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On Psychosis

An International Comparative Single Case Study of the Nancy French, Lausanne, and American Rorschach Approaches

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Abstract: This manuscript presents a single case study of a psychotically disturbed adult male (whom we call “Peter”), focusing on similarities and differences in Rorschach interpretation based on three different Rorschach approaches. Specific questions were raised as to whether the client suffered from a paranoid psychosis (paranoia) or paranoid schizophrenia. Three distinct models of psychopathology and Rorschach interpretation are initially presented. We then address Peter’s psychotic symptoms, according to the Parisian approach (specifically the Nancy French subgroup), the Lausanne Rorschach approach, and the American Rorschach approach (Comprehensive System and R-PAS). Analysis shows many convergences between the three approaches on the client’s nature of conflicts and links to reality, object relations, self-representation and anxiety, defense mechanisms, and disordered thinking, but interpretation of these variables differed somewhat despite agreement on a diagnosis within the psychotic spectrum. Concluding remarks discuss the divergences and point out the limitations of a case study method. Future research is suggested.

Keywords: Rorschach, psychoanalysis, psychosis, paranoia

With diversity among Rorschach methods, systems, models, and underlying theories, how much convergence in diagnostic understanding can occur among different clinicians who ascribe to distinct psychodiagnostic traditions? We addressed this question by comparing and contrasting multiple approaches to interpreting psychological testing material in the context of a clinical case presentation. We narrowed the focus by examining differential diagnostic issues related to psychosis and by exploring where the traditions, models, and theories from different culture-specific approaches diverged and where they coalesced in our efforts to gain diagnostic clarity.

Clinicians from three relatively distinct psychodiagnostic cultures or traditions, the Nancy French, Lausanne, and American approaches, provide an overview of their methods and apply their systems, models, and theories to the interpretation of the Rorschach of a 37-year-old patient, called “Peter,” who had previously been diagnosed within the psychotic spectrum (see Appendix for a brief anamnesis). Although the actual assessment of Peter included multiple methods, in this paper we place more emphasis on the Rorschach, which has long been shown to be a powerful method for assessing psychotic symptoms and structures (Holzman et al., 1986; Kleiger, 2017; Mihura et al., 2013).

Theoretical Background of Three Rorschach Approaches

Although there is diversity among the approaches, all three have a long tradition of teaching and advanced training in the Rorschach. Despite their differences, both the Nancy and Lausanne systems are homogeneous and rooted in a model of psychopathology and theoretical framework. By contrast, the American approach includes a looser, less well-articulated federation of Rorschach approaches which, over time, have become more centered on specific psychometric methodology, decoupled from theoretical interpretation. Despite the absence of a clearly defined American system, we summarize the approaches that can be more defined in the tradition of American psychodiagnosticians interested in studying psychosis.

Nancy French Approach Belonging to Parisian Approach

Theoretical and methodological diversity can be seen inside the three principal groups of the Parisian approach (University of Paris Descartes, University of Nancy Lorraine, and University of Lyon Lumière II). These three consortia share the same Rorschach coding methodology and base their projective interpretation on a theoretical psychoanalytic model but significant differences also exist between them. According to Jean Bergeret (1974), everyone has a personality structure, and each personality structure can express itself in a normal mode through a character corresponding to the structure, or in a pathological mode when the personality structure decompensates as a result of a traumatic event or history. However, each organizational mode on the intrapsychic level is defined by stable markers, such as dominant anxiety, specific defense mechanisms against anxiety, dominant object relations, specific libidinal organization level of the self, nature of conflict, and link with reality. When confronted with the failings of repression, the prevalent psychotic defense mechanisms are projection, denial

of reality, splitting, and dissociation of the Ego. For Bergeret, these defense mechanisms are responsible for the phenomenon of depersonalization and personality dissociation and are involved in the genesis of thought disorders. On the clinical level (see anamnesis in Appendix), Peter, the case we are presenting, simultaneously poses the problem of differential diagnosis between schizophrenia and paranoia and the psychotic status of paranoia as a dissociated psychosis. For Bergeret, the schizophrenic structure occupies, in terms of the instinctual economy, a more regressive position (oral stage) than the paranoiac structure (first anal substage). There exists in the paranoiac structure a repressed homosexual desire that leads to projection and the feeling of persecution. The nature of conflicts, for both the schizophrenic and paranoiac structures, is a conflict between instincts and reality. The nature of fragmentation anxiety, dominant in all psychotic structures, is nonetheless different within each structure. In the schizophrenic structure, fragmentation anxiety results from the lack of unity with the body Ego, whereas in the paranoiac structure, fragmentation anxiety is sparked by fears of anal penetration. Schizophrenic structure has an object relation centered on fusion, whereas the paranoiac individual is able to establish an object relation with an object clearly differentiated but invested in a persecutory fashion.

Stable markers of Bergeret's model are illustrated by the Rorschach test. We added a section related to disordered thinking, which constitutes a central dimension for the Lausanne and American approaches.

The Lausanne Approach

The Lausanne approach was founded by a French-Swiss group which started developing a qualitative analysis of the Rorschach and the Thematic Apperception Test (TAT) in the late 1970s based on Bergeret's (1974) writings. In the 1980s, the exposure to Piagetian concepts (1966) further expanded the method. The Lausanne approach aimed at differentiating personality organizations as conceptualized by Bergeret. Currently, the method is referred to as "psychodynamic analysis of speech." The Lausanne members' objective was to analyze the greatest *quantity* of speech possible, hence the choice of a qualitative approach, which can take into consideration both frequent and rare signs (Barthes, 1980), as well as nonscorable parts of speech. Consequently, the method does not use a scoring system per se, but a grid with six columns (object relations, boundaries, self-representation, anxiety, defense mechanisms, thought disorders): Responses and other verbalizations are listed within the grid. The Lausanne approach promotes the use of the same grid for both Rorschach and TAT, thus enabling convergences to be established. The Lausanne approach integrates other theoretical models: Racamier's (1980) psychoanalytical understanding of schizophrenic thought, Pia-

get's considerations on representation, and Bohm's (1955/1985) concept of interpretive awareness, as well as traditional thought disorders observed on the Rorschach to understand these cognitive processes.

Comparison of the Nancy French with the Lausanne approach's interpretations will be even more interesting because the latter also uses Bergeret's theoretical model (contrary to the two other French groups of Paris Descartes and Lyon, who have a more processual approach of Rorschach data interpretation and other psychoanalytic references). However, the Lausanne approach has a more integrative approach, since it is also based on a Piagetian cognitive model. At the same time, the Nancy French approach also reflects the integration of Rorschach coding approaches of American and Canadian clinicians (Lerner, 1975, 1998; Schafer, 1954).

American Approaches

Unlike the European approaches, there is no contemporary holistic or integrated American system that governs how one would both administer and interpret the Rorschach and then link the findings to an underlying or overarching set of theoretical concepts that have special significance for understanding psychotic phenomena. The French and Swiss approaches can be thought of as holistic because they are not methodology-centered and do not focus narrowly on tests, but instead integrate tests, methods of administration, scoring, and interpretation into theoretically rich systems of personality structure and psychopathology.

From the 1930s through 1950s, Rorschach luminaries like Klopfer and Kelley (1942), Beck (1949), Hertz (1938), Piotrowski (1957), and Rapaport et al. (1968), mostly European immigrants themselves, developed separate systems of Rorschach administration and interpretation. These approaches existed in a parallel fashion, often vying for preeminence by criticizing the shortcomings of rival systems.

The Empirical Assessment of Psychotic Phenomena

Many approaches influenced by the Rapaport tradition focused more specifically on the Rorschach as a method for assessing psychotic phenomena. Although earlier American Rorschach contributors used the instrument to assess schizophrenia, one of Rapaport's major and enduring contributions to the Rorschach was his scores for deviant verbalizations (1968). Rapaport elevated the scores for deviant and disorganized language and illogical thinking to the level of a separate scoring dimension.

Two followers, Holt and Holzman, took Rapaport's scores for disordered thinking and developed empirically based scales for measuring deviant verbalization

and illogical reasoning in Rorschach responses. Holt's PRIPRO (2009) is a comprehensive, yet time-consuming, instrument that has been used in countless studies since its inception (Holt, 1956). Holzman and colleagues developed the Thought Disorder Index (TDI; Holzman et al., 1986; Johnston & Holzman, 1979) as a tool for assessing forms of thought disorders. Although the TDI was initially also applied to verbalizations on the Wechsler Adult Intelligence Scale, it has been used primarily as a method for assessing disordered thinking on the Rorschach.

Comprehensive System and R-PAS

Between 1975 and 2010, except for small enclaves of clinicians who continued to use Klopfer or Rapaport, the Rorschach Comprehensive System (RCS) dominated the American Rorschach scene (Exner, 1974, 1986, 1993; Exner, Jr., 2003). Current American-based approaches, such as the RCS and the newer Rorschach Performance Assessment System (R-PAS; Meyer et al., 2011) have made substantial contributions to the development and survival of the Rorschach. Both are essentially atheoretical, single-instrument systems that are intended to focus only on a standardized and empirically supported method of Rorschach administration and interpretation. Just as the RCS was created from the most empirically robust bits and pieces of earlier American Rorschach systems, R-PAS was based only on those aspects of the RCS that have passed strict empirical muster (Mihura et al., 2013). Comparison of the systems has sparked a lively debate about the degree of overlap between the RCS and R-PAS (Mihura, 2019; Smith et al., 2018). Due largely to Mihura's meta-analytic studies (2013), R-PAS was used to score and interpret Peter's Rorschach.

Both the CS and R-PAS include individual scores and indices that pertain to dimensions relevant in the assessment of psychotic phenomena. Reality testing is largely assessed by the accuracy of form perception (Form Quality), and disturbances in thinking by a variety of scores and indices.

Inter-System Comparison of Peter's Rorschach

The idea of this collective paper emerged from a symposium on psychosis at the 2017 International Rorschach Congress in Paris. Clinicians representing three different Rorschach approaches analyzed Peter's Rorschach. Earlier, one of the members of the Nancy-French approach had administered the Rorschach to Peter at the end of a hospitalization. Peter had signed a written consent form agreeing to participate in a clinical case study. Each clinician on the panel had access to Peter's Rorschach, TAT, family background, and developmental history.

There were two reasons Peter was selected for this case study. First, the clinical team responsible for Peter's diagnosis and treatment disagreed about his diagnosis within the psychotic spectrum. Second, the complexity of the case suggested that a comparative analysis of the Rorschach test would be enlightening. Specifically, it was agreed that three separate Rorschach systems could help clarify whether Peter suffered from a paranoid psychosis (paranoia or delusional disorder) or paranoid schizophrenia.

For each studied dimension, we will analyze convergent and divergent points between our three approaches – see the tables and coding for each method in the Appendix.

Areas of Convergence

The three approaches reached similar interpretations on the following dimensions.

Nature of Conflict and Links to Reality

Each approach has used its own markers, codes, and scoring systems (different from one school to another) to point out Peter's severe reality impairment. For the Nancy approach, Rorschach indicators from the French coding system showed severe reality impairment, which was represented by the nature of the dominant conflicts between instincts and reality. According to the French approach (Chabert, 1983, 1987; de Tychev, 2012; Louët & Azoulay, 2016), in a psychotic mode, the conflict between instincts "Ça" (Id) and reality is represented by an increase in F% and a decrease in F+%. The French approach interprets elevated F% as a defensive attempt to cling to reality, as a way of screening out fantasies. At the same time, a decrease in F+% reflects the failure of this attempt among individuals within the psychotic spectrum. Peter clearly demonstrates these two signs with a very low F+% (11.8%) and a high F% (70%).

An additional score for the French approach is the Anxiety Indicator (IA%), which is the percentage of responses containing Hd+An+Sex+Bl. Peter's IA of 33% is considered highly pathological. This score signals a simultaneous burst of self-representation with a decompensation of the individual's psychotic personality organization. The two deteriorated popular responses (Pop) show the collapse of Peter's social adaptation.

There were similarities in the conclusions of the Lausanne and R-PAS approaches. For the Lausanne approach, poor form responses have always been understood as a sign of poor reality testing. Peter starts his Rorschach with what Racamier (1980) has termed "hyperinterpretivity," in which the individual attributes inappropriate meaning to a response that is not grounded in the perceptual

realities of the inkblot. For example, attributing qualities such as “wickedness” or referring to a “takeover” reflect hyperinterpretivity.

Speech coherence is another focus of concern for the Lausanne approach. Peter’s speech was not always coherent and was occasionally difficult to understand. He also oscillated between affirmation and negation. This oscillation is viewed as a tolerance to contradiction, a phenomenon that is understood by Racamier as a sign of dissociation, where something and its opposite can simultaneously coexist in the self.

Two empirically robust R-PAS variables provide broad measures of psychopathology (Ego Impairment Index-3, EII-3, standard score = 143) and overall impairment in reality testing and thinking (Thought & Perception-Composite, TP-Comp, standard score = 142). As can be seen, Peter’s standard scores on both measures reached the 99th percentile, indicating severity of psychopathology that most likely reached a psychotic level. More specific indices of reality testing demonstrated severe disturbance in Peter’s abilities to separate his internal world from his perception of external stimuli. Minus Form Quality variables (FQ- and WD-%) were elevated beyond the 99th percentile, highlighting the severity of Peter’s failure to form accurate impressions or critically evaluate the appropriateness of his perceptions. WD-% indicates that his reality testing is severely impaired even when he is responding to commonly perceived, easy-to-see location areas. His low scores tell us that he misses common cues that others often notice and he rarely forms accurate, conventional impressions. Collectively, these measures indicate that Peter’s reality testing is severely compromised, making it unlikely that he can distinguish his thoughts and feelings from an objective appraisal of events and increasing the likelihood that he will form distorted impressions that do not comport with consensual reality.

Object Relations

In addition to identifying Rorschach indications of a symbiotic level of relatedness, the three approaches also noted features of Peter’s paranoid orientation. However, in their final diagnostic conclusions, each approach did not assign the same level of importance to these paranoid features when they compared them with schizophrenic indicators.

The Nancy approach found indications of symbiosis in Peter’s responses (e.g., note the theme of fusion in the first response to Card V). However, the authors identified persecution as the dominant form of Peter’s object relations. Contrary to what can be observed in schizophrenia structures, where the object is merged with the subject, the objects depicted in Peter’s responses are often distinct from the subject and characterized by a persecutory paranoid mode. This same persecutory quality was also reflected in Peter’s interactions with the exam-

iner. The examiner's questions appeared to systematically trigger the projection of mistrust and malevolent intentionality typical of paranoiacs. For example, Peter's first comment on Card I was, "What's the point of all these tests I'm taking? To trap me?" Similarly, on Card VI, Peter revealed his persecutory mindset with his comment, "You see people laughing, I feel like they are making fun of me." The Nancy approach noted the same potential fantasized interactions in his response R1, "wickedness, the severe eyes"; R2, "Wickedness, really, perceptible evil, and a smile like that, not vicious, a mean smile"; and R21, "It looks like a human stare or a tiger who is watching you and who's sulking." This suggests that Peter was poised to perceive the environment as an external threat from the first (cf. R1) to the last card (cf. R24). The analysis of intrapsychic functioning in terms of representations of object relations thus makes it possible to understand the permanence of Peter's paranoid symptomatology in terms of his clinical behavior.

Another indicator of Peter's dominant paranoiac orientation for the Nancy approach was the frequency of responses reflecting an "Anal Perspective." We used Schafer's (1954) qualitative criteria for the definition of Anal Perspective. For example, the projection of the fantasy of anal penetration (see Card 2 R5: "And there, it looks like a penis which is going to penetrate a man"), emphasizes the importance of a homosexual, anal preoccupation specific to paranoiac functioning, a finding consistent with this theoretical model.

For the Lausanne approach, symbiosis is anxiety provoking, as it presents a risk of engulfment into the other and, as such, rapprochement often generates feelings of persecution. For Peter, the examiner clearly exists. There are many occasions on which he calls upon the examiner ("you know"). These formulations can represent attempts to establish a symbiosis of thought, that is, to make sure that the examiner thinks the same as the speaker. Symbiosis is also manifest in the belief that both parties share the same experience. For example, on Card III, Peter said, "It feels like *we* can't escape from an enclosed space." The "we" in his comment includes the examiner in an anxiety-provoking situation, laden with persecution emanating from some obscure source or unknown force. The threat is, at times, explicitly verbalized, as when Peter asked suspiciously on Card I, "What's the point of all these tests I'm taking? To trap me?" This clearly illustrates how the relationship with object (here, the examiner) is of a persecutory nature. The fantasy of being trapped is central to personalities with traits of paranoia.

The R-PAS variable NPH/SumH (Non-Pure H Proportion) was clinically significant (standard score 122). This ratio compares the number of human details, or Hd, and fantasized human, (H) and (Hd), to the number of pure human contents, H. Peter's significant NPH/SumH showed a preponderance of human details or fantasized human responses, reflecting a more primitive part-object orientation. From this vantage point, Peter does not perceive others as whole,

integrated figures, but as fragmented parts and functions lacking in breadth and depth. Peter only gave one full human response on Card V. Although the form quality was ordinary, the response itself, “a man who moves his wings,” was illogical.

His other Rorschach scores pertaining to object representations include Human Movement Form Quality minus (M-, Standard Score 123), Mutuality of Autonomy-Pathology/Mutuality of Autonomy-Health (MAP/MAH, Standard Score 123), Poor Human Representation/Good + Poor Human Representation (PHR/GPHR, standard score 133), Space Reversal (SR, standard score 122), Uncommon Detail (Dd%, standard score 118), and Vigilance Composite (V-Comp, standard score 118). Collectively, these scores capture Peter’s (1) misunderstanding of others’ thoughts and intentions (elevated number of Human Movement, poor form quality, or M-, responses), (2) attribution of malevolent and threatening intent and relating to others in maladaptive ways (clinically significant MAP/MAH, PHR/GPHR), (3) resistance to control, and (4) tendency to focus on small and idiosyncratic details with an effortful, guarded, and suspicious cognitive style (SR, Dd%, V-Comp). Together, these variables define distinct structural characteristics of a paranoid style.

Self-Representation and Anxiety

The three approaches interpreted many variables pertaining to self-representation and anxiety similarly. For example, the Nancy approach noted the limited number of whole, accurately perceived human and animal responses and the low ratio of whole to partial human and animal responses, which might suggest a schizophrenic fragmentation of self-representation. Although fragmented contents were present (see very pathological IA% of 33%), the Nancy clinicians did not view this as schizophrenic fragmentation anxiety, because Peter’s dominant anxiety appeared more related to fragmentation precipitated by a fear of anal penetration. For example, his responses on Card II were seen as graphic depictions of anal penetration anxiety. Peter’s undisguised preoccupation with anal penetration was followed abruptly by a defensive reference to putting on a hat. Not only was his reference to “putting on a hat” loose and obscure, but it also did not fend off the emotional charge from his previous anal content, which re-emerged at the end of his response. The Nancy approach also noted how Peter grimaced as he ended his responses to Card II and added, “That male organ, yuck.” His Response 12 on Card V reflects this same degree of anguish, although in a slightly less symbolic way.

The Lausanne approach found various examples of vague and ill-defined identity or sense of self, such as “a *sort* of face” (Card II); “*someone* who imposes himself” (Card IV); and “a *human being*” (Card IX). Other responses reflected

partial or fragmented representations of the disembodied body parts, such as “severe eyes” (Card I); “a smile” (Card I); “no eyes, no mouth, no nose... an expression” (Card II); and “a penis which is going to penetrate a man” (Card II). A number of these body parts carry intentions of their own, as if they were the whole person.

Regarding drives, Peter’s responses contained ample sexual contents and scenarios. The Lausanne approach noted how his sexual responses reflected crude and uncensored fantasies. They also saw the significance of the theme of anality, which was clearly present in several responses, including the image of “a penis which is going to penetrate a man” at Card II. Other responses reflected percepts seen from behind. For example, Peter saw Card IV as “a rooster with a very red neck... (Inquiry) it also looks like we are seeing it from behind,” and Card V as “an animal *taken* from behind.” Preoccupation with objects seen from behind is consistent with persecutory anxieties about what might be happening behind one’s back.

Peter’s protocol contains different levels of anxiety. Some contents reflect an interest in occult forces, such as “wickedness” seen in Card I or the “demons” in Card X, which were not associated with specific objects. The “severe eyes” that he saw on Card I were fragmented body parts, which supported the idea of fragmentation anxiety. At times, Peter focused his anxiety on a defined persecutor such as the examiner. As noted earlier, his anxiety regarding anal penetration was clearly evident in the graphic response on Card II of “a penis which is going to penetrate a man.” The anxiety of anal penetration is obvious but the fragmentation is also apparent in that he refers to a penis, that is, a body part in action. Peter was also preoccupied with the eyes, and the acts of looking and staring. The Lausanne approach viewed these references as signs of paranoid anxiety, a form of persecution that is more archaic than the one encountered in paranoiacs who succeed in crystallizing their anxiety onto defined people.

R-PAS variables pertaining to Self and Other Representations highlight his experience of threat and vulnerability. Elevated MAP/MAHP and anatomy content (An) capture his threatened and vulnerable sense of self. His Card VIII response of an “opened human body” vividly reflects this vulnerability and exposure. A significant Vigilance Composite (V-Comp) represents a guarded, self-protective stance, as the content of his responses reveal heightened perceptions of penetration, dominance, and external control. Yet, despite his vigilance and vulnerability to attack, Peter does not appear to experience the affective upheaval that his sense of external threat would lead us to expect. None of the R-PAS Stress and Distress variables are clinically significant, suggesting an absence of anguish and turmoil. Thus, his vigilance against external threats and malevolence seems to have a self-protective function and to have lowered his level of palpable anguish.

Defense Mechanisms

Clinicians' interpretations converged in their analysis of Peter's dominant defense mechanisms. Beginning with the Nancy approach, clinicians followed Lerner's suggestion (1975, 1998) to code the most frequently used defense mechanisms. To code all primitive defense mechanisms, we used French qualitative definition criteria elaborated by Chabert (1983, 1987), and completed by Louët and Azoulay (2016), and Anglo-Saxon qualitative definition criteria suggested by Schafer (1954) and Lerner (1975, 1998; see Appendix). Peter's primitive defenses indicate a psychotic level of functioning. More specifically, his responses suggest splitting, projection and projective identification, denial of reality, and duplication of the ego. For example, splitting may be represented by the deteriorated and confabulated verbalization of R6 ("There, it looks like a skull with glasses, right there") and associated with the projection in his R2 response ("Wickedness, really, perceptible evil, and a smile like that, not vicious, a mean smile"). The denial of reality is already inferable from the global collapse of any sense of reality (cf. F+%, 11.8%). This denial takes on near delusional proportions when compared with the symbolism of the phallic power of Card 4, where Peter sees the color red in an entirely black card (cf. R10: "An animal ... A rooster with a very red neck"). The dissociation of the ego may be reflected in Peter's Card VII R17 response, "Ah, there are two small persons, a baby with a tail," which depicts a condensation of human and animal features.

The projection suggested by several of Peter's fragmented responses of partial human and degraded animal responses (e.g., R14, R15, R18) has a distinct persecutory quality. The paranoid dimension present in many responses is characteristic of a paranoid psychotic structure. This structure represents a central component in the dynamics of Peter's intrapsychic functioning and is apparent throughout his responses (e.g., R1, R2, R3, R4, R7, R13, R21, R22, R24). The defense of projective identification, suggested by Peter's tendency to expel and attribute internalized negativity to external objects, infiltrates many of his responses (cf. R1, R2, R3, and other small kinesthetic with aggressive valence). Finally, his frequent reference to the eyes (four times in the protocol) reflects, according to Schafer (1954), the hypervigilance of the paranoid with respect to the outside world.

For the Lausanne approach, projection of evil or malevolent intent was reflected in responses such as, a "mean smile," "absolute evil," or reference to how the test was "to trap me." Denial of reality takes the form of color projection in Peter's response on Card IV of "a rooster with a very red neck" and on Card III "a skull with glasses". The group adhered to Pasche's (1982) definition of projective identification whereby the bad object is projected onto an external source and then

comes back to the subject like a boomerang. This process is reflected in the verbalization, “It looks like a human stare or a tiger who is watching you.”

Finally, the R-PAS notes how Peter maintains a vigilant and protective stance against external threats. Significant elevations on M-, Dd, and V-Comp reflect a dominant use of projective mechanisms to reduce his anxiety. He surveys small idiosyncratic details and forms inaccurate impressions of others and their actions and motivations. Unfortunately, his reduction in anxiety and anguish comes at a high cost – a highly distorted picture of others.

Disordered Thinking

This last dimension does not have the same relevance in specifying personality organization for the three approaches, although they all recognized the severity of Peter’s disordered thought processes in his Rorschach protocol.

The Nancy approach identified a severe level of thought disorder in Peter’s protocol (coded in the Parisian approach by confabulations and contaminations). Such a degree of severity in thought organization might suggest a structure within the schizophrenic spectrum. However, the Nancy clinicians did not come to this conclusion, because Bergeret did not view markers of cognitive functioning as constants in differential diagnostic decision-making. It should also be noted that, in Bergeret’s theoretical model (1974, 1986), it is the primitivity of defense mechanisms that are responsible for both delusions, verbalized in the interviews (see anamnesis), and disordered thinking (represented by confabulations, contaminations) projected in the representation of reality through the Rorschach test.

The Lausanne approach uses Racamier’s concept of *hyperinterpretivity* where, basically, the individual puts too much meaning into the blot: “wickedness,” a “takeover” (1966). Peter’s speech is often confused and incoherent. His tolerance to contradiction can be understood as a sign of dissociation, since something and its opposite can coexist in the self simultaneously. Dissociation in Bergeret’s model is a sign of a splitting of the self (*dédoublement du Moi*) and fits with the scission described by Bleuler (1911/1993) in schizophrenia. A number of confabulations are to be underlined: “a skull with glasses,” “an animal, a man who opens his wings,” “a baby with a tail.”

Disordered thinking is an important focus in American Rorschach traditions. The R-PAS variable WSumCog (Weighted Sum of Six Cognitive Codes) focuses more narrowly on pervasiveness of disturbed thinking, while SevCog (Severe Cognitive Codes) addresses the severity of the disturbance. All of Peter’s scores are clinically significant and reflect severe impairment in the qualities of his thinking. Regarding the concept of disturbed thinking, or thought disorder, it is useful to distinguish between disorganized and illogical thought processes

(Kleiger, 2017). Disorganization is characterized by disruptions in communication. The speaker has difficulties focusing, filtering, ordering, and sequencing thought as expressed through speech. As a result, the listener is often confused about what the speaker is trying to convey. Rorschach scores reflecting disorganization include Deviant Verbalizations (DV) and associative-Deviant Responses (DR). In DVs and DRs, communication is disrupted at the level of individual words and expressions. The speaker uses language that departs from conventional usage, leaving the listener at a loss to fully comprehend the speaker's intended meaning.

Whereas *disorganization* pertains to how something is said, *illogicality* has to do with the quality of the person's reasoning about what it is they say. Typically, illogical Rorschach responses are classified as (1) combinatory (FABs or fabulized combinations and INCs or incongruous combinations), (2) confabulatory (interpretative-DRs, in which the speaker embellishes the response with inappropriate detail, attributions, or specificity), and (3) autistic or peculiar logic (ALOG in CS and PEC in R-PAS, where the speaker explicitly bases his/her conclusions on a peripheral detail). Illogical responses (INC, FAB, and DR) can also be designated as either Level 1 or Level 2 severity, depending upon the degree of logical departure and bizarreness.

Peter demonstrated both qualities of disturbance in his Rorschach responses. First with the Rorschach, he had three Level-2 DRs (DR2, standard score 142) on Cards III, V, and VI and a Level-2 FAB (standard score 127) on Card III. Peter first saw Card III as a "skull with glasses," which reflects a milder form of illogicality. Skulls with glasses are not impossible, but they are quite improbable. However, his second response involved a more bizarre and patently illogical combination of images. It also concluded with a cryptic comment that made little sense.

It looks like women's underwear...and there, it seems, a taking of control with respect to the skull [FAB2]...Like absolute evil with (shows the takeover with his hands). It feels like we can't escape from an enclosed space [DR2]... I don't see how any of this is useful for you...

Concluding Remarks

It is interesting to note that, although the three approaches agreed regarding the numerous signs of psychotic functioning, they differed in their interpretation of these signs. The key difference was in terms of whether Peter's personality

structure was best understood as paranoiac or schizophrenic in nature. The Nancy approach interpretation viewed Peter's underlying personality structure as paranoiac. Like the Lausanne approach, the R-PAS approach interpretation agreed that Peter's impairment was more characteristic of a predominantly schizophrenic (paranoid schizophrenia) than a paranoid disturbance or structure.

Despite agreeing that Peter's psychological functioning was organized at a psychotic level, the Nancy approach interpretation does not view the primary diagnosis as schizophrenia. Their conclusions were centered solely on Bergeret's theoretical model, in which interpretation is based on the frequency of intrapsychic constants specific to each type of psychopathology. Contrary to the Lausanne and American approaches, little attention is given to disorders of thinking. As noted earlier, even though there were several examples of disordered thinking in Peter's protocol, Bergeret believed that cognitive functioning is altered in all modes of psychotic organization. The nature and number of thought disorders depend in part on the degree of decompensation of the individual's structural organization, on the defensive mechanisms that they will use at the time of their decompensation, and on the influence of the neuroleptic medication administered, which is not without consequences on the functioning of the person's thought process and the type of disorders that he or she will or will not continue to display.

When two or more different signs belonging to different intrapsychic organizations are present (as is the case here), Bergeret recommended scoring the most frequent of them because they identify the structure of intrapsychic functioning. Thus, according to this model, Nancy clinicians felt that it was reasonable to conclude that the dominant feature of Peter's intrapsychic functioning was paranoiac in nature.

Despite his severely disordered thinking and delusional core, it is important to note that Peter now lives outside of the hospital setting and had maintained a relatively adequate external adaptation. The latter feature has rendered the creation of a therapeutic alliance difficult, although not impossible, due to the constant projection of mistrust and malicious intentionality that saturate most of his relationships.

Contrary to the conclusions of the Nancy group, both the Lausanne and American approaches viewed Peter's underlying disturbance to be of a paranoid schizophrenic nature. For the Lausanne approach, this was apparent in his fragmented self, overwhelming paranoid anxiety, poor reality testing, and clear presence of disordered thinking and perplexity. Peter appeared to lose distance when responding to the cards and to imbue the contents of his responses as animated and threatening. At times Peter circumscribed his anxiety and projected it onto a defined persecutor, such as the examiner and the people in the next

room. His preoccupation with anal penetration is distinct and different from the usual fantasies of oral aggressivity often present in paranoid schizophrenics.

The Lausanne approach has a more integrative approach: It relies on Bergeret's model but it is also influenced by other psychoanalytic and cognitive models and gives more attention to cognitive markers to make a distinction between paranoid psychosis (paranoia) and paranoid schizophrenic psychosis. Here the clinician (as does the American clinician) chooses to prioritize cognitive markers to differentiate the two organizations. The Lausanne approach viewed Peter's paranoiac defenses as protective in nature, helping him avoid a more florid schizophrenic presentation. Racamier (1966) proposed the concept of *schizoparanoia* for individuals who are fundamentally schizophrenic but who construct such paranoiac defenses. By contrast, paranoiacs tend not to hear voices and their delusions sound more plausible and convincing, whereas Peter's delusions are improbable with no clearly defined persecutor. As a result, the Lausanne clinician concluded that Peter suffered from schizophrenia. Had he been a true paranoiac, he would have been less treatable because of an even heightened suspicion.

From a contemporary American perspective, Peter's testing is consistent with disturbances in thinking and reality testing, which are likely to have reached a psychotic level of severity. Concluding that Peter was actively psychotic at the time of his evaluation would be strongly supported by the testing evidence. There is also a convergence of indicators of paranoid dynamics, supported by formal features of the testing and ample themes of threat, mistrust, sadomasochism, vulnerability, and penetration.

There is ample evidence in Peter's testing of fixed paranoid themes and formal scores characteristic of paranoid dynamics. However, the extent of conceptual disorganization was unmistakable. He not only suffered from severe paranoia, but Peter's thinking could also become loose and disorganized. Diagnostically, this shifts our understanding to the realm of schizophrenia and would lead us to conclude that he was suffering from paranoid schizophrenia, as opposed to a more circumscribed paranoid or delusional disorder.

It is clear that the relative significance of theoretical versus empirical factors differed in each of the schools or traditions. The conclusions of the Nancy French approach are based on a single theoretical model. By contrast, the Lausanne and American approaches use several models and empirical data to enable clinicians to integrate theoretical and/or empirical markers to advance diagnostic conclusions. Compared to the other two approaches, the American approach is conceptually leaner and more economical in terms of reliance on underlying theoretical models to support diagnostic inferences. In analyzing Peter's Rorschach, the American approach would focus more narrowly on ego functioning, specifically the nature of reality testing and disturbances in thinking, as

opposed to dominant anxiety, defenses, object relations, boundaries, and libidinal issues. Here, the focus is on the nature of the disturbance in thinking, which may involve disorganization of thought processes and speech, on the one hand, and a breakdown in logic, on the other.

Limitations of the Case Study Method

There are numerous limitations in our presentation of different approaches to interpreting Peter's testing data. First, for practical reasons having to do with manuscript length, we have only presented Peter's Rorschach data. The Nancy approach integrates scores from the Rorschach and the MMPI-2-RF for clinical diagnosis, and the Lausanne approach always relies on material both from the Rorschach and TAT. American approaches advocate multimethod assessment that includes performance-based methods along with self-report inventories.

Additionally, we lack longitudinal testing data that would have helped determine Peter's functioning over time. Re-testing him at a latter point might have revealed which components of his intrapsychic world were more entrenched and which might have responded to treatment.

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Summary

This article emerged from a symposium that focused on psychosis at the last International Rorschach Congress held in Paris in 2017. The authors are doctoral-level clinicians representing three different Rorschach approaches or systems. The author independently coded and analyzed the Rorschach data of a patient called “Peter,” in a triple-blind procedure. One clinician used the Rorschach Performance Assessment System (R-PAS), developed by American psychologists. Another followed the Lausanne Rorschach approach and the others represented the Nancy subgroup of Parisian systems. Each clinician author was given the same background information related to the patient’s clinical anamnesis. Peter had been selected because his clinical hospital, in charge of making a diagnosis and providing treatment, had disagreed about where to place him diagnostically on the psychotic spectrum. For example, some felt the diagnosis should be paranoid psychosis, while others thought that either a delusional disorder or paranoid schizophrenia were more accurate diagnoses of Peter’s psychotic-level disorder.

The authors first present the background of their three approaches from varying theoretical and clinical points of view. The Rorschach coding and interpretation are based on French psychoanalytical, American R-PAS, and Canadian Lausanne conceptualizations. The diagnostic conclusions of the Nancy French group are based primarily on Bergeret’s single theoretical model completed with American (Schafer) and Canadian (Lerner) psychoanalytical coding propositions. By contrast, the Lausanne group has a more integrative approach, which includes Bergeret’s model, but it is also influenced by other psychoanalytical, cognitive (e.g., Piaget), and linguistic (e.g., Barthes) models, as well. The American approach focuses primarily on the empirically based Rorschach Performance Assessment System (R-PAS), with particular emphasis on disturbances in thinking and perception associated with psychotic-level disorders.

Comparative analyses show many convergent points between clinicians based on five dimensions (nature of conflicts and links to reality, object relations, self-representation and anguish, defensive dominant mechanisms, and thought disorders). However, the diagnostic conclusions are slightly different (paranoid psychosis for Nancy, schizo-paranoia for Lausanne, and paranoid schizophrenia based primarily on R-PAS). The main explanation for their differences is related to the fact the Nancy French group’s diagnostic conclusions are centered on Bergeret’s single structural model. Inside this model, interpretation is based on occurrence of intrapsychic constants specific to each psychopathology. In contrast to the American and Lausanne approaches, the Nancy group devotes less attention to disorders of thinking. Instead, the Nancy integrative approach focuses more on the cognitive markers to make the distinction between paranoid psychosis and paranoid schizophrenic psychosis.

Résumé

Cet article a émergé d'un symposium sur les psychoses lors du dernier congrès international du Rorschach. Le Rorschach fut analysé séparément, en triple aveugle, par chaque membre de trois écoles (deux cliniciens du groupe de Nancy appartenant à l'École de Paris, un clinicien américain et un du Groupe de Lausanne).

La même information reliée au cas clinique (Peter 37 ans) a été donnée à chacun. Le patient a été sélectionné parce que l'équipe hospitalière responsable du diagnostic et du traitement était en désaccord sur le diagnostic dans le spectre psychotique (psychose paranoïde [paranoïa ou trouble délirant] ou schizophrénie paranoïde?).

Les auteurs présentent d'abord les caractéristiques différentes des trois groupes sur le plan de leurs modèles théorico-cliniques de référence. Le Groupe de Nancy est monocentré sur la théorie psychanalytique structurale de Bergeret. La codification et l'interprétation des données Rorschach dans une perspective psychanalytique s'appuie à la fois sur les apports de l'École de Paris et les conceptualisations psychanalytiques anglo-saxonnes américaines (Schafer) et canadiennes (Lerner). Le Groupe de Lausanne a une perspective intégrative sur le plan théorique avec des références plurielles sur le plan psychanalytique (Bergeret, Racamier) associées à des références cognitives piagétienne et linguistiques (Barthes). Les écoles américaines actuelles avec le R-PAS ont accordé plus d'attention au soubassement empirique des variables Rorschach et ont fondé leur sélection et interprétation des variables Rorschach sur des résultats de recherche davantage centrés sur le niveau cognitif des troubles de la pensée.

Les données analysées ont mis en évidence les points de convergence entre les trois groupes pour attester du fonctionnement psychotique de Peter sur 5 dimensions importantes pour le diagnostic: la nature des conflits et les liens à la réalité, les relations d'objet, la représentation de soi et l'angoisse, les mécanismes de défense dominants et les troubles de la pensée. Mais le cadre de référence théorico-clinique différent de chaque groupe conduit à une interprétation diagnostique légèrement différente: l'approche Américaine et de Lausanne concluent à un diagnostic de sujet schizoparanoïde ou de schizoparanoïa et le Groupe de Nancy à un diagnostic de psychose paranoïaque. La raison principale de ces divergences est liée au fait que les deux premiers groupes, dans leur hiérarchie des facteurs diagnostiques, privilégient les facteurs cognitifs liés aux troubles de la pensée alors que le groupe nancéen, à partir du modèle de Bergeret, privilégie les constantes structurales du fonctionnement intrapsychique, sans donner aux troubles cognitifs la même importance.

Resumen

Este artículo emergió de un simposio sobre psicosis durante el último congreso Internacional del Rorschach en París. El protocolo de Rorschach fuera analizado separadamente por tres especialistas (dos psicólogos clínicos del grupo de Nancy que pertenecen a la escuela de París, un estado americano y otro de la escuela suiza de Lausanne).

La misma información conectado al caso clínico (Peter 37 años), se le dio a cada uno. El paciente fuera seleccionado porque el equipo del hospital responsable del diagnóstico y del tratamiento era en desacuerdo en este por dentro del espectro psicótico (paranoide psicosis o esquizofrenia paranoide).

Autores presentan primero las diferentes características de los tres grupos sobre el plan teórico-clínico de referencia. El grupo de Nancy esta centrado sobre la teoría psicoanalítica estructuralista de Jean Bergeret. La codificación y la interpretación de los datos Rorschach en esta perspectiva se confía a la vez sobre la contribuciones de la escuela de París y sobre la conceptualización de

Schafer (Estado-americano) y de Lerner (Canadian). La escuela de Lausanne tiene una perspectiva integrativa con referencias plurales en el plano psicoanalítico (Bergeret, Racamier) asociadas a referencias cognitiva de Piaget. La escuela americana actual with Comprehensive System and R-PAS han concedido mas importancia al sótano empírico de las variables Rorschach y fundado su selección y interpretación desee sobre los resultados de las investigaciones más centradas sobre el nivel cognitiva de las alteraciones del pensamiento.

Los datos analizados ponen en evidencia el punto de convergencia entre los tres grupos para atestar del modo de funcionamiento psicótico de Peter en sus 5 dimensiones importantes por el diagnóstico: la natura del conflicto y los enlaces a la realidad, el tipo de relacionamiento del objeto, la autorrepresentación y el nivel de la angustia, los mecanismos de defensas y las alteraciones del pensamiento. Pero el cuadro de referencia teórica es diferente por cada escuela con diagnósticos diferentes de psicosis. La razón principal de este diferencias tiene a la jerarquización de los factores diagnosticas. Los dos primeras grupos privilegian factores sobre las alteraciones de los pensamientos cuando el grupo de Nancy prefiere privilegiar las constantes estructuralistas de la operación intrapsíquica.

要約

この論文は、2017年に開催された国際ロールシャッハ及び投射法学会のバリ大会にて、精神病に焦点を当てたシンポジウムから生まれたものである。筆者は、“ピーター”と呼ばれる患者のロールシャッハデータを、三重盲検法で独自にコード分析した。一人の臨床家は、アメリカの心理学者によって開発されたR-PASを使用し、もう一人は、ローザンヌ・ロールシャッハ法を用い、他の一人はパリ法ナンシーサアグループを代表するシステムを使用した。それぞれの臨床家には、患者の既往歴に関する背景情報が伝えられた。今回ピーターが選ばれたのは、彼を診断し治療をしていた病院で、彼を精神病スペクトラムのどこに位置づけるかについて、意見が分かれたからである。例えば、妄想性精神病を診断すべきだと考える人もいれば、妄想性障害または妄想型統合失調症のどちらかがピーターを診断する上でより正確であると考える人もいた。

筆者らはまず、理論的・臨床的観点の異なる3つのアプローチの背景を提示する。ロールシャッハのコーディングと解釈は、フランスの精神分析的理論、アメリカのR-PAS、カナダのローザンヌの概念に基づいている。ナンシー・フランシスグループの診断結果は、主にアメリカ (Schafer) とカナダ (Lerner) の精神分析的コーディングからなるベルジェットの単一の理論モデルに基づいている。これに対し、ローザンヌグループは、ベルジェットのモデルを含みながらも、他の精神分析的なモデルや認知モデル (ピアジェなど)、言語モデル (バルトなど) にも影響を受けている。アメリカのアプローチは、主に経験則に基づいたR-PASに焦点をあて、特に精神病レベルの障害における思考と知覚の障害に重きを置いている。

比較分析では、5つの側面 (葛藤の本質と現実との関連、対象との関係、自己表象と苦悩、防衛の支配メカニズム、思考障害) に基づいて、臨床家の間で多くの収束点が示されている。しかし、診断上の結論は若干異なっている (ナンシーは妄想性障害、ローザンヌは統合失調-パラノイア、R-PASは妄想型統合失調症)。その主な理由は、ナンシー・フランシスグループが診断をする際にベルジェットの単一構造モデルに重きを置いていることに関連している。このモデルでは、それぞれの精神病理学に特異的な精神内部の発生に基づいて解釈がなされる。アメリカやローザンヌのアプローチとは対照的に、ナンシーグループは思考の障害にあまり注意を払わない。その代わりに、ナンシー統合アプローチでは、妄想性障害と妄想型統合失調症を区別するために、認知マーカーにより重点を置いている。

Appendix A

Peter's Background History (Anamnesis)

The clinical case chosen for this study is a 37-year-old man whom we call “Peter.” The Nancy School clinicians selected Peter for this case study because they had consulted with his medical team and felt that his symptoms raised diagnostic issues about whether paranoid personality disorders should be included in the psychotic spectrum.

Diagnosed with paranoid schizophrenia at the end of his adolescence, Peter lives with a tyrannical voice that prevents him from leading a very ordered life. Peter's diet, for instance, is governed by this voice. To appease his suffering, he undergoes regular antipsychotic treatments (one tablet in the morning and one in the afternoon).

Raised in a family of lawyers, Peter is the oldest of three children. The two other brothers are married. Peter graduated from the university and worked in marketing but is now on long-term sick leave. Peter lives a relatively structured life. He wakes up early and goes to bed late. Every day, he walks for 1 hr. His relationship with his parents, with whom he has always lived, is generally harmonious; however, he fears criticism from his father, who has not always been kind to him or his brothers. His father was absent during their childhood, and Peter remembers feeling frightened when he heard his father's footsteps on the stairs of the family house. By contrast, he describes his mother as a much easier parent.

Peter demonstrated a degree of insight when he commented, “It did me good to return to X [a psychiatric hospital]. It was paradise. I walked in the parking lot, and I saw a person, and I said to myself, ‘That is God’.” Despite his apparent awareness of his illness and need for treatment, his persistent auditory hallucinations still prevent him from speaking about certain things. For example, he is convinced that there is a conspiracy against him, and, if he speaks about it, his voices will turn on him.

At first, it was difficult to establish a bond with Peter because of his paranoia, but he soon learned to trust us (i.e., one of the authors of this article who was also Peter's therapist) and appreciated our sessions together. We had to contain him psychically and not be intrusive because he felt threatened and feared that his voices will reproach him or make him pay for his denunciations. Although at the end of our interviews he confided a lot, he seemed to appease his voices by stating: “I did not reveal anything; no one can accuse me.”

It is extremely difficult to place Peter in relation to traditional psychiatric and psychoanalytical diagnostic systems. In the DSM-5, Peter received a diagnosis of delusional disorder (297.1; ICD-10, F22). We could not make the diagnosis of paranoid personality disorder (301.0; ICD-10, F60.0; American Psychiatric

Association, 2013, p. 764, in the French translation, 2015) because that diagnosis appears in psychotic disorders (entry DSM-5) and in schizophrenia (entry DSM-IV-R) and is excluded by Criterion B (American Psychiatric Association, 2013, p. 764).

The favorite card: This one is ugly, no? This one here is pretty (10) because there's lots of colors.

The card least liked: 9

The card that most resembles you: Um, none

The card that most resembles your father: Oh no, let's not talk about my father

The card that most resembles your mother: 10

Structural Summary

R = 24; Total Time = 1900"; T/R= 190"; TL mean = 24,5"

1 WS; 1 DW; 6 W-; SumG% = 32; G+% = 0

Sum D% = 56%; Sum Dd% = 12%; Sum S% = 8,33%

Succession = 3 : (P2, P7, P8) : incoherent TA: G-D- *dbl-Dd*

F%¹ = 15 F- et 2 F+ = 70%; F+%² = 11,8%

K = 1; kan = 2 kan; 4 kp³

TRI 1/0 coartatif⁴; FS: 6/0 introverted RC% = 29,16;

6 A; 2 Ad; 1 (Ad); 1 H; 1 (H); 1 (Hd); 4 Hd; 1 Henf

→ A% sans les (Ad) = 33.33% No respect of A/Ad ratio: 2Ad/6A

→ H% (sans les (H), (Hd)) = 25% No respect of H/Hd ratio: 4Hd/2H

IA%⁵ = 33% (an = 3; sex = 1; Hd = 4; no bl)

Popular = 0 (Popular) = 2;

Sex = 1; Anal Persp. = 3; Eq Choc = 1; Devit = 1; Ou = 1; Shock fragmentation = 1;

Abstract = 2; Eqe = 1; Rem int = 1; Crit obj = 1; Defect⁶ = 2; Contam = 2; Confab =

1; Rem Neg = 1; Sym = 1; Anat = 3 Eyes Reference = 4; Phallic Reference = 5

1 F% means percentage of pure form responses (norm: 60%).

2 F+% means percentage of good form responses (norm: 65%).

3 K means Human Movement answers, kp means human part in movement, kan means animal in movement.

4 TRI means the ratio between human movement and answers generated by the color of the card. Coartatif means that one of these two types of answer is very scarce in the protocol.

5 IA% is an anxiety index related to self unity: it is the sum of Anatomic+ Sex+ Human part + Blood responses, divided by R, the total number answers (norm: 12%).

6 Defect means an answer with deteriorated content (similar to "MOR" content in American coding)

Table A1. Peter's Rorschach test following Nancy French Group coding

	Columns 1 2 3	Column 4
<p>Card 1: Whoa... What does it mean here...? 18" ^ 1. Carnival, wickedness, stern eyes... 2. ^ Wickedness, really, evil incarnate, and a smile like that, not vicious, just mean. 3. I'm angry when I see that... ^ 3. It's like a box that is closing, you know. Like that, it's fairly wide, it makes me say "huh"... Wow, you can spend a lot of time looking at that image. What's the point of all these tests I'm taking? To entrap me? 2'33 This is giving me a headache...</p> <p>Card 2: 4.'?^ 4. But there's no expression, no eyes, no mouth, no nose... an expression, isn't that something that can be read on someone's face? 5.^ And there, it looks like a penis which is going to penetrate a man. Ah, there I can perceive a sort of face there... You know, when you put on a hat. That male organ... yuck [makes a face] 1'47</p> <p>Card 3: There are studies that are being done to... 34" 6.^ There, it looks like a skull with glasses, right there. 7.^ It looks like women's underwear... And there, it seems, a taking of control with respect to the skull... Like absolute evil with, uh... [shows the takeover with his hands]. It feels like we can't escape from an enclosed space ... I don't see how any of this is useful for you... 3'18" 8. v Perhaps an animal like this, a sort of deer with antlers. 9. v It looks like a small dog, too, with a small dog's head. 4'11</p>	<p>1. D sup with the 2 superior white space 2. D inf The malicious smile Inferior middle of D medium with two white space area 3. Inferior middle of D medium</p> <p>4. Whole card and the white space area Face: 'Just like at a carnival, as I said, a mask 5. D2 + D4</p> <p>6. D7</p> <p>7. Great white space around the central red details This thing, it's paradoxical.</p> <p>8. Antler picks D5 9. Dog (D433): there, the mussel the gaze, for the dog it doesn't go all the way to the top of the drawing</p>	<p>Eq. shock Paranoid projection Paranoid projection Projective identification Paranoid projection of mistrust and malicious intent</p> <p>r4, WS F- Hd/ Eyes Obj Int Rem 5. D Hp Sex/H</p> <p>6. D F- (Hd)/Obj</p> <p>7. D/S F- Cg/ Abstract</p> <p>8. D F-A Phall. Ref 9. Dd F- Ad</p> <p>Criticism of the object Projection of mistrust Raw projection of anal sexuality Crit Obj Anal. Persp.Homosexual fantasy projection +++ Anal regression+</p> <p>Shock K paranoid projection Fragmentation projection Defect →Contab Delusional paranoid projection Contam Paranoid projection of confinement and mistrust</p>

(Continued on next page)

Table A1. (continued)

<p>Card 4: [Takes the card and looks at it with great astonishment] ^10. An animal... A rooster with a very red neck.40" 1'19" I don't like it.</p>	<p>10. Whole card induced by D3 But there's no comb. It also looks like we are seeing it from behind. Additional response: Or someone who imposes himself, who falls, who sits down, plop. (Whole) W M- H Anal Perspective</p>	<p>10. DW F- A Phall/ ref</p>	<p>Eg. shock Denial of reality (see reference to the color red) Anal Persp. ConIab → Defect Criticism of the object</p>
<p>Card 5: ^ I can't make anything out... 11. An animal, a man who opens his wings, an animal with large... uh...not antennae, but, ah, yes... Oh, I don't know... Oh, shit... ^12. There I would say an animal as seen from behind; there are the back of the wings; from behind we can't see the eyes or anything; we only see it from behind and there is symmetry to its wings... 2'55</p>	<p>11. Here "antennae" D6 Whole card 12. Whole card</p>	<p>11. W- FM A/H Phal/ ref / 12. W- F- ASym</p>	<p>Phallic reference/ Neg. Rem Telescoping H / A Loss of identity, no stability of identity, confusion of genders and species. Anal Perspect (Pop) Anal regression</p>
<p>Card 6: Whoa...5" ^13. An animal taking flight, a big animal, a giant, a giant. You see, people laughing, I feel they are making fun of me. ^</p>	<p>13. Whole card Ah, no, it was on the other one where there was the cat. 14. A cat does not have a face like that. Ah, yes, yes, with the whiskers there. [About people in another locale] Whole card 15. Dd32 (lungs)</p>	<p>13. W- FM- A/H 14. W- F- Ad 15. Dd F-An</p>	<p>Impermanence of the object → Phallic ref. Paranoid projection of persecution Defect Fragmentation projection</p>
<p>Card 7: 13" ^16. It looks like a fat woman's underwear. 17. ^ Ah, there are two tiny people, a baby with a tail, no, not a baby. I don't know, a sort of child, the sweet face of a child, a little girl. 1'36"</p>	<p>16. Whole card 17. Sweet face: D1 It's there at the top.</p>	<p>16. W- F- Cg 17. D F+ Hchlid/ Hd child</p>	<p>Phall. Ref Regression</p>

(Continued on next page)

Table A1. (Continued)

Card 8: Whoa... 10**18. And that looks like a human body. With plastic surgery or something like that. 19. ^ There, it looks like a small rat or a mouse, a fox. 20. ^ Here, it looks like vertebrae, right here ... *21. It looks like a human stare or a tiger who is watching you and who's sulking. We need to focus, but it's not easy. I'm not a magician. 2'20	18. Whole card A human body that's been cut open 19. D1 20. D3 21. Two white areas beside DS3 Stare: D white between the vertebrae	18. W- F- An →Defect 19. D F+A(Pop) 20. D F- An 21. D+S kp Hd/Ad Or/Eyes/	Fragmentation projection Repression attempt Projection of Fragmentation Contam Paranoid projection of mistrust and dangerousness Self-criticism
Card 9: There, it is difficult; perhaps there, but no...There, that one doesn't say anything... 45"	22. ^ Ah, yes, perhaps a nose with eyes perhaps. A snout. I would say, a snout of a pig. ^ And not a very nice one at that...There, I would say that what is in green looks like 23. ^ a human being, staring off into space... 2'34	22. DS F- Ad Eyes 23. D M- H	Eq. shock Criticism of the object Paranoid projection
Card 10: (Pursed lips, thinking...) 1'27" ^ Too complicated, tons of different things... 24. Small demons, things...it's tough... 2'05"	24. D1 (blue) (yellow) D2	24. D F- H	Shock M Fragmentation anxiety++ Paranoid projection of external danger

Table A2. R-PAS code sequence

R-PAS Code Sequence																			
C-ID: PETER - P-ID: 323 - Age: 37 - Gender: Male - Education: 16																			
Cd	#	Or	Loc	Loc #	SR	SI	Content	Sy	Vg	2	FQ	P	Determinants	Cognitive	Thematic	HR	ODL	R-	
I	1	Dd	99	SR	SI	(Hd)					o		Mp		ABS,AGM,AGC,PH			ODL	Opt
II	2	Dd	24			NC					-		ma						
	3	W		SR	SI	(Hd)					o		F			GH			
	4	Dd	99			Hd,Sx		Sy			-		Ma		MAP	PH			
III	5	D	7			An,NC		Sy			-		F	FAB1					
	6	Dd	24			Cg,Sx		Sy			-		ma	DR2,FAB2	ABS,AGC,MAP				
	7	v	D	5		A					-		F						
	8	v	Dd	33		Ad					-		Fmp						
IV	9	W				A					-		F						
V	10	W				H,A					o		Mp	DR2,FAB1		PH			
	11	W				A					o		F						
VI	12	W				A					u		Fma	DR2	MAP				
	13	W				A					o		F		MOR,MAP				
	14	Dd	32			An					u		F						
VII	15	W				Cg,Sx					-		F						ODL
	16	D	1			Hd		Sy			2	o	P	FAB1		PH			
VIII	17	W				Hd					-		F	DV1	MAP	PH			
	18	D	1			A					o	o	P	DR1					
	19	D	3			An					o		F						
	20	Dd	99	SR		Hd,Ad					-		Mp,Fmp		AGC	PH			
IX	21	D	1		SI	Ad					o		F				ODL		
	22	D	1			Hd					o		Mp			PH			
X	23	D	1,2			(H)					-		F		AGC	PH			

Table A3. R-PAS Protocol Level Counts & Calculation

R-PAS Protocol Level Counts & Calculations

C-ID: PETER		P-ID: 323		Age: 37		Gender: Male		Education: 16	
Section	Counts	Counts	Calculations	Section	Counts	Counts	Calculations	Section	Counts
Responses & Administration	R	23	R8910 = 7	R8910% = 30%	M	5	FC = 0	WSumC = 0.0	WSumC = 0.0
	Pr	0	Pu = 0		FM	3	CF = 0	SumC = 0	SumC = 0
	CT	2			m	2	C = 0	(CF+C)/SumC = NA	(CF+C)/SumC = NA
Location	W	8	D = 8	W% = 35%	C'	0	Y = 0	MC = 5.0	MC = 5.0
	Dd	7	WD = 16	Dd% = 30%	T	0	V = 0	M/MC = 100%	M/MC = 100%
Space	SR	3	SI = 3		r	0	FD = 0	YTV' = 0	YTV' = 0
	AnYS	4			F	14	mY = 2	mY = 2	mY = 2
Content	H	1	An = 3	SumH = 9	a	4	p = 6	p/(a+p) = 60%	p/(a+p) = 60%
	(H)	1	Art = 0	NPH = 8	Ma	1	Mp = 4	Mp/(Ma+Mp) = 80%	Mp/(Ma+Mp) = 80%
	Hd	5	Ay = 0	NPH/SumH = 89%	Blend	1	CBblend = 0	Blend% = 4%	Blend% = 4%
	(Hd)	2	Bl = 0						
	A	7	Cg = 2						
Object Qualities	Sy	4		Sy% = 17%	Cognitive Codes				
	Vg	0		Vg% = 0%	DV1 (1) = 1	DV2 (2) = 0	WSumCog = 41	WSumCog = 41	WSumCog = 41
	Pair	2			JNC1 (2) = 0	INC2 (4) = 0	SevCog = 4	SevCog = 4	SevCog = 4
	FQo	10	WDo = 9	FQo% = 43%	DR1 (3) = 1	DR2 (6) = 3	Lev2Cog = 4	Lev2Cog = 4	Lev2Cog = 4
	FQu	2	Wdu = 1	FQu% = 9%	FAB1 (4) = 3	FAB2 (7) = 1			
Form Quality and Popular	FQ-	11	WD- = 6	FQ-% = 48%	PEC (5) = 0	CON (7) = 0			
	FQn	0	WDn = 0	WD-% = 38%	Thematic Codes				
	M-	2	P = 2		ABS	2	PER = 0	MAHP = 5	MAHP = 5
					COP	0	MAH = 0	MAP/MAHP = 100%	MAP/MAHP = 100%
					AGM	1	AGC = 4	GPHR = 9	GPHR = 9
Other Calculations					MOR	1	MAP = 5	PHR/GPHR = 89%	PHR/GPHR = 89%
					ODL	3		ODL% = 13%	ODL% = 13%
					GHR	1	PHR = 8		
					IntCont	4	TP-Comp = 5.1	Complexity = 58	Complexity = 58
					CritCont%	35%	V-Comp = 4.9	LSO = 27	LSO = 27
				EII-3	4.0	SC-Comp = 5.2	Cont = 21	Cont = 21	
							Det = 10	Det = 10	

Counts and Calculations in Bold Font are on the Summary Scores and Profiles Pages

Table A4. R-PAS Summary Score and Profiles – Page 1

R-PAS Summary Scores and Profiles – Page 1

C-ID: PETER				P-ID: 323		Age: 37		Gender: Male		Education: 16		Abbr.						
Domain/Variables	Raw Scores	Raw %ile	Raw SS	Cpb. Adj. %ile	Cpb. Adj. SS	Standard Score Profile R-Optimized												
						60	70	80	90	100	110	120	130	140				
Admin. Behaviors and Obs.																		
Pr	0	24	89						85						Pr			
Pu	0	40	96						90						Pu			
CT (Card Turning)	2	44	98						95						CT			
Engagement and Cog. Processing																		
Complexity	58	25	90			30	40	50	60	70	80	90	100	110	120	130	140	Cmpbc
R (Responses)	23	46	99	56	102	16	18	20	22	24	26	28	30	32	34	36	38	R
F% [Lambda=1.56] (Simplicity)	61%	86	116	76	110	0	10	20	30	40	50	60	70	80	90	100	110	F%
Blend	1	14	84	31	92			10	20	30	40	50	60	70	80	90	100	Bln
Sy	4	27	91	50	100	0	2	4	6	8	10	12	14	16	18	20	22	Sy
MC	5.0	31	92	47	99	0	2	4	6	8	10	12	14	16	18	20	22	MC
MC - PPD	0.0	68	107	67	107	-21	-16	-13	-11	-9	-7	-5	-3	-2	0	1	2	MC-PPD
M	5	72	109	77	111	0	2	4	6	8	10	12	14	16	18	20	22	M
M/MC [5/5.0]	100%	99	135	99	142	0	10	20	30	40	50	60	70	80	90	100	110	M Prp
(CF+C)/SumC [0/0]	NA					0	10	20	30	40	50	60	70	80	90	100	110	CF C Prp
Perception and Thinking Problems																		
EII-3	4.0	>99	143	>99	143													EII
TP-Comp (Thought & Percept. Com...)	5.1	99	142	99	142													TP-C
WSumCog	41	>99	142	>99	144													WCog
SevCog	4	99	138	99	138													Sev
FQ-%	48%	>99	143	>99	143													FQ-%
WD-%	38%	>99	143	>99	143													WD-%
FQo%	43%	11	82	5	75	30	35	40	45	50	55	60	65	70	75	80	85	FQo%
P	2	4	73	8	78	0	2	4	6	8	10	12	14	16	18	20	22	P
Stress and Distress																		
YTVC'	0	3	73	11	81													YTVC'
m	2	66	106	67	107													m
Y	0	17	85	24	88													Y
MOR	1	51	100	55	102													MOR
SC-Comp (Suicide Concern Comp.)	5.2	69	108	74	110													SC-C
Self and Other Representation																		
ODL%	13%	66	106	70	108													ODL%
SR (Space Reversal)	3	92	122	92	122													SR
MAP/MAHP [5/5]	100%	94	123	92	122	0	10	20	30	40	50	60	70	80	90	100	110	MAP Prp
PHR/GPHR [8/8]	89%	99	133	99	133	0	10	20	30	40	50	60	70	80	90	100	110	PHR Prp
M-	2	94	123	94	123													M-
AGC	4	70	108	71	109													AGC
H	1	21	88	29	91													H
COP	0	21	88	39	96													COP
MAH	0	26	90	26	90													MAH

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