



## CLINICAL ANALYSIS

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# INTRODUCTION

## PREFACE

This report presents an analysis of the factors from the Cattellian model interpreted in the assumed context of an individual presenting at a practice seeking help. This introduces the second assumption that they actually need help. This may be followed by a third assumption that there is something wrong with them. In fact, all we have is a person in the waiting room who is quite probably a stranger to you.

The report is structured around four significant questions that relate to this context. The first pertains to the degree of social and emotional adjustment this individual has achieved. This is quite culture specific and needs to be explored carefully in terms of their socio-cultural background. The second relates to their ability to exercise self-control and inhibit behaviour that is not acceptable in their social context. This also includes the degree to which they are able to delay gratification of needs while taking action that will lead to their eventual gratification.

The third question is answered independently of the first two and tries to predict the way in which the individual can be approached that will best facilitate the establishment of a helping relationship. This section attempts to match the client's temperament to broad therapeutic approaches and reduce potential friction or dissatisfaction from the outset.

Lastly, if there are indications of potential psychopathology, the last question is raised. This explores the balance between the factors in order to assess the most likely direction that pathology will take. Not directly based on either the DSM or the ICD, the pathology model is specifically geared to the Cattellian factors.

## VALIDITY SCALE WARNING

One or more of the validity scales has scored above its critical value. This may suggest that the results are less than reliable and the interpretation may be inaccurate as a result. See the last page for details.

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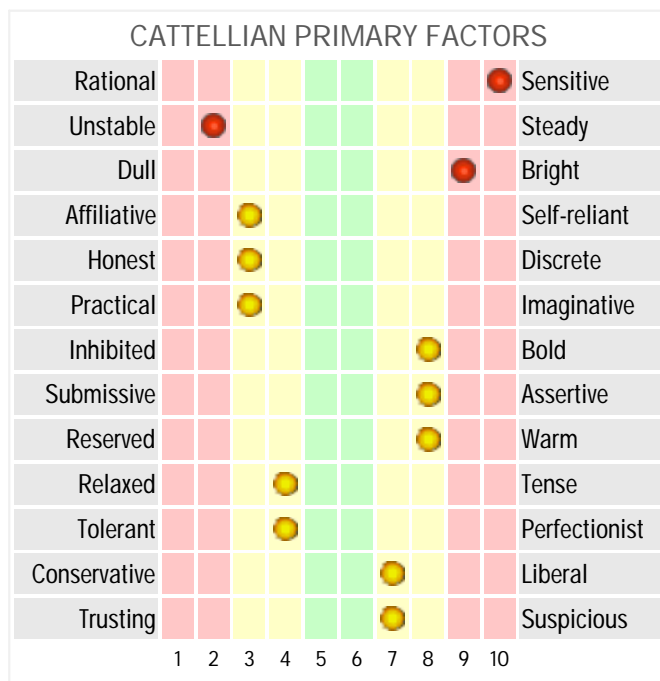
### CONCLUSION

This report was compiled using the CBPP Questionnaire (16PF Form SA92 revised) with the default norms.

# THE PRIMARY PROFILE

## THE PRIMARY SCALES

This chart shows the normalised primary scales that fall outside the centre zone in order of deviance from the scale midpoint. The degree to which a scale deviates from the "norm" largely determines the degree to which it affects an individual, essentially describing the way in which they are eccentric. In fact should you take the top five and synthesise them carefully together, you will have your primary assessment of any existing pathology completed. There, your mental computer completely outshines any electronic copy.



There are quite a number of scales that fall outside of the mid-range and this makes for an interesting and rather well-defined personality with strong features.

## GENTLE SENSITIVITY

This sensitive and emotionally aware individual will tend to be supportive and focus his attention on others' emotional needs, possibly relying on intuition rather than rational analysis when addressing issues.

## POOR COPING

With low resilience, he may over-react to emotional or stressful situations and have difficulty adapting. This may be associated with absenteeism, accident proneness and physical illness

## BRIGHT SPARK

He is a quick thinker with the ability to solve intellectually taxing problems with relative ease. This may suggest he needs intellectual stimulation in order to remain motivated and engaged.

## COOPERATIVE TEAM-PLAYER

This socially dependent individual needs to feel that he is a part of a team or work group, using this as a means to identify himself. He may fear rejection or exclusion.

## OPEN HONESTY

Unafraid of the simple truth, he will openly disclose his private information and discuss his current experience without reserve. He may be socially clumsy and give away information that is best withheld.

## PRACTICAL REALISM

Firmly centred in the immediate present, he is environmentally aware and unconcerned with possibilities or eventualities. For him immediate concerns are the only concerns and he will focus on practicalities.

## ROBUST DIRECTNESS

Because he is not easily affected by either shyness or restraint he is mostly unaware that others may be. Adventurous and undaunted, he may offend others with his direct manner of speech.

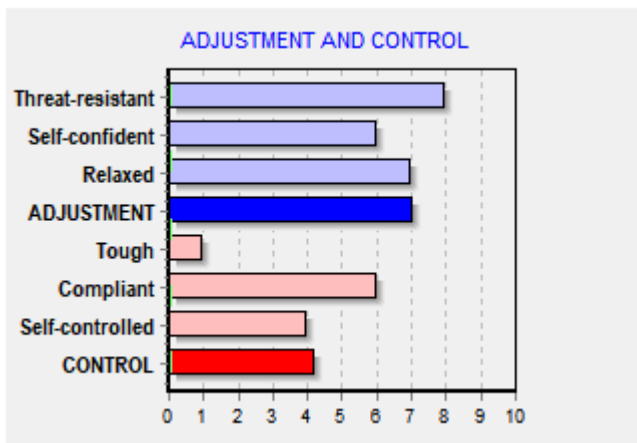
## ASSERTIVE INDIVIDUALITY

Dominant and argumentative, he demands compliance and expects to be treated with due respect. This may suggest a narcissistic disregard for others' needs and sadistic cruelty.

# ADJUSTMENT AND CONTROL

## THE SIX FACTOR ASSESSMENT

The three factors in this assessment that have direct relevance to psychological adjustment measure respectively resilience, apprehension and exhibited tension. Taken together, they intimate the degree to which this individual is distressed. A second set of factors, toughness, social compliance and self-control, explore the individual's capacity to inhibit their behaviour when experiencing distress. These control factors combine with the stability factors to give an indication of coping. Some of these factors have been reversed to be consistent with the combined scores in this chart.



## PSYCHO-SOCIAL ADJUSTMENT

Mr Gueraten appears to be quite well adjusted emotionally and may be fairly resilient and capable of dealing with life in a realistic manner. In explaining this, he is somewhat unrestrained and fearless and will tend to deal with most situations adequately. This suggests a reduced reaction to conventionally fear-evoking situations even though the threat may be accurately perceived. Secondly, he is adequately self-confident and resilient although he may lose faith in his abilities under certain circumstances. Thirdly, he is temperamentally rather calm and relaxed and not really prone to distress. This suggests some resistance to the outward expression of tension.

## IMPULSE CONTROL

In this case, the general effectiveness of emotional control is seen to be somewhat reduced. This suggests only a limited ability to exercise emotional restraint. This also relates to the degree that he is in touch with objective reality. More specifically, he is easily affected by his feelings and is inclined to have a rather unrealistic, almost hysterical, outlook on life. This is strongly indicative of a severely limited degree of emotional restraint. Secondly, showing an average regard for what is conventionally considered to be right or wrong could equip him with a certain degree of social restraint and compliance that may be sufficient. Lastly, he is somewhat lacking in personal standards of conduct or a need to maintain his social reputation. This results in rather careless and impulsive behaviour.

## TAKEN TOGETHER

Adequate emotional adjustment in the presence of poorly developed control mechanisms presents a person who is able to feel good about the things that they do while these things are, at best, highly idiosyncratic. Here we have the field set for a wide range of extreme behaviour ranging from psychopathology to an addiction to danger and excitement all with an abnormal or anti-social flavour. At very least impulsive behaviour can be expected possibly resulting in a socially popular individual with a daring attitude.

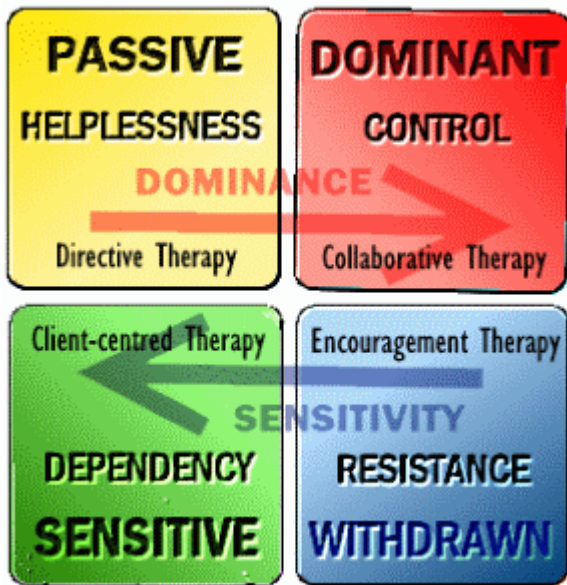
## EMOTIONAL STABILITY

Selected primary factors combine to estimate emotional stability. In this case it is moderately low and suggests that the ability exercise emotional restraint is likely to be compromised to some degree.

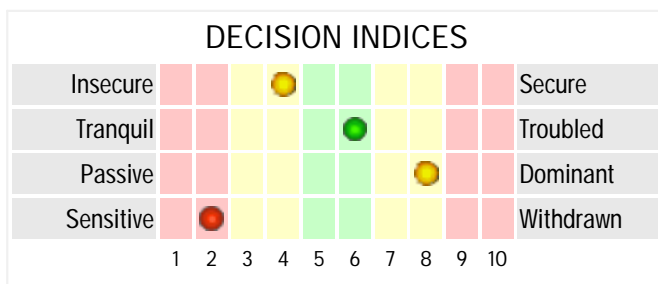
# THERAPEUTIC MODALITIES

## CATEGORISING CLIENTS

The range of human personality is effectively infinite and that is the reason for the trait approach. However, human minds are rarely capable of grasping the breadth of infinity and, as a result, categories arise to simplify things. This model defines four broad client groups on the basis of two orthogonal characteristics.



Again, primary factors can be combined to create clear indicators of these trends and these are shown in the chart below.



These indices provide a broad yet useful view of this client's current state. Expanded in the colour-coded panels to the right, it should provide the basic input required to get started. The ideal therapeutic mode is selected purely on these indices if they are not balanced in the mid-zone.

## POOR COPING

There is little doubt that this individual is feeling insecure and coping less than adequately which provides a good reason for seeking help. Despite anything else, they may like the idea of starting their lives over and making different choices. This is a serious red light because the risk of suicide is high and some degree of depression is likely,

## TROUBLED

There are clear signs of anxiety in this profile and this suggests a tense individual who is inclined to worry about things, possibly to the exclusion of dealing with them. This is more or less expected in therapy cases and actually promotes their need to make different choices which facilitates the process.

## DOMINANCE

This is an assertive, bold and independent individual with strong psychological defences, notably denial. Under most circumstances, this type goes for a run, pick a fight or climb a mountain to restore their equilibrium. When they turn up in therapy it is likely to be serious.

## DEPENDENCE

This sensitive and creative type are the most common class of clients seen by therapists because they truly benefit from the relationship with a counsellor. Emotions are recognised and discussed openly and they feel affirmed and recognised by the therapist's attention.

## THE CLIENT-CENTRED APPROACH

Client-centred therapy, also known as person-centred therapy, is a non-directive form of talk therapy that rests on the belief that people are fundamentally good and have an actualizing tendency, or a desire to fulfil their potential and become the best people that they can be.

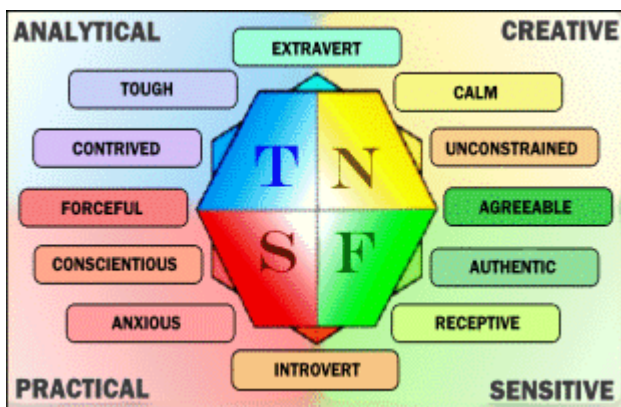
Although it may be somewhat indefinite, there are implicit reasons for this individual seeking help and the direction of their distress can be discerned. It may become clearer as we analyse this test further.



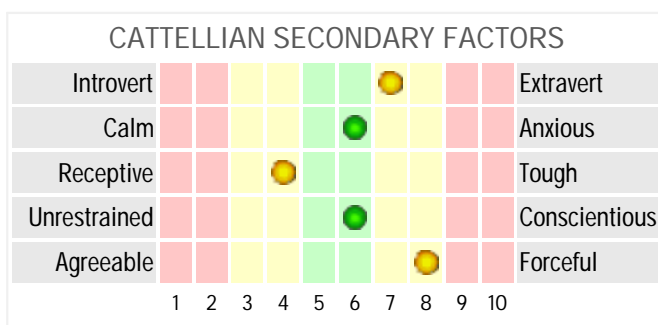
# THE GLOBAL FACTORS

## CATTELL'S HIGH ORDER FACTORS

From the inception of Cattell's model, it was acknowledged that the primary factors could be grouped into what were called the secondary or high-order factors. Using some different terminology, this circumplex illustrates the five global factors that result.



They resemble Costa and McCrae's "Big Five" personality factors which are now considered the industry standard in personality. These factors are calculated and the results for this respondent are shown in this chart.



While these are relatively statistically independent, their influence on an individual's behaviour is far-ranging and components of one factor influence and are influenced by primary factors from other secondary's. This makes a comprehensive discussion of the interplay a complex matter. This discussion is, nonetheless, structured around these five dimensions.

## THE SOCIAL AXIS

The primary orientations have a slightly adjusted meaning here to emphasise the withdrawn or socially active component. Their intensive or extensive aspects are, however, also present as liveliness.

His somewhat extrovert tendency, shown on the high-order scale, suggests some movement toward social interaction moderated by a rather warm, friendly approach toward people, a need to be recognised as part of a social group, an average ability to be socially expressive, and some lack of restraint with a need for excitement.

By itself, a moderately elevated warmth toward others suggests a friendly approach to the world with little restraint on the expression of affection. Being adaptable, he will try to join in with other people when circumstances allow this. His need for group affiliation and the support which this brings, suggests that he is somewhat dependent on the approval of others. This may result in him losing track of his own needs while trying to conform to the group's expectations. Being pretty bright, he is unlikely to be easily "conned" as this serves to offset his tendency toward gullibility.

Exploring his need for belonging to social groups, note that this also implies some need to conform socially and to have the support of a group. He may not like to be alone and he may appear to be noticeably "clinging" and insecure. He will tend to be somewhat conflicted over whether or not to exert control over group members, which he is equipped to do, for fear of offending them. This "offence-control" dilemma may cause him anxiety. Yet he is inclined to be somewhat suspicious of others, suggesting that he may prefer smaller groups or that he may have been disappointed by people in the past. This situation may be described in terms of an "approach-avoidance" conflict.

# THE GLOBAL FACTORS

Yet, he is able to engage people rather easily and tends to be quite popular with group members. Not being particularly prone to withdrawal, he may report that he is rarely lonely while doing things alone. This suggests a preference for reliance on his own resources.

With a tendency to take life somewhat seriously and be rather staid, he is also not all that inhibited. This is a rather balanced position and implies neither a tight, fearful self-control nor a light-hearted carelessness.

As a sensation-seeking individual, he will tend to occupy the limelight in most group interactions. Rather easily bored, he will often seek thrills and rarely go unnoticed in a crowd. Again, average coping skills moderate this analysis. He is not likely to be considered particularly unstable. Yet, with an elevated regard for other people, his sensation seeking will be moderated out of concern for their safety. The types of risk which he takes are likely to be very well planned and, if these are crime-related, he may be very successful. Despite anything else, he is not really concerned about the consequences of his actions. This would identify him as something of a "loose cannon". It is also reasonable to assume that he is rather poorly socialised and is possibly likely to run out of control. This rather suggests some form of social delinquency. Lastly, with average degree of caution, he may be able to inhibit impulsive behaviour at times but, then again, at other times this may be ineffective. This will tend to depend on a number of contextual factors. Alcohol intake, for example, will eliminate this caution and increase the possibility of antisocial behaviour.

## THE STABILITY AXIS

Resting heavily on the effectiveness of ego defensive strategies, this addresses the degree to which this individual can maintain a steady emotional state.

Mr Gueraten shows an average anxiety pattern in the profile and this may point to some degree of psychopathology despite representing the "average". In fact, he will probably show some minor signs of stress and may be a little tense at times. Exploring the components of anxiety will give a clearer indication of the underlying dynamics this minor distress. As he admits to a few overt symptoms of anxiety, it is, nonetheless, safe to assume that these are currently present. The items are very easy to identify, however, so it is possible that he is not ready to admit to more of them.

Mr Gueraten lacks emotional stability and should be expected to have relative difficulty coping with many aspects of life. Regardless of the magnitude of his problems, they will all probably lead to worries and frustrations. He will present as inconsistent, disorganised and evasive. The likelihood of associated disorders of a psychosomatic nature cannot be excluded. Furthermore, he is somewhat suspicious of others and tends to dwell on frustrations rather than simply letting them go. This points to a serious disturbance in his relationships which could be the source of anxiety. The moderate degree of self-confidence which he exhibits is another positive factor which implies some degree of resilience and vigour. Lastly, showing a relatively low degree of self-control, he will have difficulty stopping himself from over-reacting under stress. This implies that a major breakdown will occur when sufficient difficulties arise.

His poorly developed ego defence mechanisms will have a profound influence on his ability to deal with stressful situations. Yet, he has a moderate degree of self-confidence which may serve to overcome some of the instability suggested here. This may, however, be based on an unrealistic self-appraisal and serve as a means of denying his instability.

# THE GLOBAL FACTORS

With a tendency to be suspicious, it is likely that he will blame others for his experienced troubles. This is a weak defence based in projection and may result in some degree of self-imposed isolation. In the face of all this, he is calm and relaxed and reports few stress symptoms. This may be an elaborate front and may indicate that he is seriously out of touch with his feelings or otherwise deeply in denial.

## THE EMOTIONALITY AXIS

Here we focus on the degree to which this individual is emotionally sensitive, on the one hand, or tough and emotionally suppressed on the other. This was originally called "Tough-mindedness" in earlier reports.

He is sometimes inclined to feel his way through problems rather than to approach them in a logical and detached manner. This may suggest a certain moodiness and sensitivity toward situations and people. He approaches people with sincere sensitivity and understanding, accepting them without judgement and accepting their weaknesses and challenges with empathy and warmth. Very easily affected by emotional issues, he readily expresses his feelings without restraint.

With a fair degree of interpersonal warmth, this sensitive and feeling person will have no trouble sharing his inner life with others. His inclination to be kind, gentle and somewhat self-indulgent is consistent with a general sensitivity which emerges in the profile. Despite his being somewhat open and emotionally expressive, he shows an avoidance for anything strange or far-fetched and prefers to stick to objective realities and practicalities. Rather inconsistently, he is rather distrustful and this may point to a withdrawn seclusion employed with the intention of protecting his feelings which are quite easily hurt. Furthermore, he tends to have little respect for traditions and will tend to be rather radical.



# THE GLOBAL FACTORS

## THE INDEPENDENCE AXIS

Resembling the Rotter "Locus of Control" measure in significant ways, this assesses the degree to which this individual is dependent on others (externally located) or prefers to operate independently (internally located).

A relatively high score on this axis is associated with an internalised locus of control. This describes an individual who rarely seek reinforcement for their behaviour from outside of themselves. In fact, he may appear somewhat weak and ineffective because of his reliance on others for support.

Mr Gueraten is independent and rather aggressive. This is a sure indicator of a person with dominant qualities and some fairly radical ideas. He will tend to react if he perceives someone threatening his independence, treating it as a violation of his rights. As he tends to reject societal norms and values, this is consistent with his need for radical independence.

Mr Gueraten is rather dependent on group membership while being an aggressive radical. This points to some inner conflict between the need for group affiliation while wanting to act independently of the group's norms.

## THE COMPULSIVITY AXIS

Inhibition is a vital physiological function that places deeply programmed limits on various processes. The same is true of behaviour and socialisation ideally instils clear guidelines for acceptable social behaviour.

This axis measures the degree to which he accepts and exhibits socially acceptable norms and standards of behaviour. The axis score is average implying that he has some sense of social responsibility. As this relies on learned behaviour, some degree of socialisation is suggested. He probably has some sense of what is socially correct and may be able to discern what is expected in most situations. Explaining this, with an average sense of what is morally "correct", he may be able to determine the consequences of his behaviour and tend to act in accordance with societal expectations in most situations. Furthermore, he is not really inclined to set standards for his own behaviour. This may arise from a lack of opportunity to internalise these, or little concern for such standards.

In the absence of strong self-control, the average level of external moral reference found here may be sufficient to contain highly impulsive behaviour. As he is somewhat emotionally unstable, the presence of a relatively low superego-strength does not bode well as he will have only very little ability to control his anxiety and so to maintain some semblance of integration. Furthermore, his moderate maintenance of a socially presentable self-image suggests that he will make some attempt to control his behaviour and maintain stability. His attempts may be inadequate, however, leading to exhaustion or despair.

# THE GLOBAL FACTORS

## NOTES

### Supportive

People who rely on a warm, supportive relationships are more able to discuss their issues because they thrive on the attention and support this brings them. Support encourages them and the process is easy but they tend to resist termination.

### Accessible

It appears that this person is both accessible and approachable and may quite easily form a bond with a therapist, promoting trust in both the relationship and the process. It also increases the risk of transference which is best carefully monitored

### Impervious

This thick-skinned individual may lack sensitivity to a very large degree and experience rejection and relational loss as a reality. Yet, their defences are so efficient they are completely unaware of how they dominate others. This is usually generational learned behaviour.

### Willing

This individual is inclined to embrace change readily and has no particular attachment to old ways and behaviours once they are shown to be problematic. This rests on their openness to new experiences and may suggest a degree of confident optimism.

### Lively

This lively and outspoken individual may talk a lot and even joke but will almost certainly have difficulty raising their real issues because they are quite likely doing their level best to ignore them. Their habit is to avoid pain and willingly facing it will seem like the worst idea.

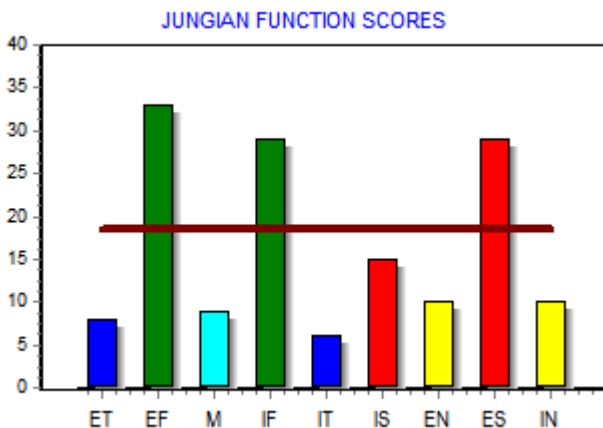
### Low Resilience

Suggesting reduced stability, a lack of self-efficacy and inflexibility that may inhibit effective recovery from stressful experiences. Potentially stressful situations may be avoided.

# AN ANALYTIC PERSPECTIVE

## TRAITS AND TYPES

Narrative discussions of factors are useful for exploring likely behaviour and provide some ideas of what motivates specific individual reactions. Yet, in order to fully grasp an individual's reactions to the world, a deeper exploration of underlying processes is needed. The modern trend is to ascribe psychological reactions and emotional responses to individual differences in blood concentrations of various transmitter molecules or steroids. Carl Jung, nearly a century ago, published his theory of Personality Types and without the benefit of modern blood assay techniques, predicted what neuroscience is confirming today. (See the Models Report for further details).



## THE EIGHT PLUS ONE FUNCTIONS

This chart shows the eight original Jungian functions with the Persona point added. The points are labelled I and E for primary orientation and T, F, N, and S representing his four functions with an M point added for Mask. This emulation is made possible by aligning behavioural descriptions of the eight Jungian function types with specific Cattellian factors on the basis of research. This graph also shows the alignment between the Jungian functions and the modern Enneagram. The core features that this highlights are shown to the right.

## CONCERNED SUPPORT

With a strong need for recognition and to feeling valued by others, this caring individual goes out of their way to assist others and takes pride in their ability to provide practical support and promote convivial relationships.

Unfortunately, they may lack sensitivity and their attempts to be of value may be intrusive and sometimes unwanted. Yet, they are practical and reliable in a rather superficial yet thoughtful way, with a conscientious need to please.

## SENSITIVE CREATIVITY

This emotionally highly sensitive melancholic type may feel like a misunderstood misfit yet they have capacity for creativity and add a special touch to anything they do. Concerned about fair treatment and various causes, they can be radical rebels.

Prone to moody spells and suffering over perceived losses, they may become cold and stand-offish if they feel wronged or unacknowledged and may require support. Yet they provide an original perspective and may notice what others persistently miss.

It is of interest to include the description of the lowest point in this analysis because it indicates the shadow in Jungian terms. This is what this individual avoids.

## THEORETICAL INSIGHT

Epitomising an introverted thinker, this insightful questioner will try to explain their experience in the world in terms of testable hypotheses, a gift they bring to their work which is usually highly technical and abstract.

Best left to their own devices and only lightly supervised, they resent intrusion and prefer to keep their lives as private as possible. These are the technicians, scientists and inventors of the world who have an odd quality with little need to fit in with others.

# AN ANALYTIC PERSPECTIVE

## THE FUNCTIONS

The next step in the Jungian emulation is to move to the four functions and the primary orientation. Displayed in a rather traditional format they emphasise the opposites which characterise Jung's theory.

JUNGIAN FUNCTIONS											
Introvert	1	2	3	4	5	6	7	8	9	10	Extravert
Thinking	1	2	3	4	5	6	7	8	9	10	Feeling
Sensing	1	2	3	4	5	6	7	8	9	10	Intuition
Judging	1	2	3	4	5	6	7	8	9	10	Perceiving

This gives a MBTI code of ESFP

## EXTRAVERT (Extensive)

This individual is inclined to reference their experience to other people and rely on external input to assign it meaning and significance. They tend to avoid reflection and may have difficulty learning from their experiences. They may be coldly abrasive at times and even harshly enforce their influence and opinions on others.

## SENSING (Realism)

Suggesting a tendency to be grounded in the objective present and in touch with reality. May react very quickly, even impulsively, to changes in the environment. At best, practical, realistic and rather unimaginative.

## FEELING (Emotionality)

Suggesting emotional sensitivity, this may imply a reliance on feelings when making decisions rather than rational examination of the facts. Yet, these individuals are aware of others' emotions and can form warm connections.

## PERCEIVING (Spontaneity)

Suggesting a tendency to resist structure and to allow things to proceed in their own way. This implies flexibility and continually changing priorities in response to changes in the environment which may be too impulsive.

Subjected to a somewhat cursory analysis, this raises some relevant issues.

## PREDICTING PATHOLOGY

Research has shown a consistent correlation between the types described briefly on the previous page and personality dysfunctions described in Axis II of the DSM. In this case we arrive at these two likely candidates.

### Histrionic Tendencies

He may lack a sense of self-worth and depend on attracting the attention and approval of others for his to feel valued. He may seem to be dramatizing or "playing a part" in a bid to be heard and recognised. He may take great care of his appearance and behave in a manner that is overly charming or inappropriately seductive. As he may crave excitement and act on impulse or suggestion, he can place himself at risk of accidents or exploitation. His dealings with others may seem insincere or superficial which, in the longer term, can adversely impact his social and romantic relationships. Lastly, he may be sensitive to rejection and react badly to loss or failure in relationships.

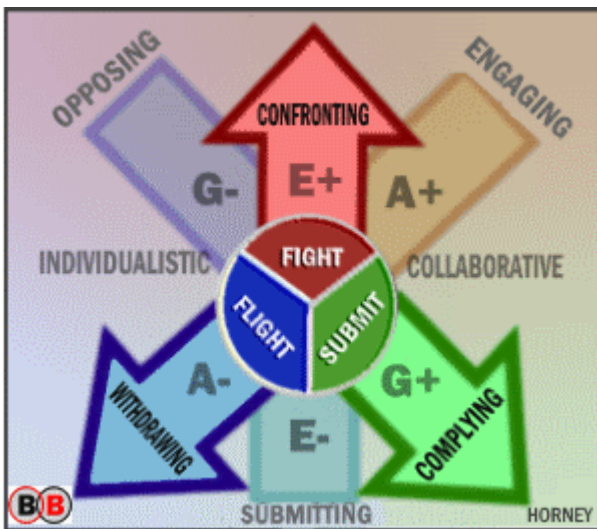
### Borderline Tendencies

He may essentially lacks a clear sense of self and, as a result, experience feelings of emptiness and fear of abandonment. This is usually accompanied by a pattern of intense but unstable relationships, emotional instability, depressed episodes, outbursts of anger and violence (especially in response to criticism), and impulsive behaviour. Suicidal threats and acts of self-harm are not uncommon, for which reason he may have received medical attention. It has been suggested that this disorder often results from childhood sexual abuse. More common in women than men, this may be because women are more likely to suffer sexual abuse.

# AN ANALYTIC PERSPECTIVE

## HORNEY'S CONFLICT MODEL

An adaptation of the Bradford Cannon Flight or Fight theory, Horney's original thinking is extended to include the opposite poles of the three responses, all mediated by a range of neurological pathways and significantly determined by genetic factors. This suggests that an individual may respond predominantly in one of these ways or with an admixture of responses depending on how the relevant pathways have been primed. These are also subject to adaptation suggesting that repeated exposure to certain stressors over time alters the probability of a specific response.



These indices can be calculated from the primary factors and produce these diametric scales.

HORNEVIAN TENDENCIES										
Submitting										Confronting
Opposing										Complying
Engaging										Withdrawing
	1	2	3	4	5	6	7	8	9	10

It is not uncommon to find a number of these responses outside of the centre zone which may suggest that they will be used in specific contexts.

## LOCKING HORNS

This sometimes effective form of conflict resolution brings the conflict out into the open and whether by a shouting match or even direct physical violence, brings things to a head. There can be no win-win resolution when this occurs and someone will be the victor when the other backs down or is carried out. Here the individuals are quite probably both dominant, bold and impulsive and yet, may end up shaking hands and resuming life without any rancour. This is adrenalin tolerance at its best.

## ENGAGING THE OPPOSITION

Suggesting an outspoken and highly sociable individual with sufficient assertiveness, this approach seeks to discuss issues in a rational manner and arrive at a solution that is acceptable to both parties. It is most likely with balanced dominance because it is neither confrontational nor submissive but rather in the balance space between these. It is unlikely that this approach will even be registered as conflict and is a way of dealing with differences of opinion without the need to resort to any less constructive means.

This rests strongly on the state of the individual indicated by these familiar factors.

Mr Gueraten may show a rather low degree of emotional adjustment and is likely to have some difficulties in his life as a result of limited access to the appropriate emotional resources.

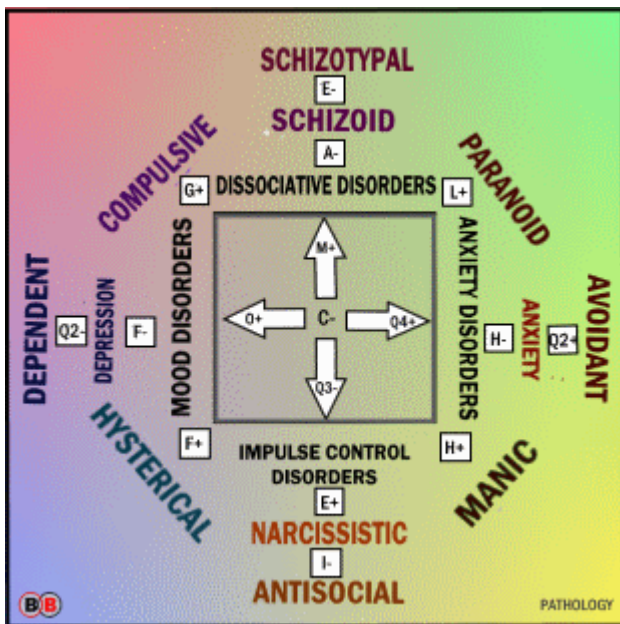
In this case, the general effectiveness of emotional control is seen to be somewhat reduced. This suggests only a limited ability to exercise emotional restraint. This also relates to the degree that he is in touch with objective reality.



# PATHOLOGY MODEL

## INTRODUCTION

Although the Cattell Model does extend to the assessment of psychological health, this is usually beyond the scope of the sixteen primary factors which are geared to assess "normal" personality. Yet, being an adequate description of the basic human personality, it contains the seeds of pathology as we have seen.



At the centre of the model Ego Strength, a basic assessment of psychological resilience which, if inadequately developed, sets the stage for all forms of psychological difficulties.

## RESILIENCE

Mr Gueraten shows a relatively low level of resilience and may have reduced access to the inner resources that are vital to withstanding various forms of emotional pressure. This suggests the possibility of a range of pathological reactions that are possibly disruptive and require a degree of management.

These indices are generally clustered in groups and there may be a number of these clusters in cases where the nature of the pathology has become generalised in some way.

Four central factors are now used to predict the most likely direction any pathology will take.

DIAGNOSTIC POINTERS											
Resilient											Fragile
Grounded											Ungrounded
Insensitive											Sensitive
Compliant											Uncontrolled
Confident											Anxious
	1	2	3	4	5	6	7	8	9	10	

## DISSOCIATIVE

He will tend to approach life in a rather practical and straight-ahead manner and may be unconcerned with possibilities, focussing, rather, on what is real and apparent in the moment. This tough realism may give him a somewhat hard-boiled and uncompromising manner.

## MOOD RELATED

He is likely to be rather emotionally sensitive and react to life's difficulties in a rather ineffective manner suggesting limited ability to remain positive and optimistic. This may suggest a propensity to negative emotions and mood disorders.

## BEHAVIOUR CONTROL

While he is able to reference his behaviour against societal expectations to some degree, he may, at times, act in ways that are not in keeping with these. This, nonetheless, suggests adequate socialisation and some ability to exercise self-control.

## ANXIETY RELATED

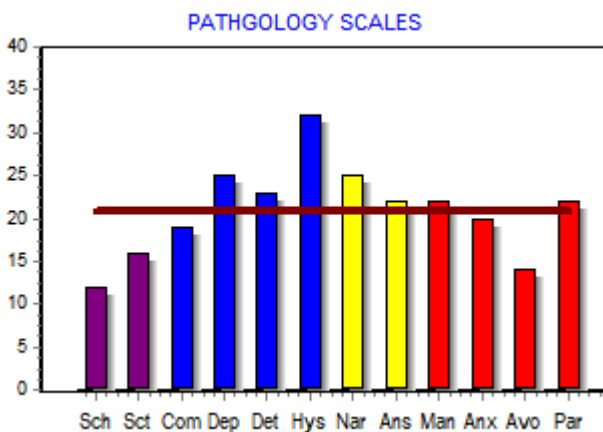
Lastly, he is able to cope with pressure and other's demands somewhat adequately and maintain his composure. This may not always be sufficient and he may occasionally experience inner tension and become outwardly anxious.



# PATHOLOGY MODEL

## SCALE ASSESSMENT

The twelve resultant scales on the outer region of the model are assessed on the track they follow. Bear in mind that the corner scales are assessed on their vertical axis so Compulsive in the mood disorder frame. This chart shows the scores for all the scales for this respondent.



This model intentionally fails to follow either the ICD or DSM explicitly and rather gives working definitions of commonly encountered behaviour seen by therapists. This is to emphasise that it is not a diagnostic tool but is intended to provide a guide to dealing with the individual by highlighting the personality antecedents of pathology.

These are quite highly differentiated and give a fairly clear impression of the type of pathological behaviour that will arise when the available stability and control is altered for some reason. Decompensation is most likely to occur when pressure is applied to the individual in the direction suggested by these indicators which are usually found to be high in a cluster somewhere across the horizontal axis.

Because the overall assessment of pathology in this analysis is above the critical level, what follows is a fairly detailed analysis of the three highest scoring pathology scales with diagnostic verification pointers.

## HISTRIONIC

For people with a histrionic personality, self-esteem depends on the approval of others and does not arise from a true feeling of self-worth. They have an overwhelming desire to be noticed, and often behave dramatically or inappropriately to get attention. This disorder is more common in women than in men and usually is evident by adolescence or early adulthood.

In general, people with histrionic personality disorder do not believe they need therapy. They also tend to exaggerate their feelings and to dislike routine, which makes following a treatment plan difficult. However, they might seek help if depression (possibly associated with a loss or a failed relationship) or another problem caused by their actions causes them distress.

Romantic idealism often accompanies strong emotionality and may suggest that he has little access to rationality which would present the consequences of his behaviour. This further suggests possibly extreme emotional expressiveness, exaggerated feelings and uncontained reactions. It is quite likely that he is out of touch with reality and lives, to some extent, in a fantasy world. This suggests emotional immaturity and may be the result of an over-protected childhood.

## DIAGNOSTIC CRITERIA

- Constantly seeking attention
- Excessively emotional, dramatic or sexually provocative to gain attention
- Speaks dramatically with strong opinions, but few facts or details to back them up
- Easily influenced by others
- Shallow, rapidly changing emotions
- Excessive concern with physical appearance
- Thinks relationships with others are closer than they really are

# PATHOLOGY MODEL

## NARCISSISTIC

The narcissistic personality is a condition in which people have an inflated sense of their own importance, a deep need for excessive attention and admiration, troubled relationships, and a lack of empathy for others. But behind this mask of extreme confidence lies a fragile self-esteem that's vulnerable to the slightest criticism. This causes problems in many areas of life, such as relationships, work, school or financial affairs. They may be generally unhappy and disappointed when they're not given the special favours or the admiration they believe they deserve. They may find their relationships unfulfilling, and others may not enjoy being around them.

Loudly outspoken and unconcerned about other's sensitivities makes for an individual who quickly loses popularity with others. He may be unaware of his ability to irritate others and this could be a useful aspect in building a relationship with him.

### DIAGNOSTIC CRITERIA

- Belief that they are special and more important than others
- Fantasies about power, success and attractiveness
- Failure to recognize others' needs and feelings
- Exaggeration of achievements or talents
- Expectation of constant praise and admiration
- Arrogance
- Unreasonable expectations of favours and advantages, often taking advantage of others
- Envy of others or belief that they are envied

## DEPRESSIVE

The depressive personality pattern is characterised by a low level of self-esteem and a consequent apprehensive view of the future, a tendency to be introspective and fearful of failure, and a strong cynical distortion of reality characterised by some degree of coldness towards other people. Classically, one would expect him to report a fatigued state accompanied by hypersomnia, poor concentration and feelings of hopelessness and despair. There are a number of factors which are of importance in this class of affective disorder and which provide guidelines in assessing a therapeutic process.

There is a strong indication of emotional immaturity, general over-sensitivity and dependency associated with over-protected children. This suggests that the parenting style applied to him requires careful examination as does a history of life-threatening childhood disorders or a sibling who died during his infancy.

### DIAGNOSTIC CRITERIA

- Feels dejected, gloomy, and worthless most of the time
- Overly self-critical and derogatory without valid justification for attitude or comments
- Is negativistic, critical and judgmental toward others
- Pessimistic point of view
- Feels guilty or remorseful most of the time without reason to explain feelings

# RESISTANCE FACTORS

## NINE SOURCES OF RESISTANCE

Nine significant factor combinations have been identified that can either facilitate or retard the establishment of a trusting relationship with this client. These are based on an analysis method suggested by Heather Cattell. Listed in order of significance to this client, these factors are described in the same order to the right.

MAKE OR BREAK FACTORS										
Personable	2	3	4	5	6	7	8	9	10	Impersonal
Contained	1	2	3	4	5	6	7	8	9	Uncontained
Participating	1	2	3	4	5	6	7	8	9	Rejecting
Empowered	1	2	3	4	5	6	7	8	9	Helpless
Realistic	1	2	3	4	5	6	7	8	9	Threatened
Flexible	1	2	3	4	5	6	7	8	9	Rigid
Differentiated	1	2	3	4	5	6	7	8	9	Narrow
Humble	1	2	3	4	5	6	7	8	9	Vain
Trusting	1	2	3	4	5	6	7	8	9	Suspicious

These aspects of behaviour can be used to your advantage or avoided by adopting specific approaches from the outset of therapy. This may be considered in conjunction with the suggested therapeutic technique discussed on page 4. Please note that only those factors with scores that fall outside of the mid-range are included in this list.

## APPROACHABLE

This suggests willingness to form relationships with others which is necessary to the process. While it could suggest dependency issues, it nevertheless facilitates trust building and meaningful communication.

## UNCONTAINED

Both the nature of the presenting issue and other factors, possibly organic in origin, may reduce this client's ability to exercise self-control and unexpected acting-out may occur. This could seriously disrupt the process.

## TAKES THE PROCESS SERIOUSLY

Suggesting a mature realisation that there is something wrong and that it needs some kind of adjustment, this client will be willing to explore issues and remain motivated.

## CONFIDENT AND HOPEFUL

This implies some strength of character that allows this client to maintain a somewhat optimistic and positive attitude in their lives. It may be unrealistic in some cases but nonetheless enhances the chances of effective change.

## THREAT-TOLERANT

This suggests that being open to others is not particularly threatening and the individual may willingly talk about themselves even if the situation is somewhat anxiety provoking..

## FLEXIBILITY

This client may be open to new possibilities and welcome change. They are open-minded and tend to resist fixed ideas and strong adherence to idealistic norms and standards. They are allowing and tolerant of others and themselves.

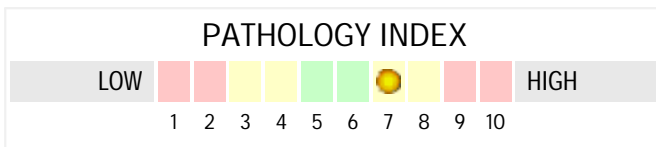
## SELF-AWARENESS

A differentiated test profile tends to suggest awareness of personal strengths and weakness that could mean a realistic attitude towards self. Highly differentiated, it may suggest exaggeration and a tendency to fake bad.

# CONCLUSION

## AN INDEX OF DISINTEGRATION

An overall pathology index can be derived from the four scales used as cardinal indicators with the Resilience scale. Adjusted to range between 1 and 10, it suggests the probability of pathological expression where low values indicate a reduced likelihood. The value for this respondent is shown here.



## THERAPEUTIC POINTERS

With a high degree of emotional instability, the initial prognosis for Mr Gueraten is not too good. There are distinctly pathological signs in this profile which require attention. In the light of a slight degree of personal adequacy, this is not really likely to be related to guilt processes although this cannot be excluded. This may relate to some real or imagined fear and hence should be examined.

Furthermore, Mr Gueraten may be somewhat aggressive and hostile. It is possible that hostility toward others or himself is the key to understanding the feelings which he is experiencing. As he is insecure and sensitive, problems are often created as a means of gaining sympathy from others. This is a strong indicator of poorly developed defences as a result of an over-protected childhood. A range of anxiety disorders usually results.

There is an association between a cautious approach to life and depression. Showing a moderate degree of caution, Mr Gueraten may be a little prone to depression although such episodes should be of short duration. Mr Gueraten has his interpersonal warmth in his favour when dealing with problems. This is, however, associated with a propensity to cling to others in an unhealthy way when difficulties are encountered.

Again, the relatively high aggression emerges as a danger sign that hostility is present which may be expressed in violent anger if provoked.

The relatively low degree of control which emerges clearly in this profile is a problem. In the absence of impulse control and extreme instability, any pathological process simply runs out of control causing rampant difficulties.

More specifically, Mr Gueraten has an average ability to determine right from wrong but will still have some difficulties interacting with others socially. He also shows a relative disregard for social rules which will lead to some degree of rejection by society. Being sensitive, this will be part of his instability. Because Mr Gueraten may be described as rather impulsive, the observed instability is probably exacerbated as he will tend to act without concern for where his actions will lead. Lastly, he will be rather defensive and project many of his problems on to others. This, together with instability, will probably result in paranoid thoughts and a desire to punish those who are perceived as enemies.

Showing a movement toward other people, Mr Gueraten will be able to approach others for help when problems arise. Being rather cooperative and adaptable represents a strength on which a potential therapist will be able to rely. This will greatly ease the process of psychotherapy. Unfortunately he has been shown to be rather group-dependent and this points to the development of a dependency situation which will have to be watched very carefully. Beware of albatrosses around your neck. With at least some degree of expressiveness, this potentially reluctant individual will have to be encouraged to talk about problems as they arise during the process in order to avoid getting stuck and to be unable to easily find out why. Furthermore, he is rather impulsive while appearing friendly and responsive. It may be difficult to keep him on track in respect of the therapeutic process.

As we have seen, he is not really closed off and concerned about projecting a tough exterior. The nutcracker can be put away with this person.

# CONCLUSION

His high degree of insecurity and sympathy-seeking may not be useful in the therapeutic process. This, linked to a tendency toward hypochondriasis will lead up false alleys rather easily. Somewhat focused and practical clients are not usually a problem if a practical and focused type of therapy is used. As he will probably reject anything far-fetched as nonsense points to what is required here. Rather compliant people do as they are told for fear of losing the support which they require from people in their environment. Once again, this is useful as long as the expected "dependency bug" can be overcome. As he is inclined toward dominant assertiveness, it is possible that he will not always comply with the therapist's wishes and may become aggressive. Tending to be analytical and free-thinking, it is likely that he will take his own course in therapy and act somewhat independently of the therapist. This may not be all that helpful but contracting may overcome it through setting mutual goals.

# VALIDITY SCALES

## RESPONSE VALIDITY

There appears to have been a certain amount of response distortion in this assessment. These scales can have clinical significance and are best explored quite carefully with your client.

## MOTIVATION DISTORTION WARNING

It appears that this individual may have tried to appear more socially acceptable than is really the case. Research has associated this type of test responding with a strong need for approval and avoidance of rejection.