Therapeutic Feedback with the MMPI-2

A Positive Psychology Approach

Richard W. Levak, Liza Siegel, and David S. Nichols
with Ronald A. Stolberg

ROUTLEDGE

Advance Praise for *Therapeutic Feedback With the MMPI-2*

"The authors approach actuarial and clinical data with a fresh perspective that describes and interprets personality in client-centered terms. Until recently, feedback has been the forgotten stepchild of personality assessment with the MMPI-2. This work fills a glaring gap in MMPI-2 assessment and serves not only as a guide to using feedback in a positive way, but also provides a remarkable example of the description of personality functioning in general. There is nothing else out there like it; this book is destined to become a classic."

—Philip A. Marks, PhD, retired clinical psychologist; author;
Professor Emeritus, The Ohio State University

"Levak, Siegel, Nichols, and Stolberg offer a valuable blueprint for providing sensitive, person-centered, solution-generating MMPI-2 feedback; in essence, they supply the words for engaging in a meaningful dialogue with the client and mobilizing his or her positive potential. Included in their descriptions are rarely discussed strengths associated with MMPI-2 scores and code types and resilience-enhancing recommendations. This is an excellent resource for personality assessment practitioners, instructors, and graduate students."

—Radhika Krishnamurthy, PsyD, ABAP, Florida Institute of Technology

"The authors have done a splendid job of developing MMPI-2 interpretations that are user friendly, empathic, connected to the client's experience, and are likely to facilitate client change. This is an essential and much-needed development in research and practice. I highly recommend this book to any professional involved with psychological assessment."

—Gary Groth-Marnat, PhD, ABPP, clinical psychology,
California School of Professional Psychology

"This comprehensive textbook will expand any reader's bandwidth of understanding MMPI code patterns and their relationship to psychopathology and, more importantly, the subjective world of individuals with psychological profiles captured by the MMPI-2. It gives therapists and diagnosticians detailed information that is critical for them to understand their clients' experiences of themselves and others. From the complaints, thoughts, emotions, and behaviors to the lifestyle and family background of individuals producing code patterns, these authors have eloquently described the nature of personality functioning and make what otherwise might be complex material quite easy to grasp and digest. This text, with its recommendations for interpreting profiles in an emphatic and useful way for clients, will become an immediate classic—one that every personality assessor should have on their shelf if they utilize the MMPI-2."

—Dr. Alan Friedman, associate professor of psychiatry and behavioral sciences, Feinberg School of Medicine, Northwestern University; senior author, *Psychological Assessment With the MMPI-2*

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Foreword

In 1990 Richard Levak (then spelled "Lewak") was lead author of the first MMPI/MMPI-2 manual whose title explicitly referred to *Providing Feedback and Treatment.* I bought that book for the library of Duquesne University's Psychology Clinic, where our graduate students found that it not only lent itself to their collaborative psychological assessments, but was also helpful in learning about the scales.

Now Levak, Liza Siegel, and David Nichols, with Ronald Stolberg, have produced a volume that is even more helpful, not only for students, but also for seasoned clinicians. The feedback statements are straightforward and uncomplicated, even when describing dynamic experience and behavior. Clinicians of all theoretical orientations can readily adopt or adapt the statements. I think that the format of this book will encourage users to add statements that they have found valid for past clients with particular patterns.

Beyond suggesting feedback statements in everyday language, this volume includes notes for therapists (including possible pitfalls), self-help suggestions to provide to clients, and modifying scales for particular pattern interpretations. For each clinical scale, a table presents typical client complaints, thoughts, emotions, traits/behaviors, and strengths. Descriptions are provided for normal, high, and, where applicable, low scale scores. There are sections on two-point and some three-point codes. The MMPI and MMPI-2 literature is cited where appropriate.

In my experience, the assessment process becomes therapeutic in itself by going beyond feedback to *collaborative discussion* with clients. That is, together they explore how well the feedback fits, how statements could be refined to fit better, and they discuss contexts in which the statements are true and not true. This process results not only in a more accurate characterization of the client's actual life, but the discussion itself becomes therapeutic. That is, the client experiences self as more deeply understood, as respected, and as capable of making sense of his or her life. In addition, when this individualizing of the MMPI-2 findings occurs, Levak et al.'s therapeutic suggestions can be further individualized.

This rich volume is a most welcome addition to the growing resources available to psychologists who wish to engage clients in discussing and *exploring* their MMPI-2 patterns. For that matter, I anticipate that this volume will contribute to clinicians developing their own similar approaches to the instruments that they use along with the MMPI-2.

Constance T. Fischer, PhD, ABPP
Duquesne University

Acknowledgments

We are grateful to Drs. Jim Butcher, Phil Marks, Alan Friedman, Gary Groth-Marnat, and Radhika Krishnamurthy for reviewing the manuscript and endorsing our work. Dr. Butcher and Dr. Marks, giants in the field, have been involved with the MMPI for over half a century. Richard Levak owes special gratitude to a number of mentors in the development of his MMPI approach. They were all students at the University of Minnesota in the time of Meehl and Hathaway and their respective recollections of the intellectual rigor, scientific parsimony and wisdom of that time were inspiring and motivating. Lowell Storms at UCSD introduced Dr. Levak to his particular empathic nonjudgmental brand of MMPI interpretation. Peter Briggs taught him the elegance of the early MMPI thinkers, often extending supervision seminars with intellectual gems from his recollection of Hathaway, Meehl, and Tellegen. In the 1980s, Dr. Levak informally attended a number of Alex Caldwell's seminars at UCLA where he was introduced to the Caldwell theory of conditioning experiences as a possible basis for the MMPI code types. Though he has had little contact with Alex over the past 20 years, Alex's thinking was important in the development of the therapeutic feedback approach.

Dr. Levak is also grateful to Liza Siegel, who cajoled, persuaded, enticed, and threatened him for 10 years until he agreed to write a therapeutic feedback book. Once the project began, she relentlessly organized and shepherded it, keeping the focus and timelines that are necessary for such a project to be completed. Her passion for positive psychology shaped the process and without her, this book probably would not have been written. Dr. Levak is also grateful to a number of other people, patients, and colleagues who provided insight, wisdom, and patience when each was needed. Al Assad, Lisa Liguori, and David Topolovac taught him that relating can be as therapeutic as insight and that therapist humility can be therapeutic. Diana Weiss Wisdom, Kathy Quinn, and Michael Seskin have been valuable colleagues to him. His assistant, Lisa Turner, has and continues to be a godsend, keeping him organized and efficient. He is also grateful to his Wednesday group, Jeff Jones, Sean Hogan, and Greg Verhay for their patience and support during those days when, after working late into the night, he was not his best in the morning. Dr. Steve Bierman, a brilliant hypnotherapist, provided invaluable insight about the healing power of language. Finally, Dr. Levak is eternally grateful to his wife, Linda, who is his best friend, computer consultant, researcher, and editor. When she couldn't dissuade him from taking on the project of writing this book, she rolled up her sleeves and helped him do it: read it several times, worked next to him late into the night, and, after the initial time, did not remind him that writing textbooks is a highly inefficient way to make a living.

Dr. Siegel would like to thank Richard Levak for being a giving, patient, and thoughtful mentor. Richard, your generous spirit and vision of the MMPI shaped my philosophy at a very early stage in my career and I am forever grateful. You have brought more blessings to my life than you will ever know, the most valuable being your belief in my abilities and your friendship. Thanks to my husband Tony whose unwavering interest and great delight in each and every one of my endeavors never ceases to amaze me. Tony was a steady source of understanding and encouragement during the two-year span that it took to write this, much of which encroached on evenings and weekends. Tony not only provided technical support when the computer was misbehaving, he was a cheerleader and sounding board during all the ups and downs of this process. I owe a special thanks to my daughter, Penni Clifton, who culled over treatment and self-help books to provide additional material for the Self-Help Suggestions. During the final few crunch months of the book, Penni took time out from her own busy schedule to make sure I was sleeping, eating, and opening the curtains at least once a day.

Both Dr. Siegel and Dr. Levak are deeply grateful to Mark Burnett, Jeff Probst, and Lynne Spillman for giving them the opportunity to assess thousands of healthy, resilient, and inspirational individuals. It has been a privilege to be a part of such a creative and groundbreaking process.

Finally, we would also like to thank the brilliant, self-effacing Audrey Nieh for the many hours she devoted to deciphering garbled dictation, typing with an eye for detail and precision, and editing this book. She was involved in the process from the initial planning stages to the final manuscript and we simply could not have done this without her.

Chapter 1

Introduction

History of the MMPI/MMPI-2

The Minnesota Multiphasic Personality Inventory (MMPI) was developed as a diagnostic instrument in the 1940s during the Zeitgeist of "dustbowl empiricism." The developers, Starke Hathaway and J. C. McKinley, were trained as scientists, bringing to psychology the objective eyes and methods of engineers (Lindzey, 1989). Hathaway was known to be a rigorous and meticulous researcher but also a man who was humane and empathic ("Starke R. Hathaway: Distinguished Contribution," in the *American Psychologist,* January 1978), and the MMPI reflects his acute understanding of personality and psychopathology. The MMPI was a breakthrough in the field of empirical psychology (Greene, 2011), but the power of the instrument as a measure of the richness of personality was developed through the contribution of clinicians and researchers over the years.

In a 1956 *American Psychologist* article, Paul Meehl called for a good "cookbook" that would provide an actuarial description of the MMPI. Philip Marks and his colleagues responded (Butcher, 1969; Gilberstadt, 1970; Gilberstadt & Duker; 1965, Marks & Seeman, 1963; Marks, Seeman, & Haller, 1974) and empirically generated the personality and psychopathology descriptors for the individual scales and commonly occurring code types of the MMPI. After Marks and Seeman's work was published, more than 10,000 books and articles followed (Butcher, 1987; Graham, 2006), adding an enormous amount of empirical and clinical data about the correlates of MMPI scale elevations for various populations.

EVOLUTION OF THE MMPI/MMPI-2

Since its inception, the MMPI has evolved as researchers and clinicians have continued to adapt and refine the test (Butcher, 2000; Weed & Butcher, 1992). Although the instrument itself was highly respected and well validated, there was criticism that the original "normal" standardization sample was not representative of the U.S. socioeconomic and ethnic makeup in the last decades of the 20th century (Butcher & Pope, 1992; Dahlstrom, 1993; Pancoast & Archer, 1989).

The sampling problem, as well as issues of outdated and sexist language and a need for more relevant content scales (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989; Duckworth, 1991), led to the revision of the MMPI and the 1989 release of the MMPI-2. The MMPI-2, currently the most researched and widely used personality test available (Ben-Porath & Archer, 2008; Butcher, 2006; Butcher & Rouse, 1996; Greene, 2011; Lubin, Larsen, Matarazzo, & Seever, 1985), left the MMPI scale and code type correlates essentially unchanged, maintaining consistency with the earlier work of Butcher, Marks, and his colleagues. The MMPI-2 is used in psychiatric hospitals, correctional settings, and private-practice for diagnosis and treatment planning and in evaluations for job selection, general medicine, forensic and child custody cases, surgery candidates, possible candidates for fertility treatments, and even screenings for television game and reality shows. The wide range of uses speaks to the robustness of a test that was originally developed over half a century ago.

Psychologists who use the instrument do so with the confidence of more than 50 years of research to support their decisions and recommendations (Graham, Ben-Porath, & McNulty, 1999). As of 2006, more than 2,800 journal articles had been written about the MMPI-2 (Graham, 2006) and its use in various settings and for a variety of purposes (Butcher, 2005; Butcher, Ones, & Cullen, 2006; Pope, Butcher, & Seelen, 2006), and each year numerous new articles about the MMPI-2 are published; a search of the American Psychological Association PsychNET database yields over 80 new MMPI-2 articles published in 2009 alone. Practitioners using the test over a clinical lifetime have also developed an internal database about the clinical meaning of various profiles and their relevance to psychotherapy.

The Restructured Clinical Scales (RC Scales: Tellegen, Ben-Porath, McNulty, Arbisi, Graham, & Kaemmer, 2003) are the most recent major addition to the MMPI-2. The RC Scales comprise eight independent "Restructured" clinical scales and one scale measuring Demoralization. They are described as restructured because they purport to measure the core component of each of the orginal clinical scales without the confounding effects of demoralization which the authors believe is associated with each clinical scale. Tellegen et al. suggest that the removal of demoralization from each of the clinical scales was necessary because its inclusion resulted in patterns of multiple elevations without clear profile definition (Ben-Porath & Tellegen, 2008). Tellegen et al. (2003) recommend that the RC Scales be used to aid in the interpretation of the clinical scales profile and that they not be combined with each other in RC code types.

The introduction of the RC scales has stimulated controversy in the MMPI-2 community. Interested readers should review a series of articles in a special issue of the *Journal of Personality Assessment* (October, 2006, Vol. 87) as well as articles by Greene, Rouse, Butcher, Nichols, and Williams (2009); Helmes (2008);

Rouse, Greene, Butcher, Nichols, and Williams (2008); and Tellegen, Ben-Porath, and Sellbom (2009) for a sampling of the debates on this topic. Although we have not included feedback about the RC Scales in this book, we have included them as modifying scales where appropriate. The RC Scales now anchor an entirely new instrument called the MMPI-2 Restructured Form (MMPI-2-RF; Ben-Porath & Tellegen, 2008). This new test includes the RC Scales and 41 other new or revised scales, but not the MMPI-2 clinical scales that are the focus of this book. The MMPI-2-RF consists of 338 items from the original MMPI-2 and takes less time to complete than the MMPI-2. MMPI-2-RF scores and scale information will not be included in this book, as it is a relatively new test.

TRADITIONAL USES OF THE MMPI/MMPI-2

The MMPI/MMPI-2 evolved in part according to the medical model that views diagnosis of malfunction and disease as the first step in treatment (Barron, 1998). Its focus was pathology. Clinical psychology has historically assumed that human nature is largely motivated by aggressive, self-serving impulses, negative emotions, and unconscious self-defeating drives (Domino & Conway, 2001; Freud, 1930; James, 1902; Seligman, 2002). Assessment psychologists have traditionally focused on diagnosing pathology and suggesting treatment strategies (Tallent, 1992; Vaillant, 2000).

Although the MMPI-2 does contain some scales such as Ego Strength scale (Es), Dominance (Do), Responsibility (Re), Serenity subscale (S2), Contentment with Life subscale (S3), and Belief in Human Goodness subscale (S1), which measure positive attributes (Butcher & Han, 1995; Himelstein, 1964; Korman, 1960), most of the scales measure psychopathology, and most texts describe the meaning of scale elevations in negative terms. According to this negative traditional paradigm, defenses are labeled as "maladaptive," "immature," or "regressive," and the role of treatment is to increase "adaptive" higher-order defenses.

THE MMPI/MMPI-2 AND FEEDBACK

The MMPI/MMPI-2 was not developed with the goal of feedback in mind (Hathaway, 1939; Hathaway & McKinley, 1943). In fact, the test and the personality correlates were developed because of a firm belief in empiricism and the actuarial method in an era when clinicians' judgment was highly suspect (Meehl, 1954/1996). Consequently, the concept of using feedback as a collaborative data-gathering and therapeutic tool was antithetical to the actuarial method. Although actuarial personality descriptors were an improvement from the vague, intuitively based methods practiced earlier, there were some costs and some early critics (Fischer, 1985/1994). Reports written about clients were, at times, so judgmental and potentially pejorative that they were often

stamped, "Do not share with the client." Psychologists trained in the 1980s will recall it was considered unethical to share records with clients because the content was so potentially distressing. Perhaps this was a manifestation of the Freudian belief that people with psychopathology resist interpretation of their symptoms and that the work of the therapist is to circumvent defenses (Eagle, 1999; Grossman, 1993). Traditional models of assessment assumed that clients' resistance was inevitable (Engle & Arkowitz, 2006; Rosenthal, 1987) and therefore that the process of insight had to be circuitous to avoid it. Recent research, however, suggests that clients can be open to feedback, even concerning negative attributes, if it is presented in a balanced nonjudgmental way (El-Shaieb, 2005; Finn & Tonsager, 1992).

Over the past 15 years, psychology has undergone a shift, and recent laws associated with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the current American Psychological Association (APA) Ethical Principles of Psychologists (2002) stipulate that test results must, if requested, be shared with clients unless otherwise precluded (i.e., some organizational consulting, preemployment or security screenings, or forensic evaluations). These guidelines give consumers the right to their medical records and even, in some cases, the right to the actual test protocols unless a psychologist can show that harm would result from the disclosure. Accordingly, there is a need for assessment psychology to develop feedback language that is empirically based but is also comprehensible, useful, and not harmful to clients.

Although traditional assessment was hierarchical, authoritarian, and assumed the assessor had the answers and the assessed did not, some researchers in school and university settings attempted early on to describe positive adaptive correlates for some of the MMPI scales (Duckworth & Barley, 1988; Kunce & Anderson, 1976). There were also attempts to reformulate the clinical language of the MMPI into more user-friendly terms. *The Therapist Guide to the MMPI and the MMPI-2* (Levak, Marks, & Nelson, 1990) was published within a year of the MMPI-2's release so it was limited in its MMPI-2 descriptors. It provided an empirical–phenomenological framework for giving MMPI feedback to clients in nonjudgmental, jargon-free language. In this approach, the therapist is seen as a guide rather than an authority, and the process is collaborative instead of hierarchical. A summary of recent research (Poston & Hanson, 2010) has demonstrated that a collaborative assessment feedback approach can produce positive therapeutic effects even after one session.

Over the past 20 years, the number of people seeking some kind of counseling has grown exponentially (Cooper, 2001). Many clients do not suffer serious psychopathology but seek help with life transition, family, or marital issues. The language of psychopathology does not lend itself to creating a therapeutic alliance, whether clients are seriously disturbed or merely seeking

help with a transitional issue. We believe the large increase in the profession of "coaching" (Williams & Davis, 2002), usually practiced by people with less formal clinical training but with a "nondiagnostic" mentality, is a manifestation of how much psychology has fallen behind in developing a positive, nonjudgmental paradigm to help people with reactive problems by providing personality feedback. MMPI-2 psychology needs user-friendly feedback language.

THE INFLUENCE OF POSITIVE PSYCHOLOGY

In 1964 Martin Seligman and his colleagues were conducting tests of learning theory in the University of Pennsylvania psychology department where dogs in a shuttle box were repeatedly exposed to a mild inescapable electric shock (Seligman & Maier, 1967). Eventually, most dogs gave up the effort to escape, even when provided an easy opportunity to do so. The researchers explained that the dogs had "learned" to be helpless. The extrapolation was that both the helpless dog and the depressed person have learned that escape actions are useless (Seligman, Maier, & Geer, 1968). However, there were exceptions to the learned helplessness paradigm (Seligman & Weiss, 1980). About one in four dogs, even after they had been exposed to the "helpless situation," did not develop learned helplessness. The same thing happened in human experiments when people were given insolvable tasks or inescapable noise; about one in four did not behave in a manner consistent with the learned helplessness paradigm.

Eventually, it became evident that the early theory of human nature and learned helplessness was only "half-baked" (Seligman, 1990, p. iii) and that some people manifest a buffering strength, a core resilience that inoculates them against depression and other symptoms of severe stress. Seligman theorized that people could also learn to be optimistic and went on to write several books on optimism (1990, 1993, 1996, 2002), thereby spawning a new field of interest: positive psychology.

In 1996, when he was elected president of the APA, Seligman (1990) made it his mission to encourage psychologists to study the positive as well as the negative aspects of human response to stress. Since then, positive psychology has evolved to encompass the study of positive emotions (joy, resilience, happiness), positive traits (strengths and virtues), and positive institutions (Foster & Lloyd, 2007; Fredrickson, 2001; Gable & Haidt, 2005; Seligman, 2002). It aims to complement the traditional focus on understanding, preventing, and curing negative psychological states by gaining a better understanding of human strengths (Aspinwall & Staudinger, 2003). Recent contributions from the field of positive psychology are shifting the paradigm away from pathology and mental illness to cultivating the qualities that benefit health, relationships, and careers (Seligman, 2002).

Treatment paradigms of positive psychology draw on research about how people exposed to severe risk factors maintain positive mental health and live a full life (Peterson & Park, 2003). By attempting to understand how some people survive and even thrive after being exposed to traumatic events, psychologists hope to shed light on learnable resilience skills and are now empirically testing the therapeutic applications of positive psychology (Linley & Joseph, 2004).

Many see the assessment of psychological health as a future trend in treatment paradigms (Borgen & Betz, 2008; Lopez & Snyder, 2003; Naglieri & Graham, 2003). Positive psychology is beginning to make an impact on the field of assessment in general (Jiang & Shen, 2007; Park & Peterson, 2007), but it has had a relatively small impact in the realm of traditional assessment tools like the MMPI-2. In *Positive Psychological Assessment: A Handbook of Models and Measures*, Lopez and Snyder call for the research and development of measures that will highlight human strengths and potentials. The authors also stress that it is important not to ignore human weakness but to bring balance into assessment by building and recognizing strengths.

HISTORY OF THERAPEUTIC MODELS OF ASSESSMENT

Therapeutic models of assessment developed from disparate roots: some based in philosophy, some accidental, and some humanistic. Fischer's collaborative model (Fischer, 1985/1994, 2000, 2006), was based on existential/phenomenological philosophy with an inherent respect for the individual. Craddick (1972, 1975) and Dana (1982, 1984) came from a humanistic multi-cultural perspective, recommending that clients be more involved in the assessment process through discussions with the testing psychologist about the purpose of their psychological assessment. Therapeutic assessment (Finn, 1996, 2007; Finn & Tonsanger, 1992; Newman & Greenway, 1997), developed when Finn became curious about the fact that some clients appeared to have life-changing experiences as a result of the psychological testing (Finn, 2007). Incorporating these traditions, Beutler & Groth-Marnet (2003) called for a more integrated approach to the reporting of assessment data, avoiding the use of jargon and the rote reporting of test scores. Though grounded in empiricism, all of these approaches aim to provide a more complete, existential, and therapeutically oriented assessment of the individual.

Therapeutic models of assessment can be viewed as consonant with the humanistic model (Poston & Hanson, 2010) that human nature is creative, active, and purposeful in shaping a response to the environment (Adler, 1964; Allport, 1950; Maslow, 1954/1987; May, 1965/1989; Rogers 1951; Vaillant, 1977). Carl Rogers' (1961) interest in the intrinsic value of the therapeutic relationship encourages therapists to accept clients "unconditionally," and viewed the therapeutic process as "client centered."

Integrative assessment (Groth-Marnat, 2009), the individualized/collaborative approach (Fischer 2000, 2006; Purves, 2002), therapeutic assessment (Finn 1996, 2007; Finn and Tonsager, 1992) and the feedback approach developed by Levak and colleagues (1990) reflect roots in existential/phenomenological and humanistic perspectives. In all these approaches, the focus is client- rather than test-centered, with the aim of describing the unique individual tested, rather then the "typical individual" with "similar test scores" in the hope of providing a better focused, balanced, and therapeutically useful assessment.

One of the best-received contemporary assessment models has been well articulated by Stephen Finn, who outlined the concept of Therapeutic Assessment, after recognizing the profound psychological changes that clients undergo as a result of their more active participation in the psychological assessment proves. Finn and his colleagues view assessment as having a potentially therapeutic aspect, rather than being a sterile and unidirectional endeavor (Riddle, Byers, & Grimesey, 2002). The therapeutic/collaborative/integrative assessment models have become important new paradigms in the field of assessment psychology.

BASICS OF THE THERAPEUTIC ASSESSMENT

Although *therapeutic assessment* is a blanket term for humanistically based assessment methods in general, Finn and Tonsager (1997) developed a highly structured approach and distinguished their own brand of TA (Finn & Kamphuis, 2006). Their approach is based on the principle that clients become most engaged in taking the MMPI-2 when they fully understand how the information can be used and are treated as collaborators (Butcher, 1990; Butcher & Finn, 1984). They note that although TA shares a great deal of its philosophy and background with "collaborative" and "individualized" assessment (Fischer, 2000; Beutler & Groth-Marnat, 2003; Purves, 2002), it differs from these approaches in that it consists of an orderly set of procedures that were developed to organize the complex process of psychological assessment.

Finn's (1996, 2007) steps of a Therapeutic Assessment include the following:

1. Building rapport and framing the assessment as collaborative
2. Helping clients generate questions they would like the testing to address
3. Collecting background information relevant to their questions
4. Exploring any past negative experiences with the assessment process
5. Answering any of the clients' questions or concerns
6. Involving them in making sense of their test results
7. Where possible, answering the clients' original questions

A critical final step occurs when clients experience the insights suggested by the test data as their own and as knowledge that is "way beyond conceptual discussion" (Fischer & Finn, 2008: p. 381).

Though many of the original studies of therapeutic assessment were conducted with subjects from college and university counseling centers (Finn & Tonsager, 1992; Newman & Greenway, 1997), a growing body of literature is establishing the effectiveness of therapeutic assessment (Poston & Hanson, 2010) in diverse populations such as inpatients with eating disorders (Michel, 2002); families, children, and adolescents (Handler, 2007; Tharinger, Finn, Hersh, Wilkinson, Christopher, & Tran, 2008); patients undergoing neuropsychological evaluation (Gorske & Smith, 2009); and even inpatients diagnosed with severe mental illness (Peters, Handler, White, & Winkel, 2008).

Finn and Tonsager (1997) assert that therapeutic assessment appears to work because the process of psychological testing creates empathy in the assessor for the clients and their challenges, which in turn allows them to help the clients develop more accurate and empathic stories about themselves. The collaborative technique allows clients to "rewrite" their stories (Finn, 2007) so that, for example, rather than a client defining himself as lazy he may realize through the assessment that he is depressed, a more accurate, less negative description that points to specific corrective steps. Though this approach to assessment has been shown to be therapeutically useful, few books provide the language and concepts of the new approach (Finn & Tonsager, 1992; Levak et al., 1990).

THERAPEUTIC FEEDBACK WITH THE MMPI-2

We believe the next significant advance in assessment builds on the previously described therapeutic assessment process and incorporates the concept of therapeutic feedback first outlined by Levak et al. in 1990. In this paradigm, the MMPI-2 is used as a therapeutic feedback tool where clients' current symptoms and personality traits are seen from an adaptive perspective. Although Finn (2007) moved away from the idea of "feedback," calling it a "dialogue" to stress his approach as collaborative and nonhierarchical, we feel that the term *feedback* is an accurate description when the therapist serves as a guide or coach in a bidirectional conversation about the clients' test findings. We see the MMPI-2 as a road map, the therapist as the navigator, feedback statements in this book as the directions, and the lifestyle and family background experiences as possible areas of discovery. The client provides the motivation to travel, determines the destination and speed, and is the driver in the treatment adventure.

Therapeutic feedback presents the data in a way that creates a human picture devoid of jargon and judgment. This approach describes clients' pain, internal conflicts, and anxieties in a way that creates self-empathy and modifies negative

self-talk. It seeks to give suffering an understandable, nonblaming cause and provides strategies that have potential for prompt relief. The approach attempts to normalize clients' experiences wherever possible, and code-type feedback provides a road map for a collaborative, exploratory therapeutic dialogue.

The feedback component of existing assessment models and textbooks relies on traditional language. Currently, in the field of MMPI-2 assessment there are no guides that describe personality in accurate, empirically based, nonjudgmental, empathic terms. Aside from a few texts (Finn, 1996, 2007; Gorske & Smith, 2009; Lopez & Snyder, 2003), Seligman's challenge to imbue psychology with a positive perspective has not yet fully materialized as far as MMPI-2 assessment is concerned. MMPI-2 texts for the most part describe personality attributes through the lens of psychopathology.

Through the process of giving thousands of people feedback using the MMPI/MMPI-2, we have developed an understanding of personality and psychopathology as the instrument reveals it. This book seeks to describe clients' existential experience as reflected in their MMPI-2 profile. Our aim is to aid clinicians in developing a rapid therapeutic alliance and effective therapeutic suggestions. The process begins with rapport and collaboration, involves a therapeutic assessment process, and finishes with therapeutic feedback that leaves clients feeling wiser, better, more hopeful, and with a concrete, empirically based treatment plan and self-help strategies.

For us, three contributions of positive psychology can shape a more therapeutic assessment and feedback process with the MMPI-2. First, all behavior can be viewed as potentially adaptive; behaviors that are traditionally viewed as pathological and maladaptive may be reframed as understandable responses to the particular stressors that precipitated them. Second, therapeutic feedback is empathic, nonjudgmental, and mostly jargon free. This type of feedback is not blindly positive; rather, it assumes that humans respond to overwhelming stress in understandable ways and that the therapist seeks to give coherence and meaning to their clients' narrative. Third, therapeutic feedback stresses self-esteem and resilience building through self-awareness as a goal of the assessment and feedback process. Self-esteem increases if the feedback helps clients positively reframe their current suffering in the context of understandable adaptation, given their life story.

We believe that conceptualizing the clients' defenses as adaptive and providing specific language for guiding the clinicians' feedback will add to the utility of training clinicians in the art of therapeutic assessment. In their national survey of psychologists regarding feedback training, supervision, and practice, Curry and Hanson (2010) noted that approximately one-third of respondents indicated that their predoctoral coursework, practica, and internship were of little utility in preparing them to give clients feedback. It is clear that clinicians and students are struggling to formulate feedback that is helpful and accurate.

We see the field of therapeutic feedback as an exciting new opportunity to build on the MMPI-2, with its rich history and empirical data. We encourage clinicians to appreciate human capacities and potentials (Sheldon & King, 2001) and to view their clients' current functioning as the best available adaptation given their genetic makeup, history, and precipitating circumstances. Feedback framed in this manner can be therapeutic to clients and can help establish a collaborative treatment plan. While our feedback statements were developed working with mostly self-referred clients, we view them as providing a basis for therapeutic dialogue across a wide range of settings.

CODE TYPES, CONDITIONING EXPERIENCES, AND FEEDBACK

We think of the MMPI/MMPI-2 as a key to the understanding of how personality and psychopathology are structured and how they are linked. We view therapeutic feedback as a collaborative process during which clients' current fears, symptoms, and defenses are described in the context of the events that shaped them. We have developed an empathic language to provide feedback to clients about their test results; this language is empirically based but is purged of judgmental content. The framework was derived from an approach first formulated by Alex Caldwell in his written papers and lectures at the University of California at Los Angeles (UCLA) in the 1970s (1976, 1977). He and others (Kunce, 1979; Kunce & Anderson, 1976) suggested that, as all behavior is adaptive, psychopathology could be understood as an adaptational adjustment to a painful or frightening conditioning event. We conceptualize that a particular defensive pattern and the cluster of symptoms and defensive behaviors associated with it can be understood in the context of the possible conditioning experiences that led to it. The scale elevations provide a description of the defenses, symptoms, and traits associated with a code type and also provide clues as to possible conditioning experiences. For example, an individual with an elevation on Scale 2, Depression, is described as sad, unhappy, negative, and withdrawn (Butcher, 2000; Graham, 2006; Nichols, 2011). A possible conditioning experience that leads to such an understandable response would be some kind of perceived or actual loss (Bowlby, 1983; Harris & Bifulco, 1991; Tyrka, Weir, Price, Carpenter, & Ross, 2008). Negative and avoidant behavior would make sense against the backdrop of loss and the need to defend against further loss. Actively avoiding hope, negative self-talk, and reducing desire-driven behavior could be seen as an adaptation to avoid further loss. Using MMPI-2 generated data, therapeutic feedback for the "high 2" is communicated with compassion for clients' current feelings, symptoms, and painful or frightening losses that may have shaped their functioning and current outlook. The assessment builds on clients' strengths by helping them understand the

adaptive and understandable nature of their current behavior given their early experiences and current stressors. The purpose of the therapeutic feedback is to validate their feelings and to provide understanding about why a particular current stressor is destabilizing, putting it in the context of past trauma and emotional scar tissue. We define *emotional scar tissue* as the result of past trauma that has not been fully integrated or resolved and therefore more likely to be restimulated by current trauma of similar quality or intensity. Using the example of an individual with an elevated score on Scale 2, Depression, the feedback would explore current feelings, symptoms and concerns about possible recent losses. Past losses that could have predisposed the client to a vulnerability to destabilization associated with loss, are explored in the feedback process, and healing and prophylactic strategies are agreed on.

In our view, elevated MMPI-2 code types describe a cluster of emotions, thoughts, and predominant ways of responding, which reflect a set of primary fears or concerns. For example, people who have elevated scores on Scales 4 and 6 are typically described as argumentative, hostile, self-indulgent, and demanding (Duckworth & Anderson, 1995; Graham, 2006; Nichols & Greene, 1995; Williams & Butcher, 1989). They approach the world defensively and see themselves as victims. Using our empathic reformulation, we describe them as approaching the world from a fear of being taken advantage of. Being suspicious of others' motives and vigilant for unfairness makes adaptive sense given that particular fear. The reasons for the development of that current fear are further explored as part of the therapeutic feedback dialogue. Possible past emotional scar tissue around being taken advantage of is discussed, validating why current reactions are particularly intense.

It has been argued that we are products of a combination of our genetic makeup that is our core personality, and environmental factors (Brendgen, Ultaro, Boivin, Dionne, & Pérusse, 2006; Dickens & Flynn, 2001; McLafferty, 2006). From our perspective, defensive behavior is a product of stress (fear) operating within individuals who have a predisposition or vulnerability. We hypothesize that a traumatic event or series of events interacts with individuals' core personalities and leaves them vulnerable to experiencing later similar stress as disorganizing and traumatic. We assume that people inherit a repertoire of available psychological defenses against stress. Studies over 30 years and begun at birth have revealed that character traits are recognizable very early and tend to persist into adulthood (Chess & Thomas, 1977; Durbin, Hayden, Klein, & Olino, 2007; Juffer, Stams, & van Ijzendoorn, 2004). Certain personality types are more vulnerable to stress; others are naturally more resilient. Regardless of personality type, under increased stress the defenses that serve to reduce tension become fixed and maintained in accordance with their reinforcement value. Thus, any defense needs to be understood in the context of the stress that initially activated it. Figure 1.1 conceptualizes the stress–diathesis model as it relates to therapeutic feedback.

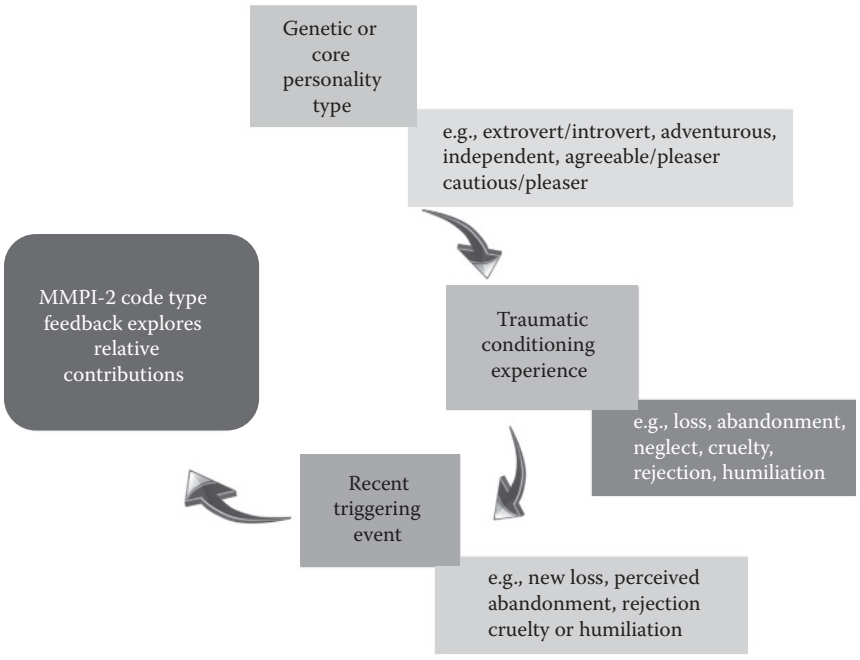

FIGURE 1.1 Stress–diathesis model and therapeutic feedback.

Integral to this empathic approach is the language used in interpreting MMPI-2 results and communicating them to clients. Traditional terms used in interpreting personality tests tend to be technical (e.g., *introjecting, dissociating, ideas of reference*), strongly negative or pejorative (e.g., *obnoxious, incompetent, hostile*), or highly evaluative (e.g., *ingenious, psychotic, has a poor prognosis*) or are otherwise imprecise (e.g., *imbalanced, insecure, immature*) or obscure (e.g., *calculated, refractory*). These are terms that, in our experience, often threaten and confuse clients or are far removed from their everyday thoughts, feelings, and experiences. Many of the correlates are simply ill-suited to explaining a person's MMPI-2 scores and are antithetical to the paradigm of therapeutic assessment. However, these correlates do form the basis of our system. We recognize that they were the psychometrically defensible starting point to construct our way of characterizing a person.

To be of therapeutic value in MMPI-2 feedback, however, the correlates needed to be formulated in terms that are understandable to clients and can be presented in a therapeutic manner. Thus, we approached the correlates from a phenomenological perspective and, in talking with clients, conceptualize the correlates in terms of complaints, thoughts, emotions, traits or behaviors, and strengths. Each of these became an experiential formulation of one or more correlates empirically derived and associated with an MMPI-2 scale or code type. In this manner, for example, the distrust and confusion

of Scale 8 suggests the feedback, "The world may be a somewhat frightening place because it's hard for you to read people and to know how they're feeling and thinking toward you. Currently, you seem to be knocked off balance and confused." The alienation and depersonalization of Scale 8 suggest the feedback statement, "You may be disconnected from others, as if you are looking at the world from a distance."

Some feedback statements are relatively simple, noncausal, and straightforward. For example, the Scale 3 correlate "agreeable" can be framed as, "It is important for you to be seen by people as a cheerful and nice person, and you work hard to avoid conflict," whereas others are more complex, causal, and inferential. The feedback statement, "You tend to repress and deny some of your negative emotions because it's so important for you to be positive, happy, and cheerful and not upsetting to people around you. It's as if you have learned to not feel negative emotions to stay connected and close to people," represents multiple Scale 3 correlates (denial and repression of negative emotions, inhibited, lack of insight.).

Reading descriptors associated with various MMPI-2 scale elevations can be confusing because the same descriptor is often used for different scales and code types. For example, one descriptor of people scoring high on Scale 1, Hypochondriasis, is "demanding," but individuals with elevations on Scale 3, Hysteria, and Scale 4, Psychopathic Deviate, can also be described as demanding (Butcher & Williams, 2000; Friedman, Levak, Nichols, & Webb, 2001). By understanding each of the clinical scales as resulting from a particular conditioned fear avoidance response, the clinician can conceptualize the source of the various defensive behaviors. According to this paradigm, individuals scoring high on Scale 1 are demanding because of their fear of body damage and their demands generally serve to elicit physical caretaking behavior from supportive and medical personnel. Elevations on Scale 3 would predict demands of attention and approval (Butcher, Hamilton, Rouse, & Cumella, 2006; Greene, 2011), and elevations on Scale 4 would predict demands originating from a narcissistic sense of entitlement (Graham, 2006; Williams & Butcher, 1989). In each case, these individuals can be described as demanding; however, the drive states are different for each scale and code type, and the response of being "demanding" serves dissimilar defensive needs. Interactive therapeutic feedback based on the MMPI-2 code type should help the clinician determine the relative contribution of personality, past conditioning events, basic fears or concerns, and current stressors.

ORGANIZATION OF THIS HANDBOOK

We will describe the empirical and phenomenological correlates of the 10 clinical scales of the MMPI-2 as well as the validity scales and 27 commonly

occurring two- and three-point code types.[1] For each of these scales, feedback statements will be provided that the clinician can use as a starting point for therapeutic exploration. We will also describe possible conditioning background experiences that are associated with each of the scales and code types. Content scales and supplementary scales will be included in each section according to how they strengthen or modify the interpretation of the code type in a section titled "Modifying Scales."

In Chapter 2, we begin by outlining how to develop preassessment rapport with clients. We provide an example of a structured therapeutic history and suggestions about how to introduce and explain the MMPI-2 assessment process to clients in a way that makes it more likely that they will be open and candid when taking the test. We also discuss testing conditions and ethical and legal issues. The second half of Chapter 2 details steps for scoring, recognizing a code type, organizing MMPI-2 test results for feedback, and preparing written and verbal therapeutic feedback.

Chapters on validity, clinical scales, and code types have similar formats. The first part of each chapter summarizes the scale or code type information as a series of adjectives. It is written for the therapist in the traditional language of MMPI-2 assessment. The adjectives are organized under five headings that summarize the essential aspects of the scale or code type: "Complaints," "Thoughts," "Emotions," "Traits and Behaviors," and "Strengths."

After this initial summary, each chapter has a heading titled "Therapists' Notes." This explains the scale or code type in language that is traditional, clinical, and "therapist to therapist." The correlates and predictors for the scale or code type described reflect the current research in the field and include possible red flags and addiction potential when relevant. The next section, titled "Lifestyle and Family Background," provides an empirical and theoretical discussion of possible childhood conditioning experiences associated with the MMPI-2 profile. The next section, "Modifying Scales," summarizes which of the content and supplementary scales may be particularly relevant to modifying code type interpretation and feedback statements. Supplementary and content scale data can enrich and modify code type interpretation and feedback. In the interest of space, this section provides a general discussion of the

[1] The following sources were consulted in preparing the descriptors of the clinical scales, validity scales, and code types: Altman, Warbin, Sletten, and Gynther (1973); Anderson and Bauer (1985); Arbisi, Ben-Porath, and McNulty (2003); Archer (1997); Archer, Griffin, and Aiduk (1995); Butcher (1990); Butcher et al. (1989); Butcher and Williams (2000); Caldwell (1988, 1997); Carkhuff, Barnett, and McCall (1965); Carson (1969); Dahlstrom, Welsh, and Dahlstrom (1972); Drake and Oetting (1959); Duckworth and Anderson (1995); Friedman et al. (2001); Friedman, Webb, Smeltzer, and Levak (1989); Gilberstadt and Duker (1965); Graham (1990, 1993, 2006); Graham et al. (1999); Graham and McCord (1985); Greene (1991, 2011); Gynther, Altman, and Sletten (1973); Hovey and Lewis (1967); Kelley and King (1979); Lachar (1974); Levak et al. (1990); Marks and Seeman (1963); Marks et al. (1974); Nichols (2011); Sellbom, Graham, and Schenk (2005); Swenson, Pearson, and Osborne (1973); Webb (1970a, 1970b); and Webb, McNamara, and Rodgers (1981, 1986).

relevance of these scales. The section titled "Therapy and Therapeutic Pitfalls" describes effective treatments for each of the code types and, where relevant, possible transference and countertransference issues.

The next section provides feedback statements to be shared with the client. "Normal-Range Feedback" (T-score 50 to 65) consists of a few paragraphs of statements about the unelevated scale or code type. These statements are primarily based on our clinical experience, so we suggest they be used as a basis for exploration and therapeutic dialogue. "Feedback Statements—Elevated Profiles" (T-score > 65) is composed of a number of paragraphs exploring an aspect of how clients are feeling, thinking, and behaving. We include adjectives commonly reported and clinically relevant for a particular code type. "Lifestyle and Background Feedback" provides empathic statements regarding possible early childhood experiences. Feedback paragraphs are written for the therapist to share with clients, either verbally or in writing. The aim of this section is to promote a positive dialogue using each of the issues as a direction for therapeutic exploration. The final component of each code type section is "Treatment and Self-Help Suggestions." This includes concrete, practical steps that clients can take to change their feelings and behaviors as well as provides the therapist with practical treatment plans. Strategies influenced by the contribution of positive psychology to build client resilience are included, where applicable. In this final section, footnotes guide the clinician to current, empirically based research as well as recommended resources concerning treatment strategies.

We believe that accurate and empathic MMPI-2 feedback can be important in initiating a therapeutic dialogue and positive change. It can provide clients with some immediate relief and can help develop a client–therapist collaborative interaction that increases clinical data available to the therapist and increases trust. This book provides the language of feedback that can begin the process.

Chapter 2

Steps of a Therapeutic Assessment and Feedback

This book is written for therapists of any school of thought. It is for clinicians, physicians, educational counselors, and mental health professionals who have a solid understanding of the construction, development, ethical uses, and limitations of the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) and who are ready to learn the therapeutic feedback approach with the MMPI-2. We see our approach as a form of the therapeutic assessment paradigm, though it differs in that our focus is on providing specific feedback statements and treatment suggestions while the approach of Fischer and Finn (2008) is more unstructured. This chapter will describe a step-by-step procedure wherein MMPI-2 results are interpreted, interpretations are individualized, and validated feedback is integrated into the MMPI-2 assessment data and the therapeutic process. MMPI-2 data and the clients' history and precipitating circumstances are then incorporated to provide a more empathic "moving picture" (Groth-Marnat, 2009) of the individual. It is outside the scope of this book to discuss the process of integration of multiple tests, but readers should consult Finn (2007), Ganellen (1996), and Groth-Marnat for more detailed treatments of test integration.

We assume the reader has basic background knowledge of personality, psychopathology, psychotherapy, and personality assessment. A thorough knowledge of the construction, administration, and scoring of the MMPI-2 is also desirable. Therapeutic feedback is built on sound therapeutic assessment. Providing feedback is a complex interactive process that can be emotionally healing and can provide a rich source of additional assessment data (Curry & Hanson, 2010). In this chapter, we outline the steps of a therapeutic MMPI-2 assessment and describe how to engage in therapeutic history taking so that clients' history and any precipitating circumstances can be integrated with the MMPI-2 data to provide a constructive reframing of clients' life story. The first section outlines the preassessment phase and discusses developing rapport, taking a therapeutic history, introducing the MMPI-2, identifying conditions for testing, and recognizing ethical issues and pitfalls. The second section outlines the steps involved in preparing the therapeutic feedback: scoring the test; addressing validity; and composing the report.

PREASSESSMENT

Developing Rapport

Rapport develops and evolves during every client interaction, beginning with the first phone call. A hallmark of therapeutic assessment is the view that all interactions with clients are both a source of data and an opportunity for positive or therapeutic interaction. Therapists need to take the time to connect with assessment clients, allowing time to process their concerns. Rapport is established during the initial interview, carries on throughout the course of therapy (Rogers, 1990/1992), and may diminish client defensiveness during the assessment process. MMPI-2 assessments conducted for other professionals will generate client expectations and anxieties that differ from assessments conducted with ongoing therapy clients. A forensic assessment likely creates expectations that are different from those created by a self-referred career assessment. However, in almost all cases, the assessment process can be intimidating to both clients and assessors, especially the feedback process, as many assessors have received little formal training in feedback (Curry & Hanson, 2010). Taking an MMPI-2 can engage vulnerable and fearful emotions in clients. Typically, people want respect, caring, and understanding from a health professional who will likely come to know their fears, weaknesses, and perceived failings. Rapport can be complicated by cultural issues, with differing expectations of emotional expression and formality from the psychologist (Dana, 1982). For example, direct eye contact, the use of titles, and therapist self-disclosure may or may not be appropriate cross-culturally, so a "one-size-fits-all" approach does not work. We recommend an initial contact by phone or in person in which the assessor reassures clients that the process of assessment will be collaborative, explaining that the purpose is to obtain a thorough understanding of them and that they will not be unilaterally "placed in a psychological box," or diagnosed but rather will have a chance to relate their story and help the assessor "get the clients' story straight."

We recommend that the psychologist also ask if clients have any particular questions they would like answered through the assessment process and go over any concerns they may have about the process. Any past negative assessment experiences or negative preconceptions should be addressed. For example, some people may express, "I don't believe in that kind of thing," when asked to take a personality test. Reassuring them that they will be arbitrators of the applicability of the assessment results is important. In some cases, clients have a particular question, such as, "Why do I keep getting involved in relationships that don't work?" It may then be productive to write down the assessment questions verbatim and to read the questions back to clients to make sure that the questions are "just right" (Finn, 1996, p. 12). In our experience, however, clients are often unable to formulate a specific question but rather seek treatment or an assessment as a result of general inchoate

unhappiness. In such a situation, there is still a rich opportunity for therapeutic feedback that will evolve during the dialogue about test results.

We also reassure clients that the process is fluid; that is, we provide a number of opportunities for questions and clarification as the process engages issues not yet articulated. The concept of working together to help clients articulate their "story" appears to be heartening for most clients. Even in forensic settings that are potentially adversarial, explaining that the assessor wants clients to feel heard and to have a chance to speak about their perspective can decrease defensiveness. We recommend a complete therapeutic history prior to administering an MMPI-2 because this has the advantage of building rapport and allows for the emergence of possible issues and conflicts that can be more directly addressed in the assessment process.

Taking a Therapeutic History

We have found that the process of clients telling their story in a chronological fashion is often satisfying, enlightening, and therapeutic for them. The therapist can use the history taking in a therapeutic manner by validating and reformulating the life style as adaptable and understandable. This is more likely if the assessor is able to find opportunities to reframe particular life events from a positive psychology perspective. For example, validating the clients' understandable responses to painful events and finding examples of resilience and displays of character in the face of adversity can provide clients with a more hopeful gestalt within which to view their narrative. The assessor should be aware of the emergence of themes such as a series of early destabilizing moves, early losses, or self-esteem-damaging events that may have left emotional scar tissue. Such instances may have left clients vulnerable to current stressors that can restimulate the scar tissue due to their similarities to past events. An understanding of early conditioning experiences obtained through the history will help the assessor integrate those experiences with MMPI-2 early background hypotheses drawn from the code-type data. A section titled "Lifestyle and Family Background" in each chapter provides the assessor with various hypotheses about early conditioning experiences associated with that particular MMPI-2 scale or code type. Taking the clients' history prior to the administration of the MMPI-2 will provide a source of objective verification about the validity of the background experiences associated with the MMPI-2 code type

We end the history with the therapist recounting the clients' history to them, perhaps saying, "This is what I heard you tell me today," using positive reframing whenever possible and ending with an open-ended question about anything misunderstood, missed, or neglected. If the test administration is to follow, a significant break before beginning the assessment is recommended. The following is a sample of the structured format we use in our therapeutic history process. Italics are used as notes to the therapist about issues that provide an opportunity for reframing from a positive psychology perspective.

THERAPEUTIC HISTORY FORM

Introduction

I would like to get to know you and to understand your story. I am not looking for problems as much as wanting to know about you and the events that have shaped you.

Name _____ Age _____
Marital status S W D M P (Partner) Are you in a current relationship?
Yes___ No___
Occupation? _____
How long have you been in your present job? _____
Do you enjoy it? Yes___ No___ Why_____
Children: Yes___ No___ If yes, number of children: Sons ___ Age(s) ___
Daughters ___ Age(s)___
How are they doing: At school, in peer relationships? _____

Family History

Place of birth _____ Where did you grow up? _____
Chronology and explanation of moves: _____

(Explore the possible effects of moves and subsequent adaptation and resilience shown or possible negative but understandable reactions that could promote clients' self-knowledge and empathy.)

Number of siblings _____
Brothers _____ Sisters _____ Stepbrothers _____ Stepsisters _____
Half-brothers _____ Half-sisters _____ What is the "story" of the various step- or half-siblings?
Are you the Oldest_____ Middle _____ Youngest _____ What was this like?

(This is an opportunity to inquire about and validate experiences associated with birth order.)

Your father's profession? _____

(Some professions are more likely to be associated with uncertainty or financial insecurity—for example, the work of a migrant farm worker versus the medical profession.)

What kind of person is/was your dad when you were growing up, though he may have changed later?

Warm____ Present____ Absent____ Strict____ Overprotective____
Cruel____ Playful____ Alcoholic____ Mentally ill____ Other____

(This provides the therapist with an opportunity to validate and explore childhood conditioning experiences that could explain MMPI-2 code-type data—for example, a 4-8 code type with a history of paternal rejection and cruelty.)

Your mother's profession? _____
What kind of a person was your mother when you were growing up?
Traditional mom____ Warm____ Present____ Absent____ Strict____
Overprotective____ Cruel____ Mentally ill____ Alcoholic____

(This provides the therapist with an opportunity to validate and explore childhood conditioning experiences that could explain MMPI-2 code-type data—for example, a 2-8 code type with a history of maternal rejection and withdrawal.)

Did either of your parents have problems with:
Drugs_____ Alcohol_____ What kinds of alcohol or drug problems? Quiet drunk/embarrassing drunk; raging/hostile drunk?

(Explore possible painful traumatic conditioning experiences associated with parental substance abuse, and validate possible sequelae. Look for examples of resilience, like hyperresponsibility [e.g., child taking care of parents] or the development of emotional numbness to deal with trauma.)

Any family history of mental illness (e.g., depression, suicide attempts, anxiety symptoms)? Yes___ No___

(What were the clients' experiences of that illness? Validate the client's reactions where relevant, and look for early conditioning that could be congruent with a particular code type, such as a client with a mentally ill parent whose MMPI-2 profile reveals a 2-7 configuration suggesting a lifelong pattern of hyperresponsibility.)

Are your parents still living? Yes___ No___
If not what did they die of? How old were you when they died?
Are/were your parents together _____ or divorced _____ If divorced, your age at their divorce? _____

(Examine the clients' experience of the divorce: did they feel responsible, caught in the middle? Any examples of resilience or signature strengths they used to cope?)

What is/was your parent's relationship like? (e.g., warm, loving, volatile, hateful)

_____

(Explore possible conditioned reactions associated with the marital dynamics, such as clients become role players attempting to please both parents but also learning to selectively report and prevaricate. The MMPI-2 may, for example, later reveal a 3-4 code type, which may be associated with this early conditioning event.)

If either parent remarried, did you get along with the stepfamily?
Yes___ No___ N/A___

(Examine possible adjustments to new family dynamics, and look for any adaptive resilience demonstrated in incorporating new family members, such as clients who become close to a stepparent and use that relationship as a source of mentoring.)

Childhood

Growing up, what was life in your family like before the age of 14 or 15? If I were making a movie of your life in that early part, give me the set. What kind of neighborhood did you live in?
Were you poor/well off/middle class? _____
Growing up, were finances OK? Yes___ No___

(Look for opportunities to validate experiences associated with various levels of financial security. Experiences of extreme poverty or physical danger might be associated with various code types.)

What kind of kid were you before the age of 14?
Indoor_____ Outdoor_____ Popular_____ Quiet_____ Mischievous _____ Rebellious_____ Hyperactive_____ Insecure_____

(Typically, childhood and adolescent personality characteristics stay somewhat stable over the life span, so the personality as described by the MMPI-2 code type should be congruent with the personality as described by the client unless modified by trauma or other circumstances.)

What kind of student were you in grade school? A/B___ B/C___ C/D___ D/F___

Adolescence

What were you like in adolescence (ages 14–18)?

Popular_____ Rebellious_____ Athletic_____ Social_____
Studious_____ Dating?_____ Drugs?_____ Alcohol?_____
Friends?_____
What were your grades like? _____
Did you fall in love? Yes___ No___ If yes, what was he/she like? _____
When was your first sexual experience? Positive?___ Negative?___

(Negative experiences may be associated with later dysfunction or may have successfully resolved.)

Were you ever in trouble in high school? Yes___ No___
Truant_____ Violence_____ Running away_____ Car theft_____
Shoplifting_____ Arrests_____

(Look for opportunities to validate any signature strengths the clients exhibited so that these can be incorporated into individualized therapy suggestions.)

Adulthood

Did you graduate from high school? _____
What did you do after graduating from high school?

_____

College? Yes___ No___
What was college like? Describe your experience there: _____

(Some people, free from parental restriction, thrive, whereas others experience difficulty with the responsibility of emancipation.)

Relationships?_____
(Some individuals continue patterns of relationship—positive or negative—established in high school. Others learn and mature in their object choice.)

What happened after college? _____ Keep going with your story, telling me the important events that shaped you (relationships, successes, traumas, milestones).

_____

What has been the worst experience of your life? _____

(This is an opportunity to marvel at the fact that "in spite" of such adversity clients have shown some degree of resilience by getting through it and also provides a chance to empathize with the understandable pain and sequelae. Ask them what helped most, lessons learned, and so forth.)

What is your greatest accomplishment? _____
(This may give you ideas about their signature strengths and resources.)

Medical and Psychiatric History

Have you ever been involved in a major accident or trauma?
Yes___ No___

(Acknowledge their emotion and the difficulty in the retelling of any trauma. Spend some time helping them gain a sense of empathy for themselves, and reinforce their courage in telling the story. Consider how the trauma may have reactivated any emotional scar tissue of early childhood events.)

Any head injury? Yes___ No___
Any loss of consciousness? Yes___ No___
Have you ever received psychiatric or psychological treatment or counseling?
Yes___ No___
If yes, describe your experience:
Have you ever had any symptoms of depression or experienced serious sleep or appetite difficulties? Yes ___ No ___
If yes, describe your experience:
Have you ever had any symptoms of anxiety? Yes ___ No ___
Have you ever had a panic attack? Yes ___ No ___
If yes, describe your experience:
Are you currently or have you in the past taken medication for these or other emotional problems? Yes___ No___
Have you ever felt so hopeless and discouraged that it was a struggle to just simply keep going? Yes___ No___

Did you ever consider suicide or have you ever attempted suicide?
Yes___ No___

Have you ever had an eating disorder? Yes___ No___

Any medical problems or concerns? _____
How do you sleep currently? Difficulty falling asleep, staying asleep, or waking up?

How is your memory and concentration? _____
How is your mood? _____

Drug and Alcohol History

How much alcohol do you drink each week? _____
What drugs have you experimented with (e.g., marijuana, cocaine, speed)?
Do you currently use? If yes, how much or how often? _____

At the conclusion of the history gathering, acknowledge the trust it takes for clients to tell their story, and thank them for being open and forthcoming. It may be wise to take a break or even schedule the testing for another day to give clients some time to process their experience of the therapeutic history.

Introducing the Test

Properly introducing the MMPI-2 can minimize defensiveness. Clients should be informed about the nature and purpose of taking the MMPI-2 and should be given an honest and clear indication of how the results will be used. It is useful to explain that after completing the test, once it is scored, clients will participate in a collaborative discussion of the results; if any feedback doesn't feel or sound "just right," the client and psychologist will act as a team to hone the interpretation. Consensus may not be possible in some situations but ought to be a goal whenever possible. Allowing clients to record the session or take notes affirms a collaborative, transparent relationship.

Sometimes roles can become murky, with negative consequences. Consider the following scenario given by Pope (1992). A therapist was asked to assess a client by a colleague. When the client returned to the next therapy session enthusiastic about how helpful the feedback was, the referring therapist became enraged; it was the referring therapist's intention to use the report to provide feedback to the client. This is one instance of the pitfalls that can occur, so despite the description of the goals of the assessment and the nature of the relationship in the informed consent it is prudent to spend time discussing the details with all parties involved. Once the nature of the relationship has been addressed, the therapist can go over the test materials and can explain how best to complete the test.

We have found the following statements useful as a way to introduce people to the MMPI-2:

- The MMPI-2 stands for the Minnesota Multiphasic Personality Inventory, Second Edition. It is a long name, but it is essentially a personality measure developed in Minnesota in the 1940s and extensively modernized. An advantage of the test being around so long is that it is widely researched and is the most widely used personality test in the world.

- The MMPI-2 is used in a variety of settings with many different types of people. The purpose for you taking the test today is ___.
- There are 567 items, all to be answered true or false. It typically takes people about 1 to 2 hours to complete the test. You can take as long as you need because people vary a great deal in the time they take to complete the test. You are free to stretch and take short breaks as needed. It's important that you feel comfortable and not distracted, so if at any time you need a break or find the conditions uncomfortable tell the person available.
- It is important for you to be open and honest with your answers for us to understand you well. Your focus and attention are important as you answer the questions. It is helpful if you double-check at the end of each row to make sure you are on the correct question and have not lost your place.
- Answer according to your current feelings and experiences, and answer what you feel is true about yourself.
- Even though some questions may appear to not apply to you, answer every question, as omitting questions might distort our ability to understand you accurately. If you don't feel strongly either way about an item, answer whether is it *mostly* true or *mostly* false. Answer all items. Please also note any questions you have difficulty answering or find confusing or irritating, and we will discuss them after you have completed the test.
- Remember that the feedback session is a two-way process, so you will be actively involved in helping me understand you. If the test results don't describe you accurately or are not helpful, you will have a chance to clarify how you see yourself. We have asked you to take this test because it will help us understand you more fully and in less time. It will provide a road map and a beginning point to explore how you feel and what kinds of events may have shaped you.
- There are a large number of questions because the test is flexible and was designed for many different possible symptoms and personality types.
- The feedback is a vital part of this process and will help determine the accuracy of the results. The value of the assessment depends on a collaboration between us so you will be able to clarify and describe the way you see yourself. It would be ideal if together we could develop a picture of who you are.

Conditions for Testing

The MMPI-2 can be administered individually or in a group setting. A trained proctor should be on hand to monitor the process and to answer questions as

appropriate. Proctors should be instructed to give simple definitions of words or colloquialisms but beyond that to instruct the client to answer the question "as you understand it."

The test should not be given to the client to take home to maintain the integrity and security of testing and the test materials (APA, 2002). It is, however, permissible to administer the test over several short sessions. The test taker should have at least a sixth-grade reading level (Greene, 2011), although an eighth-grade reading level will increase the probability of a valid protocol. The MMPI-2 should be used with clients 18 years of age or older.

At the close of testing, offer some empathy and appreciation for clients' efforts in taking such a long test, and reinforce the idea that it will be interesting to see what light the results shed on questions about themselves or how they are feeling. Although the results can be quickly obtained with computerized scoring systems, it is advisable to schedule a separate feedback session when the client is rested and the therapist has had time to reflect and prepare the feedback.

Ethical Issues and Pitfalls

In any assessment situation, the possibility exists that the process will uncover a current or impending crisis that requires immediate intervention. The clinician may be required to report abuse or to respond to clients who decompensate during the course of the assessment and should be prepared to address any immediate problems, from substance abuse to suicidal ideation. Assessment data are powerful and can be misused, making ethical guidelines particularly important; for example, clinicians should avoid using assessment data collected in the role of marital therapist to later proffer a forensic opinion in support of one spouse against the other. Whenever possible the clinician protects the security of the test questions and scale composition. For a deeper discussion of assessment ethics, clinicians should consult *Essential Ethics for Psychologists: A Primer for Understanding and Mastering Core Issues* (Nagy, 2010).

In summary, the preassessment phase consists of three steps: (1) initial rapport building, which involves reassurance of collaboration and inquiry about assessment questions and past assessment experiences; (2) obtaining a therapeutic history using positive reframing of significant or traumatic events; and (3) introducing the test in a manner that will encourage open and candid responses and a valid report. Each step is an opportunity for both gathering data and providing the client with positive or corrective experiences. The therapist is mindful of any areas for immediate concern and is focused, attentive, and aware of clients' changing levels of comfort throughout the assessment.

PREPARING THE TEST RESULTS FOR THERAPEUTIC FEEDBACK

Scoring

We suggest that MMPI-2 protocols be scored and evaluated by one of the computerized scoring services, such as Q Local by Pearson Assessment (www.pearsonassessments.com) or Caldwell Reports (www.caldwellreport.com). We advise against hand scoring, as the possibility of scoring errors is large, and computerized scoring can be used to rapidly score and profile the test results (Butcher, 2009). Scoring programs, with their double-entry format, will always be as accurate, and usually more accurate, than scoring by hand (Greene, 2011). With computer administration, only one question is read at a time, which eliminates the occasional problem of misalignment of question-and-answer space. In addition to computerized scoring, strides have been made in developing computer-based test interpretation, with Q Local being widely used and geared toward clinical relevance and ease of use (Butcher, 1987). We see our feedback statements as adjuncts to, not replacements for, the traditional computer "expert" generated reports.

Validity

Typically, the first and sometimes the most difficult step after obtaining a scored MMPI-2 report is determining validity. We assume the reader has a working knowledge of the MMPI-2 validity guidelines, consults a standard text on the matter (Butcher, 2009; Graham, 2006; Greene, 2011), or relies on the computer-generated reports to aid in determining validity. Validity in the traditional sense deals with the adequacy of the results to make any decisions or to generate any interpretations about the assessed (Butcher & Han, 1995; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989; Caldwell, 2008; Friedman, Levak, Nichols, & Webb, 2001). In traditional uses, when the test is deemed invalid, little else can be said about it. In our feedback approach, we require no a priori assumptions about the "truth" value of the feedback statements as they apply to the client, although correlates on which they are based are empirically devised (Arbisi, Ben-Porath, & McNulty, 2003; Butcher, 1990; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989; Butcher & Williams, 2000; Caldwell, 1988, 1997; Gilberstadt & Duker, 1965; Marks & Seeman, 1963; Marks, Seeman, & Haller, 1974).

We do not assume that the feedback statements are distinct or all-inclusive or that any one feedback paragraph is more important or formulated more precisely than any other. Nor do we claim empirical accuracy for our hypothetical or causal background experiences. We view our statements as propositions

and discussion points to be explored, expanded, refined, and validated by clients from their existential experience. Ideally, the criteria for validity would be complementary perspectives through which clients and clinicians share similar views. However, clients should ultimately be the judge of the accuracy and usefulness of the feedback. The therapist should note which particular feedback statements create understanding and further insight or disagreement and should encourage clients to expand on additional issues beyond those of the feedback. The "proof of the pudding" is in the clients' experiencing, confirming, and refining each element of the therapeutic feedback report. The end product of traditional MMPI-2 consultations can be only as valid as the correlates or the interpretations themselves. The end product of therapeutic feedback, however, requires individualized confirmations beyond that of the correlates or the interpretations on which they are based. Therefore, we provide feedback statements for validity scale configurations that would traditionally be seen as invalid, since they allow for a dialogue about possible sources of invalidity. Feedback, from the client, in turn, provides further data about sources for the possible invalidity.

Composing a Feedback Report

Written Report or Verbal?

The desirability of a written or verbal report to the client will depend on therapist preference, the sophistication and emotional resilience of clients, and the purpose of the assessment. In some cases the clinician may want to avoid a written report to maintain control over the intensity and tempo of the feedback and family background statements. In other cases the feedback statements may be suitable in a written format for clients to distill and sort in their order of salience and usefulness for later discussion. Explaining the hypothetical nature of the statements can prevent difficulties arising from a client feeling inaccurately portrayed by any particular statement. A therapeutic feedback report would be made up of the relevant validity statements ("Approach to the Test"), the feedback and background statements ("Feedback and Background Statements"), and the self-help statements ("Self-Help Suggestions").

Approach to the Test

Note the validity scores on VRIN, TRIN, L, F, Fb, Fp, K, and S. Refer to the corresponding sections in Chapter 3, "Validity." The "Descriptors," "Therapist Notes," and "Lifestyle and Family Background" sections provide therapist-to-therapist, empirically derived descriptions of the clients' test-taking attitude and possible personality attributes. These are typically not shared with the client. The "Normal-Range Feedback," "Feedback Statements—Elevated Profiles,"

and "Lifestyle and Background Feedback" sections for the validity scales can be read verbatim as discussion points, can be modified by the therapist, or can be copied from the book and given to the client in as many sections at a time as appropriate. However, the code-type background experiences are usually more relevant than the validity background experiences.

Feedback and Background Statements

To individualize a written or verbal report, find "Normal-Range Feedback," "Feedback Statements—Elevated Profiles," and "Lifestyle and Background Feedback" in the chapter for the relevant elevated scale or code type. These statements can be shared directly with the client as a basis for therapeutic dialogue.

The therapist-to-therapist section for each scale and code type begins with the heading "Descriptors," which contains a convenient list of words or phrases that are commonly associated with the scale or code type and can be used to make initial hypotheses. The "Therapist's Notes" and "Lifestyle and Family Background" sections are also intended for the clinician and can provide additional clinical data to enrich the feedback statements though the clinician will need to reformulate it into user-friendly therapeutic language. This latter section should not be shared verbatim with the client. The "Modifying Scales" section provides a refinement of the profile interpretation. The first step in preparing a therapeutic feedback report is to determine whether a single-scale or code-type interpretation will be used.

Single-Scale Versus Code-Type Interpretation

To create a feedback report that is congruent with MMPI-2 scale elevations the therapist must determine whether to use a single-scale or code-type interpretation. As a rule of thumb, examining the two or three scales with the highest scores usually provides the code type. Clinicians unfamiliar with the concept of code types should consult standard texts (Butcher, 2006; Friedman et al., 2001; Graham, 2006; Greene, 2011). A profile is considered to have a "well-defined" code type if the *lowest* clinical scale in the code type is at least five T-score points higher than the next highest scale in the profile. If the profile contains a well-defined code type, the background and feedback information can be used with greater confidence. In the absence of clear profile definition, consider using single-scale elevation feedback; alternately, the assessor can examine each of the possible combinations of code types in the profile (Caldwell, 1985). We have included 27 two- and three-point code types that occur with relative frequency and have adequate interpretive literature (for a list of sources consulted in preparing descriptors of code types, see Chapter 1. If the code type in the profile is not among those listed, we suggest using the single-scale descriptors.

A profile is considered a "spike" if a single scale is 10 T-score points higher than the rest of the clinical scale scores. While it is sometimes argued that interpretations should be provided only when the clinical scales in the code type or spike have T-scores greater than 60 (Graham, 2006), we have included feedback statements for both elevated profiles (T-score > 65) and for normal range profiles (T-scores of 50 to 65). Normal-range interpretations are more speculative and in some cases are based on clinical lore, so they should be used as discussion topics rather than as findings. Once the decision has been made as to whether the profile is a spike or a two- or three-point code type, the assessor will find corresponding feedback statements in Chapters 4 to 13. Consider the following example:

Scale 2 (T-score = 80) and Scale 4 (T-score = 78) with the next highest scale of T-score = 73. This is a well-defined 2-4 code type, and the assessor will find the corresponding feedback statements in Chapter 5 describing the 2-4/4-2 code type. Some sample feedback statements for this code type:

- Currently, your profile shows that you are feeling quite depressed, unhappy, and sad.
- Your profile shows that right now you feel very disconnected from others and even yourself. You feel like you have no one to turn to, and you feel alone, without a sense of community or a sense of support.

When composing a therapeutic feedback report, the statements associated with the code type should be explored with clients either in written or verbal form and modified if appropriate by the clinician. The specific order of the feedback statements is not critical and may be individualized based on the clinician's judgment.

Next Highest Scale

When multiple scales are elevated above a T-score of 65 and are close to the elevation of the primary code type, the clinician may want to discuss or report feedback and background experience statements associated with these other scales. Using the previous 2-4 code-type sample, if Scale 9 were elevated third and above a T-score of 65, some or all of the feedback statements from Chapter 12, depending on the clinician's judgment, could be added to the previously given ones. Such therapeutic feedback statements might elicit dialogue about increased impulsiveness, agitation, and acting out:

- You may have periods where you overcommit and take on so many tasks and activities that it is impossible to complete them all.
- During these times, you may engage in behavior that you later see as reckless and even dangerous.

Feedback statements for Scales 5 and 0 should be included regardless of T-score elevations. These scales will provide personality descriptors but may also be a source for identifying clients' strengths and areas of resilience. In the previous example, consider the 2-4 code type with a T-score of 41 on Scale 0. The following feedback statements from Chapter 13 can be used to highlight strengths and can help clients create a more hopeful narrative:

- Your profile suggests you have a number of strengths. You are an extroverted, people-oriented individual who is never happier than when you are relating to others.
- You're not afraid to relate to people, and you're not afraid to open up, talk about how you feel, and inquire about others' feelings.

Tying these elements of the profile together, the sample 2-4 client is depressed, feels disconnected from others, can be occasionally impulsive, but is extroverted and socially comfortable.

Background Experiences

Once the feedback statements have been identified and either discussed or prepared into a written report, the "Lifestyle and Background Feedback" section can be copied verbatim and shared with the client, modified and shared, or used as a discussion topic without being directly shared with the client. Comparing this section with the client's therapeutic history can be instructive and provides an opportunity to fine-tune the integrative process based on clients' feedback about the accuracy of the MMPI-2 background statements. In the elevated 2-4 code type, an example of background feedback might read as follows:

People with your profile sometimes grew up in environments where, from an early age, they had to rely on themselves. Perhaps your parents were unavailable or unreliable, or perhaps you saw them as selfish, unreasonable, and mean. You may have learned to rely on yourself and to not trust others with your vulnerable feelings.

Separate "Lifestyle and Background Feedback" for normal-range elevations is not included, so we suggest modifying the material from the elevated code type. A normal-range background feedback for the 2-4 code type, for example, will be based on the "Lifestyle and Background Feedback" section for elevated profiles; however, it will need to be more tentative and speculative. A typical normal-range background feedback bears similarities to the feedback from the previously given elevated code type:

People with your profile sometimes grow up in environments where, from an early age, they needed to be self-reliant. Perhaps your parents were somewhat unavailable so you learned to be independent and self-sufficient.

Self-Help Suggestions

For each scale and code type, "Treatment and Self-Help Suggestions" provide tools to help clients feel more positive and hopeful. These suggestions are evidence-based treatments for specific symptoms, feelings, thoughts, and behaviors associated with the scales and code types. Therapists may add these to the feedback report and modify and append them based on individual circumstances and therapist style and experience. Although these statements are geared to clients, footnotes are included to guide the clinician to background research and further resources.

THERAPEUTIC FEEDBACK AND THE COLLABORATIVE PROCESS

Therapeutic feedback is not unilateral, hierarchical, technical, or judgmental; rather, clients are asked to join in the discovery process of who they are and the events that have shaped them.

Therapeutic feedback does not mean that the therapist "sugar coats" the findings but rather looks for ways clients' symptoms and behaviors can lead to positive reframing and can be seen in the wider context of human attempts to adapt and thrive in the face of adversity.

If a client disagrees with the applicability of a particular feedback statement, the clinician should not attempt persuasion as to the statement's accuracy and relevance. Rather, the disagreement should be welcomed as an opportunity for further clarification and exploration of related or different experiences. For example, we have encountered individuals with elevated 2-7-8 code types who do not experience themselves as depressed. They appear to have habituated to chronic dysphoria that is egosyntonic. If feedback statements about their possible experience of sad and unhappy moods were to be met with resistance, the clinician could explore the clients' experience of happiness and joy, using the initial resistance as an avenue to help them become more aware of their emotional life. The following chapters provide material for a starting point for the therapist to initiate the collaborative process of self-discovery, self-empathy, and emotional healing.

Chapter 3

Validity

LIE SCALE (L)

Descriptors

Complaints

Feeling judged, unfairly criticized, or accused

Thoughts

Conventional, judgmental, moralistic, lacking in insight, inflexible, psychologically naïve

Emotions

Self-controlled, denying, constricted emotionally

Traits and Behaviors

Self-righteous, defensive, conscientious, rigid, naïve, perfectionistic, psychologically unsophisticated

Strengths

Self-controlled, conscientious, conforming, high standards, independent, self-reliant

THERAPIST'S NOTES

Characteristics associated with elevations on the L scale include not only defensiveness but also rigidity and a need to "put up a good front" (Butcher & Perry, 2008, p. 31). The original Minnesota normals had on average between eight and 10 years of formal education (Dahlstrom, Welsh, & Dahlstrom, 1972). A large portion, about 80%, of the 1989 restandardization sample normals had a college education, so they tended to obtain low L scale scores because they were sophisticated enough to see through the questions. Consequently, non-college educated individuals now score higher on the MMPI-2 L scale than they would have on the original MMPI when they were compared to other high school graduates. Elevations on the L scale can occur for a number of reasons. People who feel unfairly accused or judged can exhibit an understandable defensive response and attempt to present themselves as virtuous and above moral

reproach. Studies show that it is not uncommon, for example, for the L scores among individuals involved in child custody evaluations to be 1½ to 2½ raw scores higher than for the general normal population (Bagby, Nicholson, Buis, Radovanovic, & Fidler, 1999; Posthuma & Harper, 1998). On the other hand, individuals who are psychologically naïve, black-and-white thinkers or who are rigid in their belief systems can also obtain high scores on the L scale. In this latter case, the L scale elevation reflects a rigid and judgmental personality style with values that don't allow for shades of gray.

In other cases, the L scale may be elevated as a result of psychological constriction due to a psychotic disorder with prominent paranoid features (Coyle & Heap, 1965; Fjordbak, 1985). The L scale may also be elevated with individuals who have not carefully considered the items but are attempting to "pass" the test, answering the questions with a view to looking their best. It is important for the clinician to use the feedback statements with clients to explore and determine the source of L scale elevation variance. In cases where the high L scale elevation is the result of emotional constriction, denial, lack of insight, and a judgmental, critical personality structure, look for childhood histories of disapproving, fault-finding parents who imparted inflexible values. If the therapist determines that the L scale elevation is due to defensiveness, then the clinician needs to explore whether this reflects a repressing and conscious form of positive impression management or, less commonly, an unconscious defensiveness. Generally, the higher the elevation on the L scale, the lower the elevations to be on the clinical scales. In some cases, however (e.g., workers' compensation cases), it would not be unusual for the L scale to be elevated with clinical scale elevations revealing a repressed, inhibited, somatizing depression. In such instances, the L elevation could reflect conscious positive impression management as well as a rigid, naïve personality organization congruent with the elevations on Scales 1, 2, and 3. Exploration of clients' childhood experiences around value indoctrination, their level of psychological sophistication, and their motivation to appear unusually virtuous can help determine whether the L scale elevation reflects unconscious psychological rigidity, conscious distortion, or some combination of the two.

LIFESTYLE AND FAMILY BACKGROUND

It is hard to know without an interview if the high L score is due to conscious defensiveness or unconscious rigidity of values and a lack of psychological sophistication. High L scores can be obtained from bright and educated people who nevertheless have very rigid values. In the presence of a lifestyle of rigid and judgmental attitudes, look for a history of strict and uncompromising parental values. If the high L is due to fears of being judged and reflects a conscious attempt to "pass" the test, explore the clients' fears about how the results of the test may be used as well as the possibility of a future retest.

MODIFYING SCALES

- When the Correction (K), Positive Malingering (Mp), or Social Desirability (Sd) scales are also elevated, the high L is likely due to conscious positive impression management. If these other scales are within normal limits, the L elevation may be reflecting a rigid black-and-white personality style.
- When Scale 6 is elevated, the L score may indicate fears of being judged and criticized as in a criminal defense case or a paranoid disorder.

THERAPY AND THERAPEUTIC PITFALLS

Validating the clients' desire to be above moral reproach would be an important initial alliance-building strategy. Beware of clients feeling judged by the therapist and eliciting countertransference because of their defensiveness and judgmental attitude. Educating clients about how people have different values and how the rigidity of their own may make others defensive around them could help them to become more flexible. Also explore early parental demands for strict "goodness" and the pressure to perform and be pleasing to avoid criticism.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your score on this scale is in the normal range. You were able to achieve an appropriate balance between being honest and the temptation to create an overly favorable impression of yourself. You admitted to normal human failings, showing you have good self-awareness and the confidence to be yourself. You were honest about your strengths and vulnerabilities.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Feeling Judged or Unfairly Accused

Your profile suggests that you may be feeling vulnerable to being judged. Perhaps you took the test against your will, or you may think the results are going to be used against you. You answered a number of questions that indicate you want the psychologist to know that you are a person who is above criticism and has high moral standards.

Conventional

People with your profile tend to have conventional values and a strong belief about the right and wrong way of doing things. People may see you as straightlaced and uncomfortable with people who don't share your values.

Judgmental or Moralistic

Because you have high personal standards and such a strong sense of the right and wrong way to behave, others may see you as somewhat judgmental or critical of them.

People with your profile can be seen by others as having a tendency to scrutinize others' moral behavior.

Conscientious or Self-Controlled

You work hard to follow the rules and do the right thing. You answered the test in a manner that suggests that you control your emotions to make sure your feelings and behaviors are above moral reproach.

Lacking Insight

The way you answered the test items suggests that you tend to see the world in somewhat black-and-white terms. Because of this, people may see you as lacking insight into normal human frailties. Because of your strong sense of values and morals, you may come across as unaware of the shades of gray that typify most people's moral judgment.

Defensive

It's possible that you answered the test cautiously, putting your best foot forward and wanting to minimize the possibility of others judging or criticizing you. It may be that you are the kind of person who goes through life guarded about doing anything that could lead others to find fault with you.

Rigid or Perfectionist

People may see the fact that you are so cautious about doing the right thing as somewhat rigid and inflexible. Your high standards may lead others to see you as demanding perfection and as being unreasonably critical of others. People may find it hard to live up to your high standards and may want to argue with you or resist your values.

LIFESTYLE AND BACKGROUND FEEDBACK

You may have grown up in an environment where parental figures were critical and judgmental and moral standards were hard to live up to. Perhaps you follow a strict religious code of conduct that does not allow for moral shades of gray. It's also possible you are wary of how the test results could be used against you, so you were careful to reveal your "best side."

TREATMENT AND SELF-HELP SUGGESTIONS

1. Talk to your therapist about using cognitive-behavioral tools to help modify your "black-and-white" and "all-or-nothing" thinking.
2. Work with your therapist to explore any early experiences where you felt you had to be above criticism. Once you have identified those experiences, you and your therapist can use cognitive-behavioral techniques to challenge and modify those early childhood assumptions.
3. Because you tend to be a perfectionist, "thought-stopping" techniques can help you manage the negative thoughts that you are not doing things "well enough." Whenever you become aware of critical thoughts about others, forcefully say to yourself, "Stop." Some people find it helpful to picture a large red stop sign at the same time. Some critical and negative thoughts tend to repeat themselves, so this is a way to recognize and disrupt unhealthy thought patterns. Repeat the technique until the thought is out of your mind. You can then replace it with a more positive and constructive thought (e.g., "I have felt this way before, and I know I can handle this").

THE INFREQUENCY SCALE (F)

Descriptors

Complaints

Stressed, unsatisfied, panicked, pleading for help, confused, possible reality distortions, alienated

Thoughts

Low self-esteem, self-deprecating, identity confusion, disorganized

Emotions

Moody, unstable, mixed, angry, fearful

Traits and Behaviors

Traits and behaviors dependent on the clinical scale elevations

Strengths

Unconventional, challenges the status quo

THERAPIST'S NOTES

Normal-range scores indicate a willingness to be open and honest about any unusual experiences and freedom from major psychopathology. F scale elevations are one of the best predictors of validity (Berry, Baer, & Harris, 1991). The F scale elevations also reflect clients' current levels of pain, fear, and their general level of psychological organization and stability. The scale consists of unambiguous content areas of physical symptoms, paranoid ideation, psychotic traits, family enmity, schizoid underinvolvement, psychotic processes, and a compulsion to pathological activity. F scale scores above a T-score of 85 are not always invalid. Although they may indicate overreported psychopathology, they may also reflect severe distress, disorganized, possibly psychotic thinking, or behavior disorders. In some psychiatric settings where clients are extremely disturbed or in cases where young adults have experienced a panic disorder following bad drug reactions, highly elevated, but valid, F scores are not uncommon. However, with F above a T-score of 85, the clinical scale elevations are less likely to be stable on retest.

F scores between a T-score of 55 and 65 reflect the endorsement of some unusual items and, therefore, a certain level of psychological pain and distress. However, elevations of F in this normal range could also reflect eccentricity, nonconformity, or a situational adjustment reaction. The higher the F scale score, the more likely the clients are experiencing disruptions in cognitive and behavioral efficiency and emotional stability. In the presence of elevated clinical scales, T-scores between 55 and 65 suggest a stable, perhaps ego syntonic

disturbance. F elevations between 55 and 65 in the presence of a low clinical profile would predict unconventional, although not necessarily disturbed, individuals. F scores below a T-score of 50 could reflect someone who is denying and defensive, especially if the K and L scales are elevated. A low F score may also reflect conventional but stable, psychologically well-balanced individuals who have few complaints and no psychological impairment.

Determining validity is a multivariate process. It involves examining all of the validity scales, taking into consideration the setting and the clients' motivation to employ positive or negative impression management.

When giving feedback, discuss high F elevations as reflecting clients' levels of pain and concern about their psychological state. Even when profiles are exaggerated, it may be useful to tell clients that the F scale reflects that they may be panicked and pleading for help from the therapist. In cases where malingering is suspected, discuss that they may have taken the test wanting to make sure that the therapist knew they were experiencing mental problems and, in the process, exaggerated some of their symptoms and disturbed behaviors.

LIFESTYLE AND FAMILY BACKGROUND

When the F scale elevation reflects overendorsement due to panic or a need to appear disturbed, there is no consistent lifestyle and family background. In some cases, however, high elevations on the F scale reflect a stable, although disturbed, personality organization. These elevations are associated with a chaotic, emotionally unstable lifestyle and backgrounds of neglect, abuse, or psychological trauma. In situations where the F scale reflects a recent crisis or trauma and subsequent psychological collapse, the lifestyle of these individuals tends to be chaotic, with unstable relationships and general inefficiency and disorganization.

MODIFYING SCALES

- When Dissimulation (Ds), Infrequency Psychopathology (Fp), and Back Infrequency (Fb) are elevated above a T-score of 85, consider exaggeration or malingering. If Fp is below a T-score of 80, high F scores may be reflecting a severe mental disturbance.

THERAPY AND THERAPEUTIC PITFALLS

As the F scale goes up above a T-score of 65, the goal of therapy is stabilization. Supportive, practical treatment strategies as well as medication referrals are often appropriate for these individuals. When the high F score reflects a panic or plea for help, therapy should include risk assessment, possible hospitalization, and ongoing monitoring of their condition. Avoid insight-oriented therapies that could overload individuals who may already be emotionally and cognitively

disorganized. Moderate scale elevations between a T-score of 55 and 65 suggest a more stable disorder; the code type will indicate treatment strategies.

NORMAL-RANGE FEEDBACK (T-SCORE 45 TO 55)

The score on this scale is in the normal range. This is where we expect your score to fall when you feel free of psychological distress or have done a good job of minimizing its impact on you.

Your profile suggests moderate distress and discomfort. You have somehow learned to manage its effect.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Stress, Panic, or Feeling Alienated

Your profile suggests that currently you are feeling a great deal of stress and emotional turmoil. You may be panicked by how you are feeling, and you may be overwhelmed by unpleasant feelings and thoughts. Sometimes when you feel worse, you may be extremely fearful that your life is out of control. Because you often feel confused and tense, it is hard for you to connect with other people. You may feel others don't understand the distress you feel, so it leaves you feeling isolated and alone.

Pleading for Help

Sometimes when people feel panicked and out of control, they feel a sense of desperation and want somebody to help them. Your profile suggests that you are asking for psychological help and want your therapist to know that you feel distressed and, at times, desperate.

Confused or Disorganized

Your profile suggests that you may be experiencing a lot of confusion with many competing thoughts and emotions. It may be hard for you to think clearly and to organize your thoughts and label your emotions. This confusion may make you less efficient and may frighten you.

Unconventional

People with your profile generally think differently than others. It may be due to some recent stress or trauma, or it may be that you've always looked at things somewhat differently than others.

Moody or Unstable

Your feelings may sweep over you so that you're caught off guard, and you may experience sudden shifts in your mood. One moment you may find yourself happy and upbeat, perhaps without knowing why, and then you can feel down and unhappy for no apparent cause.

LIFESTYLE AND BACKGROUND FEEDBACK

Your profile suggests you may have experienced some recent trauma or setbacks that are causing you fear, anxiety, and unhappiness. Perhaps growing up you experienced painful losses, unsupportive adults, or even some kind of neglect and abuse. Recent events may have restimulated old psychological scar tissue, making current painful events even more difficult.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Discuss with your doctor whether medications might help you feel better and more in control. Avoid alcohol or illegal chemical agents as a way of feeling better, as this can actually make you feel worse.
2. People with your profile feel better in structured, safe environments. Until you feel better, avoid stressful situations, and try to take good care of yourself by being with people around whom you feel safe.
3. If you do feel panic, there are things you can do to minimize the likelihood that you will experience a panic attack. Start by decreasing or eliminating caffeine, as some people are sensitive to its effects. Your therapist can also help you with deep breathing and relaxation exercises.

CORRECTION SCALE (K)

Low K (T-score < 45)

Descriptors

Complaints

Overwhelmed, insecure, sometimes confused, inefficient, vulnerable to stress, low self-esteem

Thoughts

Self-doubting, self-critical, inchoate, frightened, disorganized, jaded or cynical view of others

Emotions

Fearful, ambivalent, overwhelmed, underregulated, alienated from others

Traits and Behaviors

Direct, nondefensive, easily overwhelmed, cynical, complaining, impulsive, demanding

Strengths

Open, honest, candid, spontaneous, emotionally authentic

THERAPIST'S NOTES

Low scores on Scale K suggest directness, nondefensiveness, vulnerability, and emotional undercontrol. When the clinical scales are elevated in the presence of low K, this suggests that the personality characteristics associated with the clinical scales will be palpable and robust. In some cases, the low K score can point to exaggeration and a "cry for help," especially in highly elevated clinical profiles (clinical scales with a T-score of 80 or above). Early research (Heilbrun, 1961; Smith, 1959; Sweetland & Quay, 1953) suggested that low K scores measured defective personality integration and poor adjustment. When the clinical scales suggest a severe disturbance, low K scores indicate difficulty coping and the need for concrete supportive, nurturing therapeutic help; in such cases, avoid insight therapy initially until clients are stabilized. In the absence of clinical scale elevations, low K scores need not reflect emotional disturbance but, rather, emotional directness and a lack of regard for social niceties. Individuals with low K scores tend to disregard or rise above others' judgments about their emotional expressiveness.

LIFESTYLE AND FAMILY BACKGROUND

Lower K elevations are associated with lower educational levels and lower emotional sophistication. The lifestyle of people with low scores on K tends to be one in which emotions and stress are likely to cause disruptions in efficiency and productivity. In the absence of any elevations on the clinical scales, however, the low K could reflect open, emotionally spontaneous, and uninhibited individuals. Typically, the lower the K, the more likely it is that the person feels she or he is at the mercy of the emotional states revealed by her or his clinical scale scores, and this may be associated with family backgrounds of emotional disturbance and trauma. However, this kind of disturbance and possible family background would be revealed by the clinical scale elevations and a comprehensive history.

MODIFYING SCALE

- When the Dissimulation (Ds) and Infrequency Psychopathology (Fp) scales are elevated above T-scores of 80 and 100, and the F scale is above a T-score of 85, the low K would confirm a pattern of exaggeration.
- When the clinical scales are below a T-score of 65 and the F score is below a T-score of 65, the low K may reflect a brash emotional directness.
- When the Ego Strength scale is elevated above a T-score of 65, the low K may reflect individuals who are unencumbered by restrictions of social appropriateness and are unusually comfortable with emotional spontaneity.

THERAPY AND THERAPEUTIC PITFALLS

In the presence of elevations on the clinical scales, a low K score would suggest a need for immediate, concrete support and ego strength-building exercises. Self-soothing and thought-stopping to deal with the emotional turmoil associated with clinical scale elevations are recommended. In the presence of a severe disturbance, a low K, combined with an Ego Strength (Es) scale that is below a T-score of 40, may indicate a collapse of ego defenses, so insight therapy is contraindicated. In such cases, suicide threats and the possibility of even minor stress being disorganizing should be considered.

NORMAL-RANGE FEEDBACK (T-SCORE 45 TO 65)

Your score on this scale is in the normal range. This score reflects that you answered the questions openly without trying to be too self-critical. Your approach was honest and accurate to the best of your abilities. You are likely

to be self-reliant and enterprising and to have good coping skills. You have a wide range of interests and adequate resources. We appreciate your willingness to make yourself vulnerable to this process.

FEEDBACK STATEMENTS—LOW T-SCORE PROFILES

Typically, the descriptors and feedback statements associated with elevations on the clinical scales will supersede the following. Some of these feedback statements could be used to supplement feedback from the clinical code-type scales. These statements are also not appropriate if the clinical scales are all below a T-score of 60.

Underregulated

Your profile suggests that you wear your feelings on your sleeve and that you are easy to read as far as emotions are concerned. If you're feeling upset, angry, or happy, others can easily see it. At the same time, if you're feeling angry or upset, the intensity of your emotions may be seen by others as excessive or inappropriate.

Easily Overwhelmed

Currently, you may be feeling overwhelmed emotionally so that your feelings overpower you and make it hard for you to function effectively. When stress arises, it may disorganize you so that you find it hard to be effective and get much done. The intensity of your emotions may even frighten you.

Self-Doubting or Self-Critical

Because you feel so knocked off balance, you may doubt yourself and, therefore, have difficulty making decisions or demands on others. It's hard for you to trust what you're feeling and what you're thinking. You tend to be your own worst critic, and you're always observing yourself from a very critical standpoint.

Anxious or Fearful

Some of your thoughts may frighten you, and you may find it hard to "switch them off," even though you try to do so. Currently, you may find yourself always on edge, anxious, and fearful that something bad is going to happen.

Direct or Nondefensive

People with your profile find it hard to control what they're thinking and feeling so they tend to be direct and even blunt, which sometimes may backfire. The way you approached the test shows that you are very open and nondefensive, willing to talk about what you're feeling.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Find ways to switch off your mind; perhaps learn to meditate so that you can have moments where you do not feel overwhelmed.
2. Every evening, write down a list of a few things you want to get done the next day. When you wake up, begin to work on your list so that you feel some sense of accomplishment. A list will help you feel like you have some control over your thinking and behavior.
3. Learning various types of intentional relaxation can help calm your automatic reactions to stressful situations. One type of relaxation, diaphragmatic breathing, exerts a powerful effect on your physical response to stress. When you feel stressed your breathing is rapid and shallow, but this exercise can calm the automatic response of your nervous system and reduce reactive thinking and destructive emotions. Work with your therapist to learn the diaphragmatic breathing, practice twice daily for 2 weeks, and then continue to practice on a regular basis.

CORRECTION SCALE (K)

High K (T-score > 65)

Descriptors

Complaints

Few or no complaints

Thoughts

Denying, conventional, rational, logical

Emotions

Defensive, emotionally constricted, underreporting of feelings, guarded, controlled, "stiff upper lip"

Traits and Behaviors

Controlling, uncomfortable with emotionality, conventional, conforming, socially appropriate, lacking self-awareness

Strengths

Socially appropriate, self-reliant, positive self-concept, resilient, strong capacity to manage emotional stress

THERAPIST'S NOTES

High K scores are associated with defensiveness, emotional constriction, and conventionality. As a result, the therapist will have to multiply the intensity of what the clients are saying to gain a true sense of empathy for them (Caldwell, 2008). High K scores can occur for a number of reasons. Clients who are consciously defensive and are attempting to "pass" the test may obtain high K scores. However, in other cases, a high K score occurs as a reflection of these individuals' upper socioeconomic status. People from wealthier backgrounds tend to espouse a cultural value of control, constraint, and social appropriateness (Caldwell). In some cultures, for example, British culture, expressing emotions publicly is frowned upon and seen as inappropriate (Wagstaff & Rowledge, 1995). Approaching emotionally upsetting situations with a "stiff upper lip" and denying extreme emotions is seen as appropriate and desirable. In such individuals, high K scores reflect a cultural bias toward control and poise (Reynolds & Fletcher-Janzen, 2002). In some situations, high K scores may be better understood as reflecting personality variables rather than test-taking defensiveness. These individuals are likely to be poised, emotionally controlled, and able to manage stressful situations unusually well. It is important for the psychologist to determine the source of

high K variance. Is the high K score due to conscious attempts to look good and "pass" the test, or is it an unconscious manifestation of socioeconomic and cultural influences? It would be misguided to rule a high K profile invalid if it, in fact, reflects an emotionally controlled, tightly wound, and constricted personality type.

LIFESTYLE AND FAMILY BACKGROUND

Elevations on K, whether high or low, are probably not associated with any particular lifestyle or family background. In some cases, when high K elevations are associated with upper socioeconomic status, the lifestyle reflects upwardly mobile individuals, usually of above-average education, whose emotions are rarely out of control.

MODIFYING SCALES

- When Positive Malingering (Mp) and Social Desirability (Sd) are not elevated above a T-score of 65, then the high K score may reflect a personality style of emotional poise and control rather than a conscious attempt to appear emotionally stable. In other words, the K elevation is measuring a personality attribute rather than a pure validity construct. If Mp and Sd are above a T-score of 65, then the K elevation may be due to conscious attempts to pass the test by appearing emotionally stable and balanced.

THERAPY AND THERAPEUTIC PITFALLS

Typically, individuals with high K elevations are not amenable to cathartic and insight-oriented therapies. This is partially because they are reporting emotional balance and control but also because they may be threatened by emotionality. Therapy with these individuals can start by being intellectual, fostering understanding about how others experience emotions. The therapist can help these clients understand how they have learned to modulate their emotion through cultural or learned inhibitions against emotional expressiveness. Once these clients are comfortable discussing emotions gestalt techniques or role-playing can help free up their emotion. Sometimes taking an improvisation class or acting lessons can help them become more emotionally expressive.

NORMAL-RANGE FEEDBACK

See normal-range feedback for low K.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Conventional, Rational, Logical

You are a person who could be described as conventional; doing things in a socially appropriate way is important to you. You tend to approach life in a rational or logical way—to analyze emotions and understand them so they don't knock you off balance.

Defensive

You approached the test putting your best foot forward and being cautious to not come across as socially inappropriate or emotionally unbalanced. People may see you as defensive because you dislike the expression of intense emotions. It is likely that you rarely feel out of control with your feelings.

Emotionally Constricted

You are careful not to wear your feelings "on your sleeve." People may see you as a little emotionally constricted because you don't often express extremes of emotions. People will have to multiply the intensity of what you're saying to get a sense of empathy for you.

Lacking Self-Awareness

People with your profile tend to not spend much time thinking and analyzing their own feelings. They tend to go through life working hard to avoid emotional upset. They may not always be aware of what they are feeling and how their emotions drive some of their behaviors.

Resilience

In a crisis, when others are becoming emotional, you are unlikely to lose your head. You will appear cool, calm, and collected so that others will have difficulty reading how you might be feeling. You appear to manage emotionally upsetting situations well, rarely feeling knocked off balance.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Start by learning to recognize your emotions. You and your therapist can work together to identify any feelings you may be experiencing

during the therapy session. Think of a positive emotional experience, and take some time to identify where in your body you experience the feelings. Do the same for a negative experience. Observe to see if you inhibit emotions from becoming too intense.

2. Explore any childhood or later experiences where you felt the potential for losing emotional control. Revisit and allow yourself to feel those moments, so you can learn the full range of emotional expression.
3. Be mindful that when you express your emotions you may do it in a muted way so others don't have a full sense of empathy for you. Occasionally ask others how they perceive you are feeling so you don't lose emotional contact with them.
4. As you begin to feel more comfortable with the idea of expressing feelings, acting classes can help you become more spontaneous and perhaps even more creative.
5. Resilience building: Familiarize yourself with the benefits of "emotional intelligence," which is the ability to identify, assess, and manage your emotions in a healthy way. There are many good self-help books written about developing emotional intelligence to make improvements in both your personal life and in the workplace.[1]

[1] Emotional intelligence has been demonstrated as an effective tool in building competency, fostering successful relationships, and creating enhanced performance in work settings (Boyatzis, Goleman, & Rhee, 2000).

BACK INFREQUENCY SCALE (FB)

Descriptors

Complaints

Concentration difficulties, fatigue, depression, low self-esteem, suicidal thoughts, fearfulness, panic attacks, disturbed or estranged family relationships, substance abuse

Thoughts

Hopeless, fearful, confused

Emotions

Distressed, depressed, hopeless, apprehensive, panicked

Traits and Behaviors

Overreporting of symptoms, perhaps exaggerating, anxious or fearful, prone to substance abuse

Strengths

This scale measures distress and psychological disorganization, so strengths are not associated with this scale's elevation

THERAPIST'S NOTES

The Fb scale was developed in the same manner as the F scale; any item on the second half of the test that was marked by fewer than 15% of the new restandardization sample became an Fb item. Individuals scoring high on Fb are reporting unusual symptoms such as feeling disturbed, knocked off balance, unhappy, panicked, and unable to concentrate and operate efficiently. Fb elevations above a T-score of 85 suggest a possible exaggeration and malingering, perhaps as a plea for help or as an attempt at manipulation. Nichols (2011), in examining the content of the F and Fb scales, noted that the F scale contains many psychotic items so that when the F scale is elevated the disturbance could be reflecting a psychotic thought process. However, the Fb scale has few psychotic items and contains many items associated with the collapse of an individual's lifestyle and associated fearfulness, dysphoria, and drug or alcohol abuse. Fb may be more elevated than the F scale without necessarily suggesting invalidity. In the presence of a history of turmoil associated with drug and alcohol abuse or suicide attempts, the Fb scale may be significantly more elevated than the F scale. As stated previously, validity is a multivariate process, and no one scale elevation should rule out validity. However, as the Fb approaches 90 and above, invalidity of the content and supplementary scales should be suspected, either due to panic, plea for help, or conscious malingering.

LIFESTYLE AND FAMILY BACKGROUND

Typically, the Fb scale is associated with mental disturbance, drug or alcohol abuse, depression, anxiety, and general inefficiency. A comprehensive history can determine whether it is the result of an acute disorder due to recent trauma or a lifestyle of marginal adjustment.

MODIFYING SCALES

- When Fb, Infrequency Psychopathology (Fp), Infrequency (F), and the supplementary scale Dissimulation (Ds) are all above a T-score of 85, then the profile may be exaggerated. If all of these validity scales are above a T-score of 90, the profile is probably exaggerated and invalid. However, if Fb is at a T-score of 90 or even 95, the F scale T-score is 85 or below, and the Fp is below a T-score of 85, the profile may be valid but reflecting a recent collapse of ego strength and lifestyle due to a serious disturbance.

THERAPY AND THERAPEUTIC PITFALLS

As with the other validity indicators of acute distress, stabilizing these clients is the immediate concern. Assessing for self-harm and drug use would be the immediate focus of intervention. Long-term therapy would involve a medication evaluation, behavior modification, or cognitive-behavioral therapy (CBT) to address panic and fear and basic self-care skills and to help these individuals manage impulsive behavior, such as substance abuse. Learning self-efficacy is usually more relevant than dynamically oriented insight therapy.

FEEDBACK STATEMENTS

There are no feedback statements for this validity scale.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Work with your therapist to switch off panic and negative thoughts by examining any automatic self-negating and catastrophizing thoughts that are contributing to your anxiety.
2. Work on relaxation techniques, meditation, and yoga as a way of relieving stress. These techniques are tools that, when practiced regularly, have been shown to reduce heart rate, muscle tension, and blood

pressure and also to increase well-being.[1] Your therapist can help you choose the method that will be best for you.

3. You and your therapist may decide you could benefit from medication so you can give your nervous system a temporary rest. Sleeping and eating well and avoiding chemical agents would also be important to help you feel more in control.
4. You may have moments when you feel so overwhelmed you may want to act impulsively and do something that could be self-destructive. Try to stand back as if you are watching yourself from above; take a deep breath, seeing the bigger picture of your life and knowing the stress will pass.

[1] Relaxation techniques have been used for many years to combat the effects of stress, anxiety, and depression. These techniques can be easily incorporated into everyday routines, can be quickly taught, and can give fast relief. Meditation is a promising intervention for anxiety and depression (Hoffman, Sawyer, Wit, & Oh, 2010).

SCALE: THE INFREQUENCY PSYCHOPATHOLOGY SCALE (FP)

Descriptors

Complaints

Disturbed thinking, alienated distress, possible chemical abuse/addiction, inefficiency, family problems

Thoughts

Confused, self-depreciating, ambivalent, indecisive

Emotions

Emotional turmoil, depression, anxiety, conflicted

Traits and Behaviors

Possible exaggeration and overreporting of symptoms, ineffective, disorganized, self-defeating, possibly suicidal

Strengths

This scale measures distress and disturbance. Possible strengths can be determined through the clinical scale elevations.

THERAPIST'S NOTES

Elevations on the Fp scale suggest someone who has answered the test in a highly unusual fashion. In some cases of extreme disturbance, an Fp score with a T-score of 90 can still be valid, especially if elevated due to four items overlapping L (items 51F, 77F, 93F, and 102F) or the four items related to family enmity and discord (90F, 192F, 276F, and 478T). However, if the F, Fb, and other measures of exaggeration are severely elevated, then an Fp score above a T-score of 90 suggests invalidity. In some rare cases, the Fp scale can be elevated in the absence of severe psychopathology, reflecting unconventional, unusual individuals with eccentricities and amoral attitudes but not mental disorder. When Fp is below a T-score of 65 and other measures of validity suggest a severe disturbance, the Fp score would imply that the profile reflects real pathology rather than exaggeration. Fp T-scores in excess of 100, together with Variable Response Inconsistency (VRIN) T-scores above 80, may be indicative of random responding to the test questions.

LIFESTYLE AND FAMILY BACKGROUND

This is not applicable.

MODIFYING SCALES

- When the traditional validity scales Infrequency (F), Back Infrequency (Fb), and Dissimulation (Ds) are in valid range, elevations on Fp should not invalidate the profile. However, the source of the elevation on Fp should be explored.

THERAPY AND THERAPEUTIC PITFALLS

This is not applicable.

FEEDBACK STATEMENTS

There are no feedback statements for this validity scale.

TREATMENT AND SELF-HELP SUGGESTIONS

This is not applicable.

SUPERLATIVE SELF-PRESENTATION SCALE (S)

Descriptors

Complaints

None (superlative adjustment is being claimed)

Thoughts

Coherent, rational, or logical; belief in people's goodness

Emotions

Serene, content, controlled or poised

Traits and Behaviors

Poised, controlled, resilient, trusting, unflappable

Strengths

Serene, content, controlled or poised, solid values

THERAPIST'S NOTES

The Superlative (S) scale was developed as an adjunct to the Correction (K) scale to assess the tendency to present oneself in an overly favorable manner. Although the K scale appears to function effectively as a measure of unconscious self-deception, the presence of a large sample of online pilot applicants allowed Butcher and Han (1995) to compare the response of pilot applicants with the MMPI-2 normative sample. In this group of all-male, mostly Caucasian, and college-educated pilots, their MMPI-2 protocols were relatively normal and, as a group, they tended to report few psychological symptoms and disturbing behaviors. They generally saw themselves as calm, emotionally stable, reasonable people with a clear value system; they reported feeling content with life and generally untroubled by irritability, anger, and conflict with others. The S scale thus acts as a "super" K scale, with which it is highly correlated. It is unlikely, therefore, that individuals scoring low on the K scale will score high on S. As S exceeds a T-score of 65 or 70, the factor analytically derived S subscales are almost always elevated. As the Content scales are face valid, elevations on the K and S scales suppress content scale elevations. Clinicians find difficulty determining when high S and K elevations are the result of genuine mental health, poise, and emotional stability, and when they reflect self-deceptive efforts to simulate these characterstics. Some job applicants and individuals undergoing child custody evaluations are genuinely emotionally stable and free of severe symptomatology, whereas others are highly motivated to appear so. For a more complete

understanding of the S scale and how to use it with the other supplementary scales to determine validity, see Nichols (2001) and Friedman, Levak, Nichols, and Webb (2001).

LIFESTYLE AND FAMILY BACKGROUND

When S scale elevations reflect a genuine self-presentation, then, typically, high scorers tend to come from stable and psychologically well-balanced backgrounds. As evidenced in the 274 male airline pilot applicants, lifestyles that reflect discipline, order, the pursuit of goals, and a general calm and controlled demeanor are associated with S scale elevations.

MODIFYING SCALES

Elevations on other scales can determine the source of S scale variance.

- When the Lie scale (L) is also elevated, it would suggest that they are rigid, self-righteous, and judgmental. They are presenting themselves as moral and ethical. This would confirm the repressed and inhibited qualities already associated with high S scales.
- When Naïveté (Pa3) is elevated, it would aggravate the tendency to be moralistically rigid and lacking in insight.
- Given the suppressing effect of high S scores on the content scales, even moderate elevations (T-score 60 or above) on one or more of the content scales would warrant further investigation in that area.

THERAPY AND THERAPEUTIC PITFALLS

When individuals with a high S score seek therapy, they usually do so on the basis of someone else's complaints about their being emotionally underexpressive. Should they find themselves in situations where emotional expressiveness and connectedness is valued, they may experience difficulties. Teaching them to identify and label emotional states and to learn to be more open and responsive to others' feelings could be an important therapeutic goal in helping them in their relationships. Avoid too much emotionality and catharsis in the initial stages of therapy as they may find this threatening.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your scores on this scale were in the average range. This indicates to us that you took the test in an open and honest manner. You endorsed the items

accurately and presented yourself in a nondefensive light. These scores also suggest that you are generally free of debilitating emotional stress and have few unusual symptoms or behaviors.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Rational or Logical

People with your profile tend to be clear-thinking, logical, rational, analytical, and not easily knocked off balance by emotions.

Belief in People's Goodness

You generally see people as decent and trustworthy. When you meet new people, you give them the benefit of the doubt, and you tend to trust others as being like yourself: reasonable and reliable.

Moral

It is important for you to be seen as someone with strong values, and you want others to see you as doing the right thing. Following the rules is an important part of your self-image.

Content

You are likely to come across as content and happy, feeling that your life is on track, balanced, and going the way you would like it to go. While you may be dissatisfied in certain areas, generally your profile suggests that you are quite content with the direction of your life, and you see life as generally rewarding.

Controlled or Poised

People see you as keeping good control over your impulses and as being in control of your life. People likely see you as poised and sophisticated, able to get what you want in a logical, rational way.

LIFESTYLE AND BACKGROUND FEEDBACK

Typically, people with your profile do not seek psychotherapy unless others see them as somewhat hard to read or emotionally unavailable.

Psychologically you are like a pilot able to fly in heavy weather without becoming knocked off balance. If you are seeking help it may be because you are seen as emotionally distant or aloof by somebody you care about. People may see your contentment and unflappability as being emotionally distant, or they may view your coolness under pressure as a lack of emotional involvement.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Practice recognizing what you are feeling. Take a moment during the day at different times to pay attention to these sensations. See if you can attach a label to the experience, and then find opportunities to talk about how you are feeling with those closest to you.
2. Familiarize yourself with the benefits of "emotional intelligence," which is the ability to identify, assess, and relate to other's emotions in a healthy way. There are many good self-help books written about developing emotional intelligence to make improvements in both your personal life and in the workplace.[1]
3. In many ways your coolness under pressure and your ability to see the positives in life is a sign of mental health and resiliency.

[1] Two widely respected books are *Emotional Intelligence: Why It Can Matter More Than IQ* (Goleman, 1997) and *Primal Leadership: Learning to Lead With Emotional Intelligence* (Goleman, Boyatzis, & McKee, 2002).

Chapter 4

Scale 1

SCALE 1: HYPOCHONDRIASIS (HS)

Descriptors

Complaints

Physical illness, pain, fatigue, irritability, low sex drive, fears of body damage and decline

Thoughts

Fear of illness and death, rigid, lacking insight, critical

Emotions

Unhappy, pessimistic, unenthusiastic, expressing anger indirectly, tense

Traits and Behaviors

Avoid taking risks, self-centered, demanding, stubborn, complaining, controlling, manipulative, dependent, lacking drive

Strengths

Health conscious, willful, determined, responsible, avoids health risks

THERAPIST'S NOTES

Individuals with normal Scale 1 elevations are health conscious and mindful of their physical well-being. They ensure that any illnesses are well taken care of, avoid health risks, and are mindful of the dangers associated with physical illness. As scores increase, Scale 1 elevations are associated with a profound fear of bodily harm, physical illness, pain, and death. Individuals with elevations on Scale 1 experience physical sensations as frightening because they fear that they may signal the onset of some disease or physical breakdown. Psychological stress leads to an increase in physical symptoms, which then becomes a consuming focus. They are often seen as lacking in insight because internal conflicts and external stressors tend to be reduced to physical preoccupations. Their somatic focus tends to shift and change and be shaped by

the medical personnel whose attention they frequently seek. Individuals with elevations on Scale 1 often have few other complaints except those centered on physical illness and infirmity. They learn to be persevering and stubborn about seeking medical help, and their symptoms can be shaped and aggravated by their encounters with the medical system. They tend to "doctor shop" depending on their current somatic focus; these patients are often referred to different medical specialists who run numerous medical tests without finding a specific cause for their somatic complaints. In other situations, years of repression, inhibition, and denial lead to actual physical deterioration. However, their level of preoccupation and concern, even in the presence of real physical illness, is often exaggerated, as it provides a focus for their psychological conflicts. In some cases, neurological conditions can cause an elevation on Scale 1, but typically there is some psychological component whenever Scale 1 is above a T-score of 65. People with Scale 1 elevations tend to be seen as quite dependent and demanding, and they become skilled at manipulating others to take care of them. Apart from their physical concerns, they can appear almost emotionally bland and even cheerful, reflecting their denial and a lack of psychological insight (Brower, 1947). The hypothesis associated with Scale 1 elevations is that these clients are terrified of bodily damage. They experience little pleasure from their bodies, living with a sense of dread that, at any moment, physical symptoms will increase in severity or that they will be plagued by some new physical infirmity. Female clients with high scores on Scale 1 reported histories of physical abuse and suicide attempts. Both male and female clients reported symptoms of anxiety.

LIFESTYLE AND FAMILY BACKGROUND

Clients with this profile may have experienced a recent physical trauma or illness that has induced a state of panic and preoccupation with physical symptoms. In other cases, somatic preoccupation is associated with early childhood illnesses, either in the clients or in significant family members. They learned from an early age to fear physical infirmity and may have experienced significant losses associated with illness. In other cases, these clients may have experienced a recent physical trauma, which has stimulated their panic about physical infirmity. A recent trauma in the absence of a history of somatic preoccupations would suggest a reactive disorder. Psychologists working with disability claimants may have difficulty determining the contribution of recent traumatic events versus that of long-standing personality style to Scale 1 elevations. A comprehensive history will help in determining the relative strength of these factors and their effects on somatic preoccupation.

MODIFYING SCALES

- The items on Scale 1 are face valid as are the items on Health Concerns (HEA) and Somatic Complaints (RC1) which are typically also elevated. Usually, Gastrointestinal Symptoms (HEA1), Neurological Symptoms (HEA2), and General Health Concerns (HEA3) are all elevated, though in some cases the complaints are focused on a specific set of somatic symptoms.
- If the Depression (DEP) and Anxiety (ANX) scales are elevated, clients will express depression, fears, and anxieties about their physical condition.
- If Anger (ANG) is elevated, individuals are typically demanding and irritable due to physical concerns.
- If Fears (FRS) is elevated, fears and phobias in addition to the somatic concerns are likely. A generalized anxiety disorder may be present.

THERAPY AND THERAPEUTIC PITFALLS

Our hypothesis is that a somatic preoccupation can be seen as an adaptive response to actual or feared experiences of bodily damage in the clients or a close family member. The goal of therapy would be to decondition the traumatic events through various cognitive-behavioral techniques. Reassure them that their somatic worries will be taken seriously as they have had some negative experiences with the medical system, telling them their worries are "in their head." Clients with Scale 1 elevations are very focused on physical symptoms, so they are vulnerable to becoming anxious and preoccupied about side effects and the effectiveness of medications. Antianxiety medications are useful in providing them temporary relief as is helping them understand that anxiety is a significant component of their symptoms. They are highly suggestible, so changes in physical sensation tend to be upsetting to them, hypnosis can panic them; relaxation training can be used but only after the clients' panic has been stabilized.

Attempts to reassure clients with this profile and to shift their focus of attention away from physical symptoms to other conflicts in their lives tend to be met with resistance. Not focusing on their physical problems creates anxiety in them that others do not understand their physical infirmity and increases their fear that they will be overwhelmed by pain and physical decline and have no one to turn to. Developing a therapeutic alliance involves initially "going with the resistance": helping them organize their medical treatment to avoid repeating numerous medical tests and to help rule out various disorders. Cognitive-behavioral techniques to alleviate anxiety have received empirical support (Gould, Otto, Pollack, & Yap, 1997; Stewart & Chambless, 2009) and can be used in conjunction with

psychoeducation to inform them about how anxiety in their lives may be related to an increase in physical symptoms.

In some cases where there has been physical trauma, stress inoculation training, and exposure therapy can help build coping skills (Doane, Feeny, & Zoellner, 2010; Lee, Gavriel, Drummond, Richards, & Greenwald, 2002). In the presence of early childhood illnesses in clients or their families, the reengagement of early traumas followed by relaxation training and emotional catharsis can be useful for long-term healing. The goal of long-term therapy is to decouple the link between stress and immediate panic around physical symptoms. Help the clients realize that increased physical symptoms are associated with inner conflicts and anxieties. It is important to validate their physical symptoms as real but also to identify which stressors lead to increases in physical symptoms and to help develop better coping strategies.

Gestalt therapies can be useful. Getting clients to have their symptoms "do the talking" could provide a concrete, effective way to express repressed emotions. For example, someone with severe and constant stomach upsets could be asked, "If your stomach had a voice, what would it say right now?" In another gestalt exercise, clients might be asked, "If you could paint a picture of what your stomach felt like right now, what would the picture look like?"

Psychologists working for insurance companies in disability claims may have an incentive to suggest that clients with Scale 1 elevations are malingering and that their physical complaints are psychological. Prolonged psychological stress can lead to physical breakdown in some people, and untangling the contribution of psychological and organic factors in their contribution to Scale 1 elevations is difficult.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile shows that you are a health-conscious person who is mindful of your physical well-being. You ensure that your illnesses are well taken care of, and you are cautious about taking too many physical risks. You or someone close to you may have had a recent illness, which has made you focus on the importance of physical well-being.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile reveals a number of strengths. You are conscientious and careful. In relationships, you are apt to be considerate and sincere.

Physical Illness or Pain

Currently, you are very preoccupied with your physical health and perhaps terrified that something is wrong with you and that others are not taking your symptoms seriously enough. You may find yourself worried about different physical sensations and concerned that they are indicating a severe disease or disorder. Your profile suggests that you may experience vague and shifting pain. In some cases, people with your profile complain of pain in a specific area of their body. In other cases, the pain seems to shift and move around their body, which can be experienced as very frightening. When you do feel pain, you may fear that it is indicating a severe and deteriorating condition.

Fatigue or Irritability

People with your profile often experience periods of fatigue, exhaustion, and depletion. Being preoccupied with your body and terrified that something is wrong with you may sap your energy and leave you feeling ill equipped for the everyday demands of life.

People who experience physical illness or who have serious physical concerns tend to have little patience. People may see you as irritable and intolerant. Living with a sense of dread that something is wrong with you understandably gives you little cushion against stress.

Low Sex Drive

People with your profile tend to experience low interest in sexual activity. It's hard to enjoy sex if you're worried about your physical well-being. It may be that you experience pain during sex, or perhaps you just lack interest given how poorly you've been feeling.

Rigid or Critical

When people are afraid, they tend to get quite rigid about doing things a certain way. Anything that takes away the fear and anxiety and gives you some relief will quickly feel essential to you. You may develop some inflexible habits, compulsions, and obsessions, especially if they provide you some relief. You may also be critical of others, especially doctors or people involved in your medical treatment. You may be particularly sensitive to how people are treating you and quick to be critical of them because they do not provide you with enough comfort and relief.

Unhappy or Pessimistic

Living with a constant sense of dread about your body and illness is likely leaving you unhappy. While you may not complain of general depression, your unhappiness will be centered upon your physical problems. Even though you may want to be optimistic and positive, you tend to worry that your illness will not get better. Others may see them as pessimistic and negative. Perhaps you are afraid to be positive because you have been disappointed in the past.

Expressing Anger Indirectly

People with your profile tend not to express anger easily. When people frustrate you, the tension may cause an increase in your physical symptoms. Other people may judge your physical problems as an expression of anger or resentment toward them. This is especially true if your physical problems lead you to cancel events or prevent you from doing things that others want you to do. It's hard for you to express conflict directly, and you may worry that expressing anger toward loved ones could lead to them abandoning you when you are in pain.

Self-Centered or Demanding

Because you are so preoccupied with your body and physical symptoms, others may judge you as self-centered and selfish. They may see you as avoiding responsibility by claiming to feel poorly. It's hard not to be self-centered when you're panicked that something is wrong with you and when you're afraid that physical exertion will lead to a deterioration of your condition. Wanting to make sure that those around you are available to help is understandable when you are frightened of illness or death. Others may see you as quite demanding. It makes sense that you would want to be taken care of when you are feeling so bad.

Complaining

People may judge you as complaining because of your numerous physical symptoms. Often, people with your profile spend a great deal of time trying to find a diagnosis or cure. Over time, people around you may become impatient with you and define you as difficult. This is probably upsetting and leaves you feeling hurt and resentful.

Manipulative

Dealing with the medical system is often difficult. Because of your fear about your physical condition, you may have learned numerous ways to manipulate the system so you can be better cared for. You may find yourself having to control those around you to provide you with resources to help you feel better. Others, however, may complain, and they may refuse some of your requests and demands.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Keep a diary of your physical symptoms to see if they increase when you are stressed or if they change over the course of a day. See if you can link the change in your physical symptoms to anything that happens during the day or to your inner feelings. While your physical symptoms are real, they may be aggravated by stress. Understanding how stress aggravates your physical condition could help you in learning how to control them.
2. Even though you may resist physical activity and you may be unable to be very active, some form of daily exercise is important in helping you heal. Together with your medical doctor, create a program of acceptable physical exercises that can help deal with stress.
3. Learn to visualize relaxing and peaceful moments and situations so that you can relax your whole body on a daily basis. Tension can aggravate any kind of physical ailment.
4. If you are able to stretch, do some of kind of yoga that doesn't increase your pain. Or meditate; these can all help promote physical and emotional healing.
5. Fill out the "Daily Hassles and Stress" form (http://www.scribd.com/doc/7156530/Daily-Hassles-and-Stress-Scale). This can help you identify sources of stress in your life. You and you therapist can then address specific "hassles" (e.g., "Unwanted interruptions at work," or "Not enough leisure time") that may contribute to your symptoms.[1]
6. Talk to your therapist about biofeedback (a type of therapy used to help control physical responses to stress). By using equipment that gives you visual feedback, you receive information about tensing or relaxing various areas of your body, which, with practice, helps to control pain.

[1] Clients who had more daily hassles as reported on the "Daily Hassles" form experienced more physiological and psychological health problems (Bottos & Dewey, 2004; Delongis, Coyne, Dakof, Folkman, & Lazarus, 1982). The "Daily Hassles and Stress" form can be found on the Web site mentioned above (Kohn & MacDonald, 1992).

CODE-TYPE 1-2/2-1

Descriptors

Complaints

Somatic symptoms (pain, weakness, insomnia, fatigue, tremors), depression, tension, worrying, stress, general loss of interest, forgetfulness, excessive drinking—in some cases alcoholism, phobias

Thoughts

Preoccupied with physical health, lacking in insight, indecision, self-deprecating, worried, obsessive–compulsive

Emotions

Depressed, anxious, fearful, restless, irritable, insecure, denying

Traits and Behaviors

Passive or unassertive, dependent, rigid, high-strung, obsessive–compulsive behaviors, low sex drive

Strengths

Cautious, conscientious, dutiful, stable

THERAPIST'S NOTES

Individuals with mild elevations on code-type 1-2 are health-conscious people who take their responsibilities seriously. They are cautious, measured, and dutiful with a tendency to be long suffering. When stressed, they develop physical symptoms. When elevated, this profile reflects a somatizing depression, sometimes described as masked depression. Clients exhibit numerous symptoms of depression that are commingled with many vague and shifting physical complaints. Critical somatic item endorsements would indicate the current focus of their physical preoccupations. Typical complaints include abdominal pains, dizziness, headaches, food preoccupations, and a loss of sexual interest. They tend to lack insight, so stress often leads to physiological responses, which then becomes the focus of their anxiety. While they are often dutiful and responsible, they tend to shy away from conflict and have trouble asserting themselves. Typically, they have a stable work and marital history. People with this profile tend to lack insight and to resist interpretations that their symptoms are aggravated by emotional causes or conflicts. They tend to be intropunitive, and they may medicate their depression and tension with chemical agents; alcohol abuse can be associated with this profile.

LIFESTYLE AND FAMILY BACKGROUND

Our hypothesis is that the 1-2 code type reflects an adaptive response to deprivation, loss, neglect, and frightening physical experiences. Limiting hope, being pessimistic, eliciting caretaking behavior from others, and worrying about physical frailty would make adaptive sense if one was subjected to prolonged periods of emotional and physical insecurity. Look for childhood histories of emotional deprivation and the encouragement of the repression of aggressive and sexual feelings. Look for early losses with the subsequent development of psychosomatic symptoms as a way to engage caretaking behavior. Somatic symptoms associated with those early losses may have successfully elicited nuturing, whereas emotional conflicts and needs were judged as unacceptable. Early experiences of poverty, parental loss, illness, and emotional deprivation could have created a somatic response to stress. Clients with this profile may have experienced a recent trauma or a work-related injury, which may have aggravated early childhood conditioning experiences of loss. In the absence of a history of somatic preoccupations, this profile may reflect a response to a recent trauma and a subsequent panic around the loss of physical integrity.

MODIFYING SCALES

- When Scale 4 is also elevated, then the individual may manipulate others through their somatic symptoms. Impulsive, demanding, self-centered, and self-defeating or self-destructive behaviors are likely.
- When Scale 9 is elevated, the profile suggests an agitated depression with mood swings. A bipolar mood disorder should be ruled out.
- When the Repression (R) scale is elevated, there would be more inhibition and lack of insight.
- An elevated MacAndrew Alcoholism Scale (MAC-R), Addiction Acknowledgment Scale (AAS), or Addiction Potential Scale (APS) would increase the likelihood of addiction proneness.

THERAPY AND THERAPEUTIC PITFALLS

People with this profile respond well to antidepressants and very short-term anxiolitics. Somatic symptoms decrease as the depression is treated. Beware of anxiolitic drug dependency, especially if alcohol has been used for self-medication. They are likely to complain of numerous side effects of medication and become preoccupied with those side effects. Clients with this code type suffering from an actual physical injury are vulnerable to becoming dependent on compensation payments, with a reluctance to return to work. They are particularly vulnerable to panicking around physical symptoms, so

an actual injury would likely cause them to regress and become more clinging and dependent. Premature pushing to return to work could lead to resistance and an increase in their physical symptoms. The clinician should determine through a history whether this profile indicates a response to a recent loss or whether it reflects a chronic pattern of somatizing depression. In the presence of a history of early emotional loss, deprivation, physical illness, and a somatizing response, any recent traumas would have aggravated an underlying personality structure associated with the 1-2 profile.

Traditional insight-oriented psychotherapy tends not to work well with these clients, as shifting them away from their somatic focus too quickly is likely to create stress. They are sensitive to implied criticism or judgment, and they value being seen as responsible, dutiful, and hardworking. They see their physical suffering as something to be borne with a sense of responsibility and duty though also resentment. Identifying and mourning past losses could alleviate the depression behind the somatic symptomatology. These clients demand reassurance and support, but they are also apprehensive about being controlled. To gain trust, help organize their medical interventions. They are particularly vulnerable in the medical system because some specialists conduct numerous diagnostic procedures, and, if negative, tend not to follow up. This causes the clients anxiety, and they may seek another medical specialty, often with similar results. Help clients reengage early childhood experiences of feeling panicked, alone, and emotionally overwhelmed—and, while experiencing these feelings, to learn to self-soothe and relax. During the therapeutic process, notice when clients experience somatic symptoms, and use relaxation and cognitive-behavioral techniques to help them establish a sense of control over pain and anxiety onset.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is within the normal range. It shows, however, that you are a health-conscious and conscientious person who takes responsibilities seriously. You tend to push yourself, have a strong work and duty ethic, and worry about things going wrong. Occasional physical symptoms of stress, such as headaches, backaches, and neck aches, can worry you about the possibility of your health declining.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile reveals a number of strengths. You are health conscious and take your responsibilities seriously. You are also dutiful and cautious.

Somatic Complaints

Your profile suggests that you are feeling a number of physical symptoms that may be frightening you**.** You may experience pains, weaknesses, insomnia, fatigue, tremors, and stomach upsets. Whenever you are stressed, these symptoms may become more severe. Physical symptoms such as nausea, headaches, and dizziness can come and go, sometimes taking you by surprise.

Depression

Your profile suggests that you are feeling quite down, unhappy, and blue. Perhaps you are feeling that you are somehow over the hill, or perhaps you're worrying that your physical problems reflect a serious medical problem that could lead to disability and even death. You may experience symptoms of depression such as anxiety, difficulties with concentration and memory, and a loss of interest in sex. Your sleep may be disturbed, and you may experience rapid changes in weight. You may have become inefficient, unable to get things accomplished the way you would like to. It may be hard for you to enjoy much right now, and even when things are going well you may find yourself feeling a dull sense of unhappiness. At other times, you may feel defeated and quite down.

Worry or Stress

Much of the time you feel tense and on edge, as if something bad is going to happen to your body and that you're going to experience some frightening physical symptoms. You may find yourself worried that some physical sensation is a sign that there is something really wrong with you. Much of the time you feel a sense of stress, so that it's hard to relax, to switch off your mind, and to be in the moment.

Excessive Drinking

People with your profile sometimes use alcohol or medications as a way to try to self-medicate their worry, depression, and physical symptoms. You might overuse prescription medications to help you sleep, relax, or turn your mind away from the constant worry about what is wrong with you physically. Heavy drinking or drug use can aggravate your physical symptoms and can complicate the treatment you receive from doctors.

Indecision

Your current level of depression and preoccupation can make it hard for you to make decisions. It's hard to make decisions about the future or to make plans about doing things with others when you're unsure about how you're

going to feel by then. You may also be concerned about making the wrong choices, so you try to analyze every side of an issue to avoid making a mistake and feeling guilty.

Obsessive–Compulsive

You may spend a lot of time planning, rehearsing, and engaging in various rituals and compulsive behaviors. If a particular way of doing things made you feel better at some time, you may be reluctant to change any part of that behavior. That's how rituals and obsessive behaviors develop, because they help you feel more in control. Over time, however, they may end up controlling you.

Nonassertive, Passive, Dependent

People with your profile can be unassertive, letting other people take control. Though you may dislike being controlled by others, you do not assert yourself and do not make clear demands on others. Others may see you as quite dependent on them. When you feel physically ill and when you have frightening physical symptoms, it's understandable that you want people around you and that you want people to be available should you need them. This may make it hard for you to do things for yourself, and you may look for people to take care of you.

Rigid

People become rigid about doing things a certain way if they've been afraid of physical infirmity. You may have a tendency to get quite stubborn about doing things a certain way, especially if you feel that doing them that way helps you feel safer or less physically ill. Others may see your demands as somewhat rigid and inflexible.

TREATMENT AND SELF-HELP SUGGESTIONS

1. When you find yourself worrying about your health, see if you can identify any other problems or responsibilities you might be worrying about. Make a list of these worries and work with your therapist on problem solving strategies for these issues.
2. Your therapist may suggest that you consult with a doctor about medications that could help with your anxiety and depression.
3. Learning to assertively ask for what you want will help alleviate your depression and will give you a greater sense of control. Practice assertive requests with your therapist; role play situations where it is difficult

for you to make requests. Assertive statements begin with "I" (e.g., I want; I feel; I think), "when you" (e.g., make jokes; don't help with housework; have me work late hours), and "I would appreciate it if you would _____ in the future" (e.g., not make jokes at my expense; do the dishes every other night; give me advance warning when you want me to work late).[1,2]

4. Exercise, especially aerobic exercise, can help reduce anxiety and also can help improve your mood. Try to incorporate a regular program of exercise into your daily routine.[3]
5. Resilience building: Because you are preoccupied with physical illness, it may have crowded out some of the joy in your life. There is a strong correlation between happiness and a sense of purpose. Recall instances in the past where you were satisfied and had activities that kept you interested. What were the circumstances, and is there an underlying theme? See if you can identify some of the things that used to give you a sense of meaning in life.[4] Look for small daily activities that can give you a sense of purpose and pleasure. Sometimes you will have to force yourself to begin to do something for yourself, but you will feel better later for having done it.

[1] Clients who had more daily hassles as reported on the "Daily Hassles" form experienced more physiological and psychological health problems (Bottos & Dewey, 2004; Delongis, Coyne, Dakof, Folkman, & Lazarus, 1982). The "Daily Hassles and Stress" form can be found at the Web site provided (Kohn & MacDonald, 1992).

[2] There is a distinct negative correlation between assertiveness and depression; studies have found that after learning to be more assertive subjects rate themselves as less depressed (Langone, 1979; Segal, 2005). In marital discord, depression in women is associated with low assertiveness with the spouse (Christian, O'Leary, & Vivian, 1994), and in preadolescent children, depression and low assertiveness were higher in girls than in boys; assertiveness is an especially important skill to teach adolescent and preadolescent girls (Suesser, 1998).

[3] Results of cross sectional and longitudinal studies consistently find that aerobic exercise has antidepressant and anxiolytic effects. It also can protect against harmful effects of stress (Salmon, 2001).

[4] Models of psychological well-being are linked to living a life rich in purpose and meaning. Biological correlates (immune, cardiovascular, neuroendicrine) as well as psychological well-being are included in this model (Ryff & Singer, 2008).

CODE-TYPE 1-3/3-1

Descriptors

Complaints

Somatic complaints (aches and pains in the head, neck, chest, back, extremities), insomnia, weakness, fatigue, dizziness, numbness, blurred vision, eating problems or nausea, forgetfulness, symptoms increase under stress, fear of physical pain and infirmity, anxiety and sometimes phobias, low sex drive

Thoughts

Positive and cheerful in the face of pain, focused on physical problems, repressed, denying

Emotions

Insecure, repressing anger, overcontrolled, strong need for approval and affection

Traits and Behaviors

Dependent, passive, somatizing, repressed, inhibited, conflict avoidant

Strengths

Pleasing, cheerful, positive, peacekeeper, sees the best in people, socially adaptable

THERAPIST'S NOTES

People with mild 1-3 elevations dislike confrontation and work hard to keep the peace. They are people pleasers and conflict avoiders, and in seeing the positives and finding the best in people they employ some repression and denial. Higher elevations reflect numerous physical complaints and preoccupations with fears of bodily damage, illness, and general health decline. It is important for these clients to be liked by their doctors and therapists, and they tend to be generally socially adaptable and appropriate. They are inclined to get along well with others and to avoid direct conflict. In spite of their fear of bodily damage, they want to be seen as reasonable, appropriate, and likeable. They do not exhibit psychotic, paranoid, or thought disturbance symptoms, as this is a neurotic disorder. They do, however, complain of forgetfulness, concentration difficulties, eating problems, and pseudo-neurological symptoms perhaps associated with the repression of the underlying depression. Elevations on Scale 3 suggest repression, an avoidance of conflict, and needs for approval, attention, and emotional connectedness. When Scale 1 and Scale 3 are elevated and Scale 2 is significantly lower (by a T-score of approximately 8 or more), the depression is masked by a cheerful and positive attitude and

braveness in the face of complaints of physical pain and infirmity. The clients' main focus is physical symptoms, and though they express panic, despair, and rumination about their physical well-being they stay brave and positive in the face of their concerns. This profile has been called the psychosomatic or conversion "V," reflecting the elevations on 1 and 3 and the low score on 2, producing a V-shaped MMPI-2 profile pattern. For these clients, repression is a major defense, so they are likely to complain of weakness, fatigue, headaches, dizziness, numbness, blurred vision, tremors, genital pain, and, in some cases, anorexia. In other cases, complaints of gastrointestinal disturbance with nausea, vomiting, and ulcers are reported. Perhaps because of their profound fear of physical illness and precipitous decline, they are apt to be demanding of others' attention, affection, and support.

LIFESTYLE AND FAMILY BACKGROUND

It is hypothesized that early illness in clients or death of their close relatives conditioned in them fear of bodily damage, death, and loss. In one sample (Marks & Seeman, 1963), 30% were ill as children, and 30% had mothers who were also ill. Death of a parent was noted in 60% of the sample. Parental relations toward the child were described as "affectionate." Our hypothesis is that individuals with a 1-3 code type responded adaptively to such losses with attempts to be brave, to smile in the face of pain, and to maintain contact with others to gain emotional support. Repressing anger, being overly nice, and inhibiting socially unacceptable impulses would serve to keep them in contact with others in case they need support in the event of physical infirmity. These individuals tend to be highly suggestible and can quickly develop obsessive thoughts about a particular illness or infirmity. We see suggestibility as an adaptive response in an individual who has experienced the death or illness of a loved one. Being hyper alert to all possible symptoms and unusual physical experiences, even those suggested by others, maximizes alertness to physical danger and therefore the possibility of a quick response. It is understandable that someone who is terrified of infirmity would be personable, would work hard to avoid disapproval, and would want to be seen as cheerful and likeable.

MODIFYING SCALES

- When Scale 4 is also elevated, they would tend to be manipulatively demanding, role playing conformity, but subtly acting out. Look for self-defeating impulsive behavior that serves to reduce immediate tension, such as eating disorders or drug or alcohol problems.
- When Scale 2 is elevated, the depression is palpable, though colored by the hysterical denial. The focus is on the physical problems as the

cause of depression. The patient will exhibit a smiling depression and will expend energy to please others and stay positive in the face of pain.

- When MacAndrew Alcoholism (MAC-R), Addiction Acknowledgment Scale (AAS), or Addiction Potential Scale (APS) are elevated, they may be using chemical agents as a way of medicating their underlying depression and physical symptoms.
- The Health Concerns (HEA) and Somatic Complaints (BCI) scale will likely be elevated, as with Low Self-Esteem (LSE), suggesting low self-esteem-driven subassertiveness.
- The Harris-Lingoes subscales will flesh out the subtle difference in various 1-3 profiles. In most cases, all of the Hysteria (Hy) subscales are elevated, but individuals may also score highly on some of the Psychopathic Deviate (Pd) subscales, reflecting the familial discord that comes from a somatizing and subtly manipulative individual. The HEA component scales can also help to clarify the particular symptoms of concern.

THERAPY AND THERAPEUTIC PITFALLS

Clients with this profile tend to resist psychological explanations for their symptoms. Often, they have been evaluated by numerous medical specialties without a convincing diagnosis. If they seek psychological help, they're sensitive to being told that their symptoms are "in their head." While brief use of antianxiety medications is useful as a way to reveal to the client the link between anxiety and somatic symptoms, habituation is always a concern. Clients' symptoms tend to shift and change, shaped by the medical specialty they're involved with. A therapeutic alliance can develop by cataloging clients' medical contacts and helping them to manage the medical system. This serves a supportive role as well as an educational one, teaching the client basic physiology, helping them rule out various diagnoses, and paving the way for the introduction of the mind–body link. Have clients keep a diary to see when symptoms increase or decrease in intensity to help shift the focus to the relationship between psychological stress and physical symptoms. Clients can fill out "Controlling the Focus on Physical Problems" in the *Adult Psychotherapy Homework Planner* (Jongsma, 2006). Therapy needs to be a combination of support, skill building, medical management, insight into how early childhood trauma around illness and loss understandably created in them a panic around subsequent illness and loss, and behavioral techniques for thought stopping and self-soothing. Clients with this profile can respond well to cathartic therapies; however, this type of therapy needs to proceed slowly, as any kind of intense emotional experience tends to lead to physical

symptoms such as fainting and dizzy spells. Provide a supportive, safe pace in any kind of emotionally focused therapy to help clients relax, calm their emotions and thoughts, and learn to self-soothe. Skill building is also important; help clients become more assertive and to recognize when anger and resentment are building.

Therapists involved in the legal system are often tempted to describe the 1-3 individual as having a conversion disorder and therefore malingering and obtaining secondary gain from their symptoms. Recent research (Dreher, 1995; Sommershof et al., 2009) has linked emotional stress with a decrease in the number of killer T cells and a lowered immune system. Labeling these individuals as somehow manipulating the health-care or legal system is simplistic. Their experiences of pain and anxiety are real, and, in some cases, prolonged stress leads to actual physical breakdown.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is in the normal range. It shows that you may experience periods of fatigue and minor physical ailments related to stress. You generally dislike confrontation and work hard to keep the peace. You often take the role of making people in your life happy. People with your profile tend to sweep unpleasant things under the carpet, to look for positives, and to find the best in people. Periodically, however, you may be unaware that you are becoming frustrated or angry with someone. During these times you may experience some physical symptoms such as headaches, stomach concerns, neck ache, and even low back pain. These physical symptoms may come and go in response to stress. Generally, you work hard to be positive and optimistic.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile reveals a number of strengths. You like to be seen as pleasing and cheerful. You are a peacekeeper who tends to see the best in people.

Somatic Complaints

Your profile suggests that currently you are experiencing a lot of physical symptoms. You may be feeling various aches and pains that shift around your body and come and go. These physical symptoms may be quite frightening to you, and, at times, you may be terrified that something is

seriously wrong with you. You may experience symptoms in the head, neck, chest, back, arms, and legs. You may find yourself, at times, experiencing numbness, blurred vision, tingling, eating problems, dizziness, and sleep difficulties.

Weakness or Fatigue

People with your profile often complain of a general sense of weakness. You may find that one or more of your limbs does not work as well as the others, and you may experience periods where you feel weak all over. People with your profile often complain of feeling tired and fatigued, unable to get going, and with low motivation. It may be hard to complete ordinary tasks and activities.

Symptoms Worsen Under Stress

Typically, people with your profile experience their physical symptoms increasing when they are stressed. Also, your worries and fears about your physical problems may become more intense when outside stress increases.

Anxiety and Sometimes Phobias

You feel a pervasive sense of tension and anxiety, fearing that illness is going to strike you at any moment. You may even develop some phobias and specific fears, avoiding situations where you think you may be physically harmed or you may experience an increase in your current physical symptoms.

Overly Responsible and Industrious

People with your profile tend to be quite responsible in spite of feeling a great deal of pain and discomfort. You seem to push yourself hard to accomplish things and to do things that please others. Your profile suggests that you take your duties seriously; even when you are in pain, you likely take care of your responsibilities.

Insecurity

Much of the time, you feel a sense of insecurity and fear that perhaps others are going to abandon you. It's hard for you to trust that others will take care of you and will continue to love you even if you express anger or resentment toward them; you may worry that someone who is angry with you might abandon you.

Overcontrolled

People with your profile work hard to not be angry with others, and you try to stay positive and see the best in people. Normal resentment and anger may become bottled up even though you may not be fully aware of such feelings. When your physical symptoms get worse, it may be related to the stress of controlling your emotions. People with your profile tend to be peacemakers, hating conflict and going the extra mile to avoid it.

Dependent or Passive

When you are preoccupied with your physical illness and your fears of body damage, it's easy to become dependent on others. Others may get irritated with you because you make demands on them and because you want to make sure that your loved ones are close by you in case you need them. Others may also see you as somewhat passive, hanging back and not asserting yourself directly for periods of time. You may avoid taking risks or seeking out new and exciting situations because of your fear that your physical symptoms will become worse.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Keep a diary of your symptoms and a diary of things that stress you during the day. See if there's any link between the two.[1] Learn to recognize when your physical symptoms are increasing, and make a mental note of any stresses that you could be experiencing. Try to deal with the stress and see if the physical symptoms decrease.
2. Relaxation techniques such as mindfulness meditation may help you better manage your response to stressful emotions.[2] Mindfulness involves paying attention to the present moment in a nonjudgmental way to foster a quality of curiosity and openness. For more information on mindfulness exercises and techniques, see www.mindfulnesstapes.com. Mindfulness classes, books, CDs, DVDs, or tapes can teach you about breathing techniques, patience, and ways to observe your immediate experience without analyzing, judging, or acting prematurely.
3. Practice assertiveness training with your therapist so you can ask for what you want and tell people when you are angry. Some popular, online assertiveness training Web sites can be found at www.helpself.com/directory/assertiveness.

[1] The therapist can use "Controlling the Focus on Physical Problems" in the *Adult Psychotherapy Homework Planner* (Jongsma, 2006).

[2] Studies suggest that mindfulness-based training is a promising intervention for anxiety and depression (Hofman, Sawyer, Witt, & Oh, 2010).

4. Explore with your therapist any childhood experiences where you or a loved one have been ill or in danger of death and how frightening that was for you so that, understandably, you developed this panic about illness and dying. Your therapist may use cognitive-behavioral techniques to help you heal from the trauma of past losses and fears about physical infirmity.[3]
5. Resilience building: One effective and quick technique to help you with intrusive negative thoughts and worry about your health is called "thought stopping." When you recognize a negative thought or worry, you consciously issue the command, "Stop." Work with your therapist to replace the negative thoughts with something more positive and realistic.
6. Focusing your awareness on unresolved emotions can help shed light on unfinished business. Your therapist may use what is called an "empty chair technique," which allows you to imagine holding a conversation with someone or something visualized to be in the empty chair. This process can facilitate forgiveness and can help you let go of emotional injuries.[4]
7. Expressive therapies such as art therapy, dance and movement therapy, and creative writing are effective in the treatment of eating disorders. Find a therapist who specializes in experiential or expressive therapy through an eating disorder Web site.[5]

[3] Interventions that have the best empirical support for treating posttraumatic stress disorder are prolonged exposure therapy, and trauma-focused cognitive behavior therapy (Rubin & Springer, 2009).

[4] Studies comparing emotion-focused therapy (EFT) techniques such as the "empty chair" dialogue to psychoeducational groups revealed greater improvements for depression and global symptoms in the EFT group in the treatment of individuals who were emotionally injured by a significant other (Greenberg, Warwar, & Malcolm, 2008).

[5] Expressive techniques have been shown to be effective in dealing with the clinical issues that accompany eating disorders: self-esteem, affect modulation, interpersonal relationships, identity issues, and impulse control (Hinz, 2006; Hornyak & Baker, 1989).

Chapter 5

Scale 2

SCALE 2: DEPRESSION (D)

Descriptors

Complaints

Depression, anxiety, dissatisfaction with life, sleep disturbance, gastrointestinal complaints, concerns over poor health, low energy, difficulty starting to do things, problems with attention, concentration, memory, poor appetite, weight change

Thoughts

Loss of interest, loss of hope, pessimistic, guilty, self-derecating, worrying, nervous, thoughts of death or suicide, indecisive

Emotions

Anhedonia, depressed, hopeless, overwhelmed

Traits and Behaviors

Depressed, withdrawn, hyperresponsible, tense, insecure, low motivation, conflict avoidant

Strengths

Thoughtful, responsible, cautious, conscientious, dutiful

THERAPIST'S NOTES

Scale 2 in the normal range reflects thoughtful, circumspect individuals who take their responsibilities and life in general seriously. They are not risk takers, and are prone to worry. When things go wrong, they readily feel guilty and can occasionally lose sleep when faced with stress or a difficult decision. When Scale 2 is elevated above a T-score of 65, Scale 2 is an excellent measure of current symptomatic depression. Scale 2 elevated when the other clinical scales are below a T-score of 65 is known as a "Spike-2" profile. It reflects a depression uncomplicated by personality disorders, damaged identity, or thought disorder symptomatology. This type of depression is amenable to treatment with a combination of cognitive, behavioral, and chemotherapies. Elevations on Scale 2 are associated with the typical symptoms of depression: sad mood, feelings of inadequacy, general inefficiency, low morale,

guilt, anxiety, social withdrawal, passivity, conflict avoidance and, in some cases, obsessive–compulsive thoughts and behaviors. These clients often feel hopeless, pessimistic, and fearful of taking emotional or behavioral risks. Scale 2 can also indicate vegetative symptoms of depression such as altered appetite, weight change, disturbed sleep, and difficulties with attention, concentration, and memory.

Individuals with a high score on this scale may have experienced an actual or perceived loss, which has left them fearful to engage in life, perhaps out of fear of experiencing further loss. Sometimes the loss associated with Scale 2 elevations occurred in childhood, resulting from an overload of responsibilities, restricted opportunites for carefree play and normal unfettered learning, and diverse socialization. In other cases, the depression is associated with early parental death, parental withdrawal, or other losses such as poverty and prejudice (Speisman, 2006). Typically, high Scale 2 individuals blame themselves for their losses and experience a pervasive sense of guilt. Our hypothesis is that inhibiting hope, motivation, and general drive as a way to protect against further loss is an adaptive response to such loss. In this context, pessimism and negativity can be viewed as protective.

Scale 2 also reflects personality traits such as hyperresponsibility, perfectionism, and a tendency toward intropunitiveness, which can predispose individuals to depression when losses occur. Sometimes a Scale 2 score significantly below a T-score of 50 with an elevated Scale 9 reflects the manic phase of a bipolar disorder. A low Scale 2 in the presence of a normal profile, with no clinical scales elevated above 55, may reflect a positive, optimistic, and resilient person who deals well with losses and setback.

LIFESTYLE AND FAMILY BACKGROUND

Elevations on Scale 2 are associated with a lifestyle of conscientiousness, guilt, and self-doubt, with a tendency toward taking on responsibilities. These individuals present as depressed and experience difficulty celebrating life, even when things go well. Friends and family members may see them as critical and negative because of their tendency to focus on what can go wrong. From their perspective, such negativity can be seen as an effort to protect others from loss rather than being critically intended. Reactive depressions would be associated with some actual or perceived recent loss but with a history of resiliency and no depression. The depression would be more endogenous with a history of hopelessness, early childhood deprivations, or losses and a lifestyle of hyperresponsibility and self-negation.

MODIFYING SCALES

- The Harris–Lingoes subscales tend to be uniformly elevated when the clinical Scale 2 is highly elevated. The relative contribution of the various subscales helps describe the more extreme and palpable features of the depression. If Psychomotor Retardation (D2) is low and Psychomotor Acceleration (Ma2) is elevated, the depression may be agitated. Energizing antidepressants may lead to self-defeating or self-destructive acts or a manic episode.
- The Depression (DEP) and Low Positive Emotions (RC2) scale consists of almost all obvious items, suggesting that these clients are actively complaining about depression. If Scale 2 is elevated but DEP and RC2 are not, the depression may be manifested in vegetative symptoms and may be less clinically obvious than when DEP and RC2 are also elevated.
- Elevations on the Schizophrenia (Sc) subscales, especially Lack of Ego Mastery Cognitive (Sc3) reflect the degree of cognitive impairment. Lack of Ego Mastery Cognitive (Sc4) would predict greater inefficiency and impaired drive.
- Elevations on Emotional Alienaton (PD5) may reflect guilt.
- Elevations on Authority Problems (Pd2) may reflect anger, passive-aggressive behavior, and self-defeating behavior.

THERAPY AND THERAPEUTIC PITFALLS

Scale 2 elevated when other clinical scales are below a T-score of 65 is an uncomplicated depression. A spike 2 depression involves an internal sense of loss and a feeling of being inadequate. For the high Scale 2, being engaged in a healing, supportive, loving relationship can be therapeutic because these clients do not manifest other self-defeating defenses. This profile is associated with generally favorable treatment outcomes. In all diagnoses of depression, however, assess for suicide risk.

Antidepressant medications often provide relatively prompt relief, especially when the depression is severe. Cognitive-behavioral therapy (CBT) has been well researched as an effective treatment for depression (Dobson, 1989; Hollon, Thase, & Markowitz, 2002). Assertiveness training (Langone, 1979), and interpersonal therapy (Klerman, Markowitz, & Weissman, 2000) are also useful. Exercise, a healthy diet, and avoiding alcohol can also be effective in alleviating depression (Ilardi, 2009).

These individuals have experienced an actual or perceived loss and have not fully engaged it and resisted their mourning process. The therapist should avoid the temptation to prematurely reassure and "persuade" clients to see the "positives" in their lives, as that may have the paradoxical effect of creating

resistance. Explore how past goals and desires have been a disappointment, and help clients express the anger and sadness associated with losses to facilitate the mourning process.

NORMAL-RANGE FEEDBACK

Low Ranges (T-Score < 50)

You are a person who generally stays positive and optimistic, and you have steady and available energy. Things rarely get you down for very long, and you bounce back easily from adversity. Your view of life may be that people can solve their own problems if they work hard. You are able to focus on tasks at hand and are generally free of anxious and depressed thoughts.

Average Ranges (T-Score 50 to 65)

Your profile is within the normal range. It shows that you are a serious and thoughtful person who takes responsibilities seriously. You shy away from taking unnecessary risks, and you are cautious about "counting your chickens before they hatch." You are an earnest person, realistic about life's ups and downs. Recently, you may have experienced a minor setback, which has left you feeling careful about being too optimistic in case something goes wrong again. Sometimes people with this profile grew up having had more responsibility than is normal for a young child. Perhaps you were in a caretaker role, either for a younger sibling or even a sick parent or family member.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Depression, Dissatisfaction, Anxiety

Your profile shows that you are currently feeling quite down and depressed. Sometimes people with depression become used to it and no longer realize how depressed they are; in other cases, people experience great discomfort. Often when people get depressed, they also become anxious. They experience this anxiety as a constant sense of dread, as if something bad is about to happen.

Sleep Disturbance, Poor Health, Weight Change

Typically, people with your profile have difficulties sleeping. In some cases, it is difficulty falling asleep because your mind is agitated and you are unable to switch it off. In other cases, people with this profile can fall asleep, but then they awaken early in the morning and are unable to return to sleep.

When people become depressed, they often complain of physical symptoms. Stomach upsets and difficulties with elimination are typical. You may also experience fluctuation in weight. You may find that you no longer enjoy foods that once tasted good to you. You may find preparing food tedious, and you may have lost enjoyment in eating.

Nonconfrontational

People with your profile tend to avoid confrontation. This may be because you doubt yourself and you tend to blame yourself if someone upsets you. It may also be hard to confront others because you lack the energy and confidence. You tend to worry that you don't have the right to ask for what you want or to tell others off.

Low Energy

When people are depressed, they often feel a lack of energy and low motivation. Things that, in the past, seemed to take little energy now may seem overwhelming. You may have to push yourself to engage in even the simplest activities that others might find pleasurable. You may find yourself dreading doing even the smallest chores.

Problems With Attention, Concentration, Memory

Depression is associated with difficulties with concentration, memory, and general alertness and attention. You may reread the same thing without comprehending it, and you may be unable to remember what you did earlier in the day or the day before. You may even become fearful that you are somehow losing your mind. Generally, these symptoms decrease once the depression is treated.

Loss of Hope or Pessimism

Depression is often associated with a loss of hope. You may give up hopes and dreams for the future, feeling that it is useless to have desires because you are likely to be disappointed. People may see you as pessimistic, but this reflects your fear that your life is over and your feeling that the future is bleak.

Feelings of Guilt

People with your profile tend to experience a great deal of guilt. Perhaps some recent setback or past losses have left you with feelings of self-blame,

feeling that you have ruined your life and that your failures are unforgivable. Guilt is a painful companion as you remind yourself of your failures. Even if you do something well or if people say positive things toward you, you may feel guilty as if you do not deserve compliments.

Feelings of Hopelessness, Thoughts of Death or Suicide

Most of the time, you feel a sense of hopelessness, so little in the future gives you joy. Having nothing to look forward to can be quite distressing. You might have given up planning ahead, feeling that nothing will give you pleasure. People with your profile can become very aware of the possibility of death and decline, and sometimes they become preoccupied with thoughts of killing themselves. This is something that you should openly discuss with your therapist.

LIFESTYLE AND BACKGROUND FEEDBACK

Typically, people with your profile have experienced recent or past losses that have left them apprehensive about allowing themselves to enjoy life. Perhaps as a child you experienced the loss of a parent figure, leaving you with overloads of responsibility, or for some other reason you may have been deprived of the normal joys of a carefree childhood. In other cases, recent losses, perhaps a job, a blow to your self-esteem, or a perceived or actual setback, have made you feel hopeless about ever enjoying life again. Being negative, pessimistic, and withdrawing from life may be an understandable self-protection from further loss or setback.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Your doctor may want to consider medication, which could help you feel better quickly.
2. Research has shown that regular aerobic exercise can decrease stress and can have a very positive effect in relieving depression.[1]
3. Work with your therapist to change how you view yourself. Notice how quick you are to blame and doubt yourself. In any given moment, when you dislike yourself, attempt to make a list of your positive attributes so that you maintain a balanced view of yourself.

[1] While the literature on physical exercise and depression has been confusing, with both positive and negative effects being reported, cross sectional and longitudinal studies indicate that aerobic exercise has antidepressant and anxiolytic effects and protects against the harmful consequences of stress (Salmon, 2001).

4. Resilience building: Assertiveness training can be an effective component of mood regulation.[2] *Assertiveness* is an honest and direct expression of your own desires and thoughts while still respecting the thoughts and feelings of others. An *aggressive* response ignores the feelings of others, whereas a *passive* response is the failure to express your own wants and needs. Think of examples either in your own life or something you have observed that illustrates different styles of communication, and then role play assertive responses with your therapist.
5. Identify with your therapist what you perceive as past or recent losses. Find ways to forgive yourself for these setbacks and losses so that you can stop beating yourself up for them. Learn to express anger about those losses without self-blame.
6. Feeling depressed can be quite lonely and isolating, but one of the best ways to start to feel better is to reach out for social support and contact. Consider making plans with friends or family, even if it is just by phone or for a brief visit. You may also consider joining a support group for depression. Many are offered at low to no cost and can be found by searching the Internet for depression support groups in your area. Joining a sports team is another way to seek out social support while concurrently getting the benefits of exercise.[3]
7. Resilience building: Learning an optimistic (yet realistic) viewpoint can contribute to a more hopeful outlook on life and to better self-esteem. Optimists explain difficulties as *temporary, nonpersonal,* and *specific*, whereas pessimists explain them as *permanent, personal,* and *pervasive*. For example, in a relationship problem the pessimistic explanation would be, "I'm unlovable" (personal, permanent, and pervasive), whereas an optimistic explanation would be, "We have both been under stress lately" (nonpersonal, temporary, and specific). Practice learning this new way of explaining difficulties.[4]

[2] Many everyday problems with stress and emotional regulation can be directly attributed to interpersonal problems such as conflict with coworkers, coping with roommates or loved ones, or trouble with authority figures. Learning to communicate assertively is a cornerstone of more effective and satisfying interactions and subsequent improvements in mood (Smith, 2002).

[3] Studies have determined that not only is loneliness a by-product of depression but also that it contributes to the symptoms of depression. Learning skills to increase social support can help (Eisemann, 1984). It is important to note that, especially for adolescents, sports participation is a powerful shield against depression and suicidal ideation for teenagers, with the odds of suffering from depression decreasing by 25% as sports participation increases (Babiss & Gangwisch, 2009).

[4] Explanatory style is related to psychological health indices, self-esteem, and coping skills. Programs that change explanatory style help to prevent depressive symptoms in adults and children (Gillham, Reivich, Jaycox, & Seligman, 1995; Seligman, Schulman, deRubeis, & Hollon, 1999).

CODE-TYPE 2-3/3-2

Descriptors

Complaints

Physical illness (gastrointestinal problems, musculoskeletal problems, cardiovascular problems, headaches, nausea, vomiting, chest pain, fatigue, weakness, neurological symptoms, weight loss), memory and concentration difficulties, depression or sad mood, constant worrying, low sex drive

Thoughts

Morbid or sad, preoccupied with physical decline, self-deprecating, self-punishing, worrying, pessimistic about treatment, guilty

Emotions

Depressed, anxious, overly sensitive, brave, inhibited

Traits and Behaviors

Dependent, inhibited, somatizing, insecure, conflicted about self-assertion versus dependency, possible alcoholism

Strengths

Responsible and conscientious, self-sacrificing, respectful, dutiful

THERAPIST'S NOTES

When the 2-3 code-type scores are in the average to moderate range, it represents a tendency to be respectful, dutiful, and self-sacrificing. People with this score lack assertiveness and have difficulty standing up for themselves. Elevated profiles are associated with severe depressive symptoms masked by somatization and hysterical defenses. The 2-3 individuals have strong needs for affection, attention, love, and reassurance. Solicitous of others and self-sacrificing, they are unable to be reassured by others' love and attention, partly because their self-sacrificing behavior is a role play and partly because it induces guilt in others. This is a somatizing depression in which feelings of anxiety, tension, worry, insecurity, and fear of being rejected and unloved are mostly unconscious. Physical symptoms and panic about a decline in health tend to be a focus. Headaches, stomach upsets, musculoskeletal complaints, various tingling, weaknesses, and other somatic symptoms reflect their repression of emotion, with resulting tension and somatic involvement.

These individuals tend to be intropunitive: quick to blame themselves rather than to externalize. Their tendency to be self-sacrificing, even when others do not ask for it, leads to others resenting them and feeling controlled by them. They repress and inhibit aggressive and sexual impulses, as if stuck in a childhood role

of trying to be "good" to avoid rejection and abandonment. They are worried about what others think of them and crave approval and love, yet they find themselves unable to feel secure even when appreciation is given. The Scale 3 elevation suggests the active seeking of emotional connection and the denial of aggressive and sexual impulses. The elevation on Scale 2 suggests depression, guilt, anxiety, and low self-esteem. Given their denial and inhibition, it is not surprising that this has been called a "smiling depression" because of their tendency to smile through their tears. These individuals are conventional, respectful, dutiful, and self-sacrificing. Even though others would see them as demanding, this tends to be subtle and a reflection of their insatiable neediness and fear of emotional deprivation.

When Scale 3 is significantly elevated above Scale 2, the depression may not be recognized by the clients. In many cases, these individuals are very focused on physical symptoms and do not complain of feeling depressed. In some cases, individuals will search for alternative medicine solutions, sometimes becoming preoccupied with unusual treatments. Side effects from experimental treatments then aggravate the symptom picture, further complicating their understanding that depression is a primary problem.

LIFESTYLE AND FAMILY BACKGROUND

Typically, 2-3 individuals experienced parental rejection and emotionally deprived childhoods. As children, they learned to please, to be brave, and to avoid conflict and confrontation. In research by Marks and Seeman (1963), this profile was characterized by parental indifference, father rejection, and disrupted homes. A total of 55% had experienced a death in the immediate family. Marks, Seeman, and Haller (1974) found that the 2-3 is typically not the youngest child. Given the emotional deprivation, loss, and rejection, without the luxury of being an indulged youngest child, it is not surprising that a central issue for these clients is profound insecurity and fear of emotional abandonment. They crave approval and love and attempt to gain it through self-sacrifice. However, their self-sacrifice leaves them feeling deprived, and, unable to assert themselves, they develop hurt and resentful feelings. Even when they do obtain love and approval, it is hard for them to trust it. These individuals are extremely sensitive to rejection and are hyperresponsible. Any kind of criticism of their work or setbacks in their careers are experienced as potentially catastrophic because it means that they are less lovable and therefore vulnerable to more abandonment and rejection.

MODIFYING SCALES

- When Scale 1 is elevated third, the physical symptoms are more pronounced and shift and change over time.

- Scale 4 coded third suggests hysterical role playing and more overt manipulations to get others' approval. There is a tendency toward impulsive tension-reducing behaviors and addiction proneness.
- When Scale 6 is elevated, hypersensitivity to criticism and paranoid fear of disapproval is suggested.
- When Anxiety (ANX) is elevated, tendency to severe anxiety bleeds through the hysterical defenses, with the focus on somatic symptoms as a cause of the anxiety.

THERAPY AND THERAPEUTIC PITFALLS

Because these clients' focus is on nonpsychological issues, the initial therapeutic alliance involves focusing on their somatic symptoms to overcome resistance. Many of their physical symptoms could have been precipitated by prolonged stress and tension, leading to actual bodily breakdown. Helping clients maintain a diary of their physical symptoms and how they shift and change in response to stress can help facilitate recognition that their physical symptoms are linked to stress. Because many of these clients have backgrounds that involved emotional deprivation, abandonment, and loss, it is important that they feel supported and nurtured. Direct confrontation tends to lead to clients' withdrawal. Explore some of their early losses, and help them mourn by engaging empathy for themselves as deprived children. Watch for somatic reactions such as dizzy spells, anxiety, or severe fatigue to interrupt emotive therapy. Observe how physical symptoms occur during the recollection of past painful events to help them learn to self-soothe and relax when overwhelmed emotionally.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is in the normal range and suggests that you tend to sacrifice your wants and desires for the benefit of others. Being assertive and standing up for yourself can be difficult, and face-to-face confrontations can be quite frightening. You may develop headaches, upset stomach, or other physical symptoms when placed in difficult emotional situations. Interactions that involve feelings of sadness or anger are particularly difficult and likely to trigger these symptoms.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Physical Complaints

People with your profile often have various physical complaints, including gastrointestinal problems, musculoskeletal problems, cardiovascular problems,

headaches, nausea, vomiting, chest pain, fatigue, weakness, neurological symptoms, or weight loss.

Memory and Concentration Problems

When people are depressed, they often have difficulty with concentration and memory. You may find yourself losing track of things and unable to remember what you did earlier in the day; you may even fear that you are somehow losing your mind. These symptoms will usually disappear once the depression is treated.

Depression, Sad Mood, Worried

People with your profile often spend a lot of time thinking about sad and even morbid things. You probably find yourself worrying that there's something wrong with you, and you may live with a sense of dread and anxiety as if something terrible is about to happen.

Self-Deprecating or Self-Punishing

People with this profile tend to be their own worst critics. You probably feel like a failure even if, to others, you have accomplished much. It's easy for you to see yourself as inadequate or to feel like a failure and to feel guilty when you hear about others' successes, as if it highlights your own failure. People with your profile are quick to punish and blame themselves for anything that goes wrong. Whenever you get into conflict with someone you love, it's easy for you to feel like you did something wrong and to worry that you're going to be rejected and abandoned.

Guilty

You often feel a sense of guilt, as if you have done something wrong and are going to be punished. You may feel guilty that you have not done enough for others.

Brave in the Face of Pain

People with your profile are often attempting to be brave, to smile through difficulties, and to prevent others from seeing how sad they feel. Sometimes your profile has been called the "smiling depression" because you work so hard to be brave in the face of pain. It's important for you to be seen as cheerful and positive no matter how bad you feel.

Responsible, Conscientious, Self-Sacrificing

People with this profile are often described as extremely responsible and conscientious. You feel a sense of duty and responsibility to get things done and to be productive. It's as if you're always trying to be "good," to do the right thing, and to please people around you. It's hard for you not to take on responsibilities, even when others have not asked you to do so. People with your profile can come across as self-sacrificing. However, sacrificing yourself for others may lead you to develop resentments and may lead other people to resent you for not taking better care of yourself.

LIFESTYLE AND BACKGROUND FEEDBACK

People with your profile grew up in difficult circumstances with early losses such as parental indifference, rejection, or otherwise disrupted homes. Perhaps you lost a parent and from an early age had to be brave, smiling in the face of pain. One way of dealing with these early losses was to try to stay positive and to please others to avoid further losses. Physical symptoms would reflect the stress you put on your body by pleasing others and avoiding conflict. You may use chemical agents as a way of feeling better.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Avoid self-destructive habits such as overeating or drinking as a way to self-soothe. With your therapist, develop a list of nurturing and soothing activities as an alternative (e.g., take a walk in a scenic part of town, call a friend, read a favorite book or watch a favorite movie).
2. When you notice any physical symptoms or aches and pains, even though you are trying to be brave, see if you are struggling to hold back any angry or sad feelings. Give yourself permission to examine and confront those feelings by either journaling or talking to someone you trust.
3. Maintain a diary of physical symptoms to see if there is a pattern between your symptoms and anything stressful that might have happened in the same time period.
4. With your therapist, identify significant events in your childhood that involved a loss or a sense of abandonment. In a supportive environment, process feelings that you were unable to safely feel as a child.
5. Allow yourself to talk about your feelings, wants, and desires, being aware of your tendency to shift the focus of attention onto others rather than yourself. While give and take is important in any dialogue, be aware of your tendency to want to give, flatter, and nurture others at your own expense.

6. Resilience building: Identify a particular distressing experience: write about it, and describe the negative emotions and consequences surrounding it. Write without editing or worrying about grammar or spelling. Next, write about the same event, but this time include any positive emotions or consequences involved, even if it feels like "fiction." As you practice, you may find that the positive emotions become easier to imagine and identify.[1]

[1] A study of adaptive cognitive change surrounding an upsetting event showed that the written expression of positive feelings is as, if not more, therapeutic than writing about negative emotions (Segal, Tucker, & Coolidge, 2009).

CODE-TYPE 2-4/4-2

Descriptors

Complaints

Depressed, dysphoric, trapped, anxious, alienated, relationship (family or work) problems, feeling victimized, possible legal problems, feeling overwhelmed, dissatisfied

Thoughts

Defeated, negative, resentful, blaming, insecure, self-defeating, anxious, insecure, frustrated, self- and other-blaming, pessimistic

Emotions

Angry, sad, trapped, guilty, sometimes intropunitive and sometimes extropunitive, passive-dependent

Traits and Behaviors

Impulsive, acting out, addictive personality, passive-aggressive, manipulative, demanding, hostile, sarcastic, argumentative

Strengths

Nonconformist, spontaneous, when less depressed can be independent

THERAPIST'S NOTES

In the average to moderate range, the 2-4 individual feels trapped and defeated, conflicted between self- and other-blame. They are apprehensive about relying on others emotionally. The elevated 2-4 code type may reflect a personality disorder with resentment, anger, depression, and self-defeating behavior. In some cases, the 2-4 code type reflects a high Scale 4 individual who has recently experienced a loss or setback, resulting in a depressed profile. These clients are narcissistic, dependent, self-serving, manipulative, and alienated. When depressed, such individuals become angry, dissatisfied, and frustrated with the world, externalizing blame. At times their anger is self-directed, and they become self-defeating and self-destructive. They are quick to give up when stressed. At other times, their anger is externalized, and they can lash out and be vindictive, blaming others for their own misfortunes. These individuals feel self-pity and want to be rescued, but they distrust others' motives, reflecting the basic mistrust of the high Scale 4. In the presence of a history of antisocial or narcissistic and self-indulgent behavior, the 2-4 may reflect a situational depression subsequent to behavior that is impulsive or poorly planned. The depression is characterized by an exaggerated, angry remorse, without significant behavior change. Self-anger around their impulsive behavior serves as a rationalization for their inability to move forward and to make positive behavioral changes.

Not all 2-4 profiles reflect a chronic personality disorder. This code type can occur in situational depressions where individuals feel trapped, bitter, and unable to see positive future options. A lifestyle of stable relationships and perseverance toward tangible goals would suggest a situational depression with temporary feelings of angry hopelessness. 2-4 code types express low self-esteem in an angry, self-destructive way. They avoid responsibility, but with exaggerated self-blaming statements. Clients with this profile are quite argumentative and critical. They are also passively dependent and passive-aggressive. Their depression is manifested as negativity rather than as communicative sadness.

If Scale 3 is elevated third, the anger, resentment, and bitterness associated with the 2-4 is muted by hysterical defenses. Individuals with a 2-4-3 code type will exhibit more hysterical role playing and a tendency to fit in to other people's expectations but will act out in subtle, passive-aggressive ways. Individuals with this profile may play the right role and appear acquiescing and compliant but then may exhibit quick-temper outbursts and episodic acting out followed by denial. They tend to lack insight, and their behaviors reflect the conflict between the expression of anger and resentment on one hand and needs to be accepted and loved on the other. Those with a 2-4-3 oscillate between defeated despair and cheerful role playing.

LIFESTYLE AND FAMILY BACKGROUND

If these clients have exhibited a history of antisocial or narcissistic self-indulgent behavior but have recently experienced a setback or loss, then the 2-4 code type reflects a situational depression in character-disordered individuals. These individuals are vulnerable to suicide attempts and other self-destructive acts. In the presence of a history of dysthymia, depression, anxiety, but also anger and self-defeating behavior, the profile may reflect a self-defeating personality style. The presence of a recent setback or loss and the absence of a history of self-destructive behavior will help define whether this is the result of a lifelong pattern of acting out, self-indulgent, and self-defeating behavior or recent anger and bitter depression due to feeling trapped. The anger and the sense of defeat make the depression difficult to treat. In either case, look for backgrounds of unavailable, abusive, or self-indulgent parents. Typically, 2-4 individuals don't trust authority figures because of unavailable or inconsistent parenting. Our hypothesis is that this profile reflects an adaptive response to emotional abandonment or lack of reliable emotional support. In response, the 2-4 becomes emotionally numb, inhibiting the normal operation of vulnerable and engaging feelings. These individuals alternate between periods of emotional numbness and intense, angry, negative sadness. During these periods of sadness, 2-4 individuals will engage in self-defeating and self-destructive behaviors.

MODIFYING SCALES

- Elevations on one or more Authority Problems (Pd2), Antisocial Practices (ASP), and Antisocial Behavior (Rc4) may indicate a history of conflicts with authority.
- When Scale 4 elevations are mostly due to elevations on Social Alienation (Pd4) and Self-Alienation (Pd5), the profile reflects estrangement and a sense of isolation from others rather than rebellion or anger.
- When Scale 1 is elevated third, physical symptoms may be present. They may use those physical symptoms to control or manipulate others.
- When Scale 7 is elevated, anxiety is reduced through immediate tension reducing behavior, such as alcohol or drug consumption, gambling, or reckless spending.
- When Psychomotor Acceleration (Ma2) is elevated, self-destructive impulsivity may be present, and suicide risk is heightened.
- Elevation on Anger (ANG) would predict impulsive, angry behavior.
- Elevations on MacAndrew Alcoholism-Revised (MAC-R), the Addiction Potential (APS), or Addiction Acknowledgment scale (AAS) would confirm addictive behavior.
- Elevation on the Cynicism scale (CYN) would substantiate the alienation and distrust of the 2-4 profile.

THERAPY AND THERAPEUTIC PITFALLS

Therapy with 2-4 code types is difficult because they feel angry, defeated, and trapped with nothing to lose. They are fearful of getting invested in the therapeutic process because they are cynical about their therapist's caring and pessimistic that things will work out. They have lost trust in themselves and others and tend to avoid the emotional vulnerability of a therapeutic relationship. If the 2-4 profile reflects a recent trapped depression in the absence of a history of antisocial behavior, then antidepressant medications can be useful. Beware of energizing antidepressants, especially if clients complain of suicidal ideation. These individuals selectively report, so external validation that they are no longer using chemical substances is important. Be mindful of the interaction of medications with chemical agents. Behavioral therapy with concrete steps to help reduce self-destructive and self-defeating behavior will work best. Developing a contract for concrete, daily changes in behavior, anticipating self-defeating behaviors, and rehearsing prophylactic ones is more helpful than insight therapy. For the 2-3-4 code types, assertiveness training can help them express anger directly rather than passive-aggressively. Help them understand that they adapted to childhood rejection and abuse by role playing, manipulating, and avoiding intimacy.

NORMAL-RANGE FEEDBACK (T-SCORE 50 – 65)

Your profile is in the normal range. However, it shows you feel somewhat trapped or defeated at this time. At times you feel angry and negative toward others and have low tolerance for frustration. Other times you feel angry with yourself. You may keep people at a distance, fearful of being let down by them. Currently you appear to be feeling frustrated and angry. You may find it hard to persevere in the face of frustration and to be warm and pleasant with those around you. A recent setback with feelings of disappointment in yourself and others or some other letdown has left you feeling this way. You avoid being emotionally vulnerable with people out of fear that they will hurt you or let you down. Sometimes people with your profile use drugs and alcohol as a way of relieving stress. When they do, it seriously increases the risk of behaving in an impulsive and self-defeating way.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Depressed or Trapped

Currently, your profile shows that you are feeling quite depressed and sad. There may be little in your life that seems to give you pleasure. Much of the time, you feel unhappy and negative but are unable to find ways to feel better. You are feeling trapped in your current situation, and it's hard for you to see a way out of it. You feel bitter and resentful that you are stuck in this situation, and you may feel that you have nothing left to lose because you have already lost a great deal.

Alienated or Relationship Problems

Your profile shows that right now you feel very disconnected from others and even yourself. You feel like you have no one to turn to and you feel alone, without a sense of community or support. Even if there are people who tell you they care about you, it's hard for you to trust them. You are probably experiencing a lot of relationship difficulties. You may experience conflicts with loved ones or with people with whom you work.

Feeling Victimized or Resentful

Currently, you may be feeling bitter and resentful, as if others have mistreated you. You may find yourself spending a lot of time thinking about how others have wronged you and how they have let you down. You may be feeling like a victim of circumstance, and at times you feel angry with the world and at other times angry with yourself.

Possible Legal Problems

In some cases, people with this profile are experiencing trouble with authority figures and perhaps even with the law. Your current depression and feelings of defeat may be due to a recent conflict. You may feel resentful and angry that you are in this position. In some cases, people feel this trapped, angry depression because they feel like victims of unfair rules and regulations.

Self-Defeating

People with your profile often give up, even as they're getting ahead and things are starting to improve. You may find yourself impulsively doing things that defeat your goals, such as not paying bills, being late, and missing appointments. When stress builds, you may be unaware of how self-defeating you are.

Hostile, Sarcastic, Argumentative

Because you feel angry, trapped, and bitter, you might lash out at people, especially as stress builds. Because you're afraid to trust people, you might push them away with a sarcastic, angry demeanor. You are quick to argue, and you can get stubborn and negative with others. It's as if you're angry with everyone so that no matter what people say you have a desire to argue and fight with them.

Impulsive or Addictive Personality

People with your profile can be quite impulsive as stress builds or even when you are feeling good. Your impulsivity might lead you into self-destructive and hasty acts, which later make you feel guilty and down on yourself. People with your profile tend to develop addictions. Because you have a tendency to be impulsive and act out when you're in pain, you may grab at anything that makes you feel better. It may be drugs, alcohol, sex, or something else that is immediately soothing. When you use chemical agents, it may make you more impulsive and more self-defeating.

Manipulative or Demanding

People with your profile often feel they have to manipulate others to get their needs met because they don't trust and don't think anyone really cares. Because you feel as though you have been unfairly treated and you feel trapped, you may come across as quite demanding, and people may see you as using the threat of your bad temper as a way to get what you want.

LIFESTYLE AND BACKGROUND FEEDBACK

People with your profile sometimes grew up in environments where, from an early age, they had to be self-reliant. Perhaps your parents were unavailable or unreliable, selfish, or unreasonable. From an early age, you may have learned to be independent, to not trust others with your vulnerable feelings, and to manipulate people to get your needs met. As a child, you may have felt the only way you could be heard was if you did something impulsive and angry or if you lashed out or manipulated others. It's as if you're afraid to care, to let your guard down, and to invest yourself in changing your life. Recently, you may have experienced a setback or loss, which has left you feeling more alone and with no one to turn to. Numbing yourself and being cynical were adaptive ways of protecting yourself when you felt you had no one to lean on. Currently you may be experiencing similar feelings.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Watch your tendency to get impulsive when stress builds. Try to rehearse some alternative behavior so that you don't drink, abuse drugs, or engage in self-destructive acts.
2. Resilience building: It is not necessarily your impulsivity that is a problem; at times it can mean that you are spontaneous, active, and social.[1] This same trait that is sometimes an asset can be hurting you right now because you are discouraged and impulsive. Make it a point to plan ahead. Regardless of the specifics, good planning involves the following:
   a. Problem definition: What am I dealing with? What is my first step?
   b. Focusing attention: Think of the steps—What do I do first? Strategy: First brainstorm, then create goals.
   c. Self-evaluation: Correct any errors.
   d. Coping statements: I need to go slow, don't worry: worry doesn't help.
   e. Reinforcement: Give yourself a reward.[2]

[1] Impulsivity has generally been looked on in a negative light, but there are both functional and dysfunctional types of impulsivity. Functional impulsivity is associated with being carefree, spontaneous, and productive, whereas dysfunctional impulsivity involves acting without forethought and failure to plan ahead. Stress may be the factor that creates "noise" that interferes with the ability to use a methodical approach when it is needed (Dickman, 1990). By offering the client the possibility that his or her impulsivity is nothing shameful and by rehearsing the skills of methodical planning the client can develop the sense of mastery that comes from planning ahead.

[2] www.pent.ca.gov/pos/cl/str/basicformsofself-instructions.pdf

3. Force yourself to do something kind or caring for others, even though you won't feel like it. Alleviating others' suffering could help you feel better.
4. Instead of feeling guilt and remorse for past behavior, focus on one positive, healthy, self-affirming habit you would like to work on. For example, if you impulsively spend money, come up with a detailed action plan: cut up all but one credit card; shop only with cash; avoid the places where you have spent too much money in the past; before shopping make a list and stick to it. No matter how small, your sense of accomplishment can begin an upward spiral that will reduce your sense of guilt and hopelessness.[3]

[3] Resilience and positive emotion are not just the by-product of being "happy"; people become more satisfied in life because they actively develop resources for living well. The broaden-and-build theory of positive emotions suggests that even momentary experiences of success and positive coping fuel further change and an increase in the ability to meet life's challenges (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009).

CODE-TYPE 2-4-6

Descriptors

Complaints

Depression (crying spells, sleep problems, somatic symptoms), hopelessness, fatigue, weight changes, anxious, alienated, relationship problems, authority conflicts, feeling overwhelmed, dissatisfied

Thoughts

Rationalizing resentments, wounded, bitter, critical, blaming, insecure, frustrated, pessimistic, guilty, anxious

Emotions

Resentful, trapped, angry, sad, irritable, passive-dependent, argumentative

Traits and Behaviors

Extreme sensitivity to criticism or demands, withdrawn, impulsive, addictive personality, manipulative, aggressive, self-defeating, demanding

Strengths

Loyal, fair-minded, sensitive, creative

THERAPIST'S NOTES

In the average to moderate range, 2-4-6 individuals work hard to be above criticism. They are sensitive, easily hurt individuals who anticipate resentment and have difficulties asserting themselves. In some cases, the 2-4-6 is a distinct personality type, and, in other cases, it reflects someone with a 4-6 personality who has recently suffered a setback or loss, resulting in a current depression. 4-6 individuals are vulnerable to occasional depression because of their tendency to create conflict in the way they approach life: vigilant for how they are going to be taken advantage of or somehow unfairly treated. The 2-4-6 profile suggests the typical symptoms associated with depression; however, it is an angry, hurt, and wounded depression in which individuals feel mistreated and taken advantage of. These individuals doubt themselves and allow others to be more assertive, but then they ruminate about having been devalued. Anxious and insecure, they tend not to assert themselves until they feel resentful and entitled to explode or to confront others in an angry, blaming outburst. Resentments are stored until the person feels justified in a confrontation, by which time they are deeply hurt and angry. In psychodynamic terms, the aggressive behavior is a defense against their strong dependency needs. Individuals with this code type may have adapted to a childhood of feeling criticized, judged, emotionally deprived, and unfairly treated. They may have felt trapped by authority figures who demanded a great

deal from them but were emotionally withholding, rejecting, or indifferent and rarely positive or rewarding. Perhaps in an attempt to preempt harsh judgment, they adapted by becoming perfectionistic and self-critical but, at the same time, felt unfairly treated and resentful. They are argumentative and critical of others, as if they need to protect themselves by pointing out what others are doing wrong. Going through life storing resentments and anticipating unfair treatment leads them to come across as argumentative and stubbornly demanding; they are often seen as unforgiving and tend to hold grudges for long periods of time. Their expectation of unreasonable treatment often leads to a self-fulfilling prophecy. As marital partners, they are chronically dissatisfied, spend long periods of time feeling hurt and unfairly treated, and have difficulty asking for what they want from their partners in a reasonable way. They are often quite sensitive, and their feelings are easily hurt; in some cases, their sensitivity can shade toward paranoia, misinterpretation of others' motives, and feelings of being personally exploited. Loyalty is extremely important to them, so breaches of loyalty by others can lead to quick termination of relationships.

LIFESTYLE AND FAMILY BACKGROUND

In the 2-4-6 personality type, there is often a family history of feeling unfairly treated and criticized. Many have had childhoods with cold, aloof, and even punitive parents who were quick to criticize and judge and slow to be supportive and emotionally warm. In some cases, they may have experienced harsh discipline and, in other cases, parental rejection. As children, they may have felt that it was impossible to please a parent. Unable to express anger directly due to the threat of punishment or emotional withdrawal, they tend to be passive-aggressive with periods of angry silence and resentment. Precipitating circumstances for the onset of depression may be a recent loss that they perceive as the result of others' unfair, unreasonable, and vindictive behavior.

MODIFYING SCALES

- Elevations on Bizarre Mentation (BIZ), Psychoticism (PSYC), Ideas of Persecution (RC6), or Aberrant Experience (RC8) may indicate depression with psychotic and paranoid features.
- Often, Anger (ANG) is not elevated, reflecting withdrawn, passive, but angry and resentful depression. When ANG is elevated, then anger is likely expressed as brittle, irritated outbursts toward people, usually after the accumulation of a number of resentments.
- When Authority Problems (Pd2) or Antisocial Behavior (RC4) is elevated, then conflicts with authority figures would be more prominent and more vocal and impulsive, especially if ANG is also elevated.

- When Persecutory Ideas (Pa1) is elevated higher than the Poignancy (Pa2) and Naïveté (Pa3), the depression may have a paranoid quality. Rule out any recent legal difficulties or interpersonal conflicts that could explain feelings of being attacked and criticized. Research suggests that people undergoing legal difficulties, especially if they feel unfairly accused, often elevate Pa1 (Nichols & Greene, 1995). Elevation on Pa2 would confirm the sensitive, hurt, and wounded quality of the depression.

THERAPY AND THERAPEUTIC PITFALLS

The 2-4-6 is a hurt, trapped, wounded, but self-righteous depression. These individuals feel that others or external situations are the cause of their depression, and they exhibit a sense of self-righteousness about their suffering. They feel justified in being depressed and resent any attempts to counter their feelings. Initially, empathy for their suffering will create a therapeutic alliance, and attempts to point out that blame for their suffering is unproductive would quickly be seen as unsupportive and judgmental. People with a 2-4-6 are difficult to treat because their anger and blame creates countertransference in the therapist. Reframing their resentments as manifestations of pain and suffering can help in maintaining empathy toward them and in avoiding negative countertransference.

Scale 4 elevations and excessive use of alcohol and chemical agents complicate their response to medication. In the absence of a history of acting out, conflicts with authority, and lifelong resentments, this code type may reflect a situational depression, which is amenable to antidepressant medications. Once the depression is alleviated, the anger, resentment, and even paranoid sensitivity can diminish. In some cases, antidepressants are rejected because they feel a loss of protective vigilance.

Psychotherapy combining insight, catharsis, and education about how to express demands without blame or judgment can be useful. Assertiveness training—teaching them to express desires without waiting until resentments build—can help with anger and depression (Smith, 2002). Catharsis around hurtful events, self-empathy, and role playing the expression of anger directly could relieve some of the hurt and resentment. Explore specific childhood events around being treated unfairly.

NORMAL-RANGE FEEDBACK (T SCORE 50 TO 65)

Your profile is in the normal range. People with your profile work hard to do things the right way and to be above criticism. You may have experienced situations where people have treated you unfairly and have not given you

the recognition and credit you deserve. You are sensitive to unfairness and to any undeserved criticism. You go through life mindful of protecting your boundaries, as if you have felt they have been violated. You may find it difficult to ask for help and stand up for yourself. Because you want to be above criticism, you don't ask for what you want until you feel justified in doing so, by which time you are frustrated, resentful, and angry. Perhaps a recent loss, setback, or criticism has restimulated feelings of being wounded and unfairly treated. Because of your sensitivity to criticism, it may be hard to make decisions, to assert yourself, and to deal with your current situation.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Depression or Hopelessness

Your profile shows that currently you are feeling quite depressed. You may exhibit typical symptoms of depression such as feeling tearful, crying, and sadness. You may experience sleep problems, either early morning awakening or being unable to get to sleep. Your profile suggests that you are feeling defeated, perhaps even hopeless and pessimistic about the future. It's hard to see much positive in your life right now, and this may rob you of energy and drive.

Fatigue or Weight Changes

Much of the time you may feel tired and depleted, and even a good night's sleep may leave you without any real zest for the day. Tiredness makes even small daily tasks difficult to accomplish. You may be experiencing either weight gain or loss, and you may find yourself eating even when you're not hungry or uninterested in foods that you previously liked. Sometimes, people with this kind of depression can become so tense that they find some relief in purging after they eat.

Anxious

You may find yourself experiencing anxiety without knowing exactly why and what you are worrying about. You may feel a sense of dread, as if something bad could happen. Your anxiety may increase in situations where you feel others could be critical or judgmental of you.

Relationship Problems or Alienation

It may be hard for you to feel connected to others, and you may lack a sense of belonging. Because you feel hurt and let down by others, you may have

trouble trusting people in general. Expecting others to hurt you may make you argumentative and demanding, leading others to resent you. Ready to protect and defend yourself, you come across as touchy, leaving others feeling criticized or judged by you. It's as if you're going through life ready to fight for your rights because they have been violated in the past.

Resentful or Trapped

Currently, you feel quite resentful and mistreated. You feel as though others have hurt you and have done things to you that have left you feeling unfairly treated and trapped in your current situation. It's hard for you to give yourself permission to be angry, so you tend to hold in resentments until you feel you are more than justified in expressing them. However, that means that you accumulate resentments and wait until you have built a case against someone before you give yourself permission to express how you feel.

Critical or Blaming

You may find yourself thinking and analyzing others' behaviors and feeling quite critical of them. If you expect to be criticized or blamed, it's understandable that you look for ways to criticize others as a natural protective response. You may spend time thinking about how others are to blame for what has happened to you and for how you feel. However, this type of self-protection might lead you into conflict with others, which is painful to you.

Guilty or Withdrawn

Even though you feel you have been unfairly treated and are angry, you also experience periods where you feel guilty and self-critical. Being sensitive to criticism, judgment, and even attack will lead you to withdraw to protect yourself. When you are hurt or angry, you may withdraw into silence because you are afraid to express anger in case it makes things worse.

Irritable, Angry, Argumentative

You experience anger and sadness a lot of the time, even in situations where others may be feeling happy and positive. Much of the time, you may feel irritable because you are frustrated in your attempts to get what you want. Minor upsets can quickly make you angry. You may find yourself sarcastic, verbally cutting, and argumentative toward others or perhaps just aloof and cold.

Impulsive or Addictive Behaviors

As stress and tension accumulate, you may impulsively relieve stress by eating, drinking, or spending money. Your impulsivity can be self-destructive or self-defeating. Chemical agents can aggravate your recklessness and can become addictive.

LIFESTYLE AND BACKGROUND FEEDBACK

People with your profile often grew up in environments where they felt unfairly treated, judged, and violated. You may have had a parent that was particularly critical, dominant, and controlling. From an early age, you tried to be above criticism, and you tried to do the right thing to avoid rejection, criticism, and even attack. You go through life careful to protect yourself against people who might harm you or make unreasonable demands. It's hard for you to trust others' motives, so you may be suspicious of people even when they are being nice to you. This makes sense given the way you grew up—always having to protect yourself and guard against being mistreated. Now, it's hard for you to trust others' motives, to let your guard down, and to let yourself get emotionally involved. When people treat you well you wonder about their ulterior motives. You protect yourself against being hurt by maintaining a protective wall, although others may see you as cold and aloof.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Role play telling the people who hurt you in your childhood about your pain and anger, verbalizing anger at those who mistreated you. Allow yourself to experience what it felt like at the time.
2. Explore your current situation to see how you feel trapped and how you feel you can't get out of the trap unless other people change. Find small, specific ways you can start changing your behavior to get out of the current trap.
3. Avoid alcohol or chemical agents as a way of relieving your depression and hurt; substitute healthier ways of coping instead. Beginning each day with exercise and following a healthy diet can help curb more self-destructive impulses. If your body is healthy and in good physical shape, you're better able to handle emotional stressors in your life.

4. Eating a healthy diet, exercising regularly, getting enough sleep, getting massages, and pampering yourself are all good ways to take care of your body and to begin a positive "upward spiral."[1]
5. Work with your therapist to identify some of the most distressing and negative "intrusive" thoughts that you have. "Thought stopping" is an effective technique you can practice to help you prevent these types of unwanted thoughts that can make you feel depressed or angry. Several forms of thought stopping are effective; one quick technique involves picturing or saying out loud, "Stop," whenever you experience these types of unwanted thoughts. You then replace the thought with a pleasant image or affirmation that is more positive (e.g., "I have felt this way before, and I know I can handle this").[2]
6. Resilience building: Assertiveness training can be an effective component of stress management and mood regulation.[3] *Assertiveness* is an honest and direct expression of your own desires and thoughts while still respecting the thoughts and feelings of others. An *aggressive* response ignores the feelings of others, whereas a *passive* response is the failure to express your own wants and needs. Think of examples either in your own life or something you have observed that illustrate different styles of communication, and then role play assertive responses with your therapist.
7. Resilience building: Practice using your "signature strengths"—qualities about you that feel "authentic," that energize you, and that you feel competent and satisfied about.[4] Examples might include bravery, tenacity, curiosity, creativity, critical thinking, and street smarts. The following Web site can help you identify your own signature strengths: www.authentichappiness.sas.upenn.edu/questionnaires.aspx

[1] Ilardi (2009) points out that nearly one in four Americans will suffer from major depression at some point in their lives, which is in part an artifact of modern-day lifestyle: sleep deprivation, poor nourishment, and stress. He advocates a diet rich in omega-3 fatty acids, exercise, natural sunlight, and ample sleep as part of a lifestyle to combat depression. Additionally, studies in neurobiology find evidence for the positive and antidepressant effects of exercise and healthy diet on the brain (Duman, 2005).

[2] Many mindfulness-based therapists have criticized thought-stopping technique as a counterproductive type of thought suppression, but an overview of the literature suggests that, although global thought suppression may be unhealthy, the specific type of thought stopping of unwanted thoughts is highly effective as one of the tools in a cognitive-behavioral model for the treatment of mood disorders (Bakker, 2009).

[3] Many everyday problems with stress and emotional regulation can be directly attributed to interpersonal problems such as conflict with coworkers, coping with roommates or loved ones, or trouble with authority figures. Learning to communicate assertively is a cornerstone of more effective and satisfying interactions and subsequent improvements in mood (Smith, 2002).

[4] *Character Strengths and Virtues: A Handbook and Classification* lists 24 strengths that are intended to be used to help people define and focus on what makes life worthwhile and vibrant—a manual to help balance out the preponderance of books about psychological disorders (Peterson & Seligman, 2004).

CODE-TYPE 2-4-7

Descriptors

Complaints

Worried, fearful, depressed (sad mood, anhedonia, sleep problems, eating problems, crying spells, sexual difficulties, difficulties with concentration and memory), weakness or somatic symptoms, panic, fatigue

Thoughts

Anxiety, phobias, ruminations, obsessional ideation or preoccupation with abandonment, self-doubt, suicidal ideation

Emotions

Anxiety or fearfulness, insecurity, fears of abandonment, guilt, fears of being controlled, panic attacks, irritable

Traits and Behaviors

Excitable, impulsive, tense or high-strung, self-defeating, need for affection versus need for independence, immaturity, alcohol or chemical addiction or eating disorders

Strengths

Analytical, thoughtful, creative

THERAPIST'S NOTES

In the normal to moderate ranges, 2-4-7 individuals are mildly tense and anxious, with a tendency to relieve stress through impulsive behavior. They have strong needs for affection and attention but also for independence. Because of this they suffer from ambivalence and have difficulty making decisions. Elevated 2-4-7 code types experience intense, mixed, and contradictory feelings of guilt, anxiety, self-doubt, and, at the same time, impulsive, angry, acting-out behavior. These code types have been called hyper-responsible, reflecting compulsive responsibility, anxiety, and self-doubt. Individuals scoring high on Scale 4 tend to experience emotions and behaviors that are opposite those characteristic of Scales 2 and 7. They are impulsive and lack anxiety; they lack a sense of responsibility, empathy for others, and a sense of guilt. The 2-4-7 individuals express both sets of traits. They experience symptoms of depression and anxiety associated with Scales 2 and 7, but the addition of Scale 4 inclines them to occasions of impulsive tension-reduction, which is usually destructive, either to themselves or others. They panic easily and are quite demanding of reassurance and emotional support, but these fail to provide them effective soothing. Because of their difficulties in trusting, 2-4-7s are afraid of abandonment

and are fearful of not being loved and supported, but their impulsive and sometimes self-destructive anxiety/tension reduction often leads others to become exasperated and give up on them, confirming the client's view that relationship stability is not to be trusted. Their destructive and self-defeating acting out is followed by exaggerated feelings of remorse, guilt and self-doubt, which leads, in turn, to clinging, demanding behaviour as a way of seeking reassurance from those who have lost patience with them. They ruminate and have difficulty making decisions, especially about commitment to a relationship. Reflecting the 2-7 and the Scale 4 characteristics, they crave emotional security and reassurance but, at the same time, fear becoming emotionally dependent on others: they want reassurance and support, but they're afraid of being controlled.

Even if the MAC-R, APS, or AAS is not elevated, 2-4-7s are vulnerable to other addictive behaviors that reduce their anxiety. Eating disorders, alcohol, drugs, gambling, and sexual addiction are all associated with their need for immediate, often impulsive, tension reduction. Depression and anxiety are the primary complaints. These clients can become quite despondent, crying easily if they feel vulnerable to losing a previously supportive figure. They also can complain of weakness, easy fatigability, and other somatic symptoms of anxiety. They are excitable and high-strung, unable to tolerate even small frustrations. Some report specific fears and phobias, and they tend to be highly ruminative, with obsessional ideation, usually around their close relationships. These individuals tend to be highly sexual, reflecting their need for reassurance, but they're ambivalent about intimacy because of their fears of emotional closeness. They show irritability and anger problems, as one would expect with individuals who are tense and high-strung.

2-4-7 individuals are quite manipulative, though not in the organized and Machiavellian way very characteristic of the 4-9 code type or the pure Scale 4 profile. Rather, their manipulations are impulsive, poorly thought through, and passive-dependent. They maneuver others into rescuing them and then undermine others' anger with exaggerated self-criticism. Under the influence of drugs or alcohol, they can be particularly self-destructive, especially when they feel vulnerable to being abandoned.

LIFESTYLE AND FAMILY BACKGROUND

The conflicts of 2-4-7 individuals center upon relationships and responsibilities. The precipitating event usually involves a threat to one of their primary relationships. For males, there's usually been a very supportive and indulgent mother, which interfered with these clients learning basic impulse control and emotional self-regulation. Because the mother would rescue and indulge the child and then, at other times, become exasperated and emotionally withdrawn, the child may have anticipated abandonment and loss of emotional

support; thus, the profile reflects an insecure, anxious, angry, and demanding individual.

The same dynamic is true for females but often with the opposite-sex parent. Look for an indulgent, overprotective, but unreliable father figure who wasn't able to teach his daughter how to self-soothe and regulate her emotions. He would either indulge her or withdraw from her. For both males and females, a crisis occurs when they perceive a supportive person in their life has become exasperated and withdrawn.

MODIFYING SCALES

- When Scale 1 is elevated, there are increased somatic preoccupations and symptoms associated with panic attacks and severe anxiety. The somatic symptoms will confuse the clinical picture in that they may be used as a way to manipulate others.
- When Scale 3 is elevated, clients may exhibit more control over immediate impulsive behavior and will attempt to play correct social roles to elicit caretaking from others.
- When Scale 6 is elevated, the individuals will be extremely sensitive to criticism and resentful and will have even more difficulties making decisions because the approach–avoidance conflict is aggravated by their fears of criticism and judgment.
- When Scale 9 is elevated, rule out the possibility of a cyclothymic mood disorder. Scale 9 coded fourth would predict more intense mood swings and more severe impulsive acting-out behavior. Scale 9 would energize the already high-strung, tense moodiness associated with the 2-4-7 code type.
- Elevations on the MacAndrew Alcoholism-Revised (MAC-R), Addiction Potential Scale (APS), and particularly the Addiction Acknowledgment Scale (AAS) would strongly indicate chemical addiction proneness associated with this code type.
- If the Pd2 subscale is elevated, look for more severe conflicts with authority figures. Typically, the 2-4-7 will complain of conflicts with parents and authority figures, but Pd2 elevations and elevations on the Antisocial Practices (ASP) and Antisocial Behavior scales (RCA) would predict antisocial acting out in response to buildups of stress.

THERAPY AND THERAPEUTIC PITFALLS

Clients with this profile are demanding of reassurance but tend to mistrust it. Treatment is often initiated when they are feeling panicked about some perceived failure or loss of emotional support. They may ask for reassurance

and for specific advice but, because of their anxiety and tendency to act out, rarely follow through when these are given. Often, therapeutic suggestions are incompletely followed due to the clients' difficulty in controlling their anxiety. When things go wrong, they have difficulty seeing their contribution and tend to externalize blame onto the therapist, in this way replicating their angry or dependant parental relationship. Cognitive Behavioral Therapy (CBT) (Butler, Chapman, Forman, & Beck, 2006) and therapeutic strategies that combine practical, solution-oriented guidance together with relaxation training, anxiety reduction, thought stopping, and self-soothing techniques can all be helpful. The clients anticipate an impatient, rejecting therapist who becomes exasperated with them in the way that their opposite-sex parent did. It is important to deal with transference and their fear that the therapist is going to abandon them. These clients can also demand reassurance and immediate, practical advice and, if it fails, will subtly and sometimes overtly demand that the therapist rectify the problem.

Once trust is developed, insight therapy can help them recognize how they replicate their childhood dynamics in seeking out relationships that are supportive yet controlling. Identifying their schemas or negative core beliefs can help them see how past events caused them panic with resulting self-defeating, tension-reducing behaviors. They can be misdiagnosed as manic-depressive because of mood swings from periods of intense anxiety and agitation followed by acting-out behavior and subsequent depression and guilt. Assess for suicidal ideation when they feel abandoned or guilty. The goal of therapy is to help them develop self-esteem by learning to control anxiety without acting out. Revisit moments of past panic (using mental imagery), and teach self-soothing techniques.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is in the normal range. It does tell us, however, that you are experiencing mild anxiety and worry. You have strong needs for affection, but you also fear being controlled. You may gravitate toward relationships with strong, affectionate people, but then feel controlled and suffocated by their demands on you. You may find yourself telling white lies or being evasive with people because you are afraid to stand up to them for fear of losing their love and support; at the same time you resent feeling controlled. Experiencing mixed feelings as you do can create physical stress and symptoms such as headaches, stomach upsets, sleep problems, and difficulty with memory and concentration. You are a thoughtful, responsible person, and you take life seriously; however, when stressed you become anxious and overloaded and sometimes make impulsive decisions to relieve stress. Often people with your profile grew up with unreliable parents, which led to a great deal of uncertainty. You may have felt your needs were rarely met

because your parents were sometimes uninvolved, sometimes nurturing, but at other times too controlling. No wonder you crave love and support but fear it will lead to control and eventual letdown.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Worried, Panicked, Depressed

Your profile shows that, currently, you are extremely worried, on edge, tense, anxious, and preoccupied with what can go wrong next. Much of the time, you feel dread that, at any moment, something bad is about to happen that could lead to terrible consequences. You may find yourself easily panicked. Because you're so anxious, even small setbacks can cause you to feel a sense of alarm. Anxious, fearful, tense, and on edge, it's understandable that you wear yourself out and feel depressed, defeated, and blue, especially when things go wrong or if you feel emotionally abandoned by someone.

Phobias

When you live with a great deal of anxiety, it's easy for you to become phobic about something that has scared you. You may have fears of heights, bridges, confined spaces, open spaces, or large crowds. These phobias may become more intense when you are stressed by outside events.

Sleep Problems or Substance Abuse

Because of your anxiety and your current depression, you may find it difficult to sleep. Perhaps you have difficulty getting to sleep or perhaps you fall asleep exhausted and then wake up in the night in a panic. As a result, you're likely to feel fatigued a great deal of the time. Living with high levels of panic and anxiety, it's understandable that you will turn to whatever you may feel is likely to decrease your stress. You may use drugs, alcohol, food, or some other distraction to relieve your sense of panic, dread, and depression. However, this will serve only to create a downward spiral making you more impulsive and self-defeating.

Concentration or Memory Problems

You may find it difficult to concentrate on anything. Much of the time, your mind seems to wander, and it's hard to focus. You may be quite inefficient, unable to get things done, even when there is an urgency to do so. It is also hard for you

to recall things, so you may worry that there is something wrong with your mind because your memory is not functioning right. Anxiety, worry, and tension all affect memory.

Weakness, Fatigue, Somatic Symptoms

You may complain of weakness, fatigue, tingling in the extremities, dizziness, and other physical symptoms that reflect how tense you are. These physical symptoms may frighten you, and you may seek out medical help for them. They are likely aggravated by anxiety and stress.

Ruminations or Obsessions

You may find yourself thinking, analyzing, and ruminating about some issue that is frightening to you—perhaps you are preoccupied with your relationships and worried you will be criticized, controlled, or abandoned. Even when you try to focus on other things, you may find your mind drifting back and obsessing about some recent setback, loss, or potential abandonment.

Impulsive

You may do things impulsively, following the rushes of emotion and jumping into action before you think things through. In the same way, you may experience surges of sadness and fears of loss, and then you may have impulses to do something desperate or self-destructive. You might walk out on a relationship, punish somebody who has hurt you, or even consider hurting yourself. Working on managing your impulses will be a big part of your treatment program.

Suicidal Ideation

As stress builds, especially if you feel you've made mistakes or if you feel someone is going to leave you, you might find yourself fantasizing about suicide as a way of escaping or even to punish someone. Especially if you drink or use drugs, you might impulsively want to end your life as a way of getting away from the anxiety and depression.

LIFESTYLE AND BACKGROUND FEEDBACK

People with your profile often grew up in environments where a parent was very supportive and nurturing but also controlling, rejecting, and sometimes unreliable. Perhaps as a child, you were sensitive and experienced periods of anxiety and sometimes panic. You may have felt abandoned and alone. Your parents may have saved you when you got into trouble but then became

frustrated with you and treated you in ways that left you feeling rejected. Now, you go through life wanting reassurance, asking people for emotional support, and worrying that you're going to be abandoned. It is understandable that you now experience strong mixed feelings in your close relationships. When somebody loves you and wants your commitment you might become fearful of being controlled or let down. When you get close to someone, you may push them away, anticipating abandonment, and, even when you get reassurance, you worry that it is only because you "demanded it."

TREATMENT AND SELF-HELP SUGGESTIONS

1. When people feel out of control because of their anxiety, panic attacks, and depression, their negative thinking tends to increase. Sometimes when overwhelmed and desperate, their self-esteem plummets, and they may even consider suicide. While the thought does not mean this is something you would act on, it would be important to share this with your therapist.
2. Certain types of negative and impulsive thinking can contribute to your anxiety.[1] Work with your therapist to identify some of the common "distorted thinking" that applies to you (e.g., *black-and-white thinking* is seeing things as one way or the other with no compromise; *mind reading* is assuming that people are thinking badly about you; *discounting the positive* is failing to look at the good that happens).
3. Resilience building: Work out with your therapist alternatives to acting impulsively when stress builds. Make a list of situations that cause you stress and lead you to act impulsively. In the calm of your therapist's office, develop alternative strategies so that you rehearse better ways to relieve stress. Your therapist can help you create a "hierarchy" that relates to the stressful situation you are facing[2] and will also help you learn coping thoughts and statements (e.g., "I can be anxious and still deal with this," or "This will pass").
4. Try to remind yourself of how guilty you feel when you do something impulsively that backfires. Write it down so that the next time you want to do something impulsive you remind yourself of how you will feel later.

[1] In a summary of 16 meta-analyses of CBT, there was substantial evidence for the efficacy of CBT for a number of mental health problems but especially for depression and anxiety (Butler et al., 2006). While CBT has been criticized for being too "cold" and "mechanical," it can be used in a way that is interactive and collaborative; the step-by-step nature of CBT can be helpful to create alternatives for impulsive behavior.

[2] Stress inoculation training (SIT) employs multiple components to reduce stress and to bolster coping effectiveness. SIT involves three phases: (1) cognitive preparation; (2) skills acquisition and rehearsal; and (3) the application and practice of coping techniques. Meichenbaum and Deffenbacher (1988) provide an excellent outline of the theory, research, and procedures of SIT.

5. A lot of what people feel can be brought on by what they are thinking. People often talk to themselves "inside their head" without realizing it. See if you can identify your self-talk, watching for your negativity and your tendency to over-anticipate disaster. Observe to see if you're telling yourself negative things about yourself and your life situation.
6. When it comes to this type of negative self-talk, thought stopping is a simple technique that can be mastered in less than a week of conscientious practice. List your troubling negative thoughts on a piece of paper. On the same paper list several pleasant thoughts (e.g., an upcoming vacation, your favorite hobby). Set aside 10 minutes a few times a day to practice: Start by giving free rein to the negative thought; imagine it clearly and in great detail. After a few minutes yell "Stop" loudly, and think of the pleasant thought you listed. Most people find that after a few days of practice they are no longer experiencing the negative thoughts.
7. If you experience physical symptoms of stress, work on relaxation techniques, meditation, and yoga as a way of relieving stress. These techniques are tools that, when practiced regularly, have been shown to reduce heart rate, muscle tension, and blood pressure and also to increase well-being.[3] Your therapist can help you choose the method that will work best for you.
8. When you make a goal, try to follow it through. Watch your tendency to be impulsive. Don't use drugs and alcohol as a way of relaxing.

[3] Relaxation techniques have been used for many years to combat the effects of stress, anxiety, and depression. These techniques can be easily incorporated into everyday routines, can be quickly taught, and can provide fast relief. While progressive relaxation, biofeedback, and meditation have all been shown effective, Eppley, Abrams, and Shear (1989) found that transcendental meditation (TM) produced significantly larger effect sizes than other forms of meditation and relaxation.

CODE-TYPE 2-4-8

Descriptors

Complaints

Depression, weakness and fatigability, exhaustion, resignation, anhedonia, alienation, disconnection, feeling empty, family or marital problems, sexual difficulties, distrust

Thoughts

Suspicious of others, afraid of emotional involvement, paranoia, resentment, escape into fantasy, hopelessness, suicide or self-defeating potential, anxious thoughts

Emotions

Insecure, strong needs for affection, sensitivity to criticism, sensitivity to demands, anger, fear and proneness to panic, inability to express emotions easily

Traits and Behaviors

Keeps people at a distance, manipulative, uses projection as a defense, rationalizes, argumentative, self-destructive, self-punishing, or self-defeating, unpredictable reactions, moody

Strengths

Creative, sensitive, independent

THERAPIST'S NOTES

In the normal to moderate range these profiles reflect mild distrust and alienation. These individuals feel cautious about being vulnerable and keep people at a distance. When elevated, this code type can reflect either a reactive depression or a chronic pattern of marginal emotional and social adjustment. Though the 2-4-8 would predict alienation, anger, and damaged self-esteem, it does not necessarily indicate a personality disorder. A history of acting out, anger, rebelliousness, alienation, and self-destructive and irrational behavior with occasional depressive episodes would suggest 4-8 individuals who have recently experienced a setback or loss. The 2-4-8 as a personality type represents individuals who have in common a profound distrust of people and their motives. These individuals are alienated, feel disconnected, and experience a sense of emptiness or emotional numbness that leaves them dysphoric most of the time. They go through life with a detached coldness and are afraid to let down their emotional guard. They crave affection and validation but distrust it, even when received. They don't allow themselves to become emotionally involved, numb their vulnerable feelings, and experience a subsequent sense

of emptiness. This profile sometimes indicates sociopathic traits. Schachter and Latane (1964) found that sociopaths were underaroused. The emotional numbing associated with sociopathy is thought to involve a complex to which genetics and physiology both contribute (Raine, 2008), but where social factors such as childhood trauma are also involved (Raine & Sanmartin, 2001).

As one would expect from the 2-8 elevations, these individuals sometimes have problems with concentration, memory, and cognitive efficiency. Along with the depression and cognitive impairment of the 2-8 is an emotional shutdown reflected by Scale 4, which augments their difficulty in thinking clearly and making rational decisions. They tend to rationalize their behavior yet often think illogically. While they can exhibit paranoia, this tends to be diffuse rather than fixed and rational. They experience the world as dangerous and confusing, and although some may exhibit psychotic symptomatology, this tends to be rare. Clients with the 2-4-8 code type are depressed but in a numb, angry, alienated way. They approach the world defensively, anticipating others' cruelty and protecting themselves with a sullen, demanding anger. They expect relationships to be unrewarding, unfair, and cruel, and they feel justified in acting cruelly when they feel threatened. Tender moments and endearing acts tend to leave them feeling cold and aloof, partly reflecting their distrust in positive human interactions and partly reflecting their tendency to emotionally "numb out." They perceive their environment as threatening, which creates a narrow focus with episodic states of alertness followed by emotional numbness. Research suggests a physiological basis for their hypervigilance, possibly related to a continual slow release of adrenaline followed by emotional exhaustion (Roberts, 2009). Their response to perceived threats leads them either to act out impulsively and dangerously or to shut down.

They can appear moody, and some may be misdiagnosed as bipolar. The moodiness reflects on oscillation between a numbed-out, emotionally withdrawn, depressive state reflected in the 2-8 part of the code type, and occasional angry, impulsive, and destructive acts represented by the Scale 4. Sometimes damaging behavior is occasioned by what the 2-4-8 perceives to be as hurtful and vindictive behavior by others. In other cases, impulsive acting out can serve as a temporary "adrenaline rush" for someone who genuinely feels emotionally empty and disconnected. Accordingly, when the 2-4-8 acts out, it is often in bizarre and even incomprehensible ways. Given their fear of emotional closeness and their difficulties modulating their emotions in response to interpersonal connection, it is not surprising that they have many sexual difficulties and, although often preoccupied with sex, they tend to confuse sexuality and aggression.

The 2-4-8 individuals are very sensitive to any demands being placed on them. Notwithstanding their distrust of emotional closeness, clients with this profile tend to be quite demanding of attention and, at the same time, resent the control involved in the ordinary give-and-take of relationships. This is

one of the most divorce- and discord-prone of all profiles. They tend to be chronically resentful and have difficulty expressing emotions in any modulated way. Unpredictable, hard to relate to, easily irritable, and aggrieved, they can be quite hostile when confronted. Their difficulty in achieving connections with others is a reflection of their early childhood emotional abuse and withdrawal. Part of emotional maturity and health is the ability to differentiate complex and interwoven feelings so that they can be verbalized and processed. People with the 2-4-8 profile experience emotional life as amorphous and inchoate. They have very low self-esteem even when appearing grandiose. They feel damaged, which may be reflected in bizarre and distorted responses on the Rorschach such as hole responses with a minus form quality or a high (above .20) X–% (Weiner & Greene, 2008). The profile may reveal a severe depression with damaged self-esteem, schizophrenic and psychotic thought processes, or antisocial personality disorder.

LIFESTYLE AND FAMILY BACKGROUND

A large proportion of these clients report histories of parental rejection or domination. Throughout their childhood, many were labeled as having behavioral problems, and many had below-average school performance, even with above-average IQs. Often, these individuals were the "black sheep" in the family. Rejection, cruelty, and being unwanted have led the child to be angry, rebellious, manipulative, and emotionally numb as a self-protective defense. Studies of unwanted children from Prague who were born to women who had been twice denied abortions revealed these children to be at high risk for poor mental health (David, Dytrych, & Matejcek, 2003). Although acting out can be associated with these code types, sometimes their behavior is more self-defeating and emotionally destructive. Look for histories of sexual, physical, and emotional abuse; neglect; and emotional cruelty. The 2-4-8 profile is characterized by a history of underachievement; teenagers with this profile tend to act out sexually. Suicide threats should be taken seriously as the 2-4-8 can be unpredictably and angrily self-destructive. We hypothesize that numbing withdrawal, paranoid mistrust, and escape into angry fantasy are understandable adaptive responses to histories of rejection, neglect, and cruelty.

MODIFYING SCALES

- When Scale 1 is elevated fourth, numerous vague, bizarre somatic symptoms are present. For example, clients may be preoccupied that they have AIDS, even though they have had limited sexual contact for a long period. Their mistrust will further complicate their relationship with physicians.

- When Scale 3 is elevated fourth, the hysterical repression associated with that scale would aggravate the general confusion and difficulties communicating with the 2-4-8.
- When Scale 6 is elevated fourth, the eruptions of anger can be more dangerous and vindictive, especially if they feel threatened. The diffuse paranoia associated with 2-4-8 profiles would be more focused in such cases.
- Scale 7 elevations would predict more anxiety, self-doubt, and anxious preoccupations. These clients may show more mood swings with periods of hyperanxiety followed by periods of numb, distant, angry acting out.
- When Bizarre Mentation (BIZ), Aberrant Experiences (RC8), and Psychoticism (PSYC) are elevated, look for breakdowns in reality testing.
- When Antisocial Practices (ASP) and/or Antisocial Behavior (RC4) are elevated with one or more of the Psychoticism Scales (above), the potential for dangerous, bizarre, acting-out behavior increases.
- Typically, all of the Harris–Lingoes subscales associated with depression and Scale 8 are elevated in the 2-4-8 profile. The Harris and Lingoes subscales would confirm whether the profile is primarily a depression profile in individuals with profoundly damaged self-esteem or individuals with a personality disorder who are experiencing a reactive depression.

THERAPY AND THERAPEUTIC PITFALLS

Therapy tends to be difficult with 2-4-8 individuals because of their basic mistrust. Therapists often have difficulty empathizing with individuals who themselves lack empathy. Moreover, the clients' anger and emotional disconnection from the therapist make therapy challenging. These clients tend to see others as wearing a mask and feel as though they are unable to "read" others' responses to them, so they are afraid to reveal their own vulnerabilities. They anticipate rejection and criticism due to their own childhood conditioning experiences of cruelty and emotional abandonment. They feel unlovable and damaged, and they push others away in anticipation of being rejected. Supportive, nurturing therapies that hold clients accountable without anger are most effective. Obtaining information from family members is helpful because people with 2-4-8 profiles tend to selectively report as part of their belief that manipulation is the only way to get their needs met. Often, the 2-4-8 depression is in response to some emotional setback, and when the situation is alleviated they often terminate therapy. The clients will replicate their relationship with a cold parent by attempting to avoid vulnerability with the therapist, so testing the therapist will be an ongoing dynamic. Helping clients develop empathy for themselves as a frightened and abandoned child can be useful once they feel able to trust. Educate them about how they shut off their emotions to protect themselves. During the course of therapy, observe any moments

when they experience an emotional response, alert them to their tendency to switch it off and, using relaxation exercises, teach them to "switch back on" a state of emotional connectedness. Help them to anticipate stress and to rehearse nonaggressive responses. Schema therapy (Arntz, Genderen, Drost, Sendt, & Baumgarten-Kustner, 2009), assertiveness training (Hayakawa, 2009), and dialectical-behavioral therapy (Linehan, 2000) have been quite effective in teaching similar clients to label feelings appropriately and manage their relationships more effectively. Female clients expect male therapists to be exploitive; be careful of subtle, if not overt, seductiveness. It is important to be empathic while offering an alternative perspective: for example, explain that powerful feelings often come up during the course of therapy (Gabbard & Horowitz, 2009). The therapist should be mindful and open to the transference and countertransference while remaining stable, predictable, and staying in a neutral, therapeutic role without being too rigid (Kernberg, Selzer, Koenigsberg, Carr, & Appelbaum, 1989). Suicide threats should be taken seriously, as people with a 2-4-8 profile can be unpredictably and angrily self-destructive.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is in the normal range. It shows you to be a cautious, analytical person who is quite sensitive to being let down or mistreated by others. You may desire affection and attention from others, but you are also cautious about others exploiting your vulnerabilities. You may want to get along with people but find yourself unable to express affection and sustain feelings of warmth easily. You may find yourself standing back and observing, often rationalizing reasons why you should maintain some protective distance. You probably find people unpredictable and difficult to trust. You may have opened up to people and have felt taken advantage of, so you don't develop trust in your relationships easily. You can appear argumentative and resentful, especially when you become frustrated with people. When things don't go well you tend to respond impulsively and unpredictably, which pushes people farther away from you.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Depression

Your profile shows that, currently, you're feeling quite depressed. You may have experienced sad moods and crying spells and have difficulty concentrating, remembering things, and getting things done. You may have eating problems, weight changes, and periods of sad, negative, and despondent moods.

Distrust

A big problem for you is learning to trust people. You're going through life keeping a distance from others, as if you are trying to protect yourself from anyone hurting you or being cruel to you. You may find yourself ready to argue and to confront people too readily, perhaps because you expect to be let down, humiliated, and treated cruelly.

Alienation, Disconnection, Emptiness

Your profile suggests that you're feeling very disconnected and alienated from other people. It's hard for you to let your guard down and let people get close, and you don't take emotional risks and reach out to people. You may have few people to whom you can turn, so you feel a sense of deep aloneness and emptiness. Although your profile shows you feel depressed, sometimes you may experience an empty "deadness," where you feel no emotions at all. This can be very uncomfortable and hard to describe to others.

Family, Marital, or Sexual Problems

Your profile suggests that it's very difficult for you to trust people and that you are on guard to protect yourself from being hurt and let down. Therefore, you may have family or marital problems and conflict with people close to you. That probably makes it hard for you to really enjoy sex because you don't experience a sense of closeness easily. Sometimes mixing sex and violence or cruelty might seem desirable as a way of getting sexual relief while keeping emotional intimacy at bay.

Paranoia

At times, you may feel a vague and highly uncomfortable sense of paranoia, as if the world is an unpredictable and scary place. Because it's hard to trust anyone, you're never quite sure whether you're reading people the right way. You may find yourself wondering about people's motives, and when stressed you might take things so personally that you think people are out to harm you in some way. At these times, you may fantasize about how to protect yourself by being cruel to them first.

Suicide or Self-Defeating Potential

Sometimes you may feel so bad and so trapped that you think about just giving up and killing yourself. You may even fantasize about it, partly as a way of escaping and partly as a means of punishing others. It would be important to talk to your doctor if you feel that alone and defeated.

Angry or Moody

You may find yourself often feeling a sense of anger and rage without always knowing where it's coming from. People with your profile are often seen as moody. You may be irritable, gloomy, and angry without really knowing why. Even when things are going well, you may find yourself wanting to initiate conflicts with others. You may be getting along with someone, even liking someone, and suddenly you find yourself disliking or hating the person for no obvious reason. You will learn in therapy that these shifting and odd moods may be the result of events that happened in your childhood where you could never trust or feel safe in the emotional climate created by the others around you.

Keep People at a Distance

You tend to keep people at an emotional distance to protect yourself. You may do that by withdrawing and staying quiet, or you might do it by saying inappropriate and hostile things to them. To protect yourself from being hurt, you may try to keep people off-guard by unpredictably saying things that confuse them.

Manipulative

You're going through life feeling like you have to manipulate people to get what you want. Sometimes you manipulate in a passive way, and sometimes you do it more directly. You can't quite believe that people can really care about one another, so asking for what you want is hard for you. Rather, you feel that you have to manipulate others to get them to do even basic things you deserve.

Unpredictable or Self-Destructive

When tension builds, you may do impulsive and unpredictable things that seem odd to people, and you may be self-destructive and self-punishing. You may break things that are important to you, or you may give up on relationships, even when the other person does not deserve it. You may destroy things out of anger, even if, in the end, you suffer for it. Some of your behavior, which may seem bizarre to others, is your way of expressing all your mixed-up and confused emotions in some symbolic way.

LIFESTYLE AND BACKGROUND FEEDBACK

People with your profile often grew up in situations where they were treated cruelly by dominating and even abusive parents. It may not have been your parents but some other adult who made you afraid to trust and to be vulnerable. You learned from an early age to numb yourself, to stand back, to observe, and to not let yourself ever care for anyone fully. Someone may have been very

controlling of you, so now you are very sensitive to any demands placed on you. It's hard for you to trust anyone, especially someone who is nice to you. You may find yourself gravitating toward relationships where you are treated badly, perhaps because that is what you expect given your childhood. You may confuse sexuality and aggression because of the way you were treated as a child. Explore with your therapist whether you remember specific acts of cruelty directed toward you, and see if you can reengage how that would have felt. See if you can actually remember switching off your emotions, numbing yourself, and feeling that cold sense of distance from the abusive moment.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Work with your therapist to see if you can identify any "schemas" or themes that you developed in dealing with childhood experiences.[1] Some common themes include the expectation you will lose anyone you get attached to, the belief that others will take advantage of you, or the belief that others will somehow hurt you or put you down. Work with your therapist in session to imagine a conversation with the person that feeling involves. Being able to express the emotions in the safety of the therapy setting can gradually help you to learn new perspectives and challenge these old schemas.[2]
2. Learning various types of intentional relaxation can help calm your automatic reactions to stressful situations. One type of relaxation, diaphragmatic breathing, exerts a powerful effect on your physical response to stress. When you feel threatened, your breathing is rapid and shallow, but this exercise can calm the automatic response of your nervous system and reduce reactive thinking and destructive emotions. Work with your therapist to learn diaphragmatic breathing; practice two times each day, and then continue to practice on a regular basis.[3]
3. Notice when you want to escape or avoid an emotional situation that makes you anxious or uncomfortable. This is often the result of early experiences where you were told that what you were feeling was "wrong." This type of escape or avoidance will actually make you feel

[1] Schema therapy has been demonstrated to be an effective treatment for clients who expect and anticipate emotional rejection and criticism based on their own early childhood conditioning experiences. Help clients first identify their particular schema (Bricker & Young, 2004), and then work to help them examine the early experiences that led to that belief. The next step is to challenge that idea and help them examine whether it is true and whether it is helpful (Young, Klosko, & Weishaar, 2003).

[2] Schema therapy uses many of the same methods of CBT but adds imagery to uncover suppressed emotions and to highlight the ways that these fixed beliefs affect current relationships (Young, 1999).

[3] When engaging in relaxation exercises, the parasympathetic nervous system (PNS) is activated, which slows heart rate, breathing, and blood pressure. When the PNS is activated, the body enters a restorative mode that counteracts the effects of stress (Roberts, 2009).

worse in the long run because you feel less competent and less hopeful that you can change the situation. See if you can identify situations in your childhood where you felt strong feelings but were told that they were wrong.

4. Notice when you have strong emotions that are followed by a sense of shame or a feeling that someone else is to blame. See if you can begin looking at feelings without attaching judgment to them; instead, see them as pieces of information about your world, clues about how to solve life's problems. For example, if you are angry with your boss, instead of blaming yourself or feeling "bad" see if you can gather any clues about why you are angry; perhaps you're uncomfortable with a new task and need to ask for more training.
5. Mindfulness is a way to begin to manage your emotional responses. Mindfulness involves paying attention to the present moment in a non-judgmental way and fostering a quality of curiosity and openness.[4] For more information on mindfulness exercises see www.mindfulnesstapes.com. You can begin by setting aside time to watch the moment without analyzing or judging it. Pay attention to the sight, sound, taste, smell, and feel of the experience. Engaging in the daily practice of mindfulness can help you manage powerful emotions.[5]
6. Assertive persons are able to stand up for themselves, to express their feelings honestly, and to be direct and confident. Be aware of your body language: stand straight, make eye contact, and speak clearly. Point out the behavior you find unacceptable, and make a specific request: "I get sidetracked when you interrupt me; please let me finish my train of thought." There are many good books on assertiveness, such as *When I Say No, I Feel Guilty* (Smith, 1975).

[4] Bishop et al. (2004) explain mindfulness as an acceptance of the present moment and a playful and curious awareness.

[5] Mindfulness and compassion can play a powerful role in helping people who have traumatic backgrounds and perceive threats either from the external world (what others might do to them) or from their internal feelings of being overwhelmed by self-contempt or troubling memories (Gilbert & Tirch, 2009). Orzech, Shapiro, Brown, and McKay (2009) studied the role of intensive mindfulness training on changes in psychological symptoms and found significant increases in well-being, self-compassion, and resilience and decreases in anxiety after 1 month of mindfulness training.

CODE-TYPE 2-6/6-2

Descriptors

Complaints

Depression (crying spells, sleep problems, physical symptoms, feeling hopeless, angry, tiredness, weight changes, eating problems), anxiety, anger, resentment, feeling victimized or unfairly treated, feeling inferior

Thoughts

Critical, bitter, resentful, wounded

Emotions

Feeling trapped, feeling hurt, irritable, rationalized resentments

Traits and Behaviors

Rigid values, extreme sensitivity, reaction–formation, withdrawn, inhibition or subassertiveness

Strengths

Sensitive, high standards, loyal

THERAPIST'S NOTES

2-6/6-2 scores in the average range are indicative of individuals who have high standards and equally high expectations of others. When clinically elevated, this Psychoticism (PSYC) and Aberrant Experiences (RC8) are primarily a depression profile with underlying paranoid features. Rarely is this a psychotic depression, although if Scale 8 is coded third and Bizarre Mentation (BIZ) are also elevated, then the profile could reflect a psychotic depression. In the typical 2-6 profile, the depression is manifested as a hurt, wounded bitterness in which individuals feel unfairly treated and trapped in a current predicament. Their anger is expressed as a feeling of being wounded, resentful, hurt, and mistreated by others, and these clients self-protectively withdraw. The elevation on Scale 6 suggests a tendency to misinterpret others' motives, a quickness to feel hurt and take offense, an inclination to see others' behavior as somehow pointedly hurtful toward them. These clients have difficulty expressing their hurt and anger directly because they are afraid of the criticism and rejection that may follow it. This becomes a self-fulfilling prophecy because their withdrawal, hurt, and resentment incite others to feel angry with them. This confirms the view of 2-6 individuals that they are being unfairly treated and maliciously attacked.

These profiles reflect the typical complaints associated with depression: sad moods, crying spells, somatic preoccupations, tiredness, weight changes, eating difficulties, and sleep disturbance. Feelings of inferiority and anxiety are

also typical, however; the elevation of Scale 6 adds resentment and the sense of feeling victimized and unfairly treated. These clients often withdraw, sometimes treating others with long periods of hurt silence. When the 2-6 clients do express anger, it's usually after a long accumulation of stored resentments, which can explode into righteous, self-protective anger. They have poor coping skills because they misinterpret others' motives and are preoccupied with how others are mistreating them. They tend to be critical and judgmental of others, perhaps as a reflection of their own fears of being criticized and judged.

LIFESTYLE AND FAMILY BACKGROUND

This profile is associated with childhood backgrounds of emotional deprivation and unfair, will-breaking criticisms. We hypothesize that people with 2-6 profiles are responding to what they perceive as unbearable criticism by withdrawing and protectively developing a paranoid sensitivity to anything that can be construed as disapproval. Anticipating criticism, they do not express their wants, desires, or anger but, rather, withdraw into hurt silence until they feel justified in expressing anger, which erupts as a breakdown of brittle control. They don't make demands directly but do so by inducing guilt. Disappointments are expressed as being "hurt," though others feel subtly blamed. When angered and hurt, they are quite unforgiving and will treat others with long periods of silence, reflecting their adaptation in childhood to the futility of arguing their case. Feeling hurt and unfairly treated, they passively express resentment as if anything done for them is too little, too late. They are subtly demanding, but if others try to please them they are fearful that showing gratitude will leave them in debt to others and therefore vulnerable to being controlled. Storing rationalized resentments can be seen as an adaptive attempt to protect against unfair criticisms by accumulating evidence as a defense against future attacks.

MODIFYING SCALES

- When Scale 1 is elevated, somatic symptoms such as headaches and stomach upsets reflect their tension and repressed anger.
- When Scale 3 is elevated, they will manifest more social role playing and attempts to elicit attention, flattery, and approval from others. Their depression will be masked by a veneer of social appropriateness.
- When Scale 7 or Anxiety (ANX) is elevated, the individuals will experience severe anxiety about being criticized for making a bad decision.
- When 8 is elevated—especially if Psychoticism (PSYC) or Bizarre Mentation (BIZ) is also elevated—the profile may be reflecting a thought disorder with psychotic paranoid features. The critical item endorsement will help in differential diagnosis.

- Ideas of External Influence (Pa1) elevations would suggest a recent conflict or a paranoid disturbance. Poigancy (Pa2) elevated would indicate extreme sensitivity and taking things personally. Naïveté (Pa3) elevated would predict moral rigidity, self-righteousness, and a tendency to be unforgiving and punitive toward "bad" people who need to be "taught a lesson."

THERAPY AND THERAPEUTIC PITFALLS

As with most depression profiles, antidepressant medications can help alleviate some of the symptoms of depression. Clients with this code dislike any medications that may inhibit their vigilance. They anticipate that questions from the therapist may be concealed as criticisms, so techniques such as motivational interviewing may increase the chance of medication compliance (Kemp, David, & Hayward, 1996). They tend to see the therapist's occasional empathic failures as a personal attack. Therapy should help them express not only their underlying hurts by rehearsing how to ask for what they want but also anger directly without blame or judgment. Because 2-6 individuals expect to be criticized and attacked, they delay expressing resentments until they feel fully justified and above possible criticism. They need to demonize people who have hurt them, perhaps as a way of rationalizing that they have "the right" to express anger. Help them to understand how their anger is a result of feeling hurt and to feel empathy for themselves. Assertiveness training, relaxation training, and education that the expressions of anger can be reasonable are helpful. Help them learn to ask for what they want before they become resentful so that they can practice negotiating their desires rather than withdrawing, feeling hurt, and then being judgmental and demanding. Insight therapy can help them to realize how they adapted to difficult childhood situations by withdrawal and self-protective, rationalized resentments and to learn how to experience a "give-and-take" relationship without blame or judgment. Suicide attempts should be taken seriously, as frequent suicidal ideation is associated with the 2-6 profile.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is within the normal range. People with your pattern of scores are often sensitive to criticism and work hard to avoid it. You have high standards for yourself and others. You may be going through some recent stress in which you feel unfairly treated or perhaps trapped in a current situation. You may find yourself feeling agitated and tense, with lowered energy level and sex drive, and perhaps some sleep disturbance. Your profile suggests that you have difficulty expressing anger; you tend to withdraw and become quiet instead. You

may express feeling hurt more readily than you would express feeling angry. Growing up you may have felt unfairly criticized and judged, so you learned to guard against expressing any feeling that could lead to people criticizing you or controlling you. Because of this, you are more likely to analyze your feelings to make sure you are justified and above criticism before you reveal them to others. As a result, you may have difficulty forgiving people who have hurt you as you experience much stored hurt and resentment. Although you may feel justified in your anger, you may feel guilty for expressing it.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Depression

Your profile shows that currently you are feeling quite depressed. You are likely to have difficulty sleeping—either waking up too early or having difficulty getting to sleep. You may also feel ill, may lack energy, and may feel poorly in general. You may also feel hopeless, defeated, and pessimistic about the future. When people get depressed, they often complain of tiredness, so even when you get plenty of sleep you may still lack energy and drive. You may find that your weight has changed and that eating does not provide you the reward that it used to. Also, you may find yourself having crying spells and feeling waves of sadness that overcome you and may even embarrass you.

Hypersensitive

Currently, you may be feeling so wounded that it's hard for you to determine who you can trust. It's as if you're going through life vigilant to protect yourself against others' unfairness, criticisms, or judgments. It may be hard for you to know when you are being hypersensitive and when you are seeing things accurately. Sometimes you may see people as "out to hurt you," whereas, in fact, they were just oblivious or insensitive. In other cases, you will accurately perceive how people are mistreating you. It may be quite difficult to figure out when to trust your own judgment.

Feeling Victimized, Unfairly Treated, Trapped

Currently, you may be feeling victimized, unfairly treated, and trapped in a predicament. You may be feeling that others have treated you unfairly and that you are in a situation that offers you no way out. You may feel very hurt and wounded by what you perceive as others' cruelty. It may be hard for you to think of any way out of this situation, so you have withdrawn to protect yourself.

Critical

Because your profile suggests that you are feeling vulnerable to criticism and judgment, it is easy for you to be critical of others, so as to protect yourself. Perhaps you're spending a lot of time thinking about how others have mistreated you, and may be you storing up evidence against them as a way to protect yourself in case they are critical of you.

Resentful

Because you are feeling so hurt, you may think a lot about how others have mistreated you. Perhaps you spend time ruminating over the specific events that hurt and disappointed you. Even when you want to think positive thoughts, it might be hard because the resentment and hurt keep invading your mind. You don't want to appear unreasonable and be criticized, so you wait until you feel completely justified in speaking up; however, this means that you store resentment, and then it becomes hard to let it go.

Irritable

When people are depressed and feel vulnerable and exposed, they are often quite irritable. The smallest setbacks or stressors make you angry. You probably don't show it directly, but others can feel your irritability as a resentment and bitterness and may feel blamed by you.

LIFESTYLE AND BACKGROUND FEEDBACK

People with your profile often grew up in environments with critical, judgmental, and unfair parents. Perhaps you felt that no matter what you did you couldn't get the love, approval, and emotional support that you needed, and perhaps you felt criticized and judged no matter how hard you tried to do the right thing. Withdrawing from others and being mindful and sensitive to how they could potentially hurt you would make sense in such an environment. Going through life being wary of how people are mistreating you and storing evidence against them in case you need to protect yourself would also make sense given your childhood experiences. Perhaps recently you have experienced some setback or loss, which you see as the result of somebody's unfairness, criticism, or judgment toward you. Withdrawing, protecting yourself by staying quiet, not asking for what you want, and expressing anger in very careful ways would all make sense in such a situation. The current depression you are feeling has been called a trapped, hurt depression.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Learn to ask for what you want before you begin to feel resentful. Don't wait until you feel above criticism; by that time you are quite angry and bitter. When you ask for what you want, try not to tell others what they are doing wrong and how they have failed you. When you tell people how they have failed you and when you explain that what you want is reasonable and fair, others become argumentative, which only confirms your view that you are going to be criticized and judged if you ask for what you want.
2. You may have worked so hard at being above criticism that you may be out of touch with what you really want and need. Start by identifying some basic wants and physical, emotional, spiritual, intellectual, and social needs. Do you want approval, help, more attention, and respect? Work with your therapist to choose one or two areas that would be the most comfortable for you to work on.
3. Resilience building: Learning to assertively ask for what you want will do a great deal to alleviate your depression and to give you a greater sense of self-control. Practice assertive requests with your therapist; role play situations where it is difficult for you to make requests. Assertive statements begin with "I" (e.g., I want; I feel; I think), "When you" (e.g., make jokes; don't help with housework; have me work late hours), and "I would appreciate it if you would _____ in the future" (e.g., not make jokes at my expense; do the dishes every other night; give me advance warning when you want me to work late).[1]
4. Depression is improved by physical exercise. Avoid using chemical agents such as alcohol as a way of trying to alter your mood.
5. Explore with your therapist childhood experiences where you felt unfairly treated. As you revisit those events, rehearse how you would have liked to have expressed your anger directly but were unable to do so at the time. Role play with your therapist, expressing your hurt and anger directly without blaming or judging the other person.
6. You may believe that it is "cathartic" to express your rage. Years ago there was a popular theory that anger was a physical energy that built up inside and if unexpressed could lead to physical health problems such as cardiac disease. In truth, the expression of hostility and rage

[1] There is a distinct negative correlation between assertiveness and depression; studies have found that after learning to be more assertive subjects rate themselves as less depressed (Langone, 1979; Segal, 2005). In marital discord, depression in women is associated with low assertiveness with the spouse (Christian, O'Leary, & Vivian, 1994), and in preadolescent children depression and low assertiveness were higher in girls than in boys; assertiveness is an especially important skill to teach adolescent and preadolescent girls (Suesser, 1998).

turns out to be the real culprit in heart disease.[2] "Venting" anger serves only to elevate blood pressure and makes us even more enraged; however, expressing anger in an assertive and direct way will lead to a reduction in anger and the corresponding physical symptoms. See item 3 for tips on assertiveness.

7. If your therapist hurts your feelings, force yourself to communicate that. Practicing expressing anger with your therapist will help you learn to express it better with others.
8. Determine what is making you feel trapped currently. You may be in a situation that reminds you of how you grew up feeling trapped and unfairly treated. It may be hard for you to see a way out of your present predicament. First determine what it is you want, and then see if you can negotiate your needs with those around you. Remind yourself that your current depression may make you quite paranoid, so that it's hard for you to determine whether you're seeing people's motives clearly.
9. Forgiveness is not easy or quick, but the ability to do so leads to less anger, less stress, more optimism, and even better health.[3] There are many different procedures to help you with forgiveness, but one that has had demonstrated results is to "rewrite" the offense using a more "positive" approach.[4] Write about any benefits you may have gotten from someone's transgression against you (e.g., a rude sales clerk saved you money because you left the store before you finished the purchase). This can be a creative way to foster a more positive outlook.

[2] High levels of Hostility (Ho) on the MMPI were associated with increased levels of coronary atherosclerosis. In one study, 255 medical students were assessed with the MMPI for levels of expressed hostility; 25 years later the most irritable subjects had nearly five times as much heart disease as their less angry counterparts (Barefoot, Dahlstrom, & Williams, 1983). Hostility is also associated with a lower survival rate in clients with coronary artery disease (Boyle et al., 2004).

[3] In a study of 259 adults who had experienced a transgression, the subjects who completed a 6-week forgiveness program compared with a control group were significantly more likely to experience less negative thinking, less anger, and more positive health markers (Harris et al., 2006).

[4] People who wrote about benefits they may have gotten from something negative someone did to them (as opposed to writing about their feelings or about some other topic) tended to forgive more easily (McCullough, Root, & Cohen, 2006).

CODE-TYPE 2-7/7-2

Descriptors

Complaints

Depression (slow tempo or speech, thoughts slowed down, pessimism, sadness, guilt, sleep difficulties, eating or weight problems, concentration or memory difficulties, sexual problems), anxiety, somatic concerns (weakness, fatigue, chest pain, constipation, dizziness, tingling), feeling overwhelmed, phobias

Thoughts

Hyperresponsible, prone to worry, obsessive, distracted or forgetful, painful introspection, guilt, lack of self-confidence, hopelessness, possible suicidal ideation

Emotions

Anxiety, tension, depressed, feeling on edge, quick to panic

Traits and Behaviors

Responsible, serious, meticulous, compulsive or perfectionist, inefficient, dependent, lacking in assertiveness, self-punishing, conflicted between seeking approval and fearing the limelight

Strengths

Responsible, serious, organized, respectful, dutiful

THERAPIST'S NOTES

When scores for the 2-7 code types are in the normal or moderately elevated range it reflects a personality pattern of organization, perfectionism, and responsibility, especially about family and financial matters. These individuals respect authority and do their best to follow the rules, even when they seem unreasonable. When elevated, the 2-7 profiles suggest an anxious, depressive state, with tension, worry, self-doubt, periods of agitation, and often multiple somatic symptoms involving appetite changes, weight gain/loss, fatigue, and insomnia. They report feeling hopeless, and unable to make even small decisions because they tend to see every side of an issue. They go through life anticipating that some unforeseen detail may precipitate a catastrophic loss that will leave them feeling disgraced and unworthy. They perceive all dangers as equally dire and can become immobilized in the face of even basic decisions. The 2-7s are highly reactive to any threats to their security. These individuals tend to catastrophize and often develop obsessive and ritualistic behaviors to reduce their anxiety. They live with a sense of guilt and dread, anticipating that, at any moment, a calamity may strike to humiliate them and leave them feeling like a failure.

The 2-7 code types are often hyperresponsible, and have difficulty saying "no" to demands placed on them. Any criticism from authority figures or any perceived failure leads them into panic, self-doubt and depression. Their stream of consciousness is regularly interrupted by self-recrimination, and they never feel quite worthy of praise or acceptance. It is hard for the 2-7s to relax and they tend to feel guilty when commended for their achievements. This becomes a vicious cycle for the 2-7 because they have dependency needs for acceptance and affection, but their anxiety and low self-esteem cause them grave self-doubt so they never feel deserving of approval. Non-productive ruminations are characteristic and are usually accompanied by feelings of inadequacy, low self-confidence and, with it, reduced work efficiency. Even though these individuals tend to be well educated and achievement-oriented, they tend to doubt themselves and feel very inadequate. A threat of failure is what usually precipitates the 2-7 disturbance. The therapist should be mindful that suicidal ideation and successful completion is a risk with this code type (Weiner & Greene, 2008; Greene, 2011).

As one would expect with someone who is highly anxious and depressed, they complain of insomnia, whether it is difficulty falling asleep or early morning awakening. They exhibit other symptoms of depression such as slowed speech and thought processes, pessimism, eating and weight problems, as well as problems with concentration and memory. Their depression is also associated with a decline in sexual interest and performance (Welling, 2003; Garvey, 1985). The 2-7 is vulnerable to guilt and self-doubt in any performance situation, so sexual difficulties are aggravated. Because of their high level of internal panic and anxiety, they will also report somatic symptoms associated with stress such as fatigue, chest pain, constipation, and dizziness. This reflects their extreme level of physical tension.

Clients with a 2-7 code type have difficulty asserting themselves and feel guilty if they express anger, perhaps because of their fear of loss. Behaviorally and emotionally, the 2-7 could be seen as the polar opposite of the 4-9 profile: the 2-7 does not act out, is self-punishing and guilt-prone, rarely feels worthy, and has fears of failure.

LIFESTYLE AND FAMILY BACKGROUND

When 2 and 7 are elevated above a T-score of 65 and are at least 10 T-score points higher than other scales, the profile reflects a "pure" 2-7 type. The elevation of other scales would significantly alter the hypothesis about the clients' background. The pure 2-7 profiles can be seen as hyperresponsible, guilt-prone, detail-oriented, and conflict avoidant. Look for a family history in which clients were asked to be highly responsible. In some cases, this was because of an early parental loss with clients being pressed to take on the responsibilities of an adult. In other cases, the clients' parents were

unavailable or overburdened so that they needed to take on adult responsibilities with a lack of age-appropriate feeling of being carefree. Such early expectations of a high level of performance and dependability instill a dread of failure and a feeling that mistakes could be catastrophic. It is the overcommitment to responsibilities that leads to the precipitating 2-7 disturbance.

MODIFYING SCALES

- When the Correction scale (K) is elevated, the jittery, panicky intensity of the 2-7 is muted. The therapist will have to multiply the intensity of what these clients are saying to understand the full intensity of panic and anxiety.
- When Scale 1 is coded third, the depression will be apparent in numerous physical symptoms, which create further panic and anxiety.
- When Scale 3 is coded third, expression of anger is inhibited, and the depression will be squeezed through the constraints of conformity with a desire to please and look good. They will be very suggestible to the therapist's input and to any medication side effects. The 2-7-3 will be highly conflicted about the expression of sexual and self-centered impulses and may be focused on somatic symptoms.
- Typically, the content scales Anxiety (ANX) and Depression (DEP) will be elevated, confirming the severity of the anxious depression. In the pure 2-7 code type, most content and supplementary scales will confirm the severity of anxiety and Self-Doubt (LSE1).
- Check the Critical Items for any suicide endorsements, which should be taken seriously.

THERAPY AND THERAPEUTIC PITFALLS

Marks and Seeman (1963) found that, of all code types, individuals with a 2-7 were the most amenable to psychotherapy and the easiest to predict their adjustment at termination of therapy. Their lack of alienation—that is, the absence of elevation on Scales 4 and 8—and their neuroticism, with its associated need for approval and connection, make them amenable to psychotherapy. Insight therapy is appropriate for the 2-7s, as they tend to be intellectually oriented. These clients want approval, trust authority figures, and follow direction well. As they doubt themselves, they readily bond to a supportive, nurturing, and directive therapist. The precipitating event for therapy is usually the threat of failure or a loss of self-esteem. They crave reassurance but tend not to trust it, doubting their own ability rather than doubting the therapeutic intervention. Understanding their childhood conditioning experiences of over-responsibility and learning self-empathy can be quite useful. These clients benefit from assertivenees training and need to learn to recognize when anger is building so they can express it

directly without guilt; they are very fearful that making demands or expressing anger will lead to abandonment. They respond very well to directive and concrete therapeutic interventions. Cognitive restructuring, thought stopping, relaxation training, and meditation can all be useful (Bakker, 2009; Benson, 1983; Sanderson & McGinn, 2001; Segal, Williams, & Teasdale, 2002). They can profit from mindfulness exercises to help them to become aware of their guilt and self-recrimination. Meditation to help them experience periods of relief from anxiety can help to restore a sense of control. As with all depression and anxiety conditions, physical activity is useful as both a tension reducer and an antidepressant (Salmon, 2001). Deep breathing exercises, yoga, and other relaxation techniques are also useful to help them gain a sense of control over the power of intrusive, panicky thoughts and emotions. Insight therapy is appropriate for the 2-7 individuals as they are quite intellectual. Understanding their childhood conditioning experiences of overresponsibility and learning self-empathy can be quite useful. These clients benefit from assertiveness training and need to learn to recognize when anger is building so they can express it directly without guilt; they are very fearful that making demands on others or expressing anger will lead to abandonment. Deep-breathing exercises, yoga, and other relaxation techniques are also useful to help them gain a sense of control over the power of intrusive, panicky thoughts and emotions.

Take suicide threats seriously. Be aware that they are extremely self-critical, and be mindful that any suggestions of failure or criticism from the therapist could lead to self-destructive behavior. Careful evaluation of alcohol use and suicidality is important. Assume that the clients will take anything that is vaguely critical as a devastating judgment of them.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is in the average range. However, it does show us that you are prone to worry, especially about responsibilities and making good decisions. People with your scores tend to be on guard for unexpected problems and to overanalyze possible solutions. It is likely that that you experience mild to moderate guilt on a regular basis. Even when you finally relax, you feel like you should be doing something productive. You are very responsible, especially about family and financial matters. You respect authority, and do your best to follow the rules, even when they may seem unfair. You may be a perfectionist, wanting things to be "just right," and sometimes get stuck because you can't make the perfect decision. Periodically, as your stress builds up, you may find yourself having sleep problems, a change in appetite, and periods of anxiety and restlessness. You are quick to feel you haven't done enough, and you feel awkward accepting praise because you can always see how you could have done things better. You find it difficult to confront authority, even when you know you are correct. You may blame yourself for minor mistakes

rather than see someone else as to blame. Growing up you may have had to take on more responsibilities than was reasonable for a child. Being always on guard for what can go wrong now makes sense given that you could not easily relax as a child.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Depressed or Pessimistic

Your profile suggests that you are currently quite depressed. You may find yourself feeling slowed down and unable to be as productive as you would like. You may find that your speech is slowed down and that it's hard to organize your thoughts and think clearly and quickly. Another symptom of depression is pessimism, feeling that life is somehow over and that the best is behind you, and you may find it hard to feel positive about the future.

Sleeping or Eating Problems

You may find that your sleep is disturbed—either it's hard to get to sleep, or you may wake up early in the morning, with your mind racing and unable to get back to sleep. You may experience eating and weight problems. You may find your appetite severely affected so that either you eat too much or too little. Rapid weight changes would reflect the severity of your current depression.

Somatic Concerns or Memory and Concentration Problems

With your current depression, you may experience a number of physical symptoms associated with anxiety and depression. You may feel a sense of lethargy, weakness, and being easily fatigued so that it's hard to get up, get moving, and feel very energetic. Also, you may complain of concentration difficulties and you find yourself easily distracted. It's hard for you to focus when you're working on things that demand concentration. You may also find that your memory is impaired so that it's hard for you to remember even the simplest of things. All of these symptoms are the result of stress, tension, and depression. Even though they may frighten you, they are likely to be alleviated once your depression is dealt with.

Hyperresponsible or Serious

People with your profile are extremely responsible and tend to worry and fret about their responsibilities. You may find yourself thinking about all the

things you should do and all the chores that you have left undone. You are a solemn, circumspect, thoughtful person; it's hard for you to be frivolous, to relax, to enjoy life, and to celebrate your accomplishments. It's hard for you to have a sense of humor because life can seem to be so serious.

Worries, Obsessions, Phobias

Much of the time, you feel a sense of worry and anxiety, as if something bad is about to happen. It's as if you go through life always on edge, waiting for some negative event to take you by surprise. You tend to obsess about a particular event or worry to such a degree that it's hard for you to let it go. People with your profile are often fearful and may even develop phobias about certain people or events. Once you've developed a particular phobia, it may be hard for you to let it go, and it may interfere with your daily functioning.

Guilt

You often feel a sense of guilt, as if you're doing something wrong now. Guilt is a regular companion, and it's hard for you to switch it off. In fact, you live with such fear of more guilt that it interferes with your ability to make new decisions.

Hopelessness or Possible Suicidal Ideation

You may feel a sense of defeat and hopelessness, as if the future is so bleak that there's no way you can succeed and get what you want. You may even find yourself fantasizing about dying. Perhaps you don't actively think about suicide, or perhaps you fantasize about possible ways of dying, but these are escape fantasies to get away from the constant sense of guilt, anxiety, and self-doubt. It is important for you to discuss these feelings with your therapist.

Dependent

Because you live with such anxiety and fear, you're likely to count on others to give you direction and even tell you what to do. You seek out others' opinion and hope they will take responsibility so that if something goes wrong you won't feel so guilty. Others may get angry with you because they feel as though you depend on them too much.

Lacking in Assertiveness

It's hard for you to get angry with anyone; you feel so guilty if you do. Because you doubt yourself and you're afraid of making mistakes or hurting

and upsetting people, you may let people push you around and may avoid taking charge of situations, fearing that you'll make a mistake. Others may get angry with you for not being more assertive and telling them how you feel and what you want. It would help you to be more forthcoming about asking for what you want and to be a little more demanding of others.

LIFESTYLE AND BACKGROUND FEEDBACK

People with your profile often grew up in environments where they were given a great deal of responsibility at an early age. This may have been because your parents were ill or died when you were young or perhaps because they were unavailable to take on the role of the parent. You may have been the oldest child or, for some reason, were seen as the person on whom others had to depend. You likely felt quite bonded with your family so that you couldn't shrug them off or ignore their expectations. It is likely that you took on an overload of responsibility there by denying yourself many of the joys of a care-free childhood. Now you feel selfish or guilty if you take care of yourself or if you in any way take time to relax. Asking for what you want or confronting someone leads you to feel guilty. It can be hard for you to even know what you want because you're so busy trying to figure out what you "should" do. It is understandable that as a child you were so sacrificing and self-disciplined, but now you have an opportunity to take better care of yourself. If you don't, you may wear yourself out and be less available to others.

TREATMENT AND SELF-HELP SUGGESTIONS

1. When you have stressful, anxious, or difficult times, make sure to get plenty of exercise. This will relieve some of the tension. Aerobic exercises such as fast walking, using the treadmill, swimming, or jogging are all especially effective at relieving stress and anxiety.[1]
2. When you notice yourself thinking about all of the things that have gone wrong in either the past or present, realize that going over these mistakes can do you more harm than good. Reinforce a more positive and confident attitude by challenging your thinking. Work with your therapist to reword some of your self-statements that lead to anxiety. For example, instead of, "This is unbearable," try, "I can learn to cope with this." Instead of, "I feel inadequate compared with others," try, "I am learning and growing, which is a valuable experience."

[1] Aerobic exercise such as the treadmill or jogging is an effective coping strategy both in immediate stress reduction and also on long-term follow-up (Manger & Motta, 2005). Jogging was found to be equally effective at stress reduction as progressive relaxation (Long & Haney, 1988).

3. Practicing some type of relaxation exercise on a regular basis can lead to increased energy and productivity and reduced stress and anxiety. Relaxation can lead to a decrease in heart rate, blood pressure, respiration, and muscle tension.[2] Yoga, meditation, biofeedback, and progressive muscle relaxation are all methods that can help you achieve a state of deep relaxation.
4. See if you can let go of some of your perfectionism—those areas where you set your standards and expectations excessively high. Instead of allowing for the unavoidable mistakes and delays that naturally come up in life, your perfectionism will keep you on the treadmill of working so hard that you ignore your own needs. Rather than dwelling on all of life's unavoidable mistakes, practice looking at the positives. Near the end of each day, list all of the positive things you have accomplished, large or small. Think of any small steps you have taken toward a goal. Try to be more generous in giving yourself credit and cultivate an appreciation for what you have achieved.[3]
5. Work with your therapist to identify times in your life, especially early childhood, where you had to take on too much responsibility. Develop self-empathy and compassion for an early overload of responsibility and the effects that has on you today.
6. Meditation has been shown to reduce depression, anxiety, and stress and has a great impact on repetitive negative thought patterns and worry.[4] Through the practice of meditation it is possible to step back and observe and become free of our habitual reactions and suffering caused from automatic negative thinking. There are many forms of meditation, both structured and unstructured, and you may have to experiment to see which works best for you. You can order books or meditation tapes or CDs from the Stress Reduction Clinic at the University of Massachusetts Medical Center at www.mindfulnesstapes.com or from www.soundstrue.com.
7. Work with your therapist to identify some of the most distressing and negative "intrusive" thoughts that you have. Thought stopping is an effective technique you can practice to help you prevent these types

[2] The relaxation response describes the state of physiological response that is the direct opposite of the way the body reacts under stress and anxiety (Benson, 1983) and can be achieved through various techniques such as progressive relaxation and meditation.

[3] Studies that have looked at the correlates of healthy versus dysfunctional perfectionism find that negative perfectionism involves fear of failure, avoiding negative consequences, and high parental expectations. Positive perfectionism is related to high self-esteem and positive reinforcement (Bergman, Nyland, & Burns, 2007). Working within this dual process model involves enhancing the more positive aspects of perfectionism.

[4] Jon Kabat-Zinn (1994) did extensive research on the effectiveness of meditation in stress management; meditation has also been empirically established to help prevent the recurrence of depression (Segal et al., 2002).

of unwanted thoughts that can make you feel depressed or angry. Several forms of thought stopping are effective; one quick technique involves picturing or saying out loud, "Stop," whenever you experience these types of unwanted thoughts. You then replace the thought with a pleasant image or affirmation that is more positive (e.g., "I have felt this way before, and I know I can handle this.").

8. If you have trouble with insomnia, practice good "sleep hygiene." Go to bed at the same time every night; make your bedroom surroundings relaxed, and keep your room dark, quiet, and at a comfortable temperature; practice relaxation techniques before bedtime; and avoid caffeine at least 6 hours before retiring.

CODE-TYPE 2-7-8

Descriptors

Complaints

Anxiety, fearfulness, sometimes specific fears and phobias, anhedonia, depression, dysphoria, rumination, worry, self-doubt, difficulties in concentration and memory, poor sleep and tiredness, general inefficiency, somatic preoccupations and complaints, weight disturbance, psychotic thought process in rare cases

Thoughts

Suicidal ideation, self-doubt, guilt, fear of failure and rejection, self-critical, overanalytical, hypervigilant, preoccupied with esoteric philosophies and religious beliefs, magical ideation, self-critical and perfectionist, ideas of reference, preoccupations with being damaged and defective

Emotions

Fearful and apprehensive; highly reactive to minor upsets; depressed; dysphoric, anhedonic; feeling inferior, defective, and damaged; resentful; feeling unlovable; feeling doomed, hopeless, and helpless; feeling guilty, unsuccessful, undeserving

Traits and Behaviors

Self-defeating, self-destructive, sometimes suicidal, apprehensive, fearful that an unpredictable event will lead to catastrophe, fear of rejection by others, passive, socially withdrawn, masochistically dependent, compulsive, meticulous and perfectionistic but also procrastinating and indecisive

Strengths

Analytical, introspective, intellectual, creative, perfectionist, self-effacing

THERAPIST'S NOTES

In the normal or moderately elevated range, people with this profile are described as meticulous, perfectionistic, and self-critical, with a tendency for the observing ego to be controlling their lives. When elevated, the 2-7-8 individuals are depressed, anxious, ruminative, and insecure. They are often confusing to therapists because some are able to play a jovial and hypomanic role. Woody Allen portrays one manifestation of the 2-7-8 code type as self-deprecating, self-critical, and self-effacing, perhaps as a way of preempting criticism or judgment. In most cases, however, 2-7-8 individuals are withdrawn and highly inhibited. Most also score highly on Social Introversion (Si), which aggravates social difficulties stemming from their insecurities. They often have a dominant observing ego so that they stand back and monitor themselves,

which hampers their ability to be spontaneous. Extreme self-consciousness reflects their fear that spontaneity will lead to humiliation. This self-consciousness is sometimes palpable in the interview, wherein they can come across as stilted and flat.

They live in fear of being criticized, humiliated, or rejected. Sometimes they are not aware of these feelings, which have become egosyntonic. They are, however, aware of a pervasive feeling of dread and guilt without any particular content. In their interactions with others, they focus on how they could be humiliated and rejected. They live as if at any moment some disaster will strike for which they will be blamed, criticized, or judged. Due to heightened tension and anxiety, some, but not all, 2-7-8 profiles report somatic symptoms of stress. In some cases, deperssion is the result of their anxiety and low self-esteem. In other cases, depression is primary and the anxiety and self-doubt are secondary. It is important to parse the relative contributions of depression and anxiety in this code type to tailor their treatment. Because they are perfectionists, they can also be highly inefficient, delaying making decisions and putting off engaging in purposeful activity out of a fear of failure.

In the absence of medical evidence, when they complain of odd or bizarre somatic preoccupations these beliefs can be a manifestation of profoundly negative self-esteem, and the somatic complaints can be an unconscious symbol of feeling like "damaged goods." Most are not overtly psychotic, though some 2-7-8 individuals exhibit severe depression with psychotic symptoms. They report feelings of derealization and depersonalization, reflecting their tension and fears of letting go of emotional control.

Classic vegetative symptoms of depression such as sleep and weight disturbance, fatigue, pessimism, and, in some cases, suicidal ideation are typical. Concentration and memory are often adversely affected. They have difficulties asserting themselves, tending to be passive; anger is often expressed in self-defeating ways followed by guilt and rumination about having expressed it. They give others power to control them and then ruminate about feeling controlled.

Sometimes their anxiety is manifested as specific fears and phobias, though they experience a generalized anxiety state. Some will attempt to control their anxiety through specific compulsions and superstitions. Stress tends to become a critical and potentially panicking event. This response makes sense given their preoccupation with unpredictable, humiliating loss. Some find meaning in life through esoteric religious and philosophical ideas, which serve to justify their suffering, to rationalize their eccentricities, and to provide meaning in their lives.

People with this profile are apt to have difficulties in interpersonal relationships because they assume they are somehow defective and unlovable. When involved in a relationship, they tend to be critical and doubting of their partner's value. In other cases, they focus their anxiety on preventing or minimizing real or imagined rejection.

LIFESTYLE AND FAMILY BACKGROUND

Clients with this profile experienced childhoods where they lacked basic emotional security. Some clients may have experienced a death in the immediate family, some had parents who were hovering and robbed them of feelings of personal efficacy, and others had parents who overprotected them in a way that was humiliating and robbed them of self-esteem. The common ingredient is that they never learned self-confidence. From an early age, they felt insecure, fearful, inadequate, and unlovable. Look for childhood histories that conditioned in them a feeling of dread and a sense that they could not trust themselves to manage the vicissitudes of life. They often were highly sensitive children, perhaps experiencing separation anxiety and homesickness when separated from their parents.

We hypothesize that the 2-7-8 response of alertness to possible loss, humiliation, and rejection is an understandable adaptive response to having experienced there in the past. Analyzing one's internal and external environment, having the observing ego in constant control, and feeling low self-worth serves to heighten vigilance, self-protection, and the avoidance of experiencing the shock of unpredictable humiliating loss.

MODIFYING SCALES

- Typically, Anxiety (ANX) scale is elevated, reflecting the generalized anxiety associated with the code type.
- As a rule, all of the Harris and Lingoes Depression subscales are elevated with this code type, although the relative elevations will predict which aspects of the depression are most salient.
- When Authority Conflict (Pd2) is elevated, look for passive-aggression and acting out as tension and anxiety build.
- When Poignancy (Pa2) subscale is elevated, this will predict even more than the already high interpersonal sensitivity associated with the typical 2-7-8 profile.
- When Lack of Ego Mastery, Cognitive (Sc3) is greater than Mental Dullness (D4), look for more severe cognitive disruption. Extreme elevations on Lack of Ego Mastery Conative (Sc4) (>T-90) would predict severe general inefficiency, even immobilization.
- When Psychomotor Acceleration (Ma2) is significantly elevated, beware of agitation and the energizing effects on suicide threats, especially with energizing antidepressants.
- When Addiction Acknowledgment Scale (AAS) is elevated, beware of addiction proneness and the tendency to use chemical agents as a way of medicating their anxiety.

- Elevations on Antisocial Practices (ASP) may occur in forensic cases where the buildup of severe anxiety and depression led to impulsive acting out. The 2-7-8 code type is not diagnostically pure and may reflect severe depression, a personality disorder (e.g., schizotypal, schizoid, borderline, avoidant, dependent), bipolar disorder, or a schizophrenia spectrum disorder.
- Elevations on Bizarre Mentation (BIZ), Psychoticism (PSYC), or Aberrant Experiences (RC8) scales would suggest either a psychotic depression or schizophrenia spectrum disorder.
- Typically, these individuals score high on Low Self-Esteem (LSE), reflecting their damaged self-esteem; a low score on this scale would be prognostically favorable.
- Feedback with clients whose BIZ, PSY, and or RC8 are elevated would involve discussing with them how confusing the world may be and asking them if they "feel so tense and on edge that they at times wonder what is real" and then asking them to describe experiences that are frightening and confusing. In the presence of psychotic mentation, structure, medication, and minimal insight therapy are recommended until they have stabilized. Feedback should focus on helping them feel safe and validating their current level of anxiety and fear.

THERAPY AND THERAPEUTIC PITFALLS

Clients with this profile tend to gravitate toward traditional insight-oriented therapies because they are overanalytical and afraid of the loss of control involved in cathartic therapies. They replicate their childhood–parent dynamics with their therapists by expecting to be emotionally bullied and criticized and anticipating therapist impatience and rejection. At the same time, they have difficulty expressing their feelings, especially anger, toward the therapist. The therapist may experience frustration, as these clients will express emotions in passive and self-defeating ways. It is frightening for them to express an emotion openly and directly, perhaps reflecting their early conditioning experiences of a critical rejecting parent figure. However, real therapeutic change is facilitated when they learn to recognize and express their emotions in a direct way. Gestalt therapies (Fagan & Shepherd, 1970) that have clients role play can help them learn to "feel" their emotions. Dealing with transference and countertransference can increase their awareness of their tendency to personalize. Long-term therapy involves reparenting in a supportive and nurturing manner, by teaching them to trust enough to express and negotiate their wants. Therapist warmth, openness, and willingness to engage rather than the traditional distant therapeutic relationship appear helpful in long-term therapy.

Insight therapy can be useful as a tool to help them develop a sense of empathy for themselves. Short-term therapy should focus on self-esteem

building, thought stopping, cognitive restructuring, and rational emotive therapy. Concrete homework exercises can foster a sense of empowerment with the 2-7-8. It is important to avoid rescuing these clients, but at the same time it is important to be supportive and encouraging. Progress can be made if therapists occasionally are open to admitting to their own human failings, expressions of irritation, and other vulnerabilities as a way of validating the clients' experiences in therapy and allowing them to feel some sense of equality.

NORMAL-RANGE FEEDBACK

Your scores are in the normal range and suggest that you are responsible but prone to worry. You are a perfectionist who is organized and focused on details, though you may have a tendency to procrastinate because you are worried that you might somehow fail. Although you have many healthy strengths, you might sometimes feel that you are not quite "good enough," and if people give you compliments you may feel that you don't deserve them. You are likely to be your own worst critic, and you can be self-deprecating and self-effacing, perhaps as a way of preempting criticism or judgment from others. Your self-consciousness and fear of others' judgment make it hard for you to be spontaneous and "in the moment."

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Anxiety, Fears, Phobias

The profile suggests that you are feeling quite anxious and on edge much of the time. Even when things are going relatively well, you may have a nagging sense of anxiety without really knowing where it's coming from. You may experience feelings of fear as well as anxiety, and you may find yourself worrying about specific things that could possibly go wrong. In some cases, people with your profile have specific phobias of driving or of being sick, damaged, or defective. You may find yourself worrying that there is something deeply wrong with you, perhaps that your physical health is somehow damaged or that your body will let you down.

Depression or Anhedonia

People with this profile often feel sad and depressed. Sometimes the depression is the result of being worn out by constant worrying and anxiety. In other cases, depression is more prominent than anxiety. It may be hard for you to enjoy life, even when things are going well and you "should be" enjoying it. You likely find

it hard to experience joy or positive emotions, so that nothing seems pleasurable. We call this anhedonia. Even in moments when you know you should be experiencing pleasure, you can't seem to feel it. This can be disturbing and perhaps makes you feel that you are somehow different, defective, or broken. Anhedonia is a symptom of the kind of depression you're experiencing.

Difficulties With Memory and Concentration

People with your profile often experience difficulties with concentration and memory. Because you may feel agitated and self-critical and because your mind is distracted and easily interrupted with thoughts of disaster, it's hard to keep your mind on task. Because it's hard to focus when someone is talking to you or when you're reading, it becomes hard to remember things. It's hard for you to "log in" information because your mind is distracted and interrupted by negative thoughts; sometimes people with your profile feel so "foggy" in their ability to think and recall that they worry there is something wrong with their mind.

Difficulties With Sleep or Fatigue

You may find that your sleep is disturbed. Some people with this profile find it very hard to get to sleep because of their racing thoughts or a constant sense of dread and anxiety. In other cases, people with your profile can get to sleep, sometimes out of sheer exhaustion, but then wake up startled at 2 or 3 in the morning, with a sense of dread and anxiety and feel fatigued much of the time.

Somatic Complaints

Because you feel keyed up, tense, and anxious, and because you are on edge waiting for something bad to happen, your body may experience a great deal of stress. People with your profile often complain of headaches, backaches, stomach upsets, and other vague and shifting physical complaints that may reflect your extreme internal tension.

Psychotic Thoughts

Sometimes people with your profile feel so exhausted and depleted by their anxiety and by the depression that they actually begin to distort reality. You may wonder if you are hearing people call your name or if people are talking about you. This is often the result of a severe depression. If this applies to you, you may find yourself wondering if people are saying cruel and mean things about you or thinking that people want to harm you because you feel undeserving of love and support. Though people with this profile rarely experience this severity of depression, when it does happen it can be disturbing and frightening.

Feeling Inferior, Damaged, Unlovable

It's easy for you to feel that you're not as good as others. Even when people like you, you tend to dismiss it; if people give you compliments, you feel awkward and undeserving. Even when you have a success, you doubt yourself. You dismiss your achievements as somehow accidental and not the result of your efforts and abilities. People with your profile can feel defective and damaged, and that there is something fundamentally wrong with them. They often feel unloved and unlovable. In fact, when others express love and admiration for you, you may feel that you have somehow fooled them. Praise can make you uncomfortable.

Self-Defeating or Suicidal

Sometimes people with this profile are self-defeating, giving up easily even when progress is being made. Sometimes you may be self-defeating by allowing others to push you to actions you feel are bad for you. In other situations you might not ask for what you want, so you miss out on opportunities. In some cases people with this profile feel so bad that they fantasize or even plan suicide as a way of escaping the pain. This would be important to share with your therapist.

Compulsive, Perfectionist, Procrastinating

Sometimes people with your profile develop compulsions, which are drives to engage in certain habits or behaviors. You might develop superstitions and compulsions as a way of calming your anxiety. Some people develop particular rituals and habits that initially made sense as a way of reducing anxiety but that, over time, appear eccentric and can cause even more anxiety and guilt. You may be perfectionistic and self-critical so new tasks and activities are stressful because they provide just another opportunity to fail. You may procrastinate yet feel guilt in doing so.

LIFESTYLE AND BACKGROUND FEEDBACK

Typically, people with your profile had childhoods in which they felt anxious and insecure. Perhaps your parents were both very controlling and protective yet somehow demeaning, leaving you feeling put down and lacking the necessary confidence to deal with life. You may have been a sensitive child who disliked new situations, or you may have matured more slowly than your peers. This may have led to your parents protecting you without helping you develop the sense of control and confidence that you needed. It's also possible that you were overloaded with too many tasks and responsibilities, perhaps because your parents were not available, leaving you anxious and insecure because the demands on you were unreasonable.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Work with your therapist to develop thought-stopping techniques so that you can slow your mind down.[1] Recognize when your mind is racing so that you can learn to slow it down and focus on one thing at a time. Thought stopping is an effective technique you can practice to help you prevent the types of unwanted thoughts that can make you feel anxious. Several forms of thought stopping are effective. One quick technique involves picturing or saying out loud, "Stop," whenever you experience these types of unwanted thoughts. You then replace the thought with a pleasant image or affirmation that is more positive (e.g., "I have felt this way before, and I know I can handle this").
2. Discuss with your therapist specific childhood events where you felt put down, humiliated, rejected, or abandoned so that you can better understand how you developed these fears. Revisit some of these painful events with your therapist, learning to have empathy for yourself. Role play being the nurturing supportive parent to yourself as a child. It may help to bring in your childhood photos so you can recall what it felt like and then can practice self-soothing.
3. People with your profile do well if they can exercise on a regular basis. It helps control anxiety.
4. Avoid using drugs and alcohol as a way of relaxing, as they can be addictive and actually aggravate your anxiety and depression over the long run.
5. Resilience building: Work with your therapist to identify your positive traits and "signature strengths."[2] Write them in a list, and read them every day. Work with your therapist to find new ways to use your signature strengths.
6. Whenever you find yourself ruminating or obsessing about how someone has hurt you, assert yourself and express what you are feeling. Don't be afraid to be more assertive.
7. Whenever you make a demand on others or assert yourself, be aware that you immediately feel guilty. Work on switching off the guilt, as it reflects your fear that if you make a demand on others they will reject you.

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[1] *Mind Over Mood* (Greenberger & Padesky, 1995). This workbook contains exercises such as thought stopping and keeping a thought record to overcome negative and destructive thinking.

[2] Signature strength exercise: After identifying five signature strengths (Peterson, Park, & Seligman, 2005) clients are asked to use one of these strengths in a new and different way every day for 1 week. In a study comparing 70 people in a placebo control group and 66 subjects who completed the Signature Strength Exercise, those who adhered to the exercise experienced a significant decrease in depression and a significant increase in happiness both post study and at a 6-month follow-up (Seligman, Steen, Park, & Peterson, 2005).

8. Resilience building: Because you tend to anticipate the worst and have a sense of impending disaster, keeping a daily "gratitude journal" can help instill a sense of hope and can help to replace some of your negative thinking.[3]
9. Inspire yourself. Carry something positive (e.g., a poem, picture of a loved one) and use it to remind yourself of positive things in your life.
10. When you can, choose self-respect. Do things that will make you feel good about yourself. When things go wrong, talk to yourself in a soothing way as you might to a dear friend or vulnerable child.
11. When things go wrong, you tend to blame yourself. Whenever things go well, you tend to see it as due to others or to luck. On a daily basis keep a diary of things that go well, and see how you contributed to the positive outcome.

[3] Compared with subjects who journaled about neutral events or recorded "daily hassles," people who kept gratitude journals felt better about their lives in general and were more optimistic about the upcoming week (Emmons & McCullough, 2003).

CODE-TYPE 2-8/8-2

Descriptors

Complaints

Severe depression, anhedonia, sleep problems, memory or concentration difficulties, appetite disturbance, sexual difficulties, apathy, anxiety, slowed pace, reduced efficiency, somatic complaints, socially withdrawn

Thoughts

Concentration or memory difficulties, impaired decision making, morbid ruminations, self-loathing, somatic preoccupations, tangential thinking or possible thought disorder, suicidal thoughts

Emotions

Blunted/inappropriate affect, deep pessimism, feelings of worthlessness, helplessness, guilt, depersonalization, derealization, irritable, resentful

Traits and Behaviors

Socially withdrawn, fear of social interaction, passive, fear of emotional closeness, underachieving, possible suicide attempts

Strengths

Sensitive, cautious, introspective

THERAPIST'S NOTES

The 2-8 code type in the normal range suggests a mild, anxious depression in alienated and emotionally disconnected individuals. Poor self-esteem, difficulties with empathy, and a tendency to withdraw under stress are suggested. When elevated, the profile reflects a severe depression that is experienced as a frightening loss of cognitive ability. Severe difficulties with concentration, memory, decision making, and general efficiency are present. Schizotypal personality features may also be present. The existential experience of these clients is a deep sense of hopelessness and pessimism together with feelings of being broken, defective, and unlovable. They complain that their mind is "foggy," feel easily confused, and experience diffuse panic that lacks concrete content. Ruminative and obsessive, they are highly inefficient and unable to "get going," even when tasks are simple and routine. They feel as if they are in a semifugue state, unable to recall recent behavior or decisions. They experience a great deal of anxiety and often ruminate about the possibility that they have some kind of brain disorder. This reflects the severity of the cognitive impairment associated with this depression. The depression is qualitatively different from a 2-7-8 depression. In a 2-7-8 depression, clients experience internal conflict and poor self-esteem, but the elevation of Scale 7 suggests a drive toward

connection with others and attempts to resolve internal discomfort. The 2-8 individuals, however, manifest apathy, blunted or inappropriate affect, and a diffused sense of anxiety that is associated with the feeling of being hopelessly broken. In some cases, the severity of depression may be masked because they appear flat, apathetic, unflappable, and withdrawn, with little variation in tone and emotional expression. They have a negative self-image, and, not surprisingly, they show poor judgment and exhibit general inefficiency. Making simple decisions can be enormously taxing because they are unable to maintain the relevant threads involved in complex decision making.

These clients experience strong feelings of vague and pervasive guilt and self-loathing. They are very socially withdrawn, actively avoiding others, and they have strong fears of emotional closeness. They mistrust others, perceiving relationships as potentially dangerous and almost always painful for them. Although they may experience irritability and impatience, it is more self-protective than aggressive. In some cases, the profile reflects a psychotic depression with anxiety, confusion, tangential thinking, and delusions. The 2-8 code type is associated with individuals who have experienced a brain injury. In other cases, a 2-8 may reflect the depressed phase of a bipolar disorder or a chronic depressed, marginally adjusted lifestyle.

Suicidal thoughts are likely, and threats should be taken seriously, as a 2-8 can often lose the will to live. Beware of energizing antidepressants such as selective serotonin reuptake inhibitors (SSRIs), as they can activate these individuals' suicidality. Initially, individuals of code-type 2-8 appear almost bland, and the therapist may miss the severity of the depression. It's as if they no longer complain about their symptomatology, but rather feel resigned to a life of marginal existence and isolation from others.

LIFESTYLE AND FAMILY BACKGROUND

We hypothesize that the 2-8 profile is an adaptation to childhood experiences of cruel neglect. Look for mentally ill parents who were unable to provide basic emotional nurturance and support or for a childhood in which they felt neglected and ignored in ways that felt cruel and identity damaging. One 2-8 client reported that her father had been schizophrenic, and the family lived on a farm with few corrective social experiences to make up for the bleakness of her childhood environment. She reported that her father would often stare at her, seeing through her, almost as if she didn't exist. She could be deeply upset about some event, and he would walk past her, ignoring her anguish. The type of identity damage that the 2-8 individuals experience involves feeling broken, defective, and hopelessly unlovable. Their response to parental hostile neglect is to withdraw into fantasy, to shut down emotional involvement, and to reduce any drive for emotional nurturance and social connection. It would make adaptive sense for individuals to withdraw and extinguish

the drive for interpersonal interaction in the face of what they perceive as overwhelming rejection and disdain. Sometimes the precipitating event for the current depression is the withdrawal of a previously supportive or loved object. This then reactivates the scar tissue of early emotional neglect and feelings of hopeless defectiveness. In other cases, the profile may reflect some recent physical injury or trauma that activates in the clients' fears that they are somehow hopelessly broken or damaged. In the absence of a history of withdrawal, marginal social adjustment, and bouts of incapacitating depression, the 2-8 profiles may reflect a recent reactive depression.

MODIFYING SCALES

- Typically, Scale 2 and Scale 8 subscales are all elevated, reflecting the pervasive nature of this kind of depression.
- Social Alienation (Pd4) and Self-Alienation (Pd5) are usually elevated, congruent with the deep sense of alienation characteristic of this profile.
- When Scale 6 is coded third, frank paranoid symptomatology is usually present, including marked resentment, persecutory delusions, and delusions of control. Cognitive disorganization becomes more likely.
- When the Poignancy Scale (Pa2) is elevated without the Ideas of External Influence Scale (Pa1) look for heightened sensitivity and a tendency to personalize above what is typical of the 2-8 code types.
- It would not be surprising for Bizarre Mentation (BIZ) to be elevated given their almost delusional self-disdain. If BIZ, Psychoticization (PSYC), and or Aberrant Experience (RC8) are elevated above 70, then look for a possible psychotic depression.
- Neurological Symptoms (HEA2) and Sensorimotor Dissociation (Sc6) are commonly elevated in this code, suggesting neurological or pseudoneurological sensory and motor symptoms.
- Anxiety (ANX) will almost always be elevated even though Scale 7 may not be; but this reflects the diffuse and constant sense of anxiety associated with the 2-8 profile.
- Examine the substance abuse scales MacAnderw Alcoholism Scale Revised (MAC-R), Addiction Acknowledgment Scale (AAS), and the Addiction Potential Scale (APS), for information about the role of substances in the symptom presentation.

THERAPY AND THERAPEUTIC PITFALLS

Mistrust is a central element of the profile, so opening up to the therapist is very difficult. The 2-8 clients have difficulty organizing their thoughts, and they lack a steady stream of experience to process within the therapy session. They tend to answer questions in a flat, concrete way, so little therapeutic

"back and forth" can develop. Sessions can feel exhausting and even boring to the therapist. Eye contact is usually minimal, affect is flat, and thinking is stereotyped and lacking in richness. Helping the clients be more assertive, helping them organize their thinking, setting tangible goals, and reassuring them when they are thinking clearly can be helpful in building rapport, trust, and self-efficacy. Antidepressants are almost always needed, although beware of energizing antidepressants. Occasional and brief revisits to painful childhood experiences of emotional withdrawal by loved ones can be helpful in increasing their capacity for self-empathy and knowledge. The process of building basic trust and basic self-esteem tends to be prolonged. Sometimes, seeing clients three times a week for half an hour may be helpful in keeping them focused and avoiding therapist burnout. Assertiveness training, cognitive skill building, and self-esteem building exercises are all useful.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is within the normal range and reveals that you are a sensitive, creative, and responsible individual. Right now you may be feeling somewhat down and sad about some current predicament that you may be blaming yourself for. You may have periods of sadness and dissatisfaction where you feel that there is something "not quite right." You are a sensitive person, and, when stressed, you tend to withdraw from others, especially if you feel they are in any way hostile. Being assertive is difficult for you because you dislike conflict, and when you feel angry toward someone you will not likely express it. Under stress it may be difficult for you to make decisions, and during these times you may have difficulty with your memory or concentration and your energy level. Though these mild symptoms are uncomfortable, the profile suggests that you can be readily helped with therapy and, in some cases, a temporary period of medication.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Depression or Anhedonia

The profile suggests that you are experiencing a depression. It may frighten you to hear that you are depressed, but that does not mean that you are unusual or somehow incurable. It just means that you are experiencing a good deal of emotional pain right now. Much of the time, you are going through life as if you are sleepwalking, where the world feels somewhat unreal. Even when pleasurable moments occur, it's hard for you to feel excited or happy. This type of depression is called anhedonia.

Memory or Concentration Difficulties

The worst part about your depression is that it seems to affect your memory and your concentration. Much of the time, you feel like you're walking around in a fog; you probably lose or forget where you put things and forget about decisions you've made. You may find it hard to recognize people that you know well, and it's hard to concentrate for any length of time.

Sleep or Appetite Problems

You are either sleeping too much or too little because you can't get to sleep or, perhaps, because you wake up early and are unable to return to sleep. In other cases, you may sleep long hours but still wake up feeling groggy, tired, and lacking the sharpness and clarity that comes from a good night's sleep. You may also find that your appetite has been affected. Perhaps nothing tastes good, or perhaps you forget to eat. Alternatively, you may eat too much and gain weight or be unable to eat and lose weight.

Sexual Difficulties

You may have trouble trusting others, so you have little interest in sexual activity. You may have occasional thoughts about sex, but your thoughts might be disturbing and uncomfortable.

Anxiety

You may feel a sense of anxiety and dread; it may be hard for you to focus on any particular worry, but you feel a sense of fear in the pit of your stomach. Curiously, when things go wrong, you may feel indifferent, flat, and empty, even though you know you should do something about it.

Somatic Complaints

People with your kind of depression often experience physical symptoms. You might have headaches, feelings of weakness, tingling, twitching or numbness, or dizzy spells or times when you feel faint. You may have a hard time keeping your balance or have problems with your vision or hearing or other vague and shifting physical complaints that can frighten you. Lightheadedness, dizziness, exhaustion, and preoccupations about what's wrong with you can further sap your energy.

Socially Withdrawn

Given how you are feeling, no wonder you want to withdraw from others and avoid people, even people you care about. You might dread seeing old friends or family members, and you might stay away from new social contacts. In new social situations, it may be hard for you to interact and engage people in any meaningful way.

Possible Thought Disorder

You may get caught up in small, even irrelevant, details of a problem. It may be difficult for you to determine whether you're thinking clearly or whether you're preoccupied in ways that are distorted. When you are tense, you may get so confused that you feel a sense of paranoia or even confusion about what is real.

Blunted or Inappropriate Affect

Because you are protecting yourself by not letting yourself get involved in life, sometimes your emotions may erupt in ways that puzzle or even frighten you. For example, you may find yourself laughing at a sad moment or crying when other people experience the situation as joyful. You may find yourself feeling angry or hostile at tender moments, and at other times you may feel a sense of empty deadness when you should be feeling some kind of an emotion. Those closest to you may find some of your emotional responses puzzling. You may talk about very painful things and show no emotion, even when you're talking about something that is quite upsetting to you or to others.

Feelings of Worthlessness

Almost all the time, you feel a deep sense of being broken, worthless, and unlovable. Even when people say positive things, it's hard for you to feel them. It's as if you protect yourself from disappointment by reminding yourself that you are worthless and that thinking positive thoughts about yourself is dangerous because you'll only be disappointed.

Derealization or Depersonalization

You may feel disconnected from the world, as if you are watching yourself in a movie. Sometimes it may feel as if things aren't real. This can be frightening to you, but it is common with this kind of depression.

Fears of Social Interaction

Sometimes you may become frightened about interacting with others. Perhaps it's because you're angry with them and don't want them to know, or perhaps you're afraid that they're going to be hateful or cruel to you. Or you may feel that interacting with others just takes too much work. Feeling a constant sense of dread and feeling broken, damaged, and defective, it's understandable that talking to other people frightens you in case they might see how you're feeling and use it against you.

Possible Suicidal Attempts

When life feels so draining, so empty, and so frightening, and you feel hopelessly damaged, it's no wonder you think about escaping from life. You might even think about dying, and you might actually want to attempt suicide. This would be important for you to discuss with your therapist.

LIFESTYLE AND BACKGROUND FEEDBACK

People with your profile sometimes come from backgrounds where they felt neglected, emotionally deprived, and even treated cruelly. One of your parents may have experienced some depression or some other mental disorder, which left them unable to take care of you in any reasonable way. Perhaps it was someone else in your life who treated you coldly and made you feel unlovable, broken, and damaged. You may have learned at an early age to withdraw, to retreat into your own world, and to protect yourself from hurt by not caring, by not letting yourself get involved, and by pushing people away so they couldn't reject you. It may be that recently someone whom you saw as caring and supportive has started to withdraw from you and treat you with silence or even cruelty, and this has precipitated the depression. It's also possible that you've been through an accident or some other event that has left you feeling broken or damaged.

TREATMENT AND SELF-HELP SUGGESTIONS

1. When you feel a dark or empty mood overcome you, see if you can identify whether you have been unfairly treated by someone or treated in a mean or critical way. Telling the person how you feel and what happened to make you feel that way can help relieve your negative mood. Work with your therapist to learn how to speak up for yourself instead of holding it in. Your therapist can help you begin to be more

assertive[1] by using techniques such as "I" statements to let a person know how you feel in a nonjudgmental way.

2. Talk therapy and medication can both be helpful for the sudden mood surges that you experience and the resulting confusion and anxiety. Medications can make psychotherapy more effective for some people, especially if you have trouble concentrating or find it difficult to rally the energy to talk about your problems. Discuss the possibility of medication with your therapist.[2]
3. See if you can become aware of negative, self-critical thoughts where you tell yourself that you are unlovable or somehow defective. This type of harsh self-judgment can cause a great deal of pain. Work with your therapist on ways to increase your self-esteem.[3] There are a number of good techniques including personal wellness, setting goals, self-expression, looking at "core beliefs," and monitoring your "self-talk."
4. Although you may find it hard to muster the energy to socialize, the pattern of isolation and depression is a "downward spiral," and one of the best ways to start to feel better is to reach out for social support and contact.[4] Start with small steps: When you feel a bit stronger, you might consider contacting friends or family even if it is just by phone or for a brief get together. You may also consider joining a support group for depression. Many are offered at low to no cost and can be found by searching the Internet for depression support groups in your area.

[1] There is a distinct negative correlation between assertiveness and depression; studies have found that after learning to be more assertive subjects rate themselves as less depressed (Langone, 1979; Segal, 2005).

[2] The *Journal of the American Medical Association* (Fournier et al., 2010) estimated the relative benefits of medication versus placebo in a meta-analysis of studies from the past 30 years. The study found that the benefits of antidepressant medication over placebo increased with the severity of the depressive symptoms. The benefit of medication is substantial in severe depression and minimal to nonexistent in mild or moderate depression, but these are broad analyses and the cost–benefit of medication should be considered on an individual basis.

[3] Though some studies find that positive affirmations are helpful (Philpot & Bamburg, 1996), others have found it to be neutral to harmful for those with very low self-esteem (Wood, Perunovic, & Lee, 2009). For situational low self-esteem, cognitive techniques and affirmations can help change maladaptive patterns, but for characterological low self-esteem the emphasis should be on negative core beliefs, maladaptive schemas, and developing self-compassion (McKay & Fanning, 2000).

[4] Studies have determined that not only is loneliness a by-product of depression, but it also contributes to the symptoms of depression. Learning skills to increase social support can help (Eisemann, 1984).

CODE-TYPE 2-9/9-2

Descriptors

Complaints

Moody, restless, irritable, temper outbursts, driven, anxious, somatic complaints, sleep difficulties, eating problems, alcohol or chemical abuse

Thoughts

Worried, catastrophizing, grandiose, distractible, cynical or suspicious, stimulus-seeking

Emotions

Turbulent or unstable, irritable, pressured, euphoric, depressed

Traits and Behaviors

Impulsive, high-strung, explosive, ambitious, fears of failure, overactive, impatient, substance abuse, may have a brain injury, mood disorder

Strengths

Ambitious, confident, dramatic, optimistic, assertive, driven

THERAPIST'S NOTES

The 2-9 code type is a contradiction. Elevations on Scale 9 are consistent with someone who is surgent, assertive, optimistic, euphoric, confident, dramatic, and driven. However, elevations on Scale 2 suggest depression, low energy, a slowed pace, feelings of hopelessness, and low self-esteem. A 2-9 profile is analogous to driving a car at high speed with the brakes on. The 2-9 individuals are buffeted by constant competing impulses, defenses, and emotional states. In some cases, the oscillation between these two states is a manifestation of a true bipolar disorder. This bipolar disorder would involve surges of hypomanic or manic activity with overcommitment, irritability, euphoria, hostility, and impulsive behavior followed by periods of despondency, depression, guilt, and anxiety about the effects associated with impulsive manic overactivity. In other cases, however, the combination of these two scales reflects an internal tension, agitation, and irritability without clear manifestations of depression or of euphoria and mania. These individuals experience a high level of internal emotional pressure and nervousness. In the presence of a history of instability, moodiness, tension, and high-strung behavior, the profile may reflect a stable personality pattern. Without such a history, rule out organicity or trauma due to a recent injury as well as hypomanic individuals slipping into depression or depressives emerging into a hypomanic episode.

If the 2-9 elevation is significant, it may reflect a bipolar disorder with psychotic features. This is especially true if Scale 8 is also elevated. In some cases, the 2-9 profiles reflect an agitated depression without mania, although in other cases they may reflect an intermediate phase of a bipolar disorder. These individuals may go from being excited, positive, and engaging to being upset, angry, and catastrophizing quickly, possibly within minutes, often precipitated by external situations. Others may find this moody, unstable behavior puzzling because the shifts are sudden and triggered by apparently minor events. Jovial, even buoyant individuals may suddenly become angry, irritable, and explosive over a late arrival, the loss of car keys, or some other minor event. Once the situation is resolved, an explosive episode may be quickly followed by congeniality.

Temper outbursts are a problem for 2-9 individuals, who live in a constant state of tension. They anticipate that a minor frustration or setback will lead to severe loss of possessions, status, or control. Minor events thus become potentially catastrophic, leading to overreactivity, anger, and overprotection. Living with the 2-9 individuals is highly taxing for others because they are rarely in equilibrium. Rather, they are driven to success, achievement, excitement, stimulation, and approval and overreact to loss and frustration with anger. They tend to have an argumentative style, as if all interactions could potentially lead to a loss of control or status. They can be quite talkative and extroverted, especially if Scale 0 is low.

Individuals with the 2-9 code type are associated with addiction proneness. They may use alcohol in an attempt to medicate their intense internal pressure and agitation. Alcohol may also aggravate their irritability, explosiveness, and the severity of their mood swings. In some cases, blackouts reflect the tendency of individuals with elevations on Scale 9 to have a greater chance of abusing alcohol and other drugs. Beware of aggressiveness under the influence of alcohol. Sleep, eating, and concentration may be adversely affected, as one would expect with both depression and hypomania. These individuals are very sensitive to any kind of loss or narcissistic injury. They tend to be suspicious, not in a paranoid way but, rather, in a competitive and driven way, as if life is always a zero-sum game of winners and losers. Scanning the environment for the possibility of loss, they can appear negative, cynical, suspicious, and argumentative. Hyperactivity, controlling, and interrupting serve to keep the focus away from any possibility of loss of stature and self-esteem. The 2-9 is unable to be in the moment. Thoughts of future desires or reminders of past frustrations interrupt moments of pleasure or satisfaction. Although the 2-9 individuals crave approval and recognition, when they get it they resist enjoying it, reflecting their fear that it is transitory. It's as if they are fighting a steady battle on two fronts. Grabbing at every opportunity to maximize their status and rewards, they are also running away from feeling any sense of loss or frustration.

LIFESTYLE AND FAMILY BACKGROUND

The 2-9 code types are extremely preoccupied with success and avoiding failure. Essentially, the profile reflects an internal battle to avoid experiencing depression and to "get ahead" to achieve success and self-esteem. Look for a childhood history of high achievement expectations with frequent frustrations and setbacks. Perhaps as children they felt that the odds against success were overwhelming, or perhaps they actually experienced a number of setbacks and losses. In other cases they felt pressure to achieve and succeed, but without the means to do so. These individuals may have been diagnosed with attention deficit hyperactivity disorder (ADHD) with subsequent erratic achievement. The conditioning experience tends to be one of success based on effort but with constant apprehensions about failure. By keeping control, maintaining attention, and grabbing at opportunities, these clients are always striving to get ahead and to preempt loss by building achievement "reserves." Any recent setbacks or losses to self-esteem could be the precipitating event for this disturbance.

MODIFYING SCALES

- When Scale 1 is elevated third, there is an aggravation of somatic symptoms and preoccupations and complaints about them. Fears of decline and loss of control and power would be aggravated by a focus on somatic decline.
- When Scale 7 is elevated third, they would be even more anxious, tense, and obsessive. Phobias, compulsions, and extreme anxiety around failure would be typical. Scale 2 elevations are associated with a sense of responsibility and guilt; Scale 9 is associated with needs for performance and achievement; and the elevation of Scale 7 would add guilt and anxiety about failure to the overall picture.
- When Scale 8 is elevated third, look for the possibility of psychotic thought processes. This would be especially true if Bizarre Mentation (BIZ), or Psychoticism (PSYC) and/or Aberrant Experience (RC8) are also elevated. The 2-9-8 code type could reflect a psychotic agitated depression or schizo-manic episode. The 2-9 individuals have sexual performance problems, as one would expect with individuals who are very fearful of loss of esteem and status, but if Scale 8 is elevated, this would add fears of being defective and damaged. When Anger (ANG), especially Explosive Behavior (ANG1), is also elevated, the explosive episodes would be magnified and potentially dangerous.
- Elevations on Misanthropic Beliefs (CYN1) and Interpersonal Suspiciousness (CYN2) would aggravate the distrust and cynicism already associated with the profile.

- When Antisocial Practices (ASP) and or Antisocial Behavior (RC4) are elevated, the impulsive, hypomanic behavior associated with the profile could lead to occasional antisocial behavior.
- Typically, Type A Behavior (TPA) is also elevated, reflecting the irritability and impatience associated with the code type. Elevations on any subscales associated with irritability, anger, and even hostility would aggravate the natural traits associated with this code type.
- When K is elevated, clients can overcontrol both the mania and the depression, leading to more precipitous mood swings.
- Examine the substance abuse scales MacAndrew Alcoholism Scale Revised (MAC-R), Addiction Acknowledgment Scale (AAS), and Addiction Potiential Sale (APS) for information about the role of substances in the symptom presentation.

THERAPY AND THERAPEUTIC PITFALLS

Anytime an agitated depression is encountered, the therapist should inquire about suicide risk factors. Suicidal thoughts associated with Scale 2 combined with the impulsivity of Scale 9 can be dangerous. Medication is complicated because, in some cases, the profile reflects an agitated depression, a hypomanic disorder, or a long-standing agitated personality style. Energizing antidepressants may precipitate mania, and sedating antidepressants may aggravate the depression; therefore, diligence is required. Mood stabilizers for impulsivity and irritability may be useful. Clients' histories would clarify whether the profile reflects a stable, long-term personality pattern or a recent, reactive disturbance or a neurological disorder. After identifying the causes of their profound fear of failure, psychotherapy should focus on helping them ascertain what they really want versus internalized parental expectations. Thought stopping, relaxation training, mindfulness training (Hofmann, Sawyer, Witt, & Oh, 2010), and CBT (Zaretsky, 2003) to help them learn emotional control can all be useful. Help them to identify when they are experiencing surges of intense emotion and teach them not to act on those transitory feelings. Help them to focus on specific loss situations, and teach them to recognize their emotions around those losses so that they can learn to experience sad moments without panic. Help them recognize that they are emotionally overreactive, both on the exuberant, positive end of the spectrum and on the negative, dysphoric end. Teach emotional management, and help them realize that they are driven by fear of loss to help them anticipate difficult situations and find corrective behavioral strategies to deal with anxiety and frustration. The 2-9 code types can be quite irritable, explosive, and confrontational with the therapist. Emotional eruptions are a part of their emotional landscape, so not taking these personally is a necessary therapist skill.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is within the normal range and indicates that you may be feeling somewhat tense, moody, and irritable right now. It's possible that you have experienced a recent loss or frustration that is aggravating shifts in your mood. It's also possible that you may have always been somewhat volatile. People with your profile are susceptible to mild mood swings in which they go from being upbeat and energetic to being pessimistic rather quickly. You may have periods of high energy followed by procrastination and inefficiency. You may experience internal tension and anxiety, especially if you feel you are failing at something or are losing control over a situation or if somebody is in your way. You may use alcohol or drugs as a way to manage these surges of emotion, and chemical agents may make you more volatile and impulsive. You may have a quick temper, and when people get in your way you let them know it, even though it may get you into trouble. There are periods when even small setbacks loom large and thrust you into a period of gloom and disappointment. You feel best when working on new projects or become excited about some new idea.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Moody or Restless

Your profile shows that you are quite moody. You may be feeling upbeat, positive, and happy one minute and then, suddenly, some small setback or loss will make you angry, upset, pessimistic, and unhappy. Your mood swings may occur within a few hours or even a few minutes of each other. Your profile suggests that you are very restless. You may feel very distractible so that it's hard to ever relax and feel at peace. It's as if your whole body is wired, on edge, and ready for action.

Euphoric or Impulsive

You may experience moments where you are filled with bubbling energy and drive. Moments of euphoria may lead you to act impulsively, and you may overcommit to too many tasks and activities. You may also tell people off and feel so good that you feel invincible.

Depression

These euphoric periods may be followed by periods of depression, perhaps prompted by some external event or because you wore yourself out with energy and overcommitment. When you feel depressed, you may get quite despondent and bleak, forgetting how positive you felt not long ago.

Irritable or Temper Outbursts

Feeling wired and ready for action, you may find yourself easily irritated and angry. You hate to be kept waiting, and you get angry if people are in your way when you're ready to move into action. You might throw things, blow up, tell people off, or just quietly seethe with anger. It's as if you feel pressured from the inside and as if the world is moving too slowly and you can't get everything accomplished that you need to.

Driven

You are driven to achieve and succeed. Everything is a challenge for you, and you want to make the most of it. You may find yourself feeling tense and urgent, as if you are behind or on edge and should be somewhere else doing something else. This constant sense of being driven may make you quite successful but also vulnerable to sudden setbacks due to impulsivity. You may find that you are unsatisfied and unable to enjoy your successes.

Anxious or Worried

Feeling this sense of drive and impatience may often leave you quite anxious. Small setbacks may leave you with a knot in the pit of your stomach and a sense that something bad is going to happen. Your profile suggests that you're always a little on edge about loss. It's as if you're always worried that something bad is going to happen, leading to losses and setbacks. You feel a constant need to be doing something either to get ahead or to prevent yourself from falling behind.

Sleep or Eating Problems

Your mood instability may lead to sleep problems. When you are feeling wound up, driven, optimistic, and happy, it may be hard for you to fall asleep. When you're feeling down, despondent, and unhappy, you may wake up early in the morning and be unable to get back to sleep. Being driven, pushing yourself hard, and always feeling behind, late, and pressured may lead you to eat without thinking. Perhaps you don't give yourself time to eat, or perhaps you eat too much, resulting in changes in your weight.

Alcohol or Chemical Abuse

You may also try to regulate your mood with alcohol or drugs. You may have found some chemical agent that's particularly helpful in leveling your mood,

but this may actually aggravate some of your impulsive and angry behavior. You may be able to drink a great deal without initially appearing drunk, but then you may end up doing impulsive and self-defeating things.

Distractible

Your profile suggests that you're always on edge, looking out for what could possibly go wrong and fretting about missing any potential opportunity. You get distracted and interrupted by thoughts about what you should be doing, how you should be getting ahead, and what you should be achieving. You can also become preoccupied about past losses and setbacks, distracting you from being in the moment. Others' achievements make you feel competitive and drive you to show what you can do.

Cynical or Suspicious

Because you are always worried about loss, you tend to see the glass as half empty. It's as if you're protecting yourself from being too optimistic by reminding yourself of all the things that can go wrong. Others may see you as cynical or even suspicious because you question people's motives and you remind people of all the possible setbacks that could occur in any given situation.

Stimulus Seeking

There is a part of you that always wants excitement, adventure, more success, and even danger. You may find yourself grabbing at opportunities for excitement, sometimes in a self-defeating way. You probably get bored easily, so you're always ready to do something new and exciting, even if you're overloading yourself with commitments or contemplating doing things that may involve excessive risks.

LIFESTYLE AND BACKGROUND FEEDBACK

Typically, people with your profile grew up in environments where they felt tremendous pressure to achieve and succeed, yet they often felt frustrated. Perhaps your parents expected a great deal from you so that, no matter what you did, it never felt like enough. On the other hand, you may have felt that the odds of success were stacked against you so that you were driven to grab at every opportunity. You go through life pushing yourself to succeed but reminding yourself that things can go terribly wrong. Blowing up, catastrophizing, and pushing and shoving to get ahead would all reflect your fear that if you stay still and be in the moment somehow you will fall behind and lose out.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Your doctor may want to consider medication, which could help you feel better quickly. The type of medication or combination of medications you receive will depend on the severity of your symptoms and how long you have been experiencing such mood swings.[1]
2. Research has shown that regular aerobic exercise can decrease stress and has a very positive effect on treating depression and mood swings. Yoga classes are also helpful in managing stress, anxiety, and depression.[2]
3. Although medication is an effective treatment, it will work best in combination with therapy that addresses some of your negative ways of thinking and your tendency to see even minor setbacks as catastrophic.[3] Discuss with your therapist some of the typical types of distorted thinking that fuel mental health problems. For example, *overgeneralization* is making unwarranted broad negative conclusions; *fortune telling* is believing you can accurately predict the future; *catastrophizing* is expecting the worst to happen, no matter what; and *emotional reasoning* is the belief that if "I feel it, it must be true."
4. Relaxation techniques such as mindfulness meditation may help you to better manage the ups and downs of your emotional responses.[4] Mindfulness involves paying attention to the present moment in a nonjudgmental way to foster a quality of curiosity and openness. For more information on mindfulness exercises and techniques see www.mindfulnesstapes.com. Mindfulness classes, books, or tapes can teach you about breathing techniques, patience, and ways to observe your immediate experience without analyzing, judging, or acting prematurely.

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[1] With bipolar disorder there are often strong biological factors so the primary course of action is medication although medication compliance is often an issue. Negative attitudes toward medication, difficulty with medication routines, and comorbid substance abuse can all contribute to problems with noncompliance (Sajatovic et al., 2009). Openly exploring noncompliance with a collaborative and problem-solving approach can help the client overcome negative attitudes toward medication.

[2] While the literature on physical exercise and depression has been somewhat confusing, with both positive and negative effects being reported, cross-sectional and longitudinal studies indicate that aerobic exercise has antidepressant and anxiolytic effects and can protect against the harmful consequences of stress (Salmon, 2001). Additionally, a review of articles investigating bipolar disorder and exercise reveals that exercise has a robust effect on both psychiatric and somatic health in bipolar disorder (Alsuwaidan, Kucyi, Law, & McIntyre, 2009). In a group of psychiatric inpatients, yoga was associated with improved mood (Lavey, Sherman, Mueser, Osborne, Currier, & Wolfe, 2005).

[3] Medication is most often the foundation of treatment for bipolar disorder, but therapeutic interventions such as cognitive-behavioral therapy significantly lessen the number of future episodes, contribute to medication compliance, and reduce the duration of mood swings (Zaretsky, 2003).

[4] Studies suggest that mindfulness-based training is a promising intervention for anxiety and depression (Hofmann et al., 2010), but few studies have examined mindfulness-based treatment for bipolar disorder. One pilot study (Miklowitz et al., 2009) showed promising results in the reduction of depression, suicidal ideation, and, to a lesser extent, manic and anxious symptoms for clients with bipolar disorder who participated in an 8-week mindfulness-based cognitive therapy (MBCT) class.

5. A journal to help you to recognize some of the expectations your parents may have placed on you as a child. Determine what your own wants are versus the expectations. You may have simply adopted them from your parents without really thinking them through.
6. Work with your therapist to identify some of the most distressing and negative intrusive thoughts that you have. Thought stopping is an effective technique you can practice to help you prevent the types of unwanted thoughts that can make you feel depressed or angry. Several forms of thought stopping are effective. One quick technique involves picturing or saying out loud, "Stop," whenever you experience these types of unwanted thoughts. You then replace the thought with a pleasant image or affirmation that is more positive (e.g., "I have felt this way before, and I know I can handle this").

CODE-TYPE 2-0/0-2

Descriptors

Complaints

Socially withdrawn, sad mood, quiet, sleep difficulties (insomnia and early morning awakening), eating problems or sexual difficulties, feeling unattractive, fearful

Thoughts

Self-critical, guilty, worrying, low self-esteem, fearful of making mistakes

Emotions

Dutiful/responsible, shy, passive, nondemanding, cautious, not expressive, self-contained, sensitive to criticism

Traits and Behaviors

Risk averse, painfully shy, nonassertive, slowed pace, keeps others as a distance, nondemanding, may use alcohol

Strengths

Reliable, responsible, dutiful, nondemanding, cautious, nonconfrontational, sensible, detail oriented

THERAPIST'S NOTES

Individuals who produce the 2-0 code type are quiet and tend not to gossip, they lack curiosity about others' emotional states and motivations, and are apt to be preoccupied with their own interests and needs. They avoid conflict and are uncomfortable with emotional intensity, affection, or praise. They are not hostile, nor are they argumentative. They accept routines, even drudgery, with equanimity and are not ambitious, driven, or political. These clients are apt to be practical, sensible, detail oriented, and conservative. Sometimes they use alcohol as a way of medicating a chronic depression that may be more characterized by a lack of euphoria rather than by acute periods of sadness.

These individuals often dress conservatively and are not inclined to take pride in their appearance. As with any profile with Scale 2 elevated, they exhibit symptoms of depression such as sleep disturbance, fatigue, weight changes, lack of pleasure, difficulties with concentration and memory, and anxiety. Happy-moment milestones, achievements, and successes are not celebrated but, rather, are accepted as the consequences of hard work. When things go well, they see it as temporary, and their default belief is that loss, setback, and humiliation are always possible. Others may see them as sour, negative, and aloof. Predicting that things can go wrong, reminding others not to "count their chickens," and pointing out the flaws in people's plans serve as

a defense against unpredictable loss and humiliation. If they point out all the negatives, people have less right to blame them when things go wrong.

These clients have a slow personal tempo, slowed speech, poor eye contact, low sex drive, low aggressiveness, and a high level of pain and frustration tolerance. In some cases, they may have schizoid qualities and they may even be diagnosed as having Asperger's syndrome (Ozonoff, Garcia, Clark, & Lainhart, 2005), as painful shyness may inhibit them in certain situations and occupations. They actively dislike intensity, conflict, too much excitement, and open expressions of emotionality. Research on the 2-0 suggests that the profile is stable rather than reflecting a reactive depression (Leon, Gillum, Gillum, & Gouze, 1979).

LIFESTYLE AND FAMILY BACKGROUND

It has been suggested that the 2-0 may have been raised by the equivalent of Harlow's "wire mother," that is, primary caretakers who were physically present but emotionally unavailable. In some cases, 2-0 code types were only children with aloof and unemotional, though not cruel, parents, so they developed a self-sufficient and passive personality style, tending to be non-demanding and nonassertive and expecting a low level of interpersonal and social reward.

Our hypothesis is that individuals with a 2-0 profile have a genetic predisposition to shyness, withdrawal, and passivity combined with childhood experiences of parents who were physically available although emotionally and tactilely absent. Their caretakers were not actively malicious and cruelly withholding but, rather, passive, practical, and sensible but without emotional involvement. These individuals have accepted life as it is and have come to terms with a low level of pleasure. As a manifestation of the chronic, low-level depression, the precipitating circumstances for an increase in depression are often a perceived or actual loss. The 2-0 individuals accept higher levels of boredom than most people. Research has suggested that introverts have a high level of base arousal and are therefore arousal avoidant (Eysenck, 1976), which is congruent with how these individuals are described.

MODIFYING SCALES

- When Scale 4 is coded third, then these individuals are likely to express more anger, passive-aggression, and subtle argumentativeness. The elevation of Scale 4 would increase the risk of self-defeating and self-destructive acts as well as increasing the likelihood of some kind of addictive behavior.

- When Scale 6 is elevated third, clients are likely to express feelings of being hurt, wounded, and unfairly treated. The depression will be manifested as a sense of feeling victimized, approaching life as a martyr, and feeling unfairly treated and taken advantage of.
- When Scale 7 is elevated third, the profile would reflect an anxious, worried, hyperresponsible individual who, although shy and quiet, is still reaching out to others for reassurance and approval.
- Sometimes the Depression (DEP) is not as elevated as the Scale 2, reflecting a lack of endorsement of obvious face-valid depression items and suggesting that the depression is more endogenous and characterological.
- When Bizarre Mentation (BIZ), Psychoticism (PSYC), or Aberrant Experiences (RC8) are elevated, then look for the possibility of a psychotic depression.
- The 2-0 individuals have difficulty being comfortable with personal disclosure and intimacy, so elevations on the Negative Treatment Indicators (TRT) scale are likely.
- When Cynicism (CYN) or Cynicisms (RC3) is elevated, this would suggest heightened suspiciousness and mistrust.

THERAPY AND THERAPEUTIC PITFALLS

Clients with a 2-0 profile can find intense empathy disturbing and even overwhelming, and they are unlikely to seek psychotherapy with the aim of better emotional health and joyful experience. Typically, they enter therapy either as part of a marital dyad with their partner complaining of a lack of sexual or emotional responsiveness or as parents of children who are acting out in some way. When they do seek therapy, it may be because the depressive symptoms have recently increased due to a recent perceived or actual loss. The therapeutic alliance is slow to develop, but these clients are relatively uncomplicated in that they tend to be sensible, practical and not alienated, unless Scales 4 or 8 are also elevated. Helping them understand themselves as independent, self-sufficient, nonfussy, and nonemotional individuals helps validate their experience. Educate them about how other people feel and need more emotional response. Explain how their personality, a product of both genetics and conditioning experiences, is nonemotionally expressive to help them understand cognitively how they need to change to connect better with others. Support them in their discomfort with emotionality and, at the same time, encourage them to be more expressive, combining rational emotive therapy (Ellis, 1993) with cognitive restructuring (Greenberger & Padesky, 1995). If more intensive therapy is required, help them develop empathy for themselves as children, which might allow them to become more emotionally connected. If the clients' history reveals a stable personality style with limited ability for deeper

emotional relationships, then practical, concrete problem-solving advice is suggested (Turner, Beidel, & Cooley, 1997). Therapist support rather than emotional empathy is desirable. Concrete problem solving around specific issues such as assertiveness training (Smith, 1975) tends to be most helpful. In the event of a recent setback or loss, antidepressant medications may be helpful, although the shift in emotional valence may be experienced as uncomfortable.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is within the normal range. It reveals someone who is mildly shy, socially retiring, and not easily assertive. You take life seriously, are prone to worry, and are quick to feel guilty if something goes wrong. You dislike the limelight, and it takes a lot for you to stand up to people and make demands on them. You don't mind routine, and you tend not to blow your own horn. You may find it difficult to stand up for yourself when you feel like you have been taken advantage of because you prefer to avoid conflicts. People with this profile are not aggressive or overly expressive and can be described as "slow to warm up." You may have some difficulty with meeting new people but can make and maintain close friendships. People likely describe you as dependable, honest, even-tempered, and comfortable with your routine. You tend to be matter of fact, to not exaggerate, and to live with frustration.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Socially Withdrawn or Quiet

Your profile shows that you're quite shy and that you prefer spending time alone. While you may enjoy being around other people, you dislike large groups of people that you haven't met before and you tend to stay on the periphery in social gatherings. You prefer small groups of people you know well, and you dislike small talk, so meeting new people can be awkward or even painful. When you do go to parties or other social events, you're very mindful of times that you want to leave and become uncomfortable if you feel dependent on others to leave the social situation. People may see you as a "wallflower" who is somewhat quiet and withdrawn. You don't generally speak up and assert yourself, and you tend not to like to be the center of attention.

Sad Mood

People with your profile are serious, thoughtful, responsible people who feel that life can be difficult and don't expect a high level of happiness and feelings of being carefree. Currently, you may have experienced some increased

symptoms of depression with sad, pessimistic feelings. You accept discomfort and frustration as the way life is, but the recent symptoms may have become uncomfortable.

Sleeping, Eating, Sexual Difficulties

You may experience some difficulties with sleep—either getting to sleep or, perhaps, waking up early in the morning and being unable to get back to sleep. You may feel more tired and lacking in energy reserves. Because your profile suggests a low-grade depression, you may also experience some eating difficulties. Perhaps you eat to feel better, or perhaps you find food uninteresting. This may affect your weight, energy, and efficiency. You may also find a diminished interest in sexual activity, so relating to your partner sexually may, at times, feel like a chore or a burden.

Fearful or Worried

You may experience a constant state of mild anxiety or fearfulness. It may not be a link to any specific event. You may just feel a low-grade anxiety, as if something bad is about to happen. You take your life and your responsibilities seriously, and it's easy for you to see what can go wrong.

Self-Critical or Low Self-Esteem

You tend to be your own worst critic. You are quite self-conscious and aware of how you are coming across, but you are likely to be self-critical and see yourself in the worst possible light. You feel that you're not that good, that you're not worthy, and that others may be critical of you.

Dutiful or Responsible

People with your profile are loyal, dutiful, responsible, and reliable. It's very important for you to do the right thing, and you tend to be someone who others trust. You worry about following through with chores and responsibilities, and you don't want to draw attention to yourself as someone who has failed others.

Nondemanding or Nonassertive

You tend not to make demands on people. Even if people mistreat you or take you for granted, you tend not to stand up for yourself and demand what is rightfully yours. It takes a great deal of thinking and resolve for you to assert yourself and to claim what is rightfully yours. Being honored or having a fuss made over you might cause you embarrassment as you prefer to avoid the limelight.

Cautious

You are, by nature, a cautious person, tending to avoid risks and confrontations. You are a thoughtful, circumspect, and serious person who doesn't make rash judgments. These traits are useful in many professions because your careful, thoughtful style prevents big errors.

Nonexpressive or Self-Contained

You tend not to express your emotions. Even when you have intense feelings, you express them very subtly if at all, so others may well miss knowing what you are feeling at any given time. Others may see you as very self-contained and may have a hard time knowing what you're feeling toward them and what you want from them. They may see you as aloof and hard to get to know.

Sensitive to Criticism

Others may not realize how sensitive you are to criticism because you are so reserved. You hate negative attention, so it's painful for you if somebody is rebuking you, especially if it is done publicly. It makes you very uncomfortable and, perhaps, even angry when you are criticized.

Alcohol Use

Because your profile suggests some depression and unhappiness, you may find yourself using chemical agents, such as alcohol, as a way of numbing yourself and feeling better. Alcohol may make you withdraw further and avoid relating to others. If you are using alcohol on a daily basis, if you drink alone, or if you find yourself needing alcohol to "feel," discuss this with your therapist.

LIFESTYLE AND BACKGROUND FEEDBACK

You test as quite shy. Shyness can be an inherited trait, and there is nothing wrong with being shy, especially if you are comfortable being so. You were probably a shy child, slow to warm up in new social situations. Perhaps you were an only child or lived in an environment where there were few opportunities to relate to others. The combination of genetic predisposition to shyness and withdrawal and, perhaps, parents who were available but not emotionally expressive or "touchy-feely" meant that you had to learn to comfort yourself. You may have learned to not need physical affection, being held, touched, and emotionally rewarded. Now you may find it difficult to be too demonstrative or have other people act affectionately toward you. It's as if you've learned to rely on yourself, to

nurture yourself, and to not need others' warmth or touch. Your spouse or children may need more affection and interpersonal touching from you to continue to feel connected.

TREATMENT AND SELF-HELP SUGGESTIONS

1. See if you can identify situations where you have a negative outlook and a tendency to predict that things will go wrong. Work with your therapist to identify any "automatic thoughts" or verbal messages that you say to yourself that are negative or pessimistic.[1] Awareness is the first step toward better problem solving and finding alternative ways of thinking.
2. Relaxation techniques help in overcoming shyness and can help you feel more comfortable when in the company of others. One example of a relaxation technique is controlled breathing, which can be practiced even when in the company of other people. Meditation, yoga, and visualization are also helpful.
3. There is evidence that shyness is an inborn trait; people are born with different levels of shyness. Shyness is also a learned behavior that impacts your social interactions, so it is possible to reverse this tendency by practicing interpersonal skills. *Overcoming Shyness* by M. Blaine Smith (1993) contains practical advice and useful skill building exercises.
4. Resilience building: During times when you feel guilty or isolated, see if you can have more empathy for yourself and focus instead on your strengths such as being dependable and responsible. The Web site www.authentichappiness.com has a questionnaire that will help you determine your "Signature Strengths." See if you can come up with novel ways to use those strengths.[2]
5. Because you tend to avoid risks and conflict, it is hard for you to make demands on people. Learning assertiveness skills can help you stand up for yourself and can help you to become more socially confident. Work with your therapist to state your rights and needs in a way that is constructive, direct, and honest.[3]

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[1] *Mind Over Mood* (Greenberger & Padesky, 1995) is an excellent workbook to use in this type of cognitive-behavioral therapy.

[2] A review of interventions from the field of positive psychology found that using signature strengths in a new and different way each day for 1 week increased happiness and decreased depressive symptoms for 6 months (Seligman et al., 2005).

[3] In a study of female undergraduate students, those who received assertiveness training reported reduced levels of fear associated with social criticism and social competence (Rathus, 1972).

Chapter 6

Scale 3

SCALE 3: HYSTERIA (HY)

Descriptors

Complaints

Health concerns, weakness or fatigue, sleep difficulties, sexual concerns, and sadness or dysphoria, anxiety or feeling overwhelmed

Thoughts

Positive, denying, need for attention and affection, somatic preoccupations

Emotions

Positive or cheerful, dysphoric and anxious under stress, needy and approval-seeking, repressed

Traits and Behaviors

Conflict avoider and peacemaker, denial and repression of negative emotions, inhibited, lack of insight, conversion disorder

Strengths

Positive, cheerful, kind, considerate, agreeable, sentimental, conflict avoidant

THERAPIST'S NOTES

In the normal range, this profile is suggestive of sociable, agreeable individuals who are kind and sensitive to others' feelings. They are often seen as sentimental, conflict averse, and sometimes romantic individuals who do not want to cause others pain. Clients with a high Scale 3 manifest a cluster of symptoms, traits, and behaviors that, in a normal population, are generally uncorrelated. An individual experiencing a number of troublesome somatic complaints would generally show concern, worry, apprehension, and distress about those symptoms. Clients who are elevated on Scale 3, on the other hand, often appear bland and even positive and cheerful in the face of such symptoms. Scale 3 is one of the least homogeneous of the clinical scales, comprising three distinct clusters of items. One consists of a series of items about physical symptoms, such as stomach

upsets, weakness, fatigue, and pain. Another cluster describes an outgoing, socially acceptable, and "nice" person who is capable of being pleasant even to people they don't like and of seeing people as well meaning and trustworthy. The third cluster of items deals with feelings of dysphoria, unhappiness, and periods of sadness and anxiety. Clients who are elevated on Scale 3 likely exhibit a combination of these traits. They are socially appropriate, positive and cheerful in the face of pain, mildly complaining and dypshoric, and motivated by love and approval from others. They are subtly demanding of attention and caretaking from others. From an attachment theory perspective, they can be seen as wanting reassurance about the strength of others' positive attachment to them, almost at any cost, so they deny and repress undesirable emotions. Repressed anger tends to be converted into somatic symptoms, and recent research has shown a link between physical deterioration and emotional stress (Carleton, Abrams, Asmundson, Antony, & McCabe, 2009; Hall, Chipperfield, Perry, Ruthig, & Goetz, 2006). Children from abusive backgrounds develop more physical problems over the course of their lifetime, die younger, and are more likely to develop autoimmune problems in later life (Danese, Moffitt, Harrington, & Milne, 2009). Research with individuals who are elevated on Scale 3 has revealed that physiological breakdown can occur due to severe stress (Larzelere & Jones, 2008). Our hypothesis is that elevations on Scale 3 reflect a preoccupation with the avoidance of emotional pain in response to conditioning experiences of traumatic overloads of pain in childhood. Repression, being positive and cheerful in painful moments, denying negative feelings, and turning a blind eye to unpleasant situations would make adaptive sense as a response to such events. Repression and denial have their psychic costs, however, and may lead to physical breakdown. Physical symptoms can be symbolic of intrapsychic conflicts, often mimicking organic illnesses, making diagnosis difficult and potentially confusing. Individuals with a high Scale 3 are rarely self-referred for therapy but are sometimes referred by physicians unable to find a clear medical diagnosis that fits all the symptoms or by personal injury attorneys involved in a work-related injury. Individuals with this profile have a poor awareness of normal angry, sexual, and self-centered feelings, which tend to be manifested in symbolic ways. When they do express anger, it can be either passive-aggressive or, occasionally, dramatic.

LIFESTYLE AND FAMILY BACKGROUND

As repression, denial, and somatization are primary defenses associated with Scale 3 elevations, look for overloads of emotional pain in childhood with resulting repression and denial. These clients often report early parental loss illness, or rejection, especially involving the father. Typically, these clients responded to childhood emotional pain by being "a brave soldier" to remain pleasing to others and to maintain emotional proximity. In some cases, the

Spike 3 is associated with childhoods in which repression and denial were encouraged, perhaps by families where the expression of negative feelings was threatening or viewed, for cultural or other reasons, as unacceptable.

MODIFYING SCALES

- A high Correction scale (K) Spike 3 with Overcontrolled Hostility (OH) elevated would reflect greater repression, inhibition, overcontrol, and cheerfulness in the face of pain with rare explosive episodes that are quickly repressed.
- A low K high 3 with Health Concerns (HEA), and/or Somatic Complaints (Rc1) and Fears (FRS) elevated would reflect a more somatic, dysphoric but smiling, and subtly complaining type.
- Scale 4 in the 60 to 65 range or an elevation on Authority Problems (Pd2) would indicate passive-aggression, episodic, subtle acting out, and a tendency to manipulate others with physical symptoms.
- When Naïveté (Pa3) is elevated, look for value rigidity, which is used to control others.
- An elevated Physical Malfunctioning subscale (D3) in spite of a Depression scale (DEP) below T-65 would predict more physical symptoms and feelings of fatigue and concerns about health.
- The relative elevation of the Hysteria (Hy) subscales affects the interpretation of Spike 3 profiles. An individual who elevates on Denial of Social Anxiety (Hy1), Need for Affection (Hy2), and Inhibition of Aggression (Hy5) tends to present as repressed, inhibited, but socially extroverted. In this pattern, Pa3 is typically somewhat elevated, and Anger (ANG), Cynicism (CYN), and Type A (TPA) are low.
- The Spike 3 with elevations on Lassitude-Malaise (Hy3) and Somatic Complaints (Hy4) tends to present as fatigued or exhausted and more manifestly dysphoric and depressed.
- When Bizarre Sensory Experiences (Sc6) or Neurological Symptoms (Nsa2) are elevated, dissociative and unusual symptoms aggravate the somatic symptomatology associated with Scale 3.

THERAPY AND THERAPEUTIC PITFALLS

Individuals with high Scale 3 scores tend to lack insight, so premature pushing to increase self-awareness may precipitate the anxiety they have spent a lifetime avoiding through repression and denial. They may have difficulty remembering specific painful events of their childhood, so insight can be slow to develop. Catharsis around past frightening events can help them learn to deal with emotional intensity, though they must first learn how to control emotional panic. Having the client visualize mildly upsetting images and

learning to relax and self-soothe in the presence of those images would be a useful beginning before introducing past severe losses or traumas. Help them to develop empathy for themselves as sensitive children who were overloaded with emotional stimuli and needing to be brave to please caretakers. Suggesting that physical symptoms are "psychological" would lead to quick termination. Instead, linking physical symptoms to psychological stress can be accomplished by using a diary to monitor when their physical symptoms increase in severity. Helping them to manage their medical diagnostic process would build a therapeutic alliance and would allow the therapist to eventually point out how physical and psychological issues are linked. Using gestalt techniques, help them express any blocked anger and sadness associated with past painful events. As they become emotionally engaged during the therapeutic process, they may develop various physical symptoms such as lightheadedness, dizziness, or feelings of nausea, which interrupt the engagement of repressed emotions and elicit caretaking from the therapist. Have clients monitor how they feel as they recount an emotional event, teaching them to notice when they repress or inhibit feelings or shift the focus of attention onto physical symptoms, thereby interrupting their experience. The goal of therapy is to make clients comfortable experiencing intense emotions so that they can articulate their feelings without feeling overwhelmed.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is in the normal range and reveals a number of strengths. You enjoy people, are kind and sensitive to other's feelings, and like to make those around you feel comfortable and happy. People with your profile typically deal with unpleasant and painful events by trying to stay positive and cheerful. You are an agreeable, perhaps even sentimental and romantic person who wants people to get along and not cause each other pain. Because of your tendency to look at the bright side and to see the best in people, others may sometimes see you as naïve, even childlike. Since you are unwilling to look at the negative, this can leave you vulnerable to being exploited by others. You are uncomfortable when you have to confront someone or be firm or angry with them. It may be hard for you to say things that might hurt people's feelings, so instead you end up doing something nice for them even when you don't really want to.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Health Concerns

Your profile suggests that you may be experiencing a number of health concerns and problems. Perhaps you have occasional headaches, stomachaches, or

low back pain. You may experience various pains and weaknesses, dizziness, nausea, fatigue, and other vague and shifting physical symptoms. These symptoms may frighten you and cause you discomfort, but you try to stay brave and positive. Some of these symptoms may be very unnerving, especially if doctors are unable to diagnose what exactly is wrong. What might be particularly confusing is that these symptoms may shift and change, with no one symptom dominating for very long. These physical symptoms may become more severe during times of stress and then suddenly diminish. You may have been to see many doctors, attempting to diagnose the problems without much success. Each doctor may send you to another specialist without any obvious diagnosis. If that has been going on for a period of time, it can be quite scary.

Sleep Difficulties or Sexual Concerns

It may be hard for you to sleep, or you may wake up feeling tired. During the day, you may have periods where you lack energy without any apparent cause. Sometimes people with your profile experience low sex drive, which isn't surprising if you're experiencing numerous physical symptoms of stress. It's hard to relax and enjoy sex if you're worried that there's something wrong with you. Sometimes your sex drive may be affected by anger or resentment that you feel toward the person you're involved with.

Sadness or Dysphoria

You may find yourself sad and experience periods where you feel down, even though you try to stay positive and cheerful to others. It's hard to enjoy life if you're worried that there's something wrong with you or if you experience periods of pain and various physical symptoms. At times, this may lead you to feel hopeless and defeated and afraid that you are going to experience a life of pain.

Anxious or Overwhelmed

Although you try to stay positive and optimistic and you do a good job of playing the right role, underneath you may feel overwhelmed and anxious, especially when your physical symptoms are worse. It may be hard for you to do things for yourself, and you may feel a need to obtain other people's support and help.

Positive or Conflict Avoider

People with your profile try to be positive and brave, even in the face of pain and discomfort. It is important for you to be seen by people as a cheerful and nice person, and you work hard to avoid conflict. You try to see the best in people, so that sometimes people can disappoint you because you have

overlooked or denied their negative attributes. It's important for you to think positively of people, and it's important to you that people like you and see you as a good person. You work hard to get their approval. You try to see the best in others, turning a blind eye to their failings.

Need for Affection and Attention

You are a person who wants affection and attention from others. If someone is angry with you, it is upsetting, and you work hard to gain people's approval. It can be quite unsettling if you think someone doesn't like you, and it's stressful if you have to tell someone off or do something that might leave them feeling rejected.

Repression or Denial of Negative Emotions

You tend to repress and deny some of your negative emotions because it's so important for you to be positive, happy, and cheerful and not to upset the people around you. It's as if you have learned to not feel negative emotions to stay connected and close to people. When you do get angry, it may be a sudden welling up of anger that takes you by surprise, and then others may feel like you are sharp or even harsh with them. Once you get angry, you may not realize the impact you've had on others because you return to being cheerful and happy once you've expressed your negative emotions.

Conversion Disorder

Your profile has been associated with something called a conversion disorder. What this means is that your body is particularly vulnerable to developing symptoms of stress when you are emotionally upset. There is a strong link between the body and the mind, and your body is particularly sensitive to stress. Your physical symptoms may actually reflect a particular conflict or emotional problem you are struggling with. It doesn't mean that your physical problems are "in your head." Rather, research has shown that the body responds to stress in ways that we're not always aware of. Low back pain may indicate repressed angry feelings you are trying to keep down and headaches may signal to you that you're going through a conflicted and stressful time. Understanding how stress and physical problems are linked would be a good thing to explore in your therapy.

LIFESTYLE AND BACKGROUND FEEDBACK

People with your profile often grew up in families where they experienced some kind of emotional stress or deprivation. You learned to be brave and

to numb your feelings to avoid upsetting others. Perhaps you had a parent who was rejecting or absent, or you experienced periods of emotional turmoil or abuse. In other cases, people with similar profiles experienced a death of a parent with subsequent family dislocations. It's also possible that you grew up in an environment where expressing anger and resentment was not allowed, or perhaps negative emotions were expressed so violently that it frightened you. Your response to emotionally upsetting situations was to stay positive and to not let yourself get too emotionally upset. This was a useful way to deal with those events, but it may have put stress on your body as you worked hard to avoid feeling negative emotions. Perhaps there was no one there to comfort you and make you feel safe, so you worked extra hard to be nice and pleasant. No wonder it's now hard for you to know what you're feeling, if it is negative, so that anger and resentment get bottled up and expressed only infrequently.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Whenever you experience moments where you feel mildly irritated, take time to explore whether you could be feeling more anger than you're aware of. For you, anger, resentment, and being demanding of others will tend to be kept under wraps, like an iceberg, mostly below the surface. By the time you are having any of these feelings, they might be deeper than you realize. Force yourself to exaggerate your anger, to "try it on for size," to get a better sense of empathy for yourself. Explore with your therapist moments where you had to be particularly brave and to deny and cover up negative emotions because there was no one there to comfort you.
2. Resilience building: Learn to be more assertive and to ask for what you want. When people make requests of you, don't impulsively agree to them. Give yourself a few moments to think about whether you really want to do it or whether you're just automatically trying to please. When people make a request of you, you can "buy time" by stating that you need to check your calendar first or that you need "time to think about it."[1]
3. When you do episodically get angry, realize that other people may be more affected than you thought. Because you tend to not express anger for long periods of time, when you do, it can surprise or frighten people.
4. Watch your tendency to say things to please others. You tend to dodge negative feelings and to identify with being "nice" instead of being real.

[1] Two good books to recommend to your client about assertiveness are *Your Perfect Right: A Guide to Assertive Living* (Alberti, 1982) and *When I Say No I Feel Guilty* (Smith, 1975).

Trying to please others and ignoring negative feelings may also take a toll on your emotional and physical health. With your therapist, practice saying "no," practice speaking your mind, and practice taking care of yourself.[2]

5. When you experience sadness watching a movie or reading a book, give yourself time to linger with the feeling so that you don't rush away from it and repress it. This is to help you learn to process negative emotions that you had to hold back because there was no one there to comfort you.
6. Keep a journal of your physical symptoms and try to see if they can be linked to any events going on in your life at the time. Journal writing in itself is an effective way to manage stress. Develop a writing routine whether it is every day or every few days. If you make journal writing a habit, you will eventually detect the patterns of your thoughts and feelings associated with physical symptoms and can notice trends as to when your symptoms get better or worse. Once you have identified any stressors, write out a plan about ways to cope with the stress.[3]
7. Learn relaxation training and meditation to relax and release emotional stress. Progressive muscle relaxation (PMR) is a systematic way of relaxing that is best practiced at least once a day for a week and then can be used as needed but is helpful as a daily practice. The PMR procedure teaches you to relax your muscles by first deliberately tensing a muscle group and then releasing the tension and noticing how the muscles relax as the tension flows away. The typical sequence begins with the feet and works up. You can find a good guide to PMR techniques at www.guidetopsychology.com.
8. Many types of meditation can help you to relax and to become more accepting of your feelings. There are many forms of meditation, both structured and unstructured, and you may have to experiment to see which works best for you.[4] You can order books, CDs, DVDs, or meditation tapes from the Stress Reduction Clinic at the University of Masaschusets Medical Center at www.mindfulnesstapes.com or from

[2] An excellent book to use with your client is *The Disease to Please: Curing the People-Pleasing Syndrome* (Braiker, 2001).

[3] In structured writing about stressors and stressful events, when comparing writing that consisted of exploring one's thoughts and feelings with writing plans to deal with the problem, those who developed plans experienced decreases in stress-related symptoms, and those in the group who explored thoughts and feelings felt more control over their emotions and more confidence in resolving their problem (Lestideau & Lavallee, 2007). This suggests that writing that includes both exploration and plan development would be helpful.

[4] Jon Kabat-Zinn (1994) has done extensive research on the effectiveness of meditation in stress management; medations has also been empirically established to help prevent the recurrence of depression (Segal, Williams, & Teasdale, 2002).

www.soundstruce.com. One that is easy to practice and has been proven effective is transcendental meditation (TM).[5] TM is a process that is practiced 15 to 20 minutes twice daily while seated comfortably with your eyes closed. TM is taught in a standardized, seven-step course over 4 days by certified teachers; the center nearest you can be found at www.tm.org.

[5] In one study (Eppley, Abrams, & Shear, 1989), TM produced a significantly larger effect size than other forms of meditation and relaxation such as biofeedback and PMR.

CODE-TYPE 3-4/4-3

Descriptors

Complaints

Relationship difficulties, sexual difficulties, anger problems, somatic symptoms (stomach upsets, low back pain, headaches) gynecological problems (women), alcohol or substance abuse, sometimes paranoid features

Thoughts

Perceptive or reads people well, good role player, rose-colored glasses, approval seeker or conformist, doesn't trust, rebellious or dislikes being controlled

Emotions

Mixed emotions, sensitivity to rejection, can't reject others, unaware of negative feelings, explosive, denying, appears labile, impatient

Traits and Behaviors

Charming or likeable, role player or salesperson, tells white lies, conflict avoiding, explosive, moody, dissociative, sometimes violent

Strengths

Charming or likeable, easygoing, sensitive

THERAPIST'S NOTES

In the normal range these individuals are socially skilled, play the correct role, and tend to look at the bright side of things. They are outwardly conformist and steer clear of direct confrontation, yet are subtly resistant to authority. The normal range 3-4 code types are often seen as attractive, charming, and somewhat seductive. They gravitate toward sales professions where their ability to read people and play the right role is rewarded.

The elevated 3-4 code types have a contradictory and mixed pattern of defenses. On the one hand, their elevation on Scale 3 suggests a drive for emotional connection, emotional support, and the elicitation of caretaking behavior from others and indicates repression, inhibition, denial, and approval-seeking while Scale 4 suggests self-protective emotional distancing, mistrust, alienation, and impulsive acting-out behavior. The intense mixed and ambivalent feelings engendered by the coexistence of these two types of defense systems means that the individual experiences internal tension. This conflict can manifest itself in somatic symptoms and the 3-4s can complain of low back pain, upset stomach, headaches, neck aches, and other vague

and shifting physical complaints that reflect their inner tension. The 3-4 code type reflects an interplay of needs for closeness and connection and needs for protective distance and immediate impulsive tension reduction. These clients play the correct part to gain approval and emotional connection, but then have difficulty trusting it even when it is given. They go through life acquiescing, trying to fit in, and fulfilling others' needs until stress accumulates, and they act out, feeling controlled by the expectations that their role-playing engendered. They are very sensitive to disapproval and rejection and, accordingly, have trouble asserting themselves directly. They are able to tell white lies in order to maintain connection and avoid disapproval. Outwardly, they are conformists who are alert to the rules of etiquette and social propriety, but then they can be subtly manipulative and devious, rebelling against being restricted and then covering their tracks. Their role-playing can create an emotional double life, and their assumption that others are similarly duplicitous, i.e. a projection of their role-playing onto others, leads to occasional heightened distrust of others. Their interpersonal suspiciousness can also be aroused when other treat them with "kid gloves" or avoid them because of their sensitivity to criticism; in rare cases they can experience paranoid episodes.

When Scale 3 is significantly higher than Scale 4 (greater than 10 T-score points), there is less overt hostility and acting-out behavior. The repressive and conforming features of Scale 3 are more prominent, while the self-centeredness and acting-out associated with Scale 4 is less evident. As stress and tension build, these individuals can lose control and exhibit explosive behavior but then have dissociative spells with little awareness of their behavior or its effect on others. If Scale 4 is equal to or higher than Scale 3, acting-out behavior is more likely; although they want to be seen as patient and appropriate, they can irritable and derisive. With this combination of scales, the anger and impatience of Scale 4 is muted and tempered by the need for social acceptability of Scale 3. These clients may deny being angry but their temper may be expressed through joking and sarcasm. In some cases, especially if Overcontrolled Hostility (OH) is elevated, angry outbursts can be physically aggressive and even dangerous.

LIFESTYLE AND FAMILY BACKGROUND

In relationships, these clients have difficulty letting down their emotional guard and being vulnerable, reflecting their fear of trusting. They often have marital relationships that are characterized by sensitivity to criticism and a quickness to feel hurt and angry if in any way rejected. They tend to be quite demanding and sometimes verbally or even physically assaultive, especially if OH is elevated. At times, the 3-4 individuals can become so tense, due to the operation of strong contradictory emotions, that they complain of depression

and dysphoria; they may experience occasional anxiety attacks as repressed emotions reach consciousness. These individuals can experience severe agoraphobia, reflecting their fears that they will be overtaken by impulses, rendering them out of control. Even though they are often seen as attractive by the opposite sex, they may become quite inhibited sexually over the course of the relationship as their fears of emotional closeness and abandonment emerge. Conceptually, this code type exhibits an ambivalent attachment. These individuals crave and seek love and approval but, at the same time, don't trust it and won't allow themselves emotional vulnerability. Their ambivalence is an adaptive response to a parental figure's unpredictable behavior toward them. A parent may have been emotionally close and nurturing followed by periods of angry, unpredictable rejection when the child did not meet the parent's narcissistic needs.

MODIFYING SCALES

- When Scales Correction (K) and Lie (L) are elevated, clients will display even more overcontrol, denial, and conformity, and the episodic acting out associated with the Scale 4 will be more covered over but potentially more extreme because it comes as a collapse of overcontrol. These individuals may show conformity to societal rules but then may associate with friends who are rebellious or acting out.
- When Scale 1 Health Concerns (HEA) or Somatic Complaints (RCI) are elevated, look for more physical complaints associated with the overcontrol, with a tendency to use physical symptoms as a way of manipulating others.
- When Scale 2 is coded third, clients may complain of sadness or dysphoria but will tend to exhibit irritability, sullenness, and angry depression.
- When Scale 7 is elevated, look for anxiety around expressions of anger or rejection of others. There will be more role playing and need for others' approval, and any sexual, antisocial, or interpersonal acting out will be followed by apprehension, anxiety, and guilt.
- When Scale 6 is elevated, clients will show a tendency to build rationalized resentments, especially if Poignancy (Pa2) and Naïveté (Pa3) are elevated. They will be conforming and socially appropriate but will have the potential to emotionally explode into a rationalized outburst.
- When Scale 9 is elevated, these individuals can be quite charming, playing the right role, but then showing explosive outbursts followed by charming niceness. They are driven to succeed, need a great deal of approval, and can be quite promiscuous, seductive, and unflappable.

- When Over-Controlled Hostilty (OH) is elevated, these clients may go for long periods showing little overt anger, but as control breaks down they can become verbally and even physically assaultive.
- Often, Inhibition of Aggression (Hy5) is elevated, reflecting their sensory inhibitions around any aggression or violence and their discomfort with conflict and confrontation.
- Antisocial Practices (ASP) or Antisocial Behavior (RC4) elevations would predict acting out with effective role playing to avoid discovery. Any elevation on Fears (FRS) would be associated with the symbolic manifestation of their internal mixed feelings and fears of loss of emotional control. Fear of flying, bridges, high places, and open spaces are symbolic manifestations of their fear of loss of control over their impulses.

THERAPY AND THERAPEUTIC PITFALLS

Clients with this profile tend to selectively report, partly because of their ability to deny and partly because they play the right role to avoid criticism and rejection. Family or marital therapy can be useful, as these provide extra data points for the therapist. These individuals are quite charming and likeable, and they lack insight about their vulnerabilities. They are concerned about the therapist's view of them and so tend to view and report their lives through rose-colored glasses. Often, they will actively deny negative emotions, which is a clue that they are actually experiencing them. When clients say, "I'm not angry with Person A…," the therapist could respond, "Yes, you're not particularly angry with Person A, but you are somewhat frustrated." This allows them to engage repressed resentments without feeling confronted. Dealing with the transference and the clients' concerns that the therapist is critical, rejecting of them, or perhaps playing an effective role is an important early component of psychotherapy. They tend to have difficulty engaging deep, nondefended emotions and vulnerabilities. Help the clients understand that their mixed feelings toward loved ones are understandable. Give them feedback about how they are pleasers and conformers but also have a rebellious and independent side in order to validate them and allow them to begin exploring their nonconformist, angry, and self-indulgent side.

Once clients become more comfortable accepting mixed and ambivalent feelings, explore the details of childhood moments of feeling rejected and discounted by an abusive and even explosive parent. Talk about any memories of consciously employing the switching off of feelings and becoming numb to avoid feeling the pain. Discuss how their defenses developed in an attempt to please and placate authority figures while maintaining a self-protecting distance from emotional closeness. These clients generally accept an interpretation that they have two sides to them: a conformist or pleaser side and a more adventurous and even rebellious

side. Help them understand how they tend to give others mixed messages, reflecting these ambivalent dynamics. In relationships, when they feel rejected, they are quick to threaten to leave or even to divorce, reflecting an internal panic about dealing with any new rejections that may stimulate their past rejection scar tissue.

In brief psychotherapy, help them realize that they need to develop effective ways to deal with both sides of their personalities and to avoid selective reporting and role playing. Teach them assertive skills so that they can ask for what they want rather than to instinctively please others and then manipulate them to get out of their commitments.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is in the normal range. However, it does show that you are mildly sensitive to rejections and being discounted by others, so that you may project the same sensitivities onto them. It is somewhat hard for you to say no to people or to confront them. At times you may find yourself putting the most favorable light on an issue to protect people's feelings and to protect yourself from being rejected in return. Although you are sensitive to society's norms and values, you are also mildly nonconformist and enjoy a diverse group of friends, some of whom are conformists and some are not. People with your profile are usually good at working with others and do well in sales or management jobs. You seem to have a knack for understanding other people's feelings and for wanting to please them. Sometimes your approach may lead you to feel somewhat isolated since few people get to know you in all your different roles. Being a sensitive person and not wanting to hurt other people's feelings, you may at times sweep your anger "under the carpet," leading to you getting angry infrequently but more intensely when you do get angry.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Relationship Difficulties

People with your profile often seek treatment because they are experiencing some kind of relationship difficulty. You may be feeling somewhat trapped and hemmed in or perhaps rejected and discounted by someone you feel close to. You are an interesting and complex person because you tend to have mixed and sometimes contradictory emotions. You want closeness, intimacy, and warmth, but at the same time, you value independence and dislike being controlled. Getting those two pieces of you aligned in a relationship can be difficult. You can experience loneliness and unhappiness because few people really ever know all the different sides of you.

Anger Problems

People with your profile dislike conflict and tend to work hard to avoid it. It's not that you hate all conflict, and you're not afraid to confront people if you have to; however, you generally try to avoid it. Anger and resentment can become stored up as you try to avoid it until it wells up in an angry, explosive outburst. In some cases, people with your profile don't express anger for long periods of time but, in other cases, they express it episodically when some minor frustration is the straw that breaks the camel's back. Along the way you may communicate annoyance in subtle ways, perhaps through sarcasm or an edgy bantering humor.

Role Playing or Conflict Avoiding

Your profile suggests that you are good at using your perceptiveness to play the correct social role. It's as if you watch yourself, standing back and observing yourself as you go through life, sometimes choosing the kind of role you're going to play depending on the people you're around at the time. Your role playing and telling white lies is a way of avoiding conflict and confrontation. In your heart, you may feel that you are trying to protect others, but on deeper reflection you may find that, in fact, you are protecting yourself against people being angry and rejecting of you since this was so painful growing up.

Somatic Symptoms

You may experience some physical symptoms of stress. Headaches, stomach upsets, low back pain, and even occasional sexual difficulties may reflect the fact that you tend to hold in stress and tension until it begins to affect your body.

Alcohol or Substance Abuse

Because you tend to experience mixed emotions, you often feel more stress and tension than you would like. You are a pleaser, a conformist, and a conflict avoider. At the same time, you are independent, adventurous, and excitement seeking, and you hate to be controlled. These two complex emotions are, at times, contradictory. This may put a lot of stress on you so that you may find yourself occasionally using alcohol or chemical agents as a way of letting go and freeing yourself to experience the side of you that you keep under wraps and hold in check most of the time. When you do drink or use chemical agents, you may end up acting in impulsive ways that cause you trouble.

Acting Out

If you use drugs or alcohol, or even if you don't, you may episodically act out. You may use drugs and alcohol as a way to "loosen up." Feeling trapped

and hemmed in because you try to please and do what is expected of you, you may eventually do something impulsive as a way of feeling free and alive.

Approval Seeking or Conforming

One side of you is strongly approval seeking and conforming. You work hard to fit in and play the right role and to not disappoint people. You might value etiquette and doing things "the right way" to avoid other people's criticism and disapproval.

Rebellious or Hate to Be Controlled

There is another side of you, however, that is quite rebellious and hates to be controlled. These two sides of you will alternate. A lot of the time, you will fit in and play the right role, seeking to avoid people's rejection and criticism. From time to time, however, you'll find yourself feeling hemmed in and trapped, and then, either after drinking, using drugs, or maybe even without apparent provocation, you will find yourself doing something impulsive and even rebellious. When this side of you emerges, you may attempt to conceal your actions by telling white lies or manipulating people's perceptions to avoid their discovering this part of you. In some cases, people with this profile lead double lives to try to meet the needs of their two psychological sides. It's going to be important for you to find a way to combine these two sides of yours in a way that isn't destructive. Sometimes people with this personality find an outlet through having eccentric, unusual, even rebellious friends.

Doesn't Trust

Even though you play the right role and want to get along with people and come across as accommodating, there is a part of you that has difficulty trusting emotionally and letting down your guard so people can get close to you. Sometimes you spend time thinking about how you're supposed to behave to avoid others rejecting you. It's hard for you to let people know how you feel in some situations, to be vulnerable, and to allow others to see your vulnerable feelings.

Sensitive to Rejection

Growing up, one of your parents may have been unpredictably explosive or somehow discounting or rejecting of you. That was particularly painful, so you learned to play the right role to fit in to parental expectations to avoid

anger and rejection. If others are critical of you, it is particularly painful and can make you angry because it stimulates the scar tissue of your early unpredictable childhood rejections. No one likes to be criticized, but for you criticism can sometimes feel like rejection. Because of this, it can be hard for you to say or to do anything that can make others feel rejected.

Dissociative

Most people like to forget painful and unpleasant events and to avoid thinking about them. You are particularly good at blocking out awareness of the parts of reality that you don't want to deal with, perhaps after you've done something that might be upsetting. You may have become quite good at dissociating from negative experiences so that you may have memory lapses and periods of your life that you don't recall well. This is a process of protecting yourself against painful memories.

LIFESTYLE AND BACKGROUND FEEDBACK

People with this profile grew up with parents that could be explosive, even rejecting, and abusive. At the same time the parents could occasionally be loving and supportive. This type of rejection was hurtful to you, so you might have tried to block out the pain and see the best in your parents. They may have taught you to play the correct social role because obtaining others' approval was important to them. Trying to please them and avoid their rejection may have led you to deny parts of yourself by playing the role they demanded of you.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Explore with your therapist any memories you had as a child where you felt particularly rejected and discounted by a parent figure. Try to capture what it felt like as a small child dealing with an angry parent. Can you recall the feeling of numbing yourself, almost getting out of your own skin as if you were observing the situation from a distance? See if you can develop some empathy for yourself as a child, feeling overwhelmed and rejected. Try to get in touch with the anger you might have felt and, with the help of your therapist, role play standing up for yourself. Fearing criticism and the accompanying feelings of rejection, explore how you learned to play the right role to avoid it.
2. Work with your therapist to discover who you are and what you want versus your instinct to fit in, to play the right role, and to please

others. Examine any irrational beliefs that may be at the root of your desire to please others. Such irrational beliefs are often signaled by words such as *should, must,* or *have to.* For example, "I should always be pleasant," or "Everyone must like me." Ask yourself (1) Where is the proof that this belief is true? (2) Is my irrational belief helping me or making things worse? And (3) Is this belief logical and does it make common sense?[1]

3. Practice saying "no" to people when they make requests of you rather than being automatically agreeable and then finding ways to avoid fulfilling your commitment. Learn skills to help you break your habit of saying yes (e.g., buy time by asking to "think about it," identify your options, select the best one, and respond with a firm no or a counterproposal).[2]
4. Whenever you notice that you are being sarcastic or joking angrily, identify whether you are feeling anger that you're unaware of. Learn to recognize some of the subtle signs of anger (e.g., tight muscles, clenched fists, frowning, negative thoughts). Train yourself to talk about your angry feelings, and assertively discuss with others what is frustrating you. Don't allow resentments to build because a small trigger can then cause you to get quite angry and destructive. *Controlling Anger Before It Controls You* is an excellent online brochure from the American Psychological Association (www.apa.org/topics/anger/control).
5. Discuss with your therapist your use of chemical agents and alcohol. Explore whether you're using substances as a way of relieving stress and tension.
6. If you experience any physical symptoms of stress such as headaches, low back pain, or stomach upsets, use these as a barometer of your level of stress and tension. When your physical symptoms increase in intensity, take time to think about whether you might be angry or frustrated about something and are avoiding dealing with it. Learn assertiveness techniques to help you express your feelings openly and directly in a way that is respectful of others. *When I Say No, I Feel Guilty* by Manuel Smith (1975) can be used to learn more about assertiveness skills.
7. In close relationships, become aware of how cautious you are feeling that you're going to be rejected or hurt. In intimate moments, watch your

[1] Rational-emotive therapy (RET) is a treatment that can guide people to see how their beliefs are needlessly disturbing to them; to work at defeating emotional, cognitive, and behavioral problems that result from irrational thinking; and ultimately to achieve self-fulfillment and self-actualization. An excellent summary of the current state of RET can be found in the *Journal of Consulting and Clinical Psychology* in an article titled "Reflections on Rational-Emotive Therapy" (Ellis, 1993).

[2] An excellent book to use with your client is *The Disease to Please: Curing the People-Pleasing Syndrome* (Braiker, 2001).

tendency to withdraw, to get numb as if protecting yourself from too much closeness out of fear of rejection. Learn to ask for what you want, and be truthful without fearing that it will lead to being rejected by others.

8. Resilience building: Building and practicing your signature strengths can help increase your well-being and may reduce your sensitivity to rejection. The Web site www.authentichappiness.com has a questionnaire that will help you determine your "signature strengths." Write about novel ways to use your signature strengths every day for a week.[3]

[3] A review of interventions from the field of positive psychology found that using signature strengths in a new and different way each day for 1 week increased happiness and decreased depressive symptoms for 6 months (Seligman, Steen, Park, & Peterson, 2005).

CODE-TYPE 3-6/6-3

Descriptors

Complaints

Sensitive to criticism, perfectionist, somatic symptoms, anxiety attacks, sexual inhibitions or sexual difficulties

Thoughts

Rational, analytical, fair-minded, approval-seeking sensitivity that can shade to paranoia, self-conscious, injustice collecting, self-righteous, unforgiving, rigid values, naïve

Emotions

Highly sensitive, loyal, easily hurt, prideful, jealous, possessive, unforgiving, difficulty expressing anger, anxiety attacks

Traits and Behaviors

Socially skilled, attractive, fastidious about personal appearance but stiff and formal, "proper," strives to be above criticism, paranoid traits, conformist, inhibited, self-controlled, conflict avoidant, rigid values, high expectations of others, subtly demanding, naïve

Strengths

Loyal, rational, analytical, poised, socially skilled, attractive, strives to be above criticism, cheerful, polite, content

THERAPIST'S NOTES

In the normal range the 3-6 code types are poised, controlled, conformist individuals who seek approval and work hard to avoid criticism. It is important to them to be seen as cheerful, polite, and content. Often attractive and fastidious about their personal appearance, they are the Eagle Scouts, cheerleaders, beauty queens, and teacher's pets. At higher elevations this characterization reflects their strong motivation to be seen as nice, proper, well liked, desirable, and above moral reproach, which comes at some cost to their emotional spontaneity and self-awareness. Repressing and denying basic negative human impulses means that they are vulnerable to developing physical symptoms of stress and episodic anxiety attacks that reflect repressed and unintegrated self-centered, sexual, and aggressive impulses. At times, their sensitivity can shade toward paranoia without overtly psychotic symptoms. Misinterpreting others' motives and feeling unfairly treated and occasionally self-righteous, angry temper outbursts would reflect the subtle paranoid traits associated with this profile. These individuals are highly analytical, rationalizing their emotional responses to others to make sure that they are above reproach. In the process,

they can store resentments, which may lead to rare angry outbursts. If they feel slighted, rejected, or criticized, their retaliatory anger will be cloaked in a veneer of socially accepted rationalization. When 3-6 individuals experience someone as "the enemy," they can develop an almost paranoid but usually well rationalized hatred of the individual.

The 3-6 is denying, rigid, and inhibited but, at the same time, charming, gracious, and even subtly seductive. Given their need for approval, validation, and acceptance, it makes sense that a meticulous physical appearance and a socially acceptable seductiveness would maximize their chances for getting what they want. However, if others respond to, for example, their seductiveness, they tend to be shocked, as if it suggests that they were inappropriate. Some will complain of occasional acute anxiety attacks, reflecting the eruption into consciousness of poorly integrated, undesirable, and unacceptable emotions. If they feel unfairly treated or threatened, they respond with initial overcontrol, but eventually they build a case against the perpetrator and become blaming, using various externalizations and justifying their need to retaliate. They have high self-expectations, which they project onto others, and they are quick to be judgmental if they see others as failing to meet their rigid expectations. Religion or other value systems are integrated into their defensive structure as a way of rationalizing their definition of who is "good" and who is "bad." As they are overcontrolled and work hard to be socially acceptable, they tend not to express negative emotions or selfish desires directly. These clients have poor awareness that their judgmental attitude aggravates others into argumentative defensiveness.

Although the 3-6 code types crave approval and tend to be seductive, they are inhibited sexually. This reflects the general inhibition associated with Scale 3. They desire love and approval, but it's hard for them to let down their guard and express their feelings, perhaps out of fear of being criticized and rejected.

LIFESTYLE AND FAMILY BACKGROUND

Our hypothesis is that, as children, they were subjected to strictness, will breaking, demanding discipline; shaming; and the threat of rejection for "bad" and "undesirable" behavior. The loss of emotional support and love, together with shame, instilled in them a drive to avoid rejection at any cost. Repressing, denying, seeking support, and justifying their needs would make adaptive sense in such a situation.

It is not surprising that many of them were seen as responsible, likeable children who were cooperative and conscientious. Many did well in school, as one would expect from a conforming approval seeker who is avoiding shameful rejection. These clients may have difficulty engaging anger toward past parental discipline as they have "identified with the aggressor" by fervently accepting their values. In some cases parents would compare siblings, giving love to the one who was "especially good" and withholding it from the one

who was "bad." In other cases, demands for strict conformity were based on adherence to religious or cultural values. The 3-6 code types want to be seen as "good" at any cost and tend to use language that is evaluative and subtly judgmental, perhaps as an adaptive attempt to prove that they are on the "right side" of any issue.

MODIFYING SCALES

- If the Lie scale (L) and the Correction scale (K) are also elevated, the 3-6 is even more rigid and judgmental and has black-and-white values. The L and K add to the overcontrol and the tendency to judge others harshly and to be threatened by any insight-oriented therapy.
- To the extent that Naïveté (Pa3) is elevated, as it virtually always is in this code, the 3-6 code types show increasingly greater rigidity in their black-and-white view of the world and will experience greater difficulty in dealing with anyone whose values are different.
- If Poignancy (Pa2) is elevated, look for extreme sensitivity, easily hurt feelings, and difficulties forgiving.
- If Scale 2 is elevated third, look for a smiling depression with resentments, blame, and harsh judgment of others but with an outward veneer of politeness and social correctness. The underlying depression will tend to be masked by hysterical defenses and manifest itself as a sense of being wounded, or feeling like a martyr.
- If Scale 4 is elevated third, this increases the potential for subtle sexual acting out and passive-aggressive behavior.
- If Scale 8 is elevated, especially if Bizarre Mentation (BIZ), Psychoticism (PSYC), or Aberrant Experiences (RC8) are also elevated, look for odd episodes and brief psychotic breakdowns followed by reconstitution phases. Odd sexual preoccupations, paranoid projections, and jealous and abrupt angry episodes would be typical.

THERAPY AND THERAPEUTIC PITFALLS

These clients will tend to be formal and subtly self-denigrating as a way of eliciting flattery and reassurance from the therapist. It's important for them to feel approved and validated. The 3-6 individuals are defensive since their primary concern is to avoid shameful criticism. They go through life justifying to others that they are loveable, desirable, and above all reproach. They are sensitive to being judged as psychologically disturbed, so any probing by the therapist tends to be seen by them as an attempt to judge them or back them into a corner. They tend to want specific advice about their problems and are threatened by insight therapy, as they fear being judged as morally deficient in any way. Once rapport has been established, insight can develop slowly by helping them to understand

how they tried hard to please as children and how episodic, humiliating criticism was unfair and experienced by them as shameful and painful. Discover any specific memories where they felt particularly unfairly treated and help them role play, the expression of anger and resentment toward the parents at the time they felt unfairly punished. Catharsis can be quite helpful, especially with reassurance that they are good people. Subtle criticism of the therapist or suggestions that the therapist might be disappointed with them should be dealt with so that rationalized resentments toward the therapist don't build. If clients can express anger toward the therapist without the therapist becoming defensive, this can be helpful to rapport building and gives permission to communicate irritation. Help the clients realize how hard they work to please and to avoid criticism and the costs to them of doing so. They have difficulty expressing what they see as selfish needs or demands; teach them to ask for what they want as soon as they are aware of it rather than waiting until they feel they justified (Braiker, 2001). The long-term goal of therapy is to help them accept all of their emotional life rather than to judge some feelings as unacceptable.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is well within the normal range and suggests that you are a person who has high standards and works hard to be above criticism. It is probably important for you to be seen as a cheerful, nice, and contented person and you may work hard not to "rock the boat." You have a mild tendency to want to ignore negative aspects of people and to give others the benefit of the doubt. It is probably hard for you to become angry unless you feel completely justified in doing so, so you spend energy trying to analyze your feelings to make sure that they are always appropriate and within reason. You probably find confrontations difficult, and before you deal with someone you likely spend time thinking about things to make sure "they deserve it." Sometimes people with your profile will bottle up negative feelings and then express them in short, sharp, angry outbursts. You are generally someone who has high self-expectations but who expects others to "do the right thing." Most people will see you as cooperative, conscientious, and very much a "team player."

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile reveals that you have a number of positive strengths. You are a controlled, poised, rational, and analytical person who works very hard to do the right thing. You go out of your way to be polite, to follow the rules, to not

express negative emotions inappropriately, and to be above others' criticism. You have very high personal standards, and you tend to be your own worst critic. Your values are quite black and white, so having such strong values may make others feel that your standards are inflexible and hard to live up to.

Sensitive to Criticism

Currently, you may be experiencing some fear or anxiety that someone is being critical or judgmental of you. Perhaps someone has hurt you or has been unfairly critical of you so that you are feeling very sensitive to being criticized or judged. You are working hard to stay positive and cheerful, but underneath you may feel vulnerable to judgment or even attack. At times you may even feel a little paranoid, wondering who you can trust and whether other people are saying mean things about you Occasionally, you may find yourself misjudging others, seeing them as enemies when, in fact, they are not.

Perfectionist

You have very high personal standards, and others may see you as somewhat perfectionist and hard to please because your standards are so hard to live up to. You have developed a remarkable discipline to try to be above all criticism. Typically, people with your profile are meticulous about the way they look and dress and about the way they behave, so etiquette is important to you.

Anxious or Somatic

Although generally positive and even cheerful, you may experience occasional, moments of anxiety. You may not be aware of why you are having these anxious episodes. Because you are a controlled and rational person who tries hard to manage your emotions, you may not recognize when anger and resentment toward others builds up inside of you. Holding those feelings in and not allowing them to be expressed may lead to occasional anxiety attacks or physical symptoms of stress such as headaches, backaches, or stomachaches.

Sexual Inhibitions

You enjoy approval and love from others, so you work at it. Others may find you quite attractive, which you enjoy. However, letting go sexually can sometimes be difficult because you are so controlled and poised. Because you are aware of any imperfections in yourself and others, relaxing and being uninhibited during sex can be difficult. Also, letting go sexually can be complicated if you feel that the person you're with has in any way been critical of you.

Rigid or Unforgiving

You have very strong values, and you believe that others should behave the right way. When they don't, it's easy for you to take it personally and to feel that bad behavior should be punished. Others may see you as a little rigid or unforgiving.

Jealous or Possessive

Although you are ashamed of experiencing unacceptable impulses, you may find yourself easily jealous or possessive of the people you love. These are normal human emotions, although you may find them unacceptable. As a child, your parents may have made you feel that love and approval had to be earned and could easily be withheld for bad behavior, so you may feel that love is fragile. Jealousy is a fear of loss. You can work with your therapist on why you developed this fear.

LIFESTYLE AND BACKGROUND FEEDBACK

People with your profile often grew up in environments where a parent was quite strict, perhaps even judgmental and demanding. If you did something wrong, they tended to see it as "bad," and they might have been quite harsh and shaming in the way they punished you. It was important for you to be loved and to have approval, and criticism left you feeling ashamed and emotionally abandoned. You tried hard to please, to be above criticism, and to be the kind of child your parent could love. Often, people with your profile were well liked by their teachers because they were conforming, followed the rules, and avoided doing anything that upset them. To this day, criticism or judgment is very painful to you and can make you quite angry.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Recall with your therapist any moments growing up where you felt unfairly punished, humiliated, and shamed. You have gone through life trying to earn love and approval and to avoid being criticized or judged. You work so hard at it that sometimes you're not as spontaneous as you could be. Work with your therapist to identify any "should" statements that govern your behavior, such as "I should always be nice and pleasing." Write down as many statements as you can think of, and replace them with corrective statements such as, "If and when I want, I can choose to be nice, but I don't have to."[1]

[1] An excellent book to use with your client is *The Disease to Please: Curing the People-Pleasing Syndrome* (Braiker, 2001).

2. When you experience mild anger or resentment, force yourself to talk about it with the person, expressing your hurt. Don't wait until you feel completely justified. By the time you ask for what you want, it may come out as a demand because you wait until you feel you are owed something before you are able to ask for it. Assertiveness training can help you to express your desires and hurt feelings in a way that is direct, honest, and respectful. Some popular, online assertiveness training Web sites can be found at www.helpself.com/directory/assertiveness.
3. When your physical symptoms increase in intensity, take time to understand whether you are angry or resentful about something. Your body can serve as a good barometer of stress.
4. Resilience building: Work with your therapist to understand why you tend to take things so personally. Your habitual way of explaining things is called your "explanatory style." People who personalize tend to blame themselves and to negatively interpret events, leading to low self-esteem. Those who attribute setbacks to external factors tend to be more hopeful and resilient. Practice explaining negative events in a nonpersonal manner.[2]
5. Learn to accept all your emotions, not just your positive ones. Rehearse with your therapist how to express selfish and self-centered wishes, learning that you are still lovable even when you may ask for things that seem unreasonable. With your therapist, practice speaking your mind, and practice taking care of yourself.

[2] A review of the literature on the relationship between cognitive style and variance in successful aging and well-being in adulthood and old age finds that one of the factors of well-being is an optimistic explanatory style (Isaacowitz & Seligman, 2003). In athletes a pessimistic explanatory style constitutes a dispositional risk factor likely to lead to lower expectations of success, to increased anxiety, and to poor achievement (Martin-Krumm, Sarrazin, Peterson, & Famose, 2003).

CODE-TYPE 3-7/7-3

Descriptors

Complaints

Anxiety, tension, fearfulness, phobias, somatic preoccupations, panic attacks, difficulties with concentration or memory, disturbed sleep, occasional depression, somatic symptoms, low self-esteem, nonassertive

Thoughts

Worried, catastrophizing, approval seeking, conflict phobic, lacking in insight, self-critical, ambivalent, seeks to see every side of an issue

Emotions

Repressing, denying, needy, dependent, easily hurt, depressed moods, approval seeking, phobias

Traits and Behaviors

Ingratiating, approval seeking, self-effacing, needy, manipulatively dependent, anxious, fearful, engaging of others' support and help, conflict avoiding, self-defeating

Strengths

Positive, sensitive, nonconfrontational, high standards

THERAPIST'S NOTES

In the normal range the 3-7 code types have high standards, work hard to be above criticism, and avoid confrontation. They want approval and are self-sacrificing. They ignore the negative aspects of people and give them the benefit of the doubt. Individuals with a 3-7 code type crave approval at any cost. They are anxious approval seekers, always fearful about losing their emotional connection to others. They can be ingratiating, flattering, self-effacing, and needy, eliciting caretaking behavior from others by being dependent, helpless, and apologetic. During periods of stress, as anxiety increases, they develop numerous physical symptoms. Often, the precipitating event is an overload of responsibilities and a fear of failure with resulting loss of love and emotional support from others. They live in dread that others will be disappointed and angry with them, leading to their emotional abandonment. Small stressors can cause them panic; their anxiety appears appropriate in direction but overblown in intensity. Scale 2 is often coded third because the high level of anxiety tends to be depleting. Insomnia, eating difficulties, sexual inhibitions, and concentration and memory problems would all reflect the effects on the 3-7 of prolonged anxiety (Bowen, Senthilselvan, & Barale, 2000).

It is a human tendency to seek interpersonal closeness and intimacy to varying degrees along a continuum, from a need for continuous connection and approval to a need for interpersonal distance. A need for interpersonal distance could be represented by the 4-8 profile, and its polar opposite would be the 3-7. The 3-7 individuals lack insight and repress and inhibit anger and unacceptable impulses. Although many code types are associated with the repression of impulses, in the 3-7 the repression is associated with the need for affirming connection.

Although affable and pleasing, as one would expect from those who are attempting to elicit continuous caretaking behavior from others, they can also become petulant and manipulative, especially when stressed. Their manipulations are not sociopathic but serve to elicit support and reassurance. They manipulate others through charm, guilt, and the expression of pain rather than through distorting the truth. The 3-7 individuals may look to marry a strong, supportive person who takes care of them, but their partners often become exasperated by their neediness and insecurity. They have difficulty asserting themselves and, when stressed, can become quite infantile and demanding. They have difficulty handling responsibilities and become overwhelmed if they feel they are failing. Any angry, impulsive, aggressive, or sexual behavior may incite severe guilt and somatic symptoms as they become preoccupied with being rejected and punished by loved ones.

The 3-7 persons are conscientious and worry about responsibilities. Major life events that are stressful tend to overwhelm them. They live in fear that some detail they have overlooked will lead to catastrophe and emotional abandonment. Even when bright and capable, they have difficulty asserting themselves and so may be underachievers. Although they tend to experience depression, even if Scale 2 is not concurrently elevated, it tends to come as a result of emotional fatigue due to their habitual worry. If they become physically disabled, they readily assume the role of invalid, as it meets their need to be taken care of.

LIFESTYLE AND FAMILY BACKGROUND

Our hypothesis is that their craving for love and approval, to the extent that they're willing to be self-effacing and ingratiating, makes sense as an adaptation to parents who were unpredictably explosive and potentially violent. In response to unpredictable rejections, these clients developed a high level of approval-seeking behavior, in some cases to placate the aggressor. Their lifestyle then replicates this original attachment style by a panicked, clinging, attachment-seeking behavioral pattern, and denial of anger. As children, many were described as conforming, pleasing, self-effacing, and insecure over gaining acceptance by their peers. Some had early attachment problems and had difficulty separating from caretakers; other had childhood infirmities and were

highly dependent on protective, although episodically explosive, caretakers. Parents with a 3-7 code type can inadvertently elicit acting-out behavior in children who feel overwhelmed by what they see as clinging and demanding parental behavior.

MODIFYING SCALES

- When Scale 2 is coded third, the smiling depression associated with the 2-3 code type will be combined with the hyperresponsible, prone-to-worry, guilty depression of the 2-7. Low energy, despondency, suicidal ideation, and other symptoms of depression would be prevalent.
- When Scale 4 is elevated, look for acting out in the service of anxiety reduction. Eating disorders, sexual acting out, telling white lies, and other kinds of selective reporting as well as more blatant manipulation would all serve to immediately reduce anxiety. Although acting out may lead to guilt and anxiety, these are only temporary.
- When Scale 6 is coded third, clients become preoccupied not only with abandonment but also with disapproval. They are threatened by any loss of social status. The 3-6-7 code type would have difficulty making decisions, attempting to anticipate not only all possible eventualities but also all possible criticisms.
- When a 3-7-8 profile, there is more identity damage and difficulty with emotional closeness. The addition of Scale 8 suggests a strong approach–avoidance conflict in close relationships. There can be periods of rumination and obsessions from which the neurotic defenses of the 3-7 help them to recover.
- When the K scale is elevated, the symptoms of anxiety would be more focused and controlled and less diffuse and scattered.
- Typically, the content scales associated with anxiety such as Anxiety (ANX), Obsessiveness (OBS), and Fears (FRS) would all be elevated, but their relative elevations help to clarify the focus of the anxiety. Low Self-Esteem (LSE) and Work Interference (WRK) would also typically be elevated, reflecting their difficulties with self-esteem and decision making.

THERAPY AND THERAPEUTIC PITFALLS

These clients seek reassurance, but once reassured they tend to leave therapy because insight makes them anxious. They anticipate from the therapist the relationship they had with their primary caretaker, which was one of unpredictable rejection. Although the clients will be quite flattering toward the therapist, they have difficulty establishing genuine rapport because of their anxiety about being rebuffed and therefore have difficulty sharing vulnerable emotions.

Much of the therapy is about immediate anxiety-provoking situations that are panicking to them.

Given the repressive effects of hysteria and anxiety, exploring childhood memories of explosive parents is difficult. Use relaxation training, and help them imagine and have empathy for how another child might have experienced such events to allow them to slowly reexperience explosive incidents without debilitating anxiety. In describing painful conditioning events, clients may report feeling faint, weak, or dizzy; prepare them for such a reaction to help inoculate them from being overwhelmed by emotions. Teach clients how frightening events can precipitate a panicked drive to please and placate others to help them to develop anticipatory coping skills. Assertiveness training and concurrent reassurance that anger and demanding things from others does not have to lead to rejection are also useful. Gestalt therapy can help clients engage their repressed emotions. Systematic desensitization training to deal with fears and phobias may also be useful (McGlynn, Smitherman, & Gothard, 2004). Problem-solving therapy (PST) is a cognitive-behavioral intervention that focuses on training clients in adaptive problem-solving attitudes and skills, and has been demonstrated to have utility in treating generalized anxiety disorder (Dugas et al., 2007).

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is in the normal range and reveals that you have a number of strengths. You test as a sensitive and thoughtful person who works hard to avoid confrontation and hurting people's feelings. Generally, you are a responsible person and are concerned about financial and emotional security. You may also have a tendency to worry "ahead" about the occurrence of some unpredictable event that could cause you problems. During stressful times, you may be prone to developing physical symptoms, perhaps a headache, backache, or stomach upset. If stress becomes severe, you may suffer from an occasional sleepless night or reduced interest in sex. Because of your sensitivity to others and your dislike of confrontations, you may find yourself glossing over things that upset you and even covering up your anger. You are considerate, attentive to details, and caring about other people's feelings.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile indicates you have a number of strengths. You try hard to be positive, to get along with people, and to avoid conflict. You tend to be very

detail oriented, and you worry about things going wrong. You care deeply about people and your relationships, and you try hard to please. You are a very conscientious person, and you take your responsibilities seriously.

Anxiety

Your tendency to worry and to avoid conflict may be working against you. Currently, you appear to be quite anxious, on edge, and tense, always feeling a knot in your stomach as if something bad is about to happen. You may be experiencing some stress around your responsibilities or, perhaps, fear that people you care about are angry with you.

Approval Seeking

Anger has always been difficult for you to handle, whether it's your anger toward others or others' anger toward you. If people are upset with you, you fear that you're going to be abandoned and rejected. You tend to hold in your feelings, trying to be understanding of others, and if you do get mad you often feel guilty. You live with fear that something bad will happen and that others will withdraw from you.

Depression or Somatic Symptoms

Your profile suggests that you experience anxiety that seems to come and go, sometimes without even knowing where it's coming from. At times, this stress may wear you out, leaving you feeling depressed, even though you try hard to stay positive. Living with continual worry not only wears you down, but also may cause you to experience some physical symptoms. You may have a difficult time getting to sleep, or you may fall asleep but wake up in the middle of the night, fearing things might go wrong. You may also have other physical symptoms of stress such as headaches, stomachaches, low back pain, or other vague and shifting symptoms, reflecting how tense you currently feel.

Fears Rejection or Seeks Affection

You try hard to be a good person and to avoid doing something wrong. It's hard for you to let your guard down and to let people know all your true feelings because you live with such dread of being rejected and abandoned. It's hard for you to let yourself be spontaneous and to take time to explore your own feelings because you feel threatened by the possibility of anger directed at you by people whom you love and care about. You are an affectionate person, and you crave the warmth of close relationships.

You work hard to try to please others, perhaps even reminding them of all the things you love about them, hoping to ensure their love in return. It's so important for you to feel close and connected that you will do almost anything to get people's love and approval, even denying your own feelings to avoid any conflict.

Dependent

When people you care about are not supportive or when they get impatient with you because they feel like your anxiety, worry, and neediness is overwhelming, it hurts your feelings deeply. You may try numerous ways to get people to take care of you, sometimes even by making them feel guilty. It's hard for you to assert yourself, to ask for what you want directly, or to tell anyone off when you're angry with them. You feel safest when you have people around you who are willing to take care of you, to reassure you, and to give you small favors so you feel loved and secure.

LIFESTYLE AND BACKGROUND FEEDBACK

It's not surprising that you feel this way. Perhaps you grew up in an environment where a parent was supportive of you but also could be explosive, angry, and even frightening. You were probably a sensitive child who loved to please others. You were likely an approval seeker, avoiding disappointing or making adults angry. Some children are loud and boisterous; others are rebellious and angry; and still others are meek and withdrawing. You were nice, avoided conflict, and loved approval from adults. You were probably not that demanding. Perhaps you were also an anxious child, worried about losing your parents' support and maybe concerned about being separated from them. Having a parent who could be explosive must have been scary. No wonder you have worked hard most of your life to avoid any anger or rejection from anyone. Anger from others could restimulate the scar tissue of your early childhood, where you felt terrified that a parent's anger would lead to you being rejected and all alone.

TREATMENT AND SELF-HELP SUGGESTIONS

1. You have likely sought help because your anxiety feels overwhelming. Because anxiety disorders, as a group, are the most common mental health problems in the United States,[1] there are many effective and

[1] GAD and other anxiety disorders such as panic attacks, phobias, obsessive-compulsive disorder, and posttraumatic stress disorder are among the most common mental health problems (Kessler, Chiu, Demler, & Walters, 2005).

well-researched treatments available. The suggestions that follow will outline effective treatments, but for general information about anxiety disorders you can contact the National Institute of Mental Health (NIMH) toll free at (888) ANXIETY or (888) 269-4389. The NIMH Web site is http://www.nimh.nih.gov.

2. Work with your therapist to identify how automatic negative thoughts (ANTs) influence your feelings and your behavior. With practice, you can change the negative thought patterns that lead to anxiety. Pay attention whenever you have a strong feeling or reaction to something, and notice what goes through your mind. Examples of ANTs include, "I will never get this right," "I should have known better," or "I am sure that she doesn't like me."[2]
3. Explore with your therapist what is currently stressing you. You may focus on your anxiety and your physical symptoms as the cause of your problems, but there is likely a deeper issue. Perhaps responsibilities have accumulated, and you are having trouble with effective problem solving. While worrying is counterproductive, problem solving is a constructive thought process focused on effectively dealing with the issue. Approaching one concern at a time, use a journal, write it down, and then list all the possible solutions you can think of. Identify the most helpful solution, and decide on a specific plan. Once you have carried out your plan, evaluate the outcome to determine if it has been effective or if it needs to be revised.[3]
4. In addition to personal responsibilities mounting up, you may also be experiencing anxiety because you're worried that someone who has always been supportive is now becoming angry or even beginning to distance themselves from you. Work with your therapist to detect any *cognitive distortions* or *irrational beliefs* that might be contributing to this feeling. Some examples of irrational beliefs are *mind reading* (believing you know what others think or feel without asking); *either–or* (viewing people in all or nothing terms with no shades of gray); or *negative fortune telling* (predicting the future negatively). Your therapist can help you challenge these unproductive beliefs as

[2] Cognitive-behavioral therapy has been well established as an effective treatment for anxiety in both laboratory and real-world therapy settings (Stewart & Chambless, 2009) and in meta-analysis was as effective as pharmacological treatment and was associated with long-term treatment gains, whereas treatment gains attenuated following medication discontinuation (Gould, Otto, Pollack, & Yap, 1997).

[3] PST is a cognitive-behavioral intervention that focuses on training in adaptive problem-solving attitudes and skills and has been demonstrated to have utility in treating GAD (Dugas et al., 2007).

well as any underlying core beliefs so that you can change this pattern of negative thinking.[4]

5. Learn to recognize when anxiety is building, and work with your therapist to practice relaxation techniques. Controlled breathing helps because when people are tense their breathing is shallow, which sets up a pattern of imbalance of oxygen and carbon dioxide that then increases anxiety. Practice at least 4 minutes at a time, as this is how long it takes to restore balance. Place one hand on your upper chest and one hand on your stomach so that the hand on your stomach moves as you breathe in to a slow count of 4 and breathe out to a slow count of 4.[5]
6. Progressive Muscle Relaxation (PMR) is also helpful in combating anxiety. In PMR major muscle groups are first tensed and then relaxed proceeding from the feet to the head or vice versa. Each muscle group is tensed for 5 seconds and relaxed for 10 to 15 seconds. The more you practice the more skilled you will become at controlling anxiety.[6]
7. If you have any specific fears and phobias, cognitive-behavioral therapies such as systematic desensitization have an effectiveness rate as high as 80%.[7] A comprehensive Web site about phobias is http://helpguide.org/mental/phobia_symptoms_types_treatment.htm.
8. Learn to ask for what you want; you have a tendency not to think about that because you are so busy trying to please others and to figure out what they want. Assertiveness training would be a useful tool in helping you express your needs.
9. Role play standing up for yourself with your therapist, and experience the frightening feeling associated with that. Learn to understand that those frightening feelings come from your childhood where you weren't allowed to assert yourself. Instead, you tried to stay connected with the adults in your life at almost any cost. Your therapist may want to use gestalt techniques to help you become comfortable expressing strong feelings without being scared of them.

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[4] More than 50 types of distorted thinking have been identified (Beck, 1976; Ellis & Dryden, 1997; Leahy & Holland, 2000; Smith, 2002). A good source to help clients change distorted beliefs is *Mind Over Mood* (Greenberger & Padesky, 1995).

[5] The controlled breathing technique is detailed in *Mind Over Mood* (Greenberger & Padesky, 1995, p. 185). Deep breathing was found to reduce stress, nervousness, and self-doubt in a group of 64 students in a 2-year longitudinal study (Paul, Elam, & Verhulst, 2007).

[6] Chen et al. (2009) found that the degree of anxiety improvement in a progressive muscle relaxation training group was significantly higher than their control group and that it is a useful intervention across a spectrum of psychiatric disorders.

[7] From *Getting Help: The Complete & Authoritative Guide to Self-Assessment & Treatment of Mental Health Problems* (Wood & McKay, 2007, p. 99).

CODE-TYPE 3-8/8-3

Descriptors

Complaints

Neurological or somatic symptoms, forgetfulness, losses of consciousness, cognitive difficulties, difficulties with concentration and memory, possible psychotic episodes, restless, agitated, irritable

Thoughts

Fractured or autistic thinking, possibly psychotic episodes, dissociative, difficulties concentrating, religious or sexual preoccupations, bizarre preoccupations, difficulties with concentration and memory, loose and bizarre associations

Emotions

Moody, fearful, excitable, agitated, restless, irritable, despondent, episodic depression, suicidal thoughts

Traits and Behaviors

Schizoid, immature, dependent, conflict adverse, odd or bizarre preoccupations, possible psychotic episodes

Strengths

Creative, sensitive, rich fantasy life, eccentric

THERAPIST'S NOTES

In the normal range, individuals with 3-8 code types dislike anger and confrontation and try to stay positive and cheerful. They often are imaginative and creative with an active fantasy life. At higher elevations, this code type represents a strong approach–avoidance conflict in regard to primary relationships. Scale 3 predicts strong attachment and approval seeking behavior, and Scale 8 implies strong distancing behavior. The 3-8 code type is contradictory in that hysterical and neurotic defenses combine with poorly organized thought processes. The interaction produces an affable, attention-seeking individual whose thought processes and emotions break down in stressful situations, revealing cognitive slippage and odd emotional episodes. These clients often relate to people in an odd way, and their conversations are lacking in structure and consistency. In discussing emotionally loaded topics, they may be interrupted by loose and even bizarre associations, so that it becomes difficult to track their train of thought. Their thought processes tend to be impressionistic and symbolic, and they experience abrupt and changeable emotional states. Their affect is often inappropriate to their thought content; for example, they may smile while discussing painful emotions.

They function well within highly structured situations, but in less structured instances the 3-8 code types can experience brief psychotic episodes that seem to get promptly alleviated by hysterical defenses. They can experience dissociative episodes, and they also report bizarre and disturbing preoccupations that often have a religious or sexual focus. They can show periods of excitability, restlessness, and irritability that may appear initially as manic because of their intensity; however, these episodes are usually transient and associated with stressful situations.

Some 3-8 clients report dramatic visual or auditory hallucinations, which seem to be brief, acute, and rapidly incorporated into some fanciful explanation. They describe difficulties in concentration and memory, and open-ended questions can be challenging for them. These individuals may complain of emotional emptiness and dysphoria associated with their difficulties with emotional closeness. They tend to think in unconventional ways and can be quite rigid about their own ways of doing things, even though they may appear somewhat eccentric, if not bizarre. Their unusual religious beliefs provide some internal structure for their disorganized internal world. While they are fearful of real intimacy and, therefore, sexual contact, they are often sexually preoccupied, have sexual identity confusion, or interest in particular fetishes. These sexual preferences usually are symbolic of their approach–avoidance conflict in intimate relationships, as they allow sexual expression while maintaining emotional control and distance. The 3-8 individuals have difficulty with conflict and confrontation, and anger can be expressed in odd, symbolic ways. Even when Scale 1 is not also elevated, they will likely experience some somatic symptoms, and they may complain of agitation, sleep disturbance, periods of feeling hopeless and worthless, and some even express suicidal ideation. When stressed they withdraw into daydreaming and fantasizing in nonproductive ways. They are immature and seem to work out problems in unrealistic, fanciful ways that others may find annoying and unreliable.

LIFESTYLE AND FAMILY BACKGROUND

The 3-8 code types have difficulty dealing with interpersonal conflict, perhaps because of childhoods in which there was conflict and some kind of cruelty associated with rejection. Look for parental figures who were both loving and cruel. A hovering, overly involved, overly protective parent who would show episodes of cold or angry malice might instill in a child intense, ambivalent feelings and ambivalent attachment-seeking behaviors. Expressing warmth toward the hostile parent in roundabout, symbolic ways would provide a buffer against the possibility of being rejected. The 3-8 clients seek to maintain connectedness but, at the same time, retreat into fantasy, feeling easily panicked and overwhelmed by intimacy.

MODIFYING SCALES

- When Scale 1 and Health (HEA) or Somatic Complaints (RC8) are elevated, look for numerous physical symptoms and somatic preoccupations, especially Sensorimotor Dissociation (Sc6) and Neurological Symptoms (HEA2), some of which may be quite bizarre. The somatic symptoms would increase in severity during periods of stress.
- When Scale 2 is elevated, then complaints of depression, despondency, and suicidal ideation increase. The elevation of Scale 2 would also increase the likelihood of severe difficulties with memory, concentration, thinking, and the manifestations of vegetative signs of depression.
- Scale 4 coded third can indicate impulsive breakthroughs of cruel anger followed by denial and a lack of awareness of the effects of their behavior.
- When Scale 6 is coded third, these clients may exhibit brittle overcontrol with angry temper outbursts when they feel unjustly treated. Elevations of Scale 6 increase the likelihood of psychotic episodes, especially if Persecutory Ideas (Pa1) is the highest of the Harris and Lingoes subscales.
- When Bizarre Mentation (BIZ), Psychoticism (PSYC), or Aberrant Experiences (RC8) are elevated, the possibility of brief psychotic episodes increases. During these periods, clients may exhibit inappropriate sexuality mixed with odd religious themes. Hallucinations and various hysterical somatic symptoms may also be present.

THERAPY AND THERAPEUTIC PITFALLS

Clients with a 3-8 profile find insight therapy difficult and tend to resist it. Although unstructured insight-oriented therapy is contraindicated, they are helped by the structure of cognitive-behavioral therapy (Morrison, 2007). Close, trusting intimacy is frightening to them, but focusing on specific problem areas is less threatening. Open-ended questions by the therapist elicit cognitive slippage and disorganization, leading to conversations that meander and stray from the topic at hand. They will often drift into symbolic expressions of painful, conflicted impulses and desires, and encouraging such symbolic ventilation without verbalizing the interpretive meaning would allow clients relief without being overwhelmed by the vulnerability of exposure. Encourage discussion of dreams, writings, or paintings, and use art or music therapy to engage internal conflicts and anxieties (Chambala, 2008; Lyshak-Stelzer, Singer, St. John, & Chemtob, 2007). Supportive, noninterpretive, structured therapies work best. An increase in inappropriate behaviors or somatic symptoms may signify the onset of severe stress states. Rule out any neuropsychological problems as well as risk factors associated with a family history of psychosis or suicide.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is within the normal range. It shows that you are a sensitive, creative person who probably has a good ability to fantasize. You are also a person who is susceptible to any kind of hostility or anger coming from others. You tend to avoid confrontations, and when faced with an angry or painful situation you may find yourself dealing with it somewhat obliquely rather than directly. You may also find that angry, confrontational situations interfere with your ability to think as clearly. Under stress, your natural ability to daydream and fantasize may interfere with your decision making. You may find that the richness of your fantasy world may sometimes interfere with your ability to think clearly. When faced with confrontation and anger, you likely try to stay positive and smiling, even when something painful is happening. In times of severe stress you may develop some physical symptoms such as headaches, backaches, or stomach upsets, which may be related to psychological stress.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile suggests that you have a number of strengths; you are a creative, perhaps artistic, and imaginative person. You generally work hard to avoid conflict and confrontation. You're not afraid to be different and perhaps even eccentric. You tend to have a rich inner world to which you sometimes try to escape during times of stress.

Bizarre Preoccupations

Sometimes, even when you're not stressed, you may find yourself involved in your inner world. Your thoughts may be quite creative; at other times, they may be unpleasant or violent. Because you want connection and closeness, you may also find yourself having a rich fantasy world relating to sexuality. Your sexual fantasies may be mixed with romantic images but also angry and distancing ones. This reflects your mixed feelings about closeness, wanting it but at the same time fearing it and even pushing people away for fear you may get hurt. People with your profile are quite preoccupied with religion. It provides a source of comfort and safety and some structure for your inner world. Sometimes your fantasy world may become so intense that you may have difficulty discerning whether it is real. These moments are likely frightening.

Somatic Symptoms or Forgetfulness

During periods of stress, you may experience a number of physical symptoms such as headaches, stomachaches, tingling and pain in the extremities, and even preoccupations with various parts of your body. In some cases, stress may get so severe that you actually have difficulties with your vision, hearing, and swallowing. You may also experience difficulties with your memory and concentration. As you try to organize what you're thinking and feeling, you may find yourself being interrupted by intrusive thoughts so that it's hard for you to remember the point you wanted to make.

Nonconfrontational

It is difficult for you to deal with any kind of conflict. Perhaps because of the way you grew up conflict was dangerous and people got hurt or were rejected when tempers flared. Now, if you're angry with someone, it may be hard for you to tell that person directly, perhaps out of fear that it will lead to a bad outcome. If you feel someone is angry with you, it might be quite scary, and you may find yourself developing numerous symptoms of stress.

Episodic Depression or Agitation

Sometimes, you may find yourself getting depressed, perhaps because it is so hard to think clearly and to maintain focus without a great deal of effort. During these depressed moods, you may feel apathetic, as if nothing can give you pleasure. At other times, you can get very excited, agitated, and wound up. Perhaps some religious or philosophical thought comes to you or some creative idea feels compelling, and then you can jump into action in somewhat intense and even disorganized ways. When something excites you, you may go off on a tangent without fully thinking through the consequences of your behavior.

LIFESTYLE AND BACKGROUND FEEDBACK

Your profile reveals that you are knocked off balance by any conflict, confrontation, or anger from others. This could be the result of growing up with parents who were at times caring and nurturing but at other times cruel and rejecting. You were likely a sensitive child, and you wanted emotional closeness and connection. At the same time, it must have been disheartening to experience periods of coldness or some other kind of cruelty. You currently go through life wanting connection and closeness but being afraid of it. You've always been comfortable having a rich fantasy life, and perhaps one way you could escape painful moments was to retreat into your own inner world.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Become aware that your conversations can drift away from the subject. What you're talking about might be making you anxious so you get interrupted and meander slightly off topic. Mindfulness training can help you experience thoughts and feelings in ways that are not overwhelming. Your therapist can help you practice various skills to develop mindfulness (e.g., being nonjudgmental, being mindful of one thing at a time, or focusing on your senses).[1] Practice being mindful of the moment without analyzing; simply watch the details in front of you without relating it to the past or future.
2. Recall with your therapist any moments in your life as a child where you were treated with coldness or hostility in a way that was upsetting and panicking. Recalling those events with the help of your therapist, learn to soothe your feelings, so that you know that you can calm down whenever you feel overwhelmed by emotions. With your therapist, practice self-soothing statements such as, "This won't destroy me," or "I don't have to experience this forever, but I can tolerate it for a few minutes." Other self-soothing techniques include activities that bring you comfort such as listening to music, taking a walk, or cooking a favorite dish.
3. If you're comfortable with writing short stories or painting, this can be a way to communicate some of your feelings. Expressing yourself through art can take many forms: you can journal, collage, or use pencils, crayons, watercolors, or paints. Your therapist can help guide you in projects such as transformational self-portraits or drawing your dreams that will help you manage your feelings.[2]
4. Learn to recognize when you are angry, and practice assertiveness training with your therapist. Rehearse how to tell people what you want and how to tell them when you're angry so that you don't let negative emotions overwhelm you. Pay attention to your body because

[1] Experiential avoidance of emotions, thoughts, images, and memories can be useful at times but becomes problematic when it interferes with functioning and begins to distort perception (Adele & Feldman, 2004). Mindfulness training provides a way to nurture emotional balance and to change the habitual ways of reacting that obscure perception and judgment (Kabat-Zinn, 1994). Interest in mindfulness and its enhancement has flourished in recent years as evidence develops for the role of mindfulness in reducing psychological distress and enhancing positive mental health and emotional regulation (Coffey & Hartman, 2008; Goldin & Gross, 2010; Hargus, Crane, Barnhofer, & Williams, 2010).

[2] Carl Jung's theory that the verbal and visual contents of the artwork of his patients could give deep insight into the nature of their psyches laid the foundation for art therapy (McWhinnie, 1985). Art therapy has been shown to reduce symptom severity in both young and older adults with a variety of illnesses, including posttraumatic stress disorder, schizophrenia, bipolar disorder, major depression, and anxiety-related disorders (Chambala, 2008; Lyshak-Stelzer et al., 2007).

your physical symptoms likely increase when you are struggling with mixed feelings.[3]

5. Resilience building: Learning to assertively ask for what you want will do a great deal to help you manage overwhelming feelings and will give you a greater sense of self-control. Practice assertive requests with your therapist; role play situations where it is difficult for you to make requests. Assertive statements begin with "I" (e.g., I want; I feel; I think), "When you" (e.g., make jokes; don't help with housework; have me work late hours), and, "I would appreciate it if you would _____ in the future" (e.g., not make jokes at my expense; do the dishes every other night; give me advance warning when you want me to work late).

[3] Subjects showed significant decrease in depressive symptoms after a 6-week assertiveness training program, and results were best maintained at 6-month follow-up with a group that received booster sessions (Riedel, Fenwick, & Jillings, 1986).

CODE-TYPE 3-9/9-3

Descriptors

Complaints

Driven, talkative, occasionally explosive, hypomanic, possibly alcoholic, possible neurological problems, may be combative, somatic and physical complaints, judgmental, perfectionist

Thoughts

Competitive aggressive, optimistic, unrealistic, grandiose, excitable, ambitious, critical, lacking in insight, boastful

Emotions

Denying, repressing, labile, exuberant, excitable, panic attacks, strong needs for approval

Traits and Behaviors

Gregarious, outgoing, socially surgent, dramatic, self-centered, charismatic, extremely driven, needing of reassurance and approval, labile, somatic under stress

Strengths

Gregarious, excitable, decisive, energetic, optimistic, ambitious

THERAPIST'S NOTES

In the normal range the 3-9 individuals are energetic and gregarious with a "sunny" disposition. They are often seen as cheerful, pleasant, charismatic, and optimistic, and they enjoy challenge and excitement. They tend to repress and deny negative emotions and show occasional abrupt irritability if they feel controlled or if people frustrate their goal-seeking behavior. They work in spurts of high energy, are opinionated, and subtly extol their own virtues. They like to be the center of attention and gravitate to leadership roles. Individuals with elevated 3-9 profiles are ambitious, talkative, intense, opinionated, and socially fluent. These clients are performers or pleasers who unconsciously crave reassurance and approval. They tend to dominate conversations, frequently interrupt, and are dogmatic and opinionated. The 3-9 profile reflects a hypomanic drive for recognition, approval, love, and admiration from others. Often conversations are centered on their achievements, opinions, and goals. Although they can be entertaining, interesting, and verbal, they tend to switch topics often to maintain the center of attention, to keep control, and to keep the focus away from anxiety-laden topics. They are highly competitive, reflecting their fear that approval is a zero-sum game. For the 3-9 code types, the

world is hierarchical, and people are worthy of approval only if they are the "best." Denial, repression, inhibition, and a lack of insight characterize this profile type. Although generally upbeat and sunny, they can quickly become irritable and angry, especially when frustrated or if they perceive that someone is attempting to control them. Other competitive individuals irritate them. Often they will argue a perspective, not because of a firm belief but because it allows them the stage. At times they can be explosive, with brief, episodic, angry outbursts followed by a denial of the seriousness of the event. In some cases, this profile has been associated with brain trauma, and in the presence of any soft signs this should be further evaluated. Often, the MacAndrew Alcoholism Scale-Revised (MAC-R) is elevated, reflecting their vulnerability to alcohol and chemical abuse. They may use substances as a way of controlling their hypomanic energy.

The 3-9 code types are highly demanding and perfectionist. They tend not to give approval easily. As spouses, bosses, and parents, they expect perfection as a starting point and are quick to point out others' failings, reflecting their own competitiveness. Their hostility and criticism can be expressed in a roundabout, sarcastic, joking manner, but they typically deny hostile feelings. In some cases, especially when under the influence of chemical agents, they can be verbally and even physically assaultive. They are often unaware of their self-centered and angry impulses. When stressed, they move into action and become overcommitted, excitable, and demanding. They have difficulty saying no and tend to be opportunistic because of their drive for success and fears of failure. Emotionally overcontrolled and distracting themselves with overactivity, they are vulnerable to episodic anxiety attacks, which reflect the buildup of conflicts and unresolved emotions that tend to be expressed as a somatic complaint or a specific fear or phobia. These individuals can be quite demanding and overbearing, easily taking the center of attention and sulking if they lose it.

LIFESTYLE AND FAMILY BACKGROUND

Our hypothesis is that 3-9 persons were raised on a partial reinforcement schedule of approval and recognition. Often, they were energetic, if not hyperactive, children and had parents who were controlling, demanding, critical, and only intermittently approving. They learned that love was dependent on achievement and success. They were often praised for their performance, and some were asked to perform their particular skill in front of family and friends. Their essential conflict is between a strong need for love, approval, and success on one hand and their fear of control from those who may provide it on the other. The 3-9 code types are sensitive to criticism and can quickly become argumentative and angry if they feel disapproval.

MODIFYING SCALES

- When Scale 1 is elevated, look for numerous physical symptoms associated with stress and tension. Physical symptoms may shift and change in a manner similar to the 1-3 profile. Clients may show a blind indifference to these symptoms, while, at the same time, demanding affection and attention because of them.
- When Scale 4 is elevated, look for sporadic and impulsive breakthroughs of self-indulgent and even antisocial acts. The 3-9-4 code types are individuals who may be socially prominent and appear conforming and appropriate but may have a secret life with occasional acting out that is effectively hidden, especially if the K scale is also elevated. The 3-9 profiles with a low Scale 4 (T-score 50 and below) are moralistically judgmental individuals with strict values.
- When Scale 6 is coded third, look for more brittle, angry, and rationalized outbursts and a tendency toward punishing vindictiveness.
- When Scale 8 is coded third, these clients may have schizoid or manic periods with potential brief psychotic episodes or cognitive slippage.
- When Authority Conflict (Pd2) is highly elevated, this increases the likelihood of antisocial acting out, which is disguised and covered over by social appropriateness.
- When Naïveté (Pa3) is elevated, this would add to the rigidity and self-righteousness already associated with the 3-9 profile.
- When Antisocial Practices (ASP) is elevated, this would increase the likelihood of leading a double life, especially if Scale 4 is coded third.
- When Anger (ANG) is elevated, especially if OH is also elevated, then the angry outbursts may be dangerous.
- Interestingly, Type A Behavior (TPA) is typically not elevated in this profile. Impatience, irritability, and needs to vanquish opponents are associated with Scales 9 and 3, but this does not seem to elevate TPA.

THERAPY AND THERAPEUTIC PITFALLS

These clients tend to quickly project onto the therapist the role of disapproving parent. They tend to dominate the therapeutic conversation, preemptively defending themselves, extolling their virtues, and initially flattering the therapist. The flattery tends to be subtly hostile, such as, "Well, you're the doctor, and you know so much more than I do." They are competitive and quickly argumentative if they feel criticized. A therapeutic alliance can be built by giving feedback to the clients about their positive attributes. Focus on their high energy, their drive, their need to please, and their ambition.

Define them as wanting to please, as hard working, and as needing to prove themselves to help them gain insight into their inner drives. Engage childhood feelings of striving for love and approval to help them develop empathy for themselves. Help them distinguish what they want for themselves as opposed to internalized parental values and goals. They approach life in a hypomanic, driven, impatient, and irritable way, always in a hurry for the next step. Help them understand their sense of urgency, and realize that it is fueled by a need to continually prove themselves. Mindfulness exercises such as spending the day focusing on the present can help them identify their sense of urgency and irritability (Zylowska et al., 2008). Consider approaching them from a coaching rather than a therapeutic perspective. The goal of therapy is to help them manage their energy and impatience, avoid overcommitting, and develop insight into how they have been driven to associate success and achievement with love. Also, teach them to be more generous in giving others approval rather than repeating their parents partial reinforcement schedule.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is within the normal range and indicates somebody with an energetic, "sunny" disposition. You are probably comfortable being the center of attention, and you are able to command it. When excited, you may see all the connections among things and may switch topics frequently. You enjoy pleasing people, and it is rewarding for you to have people around you be happy with you. You are generally easygoing and friendly, but occasionally the world may move a little too slowly for you, which may make you impatient and irritable. You generally demand excellence from yourself and those around you. Occasionally, you may be insensitive to the fact that not everyone has your energetic and optimistic personality. People may see you as unrealistic and demanding. When goals have become frustrating or boring to you, you may change professions, careers, or goals, although probably in a way that generally benefits your progress.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile shows that you have a number of strengths. You are an energetic, driven, ambitious individual who can be sunny, positive, and even charismatic. People with your profile are comfortable taking charge, being leaders, and being in front of people. You're not afraid to state your opinion.

Ambitious or Competitive

You are highly ambitious, and it is important for you to be successful. You are competitive, and you drive yourself to do better and better. In fact, it's hard for you to say no to people, and you sometimes overcommit yourself to too many tasks and activities.

Energetic and Optimistic

Your energy level is higher than most people's. It appears you have two switches: full speed ahead and off. From the time you get up in the morning, your mind is racing. You're either thinking very quickly or doing many tasks and activities, sometimes multitasking to the point of overload. Generally, you are a sunny, positive, and optimistic person. You have a lot of faith in your own ideas and opinions, and you're not afraid to push forward with what you think is right. You're probably a big picture thinker and somewhat impatient with having to take care of the small details.

Explosive

Although generally upbeat and positive, you can quickly become irritable, angry, and even verbally explosive if you feel people get in your way when you are on a mission or if they slow you from doing what you want. You have strong opinions, and you can become quite angry if people try to control you or tell you what to do. When you blow up, you seem to get over it quickly, and the event passes almost as if it never happened.

Hypomanic

Although you love approval and people's admiration, when people praise you it is hard for you to let yourself fully appreciate it. It's almost as if approval and success make you feel driven to do even more. It's hard for you to be in the moment and to relax and enjoy what's happening around you because you're pushing yourself toward the next accomplishment and success. These high levels of energy can make you exciting and fun to be around but can also make you somewhat scattered, and overcommitted, with occasional difficulty in completing all the things you commit to.

Extroverted or Talkative

Your high energy may also make you quite talkative and socially prominent. You enjoy being the center of attention, and you like to tell people about your accomplishments. Competitive people engage your competitive side and can

irritate you if they don't acknowledge your strengths. You are social and extroverted, and you make a good first impression. Being around other people who are dominating or talkative can lead you into verbal conflicts and arguments because you like to be in control of the conversation.

Somatic or Sometimes Alcoholic

Sometimes people with your profile develop physical symptoms of stress. With all your high drive and energy and your need for approval, love, and attention, you may experience physical symptoms of anxiety. Sometimes people with your profile use chemical agents, such as alcohol, in an attempt to manage their high levels of energy.

Critical or Perfectionist

You are driven, and you tend to be your own worst critic. Others may see you as perfectionist and critical of them because perfection is a starting point for you. People close to you may feel that it is hard to get your approval and that you're always subtly and not so subtly pointing out how they can do better.

Excitable or Labile

When you have so much energy, you may find your mind racing, persistently interrupted by new thoughts so that it is hard to keep a stream of thought and stay focused. It's almost as if your accelerator is always pressed to the floor but your brakes are on because you don't want to come across as greedy, impatient, demanding, and irritable. You may experience a push or pull feeling, wanting to be first but not wanting to be disapproved of. You may end up overcommitting on tasks and activities and perhaps being a little reckless in spending or taking on tasks. Any kind of failure is extremely painful for you, and you become fearful that you will lose others' love and approval.

LIFESTYLE AND BACKGROUND FEEDBACK

Growing up, you may have had parents who were quite controlling, perhaps loving but also quite demanding. They may have expected high levels of achievement and performance from you. Perhaps you were praised for a particular talent that gave your parents pride, or you may have felt that you had to carry the family honor and demonstrate great success and achievement. One of your parents likely pushed you so that no matter what you did nothing was ever quite perfect enough for you to stop, rest, and enjoy your successes. You have always been driven to succeed, to achieve, and to prove

yourself. It's as if you're going through life determined to show that you are worthwhile, that you can accomplish great things, and that you are deserving of love and approval.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Acknowledge that you have more energy and drive than most people and that, while this can help you be successful, you have to manage your energy so that you don't overcommit and become scattered and unfocused. The practice of mindfulness is a way for you to channel your energy and to increase your focus and productivity. Mindfulness involves paying attention to the present moment in a nonjudgmental way and to foster a quality of curiosity and openness. For more information on mindfulness exercises see www.mindfulnesstapes.com. You can begin by setting aside time to watch the moment without analyzing or judging it. Pay attention to the sight, sound, taste, smell, and feel of the experience. Engaging in a daily practice of mindfulness can help you redirect your attention instead of going on autopilot.[1]
2. Learn to meditate for a short time period every day so you can slow down or even stop your constant stream of thoughts. There are many types of meditation practices, but all of them have been demonstrated to help control distracting thoughts and to improve concentration and focus. One simple meditation technique involves sitting comfortably for 10 to 15 minutes each day with your eyes closed and silently repeating a sound, word, or phrase (called a mantra) to calm the mind and body. Overall, the regular practice of meditation is linked with many long-term positive effects such as increased positive emotions, focused attention, and emotional stability.[2]
3. Watch your tendency to be overly optimistic, to overcommit, and to promise people things that you may have a tough time delivering. In the moment, everything seems possible, so it's easy to commit to people,

[1] Researchers have debated about using mindfulness for hyperactivity and distraction for some time; there was a question about whether individuals with impulsivity and hyperactivity could actually engage in mindfulness meditation exercises. Zylowska et al. (2008) conducted an 8-week mindfulness-training program for adults and adolescents with attention deficit hyperactivity disorder (ADHD). Subjects reported improvement in ADHD symptoms and also had better test performance on measures of attention and impulsivity.

[2] Neuropsychological studies examining the effects of both short- and long-term meditation using magnetic resonance imaging (MRI) have found great promise in the positive effects of meditation on cognitive structures and processes. Although empirical studies of meditation are still in a stage of infancy, research is linking improvements in both psychological and physiological well-being to meditation (Luders, Toga, Lepore, & Galer, 2009). Neuropsychological studies of meditation find functional and structural improvements in areas of the brain that involve attentional circuitry, automated reactivity, attentional engagement, focused cognitive processes, and task discrimination processing (Cahn & Polich, 2009; Lykins & Baer, 2009).

but then later you may find it hard to follow through. Some basic strategies can help you manage your tendency to take on too much. Buy some time with the phrase, "Let me check my calendar," to postpone making decisions until you've fully thought through the situation. Use calendars and daily reminders, and make daily lists of things to do so you can track your priorities and have a better idea about what you can fit in. Think and plan ahead to avoid taking action prematurely.

4. Be mindful that your high energy can make you irritable, impatient, sarcastic, and verbally cutting. After you get angry, the effects of your anger may well linger with other people even though, for you, the situation passes quickly and you forget about it.
5. Find ways to control your temper. When you notice tension building and when you catch yourself being sarcastic or verbally cutting, take a step back and find ways to manage your intensity and anger. See if you can identify any cognitive distortions that are triggering your anger. Because you work so hard to excel, your perfectionism may trigger your anger with "all-or-nothing" thinking (i.e., I'm either perfect or worthless). Realize that because we all have human limitations, this is a no-win situation. Work with your therapist to explore where these ideas came from, and then to develop some alternate ways of thinking that will help you manage your anger.[3]
6. Work with your therapist to determine what it is you want in life versus the goals and standards you may have taken on from your parents.
7. Try to avoid chemical agents as a way of fine-tuning your high energy. Be aware of that chemical agents can aggravate your mood swings. Eat a healthy diet, get regular exercise, and stay away from overstimulating environments. If you still find it difficult to manage your energy and mood, consult with your doctor about medications that may help.
8. Watch your tendency to interrupt other people; instead, take a deep breath, step back, and focus on whether you truly have something to say or whether you feel anxious. Change your habit by increasing your listening skills. This will help you convey greater request in others. Develop an interest in the other person, and focus on what the other person is trying to communicate rather than trying to make your own point. You will actually have a greater chance of being persuasive and having your ideas accepted if the other person feels heard and understood.

[3] It may help to explain the "ABC" concept of rational emotive therapy (Ellis & Dryden, 1997) where an event (A) leads to a thought (B), which then leads to an emotion (C), so that although clients feel as if the situation is making them angry it is actually their interpretation of the event that leads to their negative feeling.

Chapter 7

Scale 4

SCALE 4: PSYCHOPATHIC DEVIATE (PD)

Descriptors

Complaints

Conflicts with authority figures, rule breaking, difficulty with intimacy, acting out, alcohol or drug abuse potential, impulsive behavior, manipulative, narcissistic, rebellious, angry

Thoughts

Mistrustful, alienated, angry, restless, bored, Machiavellian, calculating, immediate self-gratification

Emotions

Insensitive, impulsive, socially intrepid, shallow, superficial, blaming, stimulation seeking, restless, bored, emotionally disconnected

Traits and Behaviors

Superficially charming, immature, self-absorbed, impulsive, unreliable, irresponsible, adventurous, assertive, enterprising, manipulative, demanding, lacking discipline and judgment

Strengths

Charming, adventurous, assertive, enterprising, independent, self-confident, excitement seeking, self-reliant

THERAPIST'S NOTES

In the normal range, Scale 4 predicts individuals who are independent and self-sufficient; they like excitement, novelty, and challenge. They can be superficially friendly, even charming, but they have difficulties with long-term emotional trust and intimacy. They feel most comfortable in unstructured situations where others' control over them is limited, though they tend to be impulsive without structure. Scale 4 is a heterogeneous scale measuring a number of different personality dimensions. It is a mistake to assume that all persons with high Scale 4 scores are necessarily antisocial or act out aggressively. Individuals going through difficult life transitions such as divorce, job loss, or interpersonal conflicts sometimes obtain elevations on Scale

4. In response to stress, they may emotionally numb themselves as a way of protecting against feeling vulnerable. If these individuals have experienced recent, severe stresses, and do not have a history of antisocial or hedonistic self-indulgence, Scale 4 elevations may reflect a temporary protective shutdown of empathy and emotional involvement. Generally however, individuals with this profile have difficulties with authority figures, and are uncomfortable with the vulnerability associated with emotional intimacy. Their relationships tend to be shallow, and they are often exploitive of others. High Scale 4 individuals can be manipulative and lacking in empathy. They have difficulty postponing gratification and act out in various ways. They lack discipline and tend to give in to impulses without regard for long-term consequences.

It is important to determine whether high Scale 4 is characterological or whether it reflects a situational adjustment. Given a history of interpersonal difficulties and subtle or overt acting out, the profile may reflect a character disorder rather than a recent adjustment problem. It is also important to consider the profile in the context of cultural milieu and socioeconomic status. For example, a Spike 4 profile obtained by the head of a university department may reveal a ruthless Machiavellian, self-centered, highly politicized management style but not necessarily someone who has conflicts with authority. High-level executives who are reckless, take unnecessary risks for their own gain, and manipulate the system could reflect upper socioeconomic status (SES) Spike 4 types. Such individuals are unlikely to be in trouble with the law, unless it is for white-collar crimes, but their manipulation, lack of empathy, and tendency to bend rules for their own benefit can cause interpersonal turmoil, conflict, and even systemic economic risks.

Based on a high 4 elevation, a psychologist may be tempted to predict antisocial behavior, but in the context of cultural milieu, and perhaps tempered by socioeconomic and educational variables, the manipulations and narcissism associated with Scale 4 can be moderated and kept in check so that legal consequences are avoided. A history of acting out, rebellious behavior, interpersonal difficulties, and self-defeating acts would suggest that the Scale 4 elevation is predicting continued acting out behavior. These individuals are rebellious and instinctively resist being controlled. Some can be charming and gregarious, especially if Scale 0 is low. In other cases, they can appear cold and aloof, keeping their emotional cards close to their vest until they feel they have control. Most individuals with an elevated Scale 4 tend to see the world as a dog-eat-dog place where they need to exert power over others to avoid it exerted over them. In some cases, they run into legal difficulties because of poor judgment or poorly controlled impulses. Long-lasting intimate relationships are difficult for them, not only because they dislike being vulnerable but also because they are self-focused. They tend to selectively report, if not overtly lie, to achieve their goals, reflecting their belief that getting their way requires

manipulation and deviousness. They show a low tolerance for frustration and an inability to delay gratification.

There appear to be a number of clusters within the Scale 4 genotype (Astin, 1959; Comrey, 1958). Sometimes a high Scale 4 reflects hedonistic, disorganized, live-in-the-moment, freewheeling individuals who show poor impulse control. Another cluster is more Machiavellian and organized; their self-centered goals are ruthlessly pursued but with a degree of calculated discipline. This would be particularly true if the Correction (K) scale and Ego Strength (Es) are also elevated. A third cluster of individuals are charming, hedonistic, impulsive types whose temper and dangerous aggressiveness can be set off by frustration and aggravated by alcohol and drug use. Sexual promiscuity, drinking, fighting, and trouble with the law would characterize these types. A fourth group is passive, dependent, self-indulgent, and undisciplined; Alex Caldwell described these individuals as similar to the 1960s cartoon character Andy Capp: abusing alcohol and badgered yet supported and nurtured by a codependent wife (Personal communication, April 1985).

Sometimes, high 4 individuals complain of depression. Because the original criterion group consisted of court-referred juvenile delinquents primarily diagnosed as having psychopathic personalities (Hathaway & McKinley, 1943), a number of the Scale 4 items reflect despondency, feelings of defeat, and a sense of self-pity. This is usually associated with a current situation that resulted from poor judgment and self-defeating behavior. Blame is usually externalized; the depression involves less sadness and more glum despondency and self-pity. Sometimes guilt is used manipulatively to engender sympathy or forgiveness for recent acting-out.

LIFESTYLE AND FAMILY BACKGROUND

The Spike 4 individuals' lifestyle is that of self-serving, manipulative dependency, and impulsive tension reduction. Childhoods in which parents were controlling and arbitrary but also indulgent would be typical. In other cases, the emotional underarousal associated with Scale 4 elevations is related to both a genetic predisposition and emotional numbing in response to parental abuse, neglect, or self-absorption. As children, they often exhibit rebelliousness and difficulties with peers and teachers. As adults, they have shallow relationships with a low capacity for empathy. They tend to manipulate others into taking care of them, and when their impulsiveness leads to difficulties they externalize blame rather than taking responsibility. Their lifestyle is punctuated by periods of success, especially if they are capable and bright, but they will show episodic catastrophic failures as a result of poor judgment and lack of discipline.

MODIFYING SCALES

- When Correction (K) is elevated, they will be more disciplined and less transparent in their manipulations; they may be quite effectively Machiavellian.
- If Scale 0 is elevated, such individuals can appear cold and self-sufficient with little need for emotional closeness and physical affection. They come across as aloof, angry, and distant, with a remarkable lack of empathy. Some with this pattern can appear paranoid, reflecting a projection of their own cynicism onto others.
- The elevation of the Harris and Lingoes Pd scales reveals the relative contribution of the various components of Scale 4. When Familial Discord (Pd1) is elevated, look for dysphoria associated with feelings of family abandonment and lack of emotional support.
- When Authority Problems (Pd2), Antisocial Practices (ASP), or Antisocial Behavior (RCA) are elevated, look for antisocial behavior, acting out, and potential trouble with the law. This is especially true if Social Imperturbability (Pd3) is also elevated.
- When Social Alienation (Pd4) and Self-Alienation (Pd5) are elevated and the other subscales are not, then look for individuals who feel very disconnected, alone, and alienated from others. This may be the result of a recent reactive disorder subsequent to some kind of transition or loss.
- When Scale 9 is in the normal range but Psychomotor Acceleration (Ma) is elevated above a T-score of 65 or 70, the individuals may exhibit 4-9 code-type personality characteristics of assertive or even aggressive acting out. This is especially true if Antisocial Practices (ASP) is elevated.
- When Bizarre Mentation (BIZ), Psychoticism (PSYC), or Aberrant Experiences (RC8), are elevated and Scale 8 is not, then beware of potentially bizarre acting-out behavior.
- The elevations of the MacAndrew Alcoholism Scale-Revised (MAC-R), Addiction Acknowledgment (AAS), or Addiction Potential (APS) would aggravate acting-out behavior, especially when under the influence of chemical agents. Chemical addiction or abuse is suggested.

THERAPY AND THERAPEUTIC PITFALLS

The essence of Spike Scale 4 is distrust and difficulty with emotional closeness and vulnerability. Although these clients may appear independent, self-sufficient, and charming, they can be hard to engage in therapy, as they tend to project onto the therapist their own role playing and manipulations. They are inclined to distrust therapists and to see therapy as "a game" or role play. Dealing with this transference on an ongoing basis is important to facilitate discussing their fears of trusting. Recalling moments when they felt unfairly punished or emotionally abandoned with no one to turn to could partially help recognition of their numbed

emotional response to these events. Gestalt techniques addressing how clients feel "this moment," including toward the therapist, could maintain their emotional arousal and involvement in the therapeutic process. Helping clients understand how they learned from an early age to numb their emotions in response to stress could make it easier for them to relearn emotional responsiveness. In some cases it can be productive to explain how switching off emotional arousal robs them of normal levels of excitement and results in their experiencing life as somewhat boring, emotionally dull, and lacking in richness. Help them "try on for size" different emotional states to see if they can gain a sense of empathy for how most people feel. Emotion-focused therapy can be useful in helping them gain awareness of their feelings (Greenberg, 2002). Explore how, given their circumstances, their numbing of emotional vulnerability was adaptive but now leads to reckless excitement-seeking behavior. Short-term therapy can focus on strategies for improving impulse control and managing stress. Learning how to anticipate stressful situations and developing alternative tension-reducing behaviors can minimize rash, angry, and hedonistic responses to pressure. Developing an inventory of self-destructive events resulting from impulsive behavior and using hindsight to learn new coping strategies could reduce the likelihood of future acting out. These clients respond best to a strong, but supportive, therapist who sets limits. Staying open to discussing the therapeutic relationship makes the therapy sessions more immediate and therefore less boring to them. The dynamics and immediacy of group therapy can also keep them more stimulated and involved.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile suggests that you are an independent and self-sufficient person who likes excitement and challenges. You are probably cautious about opening up too quickly with people and letting go of emotional control. You tend to rely on your own resources in times of stress, and you don't trust others easily. You can work satisfactorily in structured situations, but you work best when you have independence and your relationship with authority is clearly defined. Authority figures that approach you in a domineering manner probably provoke an argumentative or resistant response. Abuse of power tends to anger you, and you don't tolerate it as well as other people might.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile shows you have a number of positive strengths. You are willing to challenge the established way of doing things, and you're not afraid to

look at things from a new and different perspective. You are an independent, excitement-seeking, and somewhat risk-taking individual who learned, from an early age, to be a survivor.

Manipulative or Alienated

You may also have learned that being manipulative is how one gets along in the world. You may see the world as a "dog-eat-dog" place where being "top dog" is the only solution. You may find yourself seeking positions of power and control to avoid others having control over you. It's hard for you to trust other people or to let down your guard and ask others for emotional support. Your fear is that if you reveal your weaknesses to others, they will somehow exploit you by using that against you. Others may see you as more manipulative and devious than you see yourself. As you had to learn from an early age to manipulate your parents to get your needs met, you may have learned to "selectively report", to tell white lies, and even to openly lie as a way of avoiding conflict or negative consequences.

Numbs Feelings or Excitement Seeking

You probably learned to numb your emotions and not let yourself feel: as a result, you may experience the world as somewhat boring and lacking in intensity and excitement. Small, everyday events and even things that give other people a sense of excitement may leave you numb, empty, and unable to enjoy life. You may look for stimulation and excitement by doing dangerous and reckless things.

Bored or Restless in Relationships

Although people may find you attractive and you enjoy socializing, you find it difficult to allow yourself to be committed, let your guard down, and be emotionally close. You may become involved with others, and initially you may care a great deal for them but you seem to get bored and restless quickly. You may find yourself being promiscuous and having difficulty maintaining long-term, one-on-one relationships.

Rule Breaking

Sometimes people with your profile have trouble with the law or with authority figures. Perhaps a parent figure was unreasonable and controlling so you have a deep distrust of authority figures. For you to obey the rules, authority figures have to gain your respect. You tend to look for their flaws and weakness, perhaps justifying why you won't conform and obey basic regulations. Any kind of structured job or situation where others control you can make you tense and angry. You may find yourself resisting authority figures and bending the rules.

Impulsive or Acting Out

When you are stressed, you have a tendency to be impulsive. You seem to be able to manage your emotions for periods of time perhaps because you feel numb a lot of the time, but as stress builds you may impulsively turn to alcohol, drugs, food, gambling, and sexual acting out as a way of feeling better. However, your acting-out behavior may create serious negative consequences. When your impulses get you in trouble, it is easy to feel like the world has mistreated you, and in these situations you feel quite down and defeated. You tend to see your problems as due to difficult situations and difficult people rather than as a consequence of your own behavior. When you use drugs or alcohol, your impulsive behavior may get worse, and you may do things that backfire and cause you severe problems.

LIFESTYLE AND BACKGROUND FEEDBACK

Perhaps you grew up in an environment where one of your parents was controlling or even arbitrary and unreasonable. From an early age, you learned not to trust that parent, perhaps because the parent could be rejecting and abandon you emotionally if he or she were angry. At other times, one parent may have been indulgent and easily forgiving. You learned not to be vulnerable and to not let your guard down. You've learned to numb your vulnerable feelings, to rely on yourself for emotional support, and to not let yourself care too much about others' feelings in case you get hurt or let down.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Work with your therapist to discover moments as a child when you felt unfairly punished or when you consciously turned off your feelings to avoid being hurt. Your therapist will help you understand how you have numbed your emotions and also will help you understand the role that emotions play in daily decisions, relationships, and a successful career.[1]
2. Work with your therapist to "try on for size" different emotional states that most people feel. Then learn to identify your feelings. Emotional awareness begins with identifying bodily sensations (e.g., clenched fists, racing heart). The next step is labeling the emotion and then finally linking the feeling to a precipitating event. The better you become

[1] George Vaillant, as part of his research into adult development, conducted a longitudinal study of 450 boys to examine the relative contributions of resilience and intelligence. IQ had little correlation to adult personal and professional success in life, whereas childhood abilities such as frustration–tolerance, and emotional control had greater predictive validity of adult success (Felsman & Vaillant, 1987).

at identifying your feelings, the more proficient you will be in taking corrective action, dealing effectively with others and maintaining confidence in your abilities.[2]

3. Explore how you can avoid being impulsive by visualizing stressful situations and rehearsing alternative coping strategies. Find ways to live an exciting and risk-taking life that is not reckless. Avoid chemical agents because they tend to increase your propensity for impulsiveness. Anticipate situations where you might act recklessly, and find alternative behaviors so that you don't ruin the things that you have worked for. Work with your therapist to identify a specific problem situation, and take an objective look at the consequences. Find alternatives, develop a plan, be specific, and put it in writing. Once you have had a chance to test it out, evaluate the outcome to see if the plan needs revising.
4. Resilience building: Making lasting change is hard work, especially under stressful situations. If you are struggling, you may have lost sight of your goals, values, and your passion for what life holds. Reminding yourself about what motivates and drives you helps committing to change. Either write or record what you envision your life to be like 15 years from now. Where will you live, who will be with you, and what will life "look" like? This exercise can help you reconnect with your passion and your incentives for making positive changes.[3]
5. Because you live a life of selective reporting or lying, it's hard for you to trust what others say to you, even when it is positive. You assume others manipulate and lie because you do. Work on being meticulously honest, telling people what you want and how you feel so that you can learn what it's like to live an authentic life, without having to lie and selectively report.
6. Learn and rehearse ways to express anger so you don't wait until you are hijacked by intense, enraged emotions that can ruin your relationships and derail your life. Some people hold the belief that you need to "vent" your anger or it will build up inside them like steam. Research has actually shown the opposite: simply venting makes you only angrier. Healthy ways of coping with anger involve looking at your responsibility in the situation and learning how to problem-solve instead of dwelling on punishing the other person.

[2] A comprehensive guide to helping clients manage their feelings can be found in *Emotion Focused Therapy: Coaching Clients to Work Through Their Feelings* (Greenberg, 2002). The author makes a convincing case for the importance of emotions in the story of a client with impaired emotional responses due to brain damage; although his IQ was not affected, he decided to drive in a fierce snowstorm because he didn't experience the emotion of fear (p. 4).

[3] This exercise is outlined in *Primal Leadership: Learning to Lead With Intelligence* (Goleman, Boyatzis, & McKee, 2002, p. 116). Motivation to change is discussed in terms of activating the left prefrontal cortex, the seat of planning and imagining goals, through excitement and hope.

CODE-TYPE 4-6/6-4

Descriptors

Complaints

Resentment, hurt feelings, sometimes complaints of depression, sensitive to criticism, irritable, sometimes somatic (headaches, cardiac complaints), high needs for attention and affection, slow to forgive, can experience paranoid ideation, acts out when stressed

Thoughts

Resentful, hyperrational, defensive, projects and externalizes blame, suspicious of others' motives, can be paranoid, resists authority

Emotions

Tense, irritable, dysphoric, feels unfairly treated, feels unloved and unsupported, self-centered, self-indulgent, angry

Traits and Behaviors

Demanding, argumentative, sensitive, blaming, easily hurt, slow to forgive, possibly suicidal in an angry way when severely stressed, sometimes alcohol or chemical addictive

Strengths

Independent, sensitive, rational, creative

THERAPIST'S NOTES

In the normal range the 4-6 profiles reflect individuals who are sensitive to others making demands on them. They are thin-skinned and quick to feel controlled or criticized. They value independence and speak their mind, especially if they feel unfairly treated. At higher elevations, the 4-6 individuals go through life angry, resentful, and ready to argue, as if anticipating others will make unfair or unreasonable demands on them. They feel on edge and go to great lengths to guard their boundaries from being violated in the form of demands or censure of their behavior; they are ready to protect themselves verbally or sometimes physically. Our hypothesis is that they experienced criticism, will-breaking control, and severe punishment as children. Their adaptive response was to generalize self-protection and to become vigilant in warding off any affronts to their sense of pride, self-sufficiency, and autonomy. When they make demands, they tend to do so angrily, with a self-justification that inspires argumentativeness and resentment in others. When 4-6 code types feel unfairly treated, they feel deeply wounded, slighted, and vengeful. Episodic failures of empathy toward them by others are experienced as assaults to their dignity and a violation of their

rights, and they feel they need to respond with vengeance and even vindictiveness. This argumentative, angry stance toward the world extends to authority figures, especially those they see as controlling or arbitrary. They feel justified in resisting and undermining authority, generalizing their resentment toward arbitrary, shaming parental figures. Therapists describe them as irritable, aggressive, demanding, egocentric, and self-indulgent. They are often seen as evasive and argumentative by their therapist, reflecting their fear that probing into their inner world is an attempt to expose their weakness and vulnerability and to dominate and humiliate them. They tend to defensively disparage others, sometimes in subtle and, at other times, more overt ways.

These clients deny responsibility for their difficulties, and they project and externalize blame. Revealing internal vulnerabilities would leave them exposed to criticism and judgment, so they tend to be defensive and argumentative. They see much communication as if it were an argument, and they spend a great deal of time attempting to rationalize their behaviors as "above criticism." Others may see them as somewhat immature, insecure, and manipulative. Their acting out reveals poor judgment and impulsivity. When stressed, their suspicion may shade toward paranoia, projecting their own self-centeredness and tendency to manipulate onto others. When crossed or hurt, individuals with this code type tend to be unforgiving and accumulate resentments. Perhaps because they are so sensitive and have interpreted criticism and rejection as mean-spirited and cruel, they protect themselves against the vulnerability associated with the forgiveness of others. Yet they demand affection and loyalty from others. They expect people to let them down and hurt them, so they demand symbolic displays of loyalty. If confronted for a transgression, they become angry, pointing out the other person's faults and obfuscating their responsibility by attacking their accuser. It is difficult for them to ask for what they want unless they feel completely justified in doing so, and then they do so with resentment. Even if Scale 2 is not elevated, symptoms of depression and anxiety are often reported. The depression tends to be of an angry, alienated, defeated kind rather than a sense of real sadness. The 4-6 clients experience anxiety occasionally, usually reflecting repressed anger and resentment rather than diffuse, neurotic anxiety.

LIFESTYLE AND FAMILY BACKGROUND

This profile has been called the "Scarlett O'Hara" in females or the "chip on the shoulder" profile. Typically, these individuals grew up in families where a parent was perceived as controlling, critical, will breaking, severely punishing, and authoritarian. As children, many of these clients exhibited behavior problems, and some were delinquent and some hyper-sexual.

Many report mothers who were strict, rejecting, or even indifferent. Our hypothesis is that, as children, they adapted to a rejecting, at times cruel, yet controlling environment by becoming hypersensitive to any invasion of boundaries. Hypervigilance, resentment, anger, argumentativeness, and emotional numbness served as adaptive responses to will-breaking, punishing, and controlling parents. These clients go through life vigilant, as if all communication were a zero-sum game. They often report interpersonal conflicts and marriage difficulties. They are extremely sensitive to unfairness and to being shamed. Prone to intense, abrupt, angry temper outbursts, some can become violent, especially if they feel unfairly treated or criticized. Their rage can occasionally erupt as impulsive suicide that is punishing of others rather than depression related.

MODIFYING SCALES

- When Scale 3 is elevated, social poise, even seductiveness, and attempts to connect, please, and play the right role are evident. The 4-6-3 individuals are skillful social role players, manipulating others through charm, but when crossed can quickly become angry, resentful, and vindictive. Scale 3 masks the angry, argumentativeness of 4-6 individuals, so that they are outwardly conforming, albeit with occasional angry acting out.
- When Scale 9 is elevated, look for a charming, hyperactive individual who can quickly become hostile, demanding, vindictive, and violent if crossed or rejected.
- When Family Discord (Pd1) is the primary elevation among the Scale 4 subscales, look for a localized conflict with resentments and anger toward a controlling, demanding, and authoritative parent.
- When Authority Conflict (Pd2) is elevated there may be a history of delinquency, antisocial acting out, and resistance to authority figures.
- When Social Alienation (Pd4) and Self Alienation (Pd5) are elevated, these individuals can be withdrawn, keenly sensitive, suspicious, and protective of their privacy.
- When Persecutory Ideas (Pa1) is elevated, look for a more paranoid disorder.
- When Naïveté (Pa3) is elevated higher than the other Scale 6 subscales, this indicates a self-righteous, morally rigid, and inflexible individual.
- Anticosical Practices (ASP), Anger (ANG), and Cynicism (CYN) are elevated, this would confirm a cynical, angry, acting-out, and sometimes predatory individual.
- When Type A Behavior (TPA) is also elevated, driven competitiveness can be readily turned into rage and aggressiveness toward others, especially if they perceive others interfering with their goal-oriented behavior.

- When Antisocial Behavior (RC4) is elevated above Persecutory Ideas (RC6), these individuals are more likely to be critical, argumentative, and at increased risk for problems with substances. If RC6 is greater than RC4, expect suspiciousness and difficulty forming close relationships.

THERAPY AND THERAPEUTIC PITFALLS

Rapport is developed by therapist acknowledgment and respect for these clients' self-protective vigilance against violations of their boundaries and personal space. Explain that their profile suggests they have been violated in the past and that their argumentativeness and suspiciousness makes sense given their childhood experiences. Describe how their angry argumentativeness was an adaptive response but that its continuation can create ongoing and unnecessary conflicts with others. Identify childhood moments when they felt attacked, criticized, judged, and unfairly treated. Revisit those episodes using gestalt therapy to assist them in expressing their rage at what they perceived as will-breaking punishment or criticism. Other therapeutic tools include role playing asking for what they want before feeling angry and resentful, helping them to identify feeling vulnerable when making demands on others in order to teach them to express their needs directly rather than expressing them as criticisms and rationalized demands. It is important to address transference, as the therapist is easily viewed as an unreasonable, arbitrary, and demanding authority figure. There is a tendency for them to withhold information. It can be productive for the clients to verbalize hurt or anger toward the therapist who can then role model vulnerability and apologize for hurting their feelings. A combination of insight, cognitive restructuring, catharsis, assertiveness training, and self-esteem building is suggested. Alcohol or drug abuse is common and needs to be addressed.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is well within the normal range and reflects a number of healthy strengths. You test as a person who is independent and sensitive. You tend to draw on your own resources approaching problems in a nonconformist and innovative way. You work hard to be rational, fair, and analytical, and you try to avoid conflict where you could be blamed. Presently, you are feeling cautious about being let down or unfairly treated. You are sensitive to anybody taking advantage of you, as you have likely felt unfairly treated or violated in the past. You are a person who values intimacy, but at the same time you are concerned about being controlled. You value independence and you resist authority figures that "come on too strong." Although you can express anger in an appropriate manner, you also may store resentments and frustrations until you feel completely justified in expressing them, by which time you may be resentful and you may have a difficult time forgiving others.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

You are a person with a number of psychological strengths. You are independent, rational, analytical, and you want to be fair-minded. You are loyal and self-reliant, and you think for yourself. Currently, you are going through life vigilant to make sure nobody invades your boundaries and takes advantage of you. You are sensitive to any demands placed on you, and you are quick to protect yourself from them.

Argumentative or Defensive

Because you are so vigilant for any demands placed on you, others may see you as defensive and argumentative. You're sensitive to what is yours and what others might take away from you, but others may see you as too quick to protect yourself and to demand things from others. They may see you as self-absorbed and slow to forgive. Growing up feeling unfairly treated and even judged and criticized, you became distrustful of others, afraid to let your guard down and be vulnerable in case others take advantage of you or hurt you in some way. Relationships, especially with close loved ones, tend to be difficult because you don't like to be vulnerable and let people get too close.

Sensitive to Being Controlled or Unfairly Treated

You're afraid that others will take advantage of you, use your vulnerability against you, and attempt to control or hurt you. When you care about someone, you feel especially vulnerable to being controlled, and that's when you can put up an angry, protective shield. You want others to show you loyalty and affection, yet you may find it difficult to be vulnerable and give back in your relationships, fearful that caring for others will make you feel vulnerable or weak. In relationships, you may feel you're not getting enough from the other person and that you are being unfairly or unjustly treated. If somebody treats you with disrespect or lies to you, you want to punish them.

Irritable or Slow to Forgive

Currently, you seem to be feeling on edge, irritable, and ready for battle. You are a sensitive person, and your feelings can be easily hurt. If people hurt or offend you, you feel obligated to punish them, pay them back, and teach them

a lesson. It's hard for you to forgive them because it hurts so much, and you are afraid to trust them again.

Sensitive or Paranoid

You are quite sensitive to criticism, perhaps revealing how painful it was to be criticized as a child. When people criticize you now, you're ready to argue and to show them how they're wrong and what's wrong with them so that they back off. Perhaps this was the only way you could protect yourself as a child, arguing against an unreasonable and controlling authority figure. At times, your sensitivity may actually become a little paranoid, where it's hard for you to know who you can trust.

Resentful or Demanding

You don't like to owe anybody anything because you are afraid of being controlled by them, so you tend to wait and not make demands on others until you feel you are completely justified in doing so. However, by that time you are often angry and resentful. As a result, when you ask for something, it may come across as demanding, as if other people owe you something, which leads to them feeling resentful, angry, and argumentative with you. As a child, you probably couldn't show vulnerability, and you couldn't ask for what you wanted without fear of some kind of reproach.

Substance Abuse or Acting Out

You may use chemical agents—alcohol or drugs—as a way to numb yourself or to feel better. You may be impulsive when stressed. Perhaps you will rashly express anger, use chemical agents, or even break the law. You can be quite vengeful if someone has hurt you, and if you use chemical agents your behavior can lead you into trouble with authority figures. If authority figures come across as controlling, you feel almost obligated to resist them on principle, even though to do so might lead you into more trouble. You may see your problems as due to unreasonable people who have treated you unfairly. If you get into trouble because of your behavior, you may feel some angry impulses toward yourself. At these times, you may engage in self-defeating or even self-destructive acts.

LIFESTYLE AND BACKGROUND FEEDBACK

You are sensitive to any violation of your boundaries, as if you have been unfairly treated or somehow violated. Sometimes people with your profile grew up in environments where a parent had been very controlling,

critical, judgmental, harshly punishing, and shaming. You attempted to deal with authority figures by protecting yourself, numbing yourself so that you wouldn't feel the pain, and being always ready to argue and protect yourself. No wonder that, growing up in this environment, you developed an edgy vigilance for anything that could be construed as a demand or a criticism. Now you're always ready to argue, to defend yourself, to plead your case, and to protect yourself from unfairness and control by others.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Explore with your therapist your childhood experiences of being unfairly treated. See if you can capture any particular memories of being controlled and criticized and what it felt like at the time, being unable to protect yourself. Work with your therapist to become aware of your thoughts, feelings, body sensations, breathing, and posture as you re-experience those emotions of being unfairly criticized and rejected. The goal is to address unfinished feelings from the past that are causing you pain.[1]
2. Determine what is trapping you currently. You may be in a situation that reminds you of how you grew up feeling criticized and unfairly treated. It may be hard for you to see a way out of your current predicament. First, determine what it is you want, and then see if you can honestly negotiate your needs with those around you. Remind yourself that your current feelings may make it hard for you to determine whether you're seeing people's motives clearly.
3. Resilience building: Explore your tendency to wait until you are "above criticism" before you make demands on others, and rehearse with your therapist how to express your thoughts and feelings without expressing them as blame or anger. Learning to assertively ask for what you want will do a great deal to alleviate your feelings of anger and blame and will give you a greater sense of self-control. Practice assertive requests with your therapist; role play situations where it is difficult for you to make requests in a reasonable way. Assertive statements begin with "I" (e.g., I want; I feel; I think), "When you" (e.g., make jokes; don't help with housework; have me work late hours), and, "I would appreciate it if you would _____ in the future" (e.g., not make jokes at my expense; do the

[1] Gestalt therapy techniques such as "empty chair" have typically been considered most effective with "overly socialized, restrained, constricted individuals" (clients such as the 4-6 who are resentful, irritable, and sensitive to criticism) whose constrained functioning is primarily due to "internal restrictions" (Fagan & Shepherd, 1970, pp. 234–35). There is empirical support for claims of the efficacy of the empty chair technique in resolving intrapsychic conflicts (Greenberg & Dompierre, 1981).

dishes every other night; give me advance warning when you want me to work late).[2]

4. Explore with your therapist any feelings you may have that your therapist is criticizing or judging you. It's important that you talk to your therapist about any feelings you have toward him or her so that you don't start witholding information, store up resentment, and turn things you don't like into excuses to leave therapy.
5. Learn to recognize when anger is building so you can express it before it becomes an enraged temper outburst. You may believe that it is "cathartic" to express your rage; there was a popular theory that anger was a physical energy that built up inside and if it wasn't expressed it could lead to physical health problems such as cardiac disease. In truth, the *expression* of hostility and rage turns out to be the real culprit in heart disease.[3] "Venting" anger serves only to elevate blood pressure and makes us even more enraged; however, expressing anger in an assertive and direct way will lead to a reduction in anger and the corresponding physical symptoms.
6. You are a sensitive person, so your feelings can easily get hurt. See if you can identify any automatic negative thoughts that contribute to you feeling angry and resentful. Examples of automatic thoughts include *mind reading*, which is the belief that you know what others are thinking even though they haven't told you; *personalizing* by investing innocuous events with personal meaning; or thinking in absolutes terms of should, must, ought, or have to. Once you notice any of these types of thinking, write them down, and work with your therapist to develop more constructive statements.
7. Examine with your therapist whether you are using chemical agents as a way of feeling better. Do alcohol or chemical agents get you in trouble with others? Are you more impulsive when you use them?
8. You may have worked so hard at being above criticism that you may be out of touch with what you really want and need. Start by identifying some basic wants: physical, emotional, spiritual, intellectual, and social needs. Do you want approval, help, more attention, to be listened to,

[2] In a study of the control that language exerts over emotions and behavior, various types of assertive versus accusatory communications were examined. A total of 40 undergraduate women were asked to imagine discussing a relationship problem with their close partner and to rate their own reactions. Accusatory "you" statements elicited higher ratings of negative behaviors and emotions than did assertive "I" statements (Kubany, Richard, Bauer, & Muraoka, 1992).

[3] High levels of Hostility (Ho) on the MMPI were associated with increased levels of coronary atherosclerosis. In one study, 255 medical students were assessed with the MMPI for levels of expressed hostility; 25 years later the most irritable subjects had nearly five times as much heart disease than their less angry counterparts (Barefoot, Dahlstrom, Grant, & Williams, 1983). Hostility is also associated with a lower survival rate in clients with coronary artery disease (Boyle et al., 2004).

respected? Work with your therapist to choose one or two areas that would be the most comfortable for you to work on.

9. You are sensitive to criticism, and sometimes you may find yourself feeling so on edge that you feel others are out to get you and harm you. You may then plan for ways to protect yourself or even to get vengeance. Explore with your therapist whether you are thinking clearly or whether your sensitivity has shaded toward paranoia.

CODE-TYPE 4-7/7-4

Descriptors

Complaints

Anxiety, tension, guilt, impulsive acting out, addictive behavior, family discord or alienation, agitation, dysphoria, self-criticism, irritability

Thoughts

Ambivalent, manipulative, compulsive, anxious, guilty, self-critical, self-indulgent

Emotions

Anxious, guilty, tense, irritable, dysphoric

Traits and Behaviors

Cyclical acting out followed by guilt and anxiety, dependency/independency conflicts, anxious about security in relationships, conflict between compulsive acting out and anxiety and guilt, insecure

Strengths

Excitement seeking, adventurous

THERAPIST'S NOTES

In the normal range these clients have a tendency to become anxious and, as tension builds, to act out impulsively. They avoid conflict and procrastinate in dealing with difficult situations. Their impulsive tension reduction can be self-defeating, and although they experience guilt and self-doubt after acting out they tend to continue to do so. At higher elevations, the 4-7 code types reflect a more destructive approach–avoidance paradigm. Scales 4 and 7 reflect, in many ways, contradictory and polar opposite traits. Scale 4 predicts emotional alienation, self-centeredness, callousness, acting out, and poor impulse control. Scale 7 reflects anxiety, guilt, remorse, hyperresponsibility, and a desire for connection and reassurance. When elevated together, individuals are conflicted between needs for autonomy and immediate impulse gratification on the one hand and preoccupation with guilt, anxiety, and others' disapproval on the other. This tension results in episodic acting out followed by guilt, self-deprecation, and anxiety, leading to future cycles of tension and acting out. Their remorse, guilt, and fear of loss of love and approval after acting out are sincere at the time but diminish as tension and pressure build, lowering the threshold for acting out in the future.

4-7 individuals seek and ask for reassurance, emotional connection, and approval, yet they have difficulty with trust and emotional vulnerability. Accordingly, reassurance from others works only temporarily and needs to be constantly renewed. They find commitment particularly difficult, tend to push

others away emotionally, and then panic when the other person withdraws. This can be frustrating and stressful to their significant others, who are alternately engaged into the relationship and then pushed away.

The 4-7 individuals have little awareness of the source of their conflicts. As is typical with Scale 4 elevations, they externalize blame, tending to see their anxiety as due to outside events, external circumstances, or other people's behavior. Others see them as quite self-centered, not only because they come across as demanding but also because they appear to lack empathy for others. Whether they are in an anxious, clinging, reassurance-seeking mode or acting-out mode, they tend to demand attention and affirmation from others. Often they need rescuing from the binds they find themselves in, whether legal, financial, or interpersonal.

As anxiety and tension build, they can become quite agitated, dysphoric, irritable, and prone to impulsive behavior. Their acting-out behavior may be antisocial (shoplifting), self-defeating (binge-eating), or destructive (gambling, infidelity, or some other form of instant gratification). They then feel guilty, remorseful, and self-critical. They can be quite manipulative, especially if other scales such as Ego Strength (Es) and K are elevated. With high 4-7 elevations and low K and Es, the ability to tolerate anxiety and control impulsiveness long enough to be effectively manipulative is reduced, and they cannot delay gratification easily.

LIFESTYLE AND FAMILY BACKGROUND

Our hypothesis is that the 4-7 code types reflect insecurely attached individuals who have adapted to highly inconsistent parents who were indulgent and co-dependent but also controlling, unreliable, and perhaps explosive or rejecting. We hypothesize that the 4-7 individuals have a fear of unpredictable emotional abandonment.

MODIFYING SCALES

- When Scale 2 is elevated, look for despondency, guilt, and periods of immobilizing depression, especially after acting out. The 4-7-2 clients have a great deal of difficulty making decisions and are very ambivalent about commitment and intimacy.
- When Scale 8 is elevated (4-7-8/4-8-7), there is more cognitive disruption and greater emphasis on the avoidance aspect of the approach–avoidance conflict with even more difficulties trusting others. Their damaged self-esteem tends to render their acting out more self-destructive, self-defeating, and sometimes cruel to others.
- When Family Discord (Pd1) is elevated but Authority Conflict (Pd2) is within the normal range, then the acting out would likely be manifested

in family conflict and alienation rather than in antisocial acting-out behavior. This would be especially true if Family Problems (FAM) was elevated but Antisocial Practices (ASP) ASP was not. However, if is elevated, then look for acting-out behavior that leads to legal difficulties and conflicts with authority figures.

- When Anger (ANG) is elevated, the episodic accumulations of tension and anxiety or blocked demands would dispose them to angry outbursts when frustrated.
- Typically Anxiety (ANX) and Low Self-Esteem (LSE) would be elevated, reflecting the apprehension and low self-worth associated with impulsive acting out.
- When Obsessiveness (OBS) is elevated, look for obsessive ruminations about acting out and then agonizing about the extent of the damage and the possible consequences.
- When Fears (FRS) is elevated, clients may exhibit specific fears and phobias that are iconic of the approach–avoidance conflict. For example, a fear of bridges or heights might symbolize their low impulse control when confronted with situations without boundaries.
- When Type A Behavior (TPA) is elevated, the impatience and irritability associated with elevations on that scale come from anxiety and poor frustration tolerance rather than hypomanic-drive states.
- When Antisocial Behavior (RC4) is more elevated than Dysfunctional Negative Emotions (RC7), expect the individual to be more likely to be critical and argumentative and at increased risk for problems with substances. If RC7 is greater than RC4, expect greater anxiety and irritability.

THERAPY AND THERAPEUTIC PITFALLS

The 4-7 code types have low frustration tolerance. They tend to seek therapy in a crisis, whether due to guilt or the negative consequences of acting out. When the crisis is over, they tend to terminate therapy. The first stage of therapist therapy involves trust building by validating anxiety and reassuring them of support. After establishing trust, teach them to understand how anxiety and tension precipitates impulsive behavior and how they can practice better self-control to control it. Identify precipitating circumstances for acting out, and rehearse new, more controlled self-soothing behaviors. Elicit specific memories of unpredictable, emotional abandonment or parental rejection to foster self-knowledge and self-empathy and to bring awareness about how certain events restimulate their fear of abandonment. Use gestalt techniques to help engage and control anxiety. Teach self-soothing behavior such as thought stopping and relaxation training. Deep breathing (Hazlett-Stevens & Craske, 2009) and progressive muscle relaxation (PMR; Chen et al.,

2009) can help with stress management. Understanding how they replicate their relationship with their parents by their approach–avoidance conflicts and learning alternative strategies are among the goals of therapy. As 4-7 behaviors are cyclical, acting out tends to be predictable, so teach them how to anticipate it and to rehearse alternatives. The traditional 50-minute therapy paradigm may be less useful than a coaching model, with the therapist available to coach the client as needed, especially as tension builds and the risk of an impulsive reaction increases. Substance abuse and other addictive behaviors tend to be minimized but are common. Beware of suicide risk if acting out has led to devastating consequences.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is within the normal range. However, it shows that when you become anxious you have a tendency act impulsively, leading to consequences which you regret later. When this happens, you may worry and feel guilty about what you have done, which leads you to become more tense and increases the likelihood of another impulsive act. You may use chemical agents, overeat, overspend, or have some other habits that serve as a way to immediately reduce tension. Generally, you find conflict difficult, and you may find yourself being manipulative to find ways to avoid confrontations. You also avoid situations that might make you angry, but when you finally do feel angry it may come out impulsively, due to the buildup of tension. After your angry outburst you may feel very guilty and remorseful.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile suggests you have a number of possible strengths. You enjoy excitement, are adventurous, and are able to take risks but, at the same time, you are responsible and prone to worry. Unfortunately, these two sets of traits coexist in you in a way that causes you difficulty.

Guilt, Anxiety, Impulsivity

It appears that you spend much time with mixed feelings, alternating between guilt and anxiety on one hand and, then as stress and tension build, impulsiveness and risk-taking on the other hand as a way of relieving the tension.

Self-Critical or Insecure

After you've acted on your impulses and done something risky or self-defeating, you probably experience self-doubt or even self-hatred. The consequences of your rash behavior may frighten you, and then you're liable to become self-critical and insecure. You want reassurance that people won't abandon you, and during these times you might promise people that you will never act impulsively again. As things settle down and you feel more secure, you might find yourself starting to feel restless, bored, and in need of excitement, risk, and even danger. It's possible that these two sides of you—the spontaneous risk taker and your worried and fretful side—would work better if not at war with each other. Finding the right balance is going to be an important part of your therapy.

Manipulative or Difficulty Making Decisions

You also may find yourself becoming manipulative when you are anxious, doing whatever it takes to get your needs met. During these times, you may not tell the truth, or you may selectively report or somehow bend the truth to get your way. Because there are these two competing sides of you, you may find making decisions extremely difficult. You see every side of every issue, and you feel apprehensive about making the wrong decision. You may ask many people their opinion but find it hard to trust any of them. You may also find it hard to express anger toward people, afraid that if you do so they will abandon you emotionally. When anger does come, it probably comes out as a sudden eruption of feelings that you don't control well.

LIFESTYLE AND BACKGROUND FEEDBACK

Typically, people with your profile grew up in environments where parents were inconsistent. Maybe one of them was indulgent and permissive but didn't appear to really care about your needs. Perhaps the other parent was strict and demanding. It's also possible that the same parent would alternate between periods of being demanding, critical, and maybe even explosive and then at other times neglectful. You learned to be on guard for something bad to happen, unable to trust your relationships because they were not stable and reliable. When you became stressed or anxious, you had trouble trusting that a parent would be there to recognize and try to reassure and ease your discomfort. You would act impulsively to relieve stress, trying to get your needs met immediately. Your impulsivity has probably gotten you into trouble, especially if you use drugs or alcohol as a way of relieving stress. You worry and wait for someone you love to either get angry at you or abandon you. Yet when you feel love from the person you care about, you might feel hemmed

in, controlled, or bored. You might be tempted to distract yourself with other relationships or the things that excite you. However, if you feel vulnerable to losing the person you care about, you panic and cling to them until you feel safe.

TREATMENT AND SELF-HELP SUGGESTIONS

1. As tension and anxiety build, rehearse with your therapist what kind of impulsive behaviors you use as a way of reducing these feelings. See how these impulsive behaviors have negative consequences that can cause you problems. Explore how you can avoid being impulsive by visualizing stressful situations and rehearsing alternative coping strategies so that you don't continue to act in a cyclical manner from impulsive behavior to guilt, anxiety, and self-criticism. Work with your therapist to identify a specific problem situation, and take an objective look at the consequences. Find alternatives, develop a plan, be specific, and put it in writing. Once you have had a chance to test it out, evaluate the outcome to see if the plan needs revising.
2. A simple and effective tool to help manage intrusive anxious and stressful thoughts is called thought stopping. Whenever you become aware of an unwanted thought, forcefully say to yourself, "Stop." Some people find it helpful to picture a large red stop sign at the same time. Anxious thoughts tend to repeat themselves, so this is a way to disrupt and recognize unhealthy thought patterns. Repeat the technique until the thought leaves your attention. You can then replace it with a more positive and constructive thought (e.g., "I have felt this way before, and I know I can handle this").
3. Learning relaxation techniques such as deep breathing can also help to stop anxious and compulsive thoughts. Controlled breathing helps because when people are tense their breathing is shallow, which sets up a pattern of imbalance of oxygen and carbon dioxide that then increases anxiety. Practice once or twice a day at least 4 minutes at a time, as this is how long it takes to restore balance. Place one hand on your upper chest and one hand on your stomach so that the hand on your stomach moves as you breathe in to a slow count of 4 and breathe out to a slow count of 4.[1]
4. Progressive Muscle Relaxation (PMR) is also helpful in combating anxiety. In PMR, major muscle groups are first tensed and then relaxed proceeding from the feet to the head or vice versa. Each muscle group is tensed for 5

[1] The controlled breathing technique is detailed in *Mind Over Mood* (Greenberger & Padesky, 1995, p. 185). Deep breathing is an effective method used to counteract chronic anxiety hyperventilation associated with panic disorder and as a general relaxation strategy (Hazlett-Stevens & Craske, 2009).

seconds and relaxed for 10 to 15 seconds. The more you practice, the more skilled you will become at controlling your anxiety.[2]

5. Resilience building: Discover with your therapist whether you experienced unpredictable anger or emotional rejection as a child. See if you can remember what it felt like to always be on edge and fearful that something bad was about to happen. It is understandable that this has become a dominant "life story" for you, but discuss with your therapist any alternate outcomes that occurred. Were there times when you felt safe and cared for? Have there been any "surrogate parents" you have found along the way? Are there times when your fearfulness goes away?[3]
6. Whenever you're stressed, avoid the temptation to lie or manipulate, and practice confronting the situation directly. Assertiveness training can help you address interpersonal problems in way that is open, honest, and direct. Identify a situation that is stressful, how you feel about it, and what you would like to happen. For example, "When you criticize me, I feel hurt and angry, and I would like you to be more supportive." Practice in the safety of your therapy session. A good resource for assertiveness skills is *When I Say No, I Feel Guilty* (Smith, 1975).
7. Once you learn to manage your anxiety and avoid impulsive behavior, you can learn to be more balanced rather than going from one extreme to the other.

[2] Chen et al. (2009) found that the degree of anxiety improvement in a progressive muscle relaxation training group was significantly higher than their control group and that it is a useful intervention across a spectrum of psychiatric disorders.

[3] Narrative therapy can help clients find alternatives and assess their problems in a different light. *Narrative Means to Therapeutic Ends* (White & Epston, 1990) outlines the theory and practice of narrative therapy. In the case of clients who have witnessed violent events, Levy and Wall (2000) find that the narrative approach helps construct more effective views of the events, a greater sense of efficacy, and increased resilience.

CODE-TYPE 4-8/8-4

Descriptors

Complaints

Moodiness, depression, anxiety, anhedonia, sleep disturbance, hopelessness, restlessness, irritability, family alienation, early childhood abuse or neglect, fears of trusting, paranoia, alienation, possible substance abuse, possible suicidal threats or behaviors, self-defeating and self-destructive acts

Thoughts

Distrustful, feelings of inferiority, ideas of reference, paranoid thoughts, poor reality testing, sexual/aggressive fantasies, argumentative, resentful of demands, morbid ruminations, projecting and rationalizing

Emotions

Alienated, anhedonic, emotional numbing, fears of emotional involvement, unable to trust and let go emotionally, inappropriate affect, lacking empathy, paranoid

Traits and Behaviors

Unpredictable, nonconforming, alienated, resentful, impulsive, can act out antisocially, immature, self-defeating, borderline traits, sexuality/aggression confusion, demanding of affection but distrustful, lacking in empathy, questions others' motives, poor relationship adjustment, self-destructive or self-defeating acts

Strengths

Creative, unconventional, nonconforming

THERAPIST'S NOTES

In the normal range, this profile is associated with nonconformity, eccentricity, difficulties with trust and intimacy, and deficits of empathy. Acting out and resistance to traditional lifestyles are typical. At higher elevations, deep mistrust is the central characteristic. Individuals with this profile fear emotional involvement and maintain emotional distance from others. In spite of their distrust, they have an exaggerated need for affection, attention, and validation. They can be self-protectively irritable, resentful, and argumentative. This profile is often associated with childhoods of sexual or emotional abuse, neglect, and cruelty. Clients with this profile report depression, anxiety, somatic symptoms, mistrust, and anhedonia. They experience the world as a frightening place where others cannot be trusted or relied upon, and they feel unable to effectively comprehend others' emotional states. Ideas of reference

and transient paranoid states are common. They tend to confuse sexuality and aggression and often become involved in sadomasochistic and self-defeating relationships. Feelings of hopelessness can lead to suicidal ideation and self-destructive acts, reflecting their desperation and alienation.

These individuals are suspicious, argumentative, and very sensitive to any demands placed on them. Their profile can be characterized as reflecting a damaged capacity to form interpersonal bonds due to early hostility, abandonment, and cruel neglect. They exhibit distorted thinking and are often described by acquaintances as somewhat odd and eccentric. They tend to react in emotionally unpredictable ways that can result in self-defeating, destructive bizarre and senseless acts. Crimes committed by 4-8 individuals tend to be random, senseless, poorly planned, and poorly executed. As one would expect with a combination of Scales 4 and 8, when angry impulses erupt they are shaped through the lens of alienation, distorted thinking, and an accumulation of internalized aggression, so their acting out can be savage and senseless and can sometimes contain a sexual overtone. Interestingly, many 4-8 individuals do not exhibit gross or florid thought disorder symptoms.

LIFESTYLE AND FAMILY BACKGROUND

The 4-8 profiles reflect an adaptive response to parental cruelty and overwhelming rejection. Numbing out emotional responsiveness and escaping into retaliatory aggressive fantasy would make sense in an environment of overpowering hostility and neglect. The lifestyle and family background of the 4-8 code type is similar to that of an unwanted and rejected child. Studies conducted in Czechoslovakia just after the collapse of the Soviet Union examined the histories of children born to mothers who had attempted to abort them. It was found that these children began developing behavior problems by the age of 3 or 4, school problems before the age of 10, and alienation and authority problems in early adulthood (David, Dytrych, Matejcek, & Schuller, 2003). Characteristics described by the authors show remarkable similarity to 4-8 attributes.

A large majority of 4-8 code types have reported histories of parental domination and rejection. We hypothesize that their adaptive response was to "reject first" and not to allow emotional closeness. They tend to replicate their childhoods by becoming involved with controlling and rejecting individuals. They are often single or in conflicted, abusive relationships. They have difficulties being effective parents because of their lack of empathy, yet being a parent is very important to them.

MODIFYING SCALES

- When Defensiveness (K) is elevated, expect less obvious acting out, especially if Ego Strength (Es) is also elevated. These elevations would

predict better self-control and superficial poise but also the more effective manipulation of others. Acting out might be interpersonal rather than antisocial, especially if Antisocial Practices (ASP) is not elevated above a T-score of 70.

- Typically, Scale 2 is also elevated, reflecting the anhedonia associated with this code type; these clients may also exhibit some of the physiological symptoms associated with depression. In some cases, antidepressant medication can alleviate their symptoms.
- When Scale 3 is elevated, it suggests some attempts at connecting with others, although the drive for self-protective distance is stronger. Typically, these individuals will play the correct social role, although they exhibit odd behaviors. The 3-4-8 code types' attempts at interaction and closeness will tend to be clumsy because of their damaged self-image and poor reality testing. Peculiar ideologies and inappropriate seductiveness indicate hysterical defenses against alienation and distrust.
- A number of the content scales may be elevated, reflecting diffuse anxiety, somatic symptoms, family alienation, cynicism, and antisocial practices.
- Elevated Antisocial Behavior (ASP) increases the possibility of violent acting-out behavior, particularly if direct threats are made. This is particularly true if ASP, Anger (ANG), and Cynicism (CYN) are all elevated.
- When Obsessions (OBS) is elevated, examine the focus of obsessive thoughts and be aware of the possibility of violent obsessions.
- When Bizarre Mentation (BIZ) or Aberrant Experiences (RC8) or Psychoticism (PSYC) is elevated, rule out the possibility of a schizophrenic disorder.
- Negative Treatment Indicators (TRT) elevated would confirm a lack of trust in the therapeutic process.

THERAPY AND THERAPEUTIC PITFALLS

Establishing trust is difficult. These individuals are acutely sensitive to hostility. They put the therapist through various trust tests, as they find the intimacy of therapy disturbing; it engages their fear of vulnerability and abandonment. Dealing with the transference on an ongoing basis helps develop rapport as clients learn that questioning the therapist does not lead to abandonment. Existential discussions tailored to the clients' intellectual capacity, interwoven with discussions about general issues of trust and abandonment can be a gradual way to educate the client that not all relationships are exploitative and damaging. The therapist should be mindful and open to the transference and countertransference by remaining stable, predictable, nonjudgmental, and emotionally supportive without being rigid and

distant (Kernberg, Selzer, Koenigsberg, Carr, & Appelbaum, 1989). Opposite-sex clients will tend to be seductive; however, interpreting the seductiveness tends to backfire, as it is likely unconscious. Maintaining boundaries without appearing cold or mechanical is the best approach (Gabbard & Horowitz, 2009). A goal of long-term therapy is repairing damaged identity and self-esteem. Schema therapy has been demonstrated to be effective for these individuals (Bricker & Young, 2004). Short-term therapy should focus on teaching clients not to act out in destructive ways using specific advice and practical problem-solving approaches.

These clients have difficulty experiencing empathy for what they experienced as children, so one therapeutic strategy is to have them role play one of the cruel experiences they suffered as children. This would need to be done gradually, being mindful that as the 4-8 individuals become aroused, they may lose control. This process uses identification with the aggressor as a way to first engage their hostile self-hatred before engaging self-empathy as the recipient of hostility. Boundaries are important, as this often reflects a borderline personality organization. At the same time, the therapist should not appear cold and rejecting, replicating their childhood history.

NORMAL-RANGE FEEDBACK

Your profile is in the normal range. In fact, you show a number of solid strengths and abilities. You test as independent, nonconventional, and creative. You tend not to follow the crowd but instead seek your own solutions to problems. Periodically, you may find yourself withdrawing from people and having some difficulty trusting and letting go of emotional control. At these times, you may find it difficult to accept and emotionally open up to those you care about or to feel close and connected to others. During times of stress you may have a sense of foreboding and anxiety, as if the world is unpredictable, even dangerous, and that something bad could happen. You may occasionally be impulsive in ways that are self-defeating or self-destructive. Occasionally, you may experience moodiness, where you feel empty and alone but can't idenfity why.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile reveals that you have a number of strengths. You are an independent, creative, and imaginative thinker.

Disconnected or Fears of Trusting

Currently, you appear to be feeling alone and disconnected emotionally from others, and it's hard for you to "read" what others are thinking and feeling. Feeling connected is difficult for you, perhaps because you're afraid that they will hurt or even be cruel to you. You may want loved ones to show you a great deal of affection to prove that you can trust them, but at the same time you'll push them away, afraid to let down your guard. You may be cold, aloof, or even hostile to people before they can reject or hurt you. Even when things are going well, you may feel a strange sense of disconnection, as if you're in a dream rather than engaged in life.

Self-Defeating or Self-Destructive

You may experience periods of dark moods where you suddenly feel alone and empty, and you may not know what caused the onset of the mood. During these times, you may feel angry and push people away. You may become annoyed and short-tempered and do things that are self-defeating or even self-destructive.

Inappropriate Affect

It may be hard for you to experience pleasure, so that even gentle and sweet moments seem to be happening to someone else rather than to you. You may experience odd emotions that well up at inappropriate times. Perhaps when someone is being nice to you or when something good is happening, you may find a sudden urge to say something unkind or even cruel. Odd associations may arise in your mind, interrupting moments that should be pleasant or even rewarding, or you may feel a strange sense of excitement when things go badly.

Sexual and Aggressive Fantasies

Some people with your profile confuse sexuality and aggression. In loving moments, you may find yourself fantasizing about aggressive thoughts. When you experience emotional and sexual connection with others it may inadvertently reengage the anger. It's important to discuss with your therapist if your angry thoughts involve actually hurting others.

Poor Relationship Adjustment or Unable to Trust

Becoming involved in a close personal relationship can be particularly stressful because it will bring up early memories of being rejected and cruelly

treated. Even when people are complimentary or loving to you, it's hard for you to trust them. Letting down your guard and being intimate is so frightening that you may find ways to create distance from people you want to care about. When something comes up in your relationship that suggests conflict, you may choose to reject them before they can reject you. Being in a committed relationship is frightening, and this may lead to marital or relationship difficulties. Learning to like yourself, to have empathy for others, and to not push people away will be an important part of your therapy.

Paranoid

At times, your distrust may become so intense that you feel a little paranoid. At these times, it's hard to know whom to trust, and you may misinterpret others' motives and feel that people are out to harm you.

LIFESTYLE AND BACKGROUND FEEDBACK

Often, people with your profile grew up in environments where their parents were cold, controlling, rejecting, and cruel. From an early age you learned to protect yourself against hurt by keeping up a wall and not letting yourself be vulnerable. Perhaps you escaped into your own fantasy world as a way of avoiding the pain of your outside world. Now, you may find yourself daydreaming, perhaps creating angry fantasies as a way of letting go of some of the anger that often results when somebody has been badly treated. No wonder you don't trust and you won't let yourself experience tender moments. In fact, caring for people makes you feel so vulnerable, you demand they constantly prove their love and loyalty to you.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Work with your therapist to recall any childhood experiences where you felt cruelly treated, controlled, and emotionally, sexually, or physically abused. As you revisit those experiences, see if you can develop empathy for yourself as that small child. You may notice that you stay numb and emotionally uninvolved, as if you're describing events that happened to someone else. This may be because you learned to "numb out" your feelings and shut them off to survive. These were adaptive responses at the time and were useful as a way of dealing with an impossible situation. In your therapy, reengage some of those "numbed out" feelings. Write to yourself as a child, or perhaps imagine that you are a parent to yourself as a child.

2. Work with your therapist to see if you can identify any "schemas" or themes that you developed to deal with childhood experiences.[1] Some common themes include the expectation you will lose anyone you get attached to, the belief that others will take advantage of you, or the belief that others will somehow hurt you or put you down. Work with your therapist in session to imagine a conversation with the person that feeling involves. Being able to express your emotions in the safety of the therapy setting can gradually help you learn new perspectives and challenge old schemas.[2]
3. Resilience building: When you find yourself in a dark mood, you may be experiencing some of the emotional memories of your difficult childhood. Try to shift your mood by focusing on what is positive. Cultivating gratitude is a way to enhance happiness and health[3] and is something that can be easily practiced. Try keeping a gratitude journal: four times a week for at least 3 weeks, record what you are grateful for. You can also write a "Gratitude Letter" to someone who has had a positive influence on your life. Write about what this person did for you and how your life turned out differently as a result. This exercise is most effective when you meet the person face to face to thank him or her. You can find more ideas about increasing your gratitude and other positive emotions at www.authentichappiness.com.
4. Attempt to not push people away with coldness, anger, and irritability. Learning to be emotionally vulnerable again will be an important part of your therapy. Work with your therapist to identify people you do trust, even if it is someone you aren't very close to. Realize that not one person will meet all your needs and that you might trust different people depending on the situation. Bolster your coping skills, and trust yourself to be resilient enough to weather the times when you feel let down.
5. Because you've learned to keep up an emotional wall, you may not be able to read how others are feeling. It is hard for you to feel empathy for others because you have put up such an effective wall. Empathy is

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a skill that can be practiced by listening and focusing on the other person's experience. By asking questions and then double-checking, you can improve your ability to read other people. Find out more about how empathy is an essential "people" skill in the book *Emotional Intelligence: Why It Can Matter More Than IQ* by Daniel Goleman (1997).

6. Notice when you have strong emotions that are followed by a sense of feeling alone, misunderstood, or vulnerable. Begin looking at emotions without a judgment attached; instead, see them as pieces of information about your world, clues about how to solve life's problems. For example, if you are hurt by your partner, see if you can gather any clues about why you feel that way; perhaps you are overwhelmed and would like to ask for help with a task.
7. Mindfulness involves paying attention to the present moment in a nonjudgmental way and fostering a quality of curiosity and openness.[4] For more information on mindfulness exercises see www.mindfulnesstapes.com. You can begin by setting aside time to observe the moment without analyzing or judging it. Pay attention to the sight, sound, taste, smell, and feel of the experience. Engaging in a daily practice of mindfulness can help you manage powerful emotions.[5]
8. Avoid substance abuse as this may aggravate some of your angry, dark moods and may lead you to act in aggressive and inappropriate ways.
9. Although you may find it difficult, explore with your therapist how your sexuality may be mixed with aggression and how that might interfere with your sense of connection to the people you love.
10. Your therapist may use cognitive-behavioral techniques as a way to help you with the trauma of your childhood.[6]
11. Dialectical behavior therapy has been shown to be effective for your condition,[7] so you could research any local practices offering it. A good self-help Web site is http://www.dbtselfhelp.com/.

[4] Bishop et al. (2004) explain mindfulness as an acceptance of the present moment and a playful and curious awareness.

[5] Mindfulness and compassion can play a powerful role in helping people who have traumatic backgrounds and perceived threats either from the external world (what others might do to them) or from their internal feelings of being overwhelmed by self-contempt or troubling memories (Gilbert & Tirch, 2009). Orzech, Shapiro, Brown, and McKay (2009) studied the role of intensive mindfulness training on changes in psychological symptoms and found significant increases in well-being, self-compassion, and resilience and decreases in anxiety after 1 month of mindfulness training.

[6] Interventions that have the best empirical support for treating posttraumatic stress disorder are prolonged exposure therapy, some interventions, and trauma-focused cognitive-behavior therapy (Rubin & Springer, 2009).

[7] Linehan (2000).

CODE-TYPE 4-8-9/8-9-4

Descriptors

Complaints

Legal difficulties, resentment, hostility, sexual aggression or confusion, unusual or bizarre or eccentric behavior and appearance, possible psychotic episodes, underachievement, substance abuse, occasional complaints of situational depression, problems with trust

Thoughts

Unconventional, bizarre, possibly psychotic, angry, sexual aggression, preoccupied, disorganized, sadistic, vindictive

Emotions

Cold, apathetic, lacking in empathy, resentful, angry, sadistic, unstable, moody

Traits and Behaviors

Unempathic, can be charismatic, manipulative, nonconformist, sadistic, predatory, angry, acting out antisocially, sexual aggression or confusion, attention seeking, bizarre, demanding

Strengths

Unconventional, creative, excitement seeking, adventurous, charismatic

THERAPIST'S NOTES

Normal-range profiles have many of the 4-8-9 code-type attributes but at a lower level of expression. They are excitement seeking and adventurous and question the established way of doing things. They are independent, self-reliant, and think "outside the box." They can lack empathy, can be self-centered and impulsive, and can act out. At higher elevations, the 4-8-9 profiles combine the angry, rebellious, reckless behavior and possible charisma of the 4-9 profiles with the alienated coldness and instability of the 4-8 profiles. The 8-9 component adds hypomanic volatility and grandiosity to the possible thought disorder and mental confusion of Scale 8. Taken together, the 4-8-9 profile suggests individuals whose reality testing alternates between organized, driven grandiosity and hypomania, aggressiveness, and cognitive slippage. Therefore, acting out can be dangerous because it contains organized, coherent features as well as elements of a thought disorder. These individuals can be charismatic and can be seen as exciting, adventurous, and risk taking, and they can sometimes have enough credibility to lead others into antisocial acts. Charles Manson is the most famous individual with this profile (Phillip Marks,

personal communication, March 1990). Intelligent and socially skilled 4-8-9 code types can rise to positions of prominence and power, although their impulsive and hasty self-defeating behavior eventually leads them into trouble. When 4-8-9 individuals commit crimes, they often planned poorly and appear senseless, even self-destructive. Substance abuse is common, and it aggravates their impulsive and odd behavior. At times, thinking can become loose and autistic, if not overtly psychotic. The profile suggests individuals who lack empathy, are poorly socialized, and respond to frustration with impulsive hostility and cruelty. They sometimes confuse sexuality and aggression; this code type can be implicated in sadistic and sexual homicide. Although these individuals can experience depression, it is an alienated sense of dysphoria and disconnection rather than a sense of communicative sadness. They gravitate toward exciting, adventurous, and risky behavior, perhaps as a way of seeking emotional stimulation. If confronted, they can be menacing and sadistic. They resist authority and, in their organized phase, can be extremely manipulative and ruthless.

Not all 4-8-9 code types will act out antisocially, although the propensity for doing so is high. They will, however, exhibit social adjustment problems and interpersonal difficulties characterized by distrust, alienation, difficulties with communication, and lack of empathy. In an interview situation, they can be charming and appear relaxed but, when pushed or confronted, can quickly become argumentative and hostile. They tend to project their own tendency to manipulate onto others. They are vindictive when crossed. Their interpersonal style reflects their underlying potential for explosive anger. People often respond with anxiety or fear to the individual with a 4-8-9 code type and instinctively maintain a safe distance.

LIFESTYLE AND FAMILY BACKGROUND

As children, these clients were often treated with hostility and coldness. Childhood histories suggest punitive, controlling, and cruel parenting. As a result, they develop resentment and anger toward family members and a damaged self-esteem. They tend to be self-defeating and self-destructive. Early poor school performance, reflecting the beginning of conflicts with authority figures, is common. They can experience occasional depressive episodes, in part because of their inability to develop a coherent identity, sense of purpose, or emotional bonds with others. These episodes reflect estrangement and emptiness rather than communicable sadness. As adults, these clients can exhibit uneven performance toward goals, often giving up even as they are getting ahead. They can impulsively change careers, identities, and life situations in ways that strike others as unusual and self-destructive.

MODIFYING SCALES

- When Correction (K) and Ego Strength (Es) are elevated, the 4-8-9 code-type's behavior is more controlled and possibly dangerous. The clients are effective at masking their underlying thought disorder, cognitive slippage and their manipulation of others.
- When Scale 2 is elevated, the clients will complain of depression and despondency, but it is more a sense of hopelessness and angry defeat than physiological depression.
- When Scale 5 is in the feminine direction, the acting-out behavior may be more sexual in nature.
- When Scale 6 is elevated, the likelihood of paranoid and bizarre behavior increases. The possibility of psychotic episodes also increases. This is especially true if Ideas of External Influence (Pa1) is elevated.
- When Poignancy (Pa2) is elevated, the 4-8-9 is extremely sensitive to being disrespected or rejected and could be punitive and vindictive in return.
- When Bizarre Mentation (BIZ) or Psychoticism (PSYC) or Aberrant Experiences (RC8) is elevated, the possibility of psychotic episodes increases. The likelihood of disorganized and bizarre acting out increases.
- Typically, Cynicism (CYN) will be elevated, reflecting the underlying distrust associated with this profile.
- Negative Treatment Indications (TRT) would typically be elevated, reflecting distrust toward authority figures and mental health professionals.

THERAPY AND THERAPEUTIC PITFALLS

Typically, 4-8-9 code types do not seek therapy. Usually, they are referred because of problems with the legal system or interpersonal difficulties related to their aggressive, acting-out, and addictive behavior. 4-8-9 code types are extremely distrustful and expect the therapist to be manipulative and uncaring. It is difficult for them to open up and to articulate their feelings and thoughts in any meaningful way. Obtain a history to ascertain the depth of early emotional, physical, or sexual abuse. Therapy should focus on helping clients recognize how their emotions can be disorganizing and can lead to impulsive, self-defeating, or aggressive behavior. Cognitive slippage during therapy, especially with hostile content, signals severe stress. Typically, limits are needed and will be challenged often. At such times, a sense of humor, but firm limits noticing the clients' manipulations, without sternness, is effective. Insight therapy is generally contraindicated, as it might be disorganizing. To begin a process of gradual socialization, address ways that their aggressive stance and bizarre clothes are effective in keeping people at a distance but have negative side effects. It is important to determine the strength of the clients' ego controls. Therapists should be supportive and reassuring while maintaining boundaries to create

corrective socializing experiences that will enhance the client's social skills, self-awareness, and empathy. Substance abuse counseling is often needed. Treatment strategies to help them manage and modulate their impulses could be useful. They are often quite charming, engaging, and even endearing, but can quickly become hostile and demanding, especially if they feel in any way mistreated, disrespected, or scolded. Take hostile threats seriously. Although rarely suicidal, when feeling punished or trapped the Scale 9 mania can switch to Scale 2 depression and resulting self-destructive behavior.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is within the normal range and reveals some positive attributes. You are excitement seeking, adventurous, and risk taking, and you are not afraid to question the established way of doing things. You tend to think outside the box, and you do things your own way; authority figures that come on too strong irritate you. People with your profile are often charismatic and easygoing, although underneath they may have difficulty trusting others and letting people get close. Being vulnerable, turning to others for emotional support, and allowing yourself to be intimate is difficult for you. When you do get involved, you may find ways to keep a distance from people and to protect yourself from getting hurt, perhaps by creating arguments or looking for others' faults.

People with your profile are vulnerable to developing substance addictions. Perhaps you drink too much, use drugs, or have some other addiction that allows you to feel "alive." Although you may control your impulses for a period of time, your need to live on the edge can lead you to be reckless. People with your profile often do well in life until some lapse of judgment or hasty act leads to real problems.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile shows that you have some positive attributes and strengths. You have a great deal of energy, you can be charismatic, you're not afraid to question the established way of doing things, and you're not afraid to take risks. You're able to be very spontaneous, creative, and independent.

Manipulative or Angry

Your profile also shows that you are going through life ready to confront, argue with, and manipulate people. It's as if you're afraid that if people have

control or power over you they will abuse it and that if you let down your guard others will be cruel or will use their power over you. Sometimes you can be friendly, charming, and likeable, but if someone gets in your way, or tries to control you, you become angry, irritated, and perhaps even violent. That violence may be verbal or physical or both. You can experience periods where you feel relaxed, even easygoing, but your profile suggests that you're always a little on edge underneath, as if on guard for anyone humiliating, abusing, or taking advantage of you.

Problems With Trust

It's hard for you to allow people to get emotionally close. When you get involved in an intimate relationship, it might be frightening because you're afraid that the other person will have power over you. You seem to work hard not to let yourself care too much so that no one can hurt you. If you do let yourself care, you can become possessive and jealous, afraid that the other person can't be trusted. This may be because you grew up in an environment where people didn't trust one another and where you couldn't trust your parents to take good care of you. Now, when you are involved with someone, you feel vulnerable and insecure, and sometimes you even get paranoid and possessively jealous. It's hard for you to believe that anyone could really care for you and stay loyal, so you tend to become controlling and demanding.

Aggressive Sexual Fantasies or Hostility

Growing up with an abusive, cruel, and controlling parent, you learned to escape into your fantasy world to avoid getting hurt. Some of your fantasies may be violent, sexual, and even at times bizarre. You may experience aggressive, sexual fantasies where you or someone else is hurt. Some of your fantasies that mix aggression and sexuality may reflect the fact that you often experienced hurt and even violence from people who should have loved and protected you. Now, it's hard for you to let yourself be vulnerable and feel loving feelings without also experiencing anger and hostility. It's important for you to discuss these mixed emotions with your therapist.

Substance Abuse

You may abuse substances or have other addictive and self-destructive behaviors. When you use substances, some of your aggressive and sexual impulses may get the better of you, and you may do things that cause you difficulties with loved ones and authority figures. Under the influence of substances, you may become even more impulsive and perhaps quite hostile and aggressive,

especially if you feel unfairly treated or disrespected. Some of your impulses may be quite violent and may take you by surprise.

Cold or Apathetic

It's hard for you to feel love and tenderness toward others. Moments that others see as sweet may leave you feeling empty, cold, and strangely distant. In moments when others might feel happy and loving, you protect yourself against letting down your guard. When people say positive or loving things to you, you suspect that they are being manipulative and somehow trying to get something from you. That's why you might feel apathetic when others expect you to be loving.

Moody or Vindictive

Although you can experience happy and even playful moods, you can quickly become angry and sometimes you may not know what caused it. At these times, you push people away, and it may be hard for you to talk about your feelings because you don't like to be seen as weak. As a child, you probably never had anyone you could turn to in frightening moments, so now when you feel anxious or hurt you get angry and ready to protect yourself. At these times, you might feel that people are wearing a mask and you may experience a cold emptiness because you are unable to read others or have sympathy for their feelings. When people hurt you, you can be quite vindictive and cruel towards them.

Nonconformist

Perhaps because of anger toward authority figures who mistreated you, you now have a tendency to be nonconformist and to argue against and resist authority figures. Sometimes you will create arguments for no good reason except to fight. Going through life arguing, resisting people, pushing people away, and not letting yourself care can be quite lonely.

LIFESTYLE AND BACKGROUND FEEDBACK

Typically, people with your profile grew up in abusive situations where an authority figure was controlling, unfair, and unreasonable. From an early age, you learned to be ready to fight back and not to let your guard down. You protected yourself by being intimidating and manipulating people. To you, the world is a "dog-eat-dog" place where people can't be trusted and where you have to have control, power, and authority over others. You're afraid that if you let down your guard people will use your vulnerabilities and weaknesses against you.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Work with your therapist to recall childhood experiences where you felt cruelly treated, controlled, and emotionally or physically abused. As you recall those experiences, see if you can develop empathy for yourself as that small child. You may notice that you stay emotionally uninvolved, as if you're describing events that happened to someone else. This may be because you learned to "numb out" your feelings and to shut them down to survive. These were adaptive responses and useful as a way of dealing with an impossible situation. In your therapy, reengage some of those numbed out feelings. Write to yourself as a child, and include what you would do differently if you had been the parent.
2. In your therapy sessions, see if you can identify any "schemas" or themes that you developed in dealing with childhood experiences.[1] Some common themes include the expectation you will lose anyone you get attached to, the belief that others will take advantage of you, or the belief that others will somehow hurt you or put you down. Work with your therapist in session to imagine a conversation with the person that feeling involves. Being able to express the emotions in the safety of the therapy setting can gradually help you learn new perspectives that can challenge these old schemas.[2]
3. Resilience building: Whenever you find yourself in a dark mood, remember it's probably because you're experiencing some emotional memories of your difficult childhood. Write down a list of positive things in your life right now, and try to move away from the mood by focusing on what is going well. Cultivating gratitude is a good way to enhance happiness and health[3] and something that can be easily practiced. Try keeping a gratitude journal: four times a week for at least 3 weeks, record the things you are grateful for. You can also write a "Gratitude Letter" to someone who has had a positive influence on your life. Write about what the person did for you and how your life turned out differently as a result. This exercise is most effective when

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you meet the person face to face to thank him or her. You can find more ideas about increasing your gratitude and other positive emotions at www.authentichappiness.com.

4. Attempt to not push people away with coldness, anger, and irritability. Discuss with your therapist how you might become more trusting of others and how you put people through impossible trust tests before you can let down your guard with them. Learning to be emotionally vulnerable again will be an important part of your therapy. Work with your therapist to identify people you do trust, even if it is someone you aren't close to. Realize that one person will not meet all your needs and that you might trust different people for your different needs. Bolster your coping skills, and trust yourself to be resilient enough to weather the times when you are let down.
5. Talk to your therapist about how you will put your therapist through a trust test, and work out how that test can be passed.
6. Because you've learned to keep up an emotional wall, you may not be able to read how others are feeling. Ask people how they are feeling, and believe them, even though it is hard for you to feel empathy for others because you have put up such an effective wall. Empathy is a skill that can be practiced by listening and focusing on the other person's experience. By asking questions and then double- checking, you can improve your ability to read other people. Find out more about how empathy is an essential "people" skill in the book *Emotional Intelligence: Why It Can Matter More Than IQ* by Goleman (1997).
7. Notice when you have strong positive emotions that are followed by a sense of being alone, vulnerable, or even angry. Learn to allow the positive emotions to linger. See if you can begin to look at feelings without a judgment attached; instead, see them as pieces of information about your world, clues about how to solve life's problems. For example, if you feel hurt by your partner, instead of feeling hopeless or alone see if you can gather any clues about why you feel that way: perhaps you're feeling overwhelmed and would like to ask for help with a task.
8. Mindfulness involves paying attention to the present moment in a nonjudgmental way and fostering a quality of curiosity and openness.[4] For more information on mindfulness exercises see www.mindfulnesstapes. com. You can begin by setting aside time to observe the moment without analyzing or judging it. Pay attention to the sight, sound, taste,

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smell, and feel of the experience. Engaging in a daily practice of mindfulness can help you manage powerful emotions.[5]

9. Avoid substance abuse, as this may aggravate some of your angry, dark moods and may contribute to you acting in aggressive and inappropriate ways.
10. Although you may find it difficult, explore with your therapist how your sexuality may be mixed with aggression and how that might interfere with your sense of connection to people you love.[6]

[5] Mindfulness and compassion can play a powerful role in helping people who have traumatic backgrounds and perceived threats either from the external world (what others might do to them) or from their internal feelings of being overwhelmed by self-contempt or troubling memories (Gilbert & Tirch, 2009). Orzech, Shapiro, Brown, & McKay (2009) studied the role of intensive mindfulness training on changes in psychological symptoms and found significant increases in well-being, self-compassion, resilience, and decreases in anxiety after 1 month of mindfulness training.

[6] A useful resource for helping clients with sexual difficulties is *Treating Sexual Shame: A New Map for Overcoming Dysfunction, Abuse, and Addiction* (Hastings, 1998). *The Psychophysiology of Sex: The Kinsey Institute Series* (Janssen, 2007) is an excellent compendium of research into the underlying neurological, psychological, physiological, and affective processes regarding a wide range of sexual phenomena.

CODE-TYPE 4-9/9-4

Descriptors

Complaints

Problems with authority, deficits in judgment and conscience, alcohol or drug use and related problems, difficulties with commitment and responsibilities, rebellious, undercontrolled, acting out, excitement and pleasure seeking, manipulative, some can be manic

Thoughts

Self-centered, manipulative, self-serving, excitement and pleasure seeking, narcissistic, egocentric, argumentative, hostile, rationalizing, difficulty learning from experience

Emotions

Enthusiastic, euphoric, angry, resentful, hostile, irritable, arousal seeking, lacking empathy, blaming, aloof, hedonistic, overreactive to frustration, absence of anxiety

Traits and Behaviors

Charismatic, confident, socially oppressive, undercontrolled, uninhibited, hypomanic, acting out, extroverted, irritable or angry, impulsive, immature, unreliable, irresponsible, self-indulgent, demanding, lying, untrustworthy, lacking normal inhibitions

Strengths

Adventurous, enterprising, charismatic, extroverted, energetic, excitement and pleasure seeking, persuasive, influential

THERAPIST'S NOTES

This is a common code type, both in the elevated and nonclinical ranges. In the normal range, these profiles reveal self-confident, "big-picture" thinkers who have learned to be self-reliant and independent. They enjoy taking risks and are uncomfortable with too much structure or control. They may selectively report, overcommit, and be opportunistic and occasionally reckless. These clients are attractive, likeable people but are somewhat self-centered and subtly manipulative. Elevated 4-9s share a number of distinct attributes: the tendency to act out, poor emotional control, and difficulty with emotional trust and intimacy. The manner in which the 4-9 individuals act out can be quite different depending on social, cultural, and other personality variables such as IQ. In addition to the common features of the 4-9 personality type, we hypothesize four distinct clusters:

1. The controlled, calculating Machiavellian type. These individuals are poised, charming, and able to control their impulses effectively enough to be able to con most people. When these individuals act out, it is usually, carefully, thought through, calculating, self-serving, narcissistic, and devious. Like all 4-9 code types, they are emotionally aloof, lacking in empathy, and uninhibited by the normal restraining influences of guilt and anxiety. They can reach positions of power and use it for their own ends. They can be seductive, persuasive, likeable, and ruthless.
2. A second cluster within the 4-9 personality group is hedonistic, impulsive, and undercontrolled. They live in the moment, so they can be captivating, although their appeal tends to be short-lived due to their lack of impulse control. They are disorganized, often transparent, initially attractive, and haplessly in trouble with authority figures. This group has problems with substance abuse and hedonistic self-indulgence.
3. A third cluster is composed of rigid, authoritarian, and controlling types who gravitate to positions of authority and control over others. Individuals in this cluster, especially men but also women with Scale 5 scored in the masculine direction, often join the armed forces or police force, become fighter pilots, navy seals, or other professions that involve risk. They are attracted to professions where a rigid adherence to rules and regulations allows them control over their impulses through inflexible structure and gives them the opportionity to seek power over others. They have difficulties with emotional trust, can exhibit addictive behavior, are self-serving and narcissistic, and enjoy control and subjugation of others within a structured environment. They can achieve notoriety because of their ability to espouse rigid beliefs that appeal to basic fears and anxieties. They can be described as disciplined, quietly charismatic, strong willed, and determined. An example might be Joe Arpaio, the sheriff in Arizona who achieved notoriety by keeping prisoners in tents in 130 degree heat in the summer and serving unseasoned food: he was proud of his tough, nonsentimental approach.
4. The normal range 4-9 profile is the fourth cluster. This group exhibits many 4-9 characteristics without antisocial acting out. Like all 4-9 code types, they are somewhat underregulated, impulsive, and hedonistic and have difficulty with trust and empathy. However, they are able to manage their impulses well enough to take advantage of their competitive drive. Unencumbered by self-doubt, guilt, and anxiety, they are successful due to their ability to take calculated risks that often pay off. The character Gordon Gekko in the movie *Wall Street* represents this type. While generally operating within the law and exhibiting charisma and persuasiveness, these clients are able to blaze new trails with their abilities to "think

outside the box." They are often bored with details yet controlled and poised enough to manage and capitalize on their persuasive abilities. This group may not actively lie but will tend to selectively report and distort the truth in self-serving ways. They are seen as flamboyant, charismatic, and adventurous but somewhat self-serving and subtly manipulative.

Despite the existence of these separate subtypes, all 4-9 code types are impulsive and excitement seeking and lack the inhibiting effects of anxiety and guilt. They tend to be secure but are not introspective, except as it serves them toward manipulative ends. Cleckley's (1955) well-known description of psychopathic traits closely parallels these descriptors of the 4-9 code type. Most of these individuals are able to role play compassion to manipulate others. They are adept at rationalizing their self-serving behaviors and are quick to externalize blame when things go wrong. Although capable of expending effort toward their own goals, they have difficulty maintaining responsibily unless they belong to the third or fourth 4-9 type. They are often initially charming because of their lack of social anxiety but tend to lose people's trust because of their impulsivity.

Marks, Seeman, and Haller (1974) noted a unique feature of the 4-9 code type when retested with the MMPI under three distinct instructional sets. 4-9 code types admitted to a psychiatric hospital took the MMPI on admission, took it again as they projected they would be upon discharge from the hospital, and again at the actual time of discharge. Under all three conditions, these patients produced nearly identical 4-9 profiles; the leopard couldn't change its spots!

LIFESTYLE AND FAMILY BACKGROUND

Our hypothesis is that this profile results from the interaction of genetic temperament and behavioral conditioning experiences. Parents often report the 4-9 code type child as active, energetic, and attention-seeking. Typically, these individuals were reared by parents who are authoritarian, unreasonable, and controlling and, at the same time, indulgent and narcissistic. Many 4-9 code types come from homes where the fathers were indifferent and permissive, whereas the mothers were dominating. From an early age, they learned to be "survivors," relying on their own emotional resources rather than turning to others for emotional support. We hypothesize that they learned to numb their emotions and, at the same time, to seek emotional stimulation as a way of counteracting their numbness. They are described as brighter than average, even though their school achievement is generally below average. The normal range 4-9 code type can be quite resilient and highly disciplined.

MODIFYING SCALES

- The Harris and Lingoes subscales will indicate whether impulse control problems, a lack of anxiety, guilt, and other moderating influences predominate. For example, one quarter of the Self-Alienation (Pd5) items implicate guilt feelings (#52, #82, #94), so a 4-9 profile could consist of elevations on alienation and family conflict, suggesting less likelihood of antisocial acting out.
- When Scale 2 is elevated, rule out a bipolar disorder. In the absence of a history of depression and manic episodes, Scale 2 elevations might reflect a recent setback due to careless behavior. In such situations, these persons will be moody, despondent, guilty, and angry. The 4-9-2 code types vacillate between pressured overactivity and self-defeating behavior.
- When Scale 3 is elevated, the self-serving behavior is covered with a veneer of social appropriateness. The 4-9-3 code type plays roles, flattering others and exhibiting charm and social grace while breaking rules in roundabout ways. Impulse pressures are better controlled but potentially dangerous, especially if Overcontrolled Hostility (OH) is elevated above a raw score of 18.
- When Familial Discord (Pd1) or Family Problems (FAM) is elevated, the conflicts tend to be more within the family rather than against authority figures. This is especially true if Authority Conflict (Pd2) is not elevated. However, if Pd2 accounts for the largest share of the Scale 4 elevation, this predicts the likelihood of antisocial behavior. Elevations on Antisocial Practices (ASP) would tend to confirm this influence.
- When Pd1, Social Alienation (Pd4), and Pd5 are elevated but Pd2 is not, the profile may reflect a more alienated individual experiencing severe transitional difficulties but without antisocial conduct.
- The relative elevations of Scale 9 subscales describe the manifestations of the 4-9 personality type. Generally, all the subscales are elevated, reflecting that these individuals are opportunistic, hypomanic, not easily knocked off balance, and have an inflated ego. However, if Psychomotor Acceleration (Ma2) is not elevated, then the 4-9 behavior will be less hypomanic and more controlled and opportunistic.
- One would expect Cynicism (CYN) to be elevated, reflecting the mistrust associated with this code type.
- When Obsessions (OBS) is elevated, obsessions associated with vindictiveness, possessiveness, paranoid jealousy, or sexuality, may be present.
- Rarely would one expect Fears (FRS) to be elevated.

THERAPY AND THERAPEUTIC PITFALLS

MMPI-2 textbooks tend to be pessimistic about psychotherapy with 4-9 individuals. The therapist needs to be mindful of their beguiling, easygoing, and fluent interpersonal style, their ability to share vulnerabilities as a way of charming the therapist, and their tendency to flatter and make the therapist feel that they have won the clients' confidence. The 4-9 code types are artful role players; they understand human frailties and vulnerabilities and seek to exploit them. Deciding which of the subtypes the individuals belong to will be a prerequisite for therapy. It is important to assess possible substance abuse and rule out a manic episode. These clients tend to do best with straightforward therapists who confront the clients when they are being manipulative and devious, but in a nonhostile way. The therapist has to win the 4-9 code types' respect. Giving them personality feedback—especially validating their high energy, ability to perceive others' weaknesses, and their view of the world as a "dog-eat-dog" place—can help win esteem, as does therapist perceptiveness and insight.

With a cold, Machiavellian type, teach them how to experience feelings and empathy for others. Help them see how their manipulations, though effective much of the time, can lead them into trouble as other people become aware of them. Help them understand how early emotional letdowns led to numbing of emotions as a way of protecting themselves. Coach them to recognize when they are taking self-defeating shortcuts or being cynically manipulative.

For the hedonistic, disorganized type, help them understand how their lack of impulse control can be self-defeating and can lead to conflicts with authority figures and loved ones. This tends not to be effective until they have experienced a number of setbacks and are "ready" for change. Teaching empathy for others and helping them understand how others experience them is important, as they have little idea how they are viewed.

Therapy with the third authoritarian personality type is difficult. They see weakness as a failing and have identified with the aggressor as a way of life. As parents, their rigidity can lead to depression or rebelliousness in their children. As a therapeutic strategy, validating their strength of character and willpower can build a therapeutic alliance. Eventually, find opportunities to help them experience moments of empathy for themselves as controlled discounted children might soften their rigid belief in the value of being punitive. If they can admit that they did not deserve the full intensity of parental domination and that they were not "all" bad, it could begin a softening of their identification with the aggressor.

For 4-9 code types in the normal range, foster their recognition that their inattention to detail and their organized self-aggrandizement can be transparent, and help them head off problems by focusing on details and avoiding impulsive, immediate gratification.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile shows that you have a number of positive strengths. You are a person who enjoys the unconventional and the exciting. You are highly resilient, so that small setbacks, losses, or blows to your self-esteem do not seem to knock you off balance. People see you as generally positive, upbeat, happy, and easygoing. You are also a risk taker and are not afraid to bend the rules, to think for yourself and to make spontaneous and even impulsive decisions. People with your profile are independent, hate to be controlled, and enjoy living on the edge. Others generally see you as charming, freewheeling, and easygoing. Underneath your charm, it's hard for you to trust, to let down your guard, and to allow people to get close. In fact, when you care about people, you tend to worry about losing them, and you might even become a little jealous and possessive. People with your profile can be impulsive, sometimes jumping into things before they have fully thought through the consequences. At times your inattention to detail and your tendency to postpone things until you really need to get them done can get you into trouble.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile shows that you have a number of strengths. You are a highly energetic, independent, excitement-seeking, and adventurous individual. You think for yourself, you hate to be controlled, and you're not afraid to blaze new trails. You're the kind of individual who does best when you're given a great deal of freedom and you're allowed to be creative and follow your own impulses. People see you as exciting and fun to be around. You appear to have two gears: full-speed-ahead and off.

Difficulty Trusting

Although you have strengths, you also have vulnerabilities. People may see you as charming, friendly, and easygoing, but underneath you have difficulty trusting emotionally and allowing yourself to be vulnerable. You don't tell people your vulnerable feelings and don't let yourself rely on others for emotional support because you worry that if you reveal any weakness or vulnerability others will take advantage of you.

Manipulating

You see the world as a "dog-eat-dog" place where being in control, having power over others, and not letting people restrict your way of life. You have

a tendency to be manipulative, to look for people's vulnerabilities, and to see how you can exploit them, finding ways to get what you want by influencing and intimidating them.

Charismatic or Self-Serving

Underneath your charm and charisma, you can be very self-serving, even narcissistic and callous. Although others are often charmed with your easy-going, joking banter, you don't allow yourself to form deep and caring relationships. You go through life taking what you want and doing what feels good without real regard for how others feel. In fact, people may accuse you of being insensitive and, once they get to know you, may see you as unreliable.

Impulsive, Reckless, Substance Abuse

Living in the moment, doing what feels good, and not caring about consequences can make you fun to be around for a while. However, your impulses can often get you into trouble, sometimes leading to reckless, dangerous, and even illegal behavior. People with your profile tend to indulge in alcohol, drugs, gambling, or impulsive sexuality. If you do use chemical agents, they may disinhibit you even more, leading to rash behavior and trouble with authority.

Numbing Out or Difficulty Learning From Experience

When things go wrong, you likely get sad and down; however, it's hard for you to feel guilty or to acknowledge the pain you have caused others. Because you learned at an early age to numb yourself when others are angry or hurt because of your actions, you may feel a strange sense of emptiness, and even disconnection, from what they are saying and feeling. Although you can feel remorse temporarily, it doesn't seem to affect your future behavior.

Rebellious or Problems With Authority

People with your profile can be very effective for short periods of time. Your ability to "think outside the box" and to question the established way of doing things may allow you to take big risks that sometimes pay off. However, your instinct to resist authority and your tendency to take shortcuts can lead to your plans getting easily derailed. If anyone gets in your way, confronts you, or tries to control you, you can express anger in impulsive and intense ways, which backfires when dealing with authority figures.

Irritable or Angry

Long-term relationships are going to be difficult for you. While people may find you attractive, so that "hooking up" with others is relatively easy, staying loyal to one person is difficult. You tend to get bored and restless easily, and if you feel in any way controlled or held accountable you can get irritable and angry.

LIFESTYLE AND BACKGROUND FEEDBACK

People with your profile often grew up in environments where parents were controlling, uncaring, or occasionally permissive but without meeting your needs. From an early age, you learned to be a survivor, relying on your own emotional resources and not letting yourself turn to others for support. Perhaps one of your parents was manipulative or abusive, or perhaps, for other reasons, you learned not to trust emotionally. You may recall situations where you had to "numb yourself" to survive emotionally. You've learned to be manipulative, to selectively report, or to tell lies as a way of getting around others' demands on you. Now you're going through life looking for people's weaknesses and vulnerabilities, finding ways to get your needs met by exploiting, controlling, or intimidating others.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Explore your childhood with your therapist, recalling moments where you felt that you had to "numb yourself" to not experience vulnerable feelings. Work with your therapist to identify and "try on for size" different emotional states that most people feel. Emotional awareness begins with recognizing bodily sensations (e.g., clenched fists, racing heart, shallow breathing), then labeling the emotion, and finally linking the feeling to a precipitating event. The better you become at identifying your feelings, the more proficient you will be in taking corrective action, dealing effectively with others, and establishing greater intimacy.[1]
2. Think about how you have learned a lifestyle of manipulation and control over others as a way of getting your needs met. Work with your therapist to detect any cognitive distortions or irrational beliefs that might lead you to use manipulation. Some examples of cognitive distortions and irrational beliefs are *negative fortune telling* (e.g., Never let others think they have the "upper hand" or they will take advantage of you); and

[1] A comprehensive guide to helping clients manage their feelings can be found in *Emotion Focused Therapy: Coaching Clients to Work Through Their Feelings* (Greenberg, 2002). The author makes a convincing case for the importance of emotions in the story of a client with impaired emotional responses due to brain damage; although his IQ was not affected, he decided to drive in a fierce snowstorm because he didn't experience the emotion of fear (p. 4).

emotional reasoning (e.g., If it works, do it, and worry about the consequences later). Your therapist can help you challenge these unproductive beliefs so that you can change this pattern of manipulative behavior.[2]

3. With your therapist, learn how to recognize times you are likely to be impulsive, and find ways to control your impulsive and reckless behavior. The practice of mindfulness is a way for you to channel your impulsive energy and to increase your focus and productivity. Mindfulness involves paying attention to the present moment in a nonjudgmental way and fostering a quality of curiosity and openness. For more information on mindfulness exercises see www.mindfulnesstapes.com. Engaging in a daily practice of mindfulness can help you redirect your attention instead of going on autopilot.[3]
4. Resilience building: It is not necessarily your impulsivity that is the problem in all situations: at times it means you are spontaneous, active, and social. These same traits become problematic only when you let things pile up or don't plan ahead. Some simple habits can help you stay efficient and harness your fun-loving, impulsive energy before it becomes a problem. Good planning involves the following:
   a. Problem definition: What am I dealing with? What is my first step?
   b. Focusing attention: Think of the steps; what do I do first?
   c. Strategy: First brainstorm, and then create goals.
   d. Self-evaluation: Correct any errors.
   e. Coping statements: I need to go slow. Don't worry—worry doesn't help.
   f. Reinforcement: Give yourself a reward.[4]
5. Discuss with your therapist your use of chemical agents, and determine whether it is aggravating your tendency to be impulsive. Collaborate with your therapist to weigh the pluses and minuses of making changes in your lifestyle.[5]

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[2] Over 50 types of distorted thinking have been identified (Beck, 1976; Ellis & Dryden, 1997; Leahy & Holland, 2000; Smith, 2002). A good source to help clients change distorted beliefs is *Mind Over Mood* (Greenberger & Padesky, 1995).

[3] Researchers have debated about using mindfulness for hyperactivity and distraction for some time; there was a question about whether individuals with impulsivity could actually engage in mindfulness meditation exercises. Zylowska et al. (2008) conducted an 8-week mindfulness-training program for adults and adolescents with attention deficit hyperactivity disorder (ADHD). Subjects reported improvement in ADHD symptoms and they also had better test performance on measures of attention and impulsivity.

[4] www.pent.ca.gov/pos/cl/str/basicformsofself-instructions.pdf.

[5] Motivational interviewing (MI) has been demonstrated to be an effective approach for raising problem awareness and for facilitating change in clients who may be resistant, ambivalent, stuck, or not yet "ready" to make general behavioral changes and changes in drinking behavior in particular (Burke, Arkowitz, & Menchola, 2003; Miller & Rollnick, 2002). MI is particularly effective for people in the early stages of change, who are sensitive to being lectured and resent feeling forced to take action. General information can be found on the motivational interviewing homepage: http://www.motivationalinterview.org.

6. Because you have learned to numb your emotions, it's hard for you to feel empathy for what others experience. You tend to see vulnerable feelings as a sign of weakness, and something you can exploit. Work with your therapist to discover how other people feel so that you can expand your own emotional repertoire. Empathy is a skill that can be practiced by listening and focusing on other people's experience. By asking questions and then double-checking, you can improve your ability to read other people. Find out more about how empathy is an essential "people" skill in the book *Emotional Intelligence: Why It Can Matter More Than IQ* by Goleman (1997).
7. Discipline yourself to follow through on details. Watch your tendency to impulsively promise people things without thinking through what it would take to actually deliver on your promises. There are many software applications for the computer and cell phone that will help you manage tasks, set priorities, and track important dates. A mobile phone application that turns your to-do list into a game can be found at http://www.epicwinapp.com/. Software packages can be found at http://www.mylifeorganized.net/.
8. Force yourself to tell the truth. Learning to be honest in the moment rather than to instinctively lie will eventually help you live a more stable, authentic, and connected life.

Chapter 8

Scale 5

SCALE 5: MASCULINITY–FEMININITY (MF)

MALES: T-SCORE ABOVE 65

Descriptors

Complaints

Passivity, possible sexual problems, nonaggressive, strong needs for attention, possible relationship concerns

Thoughts

Artistic, philosophical, aesthetic, perceptive, insightful, idealistic, curious, tolerant

Emotions

Peaceable, sensitive, prone to worry, caring, empathic, tender, nurturing, nonconfrontational

Traits and Behaviors

Passive, sensitive, conflict avoiding, intellectual, cultural/verbal/aesthetic interests, submissive, stereotypically feminine interests, may have sexual identity issues

Strengths

Intellectual, warm, interesting, empathic, nurturing, tolerant, artistic, creative

THERAPIST'S NOTES

Scale 5, originally constructed to identify homosexuality (Hathaway, 1956), works more as a measure of gender identity than of sexual preference. Scale 5 was originally conceptualized as a bipolar dimension, although current thinking is that masculinity and femininity are independent dimensions (Gonen & Lansky, 1968; Sines, 1977). Men scoring above a T-score of 65 on Scale 5 are described in generally positive terms. In the absence of elevations on other clinical scales, they are lacking in aggressive and self-serving impulses and tend to be nurturing; interpersonally aware; culturally, verbally, and aesthetically oriented; and concerned with the state of their interpersonal relationships. They can also be fussy and passive,

needy of attention and affection, and lacking in assertiveness. Scale 5, in the feminine direction, acts as a modifying variable when elevated with other clinical scales. For example, when Scale 5 is elevated in a 4-9 profile, the acting out associated with the code type is likely to be expressed in more intellectual, interpersonal, and sexual rather than directly aggressive ways. As Scale 5 elevates above a T-score of 65 for males, it suggests increasing passivity, sensitivity to rejection and insecurity, and preoccupation with relationships. Men with this profile are creative and interested in philosophical and psychological issues. High 5 males tend to be quite perceptive and responsive to interpersonal nuances. They are comfortable communicating their feelings and tend to be tolerant of others. The downside is that they can be ruminative, self-doubting, and self-effacing.

LIFESTYLE AND FAMILY BACKGROUND

Our hypothesis is that Scale 5 has a genetic component that is expressed and shaped by the strength of the child–mother or mother–surrogate relationship. High 5 males tend to be involved in occupations that value interpersonal awareness, sensitivity, and the ability to nurture others. They are drawn to cultural, aesthetic, and verbal pursuits such as theater, the arts, teaching, and fashion. As children, anecdotal evidence suggests they are nonaggressive, dislike the rough and tumble of surgent masculine activities, and exhibit intellectual curiosity. At the same time they can be quite athletically competitive. They relate exceptionally well to women and are often concerned about their own appearance.

MODIFYING SCALES

- Elevation on Gender Masculine (GM) and Gender Feminine (GF) enhance the interpretation of high Scale 5 elevations. If GM is elevated and GF is normal or below 50, these males may well exhibit positive features such as self-confidence, freedom from fears and anxieties, and an attractive balance of sensitivity, creativity, and practical self-sufficiency. Descriptions of such a male conform to the popularized concept of a "metrosexual."
- On the other hand, a normal or low GM score, together with a high GF score, would predict an accentuation of the passivity and fussiness associated with high Scale 5 scores.
- Scale 5 mutes the aggression associated with Scales 4 and 9, increases the passivity of Scales 2, 3, and 7, and increases the introspection and sensitivity of Scales 6 and 7.

THERAPY AND THERAPEUTIC PITFALLS

As elevations on Scale 5 are associated with interpersonal sensitivity, verbal fluency, and perceptiveness, these clients are usually good candidates for therapy. Generally curious and psychologically aware, they respond well to insight and analytic therapies. At the same time, some may avoid behavioral change without some pressure, due to their passivity and self-doubt. Gestalt therapies, which require an emotional response without the control of the observing ego, tend to be helpful. Insight therapy can also be used effectively. In some cases, explore possible childhood teasing or bullying. Assertiveness training and exploring self-acceptance as a sensitive male, can also be useful. In the presence of any gender identity or sexual preference problems, therapy should focus on helping individuals come to terms with their sexuality. Scale 5 elevations are generally associated with positive therapeutic outcomes.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Men with your profile have a number of strengths. You are interpersonally aware, perceptive, and sensitive to how others feel. You care about your relationships, and you go the extra mile to look after and support the people you care about.

Aesthetic

You may enjoy art, literature, clothes, fashion, jewelry, and interior decoration. Generally, you are seen as "choosy," caring about your overall appearance. How things feel and look are as important to you as how they work. You spend energy to make sure your living environment is attractive and aesthetically pleasing. Others may see you as somewhat fussy and demanding because of your attention to the details of how things look.

Passive or Nonaggressive

You are generally nonaggressive and value your ability to express yourself verbally. Men with your profile are generally good with words and, when angered, can be sarcastic or verbally cutting as a way of expressing anger. Others may see you as rather passive; you may not always express what you want and tend to wait for others to make the first move. Having people around you agree and be in harmony is important to you.

Nonassertive or Peaceable

Men with your profile have a wide range of interests and tend to value cooperation and interpersonal relationships. Your tendency to be idealistic and peaceable may, at times, mean that you are nonassertive. You may find yourself shrinking from disagreement and not always telling others exactly what you want and how you feel, in order to get along with everybody.

LIFESTYLE AND BACKGROUND FEEDBACK

You have likely always been sensitive, gentle, and uncomfortable with conflict. Perhaps as a child you were close to a parent figure who found your sensitivity and lack of aggressiveness pleasing. In some cases, boys who reject traditional masculine interests and activities are teased and humiliated by their peers. Being around rough, insensitive boys may have been difficult for you, especially if you were not good at traditional masculine sports and activities. You may have found a way to be accepted by your peers in sports or other competitive pursuits, which allowed you to develop a healthy balance between your male and your female sides.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Discuss with your therapist whether your rejection of the stereotyped male role caused you pain as a child.
2. Resilience building: Learn to identify what it is you want from people, and ask for it rather than wait for others to initiate. Work on being more assertive, especially when someone hurts your feelings. Practice assertive requests with your therapist: role play situations where it is difficult for you to make requests. Assertive statements begin with "I" (e.g., I want; I feel; I think), "When you" (e.g., make jokes; don't help with housework; have me work late hours), and "I would appreciate it if you would _____ in the future" (e.g., not make jokes at my expense; do the dishes every other night; give me advance warning when you want me to work late).
3. Accept your high level of sensitivity, and appreciate that it may help you with your creativity and interpersonal skills. Studies have linked aesthetic sensitivity in children to artistic potential, independence, learning potential, and achievement.[1]
4. In your close relationships, be aware when you are overlooking your own needs in order to keep the peace or to take care of others. A good Web site for information on codependency is http://www.nmha.org/go/codependency.

[1] See Duffy (1979) and Piechowski (2006).

MALES: T-SCORE BELOW 45

Descriptors

Complaints

Practical, lacking in insight, few complaints, interpersonal problems due to a lack of emotional awareness

Thoughts

Practical, action oriented, uninterested in deep psychological insight and self-awareness, not preoccupied with effect on others, practical interests, unaffected, adventurous

Emotions

Unexpressive, self-contained, self-confident

Traits and Behaviors

Independent, practical, down-to-earth, no-nonsense, adventurous, outdoor interests, action oriented, masculine interests, direct, uncomplicated, may project an "all-male" image

Strengths

Adventurous, cheerful, relaxed, content, self-confident, self-contained

THERAPIST'S NOTES

Men low on Scale 5 are action oriented, practical, adventurous, and independent and generally lack psychological insight, possibly due to disinterest. They are people who tend toward action when stressed rather than contemplation or self-examination. They find introspection and deep analysis of feelings to be uninteresting unless it has immediate practical application. These men identify with masculine values and traditional masculine roles. Their lack of introspection and self-doubt generally leads to self-confidence and positive self-esteem. Their range of interests tends to be narrow, and some men project an "all-male," "John Wayne" image. In some cases, this is a combination of cultural and temperamental characteristics, but in rare instances it can include a defensive exaggeration of masculine strength.

LIFESTYLE AND BACKGROUND FEEDBACK

Low Scale 5 in males reflects a combination of temperament and background. In some situations, these individuals had a strong identification with a father figure and were rewarded for being practical, independent, and action oriented. They developed a logical, practical orientation to

emotional interactions. Conceptually, men with this profile, especially those with an elevated Scale 0, are the type to construct a log cabin in the mountains, to sail a boat single-handedly, or to work on mechanical and engineering projects in hazardous or isolated places. They are comfortable in the armed forces, police, or firefighting services where they can be practically helpful to others.

MODIFYING SCALES

- Low Scale 5 in males acts as an energizer. Moderate elevations on Scales 4 or 9 (e.g., T-score 60) would enhance the likelihood of assertive and even aggressive behavior.
- When Scale 0 is elevated and Scale 5 is low, these individuals are likely to be self-sufficient and perhaps loners.
- An elevated Aggressiveness (AGGR) would predict assertive acting out. If Anger (ANG) is elevated, it may be expressed in a direct, even physical, manner.
- When Type A Behavior (TPA) is elevated, they can be irritable, impatient, driven, and competitive in a loud and possibly hostile manner.
- Elevations on Inability to Disclose (TRT1) would confirm difficulty with introspective psychotherapy.

THERAPY AND THERAPEUTIC PITFALLS

When these individuals seek counseling, it's usually for practical advice about how to solve immediate difficulties. Therapy should focus on practical, action-oriented, problem solving. In the absence of any clinical scale elevations, coaching about how to read and respond to other people's feelings and teaching empathy can be productive. Help them understand that silence in the face of others' emotional pain tends to be received negatively, and discuss with them learn that support does not have to mean solving a problem.

These clients can be uncomfortable with therapists who are emotive and physically expressive or who use psychological jargon. The language of emotions can appear alien, even frightening, so it should be introduced gradually and in the context of practical "how-to" information. It can be helpful for a therapist to develop a "male bond" around practical masculine activities such as occasional small talk about sports, projects, or current events. In marital therapy, therapists should be mindful that it can be threatening to a practical, nonemotive individual to observe his partner expressing emotions with a fluent, empathic therapist.

FEEDBACK STATEMENTS (T-SCORE < 45)

Your profile shows that you are a "man's man." You have traditional interests and values, and you enjoy practical, physical, adventurous, outdoor activities.

Independent or Action Oriented

You are independent and self-sufficient, and you tend to move into action when stressed. Some people need to talk about how they feel, expressing their vulnerabilities to others, perhaps organizing their emotions by "feeling" out loud, but you look for practical solutions and immerse yourself in activities as a way to deal with inner turmoil.

Complaints by Loved Ones About Lack of Emotional Response

Interpersonal relationships can be complex for you if they demand an emotional response. You may find it tedious or even boring to think about your feelings or to explore how another person is feeling. Typically, if a difficult situation arises between you and someone you care about, you try to get past it, perhaps distracting yourself with problem-solving. When it comes to emotions, you may find yourself at a loss for words and unable to label what you are feeling. It's not that you're withholding your emotions from others purposefully; it's just that you don't operate in an emotional way.

Traditional Masculine Interests

Action-oriented and mechanical, perhaps outdoorsy, you enjoy traditional masculine activities and pastimes. You may have conventional values when it comes to men's and women's roles. Hunting, fishing, sports, mechanical activities, cars, and adventure movies tend to be interesting to you. Because you are so practical, how things function tends to be more important to you than how things look. For you, actions speak louder than words.

LIFESTYLE AND BACKGROUND FEEDBACK

You have likely always been someone who has strong masculine values and traits. As a boy, you were probably an action-oriented, independent person who liked sports and outdoor activities. Perhaps you had a strong relationship with a male figure, or your mother valued and enjoyed you being "her little man."

TREATMENT AND SELF-HELP SUGGESTIONS

1. There is nothing "wrong" with having strong masculine values, interests, and identification. Others, however, may become impatient and angry with you because you appear not to "share your feelings" enough. Some people may require more emotional expression from you to feel close. This is something you and your therapist could work on together.
2. Talk to your therapist about ways to "read" other people's emotions. If people appear sad, distant, or angry, don't be afraid to ask how they are feeling to gain a better sense of empathy for them. Learning these skills can improve both personal and professional relationships; a major difference between outstanding and average leaders is linked to "emotional intelligence." Find out more about these essential people skills in Daniel Goleman's (1998) book *Working With Emotional Intelligence*.

FEMALES: T-SCORE BELOW 45

Descriptors

Complaints

Passivity, concerns about relationships, romantic, traditional feminine values and interests, unassertive, noncompetitive

Thoughts

Insightful; caring; understanding; home, service, and family oriented

Emotions

Nurturing, considerate, empathic, sensitive, emotional, loyal

Traits and Behaviors

Identifies with the traditional feminine role, "hopeless romantic," can be submissive, hypersensitive, long suffering, relationship oriented

Strengths

Insightful, caring, romantic, cooperative, nurturing, relationship oriented

THERAPIST'S NOTES

Educated women with low Scale 5 are described as having intellectual curiosity, perceptiveness, and interests in interpersonal relationships (Graham & Tisdale, 1983). Low Scale 5 women have a strong identification with the traditional female role. Sometimes they shade toward passivity and even a masochistic loyalty to relationships that are exploitative. Low Scale 5 would inhibit the expression of overt aggression if Scales 4, 6, 9, or 8 are elevated. The acting out suggested by the elevations on these scales would tend to be muted, to involve interpersonal relationships, and to be verbal rather than physical. Elevations on Scales 1, 2, and 3 would suggest an almost masochistic trend in relationship adjustment with self-deprecation and a tendency to be codependent.

LIFESTYLE AND FAMILY BACKGROUND

Low Scale 5 in women reflects both temperament and cultural influences. These women often describe early childhoods where they loved playing house and playing with dolls, and from an early age they knew they wanted a family. In some cases, their relationships with their fathers or mothers involved encouragement of traditional stereotypic feminine traits.

MODIFYING SCALES

- Elevations on Scales 2, 7, and Repression (R) in the presence of low Scale 5 would suggest the tendency toward passivity and self-sacrificing martyrdom.
- The presence of Scales 4, 8, 9, Antisocial Practices (ASP), and Authority Problems (Pd2) would suggest passive-aggression, the storing of resentments, and acting out sexually and verbally rather than aggressively.
- When Gender Role–Masculine (GM) is elevated, the profile suggests a healthy balance between relationship interests and cultural aesthetic values on one hand and practical, action-oriented values on the other. If GM is low and Gender Role–Feminine (GF) is high, this indicates passivity, fussiness, hypersensitivity, and codependence.
- Self-sacrificing passivity would be suggested by elevations on Scales 1, 2, 7.

THERAPY AND THERAPEUTIC PITFALLS

Therapists who are too direct and practical may appear coarse to these clients. Intellectually curious, oriented toward feelings, and disliking conflict, these individuals are suited to traditional insight and supportive therapies. Sensitive exploration of feelings rather than practical interventions is suggested.

FEEDBACK STATEMENTS (T-SCORE < 45)

Your profile suggests that you are a woman with traditional feminine values and interests. Family, home, friends, and relationships are very important to you.

Sensitive, Nurturing, Empathic

Dealing with feelings, hearing others' experiences, and expressing emotions is important to you. You are a sensitive person, and you have empathy for others. You may gravitate toward occupations in which your sensitivity and ability to take care of people are valued. Your kindness may lead others to take advantage of you.

Nonassertive or Noncompetitive

Because of your sensitivity and your empathy, you may have some difficulty asserting yourself, especially to people who are dominant and pushy. You can find it difficult to relate to people who are too assertive and who do not talk readily about their feelings. You are not competitive or aggressive and you value getting along with others rather than "winning" by taking advantage of people.

LIFESTYLE AND BACKGROUND FEEDBACK

As a child, you likely enjoyed playing house and playing with dolls, and from an early age you knew you wanted a family. You may have been encouraged to be "polite" and "considerate" and were not apt to enjoy being competitive or aggressive.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Don't let yourself get into codependent relationships with others because you are so sensitive. Reading recommendations are *Codependent No More* (Beattie, 1992) and *Women Who Love Too Much* (Norwood, 2008).
2. Learn to assert yourself if someone is pushing you around. Learn to say no without explaining yourself, and practice becoming more assertive. A good book on the topic is *When I Say No I Feel Guilty* (Smith, 1975).
3. Take a class in some practical, action-oriented activity to learn more about your "male side." Here are a few ideas to get you started: try lessons in martial arts, self-defense, golf, or car maintenance geared to women (www.carcare4usgirls.com).
4. Be careful not to romanticize your relationships, expecting someone to "sweep you off your feet." Practice ways of fulfilling your own emotional needs.

FEMALES: T-SCORE ABOVE 60

Descriptors

Complaints

Uncomfortable with traditional feminine role; may be seen as assertive, controlling, or loud; competitive; generally few complaints

Thoughts

Practical, competitive, narrow range of interests, sensible, logical

Emotions

Unemotional, self-confident, assertive, willful

Traits and Behaviors

Resilient, logical, rational, sensible, self-assured, adventurous, outdoors oriented, practical, can be loud and assertive, competitive, achievement and career oriented

Strengths

Assertive, resilient, energetic, confident, adventurous, practical, independent

THERAPIST'S NOTES

Our hypothesis is that high Scale 5 scores in females reflect temperament and sociocultural influences. Typically, as children, these women rejected stereotypical feminine traits and values and may have identified themselves as "tomboys." They enjoyed outdoor activities, were competitive, liked to climb trees and play with boys, and generally did not play with dolls. These types of women can be adventurous, self-sufficient individuals, who are comfortable traveling alone, starting their own business, and tend not to take things personally. At times, they can be seen as somewhat coarse, especially if uneducated; more traditional females might see their blunt, direct, no-nonsense expression of emotions as lacking in polish. Competitive and career oriented, they are sensitive to being defined by their gender. Nevertheless, they can exhibit grace and refinement.

LIFESTYLE AND FAMILY BACKGROUND

Identification with a male parent and the encouragement of action-oriented, outdoor self-sufficiency in the presence of a genetic predisposition is suggested. Early interests in sports, the outdoors, and comfort with male friends is typical.

MODIFYING SCALES

- When Gender Role–Feminine (GF) is at T-score 50 or slightly above and Gender Role–Masculine (GM) is also elevated, the high Scale 5 (Mf) score could predict a woman who is well balanced between her masculine and feminine sides.
- In the presence of low GF, look for stronger male identification and rejection of stereotypic feminine roles and values.
- An elevated Scale 4 predicts more aggressive and sexual acting-out behavior. This is especially true if Scales 8 and 9 are also elevated. If Antisocial Practices (ASP) is also elevated, this potentiates the likelihood of aggressive acting-out behavior.
- When Scales 6 or 9 are elevated, look for more intense, competitive, angry, and explosive behavior.
- When Cynicism (CYN) is elevated in the absence of any other elevations except Mf, look for somewhat coarse, blunt, and pushy individuals.
- When Type A Behavior (TPA) is elevated, Mf elevations would increase the competitive pushiness already associated with elevations on this content scale and may also be associated with increased irritability.
- Mild 4-9 elevations (T-score of 55 to 60) in the presence of high Mf would suggest highly competent, uninhibited, adventurous, self-sufficient individuals.

THERAPY AND THERAPEUTIC PITFALLS

These clients want to be seen as competent and self-reliant. Generally, they would have few complaints and concerns except those associated with their drive for success, achievement, and independence. In some cases, relationship problems occur because they see their partner as lacking in drive and emotional resilience.

FEEDBACK STATEMENTS (T-SCORE > 65)

Strengths

Your profile suggests you are at ease engaging in activities that are perceived as traditionally male. You are comfortable in the world of men and enjoy males as close friends.

Practical, Sensible, Competitive

Women with your profile are often direct, sensible, practical, emotionally resilient, and enjoy competing with men. You may find the company of traditional women less interesting and stimulating than being around men. You are likely independent, competitive, and you do not let emotions get the better of you. Women with your profile tend to be "hands on," driven, ambitious, and dislike being controlled.

Logical or Business Oriented

You may be involved in business or some kind of action-oriented activity where your comfort with being logical, practical, and sensible is well rewarded. When you are stressed, you tend to move into action and want practical advice about how to make things better. Spending time talking about your feelings is less rewarding to you than doing something to feel better.

Adventurous

You may enjoy adventure, even if it's somewhat risky, and you're not afraid to do things alone. You may value being physically strong and having the endurance to face life's difficulties head-on.

LIFESTYLE AND BACKGROUND FEEDBACK

Typically, women with your profile were tomboys growing up and may have been more comfortable with boys as friends. You may have also been close to a father figure who valued how you were practical and down-to-earth and loved the outdoors. You tend to be resilient and bounce back from life's adversities.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Sometimes women with your profile become involved in relationships where their mate does not appreciate their practical independence and self-sufficiency. Perhaps you feel somewhat controlled or misunderstood. It is important to understand your own needs and to negotiate them with your partner.
2. Be aware that your direct, no-nonsense style can sometimes come across as brusque, unemotional, and even insensitive.
3. Remember that other people can experience hurt feelings and need to spend time processing them. Discuss with your therapist how respectful

treatment of others, mediation, and conciliation have all been established as key components of effective leadership and are equally important in personal relationships. An excellent book on the topic is *Primal Leadership: Learning to Lead With Emotional Intelligence* (Goleman, Boyatzis, & McKee, 2002).

4. You may experience some conflict between your need for independence and success and your need to fulfill some traditional feminine roles. Should you have any conflicts of this kind, it will be helpful to discuss them with your therapist.

Chapter 9

Scale 6

SCALE 6: PARANOIA (PA)

Descriptors

Complaints

Feeling criticized, judged, attacked; possible paranoid ideation; feeling misunderstood or unfairly treated; fear of attack; hurt feelings; possibly depressed; interpersonal difficulties; personalizes; resentments toward family

Thoughts

Suspicious, opinionated, moralistic and judgmental, self-righteous, possible ideas of reference, ideas or delusions of persecution, rigid, fair-minded

Emotions

Highly sensitive, resentful, angry, feels unfairly treated, rationalizes, unforgiving, vindictive

Traits and Behaviors

Values loyalty, argumentative, stubborn, hypersensitive, self-righteous, judgmental, distrustful, hypersensitive, possible paranoid ideation or delusions

Strengths

Fair, rational, analytical, values loyalty, sensitive

THERAPIST'S NOTES

Normal-range Scale 6 elevations suggest a sensitive, rational, analytical individual who values loyalty and meticulous fairness. These clients can be rigid and highly sensitive to any kind of inferred criticism or unfair demands. Elevations on the subscales of Paranoia (Pa) refine the normal range interpretation. Persecutory Ideas (Pa1) elevations may be associated with a recent accusation of wrongdoing, so paranoid item elevation accurately reflects a current situation. Poignancy (Pa2) elevation suggests a tendency to personalize and readily feel hurt, misunderstood, and lonely. Pa2 elevations also suggest the storing of resentments, difficulties

with assertion, and a propensity to be vindictive if slighted. When the Naïveté subscale (Pa3) is elevated, individuals tend to be morally "black-or-white," rigid, moralistic, and naïve about other people's tendency to be self-serving, rationalizing, and insensitive. They deny hostility, which tends to be expressed as a rationalized resentment.

Scale 6 elevations reflect a fear of criticism, judgment and, at higher elevations, a fear of attack and subjugation. Individuals preoccupied with protecting themselves against unfair treatment would adaptively become susceptible to anything that can be construed as disparagement or condemnation. As Scale 6 elevates above a T-score of 65, individuals' sensitivity toward criticism, derision, or control can shade into paranoia, especially if supplementary scales suggesting paranoid ideation are elevated. These individuals are other analytical and are preoccupied with fairness to the point of mean-spiritedness. They rationalize their actions, perceive implied disapproval, and defend against it preemptively. They do not express their wants, their needs, or their resentments directly until they feel fully justified in doing so, by which time they are angry and unforgiving. They tend to repress emotions that could lead others to find fault with them. At high elevations, paranoia may manifest itself in preoccupations with powerful agencies, such as the Central Intelligence Agency (CIA) and Federal Bureau of Investigations (FBI), conspiracies, enemies who are stealing from them, or other manifestations of fear of being attacked and subjugated. When hurt or slighted, a desire to punish, a slowness to forgive, and a desire to label the person who has hurt them as "bad" or "evil." This reflects the intensity of their hurt feelings and their need to justify their anger. When not threatened, high 6 individuals can be empathic and highly emotionally responsive.

Individuals with high Scale 6 elevations value loyalty and are unforgiving of transgressions. They tend to be fastidious about appearance and may be unconsciously seductive, perhaps preemptively minimizing criticism. Others, responding to this unconscious coyness, elicit surprise and disdain from the high 6, as it would suggest conscious impropriety. High 6s tend to remember slights and injustices after others have resolved them, and so they rehash old resentments during current arguments as a way of rationalizing their anger. Even at moderate elevations, guardedness and suspicion can lead to difficulties in work, marital situations, and families. In the presence of paranoid ideation, referrals due to workplace violence concerns can occur. Graham, Ben-Porath, and McNulty (1999) report that elevations on Scale 6 may indicate symptoms of dysthymia, depression, and suicide attempts.

LIFESTYLE AND FAMILY BACKGROUND

Our hypothesis is that high levels of vigilance for criticism, judgment, or actual physical attack reflect an adaptive response to a childhood in which

caretakers were critical, shaming, and severely punishing or had standards that were impossible to achieve. In some cases caretakers may have withheld affection unless unrealistically high standards of behavior were met. In other cases caretakers may have been verbally or even physically abusive as a way of disciplining "bad" behavior. This may have instilled a determination to be above criticism or contempt, identifying with the aggressor and developing a similarly rigid set of values and beliefs. These clients tend to be quite punitive and harsh with their own children.

MODIFYING SCALES

- When Ideas of Persecution (RC6) is elevated, look for a paranoid disorder.
- Authority Problems (Pd2), Antisocial Practices (ASP), or Antisocial Behavior (RC4) elevated would suggest the possibility of acting out.
- When Inability to Disclose (TRT2), is elevated, the suspiciousness and paranoia may interfere with the development of the basic trust needed for psychotherapy.

THERAPY AND THERAPEUTIC PITFALLS

Clients with high Scale 6 are often seen as difficult to treat because they are sensitive to criticism and may view insights as shaming. They can be highly rational to the point of being argumentative, replicating their relationship with a punitive and demanding parent. Overt paranoid symptoms may require medication, but would likely be resisted. Exploring current feelings of vulnerability to attack or judgment could be validating. Paranoid symptoms, if Scale 8 is unelevated (especially if Lack of Ego Mastery Cognitive [Sc3] is low), are usually fixed and rational rather than diffuse or disorganized. Although perhaps exaggerated by hypersensitivity, there is sometimes a basis for the paranoia. It is important to validate and affirm these clients' reactions without endorsing paranoid beliefs (e.g., "No wonder you are so frightened and self-protective given how attacked, criticized, or judged you feel").

Often these clients will express hurt and rationalized resentments toward specific people. Explore childhood episodes of unfair and harsh punishments or criticisms to develop self-empathy. Use gestalt role-playing techniques in which old injustices, wounds, and repressed anger are ventilated. Empathy for themselves as vulnerable children who wanted to be "above reproach" may develop more empathy for others. Help clients identify their wants and desires, learning to express themselves without blame or criticism of others. Teaching them to be assertive before resentment develops is a useful behavioral-cognitive tool.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is in the normal range. It suggests you are a sensitive person who tries hard to be above criticism. You tend to be your own worst critic, so disapproval is particularly painful for you. You work hard to "do the right thing" and meeting other's expectations is important to you. You are inquisitive, rational, and analytical. Since you want to be above reproach, you sometimes allow anger or frustration to build until you feel completely justified in expressing it, but by that time you are quite angry and resentful. Anger can come out as sharp rebukes, rather than you expressing it directly. People with your profile are sensitive to being controlled and value independence. You have high standards and are fair-minded. If people are disloyal or unfairly critical it can be hard for you to forgive. In an argument you are acutely aware of who said what to whom and you can't let go of a dispute until it has been resolved fairly. You may have had parents who could be somewhat critical with a tendency to use shaming as a parenting tool, so no wonder you are sensitive to being controlled or criticized.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile suggests you have a number of strengths. You are rational, fair-minded, and loyal. You have high personal standards, and you work hard to be above criticism or judgment. You have strong values, and you may be very black-and-white about the right and wrong way of seeing and doing things.

Sensitive to Criticism and Judgment or Paranoia

You are susceptible to anything that can be construed as criticism or judgment. Currently you may feel on edge and tense, as if someone is going to unfairly criticize or attack you. At times, your sensitivity can shade toward paranoia so that it is hard for you to know whom to trust. These times might be quite frightening because you don't know whether your mistrust of others is due to your sensitivity or whether you are truly seeing things clearly.

High Personal Standards or Feels Unfairly Treated

People probably see you as having high personal standards, and you work hard to be above reproach. People with your profile have a keen sense of justice. If you feel unfairly treated or if you feel others are mistreated, it makes you angry, and you feel driven to "right the wrong." If people hurt you, even though you may forgive them, it is hard for you to forget what they have done.

Rationalized Resentments

You tend not to let others know when you are hurt or angry until you feel you are completely justified in doing so. However, by that time you are angry and have hard feelings about the other person not being sensitive to your needs. You may store and rationalize your resentments without letting people know how you feel, and if they continue their actions you begrudge them and feel bitter. You don't ask for what you want until you feel you fully deserve it. Because you are so sensitive to the issue of fairness, when you finally express your feelings you may try to explain why you are feeling hurt or angry. This is your way of justifying yourself; however, it makes others feel defensive, so they tend to argue back.

Slow to Forgive

If people let you down or you feel unjustly treated it is difficult for you to forgive them. You may feel a need to punish people if they have hurt you. This is because you experience feelings intensely, so painful events sting and cut deeply. When you are angry with people, you tend to see them as evil or bad, and you keep them at a distance and perhaps justify why you need to punish them.

LIFESTYLE AND BACKGROUND FEEDBACK

Typically, people with your profile had caregivers who were critical, shaming, judgmental, and severely punishing. They may have had high standards so that you always felt subtly or overtly criticized or judged. Perhaps you had to endure verbal or even physical punishments that were will breaking and shaming, which made you feel emotionally knocked down and crushed. From an early age, you learned to protect yourself by wanting to be above reproach, by doing everything right, and by making sure that you were not punished. You learned not to express anger because it could lead to retaliation by a parent figure. No wonder you avoid expressing vulnerable feelings. Growing up feeling humiliated and judged, you go through life ready to defend yourself, making notes of others' flaws, and storing them away as ammunition should you need to protect yourself against them.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Learn to ask for what you want before you are resentful and angry. You don't have to justify yourself. Avoid trying to explain to others why they "owe" you something because that will make them defensive.

2. You are afraid to ask for things in case other people use it to control you and make unreasonable demands on you. See if you can identify any "cognitive distortions" that are triggering this belief. Because you work so hard to protect yourself, this may trigger "mind reading," where you assume that you know what other people are thinking and how they will act. Work with your therapist to explore where these ideas came from, and then develop some alternate ways of thinking.[1]
3. Learn to express anger when you feel it. Don't try to rationalize it or wait until you feel justified in expressing it. By the time you feel justified, you are very resentful, and then it's hard for you to forgive the other person. Learn to verbalize your anger assertively. Define what it is that you want to express, and don't assume that the other person will know what you want. When practicing assertiveness it may help to write it down. Use "I" statements to communicate how you feel without blaming someone else. For example, try saying "I'm feeling frustrated," instead of, "You frustrate me."
4. Explore with your therapist childhood experiences where you felt unfairly criticized and judged. See if you can develop empathy for yourself as a child, exploring specific situations where you felt unfairly treated. Role play getting angry with the person who mistreated you as a way of gaining empathy for yourself.
5. Resilience building: Forgiveness is not easy or quick, but the ability to do so leads to less anger, less stress, more optimism, and even better health.[2] An exercise to help with forgiveness is to "rewrite" the offense using a more "positive" approach.[3] Write about any benefits you may have gotten from someone's transgression against you (e.g., a rude sales clerk saved you money because you left the store before you finished the purchase). This can be a creative way to foster a more positive outlook.
6. Be aware that you are quite sensitive so you might take things personally that were not meant to be so. Your therapist may suggest the option of using medication to alleviate your extreme sensitivity. Be

[1] It may help to explain the "ABC" concept of rational emotive therapy (Ellis & Dryden, 1997) where an event (A) leads to a thought (B), which then leads to an emotion (C). The clients can then recognize that although they feel as if the situation is making them angry, it is actually their interpretation of the event that leads to their negative feeling.

[2] In a study of 259 adults who had experienced a transgression, the subjects who completed a 6-week forgiveness program compared with a control group were significantly more likely to experience less negative thinking, less anger, and more positive health markers (Harris et al., 2006).

[3] People who wrote about benefits they may have gotten from something negative someone did to them (as opposed to writing about their feelings or about some other topic) tended to forgive more easily (McCullough, Root, & Cohen, 2006).

honest with your therapist about any ambivalence you might have about taking medication.

7. At times your sensitivity may shade toward paranoia when you're unsure about who's for you and against you. If you're going through such a period, it might be quite frightening because it's hard for you to trust your judgment. Discuss with your therapist if you're feeling unable to trust him or her.
8. During this time of stress, make sure you exercise, eat healthy, and avoid alcohol and chemical agents. Exercise, especially aerobic exercise, can help reduce stress and also can help improve your mood.[4]
9. Be aware that you have a tendency to look at life in black-and-white terms. That made sense growing up when you tried hard to avoid criticism, judgment, and attacks by meticulously following rules, but discuss with your therapist how you might now inadvertently come across as rigid and judgmental toward others.

[4] Results of cross-sectional and longitudinal studies consistently find that aerobic exercise has antidepressant and anxiolytic effects. It also can protect against harmful effects of stress (Salmon, 2001).

CODE-TYPE 6-8/8-6

Descriptors

Complaints

Cognitive and behavioral disorganization, diffuse anxiety, paranoia, psychotic thought processes, depression, apathy, anhedonia, paranoid delusions, irritability, social withdrawal, conduct or behavior problems, somatic complaints, bizarre preoccupations, alienated, hostile, feeling misunderstood or mistreated, anger problems, socially isolated

Thoughts

Disorganized; schizoid; unconventional; circumstantial; tangential; confused; autistic; bizarre preoccupations; ideas of persecution and reference; suspicious; hallucinations or delusions; difficulties with concentration and memory; poor judgment; daydreaming; sexual, violent, or religious preoccupations; obsessive-compulsive; probable thought disorder; suicidal ideation

Emotions

Fearful, apathetic, inferiority, depression, resentment, inappropriate emotional responses, possibly phobic, moody, immature, low frustration tolerance, feeling worthless

Traits and Behaviors

Schizoid, paranoid, withdrawn, poor social skills, bizarre and eccentric behaviors, lacking in insight, poor overall adjustment, possible paranoid schizophrenia

Strengths

Creative, imaginative, sensitive

THERAPIST'S NOTES

Clients with 6-8 code types in the normal range are sensitive, creative, cautious, and vulnerable to interpersonal misunderstandings. They are thin-skinned and vulnerable to feeling humiliated or criticized, so they keep others at a distance. When stressed they can become confused and reveal a brittle anger. Immaturity, difficulties with emotional closeness, subtle paranoid traits, and abrupt, angry reactions characterize this profile if Scale 8 elevations are not due to significant additions of Correction (K).

Elevated profiles reflect symptoms of paranoia with delusions, suspiciousness, and in some cases a schizophrenic thought disturbance. Hallucinations, both auditory and visual, are possible. Confused and unable to solve problems effectively, many individuals with this code type live a marginal existence. Although Graham et al. (1999) did not find psychosis among their 6-8 code

type sample, this may have been because their study agency referred out many of their psychotic patients to other agencies. Earlier findings from both Marks and Seeman (1963) and Gilberstadt and Duker (1965) found that this code type often indicates a psychotic thought process.

Even when individuals with this code type are not psychotic, they can be characterized by inappropriate and immature behavior, difficulties with memory and concentration, suspiciousness, unjustified jealousies, and unreasonable anger. Even when Scale 0 is not elevated, alienation, social withdrawal, flat, blunted, and at times inappropriate affect are common. People with this profile are often confused and persistently vigilant for anything that can be perceived as rejection or hostility. They feel isolated in a frightening world, and they have difficulty accurately perceiving others' reactions to them. These clients feel unable to control their cognitive and emotional processes. Bizarre, loose associations, surges of inappropriate emotions, and inability to comprehend others responses to them make basic tasks of life arduous if not impossible. Diffuse anxiety, a sense that the world is fragile, and a relentless, inchoate sense of dread are pervasive. These individuals often appear depressed, flat, and apathetic. Severely damaged self-esteem is reflected in the tendency for 6-8 individuals to give many "minus Rorschach" responses such as, "I see cancerous lungs … a bleeding vagina" (Exner, 2003). Perhaps in an attempt to control internal disorganization, to bind anxiety, and to provide boundaries to their paranoid vigilance, individuals with 6-8 code types can develop superstitions, food fads, odd collections, and eccentric rituals. They have difficulties with any kind of intimacy, lack the ability to organize, and often withdraw into fantasy. Their anger is expressed in brief, acute outbursts and may come about about as the result of a buildup of perceived hostility or disrespect from others. Although apathetic and withdrawn, they may show acute, dangerous assaultive behavior. It has been noted that a number of males with this profile are weapon collectors, perhaps reflecting their paranoid self-protectiveness (Friedman, Levak, Nichols, & Webb, 2001). Their existential experience is to feel under siege confused, so abrupt, unprovoked rages are not uncommon. Threats of violence and suicidal ideation should be taken seriously.

LIFESTYLE AND FAMILY BACKGROUND

Our hypothesis is that this code type reflects a genetic predisposition and a catastrophic childhood. Experiences of will-breaking hostility and humiliation, neglect, cruelty, and mental illness in caretakers would be typical. As children, many were fearful and insecure, perhaps exhibiting personal eccentricities or slowness to mature, making them vulnerable to ridicule and bullying. Histories tend to be characterized by family disruptions, economic hardship, and parental rejection or at best indifference. These individuals have poor work histories and a generally marginal adjustment.

MODIFYING SCALES

- An "all true" response set produces a highly elevated 6-8 code type.
- High Infrequency (F), Back Infrequency (Fb), and Infrequency Psychopathology (Fp) scores are commonly associated with 6-8 code types.
- Typically, Scale 2 and Depression (DEP) will be elevated given the despondency state and lack of positive experiences associated with this code-type.
- If Scale 4 is elevated, especially if Pd2 and Antisocial Practices (ASP) or Antisocial Behavior (Rc4) are also elevated, look for the possibility of bizarre antisocial acting-out behavior.
- A marked elevation on Ideals of External Influence (Pa1) or Persecutory Ideas (RC 6) would predict a floridly paranoid disturbance.
- If Psychomotor Acceleration (Ma2) is elevated, this would tend to energize and agitate the manifestation of a thought disorder.
- An elevation on Ego Inflation (Ma4) would reflect individuals who believe they have special powers and a special mission in the world.
- In the presence of a high MacAndrew Alcoholism Scale-Revised (MAC-R) (over a raw score of 27), the use of chemical agents may aggravate the severity of the psychotic disturbance.
- Elevations on Anger (ANG) and Aggressiveness (AGGR) predict brittle, bizarre, and dangerous expressions of anger.
- If either Bizarre Mentation (BIZ), Psychoticism (PSYC), or Aberrant Experiences (RC8) is elevated, the profile reflects a psychotic disturbance.
- Typically, Work Inference (WRK) and Negative Treatment Indicators (TRT) are also elevated, reflecting the collapse of the individuals' life and a profound distrust that anyone can help.

THERAPY AND THERAPEUTIC PITFALLS

Traditional, uncovering types of psychotherapies are contraindicated. Given the level of psychic disorganization, new intrapsychic material could be disorganizing. Overfamiliarity and warmth from the therapist could be threatening, but supportive therapy with structure is desirable. Cognitive-behavioral therapies that give corrective emotional experiences through guidance, reliability, and consistency are suggested (Morrison, 2007). Lowering the clients' level of fear and panic through simple supportive behaviors is a goal of therapy. Medication is usually indicated. Education about how stress tends to disorganize thinking and the rehearsal of self-soothing techniques at such times is also useful. Acceptance and commitment therapy (ACT) using relaxation techniques such as meditation and mindfulness have shown promise in working

with patients with psychosis (Bach & Hayes, 2002; Gaudiano & Herbert, 2006; Veiga-Martínez, Pérez-Álvarez, & García-Montes, 2008). Acute, angry episodes, occasioned by the therapist's inadvertent insensitivities, can be mollified by sincere apologies, understanding, and the validation that expressed anger need not have disastrous consequences.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is in the normal range, showing creativity, sensitivity, and a rich imagination. You are easily hurt by criticism or anger from others. Growing up you may have experienced meanness or even cruelty from others. Perhaps you were different from others in some way that left you vulnerable to being teased, controlled, or humiliated. No wonder you are touchy about people controlling you or making demands on you. At times you may find yourself stubbornly resisting people who you feel are trying to tell you what to do. You likely have a rich imagination, though sometimes you can become lost in your own fantasies. At times your sensitivity can shade to paranoia so you are not sure whom to trust.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

You are sensitive, creative, and imaginative, but you appear to be going through a current difficult situation experiencing frightening uncomfortable feelings. You may have lost your confidence and feel confused, unable to think clearly, and have trouble making even small decisions.

Anxiety or Paranoia

The world may be a frightening place for you right now, so it's hard for you to know whom you can trust. You may find yourself feeling periods of anxiety or even panic. It's hard for you to believe what you see, read, and think because you are afraid someone may be trying to influence your mind. You may be experiencing episodes of paranoia where you are afraid that others want to harm you in some way. To deal with your fear, you may withdraw into your inner world, not letting yourself open up to others.

Confusion or Difficulty Concentrating

You may be experiencing so much fear and anxiety that it's hard to collect your thoughts. You may find it hard to concentrate because thoughts invade your

mind and you feel unable to resist them. You may find yourself confused and unable to think clearly, feeling angry and negative. You may spend a lot of time worrying, but without productive problem solving.

Angry or Aggressive and Sexual Fantasies

You have probably always been someone who can fantasize and escape from painful feelings by creating your own inner reality; however, you may be currently experiencing a great deal of distress because your inner world is as frightening and uncomfortable as the world around you. You may have angry and hostile thoughts, perhaps fantasizing about ways to punish people who have hurt you. Sometimes your thoughts may be confusing, with violent and sexual images interfering with your ability to think clearly. You may fantasize about ways you can pay people back and hurt them the way they have hurt you. It would be important for you to discuss these thoughts with your therapist.

Feels Misunderstood and Mistreated or Resentful

If you feel in any way misunderstood, mistreated, disrespected, or judged, you may feel intense resentment and angry thoughts, and you may have desires to hurt those who have hurt you. It is important to know that you are knocked off balance right now and that you may not be thinking clearly. Even though it's hard to trust anyone, your therapist would want to know how resentful and ready to protect yourself you feel.

Alienated, Depressed, Inappropriate Emotional Responses

What you are feeling is understandable. You've probably been feeling a sense of disconnection and alienation from people for a long time, feeling lonely and unable to make a connection with others. You might spend time wondering what is wrong with you, and you may be feeling very self-critical. When you get tense, you sometimes behave in ways that others find odd, even frightening or confusing. You may keep people at a distance by alarming them, perhaps by appearing tough or angry.

Possible Hallucinations or Delusions

You may experience moments where you see things that others do not see. This is probably quite disturbing, especially since it's hard to trust or talk with anyone about your inner world. Sometimes, you may hear voices inside your head tell you to protect yourself and get rid of your enemies, and at other times the voices may tell you to do something harmful to yourself. It would

be important for you to talk to your doctor about these thoughts; although you may feel very alone, confused, and frightened, you can get help. What you are feeling is a well-understood condition that comes from experiencing a great deal of stress.

LIFESTYLE AND BACKGROUND FEEDBACK

People with your profile were often sensitive children who survived difficult childhoods. Your parents or caregivers may have been critical, judgmental, neglectful, even cruel. Perhaps they used harsh physical punishment as a way to control you, making you feel unloved and damaged. You can probably remember times when a parent figure was extremely harsh and will-breaking. From an early age, you had to protect yourself, perhaps by escaping into fantasy. Possibly the only way to retaliate against people who hurt you was to fantasize about how you could hurt them back. You had to protect yourself by refusing to let anyone get close. No wonder you are so sensitive to disrespect and to anyone criticizing or controlling you. It makes sense that you spend time thinking about cruel and angry things as a way to vent anger towards those who have hurt you. It's your way of dealing with some of your pain and resentment about the way you were treated. As a way of protecting yourself, you may be cold and unfeeling around others, having cruel fantasies toward them even though they may not have done anything to intentionally hurt you.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Often, medication can help you think more clearly and can take away the feelings of dread and anxiety without diminishing your ability to be aware of what is going on around you. It is important that you explore your feelings about this type of treatment.[1]
2. It may be very hard to trust your therapist. In fact, reading all this material may make you suspicious because it seems to "fit" too well. You may feel that you are going to be tricked somehow. Discuss your concerns with your therapist.
3. Growing up, you experienced cruelty and unfair hostility from others. Discuss with your therapist whether you learned to believe some of the cruel and mean things said about you were "Irrational beliefs" working against you.[2]

[1] Compliance therapy combines principles of motivational interviewing, inductive questioning, reflective listening, and reinforcing adaptive behaviors and attitudes to explore client ambivalence and target medication adherence (Kemp, David, & Hayward, 1996).

[2] Cognitive therapy provides a conceptual model and set of techniques that can help patients with histories of maltreatment recover and can lead more satisfying lives. Morrison (2007) outlines an approach for using cognitive therapy for the treatment of psychosis.

4. Work with your therapist to see what beliefs or themes you may have developed to deal with your unhappy childhood experiences.[3] Some common themes include the expectation that people will hurt or humiliate you, the belief that others will take advantage of you, or the belief that you are unlovable or damaged. Being able to express the emotions in the safety of the therapy setting can gradually help you learn new perspectives and challenge old belief systems.[4]
5. Whenever you feel criticized or judged by others, be aware that you might be misinterpreting their motives. Don't assume that people are "wearing a mask" and playing some kind of role or playing a trick on you. You may find that practicing social skills will lead to greater self-confidence and comfort interacting with people. The following Web site is a collection of articles on social skills: http://www.succeedsocially.com.
6. Avoid chemical agents such as marijuana, alcohol, and psychedelics because they will aggravate your paranoia and mental disorganization. Your therapist will help you explore ways that these coping strategies have not worked even though you have tried hard to solve your problems.
7. Try new methods of coping such as meditation and being mindful of your environment without judging or analyzing. For more information visit the Web site for ACT (www.contextualpsychology.org/act).[5]

[3] Schema therapy has been demonstrated to be an effective treatment for clients who expect and anticipate emotional rejection and criticism based on their own early childhood conditioning experiences. Help clients first identify their particular schema (Bricker & Young, 2004), and then work to help them examine the early experiences that led to that belief. The next step is to challenge that idea and to help them examine whether it is true and whether it is helpful (Young, Klosko, & Weishaar, 2003).

[4] Schema therapy uses many of the same methods of cognitive-behavioral therapy, but it adds imagery to uncover suppressed emotions and to highlight the ways that these fixed beliefs affect current relationships (Young, 1999).

[5] In several small studies (Bach & Hayes, 2002; Gaudiano & Herbert, 2006; Veiga-Martínez et al., 2008), acceptance and commitment therapy (ACT) has been an effective treatment in conjunction with medication for patients with psychosis. ACT is based on the principle that psychological problems are caused by efforts to control or avoid painful thoughts. Treatment combines behavior therapy, meditation, and mindfulness practices.

CODE-TYPE 6-9/9-6

Descriptors

Complaints

Manic, irritable, suspicious, impatient, resentful, brittle anger, explosive episodes, agitation, possibly psychotic with paranoia

Thoughts

Paranoid, grandiose, suspicious, rationalized resentments, hyperrational, preoccupation with criticism, fears of being judged or attacked, flight of ideas, sexually preoccupied

Emotions

Tense, irritable, impatient, moody, agitated, jealous, possessive, fears of emotional closeness, fears of intimacy

Traits/Behaviors

Manic or hypomanic, paranoid, agitated, irritable, demanding, excitable, preoccupied with fears of criticism, preoccupied with protecting against real and imagined enemies, explosive if confronted or crossed

Strengths

Energetic, ambitious, values fairness, sensitive, high standards

THERAPIST'S NOTES

In the normal range, 6-9 elevations suggest active, energetic, optimistic, somewhat opinionated, sensitive, and high-strung individuals. They are perfectionists who have high standards for themselves and others, are interpersonally sensitive and can become argumentative or angry if criticized. They are competitive, tend to overcommit, and have strong needs to prove themselves. The interaction of Scale 9 and Scale 6 provides an example of competing and mixed feelings. The Scale 9 grandiose impulsivity and demands for attention, affection, and approval are modified by the Scale 6 fears of judgment, criticism, and attack. Paranoid rumination and preoccupation with "who is responsible for my trouble" are energized by mania, leading to rationalized and convoluted paranoid conspiracy theories. Unlike the elevated Scale 8, where paranoid and psychotic episodes are somewhat diffuse and disorganized, the 6-9 code types' paranoia is fixed, rational, and well organized. Clients with this profile do not appear schizophrenic in the traditional withdrawn and disorganized way. Although they may experience hallucinations and delusions of grandeur, conspiracy, persecution, or religious delusions, these are more akin to paranoid and manic defenses or a

mood disorder rather to than manifestations of a thought disorder. Because the paranoia is organized by manic defenses, these individuals appear almost plausible and relatively coherent. Tense, irritable, angry, and abrupt reactions when confronted or criticized can almost seem justified. Cogently argued perfidy, claiming spouses that belong to child-abusing sects, and secret agreements with governmental agencies appear almost plausible.

These individuals are very safety conscious, feel threatened by any loss of financial or emotional security, and are often perceived as jealous and demanding. The perception of infidelity can be a precipitating circumstance for a paranoid manic episode. If they feel slighted, criticized, or unfairly judged, their anger can express itself as a dangerous breakdown of brittle controls. Typically, they deal with stress by feeling maligned and victimized and then rationalize their needs to counterattack. They are not introspective and move into action when stressed. They are image conscious and have strong needs to be seen as sexually attractive; however, becoming emotionally close and letting down their guard is frightening because they are preoccupied with fears of judgment.

LIFESTYLE AND FAMILY BACKGROUND

A childhood history of parental criticism and judgment in spite of high achievement is prototypic. The 6-9 code type often represents an adaptation to care-givers who continuously insisted upon greater achievement but, at the same time, disparaged the child for not doing enough. In some cases, these clients felt disfavored relative to other siblings which left them striving for acceptance and feeling that whatever they accomplished was not enough. These clients have a high degree of pride and are sensitive to any criticism from the therapist, so they will tend to rationalize their childhoods. Early achievement is typical because of drive and ambition; however, later success may be spotty due to impulsivity and interpersonal conflicts. Our hypothesis is that the 6-9 code types have adapted to critical disapproval and high demands for success and achievement by maintaining a rigid set of values, driving themselves to achieve, and finding fault with others as a way of bolstering their status and preempting criticism.

MODIFYING SCALES

- When Scale 2 is elevated, rule out an agitated depression or bipolar disorder. The 6-9 code types with elevated Scale 2 may be reflecting a manic phase of a bipolar disorder. These individuals can be moody, irritable, and explosive and might manifest brief paranoid episodes.

- When Scale 5 is elevated in males, look for preoccupations with sexual identity, sexuality, and sexual rejection. If Scale 5 is elevated in females, this would increase the likelihood of acting-out behavior, even if Scale 4 is not particularly elevated. Scale 5 in the masculine direction for both males and females potentiates acting-out behavior.
- When Scale 4 is elevated, look for impulsive, vindictive, angry, and dangerous outbursts.
- When Overcontrolled Hostility (OH) is above a raw score of 18, explosive episodes would be more likely, and these would be potentially dangerous.
- When Correction (K) is elevated along with Scale 4, look for vindictive, well-organized, and potentially dangerous Machiavellian individuals.
- When Ideas of External Influence (Pa1) is elevated, this suggests a paranoid disorder.
- When Poignancy (Pa2) is elevated, there may be increased sensitivity that shades toward feelings of being mistreated, misunderstood, and the storing of rationalized resentments.
- Naïveté (Pa3) elevations, reflect the 6-9 code types' tendency to have rigid values and morals, perhaps as a defense against being criticized or judged.
- When Anger (ANG) or Hypomanic Activation (RC9) are elevated, problems with anger and explosive irritability may be recurrent and possibly dangerous. If Antisocial Practices (ASP) and Scale 4 are elevated, the profile could reflect paranoia and sociopathic acting out. If Scale 4 is not elevated above a T-score of 60 but Authority Conflict (Pd2) is, the likelihood of Machiavellian acting out increases.
- When Type A Behavior (TPA) is elevated, are supported intense, competitive drive and needs to be above criticism.
- When Bizarre Mentation (BIZ), Aberrant Experiences (RC8), Psychoticism (PSYC), or Ideas of Persecution (RC6) is elevated, the possibility of a paranoid psychotic reaction increases.

THERAPY AND THERAPEUTIC PITFALLS

Clients with a 6-9 profile are quite guarded, as one would except from manic and paranoid defenses. Feedback needs to be given carefully as they are sensitive to being seen in any way as mentally ill. They need approval before developing a therapeutic transference. The therapist could point out that their profile suggests they have strong needs to be perfect, above criticism, and moral judgment. Validate that they need to do things the "right way" and that the therapist's goal is to help them achieve their mission. Help clients identify the source of their current panic about being criticized or judged. Establish trust, and confirm the pain and humiliation of being unfairly disapproved of.

Once the therapeutic alliance is established, the therapist can take the role of "coach," providing concrete strategies and gentle reality testing. Help clients determine their own goals and ambitions as opposed to the internalized goals of their parents. Explore childhood events of feeling harshly criticized. Help clients engage anger and then learn ways to express it productively. Medication can be useful, but these clients tend to dislike resulting the inhibition of vigilance. In the presence of a history of mania in the families of origin, rule out bipolar disorder. As with any client who is or manic, evaluate for substance abuse. Although these clients may appear loud and intimidating, underneath they are quite fearful and self-doubting.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is in the normal range. You exhibit a number of strengths, and you are a sensitive, energetic, and ambitious person. You also have high standards, and you work to avoid criticism and judgment from others. Because you value being rational and fair, you have a tendency to analyze your thoughts to ensure that they are reasonable, which means that you may allow anger and resentments to build and then may express them in periodic angry episodes. This tendency to overanalyze may interfere with you being able to spontaneously express your feelings, leading to a buildup of hurt and resentment. Because of your high standards you may be tough on people who may seem to isolate your moral code.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile reveals you have a number of strengths. You are very energetic, ambitious, and driven. You are sensitive and very perceptive. You work hard to protect your loved ones, and security—both emotional and financial—is very important to you. You think quickly, move quickly, and are able to multitask. You are able to see the connections between things, and you can be very productive with big spurts of energy. For you, there's a right way and a wrong way of doing things, with little room for shades of gray. You value fairness and loyalty, and you can feel outraged if people do the wrong thing or are disloyal.

High Standards or Fears of Being Criticized

Currently, your greatest strengths can be working against you. You seem to be very wound up, on edge, as if you're afraid of being criticized, judged, or

even attacked by others. Being unfairly evaluated is painful to everybody, but to you it's particularly distressing because you work so hard to be perfect. You are a person with very high personal standards. When you make a mistake, you anticipate that others will judge you harshly.

Manic

You may be experiencing very high energy and overcommitment so that it is hard for you to sleep, slow down, and to shut off your mind. Others may perceive you as loud and excitable but also tense, irritable, impatient, abrupt, and angry when confronted or criticized. Much of the time, your mind is racing, and you are preoccupied with how to protect yourself.

Paranoid or Suspicious

Currently, you may be feeling trapped in a situation where you are suspicious that someone has it in for you and wants to hurt you or take something valuable away from you. Although you appear rational, controlled, and determined to take charge, you may feel a sense of panic, and a need to be vigilant to protect yourself against being hurt or taken advantage of. Much of the time, you are trying to understand who is for you and who is against you. At times, your vigilance may shade toward paranoia so that you are unsure of whom to trust. You may find yourself doubting everybody, even people closest to you, wondering if they are planning to harm you.

Anger or Resentment

It's hard for you to express anger or resentment until you feel completely justified in doing so. However, by that time you are very irate because you have bottled it up. At these times your emotions may get the best of you, and you may hurt or frighten someone, or break something. You may spend a lot of time thinking about how to punish people for what they have done. It's important to discuss with your therapist how you can learn to control these feelings.

Hyperrational

Although one of your strengths is your ability to be rational and analytical, currently it might not be working for you. You may be spending a great deal of time trying to analyze, rationalize, and justify what is going on. There are times when you cannot be sure whether you're seeing things clearly or whether you're being too sensitive, so this confuses and even frightens you.

Jealous or Possessive

You hate to be jealous because you feel it is an irrational emotion. Currently, however, you may be feeling quite possessive and controlling of your loved ones.

LIFESTYLE AND BACKGROUND FEEDBACK

People with your profile grew up in environments where parents were very critical, judgmental, yet demanding of high performance and achievement. Perhaps you were disfavored relative to your other siblings, so no matter what you did it was never seen as good enough. Possibly your parents' standards were so high that no matter how much you achieved, it was never enough to please them. They may have used physical punishment and shaming as a way of disciplining you. You may have felt that the punishments were excessively harsh and unwarranted. You became preoccupied with looking for signs of unfairness, and you worked hard to be successful, productive, and above disdain. Perhaps as a child, whenever you were very angry you were unable to express yourself because your parents would get only angrier. You have developed a lifestyle of avoiding criticism, seeking approval, and obtaining power and control so that nobody would be able to control or humiliate you.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Explore with your therapist what is frightening you right now or who is threatening to take something away from you so that you can both come up with appropriate ways you can protect yourself.
2. Don't wait until you feel justified in expressing anger or in asking for what you want. By the time you feel you deserve something, you are angry and resentful. Try not to tell people what they have done wrong when you are hurt or angry. Rather, tell them what you need from them. If you tell people what they've done wrong, they feel defensive and want to attack you rather than giving you what you need.
3. Anger when expressed appropriately allows you to preserve your self-worth, convictions, and needs. Assertive anger helps you express your desires in a direct and open way, whereas suppressing healthy anger leads to frustration and resentment. Assertiveness involves monitoring your tone of voice so that it is calm and even and using "I" statements, such as, "I would like to take a break before we start this project." Keep a journal and fill in the blank: "What I really need is _____" so that you can role play assertive anger with your therapist.

4. See if you can identify any "cognitive distortions" that are triggering negative emotions. Because you work so hard to avoid disapproval, this may trigger your anger with "all-or-nothing" thinking (i.e., I'm either perfect or a failure) or "filtering" (being so vigilant for injustice that you magnify the negative and tend not to see the positive). Work with your therapist to explore where these ideas came from, and then develop some alternate ways of thinking that will help you manage your emotions. You can choose to focus on your own inner balance rather than on other people's actions.[1]
5. Jealousy is a fear of loss. Whenever you get jealous, identify what it is you're afraid of losing, and try to deal with it. If you are jealous of someone, tell that person your fear of losing him or her or the love he or she gives. Communicating your jealousy with your partner can help you both become more aware of your feelings.
6. Resilience building: Distinguish between your own goals and those of your parents and other authority figures. Work with your therapist to identify your core values, the things you care about deeply and passionately (e.g., honesty, security, beauty, art, nature). How can you incorporate those values into your life, and what support do you need to help you practice these values? The Authentic Happiness Web site contains questionnaires you can take to help you identify your "Signature Strengths" and values: www.authentichappiness.sas.upenn.edu/questionnaires.aspx.
7. Use thought-stopping techniques whenever you get wound up and preoccupied with who has harmed you. Thought stopping is an effective technique to help prevent these types of unwanted thoughts that can make you feel suspicious or angry. Several forms of thought stopping are effective; one quick technique involves picturing or saying out loud, "Stop," whenever you experience these types of unwanted thoughts. You then replace the thought with a pleasant image or affirmation that is more positive (e.g., "I have felt this way before, and I know I can handle this").[2]
8. Beginning each day with exercise and following a healthy diet can help calm down your high energy level, so you're better able to handle

[1] It may help to explain the "ABC" concept of rational emotive therapy (Ellis & Dryden, 1997), where an event (A) leads to a thought (B), which then leads to an emotion (C), so that although clients feel as if the situation is making them distrustful it is actually their interpretation of the event that leads to their negative feeling.

[2] Many mindfulness-based therapists have criticized the thought-stopping technique as a counterproductive type of thought suppression, but an overview of the literature suggests that, although global thought suppression may be unhealthy, the specific type of thought stopping of unwanted thoughts is highly effective as one of the tools in a cognitive-behavioral model for the treatment of mood disorders (Bakker, 2009).

stress. Practicing healthy habits and taking good care of your body can begin a positive "upward spiral."[3]

9. Often, medication can help you regulate sleep and think more clearly and make your moods more manageable. Explore concerns you have about medication with your therapist.[4]

[3] Studies in neurobiology find evidence for the positive and mood-regulating effects of exercise and healthy diet on the brain (Duman, 2005).

[4] Compliance therapy combines principles of motivational interviewing, inductive questioning, reflective listening, and reinforcing adaptive behaviors and attitudes to explore client ambivalence and target medication adherence (Kemp et al., 1996).

Chapter 10

Scale 7

SCALE 7: PSYCHASTHENIA (PT)

Descriptors

Complaints

Anxiety, insomnia, fears of failure, insecurity, possible phobias, obsessions, compulsions, procrastination, self-consciousness, impaired concentration and memory, dysphoria, lack of confidence, guilt, self-criticism, somatic symptoms, suicidal ideation

Thoughts

Obsessive, self-critical, analytical, preoccupied with fears of failure and criticism, indecisive, ruminative, guilty, perfectionist, overideational, moralistic

Emotions

Feeling panicked, anxious, apprehensive, insecure, guilty, softhearted, moody, tense

Traits and Behaviors

Anxious, ruminative, high-strung, obsessive, perfectionist, compulsive, dependent, trustworthy (especially if Scale 4 and Scale 9 are low), conscientious, dutiful, self-effacing, interpersonally sensitive, dysthymic, possibly suicidal, poor coping

Strengths

Conscientious, methodical, organized, softhearted, thoughtful, analytical

THERAPIST'S NOTES

Scale 7 scores below 50 have been associated with positive adjectives such as cheerful, relaxed, self-confident, and placid. These clients are also efficient, capable, and able to mobilize their resources easily and effectively. Their low level of anxiety and worry can, however, lead to ignoring important details, taking imprudent risks, and being too relaxed about deadlines. In the normal range, Scale 7 suggests clients who are conscientious, responsible, and dependable. They have a tendency to become anxious, worried, and insecure, and are concerned about disappointing people. They have difficulty making decisions

because they examine all possible ways things can go wrong. Even in the normal range, if elevations are not due to Correction (K), they are afraid of disappointing others and are quick to feel guilty and inadequate. These individuals are reliable, conscientious, dependable, guilty, detail oriented, and trustworthy.

The primary complaints associated with elevations on Scale 7 are worry, anxiety, and dread. These clients feel on edge, as if some unpredictable event will lead to catastrophe. They are vigilant scanning their internal and external environment in an attempt to anticipate and prevent something from going wrong. The capacity to predict and manage threats may be survival related. It would make intuitive sense that the aptitude to anticipate danger would be normally distributed in the general population, with some people highly sensitive and others having a higher tolerance for uncertainty.

Clients with an elevation on Scale 7 overanalyze their own behavior, the observing ego maintaining control, perhaps in an attempt to preempt guilt over failure. Living with a heightened sense of anxiety, they tend to develop superstitions, obsessions, and compulsions.

These individuals seek reassurance from others but are unable to trust it when it is received. Pervasive apprehension serves as a preemptive defense against the possibility of unpredictable failure. Guilt serves as a reminder to stay vigilant. They don't trust others' watchfulness for things going wrong because they lack confidence that others will be as thorough and as responsible as they are. When they seek advice, they doubt that the advisor has thoroughly understood the problem. Any major decision becomes anxiety provoking, and they tend to see every side of every issue. The more counsel they get, the more anxious and self-doubting they become. Their high level of tension and anxiety is often manifested as somatic symptoms, which causes more distress. Understandably, dysphoria is a common complaint as stress and tension crowd out the ability to enjoy life.

These individuals are conscientious and overly responsible. They tend to gravitate toward responsibility out of a compulsive sense of duty and then become overloaded and overwhelmed by it. Nevertheless, they often procrastinate due to their need for perfection and their reluctance to be criticized for performing inadequately. They are their own worst critics and find praise difficult to accept. They are unable to show even a modicum of appropriate anger and self-assertion. Phobias, obsessions, and specific ruminations serve as a way of binding and reducing anxiety. Unsurprisingly, with this amount of internal "noise" and the constant chatter of self-monitoring and analysis of every situation, they have difficulty with concentration and memory. Sometimes they're diagnosed with attention deficit disorder (ADD; Downey Stelson, Pomerleau, & Giordani, 1997), although the attention problem is one of interruption due to anxiety rather than true ADD. Perceived failure, especially if shame is involved, is experienced by them as catastrophic and can lead to suicidal ideation.

Scale 7 is rarely elevated on its own. When it is, and if it is not a result of high Correction (K) (the full K raw score is added to Scale 7), then it reflects a generalized, anxious state without any specific focus. However, elevations on the other clinical and content scales reflect the focus of the anxiety. The 1-7 code types, for example, fear bodily damage, whereas the 2-7 code types fear loss.

LIFESTYLE AND FAMILY BACKGROUND

In combination with a genetic predisposition, early childhood experiences of clients with high Scale 7 often involved an adaptive response to being flooded with anxiety subsequent to an unpredictably frightening childhood event or a series of events. High 7 individuals have modified their behavior through hypervigilance in an attempt to predict any onset of a painful and potentially panicking event. Given this fear, it makes sense that they scan the environment to anticipate how others could be disappointed, and to perform rituals and compulsions to reduce anxiety. The high 7 response of protecting against the onset of unpredictability is to anticipate all eventualities. Unlike Scale 4 or Scale 8, which entail distancing, fear of involvement, and an insecure or absent attachment, Scale 7 reflects a strong desire for connection, validation, love, and approval. Fearful of the bond being disrupted and willing to sacrifice to maintain it, the high 7 is on alert not to disappoint or lose others' love and approval. Unpredictable losses, humiliations, setbacks, or poverty could also increase vigilance to protect against the onset of panic surrounding a recurrence of these events. Guilt about relaxing would maintain a high drive state.

MODIFYING SCALES

- When K is elevated above a T-score of 60, the anxiety, worries, and obsessions are more focused and less diffuse and pervasive. The high K high 7 code types are organized, efficient individuals whose anxiety may be egosyntonic.
- When Scale 7 is elevated and K is low, the individuals will often experience frequent and debilitating anxiety. They may use chemical agents as a way of self-medicating.
- Elevation on Scale 1 would predict panic and anxiety around the possibility of body damage. If Health Concerns (HEA) or Somatic Complaints (RC1) are elevated, the anxiety would center on specific bodily functions, fears of decline, and impending death.
- Elevation on Scale 2 would predict fear and apprehension about any type of loss. The 7-2 is obsessively unhappy and worn out by worry. Elevations on Depression (DEP) or Low Positive Emotion (RC2) may reflect the exhaustion due to constant worry rather than an endogenous depression.

- Elevation on Scale 8 suggests a preoccupation with avoiding being humiliated and being exposed as an undesirable, unlovable, and broken human being. If Bizarre Mentation (BIZ), Psychoticism (PSYC), or Aberrant (RC8) Experiences are elevated, there is a possibility of a psychotic process against which the person is actively defending.
- Elevation on Scale 9 would suggest anxiety and worry about failure and a fear of missing out on opportunities. The energy and drive of high 9 would increase the anxiety of Scale 7 but with a focus on achievement, success, and a protection against unpredictable loss.
- Typically, Anxiety (ANX) or Dysfunctional Negative Emotions (RC7) will also be elevated unless Scale 7 is elevated by Correction (K). If ANX is not elevated in the presence of high K and Scale 7, the tension would be more focused and egosyntonic.
- When Fears (FRS) is elevated, especially Multiple Fears (FRS2), inquire about specific fears and phobias such as the fear of heights or snakes. If Social Discomfort (SOD) and Scale 0 are elevated, consider social phobia.
- The Obsessions (OBS) subscale is not always elevated, but when it is it would predict indecisiveness and perhaps specific obsessive behaviors and thoughts.
- Typically, Work Interference (WRK) is elevated, as one would expect with someone who is perfectionistic, compulsive, and self-doubting.

THERAPY AND THERAPEUTIC PITFALLS

Individuals with elevations on Scale 7 are amenable to therapy and, in many ways, are model clients. They are diligent, responsible, and want to please and follow instructions. However, their tendency is to distrust that people fully understand the complexity of their world or have the discipline and attention to detail necessary to comprehend the problems they experience. Validating the details of their concerns tends to inspire trust. Because these clients value thoroughness, therapeutic transference is most likely to occur when the therapist takes careful notes, asks many questions to understand the exact nature of their problems, and does not offer advice or diagnoses prematurely. These clients are highly sensitive to anything that can be construed as criticism. When clients start to anticipate therapist disapproval with statements such as, "I know you're angry about this," it signals transference. High 7 individuals dread making changes and need reassurance to do so. Validating the disabling effects of anxiety tends to be helpful in establishing trust. Often, didactic information, such as explaining the physiological response to anxiety and how it develops and is maintained, can be helpful. Cognitive-behavioral therapy (Stewart & Chambless, 2009) and systematic desensitization (McGlynn, Smitherman, & Gothard, 2004) have proven successful. Insight-oriented therapies are useful in helping them to

understand the origins of their anxiety, although psychoanalytic therapies may aggravate already overly introspective tendencies.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is in the normal range and shows that you have a number of strengths. You are a thoughtful, analytical individual who takes responsibilities seriously. You have a mild tendency to worry and be anxious about things going unpredictably wrong. This may mean that at times you make mental lists so you can stay "on top" of your responsibilities. Making decisions can, at times, be difficult for you because of you are apt to see everything that can go wrong with any choice you make. Whenever things do go wrong, you are likely to blame yourself and feel guilty. Because you can see all the possible ways things can go badly, you are likely to avoid taking risks. Generally, confrontations are difficult for you, so you worry if you have to confront someone.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile reveals a number of strengths. You are a thoughtful, analytical, responsible individual who takes life seriously. You tend to be detail oriented, reliable, and thorough. You generally follow the rules and are trustworthy. Dutiful and conscientious, you're the kind of person people can count on.

Anxious or Worried

Currently, however, some of your strengths may be working against you. You may spend a lot of time standing back and observing the world, worried that some mistake you make will lead to catastrophe. You often feel a sense of anxiety, as if something bad is about to happen. Even when things are going well, it's hard for you to switch off your mind to get rid of that feeling of nervousness.

Analytical, Obsessive, Guilt Prone

It's hard for you to be spontaneous because you see every side of every issue. When you have to make a decision, you are likely to overanalyze, worrying that you might have missed some important detail. Part of the reason you fret so much about making a mistake is that when something goes wrong you

feel so deeply guilty. Not only do you focus on possible future mistakes, but you also spend a lot of time thinking about the past, about oversights you've made, and obsessing about how much guilt you should feel.

Self-Critical

You tend to be your own worst critic. Even when things go well, you can't relax and enjoy them. When people compliment you, it's hard for you to get pleasure from it because you feel undeserving. Perhaps you're afraid that if you enjoy any successes and if you pat yourself on your back you'll make a mistake and regret having celebrated any victories. Staying on edge, and not letting yourself enjoy life are ways for you to protect yourself against being disappointed should you fail at something.

Difficulty With Concentration or Memory

Being on edge and obsessing about all the possible things that could go wrong likely makes it difficult to concentrate. Your own inner thoughts often interrupt you, making it difficult to remember things. It's hard to "log in" new information if your mind is preoccupied with everything that might go wrong.

Difficulties With Sleep or Substance Abuse

This worry and tension likely tires you out and leaves you exhausted. It's hard to relax when your mind is preoccupied, so falling asleep is probably difficult. No wonder you wake up exhausted in the morning. Sometimes people with your profile use chemical agents as a way of calming down. Be careful as they may actually aggravate your anxiety.

Compulsions or Phobias

People who worry a great deal often develop superstitions, obsessions, compulsions, and phobias. If something frightened you in the past, it's easy for you to feel like you have to stay away from it. You might have some compulsions or eccentric ways of doing things, perhaps as a way to lower your anxiety. For example, you may make mental lists of everything you need to worry about.

LIFESTYLE AND BACKGROUND FEEDBACK

People with your profile were often tense and high-strung children. Perhaps you were a "late bloomer" or had some personal eccentricities that made you vulnerable to being teased or put down. You may have been sensitive about

failing in any way, and quick to feel guilty if you were scolded. A parent or authority figure may have been controlling and hovering and inadvertently made you feel like you weren't quite good enough.

In other cases, a major upheaval or series of unpredictable events may have put you on alert, always waiting for "the other shoe to drop." You adapted to this stress, scanning your environment to see what could go wrong next. Now you're going through life unable to relax and attempting to protect yourself against some unexpected catastrophe. You have learned to dislike surprises, even those with pleasant and happy connotations.

TREATMENT AND SELF-HELP SUGGESTIONS

1. You have likely sought help because your anxiety feels overwhelming and because you're experiencing symptoms of stress. Anxiety disorders are the most common mental health problems in the United States,[1] and many effective and well-researched treatments are available. The suggestions that follow will outline effective treatments, but for general information about anxiety disorders you can contact the National Institute of Mental Health (NIMH) at (888) ANXIETY or (888) 269-4389. The NIMH Web site is http://www.nimh.nih.gov.
2. Learn to stop your thoughts when they begin to get out of control. Work with your therapist to identify some of the more "intrusive" or anxiety providing thoughts that you have. "Thought stopping" is an effective technique you can practice to help you prevent the types of unwanted thoughts that can make you feel anxious. Several forms of thought stopping are effective. One quick technique involves picturing or saying out loud, "Stop," whenever you experience these types of unwanted thoughts. You then replace the thought with a pleasant image or affirmation that is more positive (e.g., "I have felt this way before, and I know I can handle this").
3. Learn to meditate for a short time period every day to slow down or even stop your constant stream of thoughts. Many types of meditation practices have been demonstrated to help control distracting thoughts and to improve concentration and focus. One simple meditation technique involves sitting comfortably for 10 to 15 minutes each day with your eyes closed, silently repeating a sound, word, or phrase (called a mantra) to calm the mind and body. Overall, the regular practice of meditation is linked with many long-term positive

[1] Generalized anxiety disorder (GAD) and other anxiety disorders such as panic attacks, phobias, obsessive-compulsive disorder, and posttraumatic stress disorder, are among the most common mental health problems (Kessler, Chiu, Demler, & Walters, 2005).

effects such as increased positive emotions, attentional abilities, and emotional stability.[2]

4. Learning various types of intentional relaxation can help calm your automatic reactions to stressful situations. One type of relaxation, diaphragmatic breathing, exerts a powerful effect on your physical response to stress. When you feel threatened your breathing is rapid and shallow, but this exercise can calm the automatic response of your nervous system and reduce reactive thinking and destructive emotions. Work with your therapist to learn diaphragmatic breathing, practice twice daily for 2 weeks, and then continue to practice on a regular basis.[3]
5. Work with your therapist to remember an event or series of events in which you felt completely taken off guard. Recall what it felt like. As you think about the frightening, unexpected event, close your eyes, take a deep breath, and use diaphragmatic breathing to relax. After repeating this process several times, you may find that the painful event is less upsetting.
6. Mindfulness is a way to begin to manage your emotional responses; it involves paying attention to the present moment in a nonjudgmental way and fostering a quality of curiosity and openness.[4] For more information on mindfulness exercises see www.mindfulnesstapes.com. You can begin by setting aside time to watch the moment without analyzing or judging it. Pay attention to the sight, sound, taste, smell, and feel of the experience. Engaging in a daily practice of mindfulness can help you manage powerful emotions.[5]
7. Work with your therapist to identify how automatic negative thoughts (ANTs) influence your feelings and your behavior. With practice, you can change the negative thought patterns that lead to anxiety.

[2] Neuropsychological studies examining the effects of both short- and long-term meditation using magnetic resonance imaging (MRI) have found great promise in the positive effects of meditation on cognitive structures and processes. Although empirical studies of meditation are still in a stage of infancy, research is linking improvements in both psychological and physiological well-being to meditation (Luders, Toga, Lepore, & Gaser, 2009).

[3] When engaging in relaxation exercises, the parasympathetic nervous system (PNS) is activated, slowing heart rate, breathing, and blood pressure. When the PNS is activated, the body enters a restorative mode that counteracts the effects of stress (Roberts, 2009).

[4] Bishop et al. (2004) explain mindfulness as an acceptance of the present moment and a playful and curious awareness.

[5] Mindfulness and compassion can play a powerful role in helping people who have internal feelings of being overwhelmed by self-contempt or troubling thoughts (Gilbert & Tirch, 2009). Orzech, Shapiro, Brown, and McKay (2009) studied the role of intensive mindfulness training on changes in psychological symptoms and found significant increases in well-being, self-compassion, and resilience and decreases in anxiety after 1 month of mindfulness training.

Examples of ANTs include, "I will never get this right," "I should have known better," or "I am sure that she doesn't like me."[6]

8. Daily exercise, especially aerobic exercise, can help reduce anxiety and also can help improve you general mood. Avoid caffeine. Try to incorporate a regular program of exercise into your daily routine.[7]
9. Resilience building: If something goes wrong, try not to beat yourself up. Self-forgiveness begins with accepting the fact that you are human and can make mistakes. Instead of feeling remorse, think about what it is you regret, what you wish you had done differently, and what you can change. Make a list of your "Signature Strengths" that will help you the next time you are in a similar situation. For help identifying your signature strengths go to www.authentichappiness.sas.upenn.edu/questionnaires.
10. Learn to recognize when you are angry with someone and attempt to deal with it directly. Don't assume that you're always at fault in any interpersonal misunderstanding. Learn to ask for what you want early in the process so you don't develop resentment.

[6] Cognitive-behavioral therapy (CBT) has been well established as an effective treatment for anxiety in both laboratory and real-world therapy settings (Stewart & Chambless, 2009). Meta-analysis was as effective as pharmacological treatment and was associated with long-term treatment gains, revealed that CBT (Gould, Otto, Pollack, & Yap, 1997).

[7] Results of cross-sectional and longitudinal studies consistently find that aerobic exercise has anti-depressant and anxiolytic effects. It also can protect against the harmful effects of stress (Salmon, 2001).

CODE-TYPE 7-8/8-7

Descriptors

Complaints

Acute turmoil, anxiety, obsessive-compulsive symptoms, nervousness, somatic complaints, suicidal ideation, sometimes hallucinations, anhedonia, depersonalization, derealization, negative self-image, memory or concentration problems, guilty, social withdrawal, possible social phobia, self-conscious

Thoughts

Self-doubting, painfully introspective, obsessive, ruminative, indecisive, fantasizes, sometimes sexual or violent content (does not predict actual violence), disrupted thinking, delusional, brooding, identity concerns, somatic preoccupations, suicidal ideation

Emotions

Feels inferior, damaged, or unlovable; anxious; fearful; nervous; guilty; resentful; moody; anhedonic; ambivalent

Traits and Behaviors

Insecure, anxious, ruminative, self-doubting, passive, possible thought disorder, alienated, socially fearful, feels damaged/broken/unlovable

Strengths

Analytical, creative, sensitive, detail-oriented, cautious

THERAPIST'S NOTES

In the normal range the 7-8 code type indicates individuals who are analytical, creative, and thoughtful. They are often detail oriented and cautious about making mistakes. These clients have a mild tendency toward self-blame and may also experience anxiety, especially when making important decisions. They readily feel guilty and insecure and are quick to feel inadequate. Rejection from a loved one is particularly threatening.

Higher elevations on 7-8 reflect the interplay of neurotic, anxious, reassurance-seeking traits with schizotypal, withdrawing, confused, and identity-damaged traits. If Scale 8 is significantly higher than Scale 7 (8 or more points), there is a higher probability of schizotypal thought processes and possible psychosis. When Scale 7 is significantly higher than Scale 8, the code type reveals a more neurotic adjustment, although the extent of identity damage can still be substantial. The 7-8 code types (as opposed to 8-7 code types) are anxious, obsessive compulsive, self-doubting, and on edge, anticipating rejection and humiliation. Although they have an unrealistic negative self-image

and a diffuse paranoia about being rebuffed, they rarely exhibit psychotic symptoms. Their anxiety can involve preoccupation with somatic symptoms, which become a source of further anxiety and can confirm that they are somehow damaged. It is not surprising that Scale 2 is often elevated third: sleep problems, suicidal ideation, and ruminations about how others see them negatively characterize the 7-8 code type. Depersonalization and derealization are common complaints with both the 7-8 and 8-7 code type.

The 8-7 code types are more likely to experience schizotypal symptoms with diffuse paranoia around being slighted or shamed. The 8-7 code types have distorted reality testing. They tend to ruminate and create elaborate fantasies about others' negative view of them or cruel intentions directed toward them. In an attempt to manage these distortions, they may develop superstitions and compulsive behaviors that appear odd or inappropriate.

Both 7-8/8-7 code types can be described as highly dependent, insecure, and lacking in feelings of self-efficacy. While needing a great deal of reassurance, they are terrified of the vulnerability associated with asking for emotional support. These clients are chronic worriers who feel on edge and fearful that, at any moment, they will somehow slip up and reveal their defectiveness. As one would expect with high Scale 7 elevations, they feel compulsive guilt. Remorse serves as a steady reminder to stay vigilant against the possibility of disappointing loved ones. Relationships are frightening because these individuals assume inevitable abandonment, fearing that anyone who would love them will eventually see their obvious defects. These individuals experience difficulties with concentration, memory, and decision making and, at times, relatively severe thought disruption.

This code type is associated with a rich though fractured inner fantasy world. They tend to be preoccupied with religious and philosophical issues, perhaps as a way of seeking meaning in a world they find frightening and alienating. They often develop esoteric personal philosophies that justify their sense of isolation. Individuals with this profile have a sexual life that tends to be more ideational than actual.

LIFESTYLE AND FAMILY BACKGROUND

The 7-8 code type reflects individuals who experienced unpredictable putdowns and humiliations in childhood. As children, they were sensitive, slow to mature, or may have exhibited personal eccentricities and peculiarities that left them vulnerable to being teased, put down, or humiliated. In some cases, they may have been overprotected and in the process they felt inferior to peers or siblings. They go through life replicating this early attachment style, feeling inadequate and incapable. Maintaining vigilance and internally rehearsing the consequences of being disgraced make adaptive sense as a way to reduce the impact of possible unpredictable rejection.

Isolation of affect, depersonalization, and observing rather than participating would serve to defend against the pain of harsh, sudden disapproval. Escape into fantasy would be an adaptive response to early conditioning experiences of shame and rejection.

MODIFYING SCALES

- Validity determined by Infrequency (F), Back Infrequency (Fb), and Infrequency Psychopathology (Fp) is relevant, as a random answering of the MMPI-2 results in this profile. High levels of F are not uncommon in valid profiles, given the severity of their panic and damaged self-esteem. However, when Fp is elevated above a T-score of 80 and Dissimulation (Ds) is elevated above a T-score of 80, consider the profile exaggerated. Variable Response Inconsistency (VRIN) above a T-score of 80 would also make the profile invalid.
- When Scale 1 is elevated, look for frightening somatic preoccupations especially if Sensorimotor Dissociation (Sc6) and Neurological Symptoms (HEA2) are elevated. Often, complaints reflect clients' fears that they are damaged, defective, and unlovable.
- When Scale 4 is elevated, the anxiety and alienation associated with the 8-7/7-8 code type would result in episodic, impulsive acting out as a way of reducing dysphoria and tension. Substance abuse, self-mutilation, eating disorders, passive-aggression, and impulsive tension reduction characterize these individuals. Be alert for suicidal ideation and possible self-destructive tendencies, especially if Scale 4 or Psychomotor Acceleration (Ma2) is elevated.
- When Scale 6 is elevated, the likelihood of a psychotic disturbance with both disordered thinking and paranoid delusions is dramatically increased. In the absence of psychosis, secretiveness, suspiciousness, and preoccupation with others' opinion would be typical.
- Elevations on Scale 9 decrease the social withdrawal and discomfort of 78/87 but would add energy and intensity to the confusion and anxiety inherent in this code type. Periods of hypomania could be likely, with clients exhibiting agitation, confusion, and preoccupation with being a failure. The addition of Scale 9 energizes the profile.
- When Persecutory Ideas (Pa1) is elevated, look for high levels of resentment and a possible paranoid disturbance.
- An elevated Poignancy scale (Pa2) would predict greater interpersonal sensitivity and preoccupation with others' hostility and cruelty.
- Generally, the Schizophrenia (Sc) subscales are all elevated; however, if Bizarre Mentation (BIZ) or Psychoticism (PSYC) is elevated above a T-score of 65—especially if Psychotic Symptomology (BIZ1) exceeds

Schizotypal Characteristics (BIZ2), and Aberrant Experiences (RC8) are elevated rule out the possibility of psychotic disorder.

- Typically, the scales Low Self-Esteem (LSE), Anxiety (ANX), Health Concerns (HEA), Social Discomfort (SOD), Obsessiveness (OBS), and Work Interference (WRK) are all elevated, reflecting the social anxiety, difficulties making decisions, poor self-esteem, and general apprehension associated with this profile.

THERAPY AND THERAPEUTIC PITFALLS

Point out that these individuals' sensitivity can be viewed as a strength, although it may currently be causing them distress. These clients feel inadequate, insecure, and fearful, so it is important to recognize that therapist insights have the potential to confirm their negative self-esteem. They are ruminative and overideational, so analysis and insight therapy tend to be disorganizing. Warm, empathic, but structured approaches are helpful to establish therapeutic rapport. Dealing with transference on an ongoing basis is important, as there is a tendency to see most interactions as confirming of their negative self-image. Often, medication is necessary to lower anxiety and panic, but it needs to be monitored, as individuals with this code type are sensitive to side effects. Be alert for suicidal ideation and possible self-destructive tendencies, especially if Ma2 and Scale 4 are moderately elevated. In the presence of a history of mood disorders in the client or their relatives, antidepressants may precipitate a manic episode and increase suicidal ideation. (In some cases, the clients' depression is secondary to severe anxiety and low self-esteem.)

Once clients trust the therapist, they are amenable to cognitive-behavioral therapy. During history-taking, help them develop empathy for themselves as eccentric or sensitive children. Therapy that combines insight, empathy, and coaching interpersonal and self-soothing skills are useful. These clients need to learn self-efficacy to help manage stress without panicking. Social skills training (Corrigan, 1991), thought stopping, cognitive-behavioral techniques (McKay & Fanning, 2000), schema therapy (Young, 1999), and systematic desensitization for specific phobias (McGlynn et al., 2004) can also be helpful. Assertiveness training, and helping the clients realize that anger will not necessarily lead to abandonment, can increase their social comfort.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is in the normal range and reveals that you have a number of strengths. You are an analytical person who looks at problems in a creative and unusual way. You are aware of details and cautious about making mistakes. You take life seriously, feel responsible when things go wrong, and

hate to disappoint people. Guilt is a familiar feeling, and you hate to displease people or make them angry. Generally, people with your profile are cautious about getting angry and confronting others. It's hard for you to relax and enjoy your successes and accomplishments. Although your profile is within the normal range, you may be prone to periods of anxiety where you over-analyze events, as if to protect against something unpredictable happening. You dislike risks, and you expend energy making sure that no unforeseen detail could lead to you feeling humiliated or bad about yourself.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile reveals that you have a number of strengths. You are an analytical, thoughtful, sensitive individual who can be creative and unconventional in the way that you see the world. Generally, you are detail oriented; you are not pushy, bossy, or demanding, and you tend to be cautious about hurting other people's feelings.

Anxious or Paranoid

Currently, however, you are experiencing internal distress, and much of the time you live with a sense of anxiety and dread. Even in moments when things are going well, it's hard for you to relax, to switch off your mind, and to stop ruminating. You worry that, at any moment, something you do or say will lead to catastrophe. In some cases, people with your profile can feel so sensitive to criticism and judgment that they actually feel paranoid. Perhaps you feel that others are looking at you critically, or you imagine that people are out to punish or embarrass you. Sometimes your internal thoughts can become so loud that you actually hear them as voices talking to you. This reflects how anxious, tense, and insecure you feel.

Overly Analytical or Self-Critical

You are an analytical person, but lately you are examining everything you say or do in a negative light. It's hard for you to make decisions because you see every side of an issue, and you're afraid that if you make the wrong choice things will go badly and you will be rejected. You tend to be your own worst critic; even when people give you compliments it's hard for you to trust that they mean it. Sometimes your negative self-image can be so extreme that you feel you are broken, damaged, and hopelessly unlovable.

Somatic Complaints

You get so tense from worry that your body takes a strain, so you may have physical symptoms of stress. These physical symptoms—such as headaches, backaches, numbness, tingling, or other sensations—frighten you, and you have a tendency to catastrophize, feeling that there is something very wrong with you.

Rich Fantasy Life

Although you have a rich fantasy world, sometimes you may find yourself thinking about mostly negative things. As a way of escaping from your painful reality, you may develop your own view of religion or politics and your own way of looking at the world. Being sexual is probably scary for you because it involves getting close to people, and you may avoid close relationships and instead have sexual fantasies. Some of your fantasies may frighten you.

Difficulties Expressing Anger

If anyone is critical of you, it's easy for you to feel defective and to assume that you are a complete failure. It's hard for you to get angry with people, and you doubt that you have the right to do so; you often worry, ruminate, and obsess about how to express your frustration. You probably let these frustrations build, perhaps having angry fantasies about the person who has upset you.

Guilt Prone, Difficulty With Memory and Concentration

Guilt is a constant companion. If you make a mistake, it's easy for you to feel you are a bad person and then to create all sorts of catastrophic scenarios in your mind about what's going to happen because you erred. Living with this sense of dread and fear make it hard for you to concentrate and to remember things. You'll find yourself somewhat inefficient, unable to make decisions, to get things done, or to "log in" important information.

Responsible, Dutiful, Procrastinates

Although you try to be responsible and dutiful, you may procrastinate. Sometimes people with your profile can't move into action because they see every side of an issue, and they're afraid to move forward for fear of making a mistake. Even basic chores feel overwhelming because you worry about doing them the right way. Sometimes the anxiety can be so high that you run around in circles, beginning projects without ever completing them.

Self-Conscious

It might make you uncomfortable to be praised, perhaps out of fear that if you enjoy praise it will somehow be taken away from you. Reaching out to people is probably frightening because you assume that others won't like you. Being around people can make you very self-conscious so that you feel as if you're in a movie, observing yourself and unable to let go and be spontaneous.

LIFESTYLE AND BACKGROUND FEEDBACK

Often, people with your profile grew up with parents who were unpredictably explosive and, perhaps, humiliating and rejecting. At times they may have wanted to protect you, but you likely felt embarrassed by their attention. An adaptive way to deal with such a situation was to stay alert, trying to anticipate the next putdown. You probably spent a great deal of time as a child thinking about how to avoid shame and rejection, analyzing your responses to avoid disappointing others.

You also may have been a sensitive child whose feelings were easily hurt. You may have been shy and nonassertive. As a child, you might have been quick to cry or perhaps slow to warm up to others. Sensitive children are more likely to be teased by their siblings and peers. If your parents were supportive and saved you, you might have experienced it as disgraceful.

TREATMENT AND SELF-HELP SUGGESTIONS

1. If your internal world is frightening, if you're feeling paranoid or you're hearing voices, talk to your therapist about possible medication. While you might be apprehensive about it, medication can help calm down your inner world so that you can think more clearly. It is important that you and your therapist talk openly about any uncertainty or concerns you have.[1]
2. Discuss with your therapist your current situation to see what may have triggered your sense of panic and low self-esteem. Have you been concerned that someone could be judging you, putting you down, or humiliating you? Have you had a recent loss or setback that has left you feeling defective and damaged?
3. Talk to your therapist about any childhood memories where you had been humiliated and put down. Try to revisit those situations with your therapist, understanding how your responses were normal and adaptive

[1] Compliance therapy combines principles of motivational interviewing, inductive questioning, reflective listening, and reinforcing adaptive behaviors and attitudes to explore client ambivalence and target medication adherence (Kemp, David, & Hayward, 1996).

and that your early sensitivity was a valuable trait that others did not understand. Attempt to develop some empathy for yourself as a child.

4. Work with your therapist to see if you can identify any beliefs or themes that you developed in dealing with difficult childhood experiences.[2] Some common themes include the expectation that people will hurt or humiliate you, the belief that others will take advantage of you, or that you are unlovable or damaged. Being able to express the emotions in the safety of the therapy setting can gradually help you learn new perspectives and challenge these old belief systems.[3]
5. Whenever you panic about a mistake you've made, try to stand back and think of a calm, relaxing scene. This type of observing called "mindfulness" involves paying attention to the present moment in a nonjudgmental way, fostering a quality of curiosity and openness.[4] For more information on mindfulness exercises see www.mindfulnesstapes.com. Engaging in a daily practice of mindfulness can help you manage powerful emotions.[5]
6. Learn to express anger as you feel it. Try to be more assertive and to ask for what you want. You'll find that people can respond well. Work with your therapist to learn how to speak up for yourself. Your therapist can help you begin to be more assertive by teaching you techniques such as "I" statements that let a person know how you feel in a nonjudgmental way. A good book about assertive techniques is *When I Say No I Feel Guilty* (Smith, 1975).
7. Avoid chemical agents as a way of medicating your anxiety; it will tend to aggravate your difficulties with concentration, memory, and effective reality testing. Collaborate with your therapist to weigh the pluses and minuses of making changes in your lifestyle.[6]

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[2] Schema therapy has been demonstrated to be an effective treatment for clients who expect and anticipate emotional rejection and criticism based on their own early childhood conditioning experiences. Help clients first identify their particular schema (Bricker & Young, 2004), and then work to help them examine the early experiences that led to that belief. The next step is to challenge that idea and to help them examine whether it is true and whether it is helpful (Young, Klosko, & Weishaar, 2003).

[3] Schema therapy uses many of the same methods of cognitive behavioral therapy, but it adds imagery to uncover suppressed emotions and to highlight the ways that these fixed beliefs affect current relationships (Young, 1999).

[4] Bishop et al. (2004) explain mindfulness as an acceptance of the present moment and a playful and curious awareness.

[5] Mindfulness and compassion can play a powerful role in helping people who have traumatic backgrounds and perceived threats either from the external world (what others might do to them) or from their internal feelings of being overwhelmed by self-contempt or troubling memories (Gilbert & Tirch, 2009). Orzech, Shapiro, Brown, and Mckay (2009) studied the role of intensive mindfulness training on changes in psychological symptoms and found significant increases in well-being, self-compassion, and resilience, and decreases in anxiety after 1 month of mindfulness training.

[6] Motivational interviewing (MI) has been demonstrated to be an effective approach for raising problem awareness and facilitating change in clients who may be resistant, ambivalent, stuck, or not yet "ready" to make general behavioral changes and changes in drinking behavior in particular (Burke, Arkowitz, & Menchola, 2003; Miller & Rollnick, 2002). MI is particularly effective for people in the early stages of change, who are sensitive to being lectured and resent feeling forced to take action. General information can be found on the motivational interviewing homepage (www.motivationalinterview.org).

8. When you feel panicked and unable to get anything done, make a list of a few priorities and then do them one after the other without interrupting yourself. Fill out the "Daily Hassles and Stress" form (http://www.scribd.com/doc/7156530/Daily-Hassles-and-Stress-Scale), which can help you identify sources of stress in your life. You and your therapist can then address specific "hassles" (e.g., "Unwanted interruptions at work," or "Not enough leisure time") that may contribute to your symptoms.[7]
9. Learn to stop your thoughts when they begin to get out of control. Work with your therapist to identify some of the most distressing and negative "intrusive" thoughts that you have. "Thought stopping" is an effective technique you can practice to help you prevent the types of unwanted thoughts that can make you feel anxious. Several forms of thought stopping are effective. One quick technique involves picturing or saying out loud, "Stop," whenever you experience these types of unwanted thoughts. You then replace the thought with a pleasant image or affirmation that is more positive (e.g., "I have felt this way before, and I know I can handle this").
10. See if you can become aware of negative, self-critical thoughts where you tell yourself that you are unlovable or somehow defective. This type of harsh self-judgment can cause a great deal of pain. Work with your therapist on ways to increase your self-esteem.[8] There are a number of good techniques, including personal wellness, setting goals, self-expression, looking at "core beliefs," and monitoring your "self-talk."

[7] Findings have shown that clients who had more daily hassles as reported on the "Daily Hassles" form experienced more psychological health problems (Bottos & Dewey, 2004; Delongis, Coyne, Dakof, Folkman, & Lazarus, 1982). The "Daily Hassles and Stress" form can be found on the Web site mentioned in the text (Kohn & MacDonald, 1992).

[8] Whereas some studies find that positive affirmations are helpful (Philpot & Bamburg, 1996), others have found them to be neutral to harmful for those with very low self-esteem (Wood, Perunovic, & Lee, 2009). For situational low self-esteem, cognitive techniques and affirmations can help change maladaptive patterns, but for characterologically low self-esteem the emphasis should be on negative core beliefs, maladaptive schemas, and the development of self-compassion (McKay & Fanning, 2000).

Chapter 11

Scale 8

SCALE 8: SCHIZOPHRENIA (SC)

Descriptors

Complaints

Anxiety, confusion, identity disturbance, alienation, dysphoria, anhedonia, disorganized, possible psychotic episodes, damaged identity, low self-esteem, work and relationship difficulties, sexual concerns, preoccupation with rejection and humiliation, sometimes hostile and inappropriate behavior, somatic complaints, difficulties with memory, judgment, or concentration, possible hallucination or delusions, diffuse paranoia

Thoughts

Idiosyncratic, disorganized, cognitive slippage, preoccupied with esoteric and sometimes bizarre and sexual or hostile themes or fantasies, poor concentration, memory, or judgment, poor reality testing, possible delusions and hallucinations, confused, disoriented, indecisive

Emotions

Anhedonia, hopeless, helpless, periods of panic, lacking in empathy, depersonalized, derealized, cold, emotionally indifferent, feeling broken, damaged, or unlovable, outbursts of rage or hostility

Traits/Behaviors

Schizoid, possibly psychotic, immature, eccentric, socially withdrawn, isolated, or reclusive, confused, uninvolved, alienated, apathetic, unkempt, self-defeating, self-protectively withdrawn, distrustful, low motivation, lack of interest

Strengths

Creative, sensitive

THERAPIST'S NOTES

Individuals who fall within a range T-Score of 50 to 65 on Scale 8 have a rich imagination and are described as being creative, whereas those with low scores (T-Score < 50) tend to be conventional and

concrete in their thinking. Clients in the normal range (especially if Correction [K] is relatively low) are overideational, have a rich inner life, and tend to withdraw into fantasy when stressed. They can also become confused and unpredictably brittle and angry when stressed. They are sensitive to hostility and tend to keep others at an emotional distance. Individuals with an elevated Scale 8 have a number of things in common, including an incongruity of affect and thought content and the tendency for cognitive processing to break down under even minimal stress. Isolation from affect is a primary defense, so painful, even bizarre experiences are reported with little obvious emotional expression. These clients exhibit profoundly negative self-esteem and feel like "damaged goods." High 8 clients feel isolated, alienated, and disconnected from others. Cold, indifferent, or hostile family relationships, general apathy, and conflicted feelings toward people they care about are common symptoms. Emotional isolation is reflected in MMPI-2 items #48 (T) and #277 (T), which describe the existential experience of loneliness and a preference to escape into fantasy and daydreaming. Scale 8 is the longest (78 items) yet perhaps the most diagnostically weak of the clinical scales. Its lack of item homogeneity is not surprising given the diversity of the eccentric, unusual, and odd behavioral and cognitive phenomena that occur in people described as schizoid, schizophrenic, or psychotic.

Most individuals elevated on Scale 8, even if not overtly psychotic, acknowledge dysphoria, dissatisfaction, fearfulness, anhedonia, and other depressive symptoms. They feel hopeless, worthless, and unlovable. Not surprisingly, emotional closeness and long-term relationships are difficult. Aloof, tending to be secretive, and fearful of being rejected or humiliated, high scorers can become cognitively disorganized under stress. These individuals feel disconnected from others and from a world that appears perplexing and strange. Emotions are often experienced as alien and out of volitional control. Experiences of anger or disgust in moments when others might feel love and contentment, empty deadness in moments when others experience joy, and sexual or aggressive feelings toward inappropriate objects aggravate the cognitive slippage associated with elevations on Scale 8. Sexual urges and desires can be interrupted by fears of emotional closeness and vulnerability, eliciting approach–avoidance conflicts. One resolution of the approach–avoidance conflict is to mix or confuse sexuality and aggression. Disturbing or distracting cognitive interruptions impair the processing of everyday reality, to the detriment of basic daily activities and even minor decisions. Unable to think clearly, mistrustful, and disturbed by unusual sensory and motor experiences, many live a marginal and emotionally nomadic life. Individuals tend to develop superstitions, rituals, and eccentric behaviors that serve as a way of keeping people at a distance and perhaps give some sense of control over their environment.

LIFESTYLE AND FAMILY BACKGROUND

Often, as children, individuals elevated on Scale 8 exhibited peculiarities, eccentricities, or a slowness to mature. Our hypothesis is that a genetic sensitivity and vulnerability to the disorganizing effects of hostility and a deleterious environment of cruel neglect or hateful hostility leads to the high 8 adaptation. Withdrawal into fantasy, keeping others at an emotional distance with bizarre behavior, and shutting down emotional and cognitive processes to escape perplexing reality makes adaptive sense. Personal eccentricities, slowness to mature, and being fearful and insecure in the presence of a hostile environment could have provoked humiliations, putdowns, and hostility from those. Developing eccentric and hostile behaviors as a self-protective way of keeping others at a distance would make sense in such an environment. The eventual collapse of effective functioning is hypothesized to be a result of being overwhelmed both cognitively and emotionally. We do not suggest that Scale 8 is an adaptive response in such an environment but, rather, an understandable response in the face of primal threat.

MODIFYING SCALES

- When Scale 1 is elevated, clients will complain of unusual and even bizarre somatic symptoms that may have some organic neurological basis but would generally reflect fears of being broken or damaged.
- When Scale 0 is elevated, this would overstate their interpersonal estrangement and alienation. Shyness combined with a sense of being damaged and broken would aggravate the severity of the disturbance.
- Social Alienation (Sc1) elevated suggests an interpersonally sensitivity, paranoid, fear of others, and social avoidance and isolation. Inquire about physical or sexual abuse.
- When Emotional Alienation (Sc2) is elevated, feelings of being out of touch, emotionally dead, detached, and apathetic with little positive experience are suggested.
- An elevated Lack of Ego Mastery Cognitive (Sc3) indicates cognitive disruption, feelings of being overwhelmed, an inability to think clearly, low energy, and in some cases psychotic symptoms.
- When Lack of Ego Mastery Conative (Sc4) is elevated, feelings of being defective, immobilized, and unable to "get going" even when motivated to do so are typical.
- High scorers on Lack of Ego Mastery Defective Inhibition (Sc5) feel at the mercy of impulses and experience dissociation of affect. Inappropriate laughter, surges of anger, and eccentric and inappropriate behavior and affect would characterize these clients.
- When Bizarre Sensory Experiences (Sc6) is elevated, depersonalization, derealization, dissociation, and estrangement are present. Female

clients may have histories of suicide attempts and of sexual abuse. Most of the items on this subscale refer to unusual and distressing motor or sensory experiences.

THERAPY AND THERAPEUTIC PITFALLS

Clients with a high Scale 8 are alienated and often mistrustful. Although psychotropic medication is often useful, without the development of trust it is hard to develop rapport. Even nonpsychotic clients are guarded and exhibit the hostility, coldness, and indifference toward the therapist that they expect from others. An overly familiar and friendly therapeutic attitude may be met with suspicion and discomfort. Interpersonal warmth with structure and professional objectivity can help to establish trust. In brief therapy, teaching basic social skills (Corrigan, 1991), thought stopping, and relaxation techniques can be useful. It would be hard for these clients to benefit from relaxation exercise, however, until they have developed some control, usually through medication, over their disruptive internal environment. Helping clients recognize what types of stress precipitate cognitive disorganization could be useful. During therapy sessions, should clients reveal cognitive slippage or psychotic-like symptoms, therapist awareness of the valence shift should lead to asking the client the cause of the fear, stress, or anger. Such moments provide an opportunity to teach clients to recognize when they become disorganized and to rehearse self-calming exercises. For example, the therapist might observe, "Right now, I'm not able to follow you; did something frighten you, upset you, or make you angry? Is it anything I said or did that made you feel that way?" Giving the clients accurate feedback about what is happening in the here and now can help them to recognize when they experience stress and can teach more socially appropriate responses. Should higher-functioning clients express sexual concerns, a useful resource is *Treating Sexual Shame: A New Map for Overcoming Dysfunction, Abuse, and Addiction* (Hastings, 1998). Long-term supportive, structured, but nurturing therapy can help repair damaged self-esteem (McKay & Fanning, 2000) and teach the management of cognitive disruption and emotional panic. Discussing how the client is feeling in the moment, and discussing the therapist–client interactions (as long as the therapist is authentic and not hostile) is a way of repairing damaged identity and teaching social skills. Social skill building and helping the client with social support systems and collateral contact with family and friends is also often helpful.

NORMAL-RANGE FEEDBACK (T-SCORE 60 TO 65)

Your profile is in the normal range and reveals that you may be a creative person readily able to escape into a rich fantasy world. Others may see you as eccentric and somewhat difficult to get to know. You are sensitive and may

become knocked off balance if you perceive anger or hostility from others. There are other times, however, when disturbing thoughts can interrupt your concentration and surges of emotion can make you feel out of control. You may periodically experience bad moods when you feel empty, isolated, and disconnected from others. At these times you may find that you prefer to be alone, and intrusions may make you tense. You don't like to be open or vulnerable with others until you are certain that they won't be mean to you or treat you badly. When you sense that someone is angry with you, your thinking becomes muddled and you may respond with anger or withdrawal. People with this profile grew up in environments where a parent or caretaking figure sometimes treated them with hostility, coldness, or even cruelty. No wonder you are particularly sensitive to antagonism from others and that you become knocked off balance if you perceive it. You learned to be cautious, keeping an emotional distance from people until you can really trust them.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile suggests that when you are feeling better you can make use of some of your psychological strengths. You are an imaginative, creative person who thinks differently from others.

Confused, Depersonalization, Derealization

Currently, you seem to be knocked off balance and confused. The world may be a somewhat frightening place right now because it's hard for you to read people and to know how they're feeling toward you. You may feel disconnected from others, as if you are looking at the world from a distance. Perhaps you feel as if you're outside of your body looking in on a world to which you don't feel you belong. This feeling of apartness from yourself is called depersonalization. Feeling as if things are not quite real, as if you're watching them in a movie, is called derealization.

Isolated From Affect or Dark Moods

Even when things are going well or in a tender or sweet moment, you may find yourself feeling strangely cold or even angry or disgusted. Moments that others find happy or tender might leave you untouched. You may experience dark moods where you suddenly feel angry, empty, and irritable, and you might not know where the mood comes from. In fact, these dark moods may sweep over you even when things are going relatively well.

Difficulty Trusting or Paranoid

You can become overwhelmed by strange emotions unexpectedly, so it's hard for you to enjoy emotionally connecting with others. It's hard to trust people because you feel as if others are wearing a mask. You're afraid that if you let down your guard and if you show people your vulnerability they will take advantage of you or be cruel. It's hard to be around people because you feel uncomfortable. Your profile suggests that you are sensitive to others' anger and dislike. At times, you may feel paranoid, afraid that people are out to get you and that you can't trust anyone.

Difficulty Concentrating

It's hard for you to focus and plan effectively because it's difficult to control your thoughts and organize them in a meaningful way. When you're attempting to concentrate, you may experience interruptions to your thinking as if you don't have control over your mind. Sometimes the thoughts that come into your mind may be disturbing, and sometimes they can frighten you.

Preoccupied With Fantasies/Anhedonia

You have a tendency to daydream and spend time inside your mind fantasizing; sometimes the daydreams may be disturbing. Spending time in your own thoughts may make it hard for you to get things done. Life must feel somewhat gray, empty, and at times meaningless. It's hard to get motivated and to have goals and ambitions because nothing seems worthwhile or rewarding.

Hallucinations

You may get so tense that you may be unable to decide what is real and what is not. Sometimes you may hear your thoughts spoken out loud, as voices. In some rare cases, people with your profile actually have hallucinations where they see things and hear things that others don't see. Some of these frightening hallucinations and paranoid thoughts may get so intense that you withdraw and hide.

LIFESTYLE AND BACKGROUND FEEDBACK

People with your profile may have grown up in homes with parents who were angry or even hostile and cruel. Perhaps as a child you were sensitive and easily knocked off balance by rejection and criticism. You may have had some habits such as stuttering or childhood bedwetting, which left you vulnerable to being teased and humiliated. Because of your sensitivity, you may have experienced your childhood as particularly painful. It's also possible that others ignored you, and treated you with contempt or cold hostility. This was very painful, so when

you needed support it was difficult to know where to turn because you were afraid that the people around you would be cruel and rejecting. You may have protected yourself by retreating into daydreaming and fantasy. You may have fantasized about how to pay others back and to treat them cruelly to punish them for what they were doing to you. It could be that you are going through a similar period right now, feeling hated, disliked, or rejected.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Often, medication can help to take away the disquieting thoughts, the dark moods, and the feelings of unreality. It can also aid you in thinking more clearly and not feeling so empty and alone. It is important that you and your therapist talk openly about any uncertainty or concerns you have about taking medication.[1]
2. If you find yourself daydreaming or having cruel, angry, or hostile fantasies, learn how to switch off your thoughts and focus on more positive things. Work with your therapist to identify some of the most distressing and negative intrusive thoughts that you have. "Thought stopping" is an effective technique you can practice to help you prevent the types of unwanted thoughts that can make you feel anxious. Several forms of thought stopping are effective. One quick technique involves picturing or saying out loud, "Stop," whenever you experience these types of unwanted thoughts. You then replace the thought with a pleasant image or affirmation that is more positive (e.g., "I have felt this way before, and I know I can handle this").
3. Resilience building: When you feel dark moods sweep over you, don't give into them. Because you anticipate the worst and have difficulty focusing on the positive, keeping a daily "gratitude journal" can help instill a sense of hope and can help to replace some of your negative thinking with more primitive thoughts and feelings. Instructions for keeping a gratitude journal as well as other ways to create a more satisfying life can be found at www.authentichappiness.sas.upenn.edu/images/TimeMagazine/Index.htm.
4. Don't assume that people are going to hate you and that you are unlovable. Your tendency is to think that all reactions by others toward you are negative. You may feel so self-conscious that you believe people are looking at you critically. Remember that you are knocked off balance right now and that you are probably misinterpreting others' motives.

[1] Compliance therapy combines principles of motivational interviewing, inductive questioning, reflective listening, and reinforcing adaptive behaviors and attitudes to explore client ambivalence and target medication adherence (Kemp, David, & Hayward, 1996).

5. See if you can become aware of negative, self-critical thoughts such as telling yourself that you are unlovable or somehow defective. This type of harsh self-judgment can cause a great deal of pain. Work with your therapist on ways to increase your self-esteem.[2] There are a number of good techniques including personal wellness, setting goals, self-expression, looking at "core beliefs," and monitoring your "self-talk."
6. Resilience building: Work with your therapist to identify your positive traits and "Signature Strengths." Write them in a list, and read them every day. For more help identifying your Signature Strengths see www.authentichappiness.sas.upenn.edu.
7. If people are nice to you, don't assume it's a trick. Work with your therapist to identify people or agencies that you have difficulty trusting. See if the two of you can discover any fear-based types of "distorted thinking," and then work to challenge those old beliefs that are not helpful to you right now. One type of distorted thinking is called "overgeneralization" (e.g., assuming that because someone was cruel to you in the past all people will be cruel). A more helpful way of thinking would be that just because one person was cruel does not mean that no one will ever be kind again.[3]
8. Role play with your therapist to develop your social skills, to foster your relationships, and to help you create new ones.[4]

[2] Although some studies find that positive affirmations are helpful (Philpot & Bamburg, 1996), others have found it to be neutral to harmful for those with very low self-esteem (Wood, Perunovic, & Lee, 2009). For situational low self-esteem, cognitive techniques and affirmations can help change maladaptive patterns, but for characterological low self-esteem the emphasis should be on negative core beliefs, maladaptive schemas, and developing self-compassion (McKay & Fanning, 2000).

[3] *Mind Over Mood* (Greenberger & Padesky, 1995). This workbook contains exercises such as thought stopping and keeping a thought record to overcome negative and destructive thinking.

[4] A meta-analysis was conducted on 73 studies of social skills training in four adult psychiatric populations: developmentally disabled, psychotic, nonpsychotic, and legal offenders. Patients participating in social skills training programs broadened their repertoire of skills, continued to demonstrate these skills several months after treatment, and showed diminished psychiatric symptoms related to social dysfunctions (Corrigan, 1991).

CODE-TYPE 8-9/9-8

Descriptors

Complaints

Hyperactivity, flight of ideas, emotional inappropriateness, impulsivity, agitation, restlessness, panic, difficulties with concentration, possibly hostile

Thoughts

Grandiose, possible delusions or hallucinations, paranoid, uses projection, unusual or possibly autistic association process, indecisive, disoriented, disorganized thought processes, obsessive, possible suicidal thoughts

Emotions

Excessive fears, phobias, low self-confidence, low self-esteem, self-derogatory, confused, possible paranoia, distrustful, inhibited, irritable, anxious, resentful, moody, negativistic, emotionally inappropriate

Traits/Behaviors

Grandiosity mixed with low self-esteem, agitated, hypomanic, disorganized, confused, manic or schizoid thinking, religious or sexual preoccupations, unpredictably irritable, suspicious, paranoid, demanding, resists demands

Strengths

Active, energetic, creative, rich fantasy life, novel ways of problem solving, high standards, ambitious

THERAPIST'S NOTES

In the normal range, the 8-9 code type indicates individuals with few serious problems, although some may be experiencing a mild identity crisis or situational adjustment. In this normal range these individuals show ambition, drive, and sensitivity to failure. They are creative problem solvers who "think outside the box." Elevations reflect the operation of hypomanic defenses against a backdrop of cognitive and emotional disorganization. Hypomania and grandiosity interact with schizoid disorganization so that these individuals experience paranoid, persecutory, and expansive thinking such as conspiracy theories, religious preoccupations, and other eccentric belief systems.

Typically, the validity scales associated with this profile reveal a high Infrequency (F), low Lie (L), and low Correction (K), reflecting a panicked, disorganized disturbance. Although often grandiose, they manifest low self-esteem and feelings of inferiority. Many 8-9 individuals are delusional and

display emotional lability and inappropriateness. They spend a great deal of time in fantasy and report difficulties in concentration and thinking. Their thought processes are odd and eccentric and they have bizarre associations. These clients are often erratic and unpredictable, and they are unable to modulate their behavior in an adaptive way. They have periods of hyperactivity and panic and then periods where they are irritable, demanding, and hostile. They may be talkative, although circumstantial and confused. In some cases this profile has been associated with an identity crisis, precipitated by a rejection or a perceived failure.

Typically, the onset of this disorder is quite rapid, and the duration tends to be somewhat shorter than for other disturbances. Previous episodes are reported in a large number of 8-9 cases. When clients obtain this code type in late adolescence or early adulthood, it may be induced by chemical substances. Among adults, this profile is often associated with low self-esteem and panic about rejection. Typically, 8-9 code types have very high self-expectations so that perceived failure is experienced as disastrous. Perhaps compensating for their low self-worth, they have grandiose self-expectations and any failures are experienced as a panic about being damaged, defective, and unlovable. They are very self-critical and experience rejection as catastrophic. They see it as a result of their failures to live up to others' expectations. They may use substance as a way to medicate both their hypomania and their cognitive disorganization.

LIFESTYLE AND FAMILY BACKGROUND

Our hypothesis is that, in addition to any genetic predisposition, the 8-9 code type is a response to feeling disfavored and rejected, sometimes relative to perceived superior siblings. Marks and Seeman (1963) reported that, most often, the 8-9 code types were middle children and had poor school performance, and some were seen as bullying, aggressive, and bossy, possibly reflecting their low self-esteem. Elevations on Scale 8 indicate these individuals' damaged self-esteem, and their striving for achievement suggests a need to prove themselves and to win their parents' love. They tend to be highly competitive, and the success of siblings or close friends tends to make them panic about their own progress. In relationships, they need a great deal of reassurance and often are threatened by their partner's other relationships.

MODIFYING SCALES

- When Scale 3 is coded third, there is more approval seeking drive and hysterical role playing.

- When Scale 6 is coded third, the possibility of a schizophrenic or manic breakdown is more likely. Paranoia and hostility increase.
- The relative elevation of Schizophrenia (Sc) subscales can hone the 8-9 code type interpretation. Usually, all the Sc subscales are elevated. However, if Bizarre Mentation (BIZ), Psychoticism (PSYC), or Aberrant Experiences (RC8) are elevated, this predicts the possibility of a psychotic breakdown, especially if Psychotic Symptomatology (BIZ1) exceeds Schizotypal Characteristics (BIZ2).
- When Depression (DEP) is elevated, they may experience rapid mood fluctuations.
- When Antisocial Practices (ASP) or Antisocial Behavior (RC4) are elevated, even if Scale 4 is not, the profile may reveal bizarre and antisocial acting out.
- Typically, Anger (ANG) is elevated, reflecting their explosive irritability.
- Elevations on Anxiety (ANX), Obsessiveness (OBS), Fears (FRS), Low Self-Esteem (LSE), and Type A Behavior (TPA) would indicate one or more of the following: anxiety, obsessiveness, fearfulness, low self-worth and drive.

THERAPY AND THERAPEUTIC PITFALLS

It is important to rule out bipolar disorder and suicidal ideation. Medication is almost always necessary to deal with their cognitive disorganization and hypomania. The 8-9 code types, however, are suspicious and fearful of medication. Their use of chemical agents is often an issue, and compliance therapy can be used to address both medication and substance abuse issues (Greenberger & Kemp et al., 1996).

These clients need a great deal of structure and concrete problem solving. Self-esteem building, relaxation techniques (Chen et al., 2009), cognitive therapy (Padesky, 1995), rational emotive therapy (RET; Ellis, 1993), and thought stopping can be helpful. Therapy can provide reality testing to help them identify their own goals rather than living up to parental expectations. In long-term therapy, help the clients recall instances in childhood where they felt they were unappreciated relative to other siblings, and help them to understand how they have internalized a negative self-image. Help them to recognize when others' successes led them to catastrophize their own perceived failure. These clients can develop an intense, positive transference to a therapist, replicating their longings for approval from a parental figure. However, this transference can quickly turn negative if they perceive the therapist as critical or demanding of them. These clients want the therapist's approval and look for any sign that they are disfavored relative to the therapist's other clients. Structure is important, as they question and resist boundaries.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is in the average range. You are a creative, energetic, and ambitious person who has an unusual way of looking at and solving problems. Your profile suggests that you may be going through an evaluation of your identity search, perhaps thinking about future goals, plans, and possible changes in your lifestyle. This may be due to a recent letdown or perceived failure that leads you to question what you are doing and where you are going in life. Generally you are an active person who can work on a number of problems and projects at the same time. You can be quick to judge yourself for any mistakes or failures. While having such high standards for yourself may be a positive thing, it also may mean that when things don't go as you planned you are overly harsh and disappointed with yourself.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile shows that you have a number of significant strengths. You have a great deal of energy, drive, and ambition. Your mind works quickly, and you readily see the connections between things. You are also a person with very high personal standards, and it's important for you to be perfect in everything you do. Typically, people with your profile have a very rich imagination, and it's easy for you to fantasize, daydream, and come up with creative and interesting ideas.

Confused, Disorganized, Hypomanic

Currently, you appear to be knocked off balance and quite confused. You may feel somewhat out of control and disorganized, and at times you may not make sense to others. You have a great deal of energy, and your mind may be racing so quickly that it's hard for you to stay focused and to think clearly. In fact, your energy may be so high that it is affecting how you feel, how you think, and what you do in negative ways. You might be seeing the connection between things to such a degree that you are overthinking and not seeing reality clearly.

Agitated, Explosive, Paranoid

You may be experiencing periods where you feel agitated, wound up, and even explosive. You might be going through periods of paranoia, wondering if people are being critical, discounting, or rejecting of you.

Perfectionist or Needs for Achievement

You have always been a perfectionist with a strong need to prove yourself. You have a tendency to take on many projects, to push yourself, and to feel you have to achieve a great deal to gain other people's love and recognition. You are quite competitive, and it upsets you when others do well because you feel you are falling behind.

Self-Doubt

Currently, you seem to be doubting yourself, wondering if you are good enough or if people are going to see you as somehow unworthy. You may be going through a very self-critical period, beating yourself up, and telling yourself that you have failed.

Overly Active or High-Strung

During these times, you might get quite panicked, overly active, and high-strung. When things go wrong or when someone criticizes you, you doubt yourself to the core, wondering if there is something wrong with you. It's hard to relax and to quiet down your inner voice. You are probably feeling a great deal of pressure to explain your ideas and to convince people that you are seeing things clearly.

LIFESTYLE AND BACKGROUND FEEDBACK

Often, people with your profile grew up as middle children. Perhaps your parents were very demanding and expected great things from you, so you felt you were disappointing them. When they were dissatisfied, they may have made you feel defective, unlovable, and or inferior compared with your siblings. Perhaps one of your parents was controlling, demanding, and at times unreasonably critical. You wanted your parents' love and approval, yet somehow you felt it was impossible to get. In school, you might have played with younger children, perhaps because you felt more comfortable in situations where you could be in control. However, you may have been seen by your peers as a little too aggressive or perhaps even bossy. You have always driven yourself hard, wanting to achieve and succeed, possibly as a way of proving that you were worth loving.

TREATMENT AND SELF-HELP SUGGESTIONS

1. Talk to your therapist about the possibility of taking medication that can help calm your moods and your confusion and can help you to sleep

better and feel more rested when you awaken. It is important that you and your therapist talk openly about any concerns you have.[1]

2. Work with your therapist to discover what has happened recently that's left you feeling rejected, inadequate, or defective. In your therapy identify any "schemas" or themes that you developed in dealing with your childhood experiences.[2] Some common themes include the belief that you are damaged, or the belief that others will somehow hurt you or put you down. In the therapy session, imagine a conversation with the person that feeling involves. Being able to express the emotions in the safety of the therapy setting can gradually help you learn new perspectives and challenge these old schemas.[3]
3. You may be feeling vulnerable to criticism and rejection from others. Make a list of all your accomplishments and experiences that you could be proud of so that you don't focus so much on your failures. If you need help identifying your strengths and accomplishments, you will find helpful questionnaires at the Web site www.authentichappiness.sas.upenn.edu.
4. Explore with your therapist why you are so perfectionistic and why you demand so much from yourself. Whose love are you trying to win? What's it going to take for you to like yourself and stop pushing yourself so hard?
5. Examine any irrational beliefs that may be at the root of your desire to do everything perfectly. Such irrational beliefs are often signaled by such words as *should, must,* or *have to.* For example, "I should never make mistakes," or "Everyone must like me." Ask yourself (1) Where is the proof that this belief is true? (2) Is my irrational belief helping me or making things worse? (3) Is this belief logical, and does it make common sense?[4]

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[1] Compliance therapy combines principles of motivational interviewing, inductive questioning, reflective listening, and reinforcing adaptive behaviors and attitudes to explore client ambivalence and target medication adherence (Kemp et al., 1996).

[2] Schema therapy has been demonstrated to be an effective treatment for clients who expect and anticipate emotional rejection and criticism based on their own early childhood conditioning experiences. Help the clients first identify their particular schema (Bricker & Young, 2004), and then work to help them examine the early experiences that led to that belief. The next step is to challenge that idea and help them examine whether it is true and whether it is helpful (Young, Klosko, & Weishaar, 2003).

[3] Schema therapy uses many of the same methods of cognitive behavioral therapy, but it adds imagery to uncover suppressed emotions and to highlight the ways that these fixed beliefs affect current relationships (Young, 1999).

[4] Rational emotive therapy is a treatment that can guide people to see how their beliefs are needlessly disturbing them; to work at self-defeating emotional, cognitive, and behavioral problems that result from irrational thinking; and ultimately to achieve self-fulfillment and self-actualization. An excellent summary of the current state of RET can be found in the *Journal of Consulting and Clinical Psychology* in an article titled "Reflections on Rational-Emotive Therapy" (Ellis, 1993).

6. If people seem hostile, controlling, or rejecting, remember that you are feeling particularly knocked off balance right now and that, in fact, people may not be looking at you in the negative way you think they are. Remember, people are often preoccupied, insensitive, and are thinking about themselves, and are not necessarily feeling critical of you. See if you and your therapist can identify any fear-based types of "distorted thinking" that may contribute to you feeling this way, and then work to challenge those beliefs that are no longer helpful. One type of distorted thinking is called "personalizing." An example might be assuming that because someone looks irritated or seems angry it is because of you. A more helpful way of thinking would be that the person had a bad day or is distracted.[5]
7. While you're going through this agitated, hyperactive state, avoid chemical agents as they have a tendency to disorganize you further.
8. Exercise, especially aerobic exercise, and diet can help reduce stress and also can help improve your mood. Try to incorporate a regular program of exercise into your daily routine.[6] Supplements and a diet rich in Omega-3 fatty acids may also help stabilize your mood.[7]
9. Work with your therapist to develop thought-stopping techniques so that you can slow your mind down. Recognize when your mind is racing so that you can learn to slow it down and focus on one thing at a time. Thought stopping is an effective technique you can practice to help you prevent the types of unwanted thoughts that can make you feel distracted. Several forms of thought stopping are effective. One quick technique involves picturing or saying out loud, "Stop," whenever experiencing these types of unwanted thoughts. You then replace the thought with a pleasant image or affirmation that is more positive (e.g., "I have felt this way before, and I know I can handle this").

[5] *Mind Over Mood* (Greenberger & Padesky, 1995). This workbook contains exercises such as thought stopping and keeping a thought record to overcome negative and destructive thinking.

[6] Results of cross-sectional and longitudinal studies consistently find that aerobic exercise has antidepressant and anxiolytic effects. It also can protect against harmful effects of stress (Salmon, 2001).

[7] There is promising evidence that Omega-3 fatty acids can help control some types of depression and mania (Osher, Bersudsky, & Belmaker, 2005; Turnbull, Cullen-Drill, & Smaldone, 2008).

Chapter 12

Scale 9

SCALE 9: HYPOMANIA (MA)

Descriptors

Complaints

Possibly manic, overactive, overcommitted, poor judgment, irritability or temper outbursts, excitability, possible substance abuse, impulsivity, garrulousness, possible promiscuity, hyperactive behavior

Thoughts

Optimistic, positive, enterprising, grandiose, flight of ideas, tangential thinking, overinclusive, ebullient, possible hallucinations and delusions, self-important, messianic beliefs, opinionated, creative

Emotions

Labile, sunny and positive, optimistic, grandiose, impatient, enthusiastic, energetic, impulsive, excitable, uninhibited, episodically irritable, hostile, aggressive, or depressed

Traits and Behaviors

Upbeat, positive, highly energetic, ambitious, driven, buoyant, jocular, approval seeking, garrulous, exuberant, overcommitted, unrealistic, irritable, disorganized, demanding, distracted

Strengths

Upbeat, positive, highly energetic, ambitious, driven, buoyant, engaging, optimistic, uninhibited, enterprising, charismatic, adventurous

THERAPIST'S NOTES

In the normal range, Scale 9 clients are optimistic, positive, sunny, driven, and energetic. Ambitious, with needs to prove themselves, they have a tendency to overcommit and set unrealistic goals for themselves and others. They are big-picture thinkers and often are quite productive. Easily bored and distracted, they occasionally experience problems because of inattention to detail. Impatient with people who get in their way, they are stimulation seekers. Most of the time, however, they exhibit an agreeable, even charismatic, disposition.

Elevations on Scale 9 are associated with a high level of energy and activity. Even if appearing relaxed, they will report a great deal of internal cognitive activity. High 9 individuals can appear buoyant, cheerful, and charismatic; however, when frustrated they can quickly become hostile, angry, demanding, and confrontational. They are not always manic, but overactivity, overcommitment, unrealistic goal setting, and irritability are common. Flight of ideas, pressured speech, a hostile, joking humor, and grandiosity characterize individuals with an elevation on Scale 9. They are highly competitive and threatened by others' successes and have strong needs to achieve. They tend to work in spurts of energy, allowing tasks to accumulate then becoming productive in a demanding, irritated, and controlling fashion.

As Scale 9 elevations increase, it reflects disorganization, distractibility, and grandiose, unrealistic goal setting. A reduced need for sleep, rapid weight changes, and the use of chemical agents as a way of medicating and managing energy are associated with high elevations. These individuals' increased energy can manifest itself in flight of ideas and grandiosity, increased sexual drive, and overcommitment. Elevations on Scale 9 do not always reflect mania, and elevations do not correlate perfectly with the degree of disturbance. Sometimes moderate elevations on Scale 9 (T-score 65 to 75) may reflect a manic episode with psychosis, and in other cases higher elevations of Scale 9 are a sign of hypomania rather than mania. Precipitating circumstances are usually a perceived or actual failure or a grandiose overcommitment. These individuals tend to have poor judgment, are intolerant of frustration, and intimidate others with their temper and the intensity of their demands. Many bright high 9s are extremely successful, blazing new trails in business, finance, and politics. Their success improves when they surround themselves with methodical, detail-oriented types to protect them from hasty, poorly thought through actions. In other cases, their mania is clearly evident, with occasional disastrously poor judgment. Most high 9 individuals are easily bored and impatient with details and strongly resist being controlled. They are liable to be narcissistic and opportunistic and tend to exploit situations created by others' mistakes and vulnerabilities, though they are not necessarily sociopathic, unless Scale 4 and Antisocial Practices (ASP) or Antisocial Behavior (RC4) are elevated. Although often highly social, they have difficulty being vulnerable and intimate. As partners, they are initially seen as attractive but eventually become controlling, irritable, and demanding.

Individuals with low scores on Scale 9 exhibit some of the opposite attributes associated with high 9 code types. In the presence of Scale 2 elevations, a low 9 may reflect the depressive side of a bipolar disorder. Sometimes, medical problems (e.g., thyroid) may be the source of low energy. In the absence of any clinical scale elevations, a low score on Scale 9 may reflect

reliable, orderly individuals who are careful not to overcommit and tend to be persevering and emotionally stable.

LIFESTYLE AND FAMILY BACKGROUND

Our hypothesis is that Scale 9 reflects a combination of a genetic predisposition to overactivity and high needs for stimulation and excitement, together with early demands for success and achievement. They are often described by parents as having been active, energetic, and hard-to-manage children who were overly excitable and demanding and had high needs for stimulation. Some may have been diagnosed as hyperactive in childhood and medicated with stimulants. Parents may have attempted to control a demanding, high-energy, distractible child by restriction, thus increasing the child's drive state.

In some cases, individuals with an elevated Scale 9 felt a need to restore the family reputation after a family setback, and in some instances parental, social, and economic striving meant that parental approval was contingent upon getting good grades, winning competitions, and earning prestige through continuous accomplishment (Cohen, Baker, Cohen, Fromm-Reichman, & Weigert, 1954; Goodwin & Jamison, 1990). We hypothesize that parental reinforcement was under a partial reinforcement schedule, often only for spectacular success, maintaining the child in a constant high drive state and leading to feelings of vulnerability to rejection around failure.

MODIFYING SCALES

- Elevations on Scale 9 energize the behaviors, thoughts, and emotions associated with other scale elevations. For example, elevations on Scale 4, without an elevation on Scale 9, would predict cold, calculating, aloof, and emotionally distant individuals. With the addition of Scale 9, Scale 4 behaviors are "energized," suggesting impulsive, hedonistic acting out.
- When Scale 2 is elevated, the euphoria and expansiveness of Scale 9 are canceled out by the dysphoria and fears of loss associated with Scale 2. The result is moodiness, emotional lability, tension, anxiety, and irritability. Rule out bipolar disorder. For more information, see the 2-9 code type.
- Even in the absence of Scale 4 elevations, if Authority Problems (Pd2) and ASP are elevated, acting out similar to a 9-4 code type is suggested.
- When Naïveté (Pa3) is elevated, the opinionated self-righteousness of the high 9 is rigid, black-and-white, and lacking in flexibility.
- When Lack of Ego Mastery Cognitive (Sc3) and Lack of Ego Mastery Conative (Sc4) are elevated and if Bizarre Mentation (BIZ), Psychoticism

(PSYC), or Aberrant Experiences (RC8) are elevated, a psychotic manic episode may be present.
- When Type A Behavior (TPA) is elevated, the high 9 impatience and irritability are aggravated by an aggressive competitiveness, impatience, and perhaps hostility.
- When Work Interference (WRK) is elevated, look for hypomanic overactivity and difficulties with follow-through to decrease work efficiency.
- When Inability to Disclose (TRT2) is elevated, individuals are reporting they don't need help, and dealing with mental health professionals is unlikely to add value to their lives.

THERAPY AND THERAPEUTIC PITFALLS

Although suicidal ideation is rare in the manic state, impulsive and reckless conduct is not. These clients can engage in self-defeating and self-destructive behavior, such as driving at excessive speeds, abuse of chemical agents, reckless sexuality, and irritable aggression. Suicide risk increases if clients move from a euphoric to a depressive state subsequent to perceived losses. Medication is usually necessary to control a manic state, although it is often resisted as it interferes with the experience of elation and control (Chou, 2004; Lingam & Scott, 2002). Rarely is treatment sought voluntarily, and often only after legal, interpersonal, or family difficulties.

These clients typically are resistant to insight therapy because of the taxing emotional demands, the slow pace, and the lack of external focus. Coaching can be less threatening to clients in less manic states because of its practical here and now focus. It may help clients manage their overactivity and may provide "reality-based," practical guidelines on how to manage daily activities, goals, and the tendency to be impulsive and overcommitted. One analogy that may resonate for these individuals is to suggest that their "engine" goes from 0 to 100 miles an hour with little modulation. Understanding the drawbacks of euphoria and using cognitive-behavioral therapy to teach emotional-behavioral control can be useful (Scott, 2001). Relaxation training and daily physical exercise can be helpful in managing high levels of energy (Bruning & Frew, 1987).

Therapists who are relaxed, but who set limits, and who exhibit a sense of humor will work well with clients who experience wide mood swings: charming and likeable one minute but irritable and angry the next. These clients tend to be evasive, so feedback from others is useful if possible. Secondary paranoia is not unusual, so a misdiagnosis of schizophrenia is a danger.

Not all individuals with Scale 9 above a T-score of 65 are necessarily manic or even disorganized. The degree of disorganization and pathology is not always well correlated with elevations, so moderate scores on Scale 9 can predict hypomania. The interview and history determine the level of disturbance.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 65)

Your profile is in the average range. It suggests that you are energetic and optimistic. People generally see you as cheerful, positive, driven, and happy. You have strong needs to prove yourself, and you are motivated to achieve. You tend to be a big-picture thinker, and you can easily become distracted, bored, or restless. You can become irritable and angry, perhaps even explosive, when people get in your way, frustrate you, or block your goals. People with your profile tend to be somewhat distractible, and when you are excited about something, you can easily become overcommitted and unrealistic. Because your pace and energy are greater than average, you may expect others to keep up with you, you may feel that the world moves too slowly, or may become impatient with how long it takes others to do things. You like to handle a number of projects at the same time and sometimes will take on more than you can possibly finish on time. You prefer a life that is filled with projects and excitement. Routine may be boring to you, and you likely seek novelty and a little risk.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORE > 65)

Strengths

Your profile reveals you have a number of strengths. You are an energetic, driven, ambitious individual who is able to think and move quickly and get a lot done. You generally are seen as positive, optimistic, and sunny. You have boundless energy, and you are able to see the connections between things so you think quickly. People with your profile often are highly social, engaging, and interesting.

Overcommitted or High Energy

Some of your strengths may actually work against you at times. You may have periods where you're so optimistic that you overcommit and take on so many tasks and activities that it is impossible to complete them all. Sometimes your energy may be so high that you have a reduced need for sleep and you feel impatient and angry with a world that moves too slowly. During these periods your moods may quickly shift from positive to negative: you may be upbeat and cheerful one moment and in the next angry and irritated, feeling that people are blocking you from getting what you want.

Euphoric or Unrealistic

Sometimes your optimism may shade toward euphoria. During these times, you may feel that you can accomplish anything and may engage in behavior

that later is seen as reckless, even dangerous. You may come up with grand ideas that later prove to have been unrealistic.

Irritable, Explosive, Aggressive

You may feel so much energy that you can become irritated with people for not keeping up with you. When your energy is high, working on a single task can be difficult. You have a tendency to see the connections between things, so it's easy for you to become distracted and sidetracked. At other times, you may become so focused on a particular idea or activity that you keep at it when others feel you should let it go. At these times, when people try to persuade you that you are being unrealistic you can become quite angry, even explosive and aggressive.

Adventurous, Excitement Seeking, Hypomanic

People with your profile tend to need excitement, adventure, and a challenge, and without such stimulation you can become easily bored. You tend to go for the big, grand idea rather than taking a slow, steady approach toward solving a problem. Daily routine and details can be difficult for you. Your high level of energy is called hypomania, even mania, and though this may have been productive in the past your judgment may be currently impaired and could get you into trouble.

Possible Delusions or Hallucinations

During times of stress, you may get so wound up and your mind may work so quickly that you actually distort reality. In rare cases, people with your profile can experience reality distortions, reflecting your intense energy and internal pressure.

Possible Substance Abuse

People with your profile often use alcohol or some other chemical agent. You may feel that alcohol is not affecting you, so you keep drinking until you become quite inebriated or even black out. You may be trying to self-medicate your moods; however, this can be quite dangerous and may actually increase your mood instability.

LIFESTYLE AND BACKGROUND FEEDBACK

People with your profile were often energetic, driven, and rambunctious children. Perhaps you've always been adventurous, excitement seeking, and risk

taking. Sometimes, as children people with your profile were diagnosed with attention deficit hyperactivity disorder (ADHD). Your need for novelty and stimulation might have led to struggles with your parents over being controlled. In some cases, your need to do extremely well came from a childhood where you felt you had to achieve high levels of success to prove that you or your family was worthwhile. Now, you strive to excel through overcommitment, overactivity, and achievement.

You may have recently experienced a setback or loss that makes you feel you have failed and will never be successful enough. This might have pushed you into an increased level of activity, driving you to accomplish great things in a short period of time.

TREATMENT AND SELF-HELP SUGGESTIONS

1. When other people are speaking, watch your tendency to interrupt or become distracted and think about other things. When you catch yourself interrupting, take a deep breath, and try to listen, slow your thoughts and stay in the present moment.
2. Learn with your therapist how to recognize when you have racing thoughts. The practice of mindfulness is a way for you to channel your high levels of energy and to increase your focus and productivity. Mindfulness involves paying attention to the present moment in a nonjudgmental way and fostering a quality of curiosity and openness. For more information on mindfulness exercises see www.mindfulnessstapes.com. Engaging in a daily practice of mindfulness can help you redirect your attention instead of going on autopilot.[1]
3. At times, your energy may work well for you so you have a great deal of confidence and infectious energy, quickly getting the big picture,[2] but you can also have trouble concentrating on details. Work with your therapist to develop habits that will help you stay focused. For example, morning is often the best time to take on tasks that require attention. Although many people need a quiet environment to stay on task, you may find it more helpful to turn on a radio or television so that you have some "white noise." Giving yourself breaks every hour can also help you to stay focused.

[1] Researchers have debated about using mindfulness for hyperactivity and distraction for some time. There was a question about whether individuals with high levels of impulsive energy could actually engage in mindfulness meditation exercises. Zylowska et al. (2008) conducted an 8-week mindfulness-training program for adults and adolescents with ADHD; subjects reported improvement in ADHD symptoms, and they also had better test performance on measures of attention and impulsivity.

[2] Dr. John Gartner, a clinical psychologist at Johns Hopkins Medical Center, contends that a certain combination of genes likely produces the undesirable disease of mania, while an even more common combination produces beneficial results of being hypomanic. He presents an interesting argument that individuals with hypomania actually have an edge in the world of business in his book titled *The Hypomanic Edge: The Link Between (A Little) Craziness and (A Lot of) Success in America* (2005).

4. In your therapy, see if you can identify any recent events that may have pushed you into this state of heightened activity. Did you experience a recent setback or loss? Have you lost someone important in your life? Did someone else's success lead you into thinking that you were not successful? Did someone criticize or judge you, or are you anticipating that you're going to fail at something?
5. Because of your high-energy, racing mind, and your tendency to overcommit, you may need medication to slow you down enough so that you can be productive. Although you may be successful in the short-term, something is likely to eventually go wrong if you continue to move so quickly. It is important that you and your therapist talk openly about any uncertainty or concerns you have about taking medications.[3]
6. You have a tendency to overcommit, and you may be unrealistic about what you can actually accomplish. There are many software applications for the computer and cell phone that will help you manage tasks, set priorities, and track important dates. Software packages can be found at http://www.mylifeorganized.net.
7. It is important that you engage in physical exercise during this period of high energy. Daily exercise can help you become more relaxed, but don't overdo it.[4]
8. Avoid chemical agents as a way of medicating your energy. They may actually aggravate your mood swings and lead you to making unpredictable and even dangerous decisions.[5]
9. When you experience surges of irritability and rage, take a moment to stand back from the situation and to calm yourself down. Practicing some type of relaxation exercise on a regular basis can reduce irritability, stress, and anger. Relaxation can lead to a decrease in heart rate, blood pressure, respiration, and muscle tension.[6] Yoga, meditation, biofeedback, and progressive muscle relaxation are all methods that can help you achieve a state of deep relaxation.

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[3] Compliance therapy combines principles of motivational interviewing, inductive questioning, reflective listening, and reinforcing adaptive behaviors and attitudes to explore client ambivalence and target medication adherence (Kemp, David, & Hayward, 1996).

[4] In comparing meditation, stress management, and exercise all were found to have calming effects. Pulse rate, diastolic blood pressure, systolic blood pressure, and galvanic skin response were used as physiological stress indicators, and each of the strategies led to decreases in pulse rate and systolic blood pressure (Bruning & Frew, 1987).

[5] It may help to educate clients about the relationship between hypomania and addictive behaviors. Hypomanic personality traits have been shown to predict manic episodes, substance abuse, and increased pleasure seeking and may be linked with hyperresponsiveness of the behavioral activation system (BAS). While this can lead to high achievement and goal directed behavior, it can also result in the more harmful consequences associated with mania and related clinical syndromes (Meyer, Rahman, & Sheperd, 2007).

[6] The relaxation response describes the state of physiological reaction that is the direct opposite of the body's reaction under stress and overarousal (Benson, 1983) and can be achieved through various techniques such as progressive relaxation and meditation.

Chapter 13

Scale 0

SCALE 0: SOCIAL INTROVERSION (SI)

Descriptors (T-Scores > 65)

Complaints

Social apprehension, shyness, self-consciousness, possible social phobia, fears of public speaking, feeling alienated from others, social avoidance, difficulties with physical affection, difficulties expressing intimate feelings, low self-confidence

Thoughts

Prone to worry, self-doubting, self-deprecating, defensively critical or judgmental of others

Emotions

Social anxiety, "stage fright," easily embarrassed, feels inferior, difficulty expressing emotion or affection

Traits and Behaviors

Shy, introverted, self-conscious, easily embarrassed, awkward, lacking emotional spontaneity, difficulty expressing emotions, especially warmth and affection, overwhelmed by too much attention, irritable when embarrassed, avoids groups or crowds, prefers of small intimate friends rather than large groups of unknown people

Strengths

Dependable, resourceful, self-reliant, independent, direct

THERAPIST'S NOTES

In the average ranges, these individuals are mildly shy and can sometimes feel self-conscious and be at a loss for words. They are apt to be quite reliable and dependable, especially if no other clinical scales are elevated. They are independent and self-reliant. While elevation on Scale 0 measures shyness, self-consciousness, and discomfort with large groups, it also suggests difficulty being spontaneous, playful, and emotionally open with people. The items of Scale 0 include social withdrawal and dysphoria, with a tendency to brood and to be easily hurt by criticism. At higher elevations, social

passivity, difficulties with self-assertion, and trouble with being reasonably demanding reflect the unsatisfying aspects of severe introversion. Research from twin studies suggests that introversion and extroversion are normally distributed, highly heritable traits (Scarr, 1969), and other studies suggest that this characteristic tends to be stable over time (Costa & McCrae, 1992). People who were shy and socially uncomfortable as children tend to remain so as adults. Similarly, the extroverted, socially active child or adolescent who may have had trouble at school studying because of the need to socialize often becomes the extremely socially engaged adult. We hypothesize that T-scores above 65 suggest individuals with a genetic predisposition to shyness who have become socially anxious and have reduced or abandoned their need for emotional connection and physical touch from others. T-scores below 40 suggest a drive toward social interaction, sometimes, but not always, out of insecurity. Extreme low scores may reflect not only an insatiable need to be in the spotlight but also a low level of socially acceptable embarrassment in the face of obvious self-serving and self-aggrandizing behavior.

LIFESTYLE AND FAMILY BACKGROUND

When T-scores are above 65, childhoods in which shyness was experienced as painful and isolating are likely. While healthy, psychologically well-adjusted, but mildly shy individuals could have had positive experiences gravitating toward like-minded, socially introverted peers, individuals with higher elevations on Scale 0 may have experienced humiliation, embarrassment, and social awkwardness. This may have been exacerbated by personal eccentricities or shame about family of origin. For example, an Asian American client who reported being shy in childhood was embarrassed about his family's cultural identity and tendency to speak only in their native language. He was embarrassed to bring home friends, and his shyness was aggravated by his cultural separateness. In another case, an extroverted individual with a low T-score on Scale 0 reported growing up in a strict religious family where it was prohibited for her to interact with peers who were not involved in the church. As a teenager, she rebelled against her parents' restrictions and she was focused on socializing to the exclusion of her studies. While introversion and extroversion are not in themselves pathological or disruptive of happiness, conditioning experiences can accentuate the less adaptive aspects of both ends of the shyness continuum.

MODIFYING SCALES

- When Shyness/Self-Consciousness (Si1) and Shyness (SOD2) are elevated, clients feel socially awkward and easily embarrassed. They are likely to have trouble being assertive.

- When Social Avoidance (Si2) and Introversion (SOD1) are elevated, look for social, behavioral avoidance. These individuals tend to remain on the outskirts of any group and to look for "escape routes" when forced to attend parties or social events.
- When Self/Other Alienation (Si3) is elevated these clients feel alienated, inadequate, and self-conscious. High scorers may feel unattractive, unlikable, and vulnerable to judgment from others.
- Scale 2 elevations aggravate the self-consciousness and painful preoccupation with "not being good enough." Marks (personal communication, June 1990) has called the 2-0/0-2 profile the "wire mother" profile, suggesting the extinction of the normal human desire to be touched and held by others due to being raised by a "wire mother" (Harlow, 1962).
- When Scale 4 is elevated, individuals are sour, caustic, and uncommunicative. Anger would be expressed as sarcasm and quiet withholding. Manipulation would be subtle and rationalized by a cynical view of others.
- When Scale 7 is elevated, look for anxious, insecure, ruminative clients who dread being "called on" in social situations and may exhibit social phobia.
- When Social Alienation (Sc1) is elevated, this would aggravate the sense of emotional disconnection from others. If Social Alienation (Pd4) and Self-Alienation (Pd5) are elevated, shyness is aggravated by a sense of cynicism and distrust that others can be emotionally trusted.
- When Poignancy (Pa2) is elevated, the sensitivity and self-consciousness already associated with Scale 0 elevations is aggravated, and these clients take things personally and feel wounded by the insensitivity of others.
- Sometimes Ego Inflation (Ma4) is elevated; these clients are withdrawn but have a sense of superiority. They feel self-righteous about "not suffering fools."
- When Depression (DEP) or Low Positive Emotion (RC2) are elevated, consider the possibility of a long-term characterologically depressed, pessimistic, and defensively sour individual.
- When Anger (ANG) is elevated, abrupt, angry reactions that appear to others as disconnected from precipitating circumstances are recurrent. Anger is sudden and brittle and may be exhibited when individuals feel cornered, criticized, exposed, or embarrassed.
- When Cynicism (CYN) is elevated, the clients' introversion is of a distrustful, cynical kind. They rationalize their withdrawal from others as necessary in a dog-eat-dog world in which people take care of their own interests.
- When Anxiety (ANX) is elevated, social phobias and panic, especially when called on to speak publicly, are prevalent.

- When Fears (FRS) is elevated in the absence of other scale elevations, preoccupation with specific fears and phobias relating to dealing with other people and social situations is suggested.
- When Bizarre Menation (BIZ), Psychoticism (PSYC), or Aberrant Experiences (RC8) are elevated, severely damaged self-esteem and preoccupations about being judged, criticized, or being seen as defective take on possibly psychotic proportions.

THERAPY AND THERAPEUTIC PITFALLS

Therapy should focus on helping clients interact socially without undue fear or anxiety. Education about the genetic component of shyness and therapy to normalize their experience is useful. Assess the nature and severity of the shyness and whether general social anxiety is the issue or whether introversion is limited to certain specific situations (e.g., public speaking). Medication and cognitive-behavioral therapy (CBT) can be ameliorative of social phobia. Two types of CBT are particularly effective with social phobia: (1) skill building through education and role playing; and (2) small-group therapy (Barlow, Raffa, & Cohen, 2002). Typically, these clients do not seek treatment for shyness unless they find themselves in situations that demand acting in ways that are contrary to their genetic makeup. For example, highly introverted individuals who are forced to relate to others due to job or living situations may develop symptoms of stress. Conversely, highly extroverted clients (T-score < 40) may experience stress if trapped in situations where they can't relate to many people.

High Scale 0 individuals experience difficulty with emotional openness and intimacy, so they work better with directive, coaching styles of psychotherapy. These clients tend to be compliant (unless Scale 4 or 9 is elevated); they do not resist authority, and they see the therapist as an expert. Being overly friendly and attempting to inspire a therapeutic alliance too quickly tends to backfire. Therapeutic interaction is apt to be somewhat anxiety provoking, so online assignments or at-home reading allows the assimilation of information without the interfering anxiety of the therapist–client relationship. Sometimes rehearsing simple social icebreakers can be helpful.

When Scale 0 is below 40, problems usually center on the mismatch of clients with their current situation. For example, a highly successful and extroverted salesman was promoted to a supervisory position where his interaction with others was curtailed. He began to drink heavily and socialize in the evenings at the expense of his marriage. Therapy revealed that, although promoted, he felt trapped and unhappy in a world where he had little social interaction. Therapy in such situations involves helping clients become aware of the source of their difficulty and then engaging in supportive concrete problem solving.

NORMAL-RANGE FEEDBACK (T-SCORE 50 TO 55)

Your profile is in the normal range, meaning that you are neither shy nor extroverted. You enjoy people in small groups where you can avoid small talk and get to know people. You can become "burned out" on too much socializing, and you tend to be reserved and somewhat uncomfortable with large groups of new people; around strangers you may feel self-conscious and at a loss for words. If you are in an unstructured situation with strangers, you are likely to be less comfortable than with people you know. You do not need many friends, but you do enjoy small groups of people you know well. People with your profile like to avoid aggressive confrontations with others.

NORMAL-RANGE FEEDBACK (T-SCORE 55 TO 65)

You are a mildly shy person who is uncomfortable meeting large groups of new people. You prefer the intimacy of small groups of people you know, and you find small talk difficult and tedious. You are likely comfortable being alone for periods of time, you do not need many people's approval, and you may not need a lot of emotional and physical validation. People who are intense and quick to become friendly may leave you feeling uncomfortable. At social events you may feel a need to have control over when you can leave because you become "burned out" by socializing.

FEEDBACK STATEMENTS—ELEVATED PROFILES (T-SCORES > 65)

Strengths

You have a number of strengths. You are comfortable being alone, and you do not seem to need a great deal of affirmation, interaction, or approval from others. Therefore, you can work quietly on your own for long periods of time. You are an independent and self-reliant person who turns inward to find direction rather than seeking others' guidance, advice, or support.

Shy, Easily Embarrassed, Awkward

You also test as someone who is somewhat shy and uncomfortable with large groups of people whom you don't know. Being called on, having to speak in front of people without preparing, or suddenly being the focus of attention can be difficult for you. You can feel embarrassed, awkwardness, and uncomfortable if you get too much attention, especially if you are unprepared for it. You are someone who does not readily open up and share how you feel with

others, and you may feel awkward when people are emotionally open with you. You are a private person, and you do not want people to invade your personal space or your sense of boundaries. Others may misperceive you as aloof, even indifferent or snobbish, because you don't let down your guard quickly unless you feel comfortable.

Self-Conscious or Social Anxiety

Meeting new people is difficult for you, especially if it is in a large group such as a party or social event. Sometimes when you meet new people, you may feel tongue-tied and uncomfortable. After the first few moments when people first meet you, you may find yourself lost for words, struggling to know what to say. Often, you may feel self-conscious, worrying that somehow you stand out like a sore thumb and that people are being critical or judgmental of you. When you feel stressed, it's easy for you to withdraw, to be by yourself so that you can "de-stress." When you are forced to go to social events, you may experience anxiety, and you are probably aware of an escape route—that is, how you can leave without drawing attention to yourself.

LIFESTYLE AND BACKGROUND FEEDBACK (T-SCORE > 65)

Being somewhat shy is genetic and is quite a normal human trait. You were probably this way as a child, and it took you some time before you opened up and felt comfortable with new people. Perhaps you had some personal eccentricities or your family was in some way unusual, which made you feel even more awkward and socially uncomfortable. Your parents may not have been very physically affectionate or apt to share emotions though they may have been caring. Now it is hard for you to let down your guard and to talk about your intimate and deep feelings, even with people you care about. With new people, you may feel awkward and uneasy if they touch you or attempt to be physically intimate before you are ready. Throughout your life, your intimate friends have been important to you, as making new friends is somewhat difficult.

TREATMENT AND SELF-HELP SUGGESTIONS (T-SCORES > 65)

1. There is evidence that shyness is an inborn trait; people are born with different levels of shyness. Shyness is also a learned behavior that impacts your social interactions, so it is possible to modify this tendency by practicing interpersonal skills. *Overcoming Shyness* by M. Blaine Smith contains practical advice and useful skill-building exercises.

2. Resilience building: During times when you feel guilty or isolated, see if you can have more empathy for yourself, and focus instead on your strengths such as being dependable and responsible. The Web site www.authentichappiness.com has a questionnaire that will help you determine your "Signature Strengths." See if you can come up with novel ways to use those strengths.[1]
3. Although you are naturally shy, you can learn techniques to help you become more comfortable in social interactions. Work with your therapist using role play, modeling, and instruction to practice everyday social skills.[2] By learning social and communication skills you will feel more effective and less isolated.
4. Learning assertiveness can help you stand up for yourself and can also help you become more socially confident. Work with your therapist to state your rights and needs in a way that is constructive, direct, and honest.[3]

FEEDBACK STATEMENTS (T-SCORES < 45)

Your profile suggests you have a number of strengths. You are an extroverted, people-oriented individual who is never happier than relating to others. You may find it easy to talk to people you've never met, perhaps engaging people while standing in line. You may be curious about people when in new social situations and find it easy to talk to them. You may find yourself "antsy" and agitated when you are alone or when you are confined to small groups of people that you already know well. You may feel yourself excited and enthusiastic about going to parties and loud social events where there is a chance to meet new people. You're not afraid to relate to people, and you're not afraid to open up, talk about how you feel, and inquire about others' feelings. You probably have many friends, and sometimes you may get socially overcommitted.

LIFESTYLE AND BACKGROUND FEEDBACK (T-SCORE < 45)

You enjoy being the center of attention, and you may actively seek it. You were probably always socially comfortable as a child and enjoyed being around

[1] A review of interventions from the field of positive psychology found that using signature strengths in a new and different way each day for 1 week increased happiness and decreased depressive symptoms for 6 months (Seligman, Steen, Park, & Peterson, 2005).

[2] An excellent book outlining specific techniques for the therapist is *Social Effectiveness Therapy* (Turner, Beidel, & Cooley, 1997).

[3] In a study of female undergraduate students, those who received assertiveness training reported reduced levels of fear associated with social criticism and social competence (Rathus, 1972).

people. You made friends easily, and if you had to move, new social situations were exciting and interesting. If parents tried to restrict your social life as a way of controlling your behavior, it would have made you very frustrated and angry. Perhaps as a teenager, you got in trouble for socializing when you should have been studying. Now you need a great deal of social interaction, and you become unhappy if you are not able to get it.

TREATMENT AND SELF-HELP SUGGESTIONS (T-SCORES < 40)

1. You are very extroverted, and you need a high level of social interaction. Make sure that you are in a work or social setting where you can have opportunities to engage with others.
2. Occasionally, stop and think about whether you really want to talk to someone or whether you're engaging them out of need for approval or attention.
3. When you have a few moments, take time to introspect and get to know yourself. Be mindful not to always get distracted by socially interacting.

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