of social and interpersonal *comfort*, as well as their need to minimise both feelings of threat and feelings of inadequacy. At a phantasy level, the participants may employ various defence mechanisms to control and change the threatening factors endopsychically as well as interpersonally. The section on psychoanalytic theories of cycloid disorders in chapter 2 seemed to hint at the latter, especially the work of Melanie Klein (1935/1998) and Guntrip (1969). Distancing and avoidant behaviour also seem to be important interpersonal strategies to deal with the discomfort, as seen in the abovementioned sections. Distancing and avoiding behaviour does not seem to imply total isolation or total lack in object relatedness, but rather suggests a fixed

¹⁰ Various interpersonal variables measured seem to reflect the latter experience of reality being ‘alien’ and thus threatening.

pattern of relatedness. Such developmental histories are characterised by problematic and conflictual relationships that negatively influence the (positive) *anticipation of interpersonal intimacy and security and the effective balancing of interpersonal collaboration with competitiveness and assertiveness*. The current sample seems to expect interaction to be mainly non-collaborative. Combined with a lack of sufficient assertiveness, participants may also be exploited and manipulated, strengthening a central belief in others as bad and the self as bad. As stated, the latter tendencies are primary relational and attitudinal features in disorders of the self (Masterson, 2000).

Turning more specifically to the relative lack of Texture responses for the majority of the sample, the work of Marsh and Viglione (1992) and Casella and Viglione (2009) may shed some light on the results pertaining to interpersonal relationships and object representation. Although the scholars' research should be read as exploratory in nature, and keeping in mind the various methodological difficulties encountered in their research, it is nonetheless interesting to note some correlation between T and attachment styles and behaviours. The hypotheses explored by Marsh and Viglione (1992) are as follows:

(a) Hypothesis A:

When $T=1$, which Exner (1986) identified as the optimal situation, the self-soothing functions have been sufficiently internalized and abstracted. Thus, these individuals are comfortable with tactile imagery, it is available to them, and they are likely to visualize T in their records. They are also more likely to have a healthy balance between personal autonomy and emotional dependency on others. (p.573)

(b) Hypothesis B:

When $T \geq 2$, the early comforting experiences may not have been sufficiently internalized, and tactile imagery is too dominant in consciousness. These individuals may be overly dependent on external, physical tactile sensations for comfort and soothing. They may

also be overly dependent in interpersonal relationships. Decisions would be unduly determined by these issues. Under stressful conditions of loss, these features might be intensified and stimulate a regression along the hypothesized developmental line. Even in normal, everyday situations, these people may have inadequate internal comforting abilities and may fortify this deficiency through the physical need for and overuse of tactile imagery¹¹. One might expect these people to long for the physical touching found in close interpersonal relationships. (p.573)

(c) Hypothesis C:

When $T=0$, the developmental process of internalization of contact comfort may have been interfered with or blocked. In addition, these people may be distant and removed in their interpersonal contacts. As Exner (1986) suggested in the *burnt child syndrome*, these people may not have received adequate physical comforting and closeness as an infant or your child. Exner's (1990) normative data indicate that a high percentage of psychiatric patients lack T ... Alternatively, conflict, disappointment, or depression may be associated with tactile images of soothing, so that this imagery is not readily accepted into consciousness. Therefore, T is not perceived on the test (p.573; italics added).

Succinctly stated it may be assumed that $T=0$ may be indicative of a 'burnt child syndrome'. As Klopfer et al. (1954) so well stated: "the person's responsiveness to outside stimulation has been interfered with by some kind of traumatic experience and withdrawal has resulted" (pp. 292-293). However, Marsh et al. (1992) found that the lack of, or preponderance of T , may not only be linked to dependency and possible relational trauma (if at all), but could indicate a *tactile mode of information processing*. Again, even if this is the case, given the developmental model - sensory, motor, endopsychic and interpersonal development will be greatly influenced if cycloid patients prefer (or have difficulties in) to

¹¹ Part of ATMs.

not employ tactile cues in processing affective and self-other information. This again may reflect differences (and difficulties) in perceptual, representational and behavioural development for cycloid patients as compared to those without the diagnosis, and is evident in the work of Bar-Haim et al. (2002) as discussed in chapter 2. Either hypothesis (or a combination) may prove accurate, namely: (a) withdrawal, avoidance and lack of responsiveness to outside stimulation due to trauma; and/or (b) a lack of reliance on/non-preference of the tactile mode of information processing. Given the impact on the mothering dyad one may only speculate about goodness of fit and its various interpersonal vicissitudes.

This thinking was furthered by Casella and Viglione (2009) who explored the complex relationship between attachment styles and T . They argue that $T \geq 2$ may be linked to preoccupied attachment, $T=0$ to dismissive and fearful attachment (avoidant style), and $T=1$ to secure attachment. Those with secure attachments are characterised by a sense of self-worth, and a positive expectation of others as both responsive and accepting; and thus seem to anticipate intimacy (a response that was absent in current sample). Those with preoccupied attachment styles seem to be over-reliant on others, prefer closeness, and are frequently found as being co-dependent (10% of current sample). $T=0$ is seen as more avoidant and distant, where individuals lack the need or capacity to create and maintain interpersonal and emotional ties, seem guarded, less trusting, and by definition seem to have fewer positive interpersonal experiences and relationships:

An absence of T responses in a Rorschach protocol suggests guardedness, caution about *creating and maintaining emotional ties* with others, distance or conservatism in interpersonal contacts, and a greater concern with issues of personal space than found in others. Studies of avoidant attachment in adults, with both fearful and dismissing attachment styles, have found that these people report more negative views

of others¹² and are less trusting of others, fewer positive feelings about relationships, more avoidance of intimacy, a greater fear of closeness, a greater interest in maintaining distance in their interpersonal relationships, and less understanding and confiding in their partner. (Casella and Viglione, 2009, p. 608).

The latter attachment thinking may also include Rorschach realities such as the presence or absence of primary needs (*FM*), a disengaged attitude of non-involvement towards reality (elevated *Lambda*) (present in the current sample), and a tendency to hide behind a façade (*Cg*) (so as to maintain a grandiose self-representations (*Fr+ rF*)). This stance entails the so-called hyper-activating and deactivating strategies within attachment systems. On the dynamic manifestations of hyper-activating and deactivating strategies, Berant, Mikulincer, Shaver and Segal (2005) argue that hyper-activating strategies are the result of attachment anxiety that may only be controlled by proximity-seeking behaviour and cognition. The hyper-activating strategies stand in contrast to deactivating strategies that aim at reducing proximal involvement, as they are associated with frustration and pain. Hyper-activating and deactivating strategies sound similar to the ocnophilic and philobatic attitudes described by Balint (1968) in chapter 3. Active denial of attachment needs and the avoidance of intimacy and/or dependence on close relationships are preferred:

According to Mikulincer and Shaver (2003), the hyperactivating strategies (Cassidy & Kobak, 1988) are characteristic of people who score high on measures of attachment anxiety. The main goal of these strategies is to force a relationship partner, perceived as insufficiently available and responsive, to pay greater attention and provide better protection and support. The basic means for attaining this goal is to maintain the attachment system in an activated state (e.g., by searching, pleading, demanding,

¹² Evident in current study, e.g., *GHR* and *PHR*.

intruding) until a partner is perceived to be adequately available and a sense of at least temporarily increased security is attained. (Berant et al., 2005, pp.71-72)

Hyper-activating strategies thus have the implicit attachment aim to elicit involvement, care and support through both emotional and cognitive efforts “to minimize perceived distance from the partner” (Berant et al., 2005, p.72). The latter creates dependent and co-dependent patterns and supports a central belief that one is helpless and unable to regulate one’s own emotional life. In deactivating strategies an avoidant and even dismissive attachment style seems evident:

According to Mikulincer and Shaver (2003), deactivating strategies are characteristic of people who score high on attachment avoidance. These strategies stem from appraising proximity seeking as a faulty or dangerous means of dealing with attachment insecurity, which leads to inhibition of support seeking and commitment to handling distress alone (a stance that Bowlby, 1969/1982 called ‘compulsive self-reliance’). The goal of deactivating strategies is to keep the attachment system down-regulated to avoid the frustration and pain associated with attachment-figure unavailability. Pursuing this goal leads to the denial of attachment needs; avoidance of intimacy and dependence on close relationships; maximization of cognitive, emotional, and physical distance from others; and striving for self-reliance and independence. In addition, deactivating strategies foster personal disengagement and detachment¹³ from challenging and demanding social interactions, which are viewed as potential sources of threat that can activate the attachment system. Deactivating strategies favour dismissal of the personal value and challenging aspects of person-environment transactions. (Berant et al., 2005 p.72)

In an attempt to remain self-reliant and as a protection against the reactivation of the attachment system, narcissistic-like defence may be evident. The latter also reflects the

¹³ See Guntrip’s (1969) notion of the manic depressive as suffering from a schizoid disorder.

“suppression of attachment related thoughts, lack of cognitive access to negative self-representations, and projection of negative self-traits onto others” (p.72). Although the current research results differ (e.g., a low $Fr+rF$), the deactivating strategy conceptualisation seems theoretically and conceptually plausible, especially in relation to T , low $GHR:PHR$, low COP , and the presence of avoidance ($Lambda$).

Given the latter reality, *remaining truly interpersonally empathic* may be also be problematic (but not absent as is the case for the current sample) as the endopsychic world is most probably characterised by split units (hence the relationship with disorders of the self). In this scenario, certain affect states are actively defended against (although the capacity to experience and express affect may be present), and general adaptation is characterised mainly by acting ‘out’ ($CF+C>FC$) or ‘in’ (PTI -thought process disturbances) (Johnson et al., 1979; Khadivi et al., 1997; Klopfer et al., 1956; Singer et al. 1993). Interpersonal empathy may also be limited due to (a) the lack of self-reflection and introspection and (b) self and object-representations that are mainly based on phantasy considerations (virtual object relations). The latter is known to be highly variable and influenced by external events. For example, when the (external) object is good (soothing or not impinging and so forth) the self can be experienced as good and the binding affect may be positive. Any change could suddenly activate the opposite self-object and affect experience (as discussed in chapter 3 through the work of Kernberg, 1976, and Masterson, 2000). By definition this state of internal reality would need the aid of continually activated defence mechanisms that influence reality testing and the perception of others as whole objects. Such an endopsychic reality is inferred not only from the T in relation to the M response, but also from the relationship between $GHR:PHR$ that links to the representational self. GHR responses (as the representations of positive, accurate, logical, intact and realistic schemata of the self, others, and relationships characterised by cooperative interactions) stand in contrast to PHR responses that are

negative or problematic perceptions or representations (as manifested in distorted, unrealistic, damaged, confused, illogical, aggressive, or malevolent representations or perceptions of self and others). The low number of $GHR:PHR$ as well as $H < (H)+Hd+ (Hd)$ suggest that long-standing developmental difficulties and conflictual interpersonal relations and attachment styles are to be expected within this sample. Fortunately the cycloid individuals in the present sample as a whole did not suffer such maladaptive impairment of social perception that they could be classified as predominantly psychotic¹⁴. An inability to use the interpersonal domain will have severe consequences for all levels of representational development as put forth by Greenspan (1989, 1997), Kernberg (1976) and Masterson (2000). It is even tragic that, given the following quote by Jacobson, the cycloid individuals' continual unfolding of a mature self and thus the development of character¹⁵ will be compromised by representational constriction:

Thus, the development of self and object representations and object relations, of ego functions and sublimations, and of adult sexual behavior leads to the development of affect components with *new qualities*, which are then *integrated* with earlier infantile affect components into new units. These developments contribute at least as much as the main power of the ego and superego to the *constructive remodelling of the affects and affective qualities, to the moulding of complex affect patterns, emotional dispositions and attitudes, and enduring feeling states; in short, to the enrichment as well as to the hierarchic and structural organization of emotional life.*" (Jacobson in Kernberg, 1976, pp.97-98; italics added)

¹⁴ As evident in chapter 5, 22% of the sample, thus 11 participants, had a psychotic specifier at the time of the evaluation. Given stabilization (psychiatric medication and hospitalization), a large majority of these patients may be currently functioning at a higher level than before their admittance to the hospital.

¹⁵ Attachment oriented research by Inge Bretherton (in Noam et al., 1996) argues that even those with developmental or childhood non-secure attachment styles may show secure attachment narratives in adulthood if their environments and partners are or were facilitative. This is truly a testament to human resilience and the possibility that a therapeutic relationship can transform, even in limited ways, the endopsychic and interpersonal world of another. This is also argued by Galatzer-Levy (1988) in his self-psychological approach to bipolar illness.

Some of the latter realities are also reflected in the demographic information, specifically the fact that a large percentage of the participants were divorced or single. This also positively links with previous studies, such as English (1949) who described cycloid individuals' unconscious fear of affectional ties and its resulting experience of affect. The following quote by a patient of English (1949) puts the current research results into true endopsychic and relational perspective: "*To live is like opening all my pores on a cold day and subjecting myself to a catastrophe.*" (p.31)

Cycloid individuals thus mainly feel *threatened*, evident in various writers' conceptualisations in chapter 2, and suffer various vulnerabilities such as intolerance to frustration, disappointment and hurt by especially primary objects. Despite their ego weakness, cycloid personalities can, as seen in the study, participate in interpersonal relationships and experience affect. The specific mental attitude of narcissism did not seem predominantly evident in the current sample as measured by the CS, and the over-reliance on narcissistic supplies may be either be absent or denied (especially hypothesis C in which $T=0$). This does not imply that narcissism is not of importance. Various avenues of narcissistic expression are possible. It may be that the narcissistic state of mind could be attributed to a combination of $T<1$ and $COP<1$, indicating a maladaptive deficiency in the capacity to anticipate and engage in collaborative activities with other people. Narcissism may thus be a defence rather than a central character structure¹⁶. Furthermore, as part of a masochistic character structure/defence or a closet narcissistic disorder (Masterson, 2000), it could also account then for $AG<1$, indicating insufficient self-assertiveness as fear that the latter could lead to feelings of abandonment and loss. Again, as evident in the work of Jacobson (in Greenacre, 1953):

¹⁶ Such use of narcissism is not to 'fuse' with an omnipotent other, but to stand 'above' others, and is frequently found in schizoid dilemmas.

Their reaction depends on what the success will mean: an *aggressive self-assertion* by derogation and destruction of the love object, or a present from the powerful love objects.... [but] the *manic depressive patient cannot bear a self-assertion through derogation of his love object. He tries to avoid such a situation by keeping the valued love object at a distance, as it were, which protects it from deflation.*" (pp.75-76; italics added)

The reality of $T < 1$ ($T = 0$ for 70% of sample) as an indicator of representational constriction, the lack of $GHR: PHR$, and $H < (H) + (Hd) + Hd$ could all be the result of various internal distancing, omnipotent, and/or manic defences. Active mania sees the acting out of such a reality. One is again reminded, if the latter is seen as true, that a need to protect the good object remains, although the latter is filled with ambivalent emotionality.

Returning to the conceptualisations of Marsh and Viglione (1992), the internalisation of contact comfort (i.e., sensory modulation, processing and integration difficulty) may have been interfered with or blocked; and conflict, disappointment or depression may be associated with tactile images of soothing. As such, all tactile or soothing imagery may not be readily accepted into consciousness. This furthers the work of Galatzer-Levy (1988), who argues together with researchers such as Akiskal et al. (2005) that there does seem to be a temperamental reality in the developing cycloid individual that leads to relational difficulties as well as representational deficits¹⁷. Due to sensory integration, regulatory and affective dysregulation, the cycloid patient is thought to struggle with separation-individuation. In a desperate attempt to ensure others for intrapsychic equilibrium (the 'selfobjects'), inherent needs and wishes may be restricted, constricted, denied, and/or limited ($AG < 1$; low $a: p$ ratio). This (seemingly) ensures constancy, at the expense of true self-expression and psychological vitality, and possibly reflects the so-called *depletion depression*. As a

¹⁷ This has also been found in various studies of Greenspan (1997, pp. 88-89).

researcher I would add the possibility that the depletion depression can also be attributed to the previously mentioned deficits in representational capacity as well as parental difficulties that interfere in assisting¹⁸ the child to ‘use’ ideas “in emotionally relevant contexts” (Greenspan, 1989a, p.47). The cycloid person may be well organised behaviourally, but may be afraid of phantasy or of certain affect-laden themes, like sexuality and aggression in the ideational sphere. The latter creates a situation where the child can neither experiment nor play with phantasy and reality, greatly influencing representational capacity and the development of language to represent the latter. As Greenspan (1989a) argues, “parental anxiety often leads to over controlling, undermining, hyperstimulating, withdrawn, or concrete behavioural patterns (i.e., let’s not talk or play; I will feed you)” (p.47). The latter may explain the high number of *low EA* and elevated *Lambda* protocols.

Alternatively, Akiskal (1995) suggests:

The profile of the child at risk for bipolar illness emerging from the foregoing literature review suggests whatever emotion – negative or positive – these children experience, they seem to experience it intensely or passionately. Their behaviour is likewise dysregulated and disinhibited [$CF+C>FC$], which leads to an excessive degree of people seeking behaviour [*EB extratensive?*] with potentially disruptive consequences. Encounters with peers and adults, especially parents sharing the same temperamental dispositions, are bound to be intense, tempestuous, and sometimes destructive [*low COP, AG, H<(H) + (Hd) + Hd, T< or T>2, etc.*]. (p. 758)

¹⁸ ‘Means-end type communication’, cause and effect.

As the adult fails to elaborate¹⁹ and protect the child's *experiential self* that is under the sway of 'temperamental dysregulation' (again possibly due to sensory modulation and regulatory difficulties), the child is unable to move to the ideational sphere. Cycloid individuals may therefore remain in a pre-representational reality phase characterised by acting out and thus self-object-affect concretisation (the behavioural discharge mode/acting out) (low *PHR: GHR*, low *COP*, low *AG*, low *H*, *ambitence* and *avoidance*). It was also assumed that given the latter, an impulse neurosis may be evident [$FC < CF + C$]. One could also argue that if this is not currently evident in behaviour (alloplastic defences), there may be active attacks on linking and thinking (autoplastic defences, difficulties in ideation, mediation and processing). This is evident in previous research on the *Schizophrenia* index (Khadivi et al., 1997; Singer et al., 1993). Greenspan (1989a) argues that "the return to the ideational" (Greenspan, 1989a, p.47) is imperative for language development, affect regulation, and representational differentiation (needed to move to whole object relations):

The *ideational mode* allows for trial action patterns in thought (to contemplate and choose among alternatives). One can reason with ideas better than with actual behaviours. Therefore, one has an enormous deficit if a *sensation* or a series of sensations that are distinctly human do not have access to the ideational plane... As children go from the

¹⁹ Like the child who failed to learn to play because their parents were too anxious to play in important areas and who therefore failed to develop derivatives of play, such as fantasy, the manic depressive fails to learn to use play, fantasy, and dreaming to deal with intense affective states. Hence, the not surprising emergence of grandiosity as a defence against depletion always carries with it the danger of getting entirely out of hand because it cannot be engaged in a playful fashion. Similarly, language, which like the capacity for play and *fantasy develops prominently in the second year of life, is undeveloped in these patients because the parent cannot help the child employ language to deal with central aspects of the experiential self that the parent finds intolerable*. Thus, the parents' failure to empathise with the child's unusual endowment results in a failure of the development of the structures involved in using language, play, and dreaming to deal with states of psychological distress, leaving to the patient only states of manic excitement to avoid feelings of overwhelming depletion. In addition, the parents' incapacity to respond to the unusual needs of these children leaves the children chronically vulnerable to such distressing states. Obviously, *an absent selfobject cannot be internalised*. (Galatzer-Levy, 1988, p.100)

It may also be true that no selfobject can be completely absent *per se* – it seems more likely that certain selfobject functions may be absent, restricted, restrictive or under the sway of deficit.

conceptual mode to being able to label affects, they learn to talk about feelings. (Greenspan, 1989a, p.48; italics added)

To complicate matters further, the various deficits expected in language development, affect regulation and representational differentiation may be circumscribed and/or lack range, making the cycloid patient susceptible to acting out or inwards in response to certain environmental or psychological stressors. Succinctly, representational constriction²⁰ may be evident in the ‘disconnect’ between words and the very feelings they try to convey. If emotions are experienced as bodily states or impulses (and there may be developmental difficulties in sensory organisation), the developmental impairment may thus occur even earlier than conceptualised in the current study. That is, the difficulties evident may have occurred in both the somato-psychological differentiation and the behavioural organisation phases of development (see table 6.1). This in turn would negatively influence the development of a complex sense of self and the phases to follow. This seems to be the thinking of Rinsley, and is reflected in figure 3.2 in chapter 3. This excludes symbiotic schizophrenia (reactive and schizoaffective syndromes) as well as autistic presymbiotic syndromes (nuclear, process and pseudo-defective syndromes), or Stages 1 and 2 as described by Kernberg (1976).

²⁰ As previously stated in chapter 3: “Succinctly stated, constricted parenting in areas of thematic-affective experience, as well as developmental delays of the child can create organizational as well as ego structural deficits.” It is of importance that in reading Greenspan (1989a, 1989b) the emphasis is on range, delineation, access and limitation to representational elaboration and introduces various developmental vertices. Given the results the latter seems evident.

Table 6.1.

Greenspan's (1989) ego-developmental model

STAGES OF EGO DEVELOPMENT			
Age and Phase	Self-Object Relationship	Ego Organisation, Differentiation & Integration	Ego Functions
Somato-psychological differentiation from 3 to 10 months	Differentiated behavioural part self-object	Differentiation of aspects (part) of self and object in terms of drive-affect patterns and behaviour	Part self-object differentiated interactions in initiation of, and reciprocal response to, a range of drive-affect domains (e.g., pleasure, dependency, assertiveness, aggression), means-ends relationship between drive-affect patterns and part-object or self-object patterns Or Undifferentiated self-object interactions, selective drive-affect intensification and inhibition, constrictions of range of intrapsychic experience and regression to stages of withdrawal, avoidance or rejection (with preference for physical world), object concretisation
Behavioural Organization – Emergence of a Complex Self from 10 to 18 months	Functional (conceptual) integrated & differentiated self-object	Integration of drive-affect behavioural patterns into relative “whole” functional self-objects	Organised whole (in a functional behavioural sense), self-object interactions characterised by interactive chains, ability in space (i.e. distal communication modes), functional (conceptual), abstractions of self-object properties, integration of drive-affect polarities (e.g., shift from splitting to greater integration) Or Self-object fragmentation, self-object proximal urgency, pre-conceptual concretisation, polarisation (e.g., negative, aggressive, dependent, or avoidant, self-object pattern, regressive state, including withdrawal, avoidance, rejection, somatic dedifferentiation, object concretisation)

Developmentally, during these abovementioned stages the capacity for ‘cause and effect’ is directly related to the type of attachments formed and the complex use of sensory organisation (in which there may be a biological deficit!). If temperamental difficulty influences sensory organisation, which is needed to differentiate proximal and distal modes of communication (Mendelsohn, 1987), the negotiation of later SI, and thus the structuring of stable internal representations of self and others will be problematic: “Early limitations in negotiating space will be seen later on to affect the capacity to construct internal representations” (Greenspan, 1989a, p. 22). This is even more so if attachment figures also suffer from developmental difficulties (Kernberg, 1976; Masterson, 2000), or the family system is negatively influenced due to the inherent stressors of the cycloid temperament (Greenspan, 1997). Uneven developmental success and failures will be evident. As previously stated:

It is as though he needs to be met at his own level to maintain his affective–thematic range. Most interesting are the subtle cases where the baby can reciprocate certain affects and themes, such as pleasure and dependency, but not others, such as assertiveness, curiosity, and protest. Depending on the baby’s own maturational tendencies and the specificity of the consequences in the caregiving environment, one can imagine how this uneven development occurs. For example, caregivers who are uncomfortable with dependency and closeness may not afford opportunities for purposeful reciprocal interactions in this domain but may, on the other hand, be quite ‘casual’ in less intimate domains of assertion and protest. *The baby’s own ‘sending power,’ and the degree of differentiated consequences he is able to elicit, may have important implications for how he differentiates his own internal affective–thematic life (as well as how he organizes these dimensions at the representational or symbolic level later on).* (Greenspan, 1989, pp.23-24; italics added)

The use of ATMs may inherently reflect antecedent ‘sending power’ difficulties as the cycloid individual may not as yet have completed the representational differentiation phase of development, and is thus in need of ‘concrete’ (pre-representational) means to manage affect. As stated, ATMs function as a form of dissociation, similar to previous research indicating a so-called ‘perceptual noninvolvement’ in cycloid pathology. The relative lack of *T*, possibly indicative of perceptual and/or cognitive immaturity also seems pertinent, and could support the notion that when faced with affective storms and unable to rely on representational differentiation, more ‘concrete’ modes (in the alleviation of disruptive affect) may become necessary. Given some of the empirical evidence obtained – that is, difficulties in affect modulation, lack of introspection, chronic low self-esteem, lack of assertiveness, social discomfort, difficulties in anticipating interpersonal intimacy, cognitive immaturity, perceptual non-involvement, and so forth – the development of, and dependence on, the three addictive self-disorders articulated in chapter 2 seems a realistic possibility. The reality that cycloid individuals frequently misuse substances is well-documented and a possible developmental reflection of the research results obtained.

Cycloid Developmental Difficulties

Given the current statistical results, the developmental realities and difficulties described in chapter 3 may be summarised as follows. Difficulties in sensory modulation and processing (seen in regulatory patterns) could reflect differences in sensory, perceptual, cognitive-affective, representational (self and object) and behavioural development for cycloid patients as compared to unaffected individuals. Combined with the latter, traumatic misattunement could also have created an aversion to using the proximal modes of development, again influencing various stages of ego development. It may further be assumed that homeostasis, attachment, somatopsychological differentiation, and behavioural

organisation may have taken place irrespective of the latter developmental possibilities (this may not be the case for psychotic cycloid individuals). The emergence of a complex sense of self, the basic developmental achievement completed between the 10th and 18th month of age, may have started to reflect difficulties, influencing representational capacity and elaboration, as well as representational differentiation. Given the research results it seems evident that a representational self and object has been achieved, although the representation(s) may be characterised by lack of affect stability and suffer representational constriction (and thus the continual possibility of the activation of regressive states). In Rorschach language the latter could be seen in that although $M= 2.34$ (given a tendency to *EB extratensive*, an acceptable M) and $Sum H=4.12$, there are also indications of low H (1.94) in relation to $(H) + (Hd) + H$, low $PHR:GHR$, low T , and low COP and AG . Combined with a group $Lambda$ of 0.96 and $CF+C > FC$, inter-micro structural difficulties will be evident, that is, the integration of affect, impulse, thought and behaviour. In previous Rorschach research this was evident in:

- a variable ('constricted' to 'dilated') experience balance (depending on being depressed or manic)
- greater emotional dilation
- inferior perceptual accuracy although seemingly having greater intellectual energy through organisational activity (as compared to schizophrenics)
- limited ability for detachment and critical self-appraisal
- elevated emotional responsiveness
- higher Z ($DQ+$) and thus high intellectual synthesising capacity (as compared to schizophrenics)
- perceptual non-involvement
- $M-$ due to haphazard processing

The current research can also add to the latter results through the concept of a neglected self characterised by

- insufficient identifications, thus indicating that although there may be interest in others, identifying with real people may prove difficult; as well as a preference or tendency to identify with more remote and fictitious objects that may actively interfere with forming a stable sense of self and identity [$H: (H)+ (Hd)+ Hd$]
- possible affectional constriction characterised by the presence of $T < I$
- representational constriction [$T < I$; low GHR , low PHR , $H < Hd+(H)+ (Hd)$, low COP and AG] reflected in a lack of interpersonal comfort [$H < Hd+(H)+ (Hd)$] and a preference for more distal modes of communication (avoidant perceptual style)
- cognitive immaturity or insensitivity
- regulatory difficulties
- a tendency to approach and respond to others in ill-advised or undesirable ways [low $GHR:PHR$]
- a maladaptive deficiency in the capacity to anticipate and engage in collaborative activities with others ($COP < I$)
- and finally, lacking in sufficient assertiveness ($AG < I$)

If one accepts that basic structure formation was achieved (even with limited information), in which self and object representations were abstracted into stable patterns needed to support the ongoing ego functions of impulse control, mood modulation and reality testing, it also seems that the structure suffers from possible stable but rigid, fixed and constricted representations of self and others (M in relation to H , (H) , (Hd) , Hd , GHR , PHR , COP , AG). The latter may explain the common clinical opinion that when stable, many cycloid patients also seem to have set traits that may either predispose one to or protect against relapse.

A further hypothesis could be that a disorder of the self develops due to the developmental difficulties described. It is surprising to observe that the autonomic ego functions seem to have remained intact for a large majority of the current sample, allowing them post-secondary education and even careers. As Weiner (1966) states, certain aspect of the person's adaptation to the environment is constitutionally determined²¹, and may thus develop irrespective of, separate or independently from endopsychic and interpersonal conflict.

Finally, both hypotheses in combination may be considered. In other words, withdrawal, avoidance and lack of responsiveness to outside stimulation due to trauma and/or lack of reliance or non-preference for the tactile (sensory) mode of information processing may be present. Given the impact on the mothering dyad, one may only speculate on goodness of fit and its various vicissitudes. Greenspan (1989a) reports similar tendencies to those described above, namely, the concretisation of experience leading to representational constriction, splitting, encapsulation, and exaggeration, wherein affect themes either never reach the representational level, or if they do, they do so in limited fashion. In his own words: To the degree there is a *less than optimal interactive experience available* (the caregiver is concrete or ignores or distorts certain representational themes), we observe a series of ego operations which include:

- (1) Concretization of experience (access to representation is never achieved)
- (2) Behavioural-representational splitting (some areas gain access, but core areas remain at behavioural level)
- (3) Representational constriction (global dynamically relevant areas remain outside of the representational system)

²¹ According to Hartmann's work (in Weiner, 1966, p.193) this includes intention, object comprehension, thinking, language, recall phenomena, motor development, productivity, and even perception. See Weiner's chapters 11 and 12 (1966) in what is seen as a true landmark textbook on Rorschach use, thinking and research.

- (4) Representational encapsulation – limited dynamically relevant areas remain in more concrete form
- (5) Representational exaggeration or liability – domains of experience which are ignored or distorted become exaggerated and/or labile, their opposites become exaggerated and/or labile, or other “displaced” dynamically related thoughts, affects, or behaviours become exaggerated or labile” (Greenspan, 1989a, pp. 50-51)

Although self and object representation have been organised at a representational level for the cycloid individuals under consideration in this study, they may not as yet be fully differentiated, and may suffer from various constrictions. The cycloid person may thus comprehend intentionality and even behavioural consequence (except when manic). What also seems especially evident in the current research are the various difficulties in the capacity to evaluate the self and to self-reflect. This is by definition an important developmental milestone and much needed to navigate adulthood. Psychiatrically it speaks to insight and judgment, areas known to be impaired in the cycloid individual. For even those individuals who have developed the capacity, it is not uncommon to hear that when they become manic, it is as if something else takes over, reminding of the impulse neurosis.

Finally, psychological health as defined by Kernberg (1976) may be difficult to achieve for cycloid individuals, as it reflects the very developmental impairments described above. Health is described as encompassing: (1) both *depth* and *stability* of internal relations with others; (2) ability to tolerate ambivalence towards love objects; (3) capacity for tolerating guilt; (4) capacity for tolerating separation; (5) capacity to work through depressive crises; (6) an integrated self-concept, and finally; (7) the extent of congruence between the self-concept and actual observable behaviour.

Possible Therapeutic Focus

The results obtained should be interpreted with caution and should be collated with further cycloid research, both nationally and internationally. Despite the limitations of the study, a number of observations can be made that may support clinical thinking, cycloid theorising, and general praxis. The results suggest an extratensive psychological preference, and thus the intermingling of both thinking and feeling. Given the previous research on ideation, mediation and processing difficulties, the fact that the majority of the current sample had extratensive preferences, followed by avoidant preferences, as well as the fact that the modulating affect in moderation appears problematic, one is reminded of the complex psychological space the cycloid patient inhabits. Clinically, the following characteristics seem relevant:

- (a) Dilation or constriction of affect and perceptual style
- (b) Impaired self-reflection and self-care capacities
- (c) Difficulties in back and forth communication (interest in others remains) due to feelings of interpersonal discomfort
- (d) Representational constriction
- (e) Reliance on discharge modes alternating with modes of constriction
- (f) Sensory and modulation (regulatory) difficulties

Taken together, it may be that a kind of perceptual system boundary loss can be expected, disorientating and confusing the cycloid patient under severe circumstances. That is, given the representational constrictions, limited reality testing, possible withdrawal from 'using' others symbolically (sensory-regulatory difficulties/trauma), the reliance on inner reality (virtual objects rather than real objects), and even cognitive/perceptual immaturity, continual environmental and psychological stresses and strains may become unmanageable. This may also explain the occurrence of psychotic-like features. To support a patient in such

a state may need a therapeutic stance where, first and foremost, *contact and use* of a therapist may develop. To return to the thinking of the psychoanalyst Bollas (1989, 1992) who stated that objects can be used sensorially, conceptually, symbolically, structurally, mnemically, and projectively, the various developmental difficulties of the cycloid patient may be reflected in the very way the functions or potential of the object are used or not (Greenspan's levels 5 and up). Having a sensory-regulatory difficulty will influence the use of the materiality of the object, as was so well argued by Marsh and Viglione (1992), as well as Casella and Viglione (2009). The difficulty will have an impact on structure formation, how others are internalised (structurally), what is projected, the construction of self-experience (mnemically), how the self is represented (conceptually, symbolically), and so forth. Having a therapeutic relationship where the latter is re-evoked and focussed upon may aid the psychological development from the more concrete²² and/or virtual object relations to the possibility of a relationship grounded more in reality. This may in turn support the development of a constricted (constricting) ego and self and object representations; and may moderate an affect life known for its discharge qualities. Greater use of the back and forth capacities contained in the interpersonal sphere may also be possible. Focus could also be on supporting and strengthening cause-and-effect logic, as well as developing a greater understanding of the emotional meaning of contexts (returning to deficits in developmental phases 2-4 in Greenspan's model).

Distal modes, evident in psychoanalytic discourse, may allow the development of such a space as the patient may be given the opportunity to play and make use of complex two-way communication. Care should be given to the various developmental pathways already articulated above. In addition, connecting sensitive self-assertion (balanced by a greater and more reality orientated self-representation) to environmental demands (and

²² The word concrete may be misleading as it may be interpreted as, or thought as, a static-like reality or phenomena, lacking in multi-dimensionality. It still remains an internal object relationship that even if 'poor' and constricted is based on internal structures that keep it so! Growth is always possible, clearly evident in contemporary studies and theories of the human brain's plasticity.

greater reality orientated object-representation) is important. In other words, shared meaning and symbolic play may enhance emotional thinking, increase the experience of interpersonal comfort, and strengthen the development of proximal modes of communication. It is expected that the latter will evoke both unconscious phantasies and defences that could be reworked through algorithm analysis (character structure work), namely, narcissistic structure, schizoid or the like. The regulatory aspect may promote the developing self and object representations, as well as support the modulation of affect as the latter is expected to become more differentiated and modulated.

Furthermore, given the possible sensory modulation difficulties, the use of occupational therapists and occupational therapy models may prove beneficial. Although developed mainly for children, adult models may need further reworking. Methods such as the DIR-TM “Floor Time” method (the Developmental, Individual Difference, Relationship-Based Model – an Integrated Approach to Autistic Spectrum, Asperger’s, regulatory and developmental disorders) may be considered. Such models encourage a holistic perspective. The model contains three components:

- (1) **D:** Assessing the functional emotional developmental stages (Greenspan, 1989a, 1989b) that include the capacity for attention and regulation, two-way engagement, two-way purposeful gestural and affective interactions, co-regulated affective problem-solving interactions [Rorschach: *COP, AG, Sum H, H: (Hd)+ (H) + Hd; PHR:GHR, T, FD, FC>CF +C; M> FM +m; a>p*], the forming of internal representations of wishes, feelings and intentions, and building logical bridges between interactions [Rorschach: cognitive cluster in relation to other domains]
- (2) **I:** Individual sensory processing differences, the capacity to both modulate and comprehend sensations through the sensory pathways (*T*)

- (3) **R:** Preverbal and verbal affective interaction between mother and child. This model can protect against the (a) concretisation of experience, that is, the use of ATM and so forth²³, as well as against (b) representational constriction, encapsulation and exaggeration/liability

Domains that are ignored or suffer from defence/deficit can be slowly accessed, verbalised and thickened so as to allow the movement to the ideational. As articulated by Rorschach scholars (Aronstam, 2010; Klopfer et al., 1954; Weiner, 2003), the various areas of functioning such as impulse life, affectional need and emotional reactivity can be ‘orchestrated’ through affective learning into greater ideational control (representational differentiation and elaboration). Various psychoanalytic strategies can be used and may follow typical praxis patterns previously described in working with disorders of the self – for example, if predominantly borderline, the use of confrontation may be used to ensure that acting out is curbed and, as articulated by Freud (1917), the damming up of impulses can be used for ideational means. If predominantly narcissistic, interpretations of narcissistic vulnerability (pain-self-defence) (Masterson, 2000) may be employed, and if predominantly schizoid, the focus on safety may be used to allow the movement from $(H) + (Hd) + Hd$ to more H . Furthermore, cycloid individuals’ affective capacity should be used to modulate affect pleurably and in moderation through sensitive down or up-regulating (given either Type I, II or III regulatory patterns). Focus may also be on the building and maintenance of adequate self-esteem (building positive self-representations so as to supportively elaborate a restricted or encapsulated view of self), the promotion of positive self-regard (that is reality based), gently (and through modulation) supporting self-reflection, and finally, enhancing interpersonal comfort so as to support the sustainment of not so much interpersonal *interest*

²³ As stated previously: "Nemiah (1977) has suggested that in certain psychosomatic conditions, such as drug abuse and impulse disorders, there is the lack of a signal affect capacity. Hence, there is a lack of the transitional capacity to elevate dysphoric affect into a conceptual, and subsequently a representational signal." (Greenspan, 1989a, p.39). This seems very similar to the debates in chapter 2 concerning the cycloid process being part of an impulse neurosis and cycloids' reliance on ATM mechanisms

but interpersonal *involvement*. Anticipating interpersonal intimacy and security may prove only doable in long-terms settings. Concretely stated, the various regulatory patterns seen in hypersensitivity, under-reactivity and stimulus seeking, impulsive, aggressive and discharge types all introduce the very reality of both under and over-reactivity patterns in cycloid patients. Therapeutic focus could thus be on the following:

Type 1: Hypersensitive type cycloid. Therapeutic intervention should focus on not becoming intrusive, demanding, punitive and/or overstimulating. Interventions that are soothing and empathic, focusing on the notion of slow and gradual changes to intrapsychic structure may both invite and support flexibility in the representational system. Greenspan (1997) adds: “In addition, the encouragement of the representation of different affects, especially anger and annoyance, also enhances flexibility” (p.92). The greater flexibility in the representational system as well as the affective and cognitive regulatory systems may support transitions, work against passive aggressive attitudes (which are a defence) and elaborate difficult affects such as disappointments and low frustration tolerance.

Hypersensitive cycloid individuals, in contrast to type 3 cycloid individuals, are slow to engage and need support.

Type 2: Underreactive type cycloid. Characterised by patterns that include being withdrawn or difficult to engage, therapeutic strategies should avoid “overly passive or interpretative approaches” (Greenspan, 1997, p.93). Therapeutic interaction that supports the so-called open and closed circles of communication is needed to counter self-absorption and support a better balance between fantasy and reality, thus helping the cycloid person remain externally and reality-oriented. This may counter (playful obstruction) the tendency to withdraw or escape into fantasy, again fostering flexibility.

Type 3: Stimulus seeking, impulsive, aggressive, motor discharge type cycloid.

The highly active, sociable, impulsive and disinhibited cycloid individual presents the

therapist with various therapeutic realities. Therapeutic interactions characterised by poor limits and boundaries combined with “less than optimal nurturing and over or understimulation may intensify this pattern” (Greenspan, 1997, p.94). Therapeutic intervention may need to focus on firm structure, limit-setting, the modulation and regulation of affect and motoric discharge as “opportunities for sensory and affective involvement with good modulation will enhance flexibility and adaptability” (Greenspan, 1997, p.95). Given the reality that the majority of the participants in the current study are inpatients, the psychiatric system plays a pivotal role in general adjustment. Clearly a central concern would be the stabilisation of a patient and his or her protection against further mania and dysfunctional depressive states. Table 6.1 of Greenspan (1997), although aimed at treating children, accentuates the impact of developmental difficulties and the resulting organisational and systemic reactions. It is important that the biomedical approach be augmented by a developmental approach aimed at facilitating the movement to the ideational by identifying developmental difficulties seen in stage-specific tasks and capacities. Some of the recommendations provided in this chapter may serve as an organising principle so that symptoms are not managed by being over-controlling or fearful of the cycloid individual²⁴.

²⁴ This also implies that we should systemically, through supervision or rather, co-vision (in individual and group formats), employ similar mentalizing logic so as to ensure developmental appropriate and psychologically ‘organizing’ interventions. Counter-transference research should also be undertaken as it may add to treatment attitudes and intervention decisions.

Table 6.2

Emotional Milestones, Family and Service System Patterns (Greenspan, 1997, pp.420-421)

Emotional Milestones, Family and Service System Patterns				
Stage	Infant Maladaptive	Family Maladaptive	Service System Maladaptive	Service System Adaptive
Homeostasis (0-3 months) (regulation and interest in the world)	Unregulated (e.g. hyper excitable) or withdrawn (apathetic) behavior	Unavailable, chaotic, dangerous, abusive; hypo- or hyperstimulating; dull	Critical and punitive	Supply support structure and extra nurturing
Attachment (2-7 months) (falling in love)	Total lack of or nonaffective, shallow, impersonal involvement in animate world	Emotionally distant, aloof, and/or impersonal (highly ambivalent)	Angry and inpatient covered by mask of impersonal professionalism	Woo caregiver into a relationship, point out pleasurable aspects of baby
Somatopsychological differentiation (3-10 months) (purposeful communication)	Behavior and affects random and/or chaotic or narrow, rigid, and stereotyped	Ignores or misreads (e.g. projects) infant's communications (e.g. is overly intrusive, preoccupied, or depressed)	Vacillates between overcontrol and avoidance (of intrusive caregiver) or overprotectiveness (of depressed caregiver)	Combine empathy and limit setting with sensitivity to reading subtle emotional signals, help caregiver read infant's signals
Behavioral organization, initiative, and internalization (9-24 months) (a complex sense of self)	Fragmented, stereotyped and polarized behavior and emotions (e.g. withdrawn, compliant, hyper aggressive, or disorganized behavior)	Overly intrusive, controlling; fragmented, fearful (especially of toddler's autonomy); abruptly and prematurely "separates"	Premature separation from or rejection of family rationalized by notion: "they are okay now"	Support family self-sufficiency, but with admiration and greater rather than less involvement
Representational capacity, differentiation, and consolidation (1½ - 4 years) (creating ideas and emotional thinking)	No representational (symbolic) elaboration; behavior and affect concrete, shallow, and polarized; sense of self and "other" fragmented, undifferentiated or narrow and rigid; reality testing, impulse regulation, mood stabilization compromised or vulnerable (e.g. borderline psychotic and severe character problems)	Fears or denies phase-appropriate needs; engages child only in concrete (non-symbolic) modes generally or in certain realms (e.g. around pleasure) and/or misreads or responds noncontingently or unrealistically to emerging communications (i.e. undermines reality orientation); overly permissive or punitive	Infantilizing and concrete with family providing instructions, but no explanations or real sense of partnership	Create atmosphere for working partnership; learn from caregivers and help them conceptualize their own approaches

Areas for Further Research

Although this is a study of limited scope, theoretical inferences may be assumed that may benefit further cycloid exploration. Given the unique combination of psychiatric observation, psychoanalytic theorising and the application of modern-day projective psychology and technique in the study of cycloid pathology, the following areas of enquiry may serve further Rorschach endeavours:

(a) *Representational constriction and the use of emotional ideas (Stage 5) and deficits in emotional thinking (stage 6).* Various scholars have indicated the difficulties cycloid patients have in creating, understanding and using emotional ideas (emotional thinking). That is, action remains where symbols should be. Previous Rorschach studies that have focused on the cognitive cluster of cycloid patients clearly indicate this tendency and it may point to why cycloid individuals fail to master the various developmental tasks explained by stages 1 through 4 of Greenspan's model, and stages 2 through 4 of Kernberg's object relations model. Entering the world of reality-oriented and emotionally appropriate ideas (stages 5 through 9 of Greenspan's model) remains a challenge for cycloid individuals. In the developmental approach, it is possible that sensory processing/regulatory difficulties are frequently linked to difficulties in thinking, attention, ideation, mediation and processing (Greenspan, 1989a, 1989b, 1997). This possibility needs further research; as does the role of hyper-activating and deactivating strategies in the disorder. The **DSPM** as explained and used by Greenspan (1989a, 1989b) further allows for the integration of neurobiological approaches with representational development; and the *Rorschach remains a unique method to study this interface*. This methodology may support clinicians to explore sensory and regulatory difficulties in relation to perceptual adjustment. On a practical level it may also prove beneficial to compare cycloid patients with patients that seem to struggle with similar constitutional difficulties such as ADHD, ODD and autistic spectrum disorders. Rorschach

intervention should focus on compromised individuals at an early age and repeated administrations (within a therapeutic or treatment context) may yield promising developmentally based results²⁵.

(b) *Rorschach evaluation as auxiliary support to psychotherapeutic approaches to cycloid pathology.* The developmental model followed in this study, supported by the CS, may prove helpful to cycloid treatment protocols in so far as developmentally based Rorschach results may effectively guide clinicians in designing case-specific as well as group-specific treatment interventions. Treatment interventions may thus be psychologically richer rather than those married to a dominant therapeutic praxis (e.g., psychodynamic, cognitive, narrative, etc.). As an example, cognitive-behavioural interventions that focus on correcting errors in the cognition of cycloid individuals (currently a rising field) may certainly prove beneficial but may miss the opportunity to explore how regulatory difficulties interfere with representational differentiation and thus help the patient orchestrate all areas of functioning. At worst, given difficulties such as the split between language and affect, over and under-regulated experiences of self and others, representational constriction, and so forth, clinicians may come to rely too heavily on didactic approaches that fail to address the unique ways that cycloid individuals have come to adapt and continue to do so. In contrast, psychoanalytic approaches that focus on deep interpretation of primitive phantasies (and

²⁵ I have only recently become aware of the research done by Greenspan and Glovinsky (2002) on 'bipolar' children that hint at similar results to those obtained here. This is indeed a positive finding and needs further support. According to Greenspan and Glovinsky (2002):

The following case illustration will suggest a novel hypothesis and unique configuration of antecedents involving motor, sensory functioning and early interaction patterns, and early states of ego organization as well as the components of a comprehensive intervention program. Specifically, the case study will suggest that children at risk for bipolar mood dysregulation experience their biological risk in:

1. A unique pattern of sensory processing in which they evidence sensory oversensitivity to sound and/or touch. While in most cases the sensory oversensitivity is associated with anxiety and fearful, cautious behaviour, in children at risk for bipolar patterns it is not. Instead, these children respond to sensory overload with increased sensory craving-particularly with regards to movement, which is usually associated with high activity and aggressive, agitated, or impulsive behaviour. The more overloaded they feel, the more anxious and agitated they become, which results in even more sensory overload.
2. An early pattern of interaction, which continues into childhood, characterised by lack of fully co-regulated reciprocal affective exchanges, especially with regard to 'down-' or 'up-'regulation to balance states of despondency and agitation.
3. An ego organization in which affects or emotions are either not represented (i.e., remain in a pre-representational, somatic, or action mode) or are represented as separate affect states (i.e., polarized) rather than in an integrated form. (p.3.)

given the common developmental difficulties, opportunities to do so may be abundant) may evoke further regression, representational de-differentiation and re-cathexis of the behavioural pre-representational self. In addition, since others are not experienced as providing soothing and comfort^{26, 27} deep interpretation or excessive control through confrontation may evoke paranoid-like ideation.

(c) *Evaluation of treatment progress in cycloid protocols.* As a clinician, Aronstam (2010) has frequently stressed, like many scholars before him, that Rorschach results may support therapeutic interventions and help to trace, through continual evaluation, the developmental progress of the patient. This in turn may support clinicians to adapt their interventions. The Rorschach can thus serve as a kind of *therapeutic process supervisor*²⁸.

(d) *Antecedents of bipolarity: nature versus nurture.* Another important area of research remains the surprising link between childhood abuse²⁹ and BD. Theoretically and scientifically, this is a very difficult area of study. In spite of this, it may prove useful to compare the Rorschach protocols of individuals who have been sexually and physically abused, have experienced dissociative disorders, and have been defined as suffering from a

²⁶ Analysts who have difficulty with more proximal modes of being, thinking and feeling may use the world of ideas to create distance and re-create a distal communication style at the expense of further intrapsychic and representational elaboration. This does not represent frame deviations per se, but it is the frame itself that may be detrimental. Greenspan (1997) addresses some of the difficulties in his work *Developmentally based psychotherapy*.

²⁷ Kohut's writings have also given clinicians a glimpse of why analysts have difficulty functioning as a self-object and why fusion and other related narcissistic-like phenomena are difficult to respond to therapeutically.

²⁸ A term borrowed from Aronstam (2010).

²⁹ See the work of Coates and Moore (1997) entitled *The Complexity of Early Trauma: Representation and Transformation* in which they articulate developmental difficulties associated with and indicative of trauma:

We define trauma as an overwhelming threat to the survival or integrity of the self that is accompanied by annihilation anxiety. Such a threat can be registered even in the neonate. Infants abused within days of birth show powerful fear and avoidant responses to the specific abuser both at the time and in subsequent encounters (Gaensbauer & Harmon, 1982; Sander, 1987). When such emergency defensive reactions persist, they can interfere with the subsequent development of a flexible range of age-appropriate defence mechanisms and, ultimately, with the further development of the self. Among the general features associated with trauma that will be evident in the discussion of Colin's case are the following:

- the transmission of intense, unmetabolized affect as an aspect of trauma
- the multiple uses of imitation as means of managing traumatic experience
- the development of distortions in the self-structure as the result of imitation
- an impairment in the differentiation of self and other
- an impairment in symbolic capacity, and in the ability to play
- repetitive re-enactments of the trauma
- the preservation of a physiological memory of the trauma quite independent of representational memory
- an increase in characterological sensitivity
- the adoption of a hypervigilant stance
- the development of role-reversed behaviors in the primary attachment relationship. (p.287)

disorganised or disorientated attachment³⁰. Non-traumatised cycloid individuals may also be compared to traumatised cycloid individuals (as well as non-cycloid individuals who have experienced trauma such as abuse).

(e) The overlap between cycloid pathology and personality disorders has been a source of vigorous debate. Comparing BD research with clearly-defined personality disorders such as narcissism and borderline personality disorder may shed light on this question.

(f) The psychology of *Lambda* in relation to disorders such as cycloid pathology should be further explored, preferably in the context of psychotherapy. Ruling out defensiveness on the part of the a patient or lack of training and experience on the part of the evaluator, the tendency to high *Lambda* scores could be explored in terms of pre-representational developmental levels and trauma as either a deficit (Greenspan, 1997):

A majority of patients, however, have a more fundamental challenge facing them.

They are not as yet able to represent certain experiences. Some patients cannot represent experience in an emotional sense at all; others are unable to represent experience in certain emotional areas, such as around dependency, excitement, sexuality, or aggression. (p.263)

and/or a defence (Brickman & Lerner, 1992):

Be aware of the context of testing. Subjects with barren and unscorable

Rorschachs often have a history of trauma or severe deprivation. That may be re-experienced or recreated nonverbally throughout their lives. Indeed, the

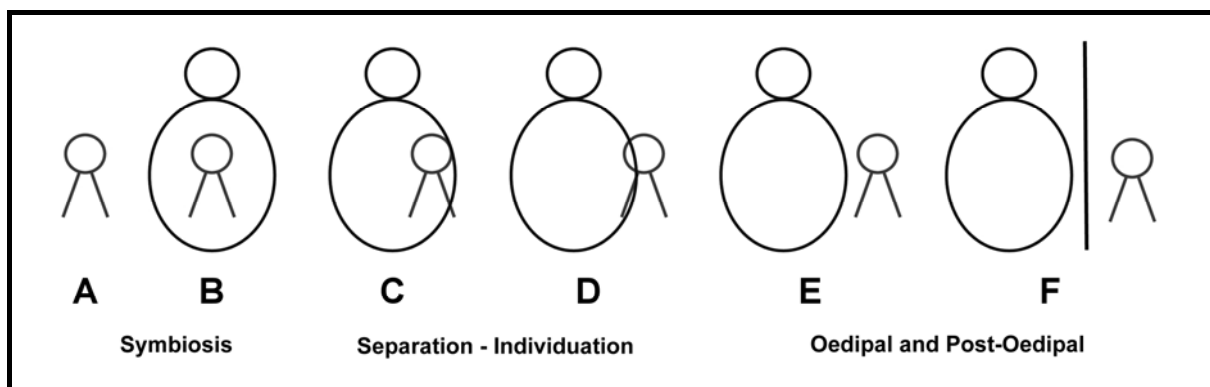
³⁰ Again one is reminded of the cognitive and perceptual difficulties of the cycloid patient:

In her longitudinal study, Main et al. (1985) discovered that 6-year-olds classified as secure with mother in the Strange Situation in infancy gave coherent, elaborated, and open responses to drawings of parent-child separation scenes. In contrast, children earlier judged insecure avoidant with mother described the picture as sad, but could not say what they could have done in response to separation. Children classified as disorganized/disoriented (Main & Hesse, 1990) were often completely *silent or gave irrational or bizarre responses* (Bretherton in Noam & Fischer, p.9; italics added).

Linking these observations to Rorschach research, it may be important to study the cognitive cluster in greater detail to understand the various ideation, mediation and processing difficulties of cycloid patients as an expression of either avoidant or disorganised attachment styles.

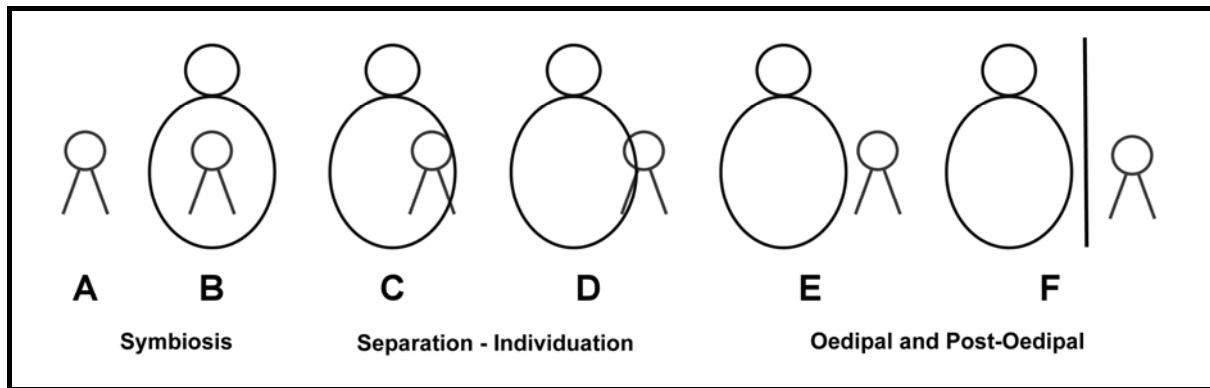
presentation of such a protocol should, in and of itself, alert the examiner to the possibility of such abuse in the subject's history. (Brickman & Lerner, 1992, p.183)

(g) Finally, the results of these new areas of research could help differentiate or create a new category of those cycloid individuals suffering from deficits versus those that suffer from defensively activated BD symptoms. The following figures (figures 6.1 and 6.2) summarise the possible developmental realities that deserve further exploration:



- PICTURE A:** Child with temperament sensitivity or tactile and other sensory modulation and processing difficulties negatively influencing distal and proximal modes of development.
- PICTURE B:** Symbiosis: Neurotic mother with vulnerable child. Infant experienced as challenging and 'difficult' even to a normal mother.
- PICTURE C + D:** Mother fails some of the SI developmental expectations but protects the vulnerable child sufficiently to prevent the development of deficits.
- PICTURE E:** Although struggling with a cycloid temperament, child maintains a high borderline and/or neurotic level of functioning although vulnerable to biochemical changes and unexpected environmental stresses and strains.
- PICTURE F:** The individual can separate and individuate and rework adult realities. Temperamental difficulties may be encountered as well as periods of depression and other anxiety disorders but may never develop into a full blown syndromal bipolar illness.

Figure 6.1. Developmental Hypothesis 1



- PICTURE A:** Child with temperamental sensitivity (cycloid) and a parent with similar difficulty.
- PICTURE B:** Symbiosis successful in establishing and maintaining homeostasis and the creation of active attachment. The cycloid child may have biological proclivities that interfere with the attachment figure's already impaired abilities to facilitate development successfully.
- PICTURE C:** Somato-psychological differentiation and a complex sense of self develop but with various deficits due to the child's cycloid temperament and the caretaker's own psychological difficulties.
- PICTURE D:** Representational capacity, elaboration and differentiation negatively influenced due to the latter. SI process is impaired and self and object representations are characterised by splits and primitive affective colourings.
- PICTURE E + F:** Due to SI difficulties and representational constriction, affect modulation is influenced by self and other experiences. Cycloid individual is vulnerable to stress, imaginal or real.

Figure 6.2. Developmental Hypothesis 2

Limitations of the Study and Further Recommendations

The current study recognises the following limitations:

- (a) *This was a study of limited scope.* To date no formal research on the self-object and affect structures as measured through Rorschach methodology has been completed in the South African context. As argued in chapters 2 and 3, the implications of cycloid pathology remain staggering and negatively impact those that suffer from the disease, as well as on families and communities. Follow-up studies as well as comparative methodologies may be helpful both nationally and internationally.

- (b) *The sample size was small and limited.* Although this study serves as a platform (especially for the South African context), more research is needed, particularly with larger samples. Sample should also include children and adolescents (normal, bipolar, ADHD, ODD, and so forth) so that a developmental view may prevail to support both interventions and further focused research.
- (c) *Relying on psychiatric inpatients with a principal diagnosis of Bipolar I is not representative of the cycloid population in general.* With larger samples special care can be taken to differentiate (1) BD I, II and NOS; (2) BD with and without substance abuse and/or addictions; (3) BD and personality disorders; (c) BD with psychotic specifiers; and (5) BD with early and late onset. This would support a developmental approach.
- (d) Due to its limited focus, the current study relied on a select group of variables and as such *does not represent the full conceptual use* of the Rorschach method. Further research may integrate the current results with further variables and clusters.
- (e) *The sample was heterogeneous.* Although it was representative of patients seen in public psychiatric services in two provincial psychiatric training hospitals in South Africa, the sample may not sufficiently discriminate between variables such as gender, age, and language.
- (f) Given the *inclusion/exclusion criteria* it is also a paradoxical reality that cycloid patients are usually tested (or are viewed as ‘testable’) mainly in the depressive phase of the illness. If possible, continual Rorschach evaluation throughout treatment programmes or interventions may aid in understanding the various endopsychic and perceptual shifts cycloid individuals undergo. Rorschach evaluation may become part of a longitudinal research intervention. Traditional exclusion criteria such as active psychosis, organicity, mental retardation and substance abuse should also be studied in relation to the developmental model proposed but with greater sample sizes to allow for comparison and control groups.

Conclusion

This study aimed to critically explore and theoretically explicate self-other and affect experiences in a group of patients diagnosed as Bipolar through the use of the CS methodology as to enhance therapeutic understanding. The representational life of the cycloid individual was conceptualised with reference to the historical theories of Freud and Abraham, while current models such as the DSPM were used to build a developmental understanding of how cycloid individuals modulate affect, and how self-and object representations are formed. Opportunity sampling was used to select 50 participants, and the results suggest the presence of what may be called a “neglected self”, characterised by both personality difficulties and surprising assets. Firstly, in terms of the sample’s affect life, it seems that the sample was as willing as most to process emotional stimuli, and they also seem to possess an adequate capacity to experience and express affect. The ability to involve the self in emotional situations can be used as a therapeutic ‘window’ during treatment. Although a positive finding in itself, the samples’ *EB styles, Lambda, view of the self and relations to others* clearly influence this ability (as well as ideation, mediation and processing). As expected, the modulation of affect in moderation seems compromised, leaving the sample vulnerable to periods of unconstrained affect, ambivalent emotionality and impulsivity. A surprising finding was that the sample as a whole seems to have the *capacity* to modulate affect pleasurably, that is, they are able to sustain a positive emotional tone that may promote feelings of enjoyment of and in self and others. Therapeutic encounters with cycloid patients that focus on deepening the pleasurable part of relationships to build trust and two-way regulated interactions may actively rely on this capacity. This finding supports the research of Frieda Fromm-Reichmann (1949) and Edith Jacobson (1953) (see chapter 2), who stated that cycloid patients, in contrast to the typical schizoid patient, can be warm, affectionate and even clinging.

This capacity may in turn be influenced by certain representational difficulties³¹ detected in the data as well as the lack of interpersonal comfort. There was no clear evidence of a maladaptive degree of painful internalised affect. Given the representational constriction this could be understood as a sign of developmental difficulties in stages 2 through 4 as *acting out* seems the most evident adaptation. Remaining in a relationship and exposing oneself to the separation-individuation traumas inherent in any relationship may evoke a maladaptive degree of painful affect that needs to be defended against. *Acting out and representational constriction also directly influences the development and use of the ego's reflective capacity and works against the fostering of symbolisation of emotions.*

Linked to the representational constriction and proclivity for acting out, it seems that the sample participants do not pay sufficient attention to themselves. The lack of self-focusing or self-attending behaviour may occur as a result of negative judgments about the self in relation to others. The lack of positive self-attending behaviour and negative self-judgment will have a detrimental effect on the self-esteem needed to promote self-acceptance, self-respect and self-confidence. As such, and given that the sample's chronically low level of self-esteem probably dates back to childhood (and thus shows very little situational fluctuation), self-acceptance, self-respect, and self-confidence based on a realistic appraisal of one's capabilities may remain compromised. Those with adequate self-esteem are able to maintain an adaptive balance between needed self-preoccupation (at the exclusion of adequate attention to the needs and interests of others) and the needed "absorption" (Weiner, 2003, p.160) in others' needs and joys at the expense of sufficient regard for one's own "preferences and individuality" (Weiner, 2003, p.160). The various analytic observations of cycloid individuals' relating in either dependent or narcissistic ways may

³¹ As the cycloid individual's character structure is viewed as pre-oedipal, the latter may be used as a way to act out primordial needs but still remain a bridge to be used in therapy.

reflect difficulties in this area. This remains a reflection of difficulties in self-esteem regulation so well described by Jacobson³² (1953) in chapter 2.

Given that the sample pays insufficient attention to the self it was surprising to find that self-critical attitudes were largely absent. It may be that a lack of self-awareness could protect against self-attack and self-critical attitudes, and indirectly serve as marker of self-representational constriction. The general lack of self-inspecting behaviour or processes may reflect the following constrictions:

- (a) Inadequate introspection, needed for how best to meet one's needs
- (b) Limited sensitivity as to how one's behaviour may affect other people (Greenspan's cause, effect, and intentionality dimensions)
- (c) The lack of flexibility in 're'-considering one's image and impression of oneself and others (rigidity maintained through acting out, splitting, dissociation and the like)

The lack of self-awareness, self-inspecting behaviour and constricted psychological preferences may thus lead cycloid individuals to underestimate their impact. Difficulties in examining primary motivations, needs, affect and own and others' behaviour in order to adjust one's behaviour accordingly is to be expected. Various authors note that cycloid individuals tend to have difficulties or deficits in grasping the endopsychic realities of others, and approach³³ others and events in ill-advised ways. Lastly, in terms of forming a stable sense of identity, the sample shows evidence of insufficient identifications, indicating that although they may have an *interest* in others, they may also experience difficulties in identifying with real people, and prefer or tend to identify with more remote or fictitious objects. Within the developmental frame proposed, this tendency may reflect constrictions in the development of object representations. The conception of self and others seems to be based less on actual experience than imaginary or virtual conceptions. This needs to be

³² Jacobson's (1953) description and conceptualisation of the development and implications of negative self-representations, as well as the latter's relation to the object and the tripartite system, cannot be better accounted for in this study. It remains a classical work.

³³ This approach may also be a direct result of the *EB* and *Lambda*.

actively addressed in therapy to repair self and object representational constrictions and the resulting affective ties.

Finally, the general attitude of the sample towards others seems coloured by discomfort, likely due to feelings of threat to self-esteem. The sense of threat does not exclude interest in or involvement with others. Severe isolation techniques are absent, which is in itself a positive sign, although avoidance and non-involvement may be evident. The question left to the clinician is how endopsychic reality and object relationships are managed when comfort seems problematic and complete withdrawal is not relied upon. Furthermore, the *GHR: PHR* ratio suggests that the sample tends to approach and respond to others in ill-advised or undesirable ways. This may worsen the feeling of discomfort³⁴.

The results may reflect a lack in both *GHR* as well as *PHR*, and given that $H < (H) + (Hd) + Hd$ and $COP < 2$, representational constriction and lack of representational differentiation and articulation may also be inferred. It may be argued that the pervasive avoidance evident in the sample could serve as a reason for the latter rather than representational constriction and differentiation *per se*. This is an area for further study although a large portion of those with a pervasive avoidant style had a low *EA*. Developmentally, this speaks to the various structural realities as discussed in chapter 3. Furthermore, even with an acceptable *EA*, the latter is further evidence of the maladaptive deficiency in the capacity to anticipate and engage in collaborative activities with others, and the lack of sufficient assertiveness. *Non-secure attachment histories are to be expected, leaving the sample participants overly cautious in their interpersonal life.* The non-secure attachment histories are evident in the demographic data that find a large percentage of the participants single or divorced. Again, and fortunately, there does seem to be an *adequate capacity for empathy*, although the various defensive operations, the lack of self-esteem and

³⁴ It is no small wonder that others distance and avoid cycloid individuals, and that they experience difficulties in interpersonal relationships.

representational constriction may all negatively influence the sample's ability to remain *interpersonally empathic*, that is, to accurately understand, feel and appreciate the emotional life of others. The group may therefore frequently misjudge or misinterpret others' attitudes, behaviours and intentions, although currently there is no severe impairment of social and interpersonal perception.