

2-7 Pattern

Clinical Scale Elevations

2 (Dep)

Elevations of this magnitude for this Scale taking this group's data into Consideration, indicate these clinical features could be present in this person's behavior and history:

They are worried, pre-occupied with their personal affairs and carry the burden of a private sadness. Sadness is intermingled in most of their activities. They experience the new, unique, and unexpected as barriers they must expend inordinate amounts of energy to overcome. They are sad and unhappy most of the time. They look at the future through wistful eyes, and out of their reach. They are easily discouraged and quickly put off from initiating important plans and activities. They are depressed, pessimistic, and deeply worried. They feel unworthy and inadequate. They could be silently angry and unable to admit it to themselves. A reactive depression could be present. They are severely depressed, tired, and indifferent to everyday human contacts. Mental retardation and lethargy interfere with everyday activities. Case review may indicate their need for medication referral.

7 (Pt)

They are severely depressed, tired, and indifferent to everyday human contacts. Mental retardation and lethargy interfere with everyday activities. Case review may indicate their need for medication referral. They are dissatisfied with their social relationships. They are not confident about what to expect from others much less themselves. They are rigid, habit bound, and self-critical. They cannot stop themselves from thinking unpleasant and frightening thoughts. They sweat the small things. They often overlook the most important parts of the "Big Picture." They often overlook salient features of a problem or social situation. They can feel "dumb" when they realize what they had missed or left out. They are meticulous about their work and person. They drive themselves hard to reach personally important goals. They are unusually persistent. Their rigid approach to life may intensify should they become ill, suffer accidents or injuries. They ruminate about their problems. They go over and over their problems in their own minds, but rarely find satisfactory solutions for them. They feel miserable most of the time. They suffer from chronic tension. They sometimes find themselves so tied up in their own thoughts that they cannot make decision

or attend adequately to everyday duties. They bear a heavy sense of responsibility, which is not called for by the objective facts of the situations in which they find themselves. They get little to no joy or satisfaction out of life. They are long suffering, as are their partners. They are not considered "The Life of the Party." They find it hard to make themselves laugh. Life is too serious for them to bear the thought of anything racy, erotic, or improper. They are good, if not, inspiring neighbors. They are dependable. Their sense of morality demands exceptionally high standards, for both themselves and others. They are straight laced. Most people would probably not want to go to lunch with them, unless job or social demands required it. They freeze when suddenly confronted with off colored jokes. They panic when faced with an insensitive "move" is placed upon them.

PROFILE CHARACTERISTICS

Base rates for adolescent males with the * Pattern on the MMPI-A are * percent and on the MMPI * percent. Base rates for adolescent females with the * Pattern are * percent and * percent respectively (Archer, 1997).

Archer, R. P. (1997). MMPI-A: Assessing Adolescent Psychopathology (2nd ed.). Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.

Gilberstadt and Duker (1965) describe the 2-7 Pattern's reflection of an individual who is chronically anxious, striving for success, and highly vulnerable to accumulated stress. They take their responsibilities seriously. They become depressed when they can no longer handle their duties according to the high level of performance they demand of themselves. They blame themselves when things go wrong. They think of themselves as inferior, unintelligent, incapable, guilty and overwhelmed when their efforts meet with failure financially, failure in business dealings, family problems, and sexual dissatisfactions. They are strongly idealistic, excessively orderly, persevering, clean to the extreme, conscientious, and considerate of others feelings.

Stress leads to headaches, gastrointestinal disturbances, spells of dizziness, problems in eating, and appetite. Vertigo, chest pains, upset stomach, and fainting are responses to severe anxiety.

Gilberstadt, H., & Duker, J. (1965). A Handbook for Clinical and Actuarial MMPI Interpretation. Lantham, MD: University Press of America

Marks et al., (1974) underscores the depressive, gloomy attitude in the 2-7 Pattern adults. The mean age of onset in their sample was 49 years of age. The

disorder took from one month to one year to become full-blown. The patients' symptoms included compulsiveness, perfectionism, and meticulousness. Self-blame and self-punishment was applied when they did not meet their own high expectations for themselves. The descriptors applied to this group were tense, high-strung, nervous, anxious, and jumpy. Bodily symptoms were common. They are noted to be serious minded, worriers, and vulnerable to the unpleasant surprises. They do not recover from shocks quickly. The plan ahead for all conceivable eventualities. They hate being caught unprepared. They detest and fear not being in control of their lives. Their live work is to face real and not so real threats. "Rule Hugging Conformists" is a soubrette applied to the 2-7 Pattern individual. They are safe to be around, although not terrible inspiring.

Marks, P. A., Seeman, W., & Haller, D. L. (1974). *The Actuarial Use of the MMPI with Adolescents and Adults*. New York: Oxford University Press

Good and Brantner (1961) noted that suicidal preoccupations are present in many adults with the 2-7 Pattern. The possibility for suicide is greater when the person does not act depressed or denies having a depression when one is obviously present. They may have come to that point in their lives where death is more attractive than living. They are able in this one act of will to guarantee they will no longer experience the turmoil, pain, and terror, which has filled the days of their lives and dogged them like an indefatigable foe. The anticipation is an ecstasy, a rush of warm comforting release. Few, if any, arguments dissuade them. Check MMPI item 339 or MMPI-2 items 150, 506, 520, and 524.

Good, P., & Brantner, J. (1961). *The Physicians Guide to the MMPI*. Minneapolis: University of Minnesota Press.

Friedman et al. (2001) made the depressing, sic, observation that unproductive ruminations accompanied by feelings of inadequacy, lack of self-consciousness, inefficiency at work, and problems with sleep are characteristic of the 2-7 adult Pattern. These people are deeply concerned with "right and wrong". They express distress with not being able to feel comfortable over issues involving physical intimacy.

Friedman, A. F., Lewak, R., Nichols, D. S., & Webb, J. T. (2001). *Psychological Assessment with the MMPI-2*. Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.

Substance abuse is frequently diagnosed. The practice of closet alcoholism avoids criticism but not the eventual consequences. They attempt to provide themselves the comfort emanating the bottle, which is absent in their everyday lives.

The base rates derived from a clinical sample of 15,316 from 52 JCAHO

accredited psychiatric and substance abuse outpatient, partial hospitalization, and inpatient facilities are:

Aggregate	3.40	Percent
White Adult Male	.	Percent
Adolescent Males	.	Percent
White Adult Females	.	Percent

DSM-IV DIAGNOSTIC CONSIDERATIONS

The following spectrum of diagnostic considerations has been derived from a clinical sample of 15,316 patients from 52 JCAHO accredited psychiatric and substance abuse outpatient, partial hospitalization, and inpatient facilities. The numbers in parentheses indicate ascending base rates of specific DSM-IV disorders diagnosed within this normative clinical population.

Axis I

303.00 Alcohol Intoxication
305.00 Alcohol Abuse
304.80 Polysubstance Abuse
295.90 Schizophrenia, Undifferentiated Type
313.82 Identity Disorder
300.3 Obsessive-Compulsive Disorder
296.50 Bipolar I Disorder, Most Recent Episode Depressed, Unspecified
300.021 Panic Disorder Without Agoraphobia
309.24 Adjustment Disorder With Anxiety
297.1 Delusional Disorder
300.16 Factitious Disorder With Predominantly Psychological Signs

Axis II

301.22 Schizotypal Personality Disorder
301.4 Obsessive-Compulsive Personality Disorder
301.5 Dependant Personality Disorder
301.82 Avoidant Personality Disorder