Case Study

Coming Together Through Falling Apart

Using Psychological Assessment Within a Developmental Framework to Assess Change

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Abstract: Assessing change during long-term psychotherapy can be a challenging and uncertain task. Psychological assessments can be a valuable tool and can offer a perspective from outside the therapy dyad, independent of the powerful and distorting influences of transference and countertransference. Subtle structural changes that may not yet have manifested behaviorally can also be assessed. However, it can be difficult to find a balance between a rigorous, systematic approach to data, while also allowing for the richness of the patient’s internal world to emerge. In this article, the authors discuss a primarily qualitative approach to the data and demonstrate the ways in which this kind of approach can deepen the understanding of the more subtle or complex changes a particular patient is undergoing while in treatment, as well as provide more detail about the nature of an individual’s internal world. The authors also outline several developmental frameworks that focus on the ways a patient constructs their reality and can guide the interpretation of qualitative data. The authors then analyze testing data from a patient in long-term psychoanalytically oriented psychotherapy in order to demonstrate an approach to data analysis and to show an example of how change can unfold over long-term treatments.

Keywords: Rorschach, psychological assessment, performance-based assessment

Increasingly, theories of personality disorders and personality development highlight the ways in which an individual constructs their reality, particularly their conceptualization of themselves and the world around them (Waugh et al., 2017). Alternatively termed representations, interpersonal schemas, or object relations (Blatt & Ford, 1994; Hopwood, Wright, Ansell, & Pincus, 2013; Young, Klosko, & Weishaar, 2003), these models focus on how individuals make sense of their interpersonal world and how this understanding shapes their experience of and behavior in the world.

In their model, Blatt and Ford (1994) suggest that these representations evolve out of significant interpersonal encounters and develop throughout the life cycle, ultimately shaping a given individual’s character – “Thus, personality development involves two fundamental tasks: 1) the establishment of stable, enduring, mutually
satisfying interpersonal relationships; and 2) the achievement of a differentiated, consolidated, stable, realistic, essentially positive identity” (p. 6). These two lines of development evolve in a “complex dialectical process” in which one line influences and is contingent on development in the other, that is, as one’s identity develops, one develops more satisfying interpersonal relationships, which then allows for further maturation of the self. In psychopathology, Blatt and Ford argue, development in one of these lines goes awry, thereby disrupting growth in the other. When these disruptions are severe, individuals can become preoccupied with one of these developmental priorities and neglect the other. The individual can begin to make exaggerated or distorted adaptations in an attempt to stabilize. Although these adaptations represent the individual’s best effort to cope with the disturbance, they often lead to further distress and impaired functioning.

As Anna Freud (1963) notes in her theory of multiple developmental lines, although different lines inevitably influence one another, individuals also progress (and regress) along different domains of psychological functioning at different rates and speed. Anna Freud’s notion of developmental lines allows us to consider how different capacities impact an individual’s adaptations along various developmental trajectories. For instance, we might see a young adult whose advanced intellectual capacities and immature, narcissistic interpersonal functioning impact how she presents socially and how she thinks about herself. This individual might be able to present as sophisticated and psychologically minded given her superb verbal skills while hiding a deep sense of insecurity and interpersonal fragility. This person might also primarily view others in terms of their potential to bolster or disrupt her tenuous sense of self and self-esteem, rather seeing them than as individuals with their own needs and subjectivity.

Similar to Blatt and Ford’s model, in the alternative model of personality disorders that was included in the appendix of the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-5; Waugh et al., 2017), personality researchers emphasized the importance of understanding both pathological personality traits and the level of personality functioning on a scale that assesses both self (i.e., domains of identity and self-direction) and interpersonal (i.e., domains of empathy and intimacy) dysfunction for individuals with personality disorders. These domains highlight the importance of the mental representations of self and other that contribute to the maladaptive interpersonal functioning of individuals with personality disturbances.

The aim of long-term, intensive treatment can be conceptualized as facilitating developmental processes that have gone awry, including by working through conflicts or learning how to manage or resolve deficits that may have contributed to the derailment, and facilitating shifts in the representations of self and other. There is evidence that long-term treatments, particularly those that focus on
articulating and understanding a patient’s implicit representations or object relations, are an effective treatment approach for people with personality disorders and common comorbid disorders, such as depressive disorders, anxiety disorders, and trauma-related disorders (Bateman & Fonagy, 2008; Leichsenring & Rabung, 2008, 2011).

As theories of personality disorders and development focus more on the patient’s intrapsychic reality, the importance of tracking and assessing these processes during treatment comes into focus. It is often difficult for the patient and therapist to assess these changes in real time owing to a number of factors, including the complex and nonlinear nature of change, the implicit or unconscious nature of many of these structures, the likelihood that the patient may change at different rates along different developmental lines, as well as the powerful transference and countertransference dynamics that can make objective assessment difficult, if not impossible. In addition, although it is common clinical wisdom that patients can become temporarily more symptomatic or feel worse during the course of treatment, it can be challenging for the patient and therapist to determine whether a given regression is in the service of growth, or is indicative of a more malignant fragmentation or a negative therapeutic reaction (Olinick, 1970; Riviere, 1936).

Psychological assessment can offer a nuanced, textured analysis of complex and multifaceted changes in the patient’s internal structure from outside the therapeutic dyad, independent from the influences of transference and countertransference. There are many useful structured or semi-structured approaches to performance-based data (Cramer, 1991; Exner, 2002; Stein, Hilsenroth, Slavin-Mulford, & Pinsker, 2011) that offer information about normative comparisons and diagnostic clarification. However, these approaches, owing to their focus on normative comparison, may neglect the nuances of the patient’s intrapsychic reality. Alternatively, a less structured approach that focuses on qualitative analysis, although limited in its ability to provide normative data or a categorical diagnosis, can offer a more personalized analysis of the patient’s internal reality. Performance-based tests such as the Thematic Apperception Test (TAT; Murray, 1943) and the Rorschach (Rorschach, 1951) are particularly useful for assessing mental representations and changes as they unfold throughout the process of psychotherapy (Bram & Yalof, 2015) thanks to their capacity to assess deeper, structural intrapsychic changes that may not yet have manifested behaviorally or, paradoxically, may cause a temporary increase in symptoms. These tests provide opportunities to understand both the conscious and unconscious schemas and representations that drive an individual’s development and personality functioning.

Following in the footsteps of Schafer (1968), who illustrated the value of test–retest analysis, in this article we will demonstrate how our particular approach to the
analysis of TAT and Rorschach responses can generate data about a patient’s developmental progression, as well as levels of functioning, in intrapsychic and interpersonal domains. In order to illustrate this approach, we will examine the repeated performance-based testing data of a patient in long-term residential treatment at the Austen Riggs Center (ARC), where testing has been used to track patient progress since David Rapaport, Merton Gill, and Roy Schafer developed the testing service in the 1940s. First, we briefly describe the conceptual model that guided our assessment, with particular focus on how our interpretive process assesses changes in the patient’s representations or schemas, as well as shifts in their perceptual capacities, thought processes, and affective regulation as their sense of self and other develops. Second, we review the battery itself, highlighting the personality measures and rationale for test selection. Third, we present selected responses from a patient whose repeated assessments generated inferences about shifts in unconscious processes over time. We then provide clinical commentary from the patient’s therapist, who worked with her throughout her treatment in order to compare the assessment data with clinical observations.

We recognize that the approach outlined here is unique, including its reliance on idiothetic data and implementation of a less structured, qualitative analysis. In some respects, this is a result of the particular setting in which our assessments occur. Our testing reports are designed to be part of a broader comprehensive assessment in which each member of the patient’s treatment team assesses the patient during the first 6 weeks of treatment. Therefore, other measures that are often included in comprehensive assessments are not done because of their redundancy with other treatment team members’ assessments. However, this approach is also designed to allow for the fullest expression of the patient’s subjectivity as possible, unconstrained by more structured measures.

Our methods of analysis are also unusual. The report is generated within a group format over 2 hr, during which these hypotheses are formed, revised, and edited as the testers synthesize the data. During this exploration, we are specifically focused on the unconscious motivations of the individual in an effort to establish the patient’s prominent character structure and developmental priorities. For instance, some patients are driven more by attachment needs and connection whereas others are preoccupied with issues of agency, self-assertion, and competition. In addition to studying motivation, we also prioritize understanding the patient’s thought processes, defense mechanisms, and ways of managing affect. The way a patient grapples with the various stimuli and manages the challenges they encounter in testing reveals aspects of the developmental level of their personality organization.

Although some aspects of our approach are unique, we also employ more widely used practices in order to anchor our analysis. We hold numerous developmental
frameworks in mind to guide our analysis, including the work of Anna Freud (1963), Rapaport, Gill, and Schafer (1945), Sidney Blatt and Richard Ford (1994), and others. We also assess performance across tests. If a patient presents similarly on both performance-based measures, this increases our confidence in our inferences. On the other hand, when data do not converge, this raises important questions for consideration (Bram & Peebles, 2014). For instance, a patient’s response to the Rorschach might evidence only a moderate degree of psychopathology while their TAT responses indicate severely disturbed self- and relational-functioning that was not manifest on the Rorschach. The divergent results might suggest that the patient has particular trouble managing interpersonal situations as presented during the TAT, whereas on the Rorschach they were able to use defensive strategies such as minimizing the presence of overt interpersonal stimuli to avoid distorted responses. By assessing these particulars, we work to create a picture of an individual’s intrapsychic reality, as well as differences in their levels of functioning in various contexts. When these measures are given at repeated intervals, they can provide data about the process of change and potentially subtle shifts in their subjective worlds and in their ways of managing and integrating stimuli.

Although we recognize that our approach may be difficult to replicate in other settings owing to the unusual nature of our setting, we believe that the philosophy that underlies this approach is a useful counterbalance to the current emphasis on nomothetic, quantitative assessments. We also believe that the incorporation of aspects of this approach into broader, multimodal assessments can provide a valuable perspective when trying to evaluate and understand the complex and subtle processes of change over time in individuals. Although this article emphasizes a qualitative approach, we also value more quantitative approaches and integrate results from the Comprehensive System for the Rorschach as well as the Social Cognition and Object Relations Scale: Global Rating Method (SCORS-G; Stein et al., 2011) for the TAT when doing assessments at the ARC.

The Setting

The ARC is a small, private, nonprofit psychiatric hospital and residential treatment center in Stockbridge, MA, that specializes in the care of people with complex psychiatric problems. Our patients have often received multiple psychiatric diagnoses that have proven to be treatment refractory, including severe mood disorders, personality pathology, and psychosis. Patients are initially admitted for a comprehensive 6-week evaluation and treatment.

Testing plays an important role during the evaluation period as it offers a unique perspective on the patient’s psychological functioning, including
self-representations, relational schemas, defenses, thought quality and processes, perceptions, and emotional capacities. The testing battery consists of the Human Figure Drawings (Machover, 1949), Thematic Apperception Test (Murray, 1943), Rorschach Test (Exner, 2002), and Wechsler Adult Intelligence Scale – Fourth Edition (Wechsler, 2008).

The testing is done by a group of postdoctoral fellows, including the authors of this article, supervised by several ARC staff psychologists. As testers, we try to approach the data “blindly,” and try to know as little as we can about the patient’s background and history in order to have as few preconceived notions as possible. This ahistorical approach helps us to make inferences about personality dynamics based solely on the test responses and the testing interaction (Shapiro, 2012). While testing sometimes aids diagnostic efforts, unlike psychological assessment in other settings, it is not intended to yield diagnostic classification. Instead, we try and provide a nuanced, personalized description of each patient’s personality functioning (Biedermann, Ridenour, & Biel, 2019). We also use testing to assess therapeutic change. After patients have been in treatment for a year, they are eligible for another assessment, which focuses on change since admission. For patients who are in treatment multiple years, reassessment is available annually. By using the same testing protocol at annual intervals, we are able to track shifts in the patient’s responses over time, and make inferences about the ways that these shifts are indicative of changes in the patient’s sense of self and others. Repeated testing is designed to provide guidance to the treatment team about the patient’s developmental progression, as well as to address more general questions about how the patient is using and responding to treatment.

Method

The following case example was selected because both authors were involved in the case as the testing psychologist and the individual therapist. The patient was in treatment for long-term therapy for two and a half years. For this case, we hoped to compare some of our testing hypotheses with the changes the patient made over the course of the treatment. Our effort here is to illustrate an approach to data and way of conceptualizing a patient’s development, rather than replicate exactly how the assessment process is done at the ARC. Therefore, although we reviewed all of the data in order to reach our hypotheses when doing the complete assessment, in this article we decided to restrict our analysis to one card each from the TAT and Rorschach so that the amount of data was manageable. Additionally,
although we did include the WAIS-IV and Human Figure Drawings in the complete assessment, we will not address them here in order to more fully elucidate the analysis of the TAT and Rorschach data.

Case Study

Ms. X is a middle-aged woman suffering from long-standing depression, as well as deep-rooted characterological issues (e.g., perfectionism and avoidant behavior), marked by difficulties managing and expressing anger. One author of this article, Dr. Churchill, was the assessor for two of the evaluations, Time 2 and Time 3. The other author, Dr. Ridenour, was the therapist. His clinical commentary follows the testing data.

At Time 1, Dr. Ridenour asked for an assessment of object relations, defenses, affect tolerance (particularly anger), and mentalization. At Time 2, Dr. Ridenour asked for an assessment of change in superego functioning, self-representations, aggression, and object relations. Of note, just before this re-assessment, Ms. X had a near-lethal suicide attempt in which she almost jumped off a balcony. At Time 3, Dr. Ridenour asked for an assessment of change in affective regulation, object relations, defenses, and self-cohesio. Ms. X shows some gains across the years, particularly in her capacity for intimacy and acknowledgment of anger and aggression. However, it is also clear that, as she enters into these more emotionally laden domains, she becomes destabilized and her capacity to think clearly quickly declines.

TAT Card 7BM

Picture: A gray-haired man is looking at a younger man who is sullenly staring into space (Murray, 1943)

Time 1

So, it looks like an older gentleman, white hair, white mustache, sitting next to a younger gentleman or boy and I think they’re in a courtroom and the young man is on trial for something and so the older gentleman is an attorney, and the older gentleman is turning to consult with the young man about something. And the young man has a stoic look in his eyes, that he’s in shock that he’s in court and that these things are being said about him and may or may not be true. I guess the older man looks like he may be checking on the younger man or he’s just about to ask him some questions.
Time 2

This is a picture about an older gentleman, a grandpa-type figure speaking with a young man. They are both wearing suits. The older man seems to be leaning over to whisper something to the young man as if he were like the young man’s attorney. The young man is looking straight ahead and kind of stoic, as if he is a defendant in a court case. The older gentleman seems like he has a softer touch, a gentler appearance about him, has an interesting mustache. Wisdom, looks like he is very wise and it looks like he cares about the young man. And the young man does look like he is slightly upset, he is allowing some sadness to come across his face.

Time 3

OK, this looks like a young man and his grandfather sitting in a courtroom and the grandfather might perhaps be an attorney but the young man looks like he is on trial. He’s got this look in his eye, the way he’s staring as if he’s very concerned about his well-being. And his grandfather is leaning over to provide support but also maybe to give, whisper advice in his ear or ask questions quietly in his ear. The grandfather is just trying to understand exactly what happened but also looks like he loves the young man and wants the best for him and so is looking for any kind of advantage to protect his son during this trial.

Although these three stories have quite similar themes, there are small but significant changes throughout the years that highlight several areas of development. In T1, Ms. X creates a professional relationship between her two characters, the young male client and his “gentleman” lawyer. The interaction between them is formal and role-bound, as the older man turns to “consult” with the young man. Ms. X avoids entering the internal experience of her characters and moves away from emotionality, stating that the young client is “in shock” and is “stoic.” Although she hints at the possibility that the older gentleman might have more tender feelings toward the young man (he is “checking on” the young man), Ms. X then retreats and concludes by saying that the older man is simply “asking him some questions.”

Subtle shifts in the T2 story illustrate Ms. X’s increasing capacity for emotional depth and intimacy. She goes into far more detail in her description of the older man, calling him a “grandpa-like figure” who has “a softer touch, a gentler appearance about him,” and who is “very wise and cares about the young man.” She describes the older man as leaning over to “whisper something” to the young man. With this shift, both the emotional connection and the physical proximity between the two characters increases. Although the young man is still
described as “stoic,” he is also “allowing some sadness to come across his face.” As Ms. X details the protective and tender characteristics of the older man, the intimacy between the two characters increases and Ms. X tentatively enters the internal world of the young man, acknowledging the presence of painful feelings.

By T3, Ms. X goes further to deepen the emotional connection between her characters, now abandoning the more formal roles of lawyer and client in favor of the more intimate roles of grandfather and grandson. In fact, Ms. X slips at the end of her story to describe the younger man as the son of the older gentleman, suggesting she is contemplating an even closer connection. Again, Ms. X demonstrates an increasing capacity to tolerate intimacy and tenderness. She describes the older gentleman as “leaning over to provide support but also maybe to give, whisper advice in his ear or ask questions quietly in his ear.” By T3, not only does the older gentleman care about the young man, but he “loves the young man.”

Of note, throughout the years, Ms. X tells a story of a court scene with a young man on trial. The repetitive content may indicate the nature of Ms. X’s persecutory and contentious internal world. However, even within this paradigm, we see an increasing capacity for intimacy and emotional connection across the years. This development unfolds alongside increasingly intimate relational paradigms. She moves from lawyer and client to grandfather and grandson and is gradually more able to explore both her characters’ inner life and articulate their emotions and longings.

Rorschach Card IV

Time 1

Response: I think this is a bat flying towards me that definitely has broken wings.

Inquiry: Head, fangs, tail, it looks like something has damaged the wings and that’s why this is kind of curled up here. It is almost like they were burned somehow and that’s why it is damaged. (WSo FMa FDo A 5.0 MOR)

Time 2

Response: A kind of shriveled bat that’s been laying on the road that’d been run over.

Inquiry: Head, crumpled wings and feet, just looks mashed. When things are mashed like that they don’t look the same as when they are alive. It sticks to the ground and the vehicle goes over, and it sticks to the tire and ground at the same time. And it will do a little damage to the body. (Wo F- A 2.0 MOR)
Response: A flat rug made of something flattened. It looks like the wings are torn off, its feet are mangled, deformed, maybe a dragon. I see some types of horns projecting form the mouth area.

Inquiry: Head, clipped wings, mangled feet, it makes me think it is dead. It looks so flat, like a rug. (Examiner: Wings torn off?) Seems like the feet would be facing the other direction, make me think of roadkill, or something unintended happened to it. I know if this is the size of the body, its wings would never have supported it from a physics standpoint. (Wo F- (A) 2.0 MOR. INC)

In T1, Ms. X sees a bat with damaged, burnt wings flying toward her. It is possible that the bat flying toward her represents her experiences of her aggression that is projected into her environment and is felt to be threatening and persecutory. Unable to tolerate feelings of aggression that could be utilized in the service of assertion and self-direction, she lacks the inner stability to harness it without collapsing, which reinforces a sense of inner damage.

In T2, Ms. X’s bat is no longer flying but is now roadkill. She goes into intricate detail about the mutilation of the bat, though she ends the inquiry by saying it has done “a little damage to the body.” One way of interpreting this response is that Ms. X is perhaps signaling (likely out of her awareness) that she feels beat down by life and potentially by treatment. The morbid detail about the bat being run over suggests an aggressive, resentful edge to her experience. The emergence of a more active aggression, as opposed to her previous tendency to project out her aggression and assume the position of victim in T1, impacts her perceptual capacities and her form quality declines (FDo to F-). However, she tries to defend against this by minimizing the extent of the damage. The intensity of her rage, pain, and destructiveness that emerge as she becomes more in touch with her internal life raise concerns about the ongoing potential of self-destructive action, including suicide.

By T3, Ms. X appears to be trying to move away from a place of unmitigated destruction and allow for more constructive or alive potentials, that is, “a rug” and “a dragon.” However, the difficulty of this process is evidenced by her killing of the dragon. Of note, she also adds that the body could not support the size of the wings, which might convey that she still feels unable to mobilize her aggression in the service of her development. In this response, she has more space to imagine something mobile, and the level of violence is not present as it was in T2. However, her responses across all years indicate that she still feels unstable when trying to manage her aggressiveness and agency.

When we assess this sequence of Rorschach responses, the gains are far less clear than in the TAT narratives, where Ms. X demonstrates a marked increased capacity for interpersonal intimacy. In her TAT stories, she is able to imagine a
close relationship, as long as the badness/aggression is located outside of the dyad (in the courtroom). However, as she approaches her own anger on the Rorschach, she has difficulty stabilizing her thinking and her responses become disorganized. There are several potential explanations for these apparent paradoxical shifts. Although it would be important to consider the entire data set in order to identify the hypothesis that best fits the data, one possibility is that Ms. X’s increasing capacity for intimacy and closeness, and the broadening of her emotional range necessary for this development, may be destabilizing. As she gains increasing access to her emotions, particularly anger, her capacity to think begins to decline. It would be important for her treaters to recognize the possibility that Ms. X may become more disorganized and distressed as she continues to allow for the possibility of deeper intimacy, and that she will likely need support in order to manage her affective overwhelm.

This sequence also demonstrates the precariousness of her development. Her responses in T2 indicate how raw and damaged she feels as she works to integrate more of her subjective experience, including her pain and rage. At this stage, the level of destructiveness communicated by her response is concerning, and self-destructive action is a concern owing to the uncertainty about whether she will be able to tolerate the pain entailed in her development. However, by T3, the level of violence and rage appear to have diminished slightly, and some of this psychic energy appears to be directed toward working to make something constructive with her aggression.

Clinical Commentary on Ms. X’s Case

As mentioned earlier, Dr. Ridenour, one of this article’s authors, was the therapist for this case. His clinical commentary follows:

Throughout this difficult but productive treatment, Ms. X made noticeable gains in her relational capacities and self-cohesion. Early on in treatment, Ms. X rapidly developed an idealizing, submissive transference. She tended to uncritically accept all of my interventions, which appeared driven by an effort to avoid conflict. In the countertransference, I felt that the brittle idealization was an effort to hold me at bay to avoid more spontaneous, intimate contact. Given her history of her father being humiliating and violent, it was understandable why she felt the need to manage contact. In the treatment, she tended to adopt an obsessional, storytelling approach that left little room for me and also squeezed all emotion out of the room. She was particularly worried about getting angry for fear that she would become abusive like her father. Regarding the TAT stories, it seemed like the court scene allowed for closeness between the two characters and represented her wish to have a wholly positive interaction without aggression or conflict. However, the
environment of the court scene likely suggests the split-off anger and subsequent 
guilt that threatened to destroy the fragile, idealized therapeutic relationship.

Of note, I had expected that the second assessment would demonstrate greater 
changes (particularly in reflective capacity and ability to manage emotions) than 
the report suggested. Although the TAT had suggested gains in intimacy and rela-
tional functioning, the overall report indicated that Ms. X was having difficulty 
managing her anger and that she often felt quietly resentful of others’ expectations 
and demands. Recognizing that there was a slower change process than expected 
gave me pause and allowed me to stop to consider how much of my impression of 
progress had to do with Ms. X’s idealizing transference and what was being kept 
out of the room. The dynamic of dissociated anger and resentment was evident in 
her aborted suicide attempt during my vacation and drove me to slow down the 
therapeutic process and to be more patient and supportive, offering more empathy 
and less confrontation and interpretation.

Over time, Ms. X was gradually able to express more of her longing and frustra-
tion (though this was quite challenging). Of note, about 18 months into treatment, 
Ms. X was able to fully express her feelings about my upcoming vacation. Whereas 
previously Ms. X had denied having any reaction to my vacation other than to 
wish me well, this time she was able to acknowledge both her longing for me 
to stay and fear that I might not return. This increased vulnerability represented 
a significant shift in the treatment, permitting more tenderness and intimacy. 
Direct expression of anger and conflict remained a challenge for Ms. X; however, 
she was able to disagree with my interventions and appeared to achieve more sep-
arateness from me, which was evident in a less idealizing transference.

In terms of self-development and aggression, Ms. X had considerable trouble 
mobilizing her agency over the course of treatment. When she initially came to 
treatment, she was highly anxious about being assertive and often was filled with 
guilt and fear that her assertiveness might be interpreted as aggressive, which 
would make her bad like her abusive father. As a result, Ms. X tended to swallow 
all of her anger and frustration, which contributed to recurrent depressive col-
lapses and passive suicidal ideation. Before the second testing, Ms. X had a 
near-suicide attempt, which resulted in a major depressive collapse. Although 
she was reticent to express her anger with her treaters, she appeared resentful 
but had trouble communicating this because of her conflict-avoidance. Over the 
course of treatment, Ms. X was able to develop some greater capacity to manage 
anger without being overwhelmed. She was also relentlessly self-critical and per-
fectionistic and often had trouble working for fear of being criticized or humili-
ated. Despite these struggles, Ms. X was able to develop a healthier sense of 
self-esteem and better able to manage disappointment. Promisingly, she was sig-
ificantly less suicidal by the end of treatment.

Conclusion

Long-term, intensive treatment provides opportunities for change and growth. In the context of a trusting, reliable relationship with a therapist, patients can begin to learn about their internal representations and schemas as well as how these internal models were shaped by their history and early relational experiences (Safran, Muran, Samstag, & Stevens, 2001).

Additionally, patients may come to understand the ways in which their development may have gone awry and how they adapted to these derailments, as well as how they can begin to develop less problematic adaptations. This learning can allow for more positive and flexible expectations of relationships, as well as more creative, adaptive responses to others. Eventually, patients can develop deeper, more fulfilling relationships, and discover an increased ability to cope with distress. However, psychic development is rarely linear or continuous and, for many patients, things must first come apart in order for them to be reorganized. Additionally, change in one domain can lead to destabilization in another. Although these regressions and destabilizations can allow for new, even unexpected, changes to occur, it is often difficult for the therapist and patient to assess whether these fluctuations are temporary and in the service of growth, or are indicative of a more malignant regression.

Psychological assessment, particularly when the battery comprises tests that measure implicit or unconscious factors in an individual’s underlying psychological structure, can provide a concurrent measure to assess treatment progress. Qualitative analysis of test data captures shifts in depth and breadth of implicit interpersonal schemas, which may at times be at odds with the therapist’s or patient’s own observations of their daily functioning and symptoms. By offering a formulation of these unconscious, structural changes, the assessment can help the patient and therapist to assess the efficacy of the treatment, view possible developmental trajectories, and reassess treatment goals.

References


Summary

Many current theories of personality disorders and personality development are increasingly highlighting the complexity of character and the ways in which individuals construct their reality (Waugh et al. 2017). Long-term, intensive treatment provides opportunities for change and growth in these intricate personality structures. However, the complexity of personality and character makes it difficult for the therapist and the patient to clearly see and track changes that may be unfolding over treatment.

Psychological assessment, particularly performance-based assessment measures, can be a valuable tool to assess personality dynamics, especially when evaluating in these dynamics over time. However, it can be difficult to evaluate patients in such a way that allows for the richness of the patient’s internal world to emerge. Performance-based measures such as the Thematic Apperception Test (TAT; Murray, 1943) and the Rorschach (Rorschach, 1951) are particularly useful for assessing mental representations and changes as they unfold throughout the process of psychotherapy (Bram & Yalof, 2015) thanks to their capacity to assess deeper, structural intrapsychic changes that may not yet have manifested behaviorally or, paradoxically, may cause a temporary increase in symptoms.

In this article, the authors outline several developmental frameworks of personality that focus on the way a patient constructs their reality, including their sense of self and relationships with others. The authors then discuss a primarily qualitative approach to assessment and demonstrate how using a developmental framework to guide the interpretation of qualitative data can illuminate the complex processes of growth that the patient undergoes during psychotherapy.

The authors provide a detailed analysis of the data from a single TAT and Rorschach card over a series of assessments that occurred over the span of two and a half years while the patient was in long-term psychoanalytically oriented psychotherapy. The authors demonstrate how this approach can illuminate subtle and complex personality dynamics. Clinical observations are then provided by the patient’s therapist, who worked with her throughout her treatment in order to show how the
data can manifest clinically.

This article demonstrates the ways in which a qualitative approach to assessment can provide information about the unconscious, structural changes that a patient may undergo while in long-term psychotherapy, which can help the patient and therapist to assess the efficacy of the treatment, view possible developmental trajectoires, and reassess treatment goals.

Résumé

De nombreuses théories actuelles sur les troubles de la personnalité et le développement de la personnalité soulignent de plus en plus la complexité du caractère et la manière dont les individus construisent leur réalité (Waugh et al. 2017). Un traitement intensif à long terme peut être compris comme offrant des opportunités de changement et de croissance dans ces structures de personnalité complexes. Cependant, la complexité de la personnalité et du caractère empêche le thérapeute et le patient de voir clairement et de suivre les changements susceptibles de se produire au cours du traitement.

L’évaluation psychologique, en particulier les mesures d’évaluation basées sur les performances, peut être un outil précieux pour évaluer la dynamique de la personnalité, ainsi que pour évaluer l’évolution de cette dynamique au fil du temps. Cependant, il peut être difficile d’évaluer les patients de manière à laisser émerger une richesse du monde interne du patient. Les tests basés sur les performances tels que le test d’aperception thématique (TAT; Murray, 1943) et le Rorschach (Rorschach, 1951) sont particulièrement utiles pour évaluer les représentations mentales et les changements qui se produisent au cours du processus de psychothérapie (Bram & Yalof, 2015) leur capacité à évaluer des changements intrapsychiques structurels plus profonds qui peuvent ne pas encore se manifester par le comportement ou, paradoxalement, peuvent provoquer une augmentation temporaire des symptômes.

Dans cet article, les auteurs décrivent plusieurs cadres de développement de la personnalité qui mettent l’accent sur la façon dont un patient construit sa réalité, y compris son sens de soi et ses relations avec les autres. Les auteurs discutent ensuite d’une approche essentiellement qualitative de l’évaluation et montrent comment l’utilisation d’un cadre de développement pour guider l’interprétation des données qualitatives peut éclairer les processus complexes de croissance auxquels le patient est soumis au cours d’une psychothérapie.

Les auteurs fournissent une analyse détaillée des données d’une seule carte TAT et Rorschach sur une série d’évaluations effectuées sur une période de deux ans et demi alors que le patient suivait une psychothérapie à long terme à orientation psychanalytique. Les auteurs démontrent en quoi cette approche peut éclairer une dynamique de personnalité subtile et complexe. Les observations cliniques sont ensuite fournies par la thérapeute de la patiente, qui l’a accompagnée tout au long de son traitement, afin de montrer comment les hypothèses d’évaluation peuvent se manifester cliniquement.

Cet article montre comment une approche qualitative de l’évaluation peut fournir des informations sur les changements structurels inconscients qu’un patient peut subir au cours d’une psychothérapie de longue durée; ce qui peut aider le patient et le thérapeute à évaluer l’efficacité du traitement trajectoires, et réévaluer les objectifs de traitement.

Resumen

Muchas teorías actuales sobre los trastornos de la personalidad y el desarrollo de la personalidad destacan cada vez más la complejidad del carácter y las formas en que los individuos construyen
su realidad (Waugh et al. 2017). Se puede entender que el tratamiento intensivo a largo plazo proporciona oportunidades para el cambio y el crecimiento en estas estructuras intrincadas de la personalidad. Sin embargo, la complejidad de la personalidad y el carácter dificultan que el terapeuta y el paciente vean claramente y rastreen los cambios que pueden desarrollarse durante el tratamiento.

La evaluación psicológica, en particular las medidas de evaluación basadas en el rendimiento, puede ser una herramienta valiosa para evaluar la dinámica de la personalidad, así como para evaluar el cambio en esta dinámica a lo largo del tiempo. Sin embargo, puede ser difícil evaluar a los pacientes de tal manera que permita que emerja la riqueza del mundo interno del paciente. Las pruebas basadas en el rendimiento, como la Prueba de percepción temática (TAT; Murray, 1943) y Rorschach (Rorschach, 1951) son particularmente útiles para evaluar las representaciones mentales y los cambios que se desarrollan a lo largo del proceso de psicoterapia (Bram y Yalof, 2015). A su capacidad para evaluar cambios intrapsíquicos estructurales más profundos que aún no se hayan manifestado conductualmente o, paradójicamente, pueden causar un aumento temporal de los síntomas.

En este artículo, los autores describen varios marcos de desarrollo de la personalidad que se centran en las formas en que un paciente construye su realidad, incluido su sentido de sí mismo y las relaciones con los demás. Luego, los autores discuten un enfoque principalmente cualitativo para la evaluación y demuestran cómo el uso de un marco de desarrollo para guiar la interpretación de los datos cualitativos puede iluminar los complejos procesos de crecimiento que el paciente experimenta durante la psicoterapia.

Los autores proporcionan un análisis detallado de los datos de una sola tarjeta TAT y Rorschach sobre una serie de evaluaciones que se realizaron en el transcurso de dos años y medio mientras el paciente estaba en psicoterapia orientada psicoanalíticamente a largo plazo. Los autores demuestran cómo este enfoque puede iluminar dinámicas de personalidad sutiles y complejas. Las observaciones clínicas son proporcionadas por el terapeuta de la paciente, quien trabajó con ella a lo largo de su tratamiento para mostrar cómo las hipótesis de evaluación pueden manifestarse clínicamente.

Este artículo muestra las formas en que un enfoque cualitativo de la evaluación puede proporcionar información sobre los cambios estructurales inconscientes que un paciente puede experimentar mientras se encuentra en psicoterapia a largo plazo, lo que puede ayudar al paciente y al terapeuta a evaluar la eficacia del tratamiento. Trayectorias, y reevaluar los objetivos del tratamiento.

要約
バーソナリティ障害とバーソナリティ発達における現在の理学の多くは、最近ますます人格の複雑性と個人がどのように現実を構築しているかについて強調している(Waugh et al. 2017)。長期かつ集中的なトリートメントは、これらの複雑なバーソナリティ構築における変化と成長の機会を提供する。しかしながら、セラピストとその患者は、バーソナリティ性格の複雑性のために、治療によって展開する変化をはっきりと見たり、追跡したりすることを難しくしている。心理学的アセスメント、特にパフォーマンスベースのアセスメントは、バーソナリティのダイナミクスを評価するのに、非常に有益な方法である。特に時間の経過とともに見るダイナミクスにおいては、非常に有効な手法となっている。しかしながら、患者の内面世界が明らかに病状において、患者を評価するのは難しいことがある。TATやロールシャッハなどのパフォーマンスベースのアセスメントは、心理学的表現と変化を評価するのに有益である。これらの手法は、心理療法過程において、まだ行動には表していかもしれない深い構造的な精神内界の変化を評価する力がある。症状が一時的に悪くなる可能性もあるので、患者の状態を展開させる。
本論文では著者は、いくつかの発達的パーソナリティの枠組みについて総論を述べ、自我の概念と他者の関係性を含む患者のリアリティの構築に焦点をつける。次に著者は、アセスメントへの重要な質的アプローチについて議論する。さらに、発達的な枠組みを用いた質的データの解釈を導くことが、患者が心理療法中に示す複雑な発達の過程を説明するのに役立つかを示す。著者は、一連のアセスメントにおける1枚のTATカードとロールシャッハカードから得られるデータの解析の詳細を提示する。そこで著者は、クライアントが長期間の精神分析的療法に携わった2年半の期間のデータが網羅されている。著者は、このアプローチがいかに微妙で複雑なパーソナリティのダイナミクスを表現するのかを提示する。またデータが臨床的に出たかを説明するために、心理療法にずっと立ち会ったその患者のセラピストによって、臨床的観察の結果が提示される。本論文では、アセスメントへの質的アプローチは、クライアントが示す無意識かつ構造的な変化を提供するのに役立つこと、セラピストが治療の有効性を評価したり、心理発達における軌跡を評価したり、治療の目標の再検討をするのに役立つ長期的心理療法において特に役立つことを示す。