Special Lectures

A NEW APPROACH TO THE RORSCHACH

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The approach I will present is founded on the hypothesis that focusing on fundamental constituents of the individual's personality structure
a) simplifies the interpretation of the Rorschach data and the verification of its conclusions,
b) facilitates a developmental diagnosis and prognosis, and
c) leads to appropriate therapeutic, prophylactic and/or educative indications.

Based upon Dabrowski's theory of positive disintegration (TPD), I postulate that the constituents in question are the individual's
a) personality developmental level (or his degree of humanness) and
b) psychic sensitivity (or dimension and intensity of his psychic life).

To develop my hypothesis, I will deal with the following topics:
A) Dabrowski's concepts of personality developmental levels and psychic sensitivity;
B) Rorschach referents of Dabrowski's concepts of personality developmental levels and psychic sensitivity;
C) An application of Dabrowski's concepts of personality developmental levels and psychic sensitivity to a case study;
D) A comparison of this new approach, which I call TPD approach, with Piotrowski's approach.

A) Dabrowski's Concepts of Personality Developmental Levels and Psychic Sensitivity

1. Personality developmental levels

According to Dabrowski, personality, with all its characteristics, can function on five developmental levels which he calls primary integration, spontaneous multilevel disintegration, directed multilevel disintegration and secondary integration on a higher level.

Primary integration is the lowest developmental level. It stands for a compact, rigid and narrow psychic structure organized around primitive drives to which intelligence and imagination are subjected. For this reason, it is characterized by automatic and biologically determined behaviour; by negative adjustment and negative maladjustment; by a lack of empathy, moral sensibility and capacity to reflect on one's behaviour and its moral consequences. At this developmental level one finds a) exceptional psychopaths such as political criminals, b) individuals who are clearly aggressive, brutal, deceitful and inconsiderate in achieving their petty egoistic goals, and c) many so called "average" people who consciously or unconsciously dissimulate their selfishness.

If primary integration is not constitutional, it usually undergoes profound loosening and splitting when confronted by severe distress. The personality
structure then becomes disintegrated and neurotic. Its disintegration, or fragmentation, is unilevel, i.e. non-differentiated hierarchically, characterized by inner frictions resulting from contradictions and inconsistencies of judgements, desires, emotions and drives. Its neurotic character is revealed through an exaggerated submissiveness to environmental pressure and such neurotic and psychoneurotic symptoms and syndromes, of a lower level, as muscular tensions, tics, phobias, conversion hysteria, hypochondria, neurasthenia, depression, obsessions and emotional dependency. If the individual's developmental potential is not strong enough, the unilevel disintegration can become chronic; it also can develop into psychosis, regress to primary integration or result in suicide. In all these cases, Dabrowski is talking about mental illness. However, if the personality disintegration is global and the developmental potential is strong and rich enough, the process of development goes on towards the next level, i.e. towards spontaneous multilevel disintegration.

This form of disintegration is called such because at this developmental stage the individual's autonomous, or specifically human forces (called third factor), spontaneously set themselves up against egoistic needs as well as against moral pressure established by the community. In this way, hierarchic or multilevel disintegration replaces unilevel disintegration. Consequently, the given individual feels torn between "what is higher" and "what is lower" in his experiences. This moral conflict is accompanied and supported by psychoneuroses of a higher level with their creative, developmental dynamisms; these are feelings of guilt, inferiority towards oneself, dissatisfaction and disquietude with oneself (depression); altruistic and existential concerns (anxiety); imperative ideas and persistent thoughts regarding mental growth (obsessions); and a need to adjust to a higher reality (psychasthenia).

Stimulated by his autonomous forces, individual begins by consciously and deliberately accepting responsibility for the process of his mental growth. Therefore he directs it systematically towards the attainment of his personality ideal which becomes clearer to him through intuition, meditation, contemplation and ecstasy. This is the stage of multilevel directed disintegration characterized by a growing need for authenticity, autonomy and empathy. As the individual progressively improves, he sees more clearly the difference between "what is" and "what ought to be" in himself and his environment. Moreover, autopsychotherapy and education replace heteropsychotherapy as he advances towards secondary integration. Thus, his behaviour and psychic life are increasingly characterized, according to the apostle Paul's terms, by "love, joy, peace, patience, kindness, goodness, trustfulness, gentleness and self-control" (Gal. 5, 22).

Finally, directed multilevel disintegration evolves into secondary integration. Directed development continues, this time without neurotic tensions, towards a new personality, the personality "par excellence", conceived as "a self-chosen, self-confirmed and self-educating mental structure" (1970, p. 174) organized around personality ideals both of an individual and social nature. Having such a personality, the individual has transcended what he used to be by hereditary and environmental endowment into what he wants to be. His psychological type has
been broadened and sublimated. His life style has been changed and his biological life cycle has been transcended. His interests, capacities, talents, bonds of love and friendship and all higher emotions have been developed to their maximum. He has become an autonomous, authentic, empathetic and responsible human being.

2. Psychic sensitivity

According to Dabrowski, psychic sensitivity can be termed either average or above-average (the latter can also be called enhanced, oversensitivity, sensitivity, overexcitability, nervousness), but in both cases it means a deep-rooted psychomotor, sensual, emotional, imaginative and intellectual pattern of perceiving and experiencing oneself and one’s environment. The fundamental characteristics of these patterns are as follows:

— psychomotor sensitivity – perceiving and experiencing conditioned by a drive for action;
— sensual sensitivity – perceiving and experiencing characterized by a desire for sensual pleasure;
— emotional sensitivity – perceiving and experiencing directed by a desire to share and/or not share joy and suffering;
— imaginative sensitivity – perceiving and experiencing based on dreams, daydreaming and quasi-illusions;
— intellectual sensitivity – perceiving and experiencing rooted in theoretical, abstract thinking.

However, oversensitivity (above-average) clearly distinguishes itself from average sensitivity. Unlike the latter, it constitutes the important ingredients of the TPD. It brings about multidimensional and therefore conflicting reactions generating personality disintegration and contributing to personality secondary integration. Also the fundamental characteristics of oversensitivity change according to their developmental levels. Examples of these changes are as follows:

Psychomotor oversensitivity: drive for action

— at the 1st level – acting out of the “S-R” type, psychomotor, self-assurance exaggerated concern for sports, wanderlust, fighting, need for domination, frequent changing of jobs and places, juvenile delinquent behaviour;
— at the 2nd level – similar to the 1st level and in addition ambitempencies resulting in neurotic muscular tensions bringing about exaggerated reflexes, tics, hyperkineses, twitching of hands and eyelids, gnashing of teeth, unreasonable crying, tantrums, masturbation, compulsive, neurosis;
— at the 3rd level – psychomotor agitation accompanied by dissatisfaction with one’s psychomotoric and by need for changing one’s comportment on the one hand and, on the other, by need for relaxation, psychomotor silence and quietude;
— at the 4th level – dedication to duty and conscious modifying of one’s psychomotoric;
— at the 5th level – subordination of psychomotor energy to personality ideal.

Sensual oversensitivity: desire for sensual pleasure

— at the 1st level – sensualism and passivity in everyday contacts,
superficial and short-lived emotions, demonstrativeness, exhibitionisms, suggestibility, frequent masturbation, sexual promiscuity, aversion to spiritual life;

- at the 2nd level — similar to the 1st and in addition sensual and sexual ambitendencies and ambivalences, feelings of shame, sexual neuroses, hysterical symptoms, conversion hysteria.
- at the 3rd level — hierarchic sensual and sexual ambivalences and ambitendencies, moral feelings: astonishment and dissatisfaction with one's sensualism, feelings of guilt; need for exclusivity in sexual relationships;
- at the 4th level — sublimation and refinement of sensual and sexual perceiving and experiencing;
- at the 5th level — quiet contemplation of sensual beauty, subordination of sensuality to personality ideal.

Emotional oversensitivity: desire to share and/or not share joy and suffering

- at the 1st level — negative emotions, affective egocentricity and egoism (for ex. narcissism, need for bossing), primitive syntony, playing dead ("Todstellreflex") in experiencing fright;
- at the 2nd level — similar to the 1st level and in addition ambivalences, mood swings, anxiety, phobias, moral obsessions, feelings of shame;
- at the 3rd level — predominance of positive over negative emotions, overlapping of intellectual and imaginalional oversensitivity patterns, moral differentiation of feelings, energizing of positive inadaptation, feelings of guilt, of responsibility and of other higher emotions, higher forms of anxiety, depression and emotional obsessions;
- at the 4th level — bond of higher emotions with consciousness and emotional energizing of the autonomous forces (Dabrowski's 3rd factor);
- at the 5th level — union higher emotions resulting in serenity, the highest level of "I-You" relationship, very strong intuition, "cosmic" empathy, states of meditation, contemplation and ecstasy.

Imaginational oversensitivity — "illusions", dreams and daydreaming

- at the 1st level — imaginational and phantasy in the service of primitive drives, above-average interest in fairy tales, movies, television, phantasy and adventure stories; confabulations, quasi-illusions, tendency to drug-addiction, passive attitude towards life;
- at the 2nd level — similar to the 1st level and in addition imaginational ambivalences, broader scope of imagination, richness of dreams and dreaming, interest in dream symbolism, interest in magic, witchcraft and spiritism, fear of transcendental phenomena, seemingly inventive creativity, self-delusions;
- at the 3rd level — bonding of the creative instinct to the instinct of self-perception, increasing interest in the world of dreams and daydreaming, better understanding of positive values of imagination and phantasy, differentiation of the "lower" from the "higher" in imagination and creativity, criticism towards one's past and prospection towards one's future;
- at the 4th level — strong interest transcendental life and after-life, need for visions and mystic experiences, development of the instinct for partial death, creative systematization in the world of phantasy and dreams;
– at the 5th level – systematization, hierarchization and realization of longings, daydreams and dreams under the control of transcendental instincts, bonding of imagination and phantasy with the creative instinct and instinct of self-perception, imagination and phantasy in the service of the personality ideal.

Intellectual oversensitivity: theoretical, abstract thinking
– at the 1st level – narrow exceptional intellectual abilities and interests, thirst for knowledge, manipulation of data and information, predominance of thinking over practical activity, more rational than emotional motivation, egoism in thinking, impulsivity of judgements, intellectual pride and arrogance, intelligence in the service of primitive drives;
– at the 2nd level – similar to the 1st level and in addition increase of reflectiveness and abstract thinking, contradiction and inconsistency of judgement, conflict between intelligence and drives, obsessive thinking, doubt neurosis;
– at the 3rd level – development of self-awareness and intuitive intelligence, longing for truth, clarity and order, differentiation of the person and his/her comportment, need for finding, the meaning of human existence, increasing independence of judgement from drives, hierarchic ambisentences;
– at the 4th level – searching for truth, clarity and order, extensive and universal interests, objectivization (justifying) of one's hierarchy of values and aims, need for synthesis, clearer vision of one's personality ideal;
– at the 5th level – highly creative intelligence in the service of personality ideal, wisdom (autonomous, empathetic and authentic intuitive judgements resulting from meditation, contemplation and ecstasy).

Oversensitivity patterns occur usually in different combinations giving rise to specific abilities, attitudes, tendencies and behavioural patterns. Dabrowski gives some examples of such combinations. They are as follows:
– If there is only psychomotor oversensitivity combined with sensual oversensitivity, personality developmental potential is negative. Positive emotional oversensitivity combined with intellectual and imaginational oversensitivity implies positive potential.
– The presence of five oversensitivity patterns, favoring a multidimensional perceiving and experiencing of oneself and one's environment, accelerates personality disintegration but it retards the process of its secondary integration.
– A combination of intellectual and emotional oversensitivity produces an inclination to introspection, retrospection and prospection, to musing and obsessiveness of an intellectual and emotional nature with slow synthesizing of thoughts.
– A combination of intellectual with psychomotor oversensitivity generates intuitive and practical abilities.
– Intellectual and imaginational oversensitivities stimulate prospection, symbolic and magical thinking, and overlapping of unconscious and conscious experiences as well as intuitive thought.
– Combined intellectual and sensual oversensitivities favor experimentation and critical thought but engender a certain aversion to abstract and intuitive thinking.
The combination of emotional and sensual oversensitivities gives a sensual and sexual tone to affectivity while negatively influencing intellectual functions to some degree. It also diminishes sexual aggressivity, enhances synonomy and gradually develops exclusive emotional relationships.

In an oversensual individual at a lower level, a psychomotor component effects a compulsive need for immediate gratification of sexual drives as well as irritability, explosiveness and aggressive behavior.

Summarizing this paper, one can conclude that identifications of the personality level and psychic oversensitivity reveals the exceptional and less common traits of the subject and thus facilitate the understanding of his/her personality and behaviour.

B) Rorschach referents of personality levels and psychic sensitivity

Before developing this topic, I would like to make the following remarks. First, in my attempt to find Rorschach referents for Dabrowski's concepts, I have used Z.A. Piotrowski's Perceptanalysis. Thus, my TPD approach is based on Piotrowski's method of scoring and interpreting the Rorschach test. The reasons for this is a resemblance of Piotrowski's mentality to that of Dabrowski.

The second remark: In my research, I have confined myself to focusing only on the concepts of oversensitivity, of primary integration, unilevel and spontaneous multilevel disintegration. My reasons for doing so:

a) Persons at the 4th and 5th level do not need psychotherapy or psychological guidance and are therefore not met in clinical practice. Consequently, searching for Rorschach referents of these levels is clinically difficult because of lack of material and useless for our practice.

b) The same holds for average sensitivity. Never becoming profoundly disintegrated, "normally" sensitive individuals, or "average" people, do not look for psychological assistance.

The third remark: In this paper, I deal exclusively with Rorschach data of adult clients.

Within this context the following is my attempt to point out the referents in question.

1) Perceptanalytic referents of personality developmental levels

Personality developmental levels stand for conceptualization of personality structure according to its cohesiveness and quality.

Personality structure is the most cohesive and biologically determined in its primary integration. I postulate that uniformly extensive FM, M and m-movements symbolize this level, because, according to Piotrowski, this quality of movement indicates the individual's self-assertiveness, self-confidence and insensitivity to cultural and moral values. Consequently, the more the individual's movements are uniform and extensive; the more he is primarily integrated and psychopathic.

On the contrary, differentiated FM, M and m-movements (active, blocked, passive, indecisive and "postures") within and among themselves, according to Piotrowski, point to a disintegration of personality structure, which in Dabrowski's terms, would be unilevel or non-hierarchic disintegration.
Multilevel or hierarchic disintegration of personality structure would be indicated by:

a) Referents of the developmental dynamisms such as astonishment dissatisfaction and disquietude with oneself, inferiority towards oneself, positive inadaptation and feelings of shame and guilt,

b) Referents of the autonomous forces called the third factor,

c) The differentiated FM, M and m-movement (as in unilevel disintegration).

I assume that the referents of the development dynamisms are as follows:

- M-shock (plate III) - astonishment with oneself (surprise and shock with regard to one's behaviour);
- Self-criticism and/or M-responses involving depreciation, devaluation, ridiculization, mutilation, restraint and negativity as well as dissimilarity of the Rorschach figures and of oneself
- Dissatisfaction with oneself (frustration with one's attitudes and behaviour patterns);
- Dark shock (plates IV and/or V) and M-projection – disquietude with oneself (concern with one's tendencies and behaviour patterns);
- M-movement attributed to animals and beings other than human – inferiority towards oneself (frustration for one's failures);
- "Eyes"-responses – feelings of shame (embarrassment over one's behaviour).
- Dark shock (plates IV and/or V) and contrast in color and content of responses – feelings of guilt (discomfort or anguish over moral failure);
- Determinants and determinants' content criticism – positive inadaptation (inadaptation to negative comportment or tendencies).

According to Piotrowski, the M-shock occurs "most frequently in periods of intensive personality changes or when the subject is taken serious stock of his personality" that is in periods of personal crises, in psychoneurosis or in initial stages of psychosis (1974, p. 172, 306). The same is held by Dabrowski for astonishment with oneself. If there is no strong repression the underlying cause M-shock (and, by the same token, of astonishment with oneself) is often recognizable in the response(s) following it.

The dissatisfaction with oneself involves cognitive and emotional discomfort in regard to unacceptable personal traits. This traits are to be identified in the content of the subject's M-responses. Self-criticism can be exemplified by the individual's remarks: "there is absolutely nothing else that I can see"; "this is not my day".

Concerning one's unaccepted tendencies and behaviour patterns, the disquietude with oneself is a fear of possible moral regressing. It would be indicated by the dark shock and M-projection because according to Piotrowski, the former "points to fear of... one's own impulses or actions tendencies" And the latter – to unaccepted "forces determining the subject's conduct" (1974, p. 304, 170). The following response is an example of M-projection: "rocks to throw; something that could be picked-up and thrown".

The feeling of inferiority towards oneself is a feeling of disloyalty to one's moral convictions and possibilities. M-responses scored (A), AH and sometimes
(H) would indicate this feeling. The M(A) and MAH (for ex. "two bears kissing each other", "a satyr making love") would stress a moral short-coming, while M(H) responses representing good spirits (for ex. "angles") would point to difficulties in materializing that which "ought to be" in one's behavior and interior life.

"Eyes"-responses appear to relate the feelings of shame. "The perception of eyes in the blots... signifies a particularly high degree of sensitivity to the opinion of others", says Piotrowski (1975, 345).

Dark shock and chromatic responses involving a gradation in shading and color would indicate the feeling of guilt. "It is interesting to note", says Piotrowski, "that it was the darker brown areas contrast with the larger light yellow areas that were selected for interpretation; this may symbolize a strong sense of guilt" (1974, p. 379). Piotrowski also underlines (p. 370) the fact that most dark shock individuals have a tendency to blame themselves rather than others for their difficulties, frustrations and shortcomings. Likewise, it seems to me that a contrast in subject-matter (for ex. "blessing and cursing hands", "priest-animal") as well as an overt use of the word "guilt" in responses or any suggestion of a need for reparation and expiation could point to an intense feeling of guilt.

As to the 3rd factor, it seems to be symbolized by S-responses in addition to the referents of the above enumerated developmental dynamisms. Rorschach ascribed to the S-component "a habitual opposition tendency" which turns against the subjective himself when M-responses outnumber color responses.

2. Perceptanalytic referents of psychic oversensitivity

Inasmuch as each oversensitivity pattern consists of perceiving and experiencing oneself and one's environment, I postulate that oversensitive perceiving of oneself would be projected in the determinants (human, animal and inanimate-movements, shadings, forms and colors) and perceiving and experiencing of one's environment would be projected in the determinants' content. This is so because these two groups of Rorschach components stand, respectively, for projections of interior and exterior stimulation. Moreover, the individual's perceiving and experiencing can be concluded by the way which the handling the inkblots.

Thus, the presence of psychomotor oversensitivity with its psychomotor drive for action could be concluded from the following Rorschach data:

- FM, M and m-movements involving above-average motor skills, resilience and/or physical energy – perceiving and experiencing of oneself in terms of an urge for action;
- determinants' content involving above-average vitality, health and/or biological strength – perceiving and experiencing of the psychomotor aspect of one's environment;
- a high sum of C-responses, very short IRT (initial reaction time) and card turning – enhanced psychomotor responsiveness to interior and exterior stimulation; impulsiveness;

Primary integration, unilevel and multilevel disintegration of psychomotor oversensitivity functioning would be indicated by the same referents and in addition by the following data:
- The 1st level:
  - extremely and aggressive FM, M and m-movements, few M and FC, a large number of CF and C-responses – psychomotor excitation, tendency to dominate, to fight and to act decisively, reactions of "R-S" type.
- The 2nd level:
  - restraint and/or differentiated FM, M and m-movements – lessening of psychomotor self-confidence, of self-assertiveness and of agressivity, accompanied by increased reflection;
  - unequal IRT, dark shock (plates IV and/or V), Σc > ΣC, Σc > Σc’ – ambidencies, fear to act out psychomotor impulses, lessening (by means of suppression and/or repression) of psychomotor responsiveness to interior and exterior stimulation;
  - high Σ c’ = high Σ c – overt unbearable muscular tensions resulting from simultaneous psychomotor excitation and psychomotor inhibition;
  - Σ C > M in addition to the above referents – compulsive neurosis;
  - parts of the human or animal body tied together – intermittent tendency to psychomotor outburst.
- The 3rd level:
  - explicit or implicit criticism of movements of Rorschach figures – dissatisfaction with one’s psychomotricity;
  - M-shock concerning an expansive movement – astonishment with one’s psychomotricity;
  - FM-movement more expansive than M-movement – hierarchic ambidencies;
  - a passive FM or M or m-movement – need for relaxation, psychomotor silence and quietude.

The presence of sensual oversensitivity with its characteristic desire for sensual pleasure could be concluded from:

- both FM and M movements rather passive and involving activity of the senses (for ex. eating, drinking, smelling, touching, kissing), preoccupation with entertainment of sensual type as well as demonstrativeness and exhibitionism – perceiving and experiencing of oneself in terms of desire for sensual pleasure;
- determinants’ content implying objects suggesting sensual pleasure or displeasure (for ex. sexual organs, food, flowers and plants especially yellow and brown ones, animal skins, carpets, dress, jewels, rare or priceless objects of art, remarkable pieces of furniture, busts of portraits of great men, state or family seals, emblems and coat-of-arms);
- above-average number of superficial color responses (for ex. decorations, paintings, common-place objects) as well as remarks containing a descriptive exaggeration (for ex. this is "wonderful", "fabulous", "great", "admirable", "magnificent", "fantastic", "super"; this makes me feel "happy", or "confused") – enhanced but superficial sensual responsiveness to interior or exterior stimulation, superficial and short-lived emotions;
- above-average number of CF responses – suggestibility;
- a high sum of color responses (ΣC) and a small sum of shading responses (Σc) – overt demonstrativeness.
Primary integration, unilevel and multilevel disintegration of sensual oversensitivity functioning would be indicated by the above referents and in addition by the following data:

- The 1st level:
  - uniformly extensive FM, M and m-movement of sensual type - sensual excitation, tendency to be demonstratives, hierarchy of values limited to sensual pleasure, attitude towards life: "panem et circenses" ("eat and be merry").
- The 2nd level:
  - restraint and/or differentiated sensual FM, M and m-supressing or repressing sensual tendencies;
  - sex shock (plates VI, VII, IX) - sexual ambivalences and ambitendencies;
  - "finger" responses - conflict over masturbatory practices;
  - indicators of homosexuality - fear of homosexual practices;
  - $\Sigma FC > \Sigma (CF+C)$, color dramatization and an above-average number of AT-responses of poor quality - tendency to psychosomatization of hysterical type.
- The 3rd level:
  - explicit or implicit criticism concerning sensual FM, M and m-dissatisfaction with oneself;
  - M-shock concerning a sensual M - astonishment with one's sensuality;
  - "eyes"-responses - feelings of shame for one's sensuality;
  - sensual FM more expansive than sensual M - hierarchic sensual ambivalences and ambitendencies.

The presence of emotional oversensitivity with its desire to share and/or not share joy and suffering could be from:

- FM and M, related to one animal or human being experiencing joy or suffering without any social involvement or with negative involvement (for ex. a child crying, a wounded animal moving slowly, an angry woman with upraised fist menacing the world) - perceiving and experiencing oneself as not waiting to share joy and/or suffering;

- FM or M, related to positive social involvement of an animal or human being (for ex. two persons shaking hands, a mother bear tending her cubs) - perceiving and experiencing oneself in terms of desire to share joy and/or suffering;

- determinants' content involving persons, animals, biological states, attitudes and/or processes contributing to positive interhuman relationships (for ex. priest, angel, dove, health, radiant sun, blessing hands, chalice) or to negative interhuman relationships (for ex. monster, vampire, devil, pig, death, blood, wounds, destructive fire, cursing hands, mask, knife) - perceiving and experiencing of attractive or repulsive aspects of one's environment.
- \( R(\text{VIII-X}) > 40\% \) (the sum of responses to the last three plates is greater than 40\%) – prolonged responsiveness to emotional interior and exterior stimulation.

Primary integration, unilevel and multilevel disintegration of emotional oversensitivity functioning could be indicated by the above referents and in addition by the following data:

- The 1st level:
  - undifferentiated extensive FM, M and m – affective egoism and egocentricity (for ex. emotional possessiveness, emotional sadism);
  - determinants' negative content – negative emotions (for ex. hatred, mistrust, jealousy, envy, vindictiveness, uncompromising attitude);
  - \( M < \Sigma C \) – primitive synctony ("mob hysteria");
  - "mirror"-responses – narcissism.

- The 2nd level:
  - extensor and flexor FMs and or Ms, representing emotional states – inconsistent feelings of emotional dominance and dependency;
  - M-responses containing positive and negative social involvement – uncertainty whether to share or not share joy and/or suffering;
  - determinants' content contributing to interhuman relationships in both positive and negative ways – perceiving and experiencing one's environment in both attractive and repulsive ways, either together or successively;
  - color shock (plates II and/or VIII) – waiving indecisiveness about acting out negative emotions;
  - positive and negative CR – emotional uncertainty about going towards or withdrawing from others;
  - CRm – emotional daydreaming and fantasizing which can not be realized;
  - CRc – emotional desires that are "rippled in the bud";
  - cR and c'R – anxiety, phobias, mixed feelings of humility and haughtiness;
  - c'R – moodiness;
  - "eyes"-responses – obsessive feelings of shame of a moral character.

- The 3rd level:
  - emotional oversensitivity is combined with imaginative and intellectual oversensitivities; this combination results in developmental dynamisms characteristic of spontaneous multilevel disintegration. (I have already spoken about the referents of these dynamisms.)

The presence of imaginative oversensitivity with its dreams, daydreaming and quasi-illusions could be evidenced by enjoyment in interpreting the inkbloths, a low percentage of A, confabulations and a certain immaturity of responses, and by the following data:

- above-average number of m-responses and M, indicating richness and vividness of fantasy (rich and original content) – perceiving and experiencing oneself more in a fantasy world than in everyday life;
- determinants with content remote from concrete life (for ex. mythical
pictures, "supernatural" figures, scenes from novels and fairy tales) – perceiving and experiencing one's environment in fabulous and imaginary terms.

As to developmental levels of imaginational oversensitivity functioning, it is difficult, if at all possible, to distinctly identify them in the Rorschach. This is so because unlike other oversensitivity patterns, imaginational oversensitivity is less directly related to interpersonal relationships reflected in this test. For ex. referents of imaginational ambivalences in terms of perceptanalytic shock cannot be found in Rorschach records. However, if imaginational oversensitivity is present at the stage of the personality primary integration, it is, by definition, always subjected to other oversensitivity patterns. As such, imaginational oversensitivity can perfect both plans and performances in the psychomotor area as well as refine sensual experiences. This would probably manifest itself in the Rorschach in originality of psychomotor and/or sensual FM and M-responses.

As to the 2nd level, responses of the type M(H), for ex. "avenging angel", could be sometimes evidence of imaginational ambivalences: the idea "angel" would involve an interest in a transcendental world and the idea "avenging angel" would indicate fear of this world.

At the 3rd level, the referents of developmental dynamisms would point to the presence of imaginational oversensitivity because, by definition, these dynamisms result from a collaboration of emotional, intellectual and imaginational oversensitivities.

The presence of intellectual oversensitivity with its theoretical, abstract thinking could be evidenced by more than 10 W-responses, some m-responses, a variety of percepts, original F, F+% + 85-95%, F% = 30-50%, some perspective responses, IRTc = IRTnc and by a tendency to locate responses in the center of the plates (– a realistic, calm, objective and productive functioning –) and, in addition, by the following data: – FM and/or M-posture (a need for reflexion before action) and an above-average number m-responses (enhanced need to observe) – perceiving and experiencing oneself as a thinking and observing human being; self-awareness;
– determinants with abstract content – perceiving and experiencing one's environment in a philosophical way.

If we accept that intellectual oversensitivity is evidenced in the Rorschach by M and/or FM posture, then there is no place for it at the 1st developmental level which is exclusively symbolized by extensive M's and Fm's. Thus, at this level there would be no abstract perceiving and experiencing oneself at all, no genuine self-awareness, no global intellectual oversensitivity. However, a primarily integrated individual can function well intellectually and perceive his environment in an abstract, philosophical way. He can have a partial intellectual oversensitivity which is usually accompanied by an intellectual self-confidence leading to intellectual pride and arrogance.

At the 2nd level, intellectual oversensitivity seems to manifest itself in ambitendencies indicated by the following data:
– whole response shock – doubts concerning goals in life or the significance of former personal efforts;
white color shock – the tendency to change one's opinions and decisions readily, but accompanied with doubts;
- plate X shock – doubt concerning one's ability to cope with present and future problems;
- M-blocked – doubt concerning intellectual self-confidence, doubt-neurosis;
- rejected and alternative responses and responses in interrogative form – intellectual uncertainty;
- At-responses – feelings of intellectual inferiority compensated for in some way or another.

Any remark that clearly depicts hesitation, doubt or difficulty regarding the production of whole responses points to the whole-responses shock. As plate X is the most difficult to interpret, plate X shock, if associated with indicators of intellectual oversensitivity, could point to an ability to observe reality and its problems while harboring fear and doubt concerning one's capacity to cope in the future. Such ambisentences, involving prospection, may indicate a more advanced personality development than that of unilevel disintegration.

The blocked M or indecisive responses (for ex. "a tug of war"), according to Piotrowski, "occur frequently and are most typical of intellectuals and intelligent individuals" (1974, p. 160). Individuals producing such responses "do not know whether to trust themselves or others, to take responsibility for themselves or depend on someone else for support and guidance" (Piotrowski, 1972, p. 56).

At the 3rd level, intellectual oversensitivity would be evidenced by referents of developmental dynamisms.

According to Dabrowski, each oversensitivity pattern functions in combination with another or other patterns. The question is how to identify the individual's dominant oversensitivity. I postulate that it could be indicated in Rorschach records by the largest number of respective referents and by original responses.

Having postulated the referents of personality developmental levels and psychic oversensitivity, my next paper will apply these postulations to a case study.

C) Application of Dabrowski's Concepts Of Personality Developmental Levels And Psychic Oversensitivity To A Case Study

As an example of the application of the TPD approach to the Rorschach, I have chosen the Oberholser – Rorschach case quoted in Piotrowski's Perceptanalysis.

It is the case study of a psychoneurotic intellectually superior man, a 40 year old, mechanical engineer, treated psychoanalytically by Oberholzer. He developed his neurosis after he had failed to save the business inherited from his father. The record was taken in advanced psychotherapy and then interpreted by Rorschach himself in blind analysis.

Studying the case I will first look for the patient's personality developmental level and psychic oversensitivity to ascertain the structure of his personality, the degree of his humanness and the dimensions of his psychic life. I will also try to
identity the patient's psychoneurotic problems, symptoms and syndromes. Then I will compare and complete my conclusions with the interview data. I will finish the case study with a synthesis of my conclusions, a developmental diagnosis and prognosis, and my therapeutic reflections. The patient's Rorschach record (see Piotrowski’s Perceptanalysis – p. 447-450)

2. The patient's personality developmental level

The patient produced seven m-responses. They point to his desire to be active and powerful, to overcome all obstacles, to divide, attract and rise upwards (plate II, the smoke is bellowing up and flames break out; plate III, power keeps the sides apart; plates IV and VI, the central power attracts everything else to it and is a principle of organization; plates VII and IX, the center is the source of an upward rise; plate X, bay water breaks on the steep coast).

However, his Rorschach human figures are compliant (plate III, two dandies bow very formally and greet each other), passive (plate IV, two human bodies in a bent-over position with legs hanging down) and timidly active (plate X, a little man, who grasps the red with one arm and takes a step). (The movement of the 4th M is undetermined). His five FMs imply a moderately extensive movement (plate V, a symmetrical body in a flying position), movements of parts of bodies (plate IX, a raised animal heads), postures (plate X, little animals standing on hind legs and leaning against something; a squirrel standing up, ready to follow someone; two dogs sitting on haunches) and restrained aggressive movements (plate X, two dogs ready to bark at anyone who might want to pass).

Thus, the patient's Ms and FMs are differentiated within and between themselves differing also in quality from his extensive inanimate movements (m). This points to the patient's disintegration and, by the same token, to his personality inconsistency, contradictions and tensions. Indeed, he would like to be powerful, independent, active, integrated and rising upward (m-response) but he has the impression of only being "a little man" undertaking an enormous but useless effort (plate X); he feels divided inwardly, compliant, dependent, weary and ridiculous as if he were a "clown" or a "dandy" (III, IV, II). He is lacking meaning and direction in his life. He wants to follow but also dominate others (X, FMs) and he is surprised and shocked with regard to his behaviour (M-shock). It is obvious then that he is seriously disappointed, frustrated and dissatisfied with himself. Moreover, the large number of his M-responses and his four S-responses point out that he is in strong opposition with what he hates in himself (positive inadaptation). A prolonged IRT (shocks) to plates IX, VII and X (mentioned by Rorschach in his evaluation of the case), respectively, point out his sexual and emotional ambivalences and ambidendencies and his concern about the future.

Thus, the patient is deeply disintegrated. The presence of astonished and dissatisfaction with himself, of positive inadaptation to himself on the one hand, on the other, the absence of the other dynamisms of the 3rd level (disquietude with oneself, inferiority towards oneself, feelings of shame and guilt) would indicate that he is on the edge of unilevel and multilevel disintegration. This would evidence the beginning of the process of his interior hierarchization and, by the same token, humanization.
The differentiated FMs allow us to assume that the basic traits of this disintegration (dependency upon others, repression and suppression of primitive tendencies, unilevel scale of values) date to an earlier period of the patient's life perhaps to his childhood or youth. The distress situation (the business failure), while intensifying them, gave rise to an acute psychoneurosis and, most probably, to his personality development toward a higher degree of humanness.

3. The patient's psychic sensitivity

By definition, the patient's psychoneurosis proves that he is oversensitive. The question is: what is his psychoneurosis and what oversensitivity pattern(s) make it come to the fore.

Certainly, it does not result from the patient's psychomotor sensitivity, because this is not enhanced. His human figures are compliant, passive and timidly active, and they resemble dwarfs ("a little man") rather than giants. Among animals that he sees the only one that is skilled is a squirrel. His bears have solid bodies but their legs are short and they resemble dogs. Moreover, his psychomotor responsiveness is not above average (ΣC=2) and he only looks at the cards from one position. In his dreams, he wants psychic power rather than physical power, (he wants to divide, arrange and attract others) Thus, the patient does not seem to perceive and experience himself and his environment in terms of an urge for action. His psychic life dimension is basically not of a psychomotor nature. That being the case, the patient's psychoneurosis cannot be of a psychomotor type: it cannot be a compulsive neurosis.

Unlike psychomotor sensitivity, the patient's sensual sensitivity seems to be enhanced and a dominant dimension of his psychic life. This is so for the following reasons.

The patient's FMs and Ms are basically passive. One M is exhibitionistic and refers to a feminine, sexual attitude (two human bodies in a bent-over position, IV). Another M refers to entertainment (two clowns, II). Thus, by definition, the patient perceives and experiences himself in terms of sensual (sexual and visual) pleasure.

He also perceives and experiences sensual aspects of his environment. He sees clothes in the inkblots (ties, tails, top hat, clown dresses), animal fur, an underbelly of the human body, five women faces, two parks with "beautiful" trees and bay water. Red and yellow colors attract his attention (indicating probably a tendency to promiscuity).

Moreover, two CFs indicate that he can be easily influenced and one of them symbolizes positive but superficial and short-lived emotions (a representation of a collection of colored insects, X).

The patient's sensual, mostly sexual and visual, oversensitivity is in unilevel disintegration. This is evidenced by his sensual and visual ambivalence and ambitendencies (sexual shock, IX; five women "mugs", four of which are rodentlike, VII, X). In this context a sort of color dramatization ("the red, as well of fire, which gives off smoke, and the smoke billows up to the top the flames break out again", II) with two Ats of poor quality can indicate conversion hysteria.

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or, at least, a readiness to develop it. Thus, the patient's psychoneurosis can be of a sensual, i.e. hysterical type.

Regarding the patient's emotional sensitivity, there are Ms and FMs in his record, implying social involvement; there is also an above-average percentage of H-responses related to the emotional aspect of his environment. This means that the patient perceives and experiences himself and his environment in terms of a desire to share and/or not share joy and suffering. This desire manifests itself in many ways, which are characteristic of the 2nd level.

Thus, the patient's "flexor" movements point to his deep need to follow a stronger personality, to have somebody who encourages him to show initiative and energy, who gives meaning and direction to his life.

The response "a power which makes two persons spring apart or prevents them from coming together" (III) and positive and negative CR's evidence the patient's unilevel emotional ambivalences and ambitendencies, i.e. contradictory need to emotionally be with others and to be apart from them.

The "fire"-response (II) symbolizes the patient's fear of people, which can easily be converted to hatred and occasional overt aggression (dogs ready to bark, X) in stress situations. The color (VIII) points to his effort to control his negative emotions by means of repression and suppression. Inasmuch as this control is rather difficult (no FC in the record), negative inadaptation (for ex. acting out of hatred and aggressivity) can occur, more so because there are dark shading responses.

The presence of both non-dark shading responses points to inner tensions, anxiety, moodiness and intermittent depression, to contradictory feelings of haughtiness and inferiority.

The patient's m-responses implying a desire to divide, arrange and attract can be interpreted as his desire for bossing and manipulating; it is a characteristic of the 1st level.

The "mug" expression applied to women faces evidence a lack of respect for women. His M-flexor shock (III) as well as his "clowns" (whose purpose is to please others at the expense of one's respect) and "dandies" (who are formally dressed and bow deeply before others) prove that he also lacks respect for himself because of his compliance. He is astonished and dissatisfied with this compliance and is in opposition to it (4 M and 4 S-responses). All these feelings are characteristic of the initial stage of the 3rd developmental level.

Finally, it is to be noted, that the subject's negative emotions are stronger than his positive ones (the only earthy CR is negative).

Summarizing, the above one can say that the patient's emotional oversensitivity is an important dimension of his psychic life; that it functions mostly on the 2nd level but also, partially, on the 1st and 3rd levels; that its functioning brings forth interior and exterior conflicts which, in turn, give rise to anxiety, phobias, frustrations and depressions.

What about the patient's intellectual oversensitivity? Is it also one of his characteristic? Does it contribute to his psychoneurosis? The response seems to be positive.

The patient's 3 FM-postures (two terriers which take a "wait-and-see" position;
a squirrel and two other animals standing on hind legs, X) seem to show his deep, instinctive need for thinking before acting. It is probably easier for him to think than to act.

His F%=40% and F+=89% (objective and controlled thinking), above-average number of Ws and m-responses (above-average intelligence and need to observe), tendency to locate responses in the center of the card (tendency to look for what is essential) and use of abstract terms (III, VI) evidence that he likes to think about himself and his environment in an abstract way. He is thus intellectually oversensitive. However, the manner in which he handles the inkblots indicates that his thinking is not of high quality. It is significant to note that the patient invariably pays close attention to the vertical central details regardless of the differences among the cards; he avoids lateral details which are easy to perceive and interpret. This would point to his intellectual obsessive rigidity as well as intellectual pride and arrogance in handling his everyday problems. We can speculate and say that such intellectual functioning implies a kind of "show-off" attitude resulting from a drive to convince himself and/or of his intellectual abilities. We can also say that this functioning would be an effect of the overlapping of his intellectual and sensual oversensitivities.

Thus, in ordinary situations, the patient's intellectual functioning would be close to the level of primary integration.

However, in stress situations, he would experience ambisentences. This seems to be indicated by the referents of feelings of intellectual inferiority (At-responses) and uncertainty (alternative response: bears or dogs, VIII).

Occasionally, in a distress situation, his intellectual functioning would be at its highest, when combined with his emotional oversensitivity, it develops into astonishment and dissatisfaction with his compliance and into opposition to it.

In brief, the patient's psychic life also has been an intellectual dimension which seems to be subjected at times to either a sensual or emotional dimension. Among the symptoms of his psychoneurosis there are also ambisentences and feelings of intellectual inferiority and uncertainty.

As to the patient's imaginative sensitivity, it seems to be average. His Ms indicate a lack of richness and vividness in fantasy. There are no confabulations in his record, no immature responses and no "mythical" or "supernatural" content. Moreover, the A% is in the average. On the whole, the patient seems to be more of a realist than a dreamer in his everyday life (F%=40%, F+=89%).

However, his visual imagination seems to be good and even above-average. This is probably the reason why he saw easily inanimate objects in movement, gave two perspective responses, described the formal dress of two dandies and dramatized the red color. Being above-average, the patient's visual imagination seems to intensify his memory and makes his sensual, emotional and intellectual perceiving and experiencing richer but that in itself is not enough indication for us to say that his imaginative sensitivity is global and enhanced.

Having identified the patient's oversensitivity, we can now proceed to describing his psychic life.

It is a psychic life of three dimensions, a sensual, emotional and intellectual
with an above-average intelligence and an above-average visual imagination and memory; a rich and more introverted than extroverted life. However, it is not well balanced. It functions on 3 levels (mostly on the 2nd, occasionally on the edge of either the 1st or the 3rd level). It is characterized by suppressions, repressions, tensions, contradictions, inconsistencies. It is more or less affected by feelings of frustration, anxiety and depression as well as by strong negative emotions and a tendency to hysterical reactions. It lacks feelings of a hierarchy of moral values. Compliance is experienced as a main problem. A need for interior developmental transformation seems to be subconscious. (This need would be brought out in the response: "a middle axis, around which everything is arranged", VI).

4. Biographical data and their interpretation
Piotrowski compiled the following data (1974, p. 461-462).
In his childhood, the patient trusted, admired and loved his father who was a very renowned black-smith and a very ambitious and powerful man. The patient was very obedient to him. He was also very fascinated by the activities that went on in his father's forge and went there whenever it was possible.
His mother was hard of hearing in her left ear as long as she could remember. Yet for a long time during therapy he had made no mention of this handicap.
He often dreamed of being a ruler.
In puberty, he developed marked obsessive thinking. As an older adolescent, he would occasionally throw tantrums during which he would strike out blindly and afterwards he bewildered and not understand why he had acted thus.
Later, in the pursuit of his business aims and interests, he was intermittently inconsiderate, almost brutal. He would have sudden outburts of anger against those who worked for him, pointing out his need for "bossing" or dominating.
After the death of his father, he inherited the business together with his father's wish to keep it going. He wanted to be a loyal to his father, therefore he struggled for eight years to keep the business alive despite the fact he and everyone involved knew it was impossible to save it. It was a loosing battle. His brothers did not want to help him and were said to display brutal selfishness in this matter.
Immediately after bankruptcy, the patient developed a psychoneurosis characterized by severe attacks of fainting, vomiting, diarrhea and complete deafness in his left ear. These symptoms were most probably the reason for seeking therapeutic help. However, they disappeared before the Rorschach was taken. There were also other symptoms: "a feeling of personal inadequacy; a feeling of being at cross-purposes with himself, an interior division; inability to achieve his purpose and to find the road of least resistance in the pursuit of his goals; inability to harmonize personal strivings; a desire for calm, firmness and unity".

The above data though incomplete are sufficient to define the patient's personality developmental level and psychic oversensitivity.
As to the developmental level, it is obvious that the patient represents unilevel disintegration. This is sufficiently evidenced by his conversion hysteria, feelings of interior division and inability to harmonize diverse personal striving. It is a disintegration with downward and upward trends. Occasional tantrums and outbursts

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of anger and intermittent inconsiderate pursuit of the business aims would be examples of the patient's downward trend towards primary integration. The desire for calm, firmness and unity would point to his ascent towards spontaneous multilevel disintegration.

As to the patient's psychic oversensitivity, its sensual pattern manifests itself in his fascination by the activities that went on in the forge (visual sensitivity), in a demonstrative aspect of his neurasthenic tantrums, in his obedience towards accomplishing his father's wish and in his conversion hysteria. A qualitative difference between his neurasthenic and hysterical symptoms would point to different levels of his sensual oversensitivity functioning.

The patient's emotional and sensual oversensitivity often worked together. This is revealed by the fact that his docility was long-lived and by his hysterical symptoms. The patient's vomiting and diarrhea would be a sensual manifestation of his desire to be freed from what he hated in himself. His transient deafness in the left ear could be a sensual sign of his mother who suffered the same infliction.

The patient's emotional oversensitivity manifests itself also on a lower level of its functioning in his tendency to dominate and boss, in his dreams of being a ruler and in his outbursts of anger.

The patient's obsessive thinking in puberty and, later in life, his desire for "calm, firmness and unity" point to his intellectual oversensitivity. The hopeless struggle of eight years for the survival of the firm would be an example of his obsessive intellectual rigidity identified in the Rorschach.

But, in the biographical data, there is no indication of the presence of imaginational or psychomotor oversensitivity. The occasional neurasthenic tantrums would point to the patient's asthenia.

Finally we note, that the patient reacted to the distress situation (bankruptcy) by conversion hysteria because his dominant oversensitivity pattern was sensual. If it had been emotional, he would have developed a depression. If it had been intellectual, the distress situation would not have happened, because its main source, the patient's obsessive intellectual rigidity, would not have existed.

If we compare the conclusions resulting from the biographical data and those from the Rorschach, we see their full convergence concerning the fundamental constituents of the patient's personality. They indicate the same developmental stage of univel disintegration and the same combination of oversensitivity patterns (sensual, emotional and intellectual) and, in addition, "descents" and "ascents" towards primary integration and multilevel disintegration. This, giving a dynamic picture of the patient's personality, leads to a developmental diagnosis and prognosis as well as to therapeutic recommendations. I will deal with this subject later.

As to the secondary or derivative characteristics of the patient's personality, we see that the results of the biographical analysis confirm and especific some the Rorschach data (for ex. emotional ambivalences and intellectual obsessiveness). Because the biography is incomplete, some of the Rorschach data are non-confirmed or non specified. Thus, according to the Rorschach, the patient experienced sexual ambivalences and a kind of misogyny (the "mugs" applied to
women faces). The latter even seems to have negative influence on his intellectual perception which ordinarily is well controlled (F+% = 89%). (One of his F-responses, implying a picture of a woman is of poor quality: "a mug from which two long braids hang down", X.). The biographical data give no further indication concerning the patient's sexual life and his general relationship to women. We do not even know if he was married or not.

Likewise, we have little informations about the patient's relationship to his mother. On the basis of the biographical data we can only assume that this relationship was blocked, because the patient spoke very little about her during his therapy. The fact, however, that on plate VII (the mother card) he saw four "typical mugs, rodentlike" could prove his emotional attitude towards his mother was ambivalent if not definitely negative.

Nonetheless, despite these minor inconsistencies, the Rorschach and the biographical data give us a relatively comprehensive picture of the patient's personality and its functioning.

5. Description of the patient's personality and its functioning

The patient, 40 years old, was a mechanical engineer. He was asthenic, rather introverted and an ambitious type. His intelligence was above average, more theoretical than practical. He had good visual memory and imagination and an excellent capacity for observation. It was easier for him to think than to act when confronted with problems. His sensual and emotional oversensitivities were his most striking qualities, the sensual being dominant. His intelligence was subjected to them and he was afraid of people.

In his childhood, the patient was very fascinated by his father, a very ambitious powerful and, probably, authoritative man. He grew up in emotional and intellectual dependency upon him. He was also fascinated by the activities that went on in his father's forge; fire attracted him. He often dreamed of being a ruler, which was direct opposition with his actual attitude of compliance. His mother did not seem to have had any positive influence upon him.

Puberty was difficult for the patient. His disintegration came to the fore and he developed obsessive neurosis. Later, he continued to be more or less disintegrated, immature and dependent upon his father who gave meaning and direction to his life. He had occasional neurasthenic tantrums.

At the age of 32, he inherited his father's business. In compliance with the father's wish, he wanted it to continue. Thus, he was motivated by his submission to his dead father's wish and also by his ambition to make a success of the business, but mostly by his, more or less, unconscious fear of loosing his meaning for life. For eight years, he saw nothing but his business and he suffered humiliations because business conditions deteriorated. He became more and more frustrated, tired, tense, anxious and depressed. The more he suppressed and repressed his negative emotions, the less he controlled his behaviour. Sudden outbursts of anger against these who worked for him occurred often. He was inconsiderate, almost brutal in the pursuit of his aims. His brothers did not want to help him. He felt alone but he continued to
struggle, accompanied by ambivalent feelings of haughtiness and inferiority. Finally, after eight years he went bankrupt.

This was a crucial and turning point in his life. He lost the main purpose for his life, which had been predetermined by his father; he lost the meaning of his life as well as respect for himself and love for his father. He also became conscious of his disintegration, immaturity and dependency and he detested himself and revolted against himself. His chronic unilevel disintegration became profound and his anxiety got more painful and unbearable. He developed conversion hysteria.

In this way he arrived at the highest developmental level of his personality. He became aware of the source of his inefficiency and he wanted to be rid of it. His vomiting and diarrhea were a psychosomatic expression of that desire. The deafness in his left ear was probably a psychosomatic expression of his emotional identification with his mother, who suffered the same affliction. (Possibly a way of turning out the father's dictatorial commands). He wanted to change something in his personality by desiring "calm, firmness and unity". He started thinking hierarchically when he differentiated himself from "what is" to "what ought to be". His introspection developed and retrospection with prospectve came to the fore. In Dabrowski's terms, he arrived at the initial stage of spontaneous multilevel disintegration.

The Rorschach was taken when the patient was in remission; when his personality continued to be in a precarious condition despite the fact that his symptoms of conversion hysteria had disappeared.

In this phase, he experienced a certain hierarchy of values; he spontaneously tried to reflect before acting; he had a certain insight into his personality and he no longer wanted to depend upon his father's wishes. On the other hand, however, he lacked love, respect for himself and meaning for life. He continued to need a protector. He experienced strong negative emotions and tried to suppress or repress them. He was afraid of people and a misogynist; his sex life was marked by ambivalences and ambitendencies. He was still obsessive and rigid in his thinking, frustrated, anxious and depressive. His hysterical trend continued to exist. He oscillated between unilevel disintegration and spontaneous multilevel disintegration.

6. Developmental diagnosis and prognosis of the patient

In traditional psychiatry, the terms "diagnosis" and "prognosis" when dealing with psychoneurosis are related to mental illnesses. According to Dabrowski, psychoneurosis is not an illness (1972), but, in a majority of cases, a positive and necessary condition (conditio sine qua non) of development towards a higher level of humanness. This is the reason why he related these two terms to developmental potential measured in terms of oversensitivity patterns and not to mental illness.

What can be said about the patient's developmental potential, the developmental diagnosis and prognosis?

According to Dabrowski, a favorable developmental potential is made up of a combination of oversensitivities in which the emotional oversensitivity is dominant, intellectual and imaginational oversensitivities are components.
Our patient presents a negative form of emotional oversensitivity. He lacks imaginational oversensitivity and his intellectual oversensitivity is subject to the sensual, the latter being the strongest. Thus, he has a certain potential but it is blocked by his negative form of emotional oversensitivity and weakened by his lack of imaginational oversensitivity.

The bond of the sensual oversensitivity with the emotional, probably, contributed in a decisive way to the patient's unilevel disintegration, which is a positive phenomenon in his life and a positive manifestation of his potential. However, a total ascent to the level of multilevel disintegration was impossible for him because his potential was not strong enough. This may be the main reason why he remained unilevelly disintegrated for such a long time and depended upon his father; why he arrived so late in life (40 years of age) at the initial stage of spontaneous multilevel disintegration.

Concerning the patient's prognosis: it seems to be certain that he will never be primarily reintegrated because of his enhanced psychic sensitivity. Unfortunately, he could continue to be unilevelly disintegrated and continue to experience many of this present symptoms, especially if someone comes into his life and assumes the role of his father for him. This would be a regression in his development with regard to his present level.

A continued oscillation between unilevel and spontaneous multilevel disintegration accompanied by psychasthenia (intellectual efficiency coexisting with the impossibility of making decisions) would be the third prognosis variant. This variant is most probably what will happen for the following reasons. First, when he has problems to solve, it is easier for the patient to think than to act because he is asthemic and lacks energy (his psychomotor sensitivity is average or even below average). Then, in the Rorschach, he is attracted by symmetry which, according to E. Bohm (1967, p. 137), could signify a psychasthenic trend. Finally, he would probably never find anyone who would play the role of his father in constantly programming him.

7. Therapeutic recommendations

The patient's basic problem concerns his developmental potential. If and how can it be further developed? I think, it can by means of appropriate psychoterapy. That being the case, what methods can be applied and what goals and objectives achieved?

First, the patient should be freed of his negative emotions because they block his developmental potential. Certainly, trauma was at the origin, therefore a catharsis is necessary. At the same time, the patient's empathy towards his mother should be stimulated so that his negative emotions could be remplaced by positive ones.

Then, the patient should realize the positive qualities of his personality (his good theoretic intelligence, good visual imagination and memory; an excellent capacity to observe and to be loyal to his convictions; his dissatisfaction with himself and his need for "calm, firmness and unity"; his sensual, emotional and intellectual oversensitivity). He should consider his disintegration and his
conversion hysteria not as an illness but as a developmental and necessary phenomena. Such an awarness, in Dabrowski's terms, can be called psychotherapy through diagnosis. It enables healthy elements of the personality to absorb the pathological ones.

To accelerate transformation of the patient's unilevel disintegration into spontaneous multilevel disintegration, the psychotherapy in question should bring him in touch with such dynamisms as feelings of inferiority towards himself (or the conviction: "I really can better myself in ways other than what I am presently doing"); disquietude towards himself (or the concern: "where will I end up, if I continue to be dependant as I have been"); feelings of responsibility for his life ("I should become an authentic and autonomous person"). These dynamisms will develop the patient's prospective thinking and stimulate his imaginational sensitivity on the one hand and, on the other, free his intellectual oversensitivity from its subordination to sensual oversensitivity. They will transform his oversensitive set of patterns.

Finally, the patient should be helped to gradually replace psychotherapy with autopsycotherapy.

I think appropriate psychotherapy would achieve its goals, if the patient succeeds in finding within himself love, self-respect, meaning for his life and an ability to reach a higher level of humanness.

D) The TPD Approach Versus Piotrowski's Perceptanalytic Approach

Having outlined Dabrowski's concepts of personality developmental levels and psychic sensitivity, having translated these concepts into the language of Piotrowski's perceptanalysis and then having applied them to interpreting the Rorschach record of an Obertholzer's patient, I will now compare the TPD approach with that of Piotrowski.

Piotrowski's perceptanalytic approach is based on the assumption that the Rorschach percepts refer to "those psychological tendencies wich have a vital bearing on the subject's relationships with other people" (1974, p. 7). Analyzing these percepts, the Rorschachist aims at evaluating the social facet of the testee's personality. He/she attempts then "to detect personality traits and action tendencies wich the individual would activate freely in daily living if he were free from inner repressions, if he did not fear possible undesirable effects of his spontaneous acting out, and if he had adequate external, objective condition for a free acting out of tendencies", (ibidem, p. 124). In such an evaluation he underlines those personality traits and action tendencies "which to the greatest relative degree make the patient unlike others", and, ordinarily, "are the main sources of trouble" (ibidem, p. 432). A clinical diagnosis, if any, is for the Rorschachist of secondary importance at this point. He verifies the evaluation of the testee's personality by means of a blind analysis. Analyzing the percepts, the perceptanalyst does not relate his findings to any personality theory; he considers the identified personality characteristics exclusively as psychological facts. Using this approach alone he/she could not
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- give a multidimensional and multilevel explanation concerning the role the ascertained characteristics play in the testee's personality;
- formulate a diagnosis and prognosis of the testee's human development, nor determine either the testee's level of humanness or the dimension of his psychic life, much less so propose therapeutic, prophylactic and/or educative recommendations;
- clearly determine, among the personality characteristics, those which make up the core of its structure nor those which are decisive for its developmental process.

Such a Rorschach procedure results in a personality evaluation which is made in terms of the testee's possible behaviour and in a personality picture which, while being rich in psychological nuances, is developmentally static.

The TPD approach, being the result of applying Dabrowski’s concepts of personality levels and psychic sensitivity to Piotrowski’s perceptanalysis, has necessarily some elements in common with the perceptanalytic approach.

These common elements are the following:

a) Piotrowski's system of scoring,
b) the basic meaning he ascribed to the formal components and content responses,
c) his principle of the interdependence of the components.

Thus, with regard to their basic structure, both approaches are identical. The differences between them begin with meanings attributed to particular combinations of formal components and the content of the responses. In the TPD approach, some of these combinations are considered empirical referents of Dabrowski’s concepts and are related, respectively, to the testee’s level of humanness and the dimension of his psychic life. Other combinations are related to different developmental dynamisms or specific developmental personality qualities. All these concepts do not exist in the perceptanalytic approach.

Moreover, interpreting Rorschach data is different. In the perceptanalytic approach, it deals with the testee’s behaviour; in the TPD approach, with the testee’s psychic interior “milieu”. Thus, the interpretation is of a multilevel and multidimensional nature and it results in developmentally dynamic picture of the testee’s personality.

In both approaches, one searches for rare, or conspicuous, Rorschach data (i.e., those which are above average in number and “deviate most from what was expected of the subject by virtue of his age, intellectual level, educational background, culture and sex”, p. 424) in order to ascertain the testee’s individuality. This individuality is measured in the TPD approach in terms of the testee’s level of humanness and psychic life dimensions (vertical and horizontal rating). The level of humanness is identified in the Rorschach data related to the testee’s

- self-awareness, autonomy, authenticity, empathy, sensitivity to cultural, moral and religious values,
degree of convergence between his moral convictions and actual behaviour,
developmental dynamisms (ambivalences, ambidences and ambisentences, astonishment, dissatisfaction and disquietude with himself, feelings of inferiority towards himself, feelings of shame and guilt, feelings of responsibility for his own moral development and that of others, positive inadaptation towards himself, the 3rd factor).
The dimension of the testee’s psychic life is identified by the data related to his psychic sensitivity patterns (a predominantly sensual, psychomotor, emotional, intellectual, imaginative or one of a combination of these patterns).
The level of the testee’s humanness and his sensitivity patterns are considered the fundamental characteristics of his personality, making up its core. From them derive other characteristics (for ex., interests, abilities, capacities, developmental potential, hierarchy of values, attitudes towards life, drives, emotional and sexual problems colored by specific bonds of love and friendship, psychoneurotic symptoms). Theoretically speaking, there are thousands of derivative characteristics because there are thousands of possible combinations of levels of humanness and psychic sensitivity patterns. To date, the number of characteristics which have been identified in the Rorschach is small; the TPD approach points out numerous possibilities for research in this field.

Having ascertained the testee’s fundamental and derivative characteristics and having compared them with the data of his life history, of the interview and/or of other tests, we are able to determine a developmental diagnosis and prognosis as well as to make therapeutic, prophylactic and/or educative recommendations.

The last difference which is noteworthy is that, unlike the perceptanalytic evaluation, the TPD evaluation of personality is fundamental to TPD psychotherapy.

As to verifying Rorschach conclusions, it is a relatively simple procedure in the TPD approach. One compares the Rorschach inferences with the data of Dabrowski’s theory and/or with the data of the interview and other tests. The degree of convergency among them indicates the degree of validity of both the Rorschach inferences and the data of Dabrowski’s theory.

To summarize, I think the TPD approach enables the Rorschachist to multiply, widen, specify and justify perceptanalytic inferences. It leads to a multidimensional and multilevel description of the testee’s personality, to prophylactic, therapeutic and educative recommendations concerning the process of his/her human development. Moreover, it opens up new vistas on Rorschach validation and research.
REFERENCES


