Rorschach Low (≤1 M and sum C) and Lack of Awareness of Internal Experiences David Ranks

Ror and Executive Function Message List Reply | Forward Message #6590 of 6592.

Re: [Rorschach_List] Re: Ror and Executive Function

My thought would be to look at the overall protocol, the full responses for each M response, the good and poor human percepts, and so on. Is it possible we get in trouble by trying to pin too much on just one score rather than looking at it in the overall context?

Neurodevelopmental data suggest that these people have difficulty integrating feelings in to decision making. The case of Phineas Gage and Antonio Damasio's book "Descarte's Error" are among many examples showing that under those conditions judgment and social skills will be very impaired. My suspicion would be that when people have enough M to plan, but **lack access to their feelings** which is one important element needed for empathy, that these problems would be more likely. So my hunch would be that it is not the frequency of M per se, but the quality of M, special scores, and how those fit into the overall picture that clarify these questions.

Dave

On Thu, Feb 5, 2009 at 9:46 PM, Rick Poll <richardipollack@...> wrote:

I just compared Exner's non-patient adults with several of Gacono and Meloy's antisocial/ psychopathic/schizophrenic samples. Median M is 4.

Most of the other groups in Gacono and Meloy's samples had a median of 3.0. For example, Male psychopaths have a median of 3.0. So do antisocial schizophrenics. The only group that was higher was sexual homicide perpetrators, with a median of 4.0.

For the most part, these very disturbed groups give one less M. The pattern for WSumC is similar, i.e. a little lower in Gacono's groups than Exner's non-patients (and again with the sexual homicide perpetrators looking a little more like normals on these two variables).

Well, the numbers are lower, but are they enough lower to be consistent with neurodevelopmental theories of how attachment affects executive functions?

Rick

--- In Rorschach_List@yahoogroups.com, David Ranks <davemr2003@...> wrote:

There are good neurobiological reasons why these variables can occur together in this population. **With impaired attachments: a) they do not learn to mentalize and lack the capacity for empathy/ b) they have never had the chance to learn affect regulation, so they avoid affect. Hence few M and low sum C, and high Lambda. Their avoidance of feelings also leaves them unaware of other internal experiences such as Y, and low awareness of tension and need states - so they may get along with low M and sum C in very simple environments that make little demand on them.** These lacks help push up the

CDI, from what I can see.

David Ranks

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

----- Original Message ----- From: "Rick Poll" <richardipollack@... <richardipollack%

40yahoo.com>> To: <Rorschach_List@yahoogroups.com <Rorschach_List%

40yahoogroups.com>> Sent: Saturday, January 31, 2009 6:11 PM Subject: Re: Réf. : [Rorschach_List] ROR and Executive Function

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

Rick

--- In Rorschach_List@yahoogroups.com <Rorschach_List%

40yahoogroups.com>,

"Jane Sachs" <jsachs@> wrote:

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

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

Jane

Mike:

I would like to suggest that you are seeing a neurocognitive effect from very **impaired attachment and trauma**, where key right brain connections involving the right orbitofrontal cortex and ACC are not in place, and the person has learned to **avoid affect** because of trauma. I have some pre and post-test data to show that with the right kind of treatment, the 'Alexithymia' resolves. You will not be totally surprised to hear that FC:CF+C goes from less than the 5 year old norms to an adult balance, as the person gains good awareness and expression of feelings.

I think we need to go back to the question Starke Hathaway and Alex Caldwell addressed with the MMPI, i.e., what kind of environment did this person have to come from for this pattern

to reflect appropriate, adaptive response?

This is a new account I am trying to connect up to the Rorschach List, so we will see how it goes. If it does not show up there, please feel free to post it.

David

David Ranks, Ph.D., FACPN

Thu Feb 5, 2009 2:09 pm

Exec Function and the Rorschach Message List Reply | Forward Message #6588 of 6592 Mike Harvey wrote:

Robert,

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

Some speculations …

This perhaps highlights the value of examining ROR results from populations with differing cognitive limitations. From a neuropsychoanalytic perspective what the above implies is that the capacity for affect regulation – balance between subcortical activation in relation to cortical inhibition (capacity for repression – suppression-sublimation) would be what was most important for ability to benefit from treatment and that in many cases of brain injury what we are dealing with, from a theoretical perspective, is a particular disturbance between preconscious and conscious levels of awareness kicked up and exacerbated by alteration in a person's subjectivity related to periods of distortion - bizarreness in perceptual processing. This kind of dynamic would differ greatly from the kind of general impoverishment which results from long-standing developmental deprivation – trauma which from a neuropsychological perspective puts a person at very high risk for marked decrease in synaptogenesis. So there would really be a failure to develop the capacity (a lack versus a loss) in general to manage complexity in the environment, for abstraction, elaboration along with a heightened need for primary repression as a way of attempting to regulate emotional life. What is most interesting for me in these kinds of cases is to find ways in which to develop – create representation/object relationship via the therapeutic relationship and management of the treatment milieu so that conceivably synaptogenesis can be promoted, capacity for affect and mood regulation within the context of a gradually expanding "workable reality" can improve.

So capacity for effective affect – mood regulation would be key and interventions which

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

Mike

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