

Rorschach and Executive Functions the Meaning of V

From: Rorschach_List@yahoogroups.com [mailto:Rorschach_List@yahoogroups.com] On Behalf Of Harvey, Michael Sent: Monday, February 02, 2009 11:15 To: Rorschach_List@yahoogroups.com Subject: RE: Réf. : [Rorschach_List] ROR and Executive Function

Robert, I also have data from the TAS-20 - the **Toronto Alexithymia Scale** for some of the clients in the database. Again, N is low; however, the degree of Alexithymia a person with ABI exhibited as assessed by the TAS-20 (and there is a rather large literature using this instrument with persons with brain injury) was not related to any ROR variables. So this would suggest the ability of a person with brain injury to have conscious awareness of and the ability to describe their emotional states would have no bearing on their willingness to engage in a process of painful introspection. Conscious awareness of and naming of emotions don't appear to be as important as motivation and capacity to tolerate affective states with regard to prognosis for treatment.

Some speculations ... This perhaps highlights the value of examining ROR results from populations with differing cognitive limitations. From a neuropsychanalytic perspective what the above implies is that the capacity for affect regulation, the balance between subcortical activation in relation to cortical inhibition (capacity for repression - suppression-sublimation) would be what was most important for ability to benefit from treatment and that in many cases of brain injury what we are dealing with, from a theoretical perspective, is a particular disturbance between preconscious and conscious levels of awareness kicked up and exacerbated by alteration in a person's subjectivity related to periods of distortion - bizarreness in perceptual processing.

This kind of dynamic would differ greatly from the kind of general impoverishment which results from long-standing developmental deprivation, i.e., trauma which from a neuropsychological perspective puts a person at very high risk for marked decrease in synaptogenesis. So there would really be a failure to develop the capacity (a lack versus a loss) in general to manage complexity in the environment and for abstraction, elaboration along with a heightened need for primary repression as a way of attempting to regulate emotional life.

What is most interesting for me in these kinds of cases is to find ways in which to develop and create representational object relationship via the therapeutic relationship and management of the treatment milieu so that conceivably synaptogenesis can be promoted as well as the capacity for affect and mood regulation within the context of a gradually expanding "workable reality" can improve.

So capacity for effective affect - mood regulation would be key and interventions which would promote this and develop - restore subcortical - cortical balance in this regard would be vital in therapeutic work. Simplistic top-down cognitively based models which don't adequately take this kind of phenomenon or dynamic into account ultimately will fail which regard to offering adequate explanatory power and efficacy as we push the envelope and extend our clinical work to individuals with more challenge conditions.

Mike Michael Harvey, Psy.D. Assistant Professor
Clinical Psychology Argosy University - Twin Cities
1515 Central Parkway Eagan, MN 55121
(651) 286-7952

miharvey@argosy.edu

From: Rorschach_List@yahoogroups.com [mailto:Rorschach_List@yahoogroups.com] On Behalf of Robert Erard Sent: Monday, February 02, 2009 10:49 AM To: Rorschach_List@yahoogroups.com Subject: RE: Réf. : [Rorschach_List] ROR and Executive Function

To me, the interesting question is whether **V is a positive diagnostic sign** with TBI patients because of what V typically means (e.g., [insight into one's own limitations--i.e., little or no Anosognosia; grief for what was lost; regret for foolish mistakes leading to the injury](#)) or [because of what the ability to produce a V shows about residual cognitive capacity \(i.e., lack of concreteness; perspective-taking remains intact\)](#). Robert E. Erard, Ph.D. Psychological Institutes of Michigan, P.C. Franklin, MI rerard2000@ameritech.net

RorschachList@yahoogroups.com [mailto:Rorschach_List@yahoogroups.com] On Behalf Of Crinean, Jeffrey W (DSHS/JRA) Sent: Monday, February 02, 2009 11:07 AM To: Rorschach_List@yahoogroups.com Subject: RE: Réf. : [Rorschach_List] ROR and Executive Function

I would like to weigh in on the finding that V in TBI patients is a positive prognostic sign. I was part of an early neuro-rehabilitation program back in the late eighties. I provided ongoing therapy to patients with mild TBI. I worked with about 15 clients. What I found was that [those patients most willing to accept that they had deficits were those that did the best during rehab](#). I believe that [they were the ones who also made the most flexible adaptations to their injuries](#) as they were willing to accept that they could not do things like they use to and make appropriate changes.

W. Jeff Crinean, Ph.D. Psychologist

Maple Lane School

360-273-3117

From: Rorschach_List@yahoogroups.com [mailto:Rorschach_List@yahoogroups.com] On Behalf Of Harvey, Michael Sent: Saturday, January 31, 2009 5:16 PM To: Rorschach_List@yahoogroups.com Subject: RE: Réf. : [Rorschach_List] ROR and Executive Function

Rick, I wasn't sure if your comment was directed to me with regard to the ABI folks so I checked and there is still no significant difference between clients with frontal damage and those with relatively intact executive functioning with regard to M, GHR or PHR when high

lambda records were removed from the dataset.

Mike Michael Harvey, Psy.D.

Assistant Professor

Argosy University

Twin Cities

From: Rorschach_List@yahoogroups.com on behalf of Jane Sachs Sent: Sat 1/31/2009 6:35 PM
To: Rorschach_List@yahoogroups.com Subject: Re: Réf. : [Rorschach_List] ROR and Executive Function

It may be hard to find any in this population like those you describe, but your question makes me curious, and I want to look at my data. I wonder what Pam has to say too.

----- Original Message ----- From: "Rick Poll" <richardipollack@yahoo.com> To: <Rorschach_List@yahoogroups.com> Sent: Saturday, January 31, 2009 6:11 PM Subject: Re: Réf. : [Rorschach_List] ROR and Executive Function

Does the hypothesis hold if you remove the records which show limited engagement/richness (e.g. high lambda and/or other signs of more simplistic responding)?

Rick

--- In Rorschach_List@yahoogroups.com, "Jane sachs" <jsachs@...> wrote:

Pam - I find your post very interesting, in part because I notice the same variables coming up repeatedly in the Rorschachs I give to birth moms in CINA cases. But in addition to having low or no M, they also usually have positive CDI, which one would predict would be at least one significant locus of the impairments Michael found in his sample of frontal lobe injured patients.

And Michael - just for comparison's sake, do you have the variables associated with this sample's "brief collapse of psychic function - regression into acute confusional-psychotic or traumatized states - as they encounter complexity - lack of structure in the environment and suffer catastrophic reaction when they become aware of the way their neurocognitive functioning has changed?"

Jane

----- Original Message ----- From: "Pamela Olsen" <theodora@...> To: <Rorschach_List@yahoogroups.com> Sent: Saturday, January 31, 2009 3:57 PM Subject: Re: Réf. : [Rorschach_List] ROR and Executive Function

Rick and others, I have done a number of evaluations of parents for Health and Welfare whose children have been removed for one reason or another. Almost without exception (there has been one exception, and in this case, it was debatable as to whether the kids ever should have been removed)--anyway, otherwise, virtually all of these parents had only one or two M. I also saw this in numerous protocols of teens (even very bright teens) with chemical

dependency problems, and currently have a bright adult alcoholic with no M.

What I have seen in these people's behavior and history is that they do indeed have poor logical problem-solving skills. The parents cannot think ahead to provide appropriate structure for their kids (and they admit this). they have trouble with "if-then" thinking. "If I do this, then this will prevent the children from doing this" or "If I don't do this, then...."

With the teen CD kids, these were kids who were not able to think through how to handle stressful situations. And in many cases, they had over-conscientious parents who did their thinking for them.

The adult alcoholic has no clue how to address stressful situations. He spaces out, avoids, and if that doesn't work, he drinks.

So personally, I think there is something to the idea that M has something to do with logical problem-solving skills. Now I don't have all of these protocols in front of me, but I know that many of these people also had low weighted color scores. So they didn't have the intuitive skills, either. IN some cases, there was pure Cs.

Of course, there are always other issues, too, low self-esteem, too passive, or whatever.

I have seen high M in people who are highly manipulative (which takes good logic) and also in people who are not adapting very well.

I have one young adult currently in therapy who looked very strong and adaptive on her Rorschach, but with some impulse issues and three S responses.

She made a couple of impulsive suicide attempts then regretted it. She manages to get hurt in some way whenever things are going well. She is extremely manipulative can look pretty sick, especially with emotional meltdowns that manipulate her family into doing her bidding. Recently, however, she's done a huge turnaround, is finding healthier pathways in life, and is no longer being so manipulative. She's using her resources in more positive ways.

(She's also finally medicated for Bi-polar Disorder....but I'm still convinced that many of her meltdowns were learned behaviors because her family always caved in.

This is not to deny the observations of others, but I don't think we can throw out the notion of M and logical problem-solving skills.

Pam

On Jan 31, 2009, at 11:56 AM, Rick Poll wrote:

Speaking entirely subjectively here:

When I look at a protocol (the verbiage, not the scores) there are certain things I'm drawn to. These things include use of color and shading, special scores, various non-CS-scorable aspects of verbiage and behavior, level of complexity (this is an impressionistic combination of DQ, Zf, blends and more) and conventionality (FQ and an impression of how often I've heard similar

things before).

I sometimes have to remind myself to look at M. In trying to understand my own process, I think M responses mostly contribute to my sense of the conventionality of the protocol and the level of intellectual control exerted by the subject over the response process. That is, a protocol with a number of reasonably conventional M responses and no evidence of thought or mood disorder (in special scores, shading or verbiage) is comforting -- it usually means the person is in reasonably good shape.

The idea that M is the best indicator of "resources" is not one I have found especially helpful. The notion that a person with a number of badly spoiled M responses is "resourceful" is troubling. I don't like the usage of the word. Perhaps it would make more sense to think of it as indicating a capacity for more complex directed thought. That makes more sense to me, but it's also usually quite obvious from the verbiage, even before I start thinking about M scores.

What do others think?

Rick