

Journeys Through the Valley of Death: Multimethod Psychological Assessment and Personality Transformation in Long-Term Psychotherapy

STEPHEN E. FINN

Center for Therapeutic Assessment, Austin, Texas

The *Psychodynamic Diagnostic Manual* (PDM Task Force, 2006) is based on the assumption that an in-depth understanding of clients' underlying emotional, personality, and interpersonal patterns will facilitate their treatment. In this article I show how such an understanding can be achieved through multimethod psychological assessment, and how useful such information can be in long-term psychotherapy with high-achieving, successful clients who struggle with forming and maintaining intimate relationships. Such treatments are extremely difficult, because when these clients attach to their psychotherapists, many of them temporarily become more symptomatic. I illustrate these points with a detailed account of my long-term therapy with a resilient but highly traumatized young man. Repeated use of the Minnesota Multiphasic Personality Disorder–2 (MMPI–2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) and Rorschach with my client helped guide us in our work, and also helped create an important therapeutic “opening” into the underlying traumatic material. This and other experiences have convinced me that it is extremely useful for psychologists to have training in both assessment and psychotherapy.

In this article I contribute to this special issue on the *Psychodynamic Diagnostic Manual* (PDM; PDM Task Force, 2006) by illustrating how multimethod psychological assessment can play a useful—if not essential—role in long-term psychotherapy when the goal is to facilitate profound shifts in how clients view themselves and relate to others. Although psychological assessment can be helpful in almost all long-term treatments, I focus in this article on its utility with one particular type of client who, in my experience, even excellent psychotherapists often find puzzling and challenging. These are talented and highly successful clients who often do not present with significant symptomatology on Axis I of the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed. [DSM–IV]; American Psychiatric Association, 2001), but who have long-standing difficulties establishing and maintaining intimate relationships. My experience with these clients is consistent with the philosophy reflected in the PDM; that is, that their most important characteristics reside in a pattern of underlying emotional, personality, and interpersonal patterns rather than in overt symptoms or behaviors. As you will see, these clients also show a recognizable pattern of test scores in a multimethod personality assessment.

My insight into this class of clients has come about in two ways: (a) through assessment-based consultations I have conducted over many years to psychotherapists who find themselves confused and worried about certain clients in the middle of long-term therapies, and (b) through my own experiences assessing and treating clients in long-term interpersonally oriented psychotherapy.¹ Therefore, I first briefly summarize an assessment consultation I did that fits the pattern I came to notice. Then I

present a detailed case study of the assessment and treatment of one of my own clients.

ASSESSMENT CONSULTATION IN THE MIDDLE OF A LONG-TERM TREATMENT

In November 1993, shortly after I founded the Center for Therapeutic Assessment, I received a call from a colleague whose therapy and assessment work I greatly respected. She asked me whether I would do a psychological assessment with one of her clients, a middle-aged man I will call Bob, whom she had seen in psychotherapy for almost 3 years. As we talked, the following story emerged: Bob was an unmarried, highly successful businessman who had initially sought help for “relationship difficulties.” The therapist had given Bob the Minnesota Multiphasic Personality Inventory–2 (MMPI–2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) at the beginning of the therapy, and she told me that his profile was “unremarkable” except for signs of mild depression (Scale 2 = 63T). Thus, she had confidently embarked on what she anticipated would be a straightforward course of therapy with a relatively mentally healthy man.

At first, the therapy had gone rather slowly, in part because Bob traveled frequently for his business and was not able to meet weekly. My colleague saw this pattern as possibly related to his difficulties with intimacy and asked Bob if he was titrating his closeness to her with his busy schedule. He granted that this might be the case, and eventually, they agreed to phone sessions whenever he was away from Austin. My colleague said that subsequently, about 18 months into the therapy, she had felt a deepening in Bob's attachment to her. At that point, Bob had some difficulties with a boss that were quite disorganizing to him, as he had always been successful and popular at work. The therapist had allowed Bob to call her several times between sessions to discuss important meetings, and he found these calls to be extremely helpful. Then Bob, of his own initiative, began coming to therapy two times a week. Shortly after that change,

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Address correspondence to Stephen E. Finn, 4310 Medical Parkway, Suite 101, Austin, TX 78756-3331; Email: sefinn@mail.utexas.edu

¹My stance in long-term psychotherapy is based primarily on my training in humanistic, interpersonal, and intersubjective approaches.

Bob became more depressed, and my colleague at first attributed this to the stresses of his job situation. However, over the ensuing months Bob's depression had worsened steadily, several courses of antidepressant medication had proven largely ineffective, he was having difficulty meeting work obligations, and was struggling—at the time of the assessment referral—with intense suicidal urges. My colleague was concerned, scared, and puzzled. She asked me: "What is going on with Bob? Did I misjudge his resiliency at the beginning of therapy? What is the source of all this depression? Am I doing something wrong? It's almost as if therapy has made Bob worse!"

AN IMPORTANT LESSON ABOUT THE MMPI-2 AND RORSCHACH

When I tested Bob, and many other clients like him in the years following this referral, his psychological test scores fit a pattern that I eventually wrote about in an article concerning how to give assessment feedback to clients based on different configurations of MMPI-2 and Rorschach scores (Finn, 1996). Figure 1 shows a version of the main table from that article. Bob's testing fell squarely within Cell B of the table, in that his MMPI-2 (done by my colleague) looked relatively healthy, whereas his Rorschach (collected by me) suggested a great deal of distress and disturbance. (See Finn, 1996, for a full exposition of this table.)

In outpatient settings, Cell B represents the most frequent kind of discrepancy between the MMPI-2 and the Rorschach, and it is typically associated with clients who are not in immediate crisis when they present for mental health services. They might come as part of a couple wanting relationship counseling, they might be parents of a child with difficulties, or they might seek therapy puzzling over some relatively circumscribed difficulty they have not been able to resolve in spite of their otherwise successful lives. Often, as in the case of Bob, such clients' intractable struggles are in the area of intimate relationships. And, I have come to understand that both their MMPI-2 profiles and their

Rorschachs contain important information about such clients' situations and dilemmas of change.

The relatively good MMPI-2, in these instances, accurately reflects the excellent coping mechanisms and general high level of functioning of these clients. These individuals typically do best in structured, impersonal, familiar situations, and—because they tend to order their lives accordingly—their MMPI-2 profiles capture how they will be seen by coworkers, acquaintances, and most people who do not know them extremely well. The Rorschach, in contrast, reveals underlying difficulties, affective states, and pathology that are "split off" or dissociated, but that emerge in emotionally arousing, regressive, interpersonal situations—such as long-term psychotherapy. If one takes a careful, detailed history from these clients, one might turn up events in their past that do not fit their typical presentation, such as instances of acting out, addictions, or difficulties with the law. Many of these individuals unconsciously avoid sustained close relationships, because they begin to feel and act "crazy" when such affiliations become more intense. As is well known, emotional and especially sexual intimacy has a way of opening up the Pandora's box in everyone and bringing up unresolved wounds, conflicts, and struggles (where, in the best of situations, they can be worked on and healed). The clients in Cell B are very understandably terrified of intimacy because of the intensity of their unresolved wounds. They are typically unaware of this fear, however, and often come to therapy stating that they sincerely desire a close relationship.

Since I wrote about these clients in 1996, new developments in research, theory, and psychological assessment have helped me gain further understanding of their central dilemma. In recent years, I have frequently administered the Adult Attachment Projective Picture System (AAP; George & West, 2001, in press; George, West, & Pettem, 1999) to clients along with the MMPI-2 and Rorschach, and I have discovered that many clients in Cell B are classified as having insecure-dismissing attachment status on the AAP. Dismissing individuals are known to have had early childhood experiences of being left alone with painful affect states; as a result they learned to split off such emotions and to use a defense mechanism called "deactivation" (Bowlby, 1980; George & Solomon, 1989, 2008; George & West, in press) in which achievement, status, and intellect are prioritized over intimacy (Slade, 2000). The literature on dismissing attachments helps us understand why Cell B clients are often so successful in their work, but are unsuccessful in forming lasting intimate relationships. First, work is generally an expression of the "exploratory system," which is prioritized in these clients over the attachment system (George & West, in press). Second, work and other deactivation strategies—such as reading, watching television, and sleeping—help these individuals avoid underlying painful affect states related to early developmental traumas (George & West, in press; Tatkin, 2003).

I believe the work of A. N. Schore (2001, 2005, 2009; J. R. Schore & Schore, 2008) sheds light on why the distress and disturbance evident in these clients' Rorschachs is generally not in their conscious awareness. Schore has amassed an impressive body of evidence that the negative affect states and implicit models of self and other resulting from insecure attachment experiences and early developmental trauma are primarily stored in the right hemisphere of the brain. The right hemisphere has dense reciprocal connections to limbic regions and subcortical areas of the brain, which have fewer direct connections to the left

		Apparent Degree of Distress/Disturbance on the MMPI-2	
		High	Low
Apparent Degree of Distress/Disturbance on the Rorschach	High	Cell A	Cell B
	Low	Cell C 1 2	Cell D

FIGURE 1.—Five configurations of MMPI-2 and Rorschach findings can be formed by examining the overall levels of distress, disturbance, or both revealed in the test protocols. Subtypes 1 and 2 in Cell C are differentiated by how engaged the client was, with protocols in Subtype 2 showing low R, high Lambda, low Affective Ratio, and/or low Weighted Sum of Color. This figure is adapted from Finn (1996) and each cell is discussed in detail in the original article.

hemisphere. Thus such material is often unconscious and inaccessible via language, although it shows up in dreams or in the transferences that develop in long-term psychotherapy (Bromberg, 2006). Furthermore, evidence is accruing from functional magnetic resonance imaging (fMRI) studies of the Rorschach (Asari et al., 2010a, 2010b) and of other performance-based personality tests such as the AAP (Bucheim et al., 2005) that performance-based tests are particularly sensitive to limbic area functioning and to right-hemisphere disorganization. I have posited that such tests are therefore more sensitive to the sequelae of insecure attachment and early trauma, whereas self-report tests like the MMPI-2, Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), and Symptom Checklist 90 (SCL-90; Derogatis, Lipman, & Covi, 1973)—which utilize more left-hemisphere cortical functions because of their verbal format—are more sensitive to explicit models of self and other and to conscious affects (Finn, 2009).

Back to Bob and my colleague's consternation, all of this has direct implications for therapists embarking on a course of treatment with clients whose testing fits the pattern shown in Cell B. I now tell them that they are working with a strong, talented individual, who has survived circumstances that would have rendered many people unable to function. Instead, this person has used an array of coping mechanisms to carry on (including dissociation of affect), but this strategy had "side effects" currently expressed in the client's inability to form close relationships. There are several ways clients can "resolve" these difficulties, including having the luck to marry someone who is healthier emotionally and who patiently helps them overcome their terror about intimacy. However, in most instances, the client will need to enter into a dependent intimate relationship with a willing, wise, and sturdy psychotherapist, which will result in a semi-controlled disintegration experience, through which the client will gain access to his or her split-off negative affective states. With hard work, perseverance, and an ineffable factor I call "grace," this process can result in a major shift in the client's (and to some extent, the therapist's) personality structure. However, this process will be difficult, the client actually will seem worse in the middle of it, and not every client who fits the Cell B pattern will or should attempt the work.

In the next section of the article, I write about a treatment I conducted with one client with the Cell B MMPI-Rorschach pattern. The client I present is not typical of most clients I have treated with the Cell B configuration; however, I chose this example because it is a dramatic illustration of the utility of multimethod psychological assessment for clients and therapists engaged in long-term psychotherapy. Also, one of my goals is to depict what it is like to work as a therapist in long-term treatment with a client from Cell B. Hence, I write about my subjective experience as well as the unfolding events in the therapy with my client.

CASE EXAMPLE

Initial Phase of Therapy

Thomas and I first met when he was 23, and he applied to join a psychotherapy group I was forming to help gay men develop and maintain intimate relationships. At the time, Thomas was a teacher in a private high school, having graduated from college the previous year. He was an accomplished musician and a

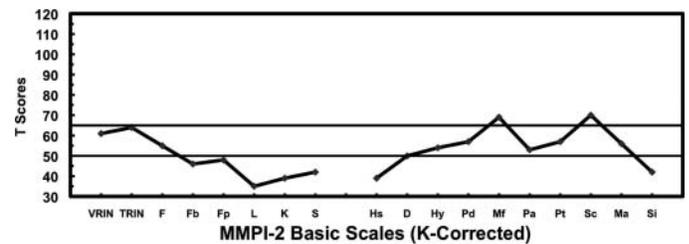


FIGURE 2.—Thomas's MMPI-2 profile at the beginning of therapy. VRIN = Variable Response Inconsistency scale; TRIN = True-Response Inconsistency scale; F = Infrequency; Fb = Back F; Fp = Infrequency Psychopathology; L = Lie; K = Defensiveness; S = Superlative Self-Presentation; Hs = Scale 1, Hypochondriasis; D = Scale 2, Depression; Hy = Scale 3, Hysteria; Pd = Scale 4, Psychopathic Deviate; Mf = Scale 5, Masculinity-Femininity; Pa = Scale 6, Paranoia; Pt = Scale 7, Psychasthenia; Sc = Scale 8, Schizophrenia; Ma = Scale 9, Hypomania; Si = Scale 0, Social Introversion. Excerpted from the *MMPI-2 (Minnesota Multiphasic Personality Inventory-2) Manual for Administration, Scoring, and Interpretation, Revised Edition*. Copyright © 2001 by the Regents of the University of Minnesota. All rights reserved. Used by permission of the University of Minnesota Press. "MMPI" and "Minnesota Multiphasic Personality Inventory" are trademarks owned by the Regents of the University of Minnesota.

straight-A student, was contemplating several different career paths, and had chosen to work before deciding what kind of graduate program he would enter. Thomas explained in our initial session that he had long known that he was gay, but never dated in high school or after, although at least one man had been quite interested in him in college. He said he had "fled" from that relationship, ending his friendship with the man in question, but could not explain why, except to say that he had been terrified, in spite of finding the man attractive. He had seen a therapist briefly in elementary school, because his parents were concerned that he had only a few friends. He said he found the experience "pleasant enough" but not "earth shattering." He hoped group therapy would be a richer experience for him.

When I asked Thomas what he thought got in the way of his having sexual relationships, he said that he did not feel attractive, although people had told him that he "looked fine." I asked a bit about his family situation growing up. His father was a teacher, and his mother was a successful research scientist. He alluded briefly to some medical difficulties in his childhood, which had kept him from playing sports in school, but he did not volunteer more information at the time, and I did not ask. In retrospect, this might have been an error, but I sensed I needed to be sensitive about intruding in areas that might produce shame or anxiety before Thomas and I had developed a trusting relationship. I liked Thomas immediately and accepted him into the group. Also, early on he completed an MMPI-2 and met with me for feedback, an experience I offered to all members of my psychotherapy groups. Thomas's MMPI-2 profile from that first year in the psychotherapy group is shown in Figure 2.

As is evident, the profile is quite open and unguarded, and the only significant elevation is on Scale 8 (70T).² Examination of the Harris-Lingoes subscales showed that this elevation was almost completely accounted for by items related to Social Alienation (Sc1 = 72T). Thomas felt different from

²The elevation on Scale 5 (69T) is not at all unusual for a gay man with interests in the arts (Martin & Finn, 2010).

other people and had never had an experience of “fitting in” well with a peer group. This was made more painful by the fact that he was a fairly sociable individual who longed for deeper connection, as can be seen from his low score on Scale 0 (42*T*). The reader will note that there are no significant indications of depression or anxiety in the profile.

As I watched Thomas in the therapy group I could see some of the ways he struggled with intimacy. He seemed fairly formal at times, and although friendly, came off as a bit intimidating. I attributed some of this style to his having been raised in an upper middle-class family that focused a great deal on appearances. I remember one day a group member asked Thomas if he was originally from Great Britain. When Thomas said “No,” and asked why, several members agreed that his style seemed almost stereotypically British—reserved, polite, and slightly superior. Thomas also had a tendency to look bored and inattentive when the group focused on other members, and to only fully engage when he was the center of attention. I saw this as an example of his intense need for mirroring, but the group members understandably found it off-putting. Thomas tried to gain their affection the way he had with adults in his life, by showing his extensive knowledge and talents, and even inviting group members, at one point, to attend one of his music recitals. Several did go, and complimented Thomas in group about his considerable talent, but it seemed clear to me that although Thomas was respected in group, the other men did not feel particularly close to him.

As the therapy progressed, Thomas confessed to me in one of our periodic individual sessions that he was falling in love with the most physically attractive man in the group. I was surprised, and told him that I thought no one could tell this, because if anything he was more formal and polite with him than with any of the other group members. We worked on his being able to say something in the group about his feelings for the man, but he never achieved this, and one day—after about a year—he announced that he had decided to move to another city to pursue a degree in broadcast journalism. He told me that he had a fantasy of being an anchor on the evening news of a major TV station, which I again attributed to his desire to be seen, attended to, and idealized. By then I had come to see Thomas as having a fragile self that was prone to fragmentation, and that his efforts to be mirrored were an attempt to provide a sense of self-cohesion. I received a card from Thomas shortly after he moved, but did not hear from him again until about a year later.

A Crisis

At that point, Thomas called in crisis, and we had several phone sessions. I referred him to a therapist I knew in his area, but he did not find the experience very useful. To my ear, he clearly was in the middle of a major depression, and seemed traumatized by a series of events. In the large city to which he had moved, Thomas felt completely lost and even more isolated than he had previously. He had had difficulty finding an affordable apartment, and eventually ended up living in a tenement with a roommate who took advantage of him financially. Hampered by his cautious politeness, unable to set limits with his roommate, and depressed by the miserable conditions in his apartment, Thomas had tried his old strategy of throwing himself into his studies. But, he did not find journalism as satisfying as he had

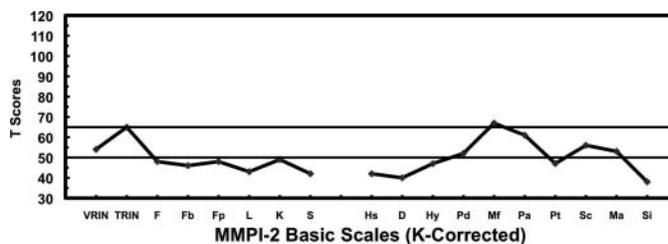


FIGURE 3.—Thomas’s MMPI–2 profile when he returned to therapy. VRIN = Variable Response Inconsistency scale; TRIN = True-Response Inconsistency scale; F = Infrequency; Fb = Back F; Fp = Infrequency Psychopathology; L = Lie; K = Defensiveness; S = Superlative Self-Presentation; Hs = Scale 1, Hypochondriasis; D = Scale 2, Depression; Hy = Scale 3, Hysteria; Pd = Scale 4, Psychopathic Deviate; Mf = Scale 5, Masculinity-Femininity; Pa = Scale 6, Paranoia; Pt = Scale 7, Psychasthenia; Sc = Scale 8, Schizophrenia; Ma = Scale 9, Hypomania; Si = Scale 0, Social Introversion. Excerpted from the *MMPI®–2 (Minnesota Multiphasic Personality Inventory®–2) Manual for Administration, Scoring, and Interpretation, Revised Edition*. Copyright © 2001 by the Regents of the University of Minnesota. All rights reserved. Used by permission of the University of Minnesota Press. “MMPI” and “Minnesota Multiphasic Personality Inventory” are trademarks owned by the Regents of the University of Minnesota.

imagined it would be, and he longed to be back in familiar territory. His sense of self was clearly fragmenting. So after finishing his degree, he headed back to Austin.

Second Phase of Therapy

Thomas asked to rejoin his old therapy group and to begin weekly individual sessions with me. I sensed that he felt more connected to me because of the help I had provided while he was away, and I agreed to his proposed treatment plan. Thomas immediately entered a doctoral program in music, where he was quickly successful and appreciated by his professors. After several months of treatment, I felt we were at a junction where we might “deepen” our work. Thus, I suggested to Thomas that he and I do some more psychological testing together. He agreed, and posed the following questions for the assessment: What are the major things that keep me from developing intimacy (to the extent of partnership) with a man? What keeps me from being more direct with my anger (an issue that came up relative to his roommate at his previous apartment and also in the psychotherapy group)? How can I constructively handle my jealousy about other people’s success at relationships? How do I not say to myself, “What’s wrong with you? Why can’t you get it together?”

First, Thomas and I repeated the MMPI–2 (Figure 3). The profile resembled the MMPI–2 from 2 years earlier, but the score on Scale 8 (56*T*) was now in the normal range. Thomas and I agreed that this change reflected the fact that he now felt more connected to me, his therapy group, and several friends, and this was confirmed by the drop on Sc1 from 72*T* to 59*T*. His score on Scale 6 (61*T*) was also higher than on the previous MMPI–2, but as Thomas commented, his recent experiences had driven home the point that not everyone was trustworthy, and it was reasonable that he should feel more cautious and guarded. Once again, there were no significant signs of psychological distress or disturbance. I told Thomas that I was not able to say much from the MMPI–2 about the questions he had posed, and I suggested that we do the Rorschach.

A Midtherapy Rorschach Experience

As I have written about elsewhere (Finn, 1994), I had a fair amount of experience by that time giving the Rorschach to my own clients midtherapy. I knew that some people cautioned against this practice, and that clients give more open, unguarded Rorschach responses to their own therapists than they do to an unknown assessor (Exner, Armbruster, & Mittman, 1978). Thus, one had to be cautious about interpreting certain Rorschach scores or one could overpathologize the client. I was confident that I could adjust for such factors in interpreting Thomas's Rorschach and that his scores would prove to be a valid representation of his internal world. My previous experiences had also taught me that giving the Rorschach to my own therapy client could be an incredibly intense experience that sometimes mobilized powerful transference and countertransference feelings. Still, I think neither Thomas nor I was prepared for what happened when we met to do the Rorschach.

The first important result was that the administration took 2.5 hr. In fact, I was not able to talk much with Thomas immediately afterward, as I had another meeting I had to attend. I considered asking Thomas to come back the next day to discuss his experience, but I felt it would be totally inappropriate, given what he had disclosed in the testing. Also, both Thomas and I were completely exhausted after the initial session. The images Thomas saw and described were raw, powerful, overwhelming, and disturbing. I felt numb and "fuzzy" after the meeting, and it took me some time to come back to myself after the experience. Thomas later told me that the same was true for him.

Here are selected responses from the response phase of Thomas's Rorschach.³

Card I, R1: I see the outline of a human pelvis, actually a skeleton. The leg bones have been torn off and the torso and rib cage also. It's like an anatomical exhibit in a medical school for a course in urology. This helps students learn about the body.

R2: I'm also seeing a bug . . . with large multipatterned wings, like under glass. It's been anesthetized with chloroform, but it's reaching toward the light. It's dark, maybe night, but it's flapping hard, reaching out, reaching toward the light.

R3: This looks like a cutout from an impressionist painting. Here are the trees, forest, lake line, and reflection. Someone cut that out from a larger painting.

Card II, R5: Two Japanese kabuki theater people. The red part is a swirl of hair done up with a wooden hairpin. They're looking at each other, in the middle of a long formal dance routine. They're wearing long flowing kimonos with spots of red. Their hands are together.

R6: This one is a scene from a slaughterhouse. The body of a sheep with the head and tail cut off, dark warm blood oozing on a stainless steel table. I see death, coldness, violence here. It's really been torn and hurt or ripped. It's not a clean death. It's a scene from an abattoir. It's a daily occurrence.

Card III, R8: This looks to me like an animal that's being dissected, I imagine in biology class. There are pins stuck to the flesh here and here. Maybe it's a frog. It's opened up, the eyes have been plucked out of the sockets, the heart is split in two, and it's splayed open. There are

two kidneys that have been excised and this is the ureter leading down to the genital area. This is an animal you learn from, something you stare at. There's a smell to this one too—of chloroform or whatever you preserve people, I mean animals with. These are the folds of the skin and the creases in the face.

Card IV, R9: This is sort of a Star Wars-esque space creature. We're down at the feet looking up. The body tapers up because of the perspective. It's a picture taken from the ground. The face looks like a vagina almost. I don't know if this is what he talks out of. He is somehow deformed, his arms didn't sprout as they should have—a Thalidomide Star Wars creature. He's viewed as defective. It almost looks like he's jumping down on you—almost like we've caught him mid-air.

R10: This is again a section from a painting—a lake. It's great. It follows the rule of thirds. There are strong diagonals. We see a big cedar tree or something here. It's just a very peaceful lake.

As these responses illustrate, Thomas had many incredibly morbid responses, interspersed with reflections and nature and landscape responses. His responses to the last three colored cards struck me as different than those that preceded them, and I assume that this was because Thomas was coping with the increased emotional arousal of those cards. Some responses to these cards were short, and almost constricted, whereas others were longer, more intellectualized, and more fantastic. The following is one of the latter responses, from Card X:

R29: These are Siamese twins, chic artistic Siamese twins dressed in Oscar de la Renta blood red gowns with sequins, with Bobby hats on like English policemen have. They are attached at the head, this is a device that keeps them alive. They're on a glamorous bed, holding a bra between them, having a joke with the photographer. They think the picture is only for their private consumption and no one else. All these colors make them happy, soothe them. They're in their early 30s. They have had a hard life, but they prevail. This is an Elephant Man-esque moment, like John Merrick tidying up to see the aristocrats. These women are well bred; they live in Paris, among the elite. They're off to a ball at the Hôtel de Crillon at the Place de la Concorde. This picture is being taken before they go out. They're horsing around. The photographer is their mother; she's saying "Smile." They're elegant and about to be taken outside to this ball at this incredible Parisian hotel. They're very excited, distracted from their station in life, from being attached at the head—sort of like Audrey Hepburn in *My Fair Lady*. They have elegant thin necks. This is a picture of elegance in the midst of horrifying sadness. This is the nobility of "I will not do as Joe Kennedy did and lobotomize my defective daughter. I will dress them up and give them the chance to interact with society." There's dignity here. It reminds me of a phrase from William Faulkner's Nobel Prize speech: "I hope man prevails." These people prevail over circumstances.

I did have the presence of mind to tell Thomas that day that I knew something really important had happened, and that he had "really told me a lot" about himself. I urged him to call if he needed to touch base before our next regular therapy session, but I was not surprised, given his characteristic reserve, that he did not.

It took me several weeks to score the protocol, and I also sought consultation from my colleagues at the Center for Therapeutic Assessment, in part because I needed help "holding" the content of the protocol. We jointly concluded that this Rorschach was in part a "transference test" (Weiss, 1993) of me on the part of Thomas, and that he was unconsciously asking, "Can you

³To see these responses in the context of the entire Rorschach, see the Appendix.

TABLE 1.—Lower portion of the Structural Summary of Thomas’s first Rorschach.

RATIOS, PERCENTAGES, AND DERIVATIONS									
R	= 32	L	= .03	FC:CF+C	= 6:8	COP = 3	AG = 2		
EB	= 14	:11.5	EA = 25.5	EBPer = 1.2	Pure C = 1	Food = 1	= 1		
eb	= 14	:6	es = 20	D = +2	SumC':WSumC = 3:11.5	Isolate/R = 0.34	= 0.34		
			Adj es = 13	Adj D = +4	Afr = 0.78	H:(H)+Hd+(Hd) = 4:8	= 4:8		
					S = 6	(H)+(Hd):(A)+(Ad) = 7:4	= 7:4		
FM	= 6		SumC' = 3	SumT = 0	Blends:R = 20:32	H+A:Hd+Ad = 21:3	= 21:3		
m	= 8		SumV = 2	SumY = 1	CP = 1				
a:p	= 20:8		Sum6 = 23	P = 5	Zf = 28	3r+(2)/R = 1.1	= 1.1		
Ma:Mp	= 11:3		Lv2 = 8	X+% = .59	Zd = +13.0	Fr+rF = 10	= 10		
2AB+Art+Ay	= 29		WSum6 = 101	F+% = 1.0	W:D:Dd = 31:1:0	FD = 2	= 2		
M	= 1		M none = 0	X-% = .16	W:M = 31:14	An+Xy = 4	= 4		
				S-% = 0	DQ+ = 20	MOR = 8	= 8		
				Xu% = .25	DQv = 4	TCI = .59	= .59		
SCZI = 2		DEPI = 5		CDI = 1		S-CON = 7		HVI = Yes	OBS = No

Note. This is the 4th edition of the Structural Summary because that is what was current at the time I tested Thomas. TCI = Trauma Content Index (Armstrong & Loewenstein, 1990).

handle me, or will I overwhelm you as I have others in the past?" I was determined to rise to the challenge.

This Rorschach, in combination with the MMPI-2 done several weeks earlier, placed Thomas squarely in Cell B of Figure 1. It is important to keep in mind the possible effects on Thomas's scores of doing the Rorschach with his own therapist. The definitive study, by Exner et al. (1978) suggests that one should expect more Blends, slightly more color and human movement responses, somewhat lower form qualities, fewer Populars, and more sex responses. Exner et al. found these differences were not extreme, however, and they therefore do not explain away the level of difficulties shown in Thomas's Structural Summary. Other clinicians have also reported that it was useful to give the Rorschach to their own clients and that this procedure yielded interpretable profiles (e.g., Keddy & Erdberg, 2010).⁴

As shown in Table 1, Thomas's Rorschach depicts severe emotional distress and disturbance, including depression (DEPI = 5), thought disorder (WSum6 = 101), problems with affective regulation (FC: CF + C = 6:8), and major impairment in the area of attachment and intimate relationships [T = 0; Isolate/R = .34, H: (H) + Hd + (Hd) = 4:8]. There also were signs evident in the response content, that Thomas felt extremely defective and damaged deep down (MOR = 8; V = 2)), although his scores suggested he covered this up with intellectualization [2AB + (Art + Ay) = 29] and by going "one-up" (Fr + rF = 10). On Armstrong and Loewenstein's (1990) Trauma Content Index, Thomas scored .59, in the range of clients who have been severely traumatized and who have dissociative disorders (Kamphuis, Kugeares, & Finn, 2000). Armstrong and Loewenstein theorized that traumatized individuals have mini-"flashbacks" as they look at the Rorschach cards, which leads them to report responses with aggressive, morbid, anatomy, sex, and blood content. Even as I recorded Thomas's responses,

I was sure that something like this was happening for him (and, as I wrote earlier, I also was sent somewhat into shock).

On close examination, another remarkable thing about Thomas's Structural Summary is that it showed the incredible psychological resources at his disposal, including intelligence and creativity (EA = 25.5, DQ + = 20), emotional sensitivity (WSumC = 11.5, Afr = .78), and a keen awareness of social rules (COP = 3, P = 5). The protocol also showed the variety of psychological defenses Thomas used to manage his severe underlying distress, including those mentioned earlier of intellectualization (2AB + Art + Ay = 29) and grandiosity (Fr + rF = 10, 3r + (2)/r = 1.1, W/M = 31/14), as well as dissociation (DQv = 4), denial (CP = 1), and schizoid withdrawal (Isolate/R = .34).

The end result was that Thomas's D and Adjusted D scores were + 2 and + 4, respectively, suggesting that Thomas's ego resources were generally enough to keep him protected from the immense amount of pain he carried inside. This ego strength is also evident in Thomas's ability to produce a normal range MMPI-2 profile. Without this result, it would be difficult to believe that a person with some of Thomas's Rorschach scores (e.g., WSum6 = 101, DEPI = 5, S-CON = 7) was not hospitalized. Instead, he was functioning quite well in the world. However, Thomas paid a cost in that his characterological defenses greatly interfered with his ability to form and maintain close relationships. Also, he was at risk of "falling through the ice" into an underlying pool of depression and self-hate, much as he had experienced when he went away to school.

I knew I could now address Thomas's main question for the assessment: What are the major things that keep me from developing intimacy (to the extent of partnership) with a man? I also thought I understood the function of his "one-up" interpersonal stance and his tendency to target himself about his inability to form deep relationships. (His third question was this: How can I not say to myself, "What's wrong with you? Why can't you get it together?") As you see from Thomas's 10 reflection responses and his W/M ratio, the Rorschach suggested he acted "better than others" to stay out of intense shame and self-hate. If one—as a thought experiment—removed those reflection responses, and recalculated the Egocentricity Index, Thomas's score would be .19, which along with his 2 Vista, 8 Morbid, and 2 Color-Shading Blend responses, suggested that he felt

⁴I do not mean to imply that the fact that Thomas was given the Rorschach by his own therapist had no effect on his responses. In fact, I am sure many of his responses were unconscious communications to me of material he wanted to deal with in the therapy. However, I do believe that the scores on his Structural Summary cannot be explained by his taking the Rorschach with me rather than with an unknown assessor.

very badly about himself deep down. His apparent reserve and grandiosity were an attempt to shore up a fragile sense of self, which under various kinds of stress began to fragment.

Therapy After the Psychological Assessment

Thomas and I began to discuss the assessment results and his questions over the ensuing months of therapy. He was extremely open to my thoughts about the meaning of the discrepancy between his MMPI-2 and Rorschach, and as recommended with clients in Cell B (Finn, 1996), I praised his considerable coping skills and talked about the risk of his “opening up Pandora’s box” if he got too intimate with someone. He responded by saying he very much wanted to work on his underlying depression so that he could have a sexual relationship with a man. We also began to discuss the content of his Rorschach responses, which opened up a whole line of history that I knew only a bit about at the time, and that Thomas himself was only partly aware of. I have thought long and hard about whether I should have rigorously pursued this history early in my work with Thomas, and although I cannot know for sure what result this would have brought, I am aware of three things that speak against this: (a) I hypothesize that Thomas and I were both unconsciously waiting until it was the right time for us to discuss this traumatic material. In my initial interview when he alluded to his early medical history, I had a strong sense that it would shame him if I asked more at the time. (b) I am reminded of A. N. Schore’s (2009) insistence that this kind of material is typically not in conscious awareness, and Thomas has assured me that he himself did not connect his early history to his difficulties in relationships. (c) I have come to believe in the power of the Rorschach to tap into and elucidate traumatic images and affect states and to bring this material out in the open where it can be discussed.

Here is what emerged at that time: Thomas was born full term, the first of his parents’ three sons. He breathed and cried right away, but, it was quickly noticed, had an imperforate anus and other abnormalities in his genito-urinary system. Basically, Thomas’s body was able to extract nutrients but was unable to excrete waste products, and he was rushed when he was 12 hr old to another large city in Texas, where he had a series of emergency surgeries over the next month. As best we could later determine from the medical records we gathered, between 1 day and 12 years of age, Thomas had 27 surgeries focused on the midsection of his body. These included a colostomy and two ureterostomies, which made openings for feces and urine to leave Thomas’s body. Eventually, he had a pull-through procedure that brought his rectum to the surface, and his ureters were connected to his urethra. However, he had no anal sphincter control at all because that muscle simply was not there.

Thomas’s mother went to extraordinary lengths to get him the best medical care in the country, and she coordinated his highly complex schedule of surgeries and postoperative care. It is no exaggeration to say that she saved Thomas’s life, and that his survival was a medical miracle at the time. One physician we later talked to said frankly that if Thomas had been born 10 years earlier, he would have died. We also learned that Thomas’s condition was such an anomaly that a number of his major surgeries took place in amphitheater operating rooms of large teaching hospitals, with medical students and other physicians observing. This helped explain the dissected and slaughtered animals in his Rorschach percepts, and Thomas’s hunger to be seen as a person rather than as an object of study.

At one point, Thomas and I invited his parents in for a session to discuss all these events, for I was sure that they could provide information that would be helpful to Thomas. It was at that point that I began to understand another aspect of Thomas’s early life. In part because of her personality, and also I believe because of the role she was thrust into as Thomas’s medical manager, Thomas’s mother seemed completely out of touch with the emotional import of what Thomas had been through. Thomas’s father deferred to his wife, and had also been unable to respond sufficiently to Thomas’s emotional needs. In fact, as Thomas later told me, his surgeries were never really discussed before or after they happened, and 15 years after the last of these, his whole family now seemed to act as if they had never taken place. Thomas still had some major medical challenges (e.g., fecal incontinence and a tendency toward kidney stones) that needed to be monitored. His mother was available for problem solving regarding these issues. However, no one talked about the heartbreak and difficulties the family had been through when Thomas was younger, and when I gently asked about this during the conjoint session, Thomas’s mother curtly brushed my question aside, saying, “One does what one has to do.” The end result of this silence was that Thomas felt like a ghost or a phantom, he said, who people “looked right through.” His early trauma had not been appropriately mirrored, with the result that his self lacked coherence and vitality.

Again, to give his mother credit, Thomas’s resilience seemed to have facilitated her not focusing on his emotions. As I read the medical records from when he was a child I saw that numerous physicians described him as bright, active, curious, and seemingly unfazed by his medical condition. We must also remember that pediatric medicine was in its infancy when Thomas was being treated, and at the time very few people paid attention to the emotional needs of children undergoing invasive medical treatments. Now there are whole therapies developed for such children that are sometimes conducted in the hospitals, where children “operate on” teddy bears and talk about their feelings (e.g., Knudsen, 1975). Still, Thomas’s family’s way of coping with an exceptionally overwhelming and painful experience—which involved functional problem solving, silence, and a focus on his considerable strengths and talents—set Thomas up, I believe, to have massive shame and to feel that his medical difficulties were not to be talked about with others.

As Thomas and I began to explore these matters in our sessions, I found that we had to move very slowly. First, it became clear that Thomas was overwhelmed easily by emotions and he would dissociate very quickly once we moved from facts to feelings. Once, after we spent a session looking at some of his medical records, he was in a daze for hours afterward. I remembered his Rorschach results, and we learned to pay close attention to when Thomas would start to go into shock and to back off and slow down. Second, we went slowly because Thomas was very protective of his parents, especially his mother, to whom he was grateful for having saved his life. Thus, initially he was reluctant to dwell on anything that could be construed as criticism of them. I learned to keep my tone extremely neutral and simply to talk about what I thought he might have needed as a child and what would be helpful from his parents now (i.e., some acknowledgment that some aspects of his life continued to be difficult).

In part because of the shame that showed up on his Rorschach, I also gave Thomas wide latitude as to what he shared with his

therapy group. For a long while, he told them nothing about his medical history and current struggles. Gradually, with my coaching, he shared a little and was encouraged by the acceptance and compassion he received. The other men began to understand him more, he was more vulnerable with them, and I began to sense a deeper attachment forming. This paralleled the growing affection I felt for Thomas. I had always liked him, identified with him some, and admired his brilliance. As we worked on his medical trauma, though, I began to feel more protective, more connected and caring, and more fatherly toward him.

A Therapy-Induced Crisis

As our work unfolded, Thomas began coming to therapy twice a week. I believe this gave him the added support he needed to go deeper. Thomas began to talk about a subject he had never discussed with anyone: his intense body shame. I learned that he had numerous surgical scars criss-crossing his torso, and that he kept a shirt on even when swimming. He said that he hated even looking at himself in a mirror. He also revealed the difficulties he had with his kidneys and his bowel functioning, and he told me of his conviction that no man would ever want to be sexual with him in part because of this. I encouraged him to visit a specialist to see if anything could be done to help; as a result he started taking a new medication, and his daily bowel functioning got considerably better. He talked in the therapy group about the scars on his body and the group reacted well. He even experimented with taking his shirt off at a local swimming hole, and was encouraged when no one reacted negatively.

It was about this time—when Thomas began to have a bit of hope—that he suddenly plunged into a period of intense despair. He became suicidal, and in several poignant individual sessions sobbed as he talked about how completely worthless and deformed he felt. My heart ached for him, and his despair was difficult to sit with. At one point I even considered suggesting hospitalization. During one session, Thomas described himself as being in the “Valley of Death,”⁵ and I guess I went there with him to some extent. I was quite scared and worried that I was taking the wrong approach in his treatment, and that I had made things worse for him. (The reader might remember that these were the exact same feelings reported by my colleague who worked with “Bob.”) I had one or more sleepless nights after Thomas called me at home in the evening, desperate and in anguish. I got support from my colleagues, and comforted myself by remembering my own “dark nights of the soul” in psychotherapy—from which I eventually emerged better than ever. I did not know exactly how to help Thomas, but I was determined that I would be as present as I could be with his pain, so that he would not have to experience it alone. Then one day, perhaps in part to soothe myself, I asked Thomas if he would complete another MMPI-2. He was willing; the resulting profile is shown in Figure 4.

Thomas’s MMPI-2 from this time was highly distressed and disturbed, and it resembled the profile typical for trauma survivors or people with borderline level personality organization. Strange as it might seem, however, I found the MMPI-2 comforting and helpful. It was comforting because

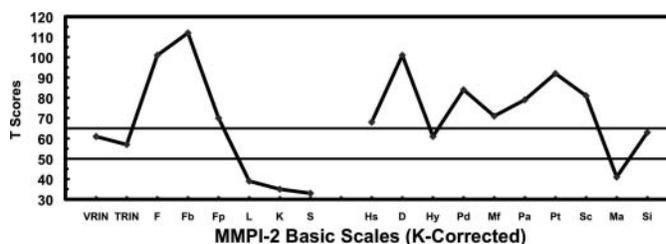


FIGURE 4.—Thomas’s MMPI-2 profile when he was in crisis midtherapy. VRIN = Variable Response scale; TRIN = True-Response Inconsistency scale; F = Infrequency; Fb = Back F; Fp = Infrequency Psychopathology; L = Lie; K = Defensiveness; S = Superlative Self-Presentation; Hs = Scale 1, Hypochondriasis; D = Scale 2, Depression; Hy = Scale 3, Hysteria; Pd = Scale 4, Psychopathic Deviate; Mf = Scale 5, Masculinity-Femininity; Pa = Scale 6, Paranoia; Pt = Scale 7, Psychasthenia; Sc = Scale 8, Schizophrenia; Ma = Scale 9, Hypomania; Si = Scale 0, Social Introversion. Excerpted from the *MMPI®-2 (Minnesota Multiphasic Personality Inventory®-2) Manual for Administration, Scoring, and Interpretation, Revised Edition*. Copyright © 2001 by the Regents of the University of Minnesota. All rights reserved. Used by permission of the University of Minnesota Press. “MMPI” and “Minnesota Multiphasic Personality Inventory” are trademarks owned by the Regents of the University of Minnesota.

it gave me a rubric for understanding the emotional place Thomas was in. This profile is almost an exact representation on the MMPI-2 of the difficulties that had shown up earlier on Thomas’s Rorschach: depression, confused thinking, problems with emotion management, and severe alienation and isolation from others. This profile was very different than the earlier ones from Thomas, and I realized that through our work, he and I had gotten beneath his sturdy defenses, and what was an underlying disturbance previously was now out on the surface. In effect, Thomas had moved from Cell B to Cell A on the MMPI-Rorschach table (cf. Table 1), and he was in a therapy-facilitated period of extreme pain. I still worried about whether he could survive the process intact, but the MMPI-2 also gave me an idea about how to proceed.

In examining his test scores I also realized that Thomas was struggling with a great deal of rage, which had yet to be expressed. The highest code type, 2-7-8—which is associated with depression, anxiety, shame, and suicidal ideation—was just slightly above a lesser-elevated 4-6 code type. This latter pattern often indicates anger, vindictiveness, and sadistic tendencies. I also remembered that on his Rorschach, Thomas had an elevated number of white space ($S = 6$), and aggressive movement responses ($AG = 2$). I hypothesized that Thomas’s hope had begun to mobilize another part of his grief process—his fury toward his family and the physicians who operated on him. However, this anger was severely blocked, in part because he had to split it off growing up, and also because he continued to be quite involved with his family. I wondered if Thomas’s urges to kill himself were a reaction formation against his desire to murder his “saviors.”

I did not interpret this directly to Thomas at the time, but I began to listen for, ask about, and support any signs of anger that I heard. Within 9 to 10 months, Thomas was talking in individual sessions about his fantasies of torturing and humiliating the surgeons who had operated on him. He also got a great deal of support from the other men as he brought this material into his therapy group. As time went on, Thomas accessed anger at his

⁵I am sure Thomas was referring to the “Valley of the Shadow of Death” from Psalm 23, which he knew well. I found his slight error significant and even more descriptive of the process we were undergoing than the original phrase.

parents for being so emotionally unavailable to him, and for not having really “seen him” for who he was. We then had a series of individual sessions in which he raged about his parents’ decision to keep him alive rather than let him die as an infant. As he did this work, his depression began to abate and he seemed more peaceful. Then one day, he announced that he had firmly decided he was better off alive than dead, and that he was glad—in spite of all he had been through—for the medical interventions that had saved his life. We both wept and I knew that he had turned a crucial corner.

Final Stages of Treatment

Thomas continued in individual treatment with me for another 5 years after that session (making 8 years in total), but rather than continuing with my detailed account, I briefly summarize the latter half of our work. I ended my therapy group, and Thomas joined another run by an excellent therapist I knew. Thomas did a number of Eye Movement Desensitization and Reprocessing sessions with a colleague, which he found extremely useful. He also began taking Lexapro and Buspar, which he felt helped transform his personality and give him access to a wide range of experiences he would otherwise never had. Of course there were more periods of depression, but none as severe as the one I have described. Then, at one point, Thomas went off to Europe for a year to pursue his music. We kept in contact during that period, and it was there that he had his first significant sexual relationship with a man. His heart was broken when the relationship ended, but Thomas realized that it had nothing to do with his body, and soon he began to date another man. He came back to the United States, finished his graduate degree, and continued to see me in therapy once or twice weekly. We spent a great deal of time talking about his dating, with his gradually becoming more discerning about the partners he chose. After his graduation, he obtained an excellent position in a large city elsewhere in the state. We had 6 to 7 months to talk about our therapy ending, and he was eloquent in his appreciation of me and of our work. We also did another MMPI-2 and Rorschach about a year before we ended.

The MMPI-2 profile was not as good in some ways as Thomas’s initial profile, in that it showed a bit of depression, some anxiety, and some struggles with self-esteem. In many

ways, however, it seemed a much more realistic profile for someone with Thomas’s history than what he had first produced before getting deep into therapy. The second Rorschach was quite complex, like the first one (see Table 2 for the Structural Summary). It still showed a great deal of painful affect and disturbing ideation, but the object relations were better. The HVI was no longer positive, the number of reflection responses had dropped from 10 to 3, the Isolate/R was .20 (as opposed to .35), Thomas now had a Texture response and 11 Pure H responses, and the H balance was better (11:2 instead of 4:8). There were signs that Thomas felt better about himself; for example, there were no Vista responses and the Morbids had dropped from 8 to 6. The Trauma Content Index (Armstrong & Loewenstein, 1990) had also dropped from .59 to .38. In summary, Thomas seemed to feel somewhat better about himself, less alienated and isolated, and had achieved some resolution of his past trauma, with the result that he was using less narcissistic defenses. His perceptual accuracy on the second Rorschach was slightly worse ($X + \% = .48$ vs. $.59$), but this appeared partly due to his being less distanced from his feelings.

The full response phase is presented in the Appendix. Some of the responses were still quite disturbing and traumatic (e.g., Response 6), but there were also a number of responses that contained content (absent from the first Rorschach) related to nurturance, transformation, and exploration. Here are excerpts of some of these responses:

Card I, R3 (inverted): These are two hummingbirds with oversized heads, both feeding from the same food source, honey or some sort of container. These are the beaks up here receiving sustenance. They have oversized heads, but everything else is in proportion. Their wings are beating. They’re content as they feed . . .

Card III, R12 (<): A long skinny fish floating over a bigger fish who’s malformed and stuck to a food source. Perhaps it’s an underdeveloped fish that develops outside. It’s waiting to be a big fish. It’s not done with the food source. It’s gone a long way, but probably has another couple of weeks. It’s still tethered to the food source and will die if separated. It has to stay and be content with the long skinny fish swimming around. But they’re making friends. “When I get done, we’ll play.” This is a transition. It’s hopeful, healthy, doing what it should. It’s taking

TABLE 2.—Lower portion of the Structural Summary of Thomas’s first Rorschach.

RATIOS, PERCENTAGES, AND DERIVATIONS									
R	= 40	L	= .14	FC:CF + C	= 4:12	COP = 7	AG = 2		
EB	= 15	EA	= 29.5	Pure C	= 1	Food	= 4		
eb	= 24	es	= 27	SumC’:WSumC	= 2:14.5	Isolate/R	= 0.20		
		Adj es	= 13	Afr	= 0.43	H:(H) + Hd + (Hd)	= 11:2		
		Adj D	= +4	S	= 1	(H) + (Hd):(A) + (Ad)	= 2:3		
FM	= 14	SumC’	= 2	Blends:R	= 20:40	H + A:Hd + Ad	= 33:3		
m	= 10	SumV	= 0	CP	= 1				
a:p	= 20:19	Sum6	= 30	P	= 10	Zf	= 38	3r + (2)/R	= .63
Ma:Mp	= 7:8	Lv2	= 12	X + %	= .48	Zd	= +13.0	Fr + rF	= 3
2AB + Art + Ay	= 27	WSum6	= 123	F + %	= .40	W:D:Dd	= 32:4:4	FD	= 3
M	= 3	M none	= 0	X-%	= .23	W:M	= 32:15	An + Xy	= 1
				S-%	= .11	DQ +	= 33	MOR	= 6
				Xu%	= .30	DQv	= 2	TCI	= .38
SCZI = 4		DEPI = 5		CDI = 2		S-CON = 8		HVI = No	
								OBS = No	

Note. This is the 4th edition of the Structural Summary because that is what was current at the time I tested Thomas. TCI = Trauma Content Index (Armstrong & Loewenstein, 1990).

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nurturing from the food system and getting ready to interact once he gets un-tethered. It's a hopeful, happy picture.

Card IV, R14 (>): This is the picture of where a land bomb has gone off. An explosion has lifted up the ground, intact. It takes the roots and trees intact and blows them off. . . . It was a big messy bomb, but this was not about destruction or devastation. This is not an unhappy picture. . . . It looks like barren land, but it will be fruitful. But it won't have that root system there. It'll start over.

R16 (<): This is just another view of two images ago . . . You can see a bit better the damage done to it. It's not been totally leveled. There's a good bit left, but the part that's been cut off is significant, the tallest part. There's quite a bit left, really dense green left. This operation meant to cut off just a bit. It's not a whole land bomb. The part that got blown off had just grown wild and gotten out of hand. . . . There's solidity here, not devastation. It's like land surgery, major land surgery. But the core part is there. It's fine.

Card V, R17: I see a moth. I think I saw one last time. This vaguely reminds me of that image, but this moth is getting rid of its old legs. The middle part is the true moth growing out of it. . . . This part on the side is the old part, molting—in the final stages of molt. Once it comes out, it will have a sleek firm body, which will allow more movement. The old appendages are about to fall off. It's coming out of its adolescence and the moth is ready. It's time to let go of the old, and this moth is ready to do it.

Card IX, R35 (inverted): All I see, it's hard to make out, are two Chinese goldfish, beautiful peach-colored goldfish in a pond, exploring under a plant searching for food It's peaceful, soothing to look at. Beautiful pale orange fish underneath a gorgeous flower blooming, intense pink with green leaves. . . . It's so pretty, soothing; there's a glorious light. There are so many hues of color. That's what I like. They're going to the depths, taking the plunge. I want to swim with them in the clear water. They're in the moment of descent, in a deep, rich, murky, nutrient-rich spot beneath the plant. . . . It's nutrient-rich water. I can taste it. The fish will slurp it up. I want to go along, ride on their backs, go along with them. I love this hue of pink. It's so happy—the color of hydrangea—sweet, feminine, but it's got power. It's beautiful. I would want 15 vases of these flowers inside my house. It's a picture of life: blooming, feeding, thinking. Healthy fish going down to feed themselves. A flower at the peak of its time. It's exciting, the unknown in this. What will the fish find? Where does the flower come from?

Overall, I found these responses comforting. I understood that the work Thomas and I had done had been extremely difficult, that his traumatic history would always be somewhat present with him, and that he feared he was not yet ready to separate from me. It was also apparent, however, that he had come through the therapy changed and renewed, and I believed he was almost ready to leave me and go out into the world. We worked for another year and then said goodbye. This was approximately 7 years ago.

Thomas has visited me multiple times since he left town, and he is now doing quite well. He is well liked and appreciated at his work, has several good buddies, and most important, is now living with a partner, Gustavo, with whom he has been in a sexual relationship for several years. When Thomas and Gustavo were getting ready to move in together, he brought Gustavo in to meet me when they were in Austin together. I liked Gustavo immediately, and am very happy that the relationship

is succeeding. When Thomas visits he says that he still misses me, and I still think about him often and am very grateful for the experience of working with him.

Recently, Thomas and I have had more contact, because he reviewed this manuscript, corrected several errors in the history, and gave me permission to publish the article. I had initially omitted details about Thomas's medical condition to protect his confidentiality, but it was his opinion, and I came to agree, that this level of information is necessary for readers to get an accurate sense of his experience. Finally, at my invitation Thomas wrote a short piece about his experience of the events I relate, which I append here.⁶

A COMMENT FROM THOMAS

The way of love is not
a subtle argument.

The door there
is devastation.

Birds make great sky-circles
of their freedom.

How do they learn it?

They fall, and falling,
they're given wings.

—*Jalal ad-Din Muhammad Rumi, 13th-century Sufi poet*

Steve Finn shared this poem with me sometime in the summer of 1998, when we were in the deep throes of my psychological testing and my response to it. As I studied and absorbed its wisdom, the poem soon became the perfect summation of my psychological path, and as I came to learn, my spiritual path, too.

There was nothing subtle at all for me about the results of my psychological testing.

The metaphors—succinct and dead on—that the two Rorschach tests and the MMPI-2 profiles provided me spoke to a pain before and beyond words that I had always carried. Until the testing, I had indeed worked hard in therapy, but it was rather like snorkeling: I descended, held my breath for a while, surveyed the underwater landscape, and then returned for air. Therapy after the testing was like an extended visit to the

⁶I made the decision to include the added information only after careful deliberation and after consulting with numerous colleagues and several ethics experts. In the end, it was clear to me that Thomas's urge to tell his story "as it really was" reflected his having overcome great shame about the things revealed in this article and not some pathological form of exhibitionism. I also felt it would be hypocritical and antitherapeutic on my part to urge more secrecy than Thomas wanted. Thomas and I thoroughly discussed the possibility that a motivated person could determine his identity and thereby link him to the highly personal information revealed here. He did not dismiss this eventuality, but said it did not worry him and would not cause him harm if it happened. In a series of discussions, Thomas and I also talked about the relational and psychological meaning of my having chosen to write about him and our work. Once again, I was impressed by his openness, level-headedness, and psychological awareness. I became convinced that our work on this article had in fact reinforced some of the gains Thomas made in therapy. Finally, I acknowledge that it is not commonplace to ask a client to contribute a comment to a published case history, but such an action fits well into the humanistic and phenomenological model of collaborative/therapeutic assessment that I use in my work (Finn, 2007; Fischer, 1985/1994), and also is encouraged by this journal for cases submitted for publication (Meyer, Nichols, & Handler, 2005).

Mariana Trench. I had no idea as I completed the tests the rich and painful bounty they would yield. The world opened to me through psychological testing was totally foreign, treacherous, full of chasms and pools of quicksand. The testing cut through like a razor to my core beliefs, attitudes, assumptions, and patterns that were totally unconscious to me yet that shrouded every part of my experience. Working with the issues and experiences they brought to my consciousness has been the most important part of my growth as a human.

As Steve recounts, this work was long, exceedingly difficult at times, and did not yield immediately rewarding results.

Lucky for me, though, Steve's hand (as were the hands of the other therapists in Austin with whom I worked) was steady and sure.

After my psychological testing, I was Rumi's bird, falling at what seemed like a million miles an hour toward the ground, unsure what was ahead other than certain annihilation. Very, very slowly, my descent slowed and I began to grow wings—wings that have enabled me to say a clear and unambiguous “yes” to life and its complications; wings that finally allowed me to heal from 30-year-old scars; wings that helped me enter intimately instead of terrified into relationships with my family, my friends, and my lover.

Thanks to Steve's expert guidance and to my own work, I now have my wings—born of devastation and of love.

SUMMARY AND CONCLUSIONS

In closing there are a number of points I wish to stress.

1. It is a rigorous process to do long-term psychotherapy with clients who effectively use coping mechanisms to deal with underlying states of depression, shame, emptiness, and anger. Clearly this work is not for everyone! As I tried to illustrate with the case of Thomas, it can be quite frightening, destabilizing, and overwhelming—for both client and therapist—to form the kind of attachment that exposes clients' underlying pain and difficulties. My experience is that often clients “check out” therapists unconsciously before really starting this work; silently asking them, “Will you be there with me if we open this up?” and “Do you really believe I can get through this pain to another place?” And perhaps therapists are also deciding, inside themselves, “Am I ready to take this journey again?” and “Is this a person I can commit to?” I think this kind of mutual sizing up is essential, because once the uncovering process is begun, it might be impossible to stop it and put the lid back on Pandora's box.

I also want to emphasize that there is no shame for either client or therapist in deciding not to pursue such a lengthy or rigorous course of treatment, and that timing is important. Clients who do not have the energy, resources, or will for this type of psychotherapy are really better off doing something briefer and less intense. Therapists who do not have the time, desire, or emotional energy to engage in this type of work are better off referring the client to someone else, or offering to help them in other ways. I know from experience that there are many things one can work on and address with clients without engaging in long-term intense psychotherapy. I also acknowledge the reality that many clients are not in the financial situation to undertake this kind of work, and that long-term psychotherapy is not easily available to people who cannot pay for it themselves.

Understanding the rigors of long-term therapy for clients in Cell B helps psychologists give informed consent to clients and not be naive or overly optimistic when making treatment recommendations. It also helps me stay humble when a client “passes” on this kind of work, for example when we have reached a juncture where our therapy could go deeper and the client instead decides to terminate. For the truth is, I really do not know if uncovering old wounds is the best approach for the person, whether it is the right time to do that work, or whether I am the best person to work with that particular client.

2. Multimethod psychological assessment can be enormously helpful in the process of long-term psychotherapy, by identifying those clients who could benefit from it, helping therapists gain more empathy for their clients' dilemmas of change, providing guideposts and reassurance for clients and therapists as they walk through the Valley of Death, to use Thomas's term, and tracking changes in clients as therapy progresses. To return to the case of Bob from the beginning of this article, I was able to use the client's assessment results to explain to my colleague that she had not done anything wrong, that she had been partially right about Bob's good ego strength, and that I thought that she and he could get through the difficult period they were in. At a follow-up 3 months after the assessment, Bob was still depressed, but not suicidal, and my colleague was no longer scared and confused about what was happening in the treatment.

In that instance, psychological testing was useful in giving new information to the client and therapist and making sense of a confusing and frightening experience that was occurring. However, I agree with Appelbaum (1990), the famous assessment psychologist, who asserted that an assessment could be invaluable even if it were only to confirm what a therapist already thought he or she knew about a client. Appelbaum commented that in the middle of long-term psychotherapy it is easy to lose one's bearings and that he would often have given his eye teeth just to have independent support for his working hypotheses and treatment plan. Assessment can provide such independent confirmation.

To return to a point emphasized in the *Psychodynamic Diagnostic Manual* (PDM Task Force, 2006), the type of assessment that is necessary in such situations is one that documents the overt symptoms and behaviors of the client, but that also goes beyond them to focus on the client's internal experience and to illuminate the client's as-yet unvoiced emotional dilemmas. In my experience, this kind of assessment requires a multimethod approach that utilizes interviews, self-report instruments, and performance-based personality tests such as the Rorschach and AAP.

3. When a client and therapist are ready to deepen their work, psychological assessment can help them do so. As is evident in the case of Thomas, the midtherapy Rorschach and MMPI-2 profiles not only gave me a road map for what Thomas was going through, but they also spurred our transition into the deeper work in the first place. Again, I believe this catalytic effect is more profound when the therapist conducts the psychological assessment himself or herself with the client. Sometimes I like to play both roles—of therapist and assessor—to create this kind of intensity in the treatment. Other times, for example, with clients I find personally challenging, I ask one of my colleagues to do the assessment

so they can serve as an outside support and advisor for my work with the client. I have been helped with my own clients by my experience being the outside consultant for therapists working in long-term therapy with clients in Cell B.

4. Getting training and experience in psychological assessment and long-term psychotherapy will help you get better at both. Doing long-term psychotherapy with Thomas and other clients has taught me, on a visceral level, what certain MMPI-2 and Rorschach scores most likely mean for clients and their treatment. This experience has helped me find convincing clear language with which to give assessment feedback to clients and referring therapists. It has also assisted me in making more realistic treatment recommendations; I do not tell clients in Cell B that they can probably resolve their intimacy problems with a year or two of psychotherapy. Conversely, by studying clients' assessment protocols, I have become more attentive to certain processes in psychotherapy. I am more aware now when clients are defending against painful affect in sessions, and of what certain psychological defenses look like in real life. This allows me to make more fine-tuned interpretations, which are better timed and more mirroring of clients' experience. I strongly believe there are numerous benefits in getting well trained in both assessment and psychotherapy.
5. Last, our profession suffers when we make too big of a distinction between assessment and psychotherapy. Although each type of work does require certain special skills and training, I believe we hamper ourselves when we insist on seeing assessment and psychotherapy as completely separate enterprises. I have built my career on the belief that many forms of psychological assessment have powerful therapeutic potential. I also firmly believe that high-quality psychotherapy requires a process of constant assessment and reevaluation, whether one achieves this through formal psychological assessment or in some other way. This leads me to recommend that we reexamine long-standing rules of thumb that, for example, therapists should never test their own clients, or that clinicians should never accept clients for psychotherapy whom they have previously assessed. These old guidelines do alert us to potential challenges that occur when we combine assessment and psychotherapy. However, if we adhere to such rules inflexibly, we miss out on incredible opportunities to help our clients grow and to further our own development as psychologists and as people.

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APPENDIX

RESPONSE PHASE OF THOMAS'S TWO RORSCHACHS

Thomas's First Rorschach

Card I, R1: I see the outline of a human pelvis, actually a skeleton. The leg bones have been torn off and the torso and rib cage also. It's like an anatomical exhibit in a medical school for a course in urology. This helps students learn about the body.

R2: I'm also seeing a bug, this creature thing, with large multipatterned wings, like under glass. It's been anesthetized with chloroform, but it's reaching toward the light. It's dark, maybe night, but it's flapping hard, reaching out, reaching toward the light.

Should I say more? [*SF: It's up to you.*]
Can I turn it? [*SF: It's up to you.*]

> **R3:** This looks like a cutout from an impressionist painting. Here are the trees, forest, lake line, and reflection. Someone cut that out from a larger painting.

I can keep talking, but don't want to keep going if it's too much.
[*SF: It's up to you.*]

V R4: This almost looks like a football mascot. Here are the eyes. An angry creature reaching out for the ball. A mascot à la Texas Tech Red Raiders.

Card II, R5: Two Japanese kabuki theater people. The red part is a swirl of hair done up with a wooden hairpin. They're looking at each other, in the middle of a long formal dance routine. They're wearing long flowing kimonos with spots of red. Their hands are together.

> **R6:** This one is a scene from a slaughterhouse. The body of a sheep with the head and tail cut off, dark warm blood oozing on a stainless steel table. I see death, coldness, violence here. It's really been torn and hurt or ripped. It's not a clean death. It's a scene from an abattoir. It's a daily occurrence.

I think that's all I see.

Card III, R7: I see two people, two women, with breasts here, their back, rear end, feet. I don't know what kind of position that is. I thought it was two women, but this looks like a penis. It's almost like their fucking something. I don't know. There's a butterfly in between them, and almost like little Christmas tree ornaments hanging down from above. We're in the Eden place where all you can do is fuck and look at butterflies. They're holding what they are fucking and these angels are singing.

V R8: This looks to me like an animal that's being dissected, I imagine in biology class. There are pins stuck to the flesh here and here. Maybe

it's a frog. It's opened up, the eyes have been plucked out of the sockets, the heart is split in two, and it's splayed open. There are two kidneys that have been excised and this is the ureter leading down to the genital area. This is an animal you learn from, something you stare at. There's a smell to this one too—of chloroform or whatever you preserve people, I mean animals with. These are the folds of the skin and the creases in the face.

< Nothing else comes to mind with that one.

Card IV, R9: This is sort of a Star Wars-esque space creature. We're down at the feet looking up. The body tapers up because of the perspective. It's a picture taken from the ground. The face looks like a vagina almost. I don't know if this is what he talks out of. He is somehow deformed, his arms didn't sprout as they should have—a Thalidomide Star Wars creature. He's viewed as defective. It almost looks like he's jumping down on you—almost like we've caught him midair.

> **R10:** This is again a section from a painting—a lake. It's great. It follows the rule of thirds. There are strong diagonals. We see a big cedar tree or something here. It's just a very peaceful lake.

V R11: This way it's of a horse-like, goat-like creature . . . a Merlin, a sorcerer. Here is the crown, the eyes, and the horse-like face, with webbed limp things. It's casting a spell and welcoming me in, sitting on a throne, about to embrace me. He's regal. This is an aristocrat, elegant, almost like from a family crest. He's noble, king-like, powerful, reserved.

< **R12:** I see this man's head coming out of a swan's body. The swan is looking backwards. This pastiche of animals . . . a dog-pig raising its head here in this background. It could be cover art for a William Faulkner novel. And again, the reflection in the water.

Card V, R13: I see a butterfly, a moth, not a very interesting one . . . a run-of-the-mill moth splayed out that would get caught in a light bulb in the porch outside. Nothing more to say about that one.

(*Turns card.*) I just keep seeing the same thing.

Card VI, R14: I see this Indian goddess in this really terrific fabric gown, something on top of something, with long flowing black hair and her arms outstretched. Her daughter is in front. They're in an Indian holy place. We're only seeing the back of them. I don't know what they're on top of. It's some nondescript place. I don't know what this is. There's some shaft going on, it leads to a light place. Maybe they're saying a prayer for this too. I don't know.

V R15: This is a mother here and her mirror image and a machine gun of some sort. She's protecting her child, who is being attacked by someone. She's not firing, just threatening to, saying, "I will use the gun." Her son is here. There's fire here, smoke, it's like a hologram of a giant burning fire. Out of it comes this image. She's dressed almost Marian-like, the Virgin Mary, Middle Eastern. "No one will harm me or my son." She was left by her husband and only has her son and herself and the gun and the people who are after her or him. It's definitely in Jerusalem or someplace in the Middle East. There's lots of sand on the ground and it's very hot. She has dark black eyes, and olive skin, and she's not afraid to kill and will do so if provoked.

< **R16:** I'm seeing this tugboat, steamboat thing going along a river. It's leaving behind this Oz-like place with Gaudi sculpture, a funky Pee-wee's Playhouse, like the Cathedral of the Sagrada Familia in Barcelona. Things are melting, but not in a bad way. It's a playful steamboat; it set sail from this fantastic city, this fairy tale land. It's

cartoon-esque. The ship talks. Here's an eye. It could be out of Dr. Seuss land. The ship's name is Morton. It just goes along, doing what a tugboat does. It grew up as a young tugboat. Now it does what a middle-aged tugboat does. It's not a superhero, or a guardian angel. It doesn't carry a gun. If pirates came along it would be toast. This is a happy fairy tale with no marauding ships. But if there were any he'd be stepped upon. He's heading home. My goodness!

Card VII, R17: Two women from the 1950s who are staring at each other. No, almost like the red-headed character from the *Flintstones*. Thelma? She's looking at herself in a mirror. Her ponytail is flipped up, her hands splayed out in back, grinning to herself. But the aesthetic is from the 1960s. The hair, the skirt is long, the prim and proper blouse. I can imagine pearls being here. She has a very thin waist. She has taken heed of what the culture has told her to please her husband. She diets, smokes Lucky Strike cigarettes—short without filters—to keep her weight down. She takes pride in her small waist and will insist her 7- or 8-year-old daughters will conform also. She doesn't love easily. She's a very insecure woman. Her husband is a bit of an ass. These people aren't terribly high, just middle-class people in the late 50s, early 60s. She will ignore *The Feminine Mystique* when it is written in the early 1960s and keep doing the same thing. Her daughters don't like her. She's a very, very sad woman.

V R18: It's almost this doll from *The Nutcracker*—a Chinese variation of the doll from *The Nutcracker*. It has a big head and it's doing a Cossack dance, with legs splayed out, lined up with other people with its arms outstretched, wearing a bright-colored military outfit—blue with brass buttons. It has a stolid, inexpressive face with a moustache—a figure from prerevolutionary Russia. He's pompous, full of shit. Yet there's something comforting about it. He's dumb. He's a soldier in real life. He's not sharp enough to see that he's being manipulated and will be sent to die. The officers are watching in the audience and know these enlisted men will be sent out to die. It's like from *Life* magazine—Maxim entertaining the officers at the commissary—full of joy. This is the human side of war. Then we go to the next section two or three pages later. Maxim gets bumped off in the Siberian tundra, wearing the same jacket. We are meant to see this as . . . it comes from a photo essay on the horrors of war. Maxim—not very bright, but committed to the cause—dies. His mother and brother have come from Novosibirsk to watch the show. Another picture shows mom and son watching this happy performance. The caption says, "Little did mom and little Vladimir know that soon Maxim would be dead." That's how this fits in the narrative.

(Looks on the back of the card, sighs, rubs his face.)

Card VIII, R19: I don't know what the hell this is. I see two bears climbing up something. It reminds me of two bears climbing up a uterus—these sperm-like bears climbing up this uterus.

R20: Maybe to me it resembles a Georgia O'Keefe painting, vaguely resembling a bright flower, but it looks very vaginal to me.

R21: This comes from a medical textbook. It has to do with men's or women's genitalia, illustrated by Netter. It's muted clamshell gray. I don't know what this part of the body is or does. But it's a very important part of the urinary system or sexual system. I don't know what it is and I'm not getting help understanding what it is. Here are little vessels or veins. The text is written very coldly, sparsely, with no emotion in it. It's simply an exhibit—one colored image, excising it from the body—this organ and coloring it these artificial colors. It exists without the body—without the human. The blue part has a rubbery feel, like a

lung. This has a synaptic feel—gray, long, and sticky. There is blood flowing through here. It's receiving life from the red space. I'm afraid of this picture, of this blue part. It just seems very objectified. I know I have one of whatever these are, but I don't want . . . I'm interested to know I have one and what it looks like, but I don't know what it is.

> **R22:** This view is another lake view, with bison. It's in Arizona or California. Here are outcroppings of red stone. These aren't true colors; they've been tinted. The bison are in mid-motion, bigger than life. This is a picture from an Indian mythology book, the wild god Bison, stepping up to the sun. It's an illustration from an Indian children's book about the sanctity of nature, that bison are divine, and that the great god Bison is up in the sky. This is the Indian equivalent of Christ's resurrection. Creation has won an earthly battle and is about to take its place on high. It's steeping on the giant stone creature. It's not fierce, more like the Indian equivalent of Aslam, stepping up to take his place on high with the sun god. It's joyful, the end of the Indian children's myth. This is Little Orphan Annie singing "The Sun Will Rise Tomorrow." This is a picture from a storybook Indian mothers read to their children. The caption says: "The great god Bison took his place on earth." The child is filled with comfort. There's order in the world. The mother shuts the book and kisses the child. It's a perfect ending. There's hope. It's like an altarpiece with Christ writhing inside with pain and then panels with technicolor Jesus, a picture of total glory. This is that equivalent for me for Indians. *(Sighs loudly)*

V R23: I just see a pretty design, this is a flower of sorts, the leaves, the root system. It's a pleasing, somewhat abstract design of a flower for a tacky piece of wallpaper. Someone saw this design and thought it would look good in someone's dining room, so they replicated it 1,000 times. But it's ugly times 5,000 on someone's wall.

Card IX, R24: Two witch-like characters, drinking, playing jazz, having a good time. It's Halloween, they're dressed up in an outfit, drinking of alcohol of some sort, maybe champagne, spraying something back and forth to each other. This is a scene from a Disney musical about Halloween. There's an orchestra playing the background, singing *Halloween Rock*, some kind of Leonard Bernstein number. It's not a new cartoon. It's from the 1940s when they had imagination. These are genies from Iran or Iraq at the graveyard—genies summoned out of bottles by two sorcerers, singing a song, smiling. They had been unable to get out of their bottles. There's a smoky feel and there's dancing in the background. These are two contented dead souls and every October 31st they party. The evening starts out very happy. I imagine they're in New Orleans. There are black harmonies, jazz harmonies, and orchestra of black men on Charles Street in the French Quarter. They are happy to see each other again, to be risen from the dead. But sadness pervades the end of the evening because they must go back until next year. This is the very beginning of the evening. The party has just started. These people are dancing, the dance of the dead, but with the genies. They're not out to grant wishes, just doing their dancing thing. It reminds me of *Fantasia*, a 1950s hip version of *Fantasia*.

> **R25:** This way I see a tree. God has sent down a lightning bolt. He's pissed at someone. He's started a flame. These are tongues of fire, or . . .

R26: These are flames of the Holy Spirit descending on the earth, coming down en masse, flame lapping up in the air. This is a picture of salvation, of damnation. It's not a burning tree. It's about to stretch towards all humanity and take in an embrace. This is salvation. This is a sophisticated picture. Here are the tongues of fire. "And the Spirit

dwelt among us.” It’s done quietly, with no fanfare, a silent descent. This is Pentecost.

V I don’t see anything with that one.

> **R27:** I see the belly of a goldfish rising up to meet the water line. There’s a bubble of oxygen, and a plant here. It’s very soothing—the dark green and the beautiful orange. It’s like a tiger fish in a Chinese restaurant, with glorious glowing fins, and a wonderful shimmer. (*Makes swimming motions with his hand.*) It’s coming up to drink. We have a wonderful moment of seeing it spread out coming to drink.

Card X, R28: Immediately I see Paris, the Eiffel Tower, images of excitement. The shapes don’t represent things; they are excitement. All of the colors accent the wonder of the Eiffel Tower. Only this structure represents something real. All the rest is Paris. “Ooo la la, c’est Paris! C’est jaune. C’est bleu. C’est vert.” It’s from the 60s, although the blue is a 50s color.

R29: These are Siamese twins, chic artistic Siamese twins dressed in Oscar de la Renta blood red gowns with sequins, with Bobby hats on like English policemen have. They are attached at the head; this is a device that keeps them alive. They’re on a glamorous bed, holding a bra between them, having a joke with the photographer. They think the picture is only for their private consumption and no one else. All these colors make them happy, soothe them. They’re in their early 30’s. They have had a hard life, but they prevail. This is an Elephant Man-esque moment, like John Merrick tidying up to see the aristocrats. These women are well bred; they live in Paris, among the elite. They’re off to a ball at the Hôtel de Crillon at the Place de la Concorde. This picture is being taken before they go out. They’re horsing around. The photographer is their mother; she’s saying “Smile.” They’re elegant and about to be taken outside to this ball at this incredible Parisian hotel. They’re very excited, distracted from their station in life, from being attached at the head—sort of like Audrey Hepburn in *My Fair Lady*. They have elegant thin necks. This is a picture of elegance in the midst of horrifying sadness. This is the nobility of “I will not do as Joe Kennedy did and lobotomize my defective daughter. I will dress them up and give them the chance to interact with society.” There’s dignity here. It reminds me of a phrase from William Faulkner’s Nobel Prize speech: “I hope man prevails.” These people prevail over circumstances.

> **R30:** In this view I see a Salvador Dali-esque free association of forms and colors that don’t make sense. It’s bizarre, fanciful. The blue is a crab character and also a flower of the same hue. What the hell are they called? The brown thing is chicken. There’s a Texas yellow rose about to bloom. Here’s a wild turkey that’s been beaten up, stripped of its plumes. He just got out of a fight. It’s a pleasing La La Land. Pretty, but what the hell is it?

V **R31:** In this I see a Pee-Wee Herman-esque figure—two eyes, a nose, mouth. No! It’s like that Dutch painter who makes portraits of people out of fruits and vegetables. The flowers are ears. This sprig of leaf is the brow. This is what I see. It’s just a very pleasant, but a bit strange picture. The person who made it was on acid. Yes, a person’s pleasant acid trip. He did it after he dropped, put it on the walls and liked it, and then put it in his notebook with other photos and drawings. And they say, “This is what the 60s were like.” This is my image of what drug culture was like at my own high school—pleasant, but also terrifying—with no real-world reference—charming but also fucked up. Grow up! I feel frustrated with this person. He’s a loser, a drug addict. Maybe he keeps this in his album, but this pleasant acid trip fried his brain and fucked him up for good. *The Electric Kool-Aid*

Acid Test. Like Ken Kesey. It’s art from a poster—San Francisco—The Doors—art from Berkeley in 1968 advertising an acid party, a Kool-Aid acid party. I see people coming up to it. “Yeah man. Let’s go do that!” San Francisco 1968. This is lost youth. This is indulgence. This is hedonism. This is excess. Under this smile is the terror of what drugs did to this person’s mind who drew this. (*Sigh.*)

< **R32:** In the last scene here, I see creatures in suspended animation. Here is a brontosaurus, again a mirror image. This is a caterpillar that used to exist then. Here are some amoebas, and a sea creature; who the hell knows what it was! A plant. This is a picture from a children’s science book. It brings together creatures who lived at the time. They would never actually be together. This might be found on a museum wall, the Natural History Museum in New York on Central Park. It’s fanciful, but boring. The artists think they’re doing hot stuff, but it’s boring. They spend so much time with colors and designs, but it’s totally boring. Even as a child I found this kind of thing boring, and now I come back to the museum again and again and find it boring. But there’s part of me that is fascinated too. Because this is the only representation I have of what the world was like at that time. (*Looks at back of card and sighs.*)

Thomas’s Second Rorschach

Card I, R1: I think I remember some of what I said last time—a moth. I still see that now too, with it being a mirror image of itself. It has hands protruding, reaching for something. A bug or moth in flight, wings extended, and flakes of its wings are sloughing off. It’s reaching out for its child, its baby moth. It’s rushing towards home, going home quickly. It has a pretty pattern. A happy moth going about its daily routine, going home after work. (*Long pause.*)

[*SF: If you keep looking, you’ll see something else also.*]

Can I manipulate the image?

[*SF: It’s up to you.*]

> **R2:** An elephant, a Dumbo sort of creature, on a lake. It’s just been hit in the behind. It’s going forward, a bit in motion. There are hills and valleys in the background. It’s young, an adolescent elephant with big ears.

V **R3:** These are two hummingbirds with oversized heads, both feeding from the same food source, honey or some sort of container. These are the beaks up here receiving sustenance. They have oversized heads, but everything else is in proportion. Their wings are beating. They’re content as they feed. They remind me a bit of Big Bird from *Sesame Street*.

< **R4:** I see more or less the opposite of the second image, except this time it’s Piglet, really big, dinosaur-sized, stomping through a forest on a mission, maybe to find food. He really dominates over the landscape. He has lots of forward momentum.

Card II, R5: These are two Chinese women with hair done up this way, like a frosty cone from Dairy Queen. They’re sisters, engaged in a ritual from a temple, kneeling, heads pressed together. You can’t see the faces because of the light. They have black gowns. It seems mystical and there’s probably smoke and incense in the room with them. There are red spots on their dresses in a pattern. This might be something out of *The King and I*, perhaps not Chinese, but Thai. They are exotic, youthful, and innocent women, unmarried, 18 or 19. They’re doing this ritual for their father, who is seated above them. They’re doing it to please him. It’s part of the custom of coming of age. They have to do this when they’re 19, have to do this to please their

father. They want to do it; they've practiced it a lot, and see it as a gift to their father. This is something that's been in the family for 700 years. They're perpetuating dance, ritual, whatever it is. Their gowns are not really black. The colors are obscured, but they're azure, aquamarine, with blues and reds. This picture obscures what's really there, almost like a black-and-white photo, something out of *National Geographic*. It's a picture taken in 1920. It's something that's no longer done—a curiosity and a quaint thing.

> **R6:** This looks to be an animal, decapitated, newly killed, cut off right below the neck and the head has been taken to be processed somewhere, maybe in butcher plant, an abattoir. There's blood smearing on the white tile. It's cold, messy; the fur is still on the animal. I don't know what kind it is. It doesn't look like a sheep or cow. The hind feet have been cut off also. It's bleeding. There's blood smeared over the carcass. It's been left alone. The killer is in the other room delivering the heart and feet to the other person who deals with them. It's just sitting there. It has no spirit, no life in it. It's just a piece of meat. It's dead. It's lost its sentient powers, its thinking, feeling, and it's dead. Someone cut off the tail or something. Its rectum seems to be on the outside, sticking out. There's been mutilation of its hindquarters also, but there's no blood to show it like with the head and feet. This might have been a dog that looked up to its killer with expectant eyes and had no idea what was about to befall him. Again, the color doesn't represent what's there. Perhaps it's a black and white photo. It's probably a yellow lab or a border collie. Someone loved this pet, but he had to be killed for some reason, maybe because he was old. Rather than disposing of the body, the family took him to the butcher. He's being hacked up to be used for I don't know what. His name is Rex, and after the head is taken off, he'll be cremated. They'll throw his body onto a pile of other similarly disfigured dogs to be cremated. It's almost like the head was taken off to be stuffed for the family and mounted on the wall with a plaque: "Rex: Loving friend for 15 years." The rest is about to be fed into the incinerator. The family will come for the ashes and keep them in a little container under the stuffed head. This is a bloody death, just death and mutilation so that the family can have what it wants. Out of this disfiguring of the whole dog comes this prettified head, stuffed, washed, given plastic eyeballs, a fake tongue, on a faux wood panel for a conversation piece in the living room. But the family never comes to see this piece, just drops off the dog, writes the check, signs the paper, and says "See you in 2 weeks." They're oblivious about what it takes to get Rex mountable for their wall. They'll never consider it. This is a part of Rex they don't want to see. This is hard and real and they don't want to see it. They just want the head.

V R7: These are two guys in a . . . two Sumo wrestlers in a musical, with elaborate capes on, long dresses on. This is a PR photo. It shows them in action, doing a wild dance number in imitation of each other. It's joyful—two guys you'd not think would be dancing in a musical—arms in the air in flight. The red area between is a special effect. They bring their hands together and something detonates between them—a special effect. This is a PR photo to get people to come. It's the highlight of the show. "Come see Akaito Sumo dancers from Kyoto—a whole new world of experience!" It's almost like a delicate ballet—precise. They are big guys, but they have great control of their bodies. They're very precise in spite of their largesse, their bigness.

< **R8:** This is a penis dog and the penis has been cut off from the body and is laying. . . . That's what he does, this dog who has a penis for a head, how he communicates with the world. It's cut off, falling to the ground with drops of blood falling off of it. It's newly harvested. Again it's a picture of cruelty, maybe necessary cruelty because it was

going to die or was dead. Out of the picture is the sharp stainless steel knife. To touch it would draw blood. It takes no power or effort from the man holding the knife, just bearing down hard. Simultaneously the penis dog is falling on his back legs. The nervous system contained in the head realized what's been happening but can't do anything about it. Again it's a moment of death. He has a momentary awareness, but can't do anything. Like at the guillotine people can talk for 3 seconds. His head was cut off 2 seconds again and is falling to the floor. He's heavy. It's an animal dying, legs buckling under, no brain to control the body. He will fall in a heap with the penis head next to him. We don't see in the background, what's not in the picture is the man with the knife. It's quick. He'll go do 50 more today. I don't know why, but he's numb to it. He's just going to do the next one. Someone else comes to pick up the pieces. He doesn't clean up. His job is just to cut. And there's just about to be an incredible amount of blood all over the floor. It will bleed and bleed and bleed. They will get the hose and push it away with an industrial broom—get out the hose and wash the tile and bring the next one in. It's pretty mechanical really—cut, go, wash. This is the picture of what happens—stopping the action of what happens in 3 seconds—a picture of death and agony so we can consider it.

Card III, R9: These are two women, men, I can't tell. They have breasts, but also an erect penis. They're on an island, like Tahiti. Like the other image they're engaged in a dance. It's a happy time, exotic, maybe it's Hawaii. There's a butterfly in between them. They're doing some kind of fertility dance. Maybe that's why they're sexually ambiguous. It's some dance for the fertility of humans. It's measured, but happy, a springtime ritual imploring the gods to let us reproduce. I think they are women. They have women-like faces, make-up, fine features. They're wearing this penis adornment that is part of their outfit. They're gathered, dipping into something, but it's happy.

> **R10:** This is a long skinny fish darting around an aquarium. This one sees this bit of entrails of something that's been put in the fish tank—part of a frog heart with the artery going to it. This little fish is darting over this other creature to go get these entrails first. It's really intent and will just go right over this creature.

V R11: This is a beetle from some kind of ad campaign to stop killing beetles. It's cutsie, from PR materials, with sunglasses and a bow. "The beetle is not your enemy." It's stupid, from some magazine, anthropomorphizing the beetle, giving it an outfit, hands up. It's stupid because it's gross. It's a fucking beetle—give me a break.

< **R12:** Again I see some sort of fish tank scene—a long skinny fish floating over a bigger fish who's malformed and stuck to a food source. Perhaps it's an underdeveloped fish that develops outside. It's waiting to be a big fish. It's not done with the food source. It's gone a long way, but probably has another couple of weeks. It's still tethered to the food source and will die if separated. It has to stay and be content with the long skinny fish swimming around. But they're making friends. "When I get done, we'll play." This is a transition. It's hopeful, healthy, doing what it should. It's taking nurturing from the food system and getting ready to interact once he gets untethered. It's a hopeful, happy picture.

Card IV, R13: This is a picture of a lamb in an outrageous get-up. It's a funny picture of a sweet little lamb, 4 or 5 years old, sweet, in an enormous costume. He's standing on a stool, inside, with the outrageous costume draped over him. It's like the Wegman portraits of dogs. The irony is, it's just a little lamb who has no idea why they're doing it. It's for the viewer, for humans. No one is considering what the lamb is experiencing. It's funny, or supposed to be funny anyway. There's this enormous costume, with tendrils for hands. It's a Sci-Fi

fantasy. The little lamb is bleating, not unhappily, but bleating. It's by some weird photographer who puts animals in costumes. It's a sweet lamb, that's why it was picked for it, just bleating away. There's irony. It's such an ugly, hideous costume covering the sweet little lamb who was minding his own business outside. He has nothing to do with the inside. It's sort of funny, but not really. (*Laughs.*) But it is kind of funny.

> **R14:** This is the picture of where a land bomb has gone off. An explosion has lifted up the ground, intact. It takes the roots and trees intact and blows them off. A big, fucking bomb. It just blew it off. There's lots of air, it's a stormy scene. Big shit happened here. This little piece of land has had the foundation taken away. The outer layer was ripped off at the source. It was a big messy bomb, but this was not about destruction or devastation. This is not an unhappy picture. It takes and roots and all and just blows it off. This is a little ship or car or something, exploring to make sure everything got taken off, inspecting to make sure. "Did we get it all?" It's reporting back to the explosives department, a ways away. This stiff is effectively dead that's been blown off, but it doesn't know it yet—like a dead animal with its eyes open. It's suspended by wires and an elaborate system of pulleys that held it up. And this car/inspector is making sure he got it all. It's a big piece of land, big. He's probing around to make sure he got it. It's right by water too. The tree, grasses, earth had grown up by the water. It just blew the shit out of it. When the inspector car is satisfied, they'll take dump trucks, release the cables, let it go, haul it off. It looks like barren land, but it will be fruitful. But it won't have that root system there. It'll start over.

V R15: Again some silly little Sci-Fi image from the cover of a dumb Sci-Fi book. This is some imperial wizard type, probably Chinese, with arms outstretched, slanty eyes, trying to scare us. It's a poor fantasy of some earth creature. Neither gives fright. I would take this book and say, "Can't you do better? Give me a break!" The artist tried to be scary, but it doesn't work. This doesn't scare me. It's just silly.

< **R16:** This is just another view of two images ago. There were 5 or 10 photographers out to capture this moment. This is a view from outside. You can see a bit better the damage done to it. It's not been totally leveled. There's a good bit left, but the part that's been cut off is significant, the tallest part. There's quite a bit left, really dense green left. This operation meant to cut off just a bit. It's not a whole land bomb. The part that got blown off had just grown wild and gotten out of hand. The inspector vehicle is spaceship-like. There's solidity here, not devastation. It's like land surgery, major land surgery. But the core part is there. It's fine.

Card V, R17: I see a moth. I think I saw one last time. This vaguely reminds me of that image, but this moth is getting rid of its old legs. The middle part is the true moth growing out of it. Its features are useful, just compact. This part on the side is the old part, molting—in the final stages of molt. Once it comes out, it will have a sleek firm body, which will allow more movement. The old appendages are about to fall off. It's coming out of its adolescence and the moth is ready. It's time to let go of the old, and this moth is ready to do it.

> **R18:** This is a picture of a bird that is dead. It crashed head-first and its head is buried in the ground. It's an ostrich or some tall thin bird. It's dead, has been here for several days, and a fox or something has come and ate one leg, leaving bones. The fox got full. Soon vultures will be along and eat it—dead meat, a dead bird with its head in the sand. It's kind of funny in a way. A dead bird crashed and buried with its head in the sand, being eaten by whoever walks by, with feathers on, brown feathers. It looks like a Captain Hook peg leg, but it's not, a

skinny, sharp leg. He'll probably come by tomorrow and eat a second leg. A silly little dead bird with its head in the ground.

V R19: This is an elaborate party costume—a clip-on moustache. The top part fits in the nose. The bottom part you press and it opens and you put it in the nose. An elaborate moustache like an Italian ethnic person from New York in the 1920s. It's an early costume, from before adhesive was invented. It's uncomfortable to wear. A moustache relic, made with big, thick buffalo fur. It's uncomfortable to the skin. It itches. But it's what you'd wear dressing up as a male flapper. It hurts. "When can I take this costume off?" It's like in a museum. A little placard talks about its history.

< **R20:** This picture is of a horse on water skis. It's an old horse. He has his head up. He's praying. His front leg legs are really thin, deformed. He can only get around on motorized water skis. He has his head up, imploring God for I don't know what. A disabled horse on a safety wheel chair thing, zipping along, doing his morning prayers. This picture doesn't show his beauty because the contraption covers that up. Underneath he has a beautiful body. His legs are deformed. But underneath are beautiful rippling muscles. He can't get around otherwise. He just gins along, but nobody can see. He's making it the best he can, with his head high, not embarrassed by his stick legs. He just placidly motors around the pool where he lives, visits friends, on his daily morning rounds. He just goes and talks from this contraption because he can't get around otherwise. But he's content, just zipping around town.

Card VI, R21: This is some weird kitschy thing from a tacky gift shop in Taos for White middle-class people who want just a little taste of an Indian thing to put on their wall. These Navajo women and bear rug equal the American Indian experience. Weird. But it's something you'd see on the shelf at the Taos airport or downtown. It's trashy, kitsch, dumb. It's meant to evoke something that's not there. It's made in China. She's supposed to be an intensely spiritual woman in touch with all the forces attached to the manly bear, an American Indian spiritual being. It's to go on some paneled wall. They're trying to buy some spiritually pure piece of American, but it's fake, stupid, whatever.

> **R22:** This is like a boat, a tugboat or something, pulling away from Funland. It's a kid's picture, leaving the Pee-Wee Herman fun house after a day's outing. It's something Gaudi would make. There are no edges all around. It looks like the Sagrada Familia. It's the journey home from 10-year-old boy and girl whacked out fun. It's boring and banal but the kids like it. It's like fun house mirrors at carnivals. Most adults don't go. They're just being taken home to the parking lot across the lake.

V R23: (*long pause*) I think this is . . . it reminds me of what I said last time. I still see a mother protecting her child with a gun, but it's different. It's almost like Han Solo in *The Empire Strikes Back* who gets frozen and comes back. She's that way, frozen, or freeze-dried, a waxed figure. But it's a real gun. I don't know if the kid's there anymore. She's in light blue. She's a sentry. But she's not real, not animated. No one is there. It's like a wax figure in museum, in Madame Tussaud's. People come and look at the image. A wax figure of a woman dressed in blue like the Virgin Mary, with a wax Uzi. She's in there with Winston Churchill and the Pope. It's an exhibit of women. This is in a moment of intense fighting. She's angry, disturbed, frightened. It's not animated. It's an exhibit in a museum with the tag, "Woman protecting son, fending off soldiers." This is something to be observed. It's not real. It's life-like. You can walk up and take a picture. She looks real in the picture, but she's not. She's a relic, an object.

< **R24:** This is just the opposite of the second image—Tugboat Willy taking home kids from the fun house. The fun house reminds me of the *Starry Night* Van Gogh painting. It has the same energy to it. It was christened Tugboat Willy by Minnie Mouse. A woman came out and broke a bottle of Coke on its side, in Orlando, Florida. The kids love it and clamor for it and here comes big ol' Tugboat Willy, just going back and forth doing his job with happy kids on board and tired parents.

Card VII, R25: These are two women from the 1950s. They have on poodle skirts and ponytails. They have 1950s bangs, thin waists, and are doing a dance at the sock hop in front of a crowd of people. They're having fun, dancing back and forth with lots of energy.

> **R26:** This is a weird picture. Pieces of fried shrimp and chicken from Long John Silver's. Breaded fish filets, breaded chicken, breaded shrimp. I don't get it.

V **R27:** In this picture you've got a couple of young ladies with big hair doing a dance routine for older men. They are sex kittens, with big boobs and thin waists. They are prostitutes or girls—smutty looking. They have big shocks of red hair. They are hoping they'll be taken home. They're wriggling their bottoms around.

< **R28:** I see the opposite of what I saw in the second frame—pieces of shrimp, filet of fish, just sitting there.

Card VIII, R29: I see two polar bears climbing up I'm not sure what. It's like a weird art collage by Frank Netter who does medical drawings. I can only identify the bears. The gray thing looks like a synapse. I can't identify the green thing. I'm drawn to the textures. The bottom part looks like a flower. The polar bears are climbing up the synapse and the green thing from the body. It's just a collage. It doesn't make sense. The polar bears want to be on top. It's like something a weird artistic medical student would do. It's a piece called "Pandora's Box" by a medical student from Houston—a collage of disparate elements that only means something to the artist.

> **R30:** Hmmm . . . still the polar bear climbing. The red thing and green thing are a rock. And the white thing is a branch. He's crossing over from point A to point B. It's a red polar bear, not real, just a representation. It's boring. The only interesting thing is the colors. A polar bear going to an icy isle somewhere in search of food or something, just going somewhere.

V **R31:** This is again a weird kind of collage from the psychedelic 60s. The body is a flower. It blooms bright orange, with green leaves. These are Barnum and Bailey Circus elephants on their hind legs lifting something up to the flower. It's a 1960 ad for Barnum and Bailey Circus in Berkeley, California. The sun is coming out. It's fantastic, a fantasy. Love and circus and flowers. It's a circus advertisement.

< **R32:** I simply see the polar bears going in opposite directions, or maybe a fox. Some four-legged mammal. I don't know why the colors are there. It just some fantasy. Just walking.

Card IX, R33: This looks like a scene from *Fantasia*, or *Witches*. I hear Disney orchestral music in the background. It's the dance of the dead. The witches are doing a dance around the brew pot. Below, Aladdin's come out and is singing a song, "In the Middle of the Night." Aladdin's come out and is doing a routine. It's an animated Disney film—a *Fantasia* kind of thing. They're all harmless. The witches can't hurt anybody. It's just a cartoon.

> **R34:** I see an old man in the green, slumped over a writing table in the orange. He's picking up a pen thinking about what he'll write

next. I don't know why he's colored that way. Just sitting at a writing desk thinking, an old guy, with white hair. He's content, writing away for no one in particular, enjoying it, trying to think about what to write next.

V **R35:** All I see, it's hard to make out, are two Chinese goldfish, beautiful peach-colored goldfish in a pond, exploring under a plant searching for food. "Maybe we can eat the plant's roots or find minnows." It's peaceful, soothing to look at. Beautiful pale orange fish underneath a gorgeous flower blooming, intense pink with green leaves. It's almost an idealized picture from Monet. The way fish are supposed to look, like in some pond in Giverny, under a lily pad, calmly trolling the water. It's so pretty, soothing; there's a glorious light. There are so many hues of color. That's what I like. They're going to the depths, taking the plunge. I want to swim with them in the clear water. They're in the moment of descent, in a deep, rich, murky, nutrient-rich spot beneath the plant. I don't know where the plant springs from, but the fish will check it out. It's nutrient-rich water. I can taste it. The fish will slurp it up. I want to go along, ride on their backs, go along with them. I love this hue of pink. It's so happy—the color of hydrangea—sweet, feminine, but it's got power. It's beautiful. I would want 15 vases of these flowers inside my house. It's a picture of life: blooming, feeding, thinking. Healthy fish going down to feed themselves. A flower at the peak of its time. It's exciting, the unknown in this. What will the fish find? Where does the flower come from?

< **R36:** This is another fantastic picture of like this fire descending, coming down, putting itself in a bit of trees, shooting for the heart of the trees. It's huge—50 to 100 feet long. The trees are huge. The fire is hot, has been burning long, is hitting the tree but not burning it. I don't know if it will. I don't know what the pink is. It's a swift, quick fire that came of nowhere that's going straight to the heart of what it runs into, about to envelop it. If the tree does burn we're seeing the moment before it catches fire—glorious, beautiful—the raw force of nature from on high. It will envelop this green thing and become this ball of fire. This pink seems to me almost to be a little toddler with a big head watching it. He has no words, just watching, sitting on his rear end watching this incredible fire consume this tree in the peak of life. There are color gradations. The brown is the part of the tree starting to burn. The kid is watching, content, with nothing to say. But a beautiful sight is about to happen. It's gonna be a glorious fire.

Card X, R37: Hmmm . . . ah yes, I remember this one. These are two women decked out in elegant finery going to a ball. They are sisters or friends. They contrived to get a contraption together to get the two hats to come together to form the Eiffel Tower. They are going to a fancy party at Maxims or Harrods. They are all done up. But it's like a painting or a picture of them, fantastical. It's not a photo. They're just doing weird stuff, having fun with the contraption on their hat. They agreed to look like one arm of a crab, with the leaf on it, and there are seahorses in between. One of the girls, named Janice—this is a painting of how she feels about her relationship with Diane. All the symbols have secret meaning to her. The red gown is from a fancy ball where they were presented as debutantes at the Plaza. The hat is their trip to Paris. The crabs are their trip fishing with one of their fathers. The blue bra is about the date with one guy who tried to get into one of their bras. It's part of their shared history. The sea horses are when they were members of some club off Nantucket. This is Janice's pictorial representation of her relationship with Diane. She gives it to her in private. Their shared past is in the symbols. They are 35 to 40 now, only see each other every 1 to 2 years. They have gone their separate ways, gone to other lives, but have shared lives. Janice is in

New York, Diane in California. Janice presents her with this painting, a reminiscence of shared times together. “We went to the ocean, to Paris together.” It’s a happy, heart-filled memento. She writes on the bottom, “Friends forever. I’ll always be here with you.” This is a celebration of friendship.

> **R38:** This is like a piece, a collection of weird animals, a brontosaurus, crab, olive green heron. It’s a Rauschenberg collage, with weird, fun, fantastical beasts. It references the past, 500 million years of nature, all on one card. A weird celebration, pleasant, pretty. You don’t expect to find them all together in one place.

V **R39:** The central image I see as being two nuns, two young nuns, in prayer, facing each other, leaning back. They have a veil on, a habit on, they’re really thin, sickly looking. They look really bored. All they do is sit around and pray. The whole world is exploding around them in greens, yellows, blues, and the excitement is bursting forth. They are ignoring it or can’t engage with it. Color! These are two mid-20s nuns sitting there praying. They can’t engage with the color,

the excitement. They are sitting in their monochromatic robes. They can’t mirror, engage with their surroundings. There is so much they are missing because they are in this prayer, and I don’t like them. They’re idiots. They don’t get it. They’re not with it. They don’t see what’s around them. They just do their holy pious prayer. Behind are two beautiful blues, life, rose, beautiful leaves, all going on around them. And I’ll leave them and I want blue and yellow and green. I want them—that color, energy. I don’t want them, the nuns.

< **R40:** This is like some dinosaur creature, no scary-looking T-Rex. A brontosaurus who has his head in his ass, giving a rim job or something. The pink creature is ecstatic, something in the water. The brontosaurus is giving a rim job. He’s into it. The blue is excitement. Here’s a creature who stands on one foot in the water, eats plants, gets a rim job, and fireworks go off in the sky. It’s joy. It’s not a dirty scene. One animal gives another pleasure, like the part where guys are farting and flowers come out their ass. They are weird creatures, funny to look at, pleasant to look at. And why is this brontosaurus giving this one a rim job? It’s like an animal in the *Garden of Delights*. Happy, really happy.