

# EAS-SABE 5 Interpretive Guide

**Note:** This is a preliminary draft version of the *EAS-SABE 5 Interpretive Guide* intended to assist users in identifying the traits and characteristics associated with each of the *EAS-SABE* scales.

## Test Aptitude (A-scale) Narratives

**Aa (Alertness).** The elevation that the examinee obtained on the Attention Scale showed that he/she answered many of those items in the wrong direction. This scale is made of items that are indisputably true or false, such as ‘I am a human being’. The elevation the examinee obtained may indicate that he/she was not paying attention when he/she completed the test, or could not understand the test items well enough to answer them meaningfully.

**Ac (Comprehension).** The elevation the examinee obtained on the Comprehension Scale showed that he/she did not answer enough of those items correctly. This scale checks the examinee’s vocabulary, his/her acquaintance with the words that are used by the questionnaire. The examinee’s score could mean that he/she has a very limited vocabulary, low intellectual ability, or an insufficient command of the language. People can also elevate this scale by not paying enough attention while completing the test. The finding suggests that the examinee could not process the test items well enough to answer the questionnaire in a meaningful manner.

**Ad (Defensiveness).** Judging by the score the examinee obtained on the Defensiveness scale (Ad), he/she answered the questionnaire in a guarded and unrevealing manner. Elevations on this scale may also point to perfectionistic tendencies, a lack of awareness, or an inability to disclose.

**Ai (Inconsistency).** The examinee answered the EAS in an inconsistent manner, sometimes claiming to have a particular attribute while denying the same attribute shortly thereafter. This inconsistency may have been due to his/her not paying enough attention, not understanding the questions, or having trouble judging if an item was true or false.

**An (Negative Impression).** The elevation of the Negative Image Scale indicates that the examinee endorsed many items of relatively high severity. One possibility is that the examinee is having many emotional problems so that the high endorsement of relatively severe items is a true reflection of what he/she is experiencing. Some individuals elevating this scale, however, are invested in looking their worst. They may be interested in appearing flawed or disturbed. Such people typically claim to have many difficulties, perhaps more troubles that would be obvious to the people around them.

**Ap (Positive Impression).** The elevation of the Positive Image Scale indicates that the examinee was invested in looking his/her best at the time of the testing. Similar individuals are more interested in presenting a good façade than in revealing a true picture of themselves. Outside of the testing, they may be reluctant to discuss any issues that, in their mind, would make them appear flawed or imperfect. Such people typically deny having difficulties, even when their troubles may be obvious to people around them. When they admit having a problem, the problem

is blamed on an external source, or on an element that the person does not see as being under his/her control, such as a medical illness.

**Ae (Extremeness).** The elevation of the Extremeness Scale indicates that the examinee endorsed many unusual items, typically items that imply a high level of severity. The examinee endorsed more of these items than what is usual, even for emotionally disturbed individuals. One possibility is that the examinee is having many emotional problems so that the high endorsement of relatively severe items is a true reflection of what he/she is experiencing. Some individuals elevating this scale, however, took the questionnaire with the mind set of looking their worst. They may be interested in appearing flawed or disturbed. Such people typically claim to have many difficulties, more troubles than what would be seen by the people around them.

## **Personality Narratives (B01-B09)**

Our examinees may elevate more than one personality scale. This “co-morbidity” has been criticized as one of the main problems with the categorical system employed by the Diagnostic and Statistical Manual (DSM). In the case of other EAS scales (e.g., the clinical syndrome scales) the clinician can add the diagnostic entities. The process becomes more problematic with the personality scales due to the fact that one personality style affects the way in which other styles emerge. A dependent individual who is also avoidant is a very different person than the dependent individual who is also histrionic. To take that into account the narratives below make allowance for the integration of as many as three personality styles. The three digits after the B reveal the composition of the narrative. Thus, the narrative B127 below tells us that the B01 (Schizoid) was the most elevated scale, B02 (Avoidant) was the second elevation, and B07 (Compulsive) was third. A zero denotes no elevation so B000 means that no personality scales were elevated, B100 means that only scale B01 (Schizoid) was elevated.

**000.** The scores that the examinee obtained on the EAS were not significantly elevated in any of the personality scales. Statistically, the findings are non-significant and there is nothing that can be said about his/her personality style. Nevertheless, it can be argued that the examinee may be the type of person who does not have a characteristic style, he/she does not have a ready-made, routine, or typical way in which he/she reacts to environmental events. Being this way may have the advantage of allowing the examinee to readily vary his/her response in accordance to the situation that he/she is facing. It may have the disadvantage of preventing his/her from having an automatic response, a pattern of behavior that comes out naturally and predictably regardless of the situation at hand.

**070.** The scores that the examinee obtained on the EAS were not significantly elevated in any of the personality scales. In some cases, this type of profile indicates that the person does not have a characteristic way of responding to the world and is able to vary his/her approach from one situation to the next. The examinee, however, obtained personality scores that were low enough that they are seen as being statistically below the normal range. Thus, it was not just that he/she did not obtain any significant elevations, his/her personality scores were actually significantly below what would be expected. It is also noteworthy that the highest score obtained was on the Disciplined Scale and denoted an air of perfectionism and a denial of faults or limitations. When the entire pattern is taken into account, the picture that emerges from the personality scores obtained by the examinee on the EAS is that of an individual who needs to deny all

psychological traits or problems to such an extent that he/she is much more guarded and uncommunicative than the average person. Interpersonally, similar individuals seem distant and unavailable and have difficulty expressing emotions. In spite of appearing somewhat uncomfortable, they may speak of themselves in an overly superficial manner and try to project the image of a person who is doing well after having solved most of the problems. Behind this facade one may find an individual who is feeling very vulnerable and insecure, at least with regards to the outcome of the psychological testing.

**075.** The scores that the examinee obtained on the EAS were not high enough to characterize any particular personality style. However, his/her highest scores were on the compulsive and narcissistic personality scales. Although statistically none of the personality scores were significantly elevated and therefore no valid statements can be made about him/her, it has been observed that some individuals who appear to others as compulsive and defensive tend to obtain this pattern of scores. The description that follows is offered tentatively and should be used only after validation through clinical observations.

The compulsive aspects suggest that the examinee places an emphasis on perfectionism and maintaining good control of his/her environment. Similar individuals are somewhat defensive and unlikely to admit failures or mistakes. At times they may be seen as too inflexible, formal or proper and may relate to others in a somewhat distant manner.

Together with these compulsive elements, the examinee may have a tendency to feel that he/she is a special kind of human being. Similar individuals believe that they are more capable, or worth more than most of the other members of society. They are “field independent” people who rely more on their own feelings or judgments than they do in the opinions of others. A confident air of self-assurance can occasionally be seen as arrogance or even as encompassing a certain amount of disdain for others. These individuals attempt to tell others what to do and are most comfortable when they are placed in a position of leadership. When this is not the case, however, the examinee may have trouble accepting somebody else’s ideas and doing what he/she is told. Such situations may bring about some conflict between the patient and the other persons involved.

**100.** According to the testing, the examinee is a private person, an individual who prefers being alone than in the company of others. Similar people have few or no friends, and typically relate in a distant manner with their acquaintances. They do not appear uncomfortable when they are in a social situation but never seek social contacts.

People obtaining similar scores tend to be un insightful and to lack any interest in exploring their personal feelings. Sexual or physical experiences with others are typically avoided. Their social detachment may result in an enjoyment of dealing with inanimate objects, and a relative apathy with regards to interpersonal rewards. They lead rather unemotional lives, not being inclined to get too disturbed when things do not go their way but also not experiencing a great deal of excitement when fortunate events do occur.

The tendency to remain at an even keel can be a real asset since emotions will seldom interfere with the decision making process. the examinee may be seen, however, as being emotionally bland and lacking an effective rapport with the people around him/her .

Given the personality style described above, the examinee may have some difficulty in becoming involved in a therapeutic situation. The establishment of the therapeutic alliance is likely to be problematic as well as the fact that the patient is not likely to value the explorations and insights that are often seen as an important part of therapy. Modes of treatment that place less value in the emotional rapport or the understanding of psychodynamics may be more in tune with the

patient's approach to life. In addition, the therapist must be comfortable with having a distant relationship with the examinee and must accept that, although cooperative, this client may never be an aggressive collaborator in the therapeutic process.

**120.** The scores that the examinee obtained on the EAS characterized a person who keeps a significant emotional distance from others. Similar individuals are most comfortable when they are doing something by themselves. They tend to like jobs or hobbies that involve things and that have minimal human contact. In extreme cases the individual may be single and the history may show signs of an inability or unwillingness to establish a meaningful relationship outside of the nuclear family. Otherwise, similar individuals restrict the number of relationships that they form and tend to have superficial friendships when those exist, alliances that are more like acquaintances than a strong friendship.

In the examinee's case, the inclination to be a 'loner' seemed to be the result of two different dynamics. First, the examinee appears to be uninterested in interpersonal relations. This patient may not be too adept at understanding and enjoying the subtleties and nuances of interpersonal emotions and communications, a situation that may then have led to his/her being apathetic about the relationship itself. Similar individuals tend also to not have very strong emotions and to live fairly bland affective lives. A second dynamic that seems to be operating in the examinee's case is that he/she seems to be sensitive and afraid of being rejected by others. As a result, social situations are a source of significant tension with the examinee feeling nervous and not looking forward to this type of activity. Similar people would like to be accepted and appreciated and realize that they have to take part in social events in order to obtain that kind of satisfaction. Relating to others, however, is so uncomfortable that the situation is avoided in spite of the positive effects that it could have.

On the positive side, avoidant and schizoid individuals are self-sufficient people who do not depend on others for the fulfillment of their own needs. Often they lead lives which are fairly free of over-emotionality and where psychological issues tend not to interfere with the person's behavior. On the other hand, they may be seen by others as loners who are isolated and who have somewhat empty and unproductive lives.

Given his/her personality style, the examinee may have difficulty establishing a therapeutic alliance. The discomfort that he/she experiences in interpersonal relationships will probably make the sessions unenjoyable. In addition, a therapist would also have to be concerned about the patient feeling rejected any time that an uncomplimentary interpretation is made. In as much as the treatment plan involves giving the patient negative feedback or guiding him/her to confront objectionable aspects of his/her personality or his/her behavior, the therapeutic situation will be experienced as threatening or stressful. In order to maintain the alliance but contribute to growth in the part of the patient, a very careful balance has to be struck between the uncritical support and the threatening therapeutic work. Additionally the therapist must be read to allow the emotional distance that the patient may need, and tolerate the patient's inability to talk about his/her own life and his/her feelings in a non-defensive manner. A tolerance for expressions of resentment will also be needed. The examinee will feel most enhanced with a therapist who treats him/her with admiration and respect.

**127.** The scores that the examinee obtained on the testing characterized a person who keeps a significant emotional distance from others. Similar individuals are most comfortable when they are doing something by themselves. They tend to like jobs or hobbies that involve mostly objects, and that have minimal human contact. In extreme cases the individual may be single and the history may show signs of an inability or unwillingness to establish a meaningful relationship

outside of the nuclear family. Otherwise, similar individuals restrict the number of relationships that they form and tend to have superficial friendships when those exist, alliances that are more like acquaintances than a strong friendship.

In the examinee 's case, the inclination to be a 'loner' seemed to be the result of three different dynamics. First, the examinee appears to be uninterested in interpersonal relations. This individual may not be too adept at understanding and enjoying the subtleties and nuances of interpersonal emotions and communications, a situation that may then have led to his/her being apathetic about the relationship itself. Similar individuals tend also to not have very strong emotions and to live fairly bland affective lives. A second dynamic that seems to be operating in the examinee 's case is that he/she seems to be sensitive and afraid of being rejected by others. As a result, social situations are a source of significant tension with the examinee feeling nervous and not looking forward to this type of activity. Similar people would like to be accepted and appreciated and realize that they have to take part in social events in order to obtain that kind of satisfaction. Relating to others, however, is so uncomfortable that the situation is avoided in spite of the positive effects that it could have. Thirdly, the testing gave indications that the examinee feels a need to be in control at all times, and dislikes the interference and unpredictability that other people bring into his/her life. Such people are usually orderly and plan for the future. They are conscientious; they typically prepare well and do the work on schedule. the examinee may become somewhat perfectionistic and demanding. Often these individuals believe in discipline and practice self-restraint, especially when it concerns their own emotions, which are usually kept under control. The over-control of the emotions tends to give this type of individual a characteristic flavor: they are formal and proper and unlikely to open up and act spontaneously in front of others. They are sometimes seen as perfectionistic, distant, occasionally inflexible and perhaps indecisive before they have a chance to study all possible alternatives. However, they are often careful, deliberate, righteous, honest, dependable and hard-working people.

On the positive side, individuals with this type of personality are self-sufficient people who do not depend on others for the fulfillment of their needs. Often they lead lives that are fairly free of over-emotionality, lives where psychological issues tend not to interfere with the person's behavior. On the other hand, they are loners, people who are isolated and who have somewhat empty and unproductive lives.

Given his/her personality style, the examinee may have difficulty establishing a therapeutic alliance. The discomfort that he/she experiences in interpersonal relationships will probably make the sessions displeasurable. In addition, a therapist would also have to be concerned about the patient feeling rejected any time that an uncomplimentary interpretation is made. In as much as the treatment plan involves giving the patient negative feedback or guiding him/her to confront objectionable aspects of his/her personality or his/her behavior, the therapeutic situation will be experienced as threatening or stressful. In order to maintain the alliance but contribute to growth in the part of the patient, a very careful balance has to be struck between the uncritical support and the threatening therapeutic work. Additionally the therapist must be read to allow the emotional distance that the patient may need, and tolerate the patient's inability to talk about his/her own life and his/her feelings in a non-defensive manner. A tolerance for expressions of resentment will also be needed. the examinee will feel most enhanced with a therapist who treats him/her with admiration and respect.

The examinee may find it easier to establish a therapeutic alliance with a professional who is formal, proper, punctual and predictable. Keeping a bit of a distance from the patient and allowing him/her to control significant parts of the session would also make him/her feel at ease. Explanations of the diagnosis, the nature of the "illness," the expected course of treatment, and the like, can hold a very especial appeal for the examinee . The difficulty may be in moving

him/her from a superficial therapeutic alliance to a more meaningful dependency on the relationship. Helping him/her explore the defenses that he/she uses, or enhancing his/her tolerance for allowing others to hold the controls can also be hard to accomplish.

**128.**

**132.** The personality revealed by the testing for the examinee emphasized schizoid aspects, seen together with dependent and avoidant traits. Similar individuals are characterized by a lack of interest in emotions and human relationships. Individuals with similar scores do not seem too happy when things come out well, but are also not too upset by the occurrence of unfortunate events. These individuals are not very interested in interpersonal situations. They are quiet people who often stay by themselves and take the role of a passive observer. They remain uninvolved, very seldom taking sides or verbalizing a strong position. Rarely the center of attention, these individuals typically fade into the social background. They have a small number of friends and the relationships that do exist tend to be based on superficial commitments. They are socially indifferent and have little apparent need to communicate or to obtain support from others.

Together with the emotional indifference, the examinee showed a dependent personality element and a tendency to feel less important or capable than most other people. Similar individuals are easily led by others and relate in a submissive and dependent manner. They are uncomfortable in competitive situations. They are unconceited and try to be as congenial as possible to the people around them. Often they are afraid of being rejected by others and, as a result, feel some discomfort in social situations.

The examinee is probably detached and uninvolved. A cooperative and agreeable person, he/she may be seen as easy-going and emotionally stable. However, he/she may be criticized as being somewhat dull, quiet, indifferent, dependent or apathetic.

In the light of the personality style, the difficulty for a therapist attempting to work with the examinee may be in establishing the therapeutic alliance. Such therapist will have to be tolerant of the patient's somewhat distant way of relating. A somewhat unexciting course of treatment can also be expected. A supportive relationship will be one in which the therapist takes a protective and parental-like attitude, reassuring him/her that his/her problems can be worked out and that help will be available.

**137.** The personality style cluster for the examinee emphasizes introversive aspects of the personality which are seen together with dependent and compulsive traits.

The results that the examinee obtained on the MMCI characterize an individual who has a lack of interest in and awareness of emotional feelings and interpersonal situations. A relatively unemotional existence is usually found with this type of person. Individuals with similar scores do not seem particularly happy when things turn out well but they are not too saddened by the occurrence of unfortunate events. These individuals tend to be quiet loners that stay often by themselves and take the role of a passive observer. They remain uninvolved, very seldom taking sides or any strong position. Rarely the center of attention, these individuals often fade into the social background. They have a very small number of friends and, where relationships exist, they tend to be based on a superficial commitments. It is not that they fear or actively avoid people but that they are somewhat indifferent and apparently have little need to communicate or to obtain support from others.

Together with this emotional indifference, the examinee tends to feel less important or capable than most of the other people. Individuals with the same pattern of scores tend to be led by others

and to relate in a submissive and dependent manner. They also tend to shy away from highly competitive situations. They are unconceited and try to be as congenial as possible to the people around them.

The examinee probably functions on the assumption that if he/she does not make mistakes, he/she can depend on other people to provide for his/her needs. The compulsive trait is compatible not only with the dependency needs but also with this individual's tendency to be distant from others because it emphasizes a control of emotions and the benefits of keeping things to oneself. The emphasis on avoiding mistakes often makes similar individuals seem somewhat rigid, inexpressive and excessive formal. The compulsive trait, however, probably makes the examinee orderly, dependable, well organized and responsible.

Individuals with similar profiles tend to be detached, uninvolved and objective. They may also be seen, however, as somewhat dull, quiet and colorless, indifferent, dependent and apathetic.

### **138.**

**157.** The scores that the examinee obtained on the testing described a personality with schizoid, narcissistic and compulsive elements.

Individuals with similar personalities typically have little interest or ability to experiencing the subtle aspects of interpersonal relationships. Because of this, they turn their attention towards matters that do not involve people, like reading or art. the examinee may be seen as emotionally insensitive to others, in a distant and an apathetic way. The end result of this particular trait is that he/she probably has very few friends and little real interpersonal involvement.

Additionally, the indications were that the examinee tends to feel that he/she is a 'special' kind of individual. Individuals obtaining the similar test scores see themselves as superior to others and tend to exaggerate their abilities and positive attributes, construct rationalizations to inflate their own worth, and depreciate others who refuse to accept or enhance their own self image. They typically view themselves as intelligent, outgoing, charming, or sophisticated. They have a need to be conspicuous, to evoke affection and attention from others. They often make good first impressions since they are able to express their feelings, may have strong opinions, and have a natural ability to draw attention to themselves. They are proud people, carry themselves with dignity, and may have a good sense of humor. However, the examinee may have trouble if he/she feels that he/she is not properly recognized or when he/she has to accept the opinions of others and compromise.

Given the personality described above, the examinee may have little interested in psychotherapy and would find it difficult to establish a strong therapeutic alliance. Similar people would be most comfortable in situations where they feel looked up to, admired, or at least respected. If confrontation is used in therapy, much tact has to be exercised so as not to injure his/her narcissism more than he/she can tolerate. On the other hand, the danger also exists that a therapist would be so supporting of the patient's narcissism that no negative feedback is given and growth is not facilitated. Thus, it is important to find ways of helping the examinee accept his/her fallibilities and work on his/her problems without feeling unrecognized or humiliated.

**B150.** The scores that the examinee obtained on the testing described a personality with schizoid, narcissistic and compulsive elements.

**170.** The scores that the examinee obtained on the EAS characterize an individual who is fairly distant and controlled (schizoid and compulsive). Similar individuals have little interest or ability in experiencing the subtle aspects of interpersonal relationships. Because of this, they usually turn their attention towards matters that do not involve people, like reading or art. the examinee

may be seen as emotionally insensitive to others, in a distant and an apathetic way. The end result of this particular trait is that he/she probably has very few friends and little real interpersonal involvement. Similar individuals also tend to be unresponsive to non-social stimuli, regardless whether the stimulation is coming from his/her own inner processes or from the outside.

Additionally, the scores that the examinee obtained on the EAS portray an individual who is overly controlled, disciplined and proper. It is as if the emotions that he/she does feel, are confusing or threatening so that they have to be kept securely hidden in the background. Individuals with similar personality profiles hold the life assumption that people should try very hard to avoid making a mistake. They are orderly, conscientious, well prepared and controlled. They try to be efficient, dependable, industrious and persistent. To those in authority, these individuals relate in an overly respectful and ingratiating manner. This style of relating often changes when the relationship is with a subordinate. In that case, the examinee may become somewhat perfectionistic and may treat the other person with some disdain. Often these individuals believe in discipline and practice self restraint. This over-control of emotions often gives this type of individual a characteristic flavor: they may be too formal and proper and may be seen as rigid or indecisive when they have not had a chance to study all possible alternatives. However, they tend to be well organized and do a good job in situations in which it is important to be accurate and meticulous.

**200.** According to the scores that the examinee obtained on the EAS, he/she has a personality style characterized by sensitive (avoidant) traits. Typically, similar individuals are somewhat hypersensitive to the possibility of rejection. They assume people will not value their friendship and are often concerned with the risk of an interpersonal humiliation. This fear has the effect of making them ill-at-ease in social situations since they feel that they have to put their best foot forward and be constantly on guard. Even though they are often sensitive people who can show understanding and compassion for others, they tend to be nervous and uncomfortable. In order to avoid the discomfort that is most commonly attached to interpersonal contact, similar individuals tend to shy away from social situations. This probably presents a problem for the examinee since he/she would like to have friends and to be well accepted. However, the discomfort associated with the social risk often makes it easier to forfeit the support that he/she could have derived from others than to do otherwise. Similar individuals, as a result, tend to be somewhat isolated and to function best in situations where they do not have to interact with a lot of other people. In the light of his/her personality style, the examinee can be expected to have some difficulties in establishing a therapeutic alliance. A certain amount of discomfort in the relationship and a fear of rejection may prevent him/her from becoming emotionally attached. Similar patients are occasionally forced to employ a maladaptive or psychopathological coping strategy to distance themselves from the therapist. Even after the relationship has been established, the therapist will need to be careful not to offer interpretations that can be experienced as rejections. If the therapy is successful, however, the examinee may derive much benefit from experiencing the closeness of the therapeutic relationship since he/she may not have many other opportunities for such emotional closeness.

**182.**

**230.** The scores obtained by the examinee on the EAS characterize an individuals with predominant avoidant and dependent traits in his/her personality style. Individuals with similar scores usually do not have any close friends and tend to remain detached and isolated. These



individuals often view themselves as weak, inadequate, un-resourceful and unattractive. Strongly wishing to be liked and accepted by others, they nevertheless have a great fear of rejection. This concern tends to put them on guard and make them uncomfortable so that social situations are experienced with distaste. They seem apprehensive when relating to others and shy and nervous in social situations. Relating to others is a difficult and threatening experience that this type of person tries to avoid. In so doing, however, the examinee gives up the support and affection that the avoided relationship could have brought. Thus, life is experienced as a conflict between taking a risk and accepting the discomfort of forming a relationship or retreating to the unfulfilling safety of his/her isolation. These individuals are usually sensitive, compassionate and emotionally responsive. However, they are often nervous, awkward, mistrustful and isolated. Theoretically, the type of personality characteristics that the examinee has demonstrated are mainly the result of the childhood environment. In the early stages, his/her parents may have related in a tense manner, producing a feeling of insecurity and a view of the world as cold and discomforting. The early care-takers may have been somewhat distant and unappreciative, a situation that was introjected as some sort of rejection or humiliation. As an older child the examinee may have felt abandoned and unwanted, often belittled, censured or humiliated, all of which would have reinforced the previous introjections. An identification with a fearful, weak and ineffective parent may also have been a causative factor of the present personality structure. In the light of his/her personality style, the examinee can be expected to have some difficulties in establishing a therapeutic alliance. A certain amount of discomfort in the relationship and a fear of rejection may prevent him/her from becoming emotionally attached. Similar patients are occasionally forced to employ a maladaptive or psychopathological coping strategy to distance themselves from the therapist. Even after the relationship has been established, the therapist will need to be careful not to offer interpretations that can be experienced as rejections. If the therapy is successful, however, the examinee may derive much benefit from experiencing the closeness of the therapeutic relationship since he/she may not have many other opportunities for such emotional closeness.

**231.** On the EAS, the examinee obtained scores that suggest a personality style characterized by interpersonal apprehensiveness, feelings of inadequacy and introversion. An over-riding concern for individuals with similar scores is that of being liked and appreciated by those around them but they are always afraid that others will reject them. These attitudes place them in a bind: if they avoid interacting with others they feel comfortable and at ease but worry about the lack of social support. If, on the other hand, they decide to take the risks of attempting to form relationships, the fear of rejection makes them tense, nervous and uncomfortable as long as they are involved in the interaction.

The scores obtained also point to two other traits that help explain the feelings described above. First, there is some evidence that the examinee feels inadequate and insecure in comparison to others. Similar individuals have a tendency to feel devalued and to think that other people are more capable or worth more than they are. As a result of these feelings, the examinee probably tries to be cooperative to the point of submissiveness so that others will take the responsibility for working things out. This dependency fits well with the discomfort in interpersonal relationships since it supports the assumption that if others were to really get to know him/her, they would see how worthless he/she really is and would lose interest in his/her friendship. The other trait alluded to above, is that of a lack of interest in personal feelings or interpersonal communications. This disinterest may have originated in a lack of innate abilities in this area or insufficient training during childhood. Individuals obtaining similar score profiles are often unaware of their own emotions and tend to remain aloof and detached. They are distantly

complacent, appear somewhat apathetic and do not experience strong emotional ties with others. They are private individuals, often loners, who may have some acquaintances, but typically do not have an intimate friendship.

In the light of his/her personality style, the examinee can be expected to have some difficulties in establishing a therapeutic alliance. A certain amount of discomfort in the relationship and a fear of rejection may prevent him/her from becoming emotionally attached. Similar patients are occasionally forced to employ a maladaptive or psychopathological coping strategy to distance themselves from the therapist. Even after the relationship has been established, the therapist will need to be careful not to offer interpretations that can be experienced as rejections. If the therapy is successful, however, the examinee may derive much benefit from experiencing the closeness of the therapeutic relationship since he/she may not have many other opportunities for such emotional closeness.

### **238.**

**250.** According to the scores that the examinee obtained on the EAS, he/she has a personality style characterized by avoidant and narcissistic traits. Typically, similar individuals are hypersensitive to the possibility of rejection. They assume that people will not value their friendship and are often concerned with the risk of humiliation. This fear has the effect of making them ill-at-ease in social situations since they feel that they have to put their best foot forward and be constantly on guard. Even though they are often sensitive people who can show understanding and compassion for others, they tend to be nervous and uncomfortable. In order to avoid the discomfort that is most commonly attached to the interpersonal contact, similar individuals tend to shy away from social situations. The examinee probably would like to have friends and to be well accepted. However, the discomfort associated with the social risk often makes it easier to forfeit the support that he/she could have derived from others than to take the risk of being mistreated. Similar individuals, as a result, tend to be isolated and may function best in situations where they do not have to interact with many other people.

Part of the fear of rejection comes from the tendency that the examinee has to overestimate his/her own value. Individuals obtaining similar scores on the EAS hold the assumption that they are a 'special' kind of person. The examinee probably feels that he/she is superior to most other people. A tendency to exaggerate his/her abilities and positive attributes, and construct rationalizations to inflate his/her own worth is probably present. Individuals characterized by this profile usually view themselves as intelligent, outgoing, charming or sophisticated. They have a need to evoke affection and attention from others. What may happen is that, whenever he/she feels slighted, rejected, or mistreated by others, he/she will use projection as a defense and depreciate those who refuse to accept or enhance his/her own self image. Thus, the examinee may be a bit grandiose, ego-centered and unappreciative of others.

In the light of his/her personality style, the examinee can be expected to have some difficulties in establishing a therapeutic alliance. A certain amount of discomfort in the relationship and an inability to develop enough trust so that he/she can truly confide on the therapist will have to be overcome. Even after the relationship has been established, the therapist will need to be careful not to offer interpretations that can be experienced as rejections. A tolerance for expressions of resentment will also be needed. The examinee will feel most enhanced with a therapist who treats him/her with admiration and respect. Allowing him/her to be as much in control as possible during the therapy sessions will make the patient feel comfortable. A relationship in which the therapist is treated a bit as a colleague rather than a superior will also be experienced as egosyntonic and supportive. In as much as the treatment plan involves giving the patient negative

feedback or guiding him/her to confront objectionable aspects of his/her personality or his/her behavior, the therapeutic situation will be experienced as threatening or stressful. In order to maintain the therapeutic alliance but contribute to growth on the part of the patient, a very careful balance has to be struck between the uncritical support and the threatening therapeutic work.

**260.** According to the scores that the examinee obtained on the EAS , he/she has a personality style characterized by avoidant and antisocial traits. Typically, similar individuals are hypersensitive to the possibility of rejection. They look at their environment as a competitive situation and feel that, in order to function in it, they have to fend for themselves. Most individuals with this view are, as a result, somewhat distrusting and suspicious. They see themselves as assertive, energetic self-reliant, strong and realistic. They imagine that they have to be tough in order to make it in the 'rat race'. Justifying their assertiveness by pointing to the hostile and exploiting behaviors of others, they may be contemptuous of the weak and not care if they are disliked, claiming that 'good guys come in last.'

Individuals with this type of personality are concerned that people will take advantage of their friendship if they are not careful. This fear has the effect of making them ill-at-ease in social situations since they feel that they have to be constantly on guard. As a result, they tend to be nervous and uncomfortable. In order to avoid the discomfort that is commonly attached to interpersonal contact, similar individuals shy away from social situations. the examinee probably would like to have friends but the discomfort associated with the social risk often makes it easier for him/her to forfeit the support that he/she could have derived from others rather than take the risk of being mistreated. Similar individuals are typically isolated and may function best in situations where they do not have to interact with many other people.

People obtaining similar EAS scores are usually impulsive. They are often seen as somewhat aggressive and intimidating, perhaps somewhat cold, callous, or insensitivity to the feelings of others. They may tend to be argumentative and contentious. Some such people may be even abusive, cruel or malicious. When matters go their way, they may act in a gracious, cheerful, and friendly manner. More characteristically, however, their behavior is guarded, reserved and resentful. When crossed, pushed on personal matters or faced with embarrassment, they may respond impulsively and become angry, revengeful and vindictive.

In the light of his/her personality style, the examinee can be expected to have some difficulties in establishing a therapeutic alliance. A certain amount of discomfort in the relationship and an inability to develop enough trust so that he/she can truly confide on the therapist will have to be overcome. Even after the relationship has been established, the therapist will need to be careful not to offer interpretations that can be experienced as rejections. In as much as the treatment plan involves giving the patient negative feedback or guiding him/her to confront objectionable aspects of his/her personality or his/her behavior, the therapeutic situation will be experienced as threatening or conflictual. In order to maintain the therapeutic alliance while contributing to growth on the part of the patient, a very careful balance has to be struck between the uncritical support and the threatening therapeutic work.

**267.** According to the scores that the examinee obtained on the EAS , he/she has a personality style characterized by avoidant, antisocial, and compulsive traits. Typically, similar individuals are hypersensitive to the possibility of rejection. They look at their environment as a competitive situation and feel that, in order to function in it, they have to fend for themselves. Most individuals with this view are, as a result, somewhat distrusting and suspicious. They see themselves as assertive, energetic self-reliant, strong and realistic. They imagine that they have

to be tough in order to make it in the 'rat race'. Justifying their assertiveness by pointing to the hostile and exploiting behaviors of others, they may be contemptuous of the weak and not care if they are disliked, claiming that 'good guys come in last.'

Individuals with this type of personality are concerned that people will take advantage of their friendship if they are not careful. This fear has the effect of making them ill-at-ease in social situations since they feel that they have to be constantly on guard. As a result, they tend to be nervous and uncomfortable. In order to avoid the discomfort that is commonly attached to interpersonal contact, similar individuals shy away from social situations. The examinee probably would like to have friends but the discomfort associated with the social risk often makes it easier for him to forfeit the support that he could have derived from others rather than take the risk of being mistreated. Similar individuals are typically isolated and may function best in situations where they do not have to interact with many other people.

People obtaining similar scores hold the life assumption that people should work hard to avoid making a mistake. Such people are usually orderly and plan for the future. They are conscientious; they typically prepare well and do the work on schedule. They tend to be efficient, dependable, industrious and persistent. To those in authority, these individuals relate in an overly respectful and ingratiating manner. This style of relating often changes when the relationship is with a subordinate. In that case the examinee may become somewhat perfectionistic and demanding. Often these individuals believe in discipline and practice self restraint, especially when it concerns their own emotions which are usually kept under control. The over-control of the emotions tends to give this type of individual a characteristic flavor: they are formal and proper and unlikely to open up and act spontaneously in front of others. They are sometimes seen as perfectionistic, distant, occasionally inflexible and perhaps indecisive before they have a chance to study all possible alternatives. However, they are often careful, deliberate, righteous, honest, dependable and hard-working people.

This type of personality style may make it hard for the examinee to work with some aspects of the environment. For instance, situations that can change abruptly from one moment to the next in an unpredictable manner or situations in which following rules does not lead to the desired outcome, can be expected to be particularly stressful. However, disciplined individuals are very well suited for situations in which it is important to be accurate and meticulous.

Unfortunately, an elevation on the Discipline scale is also obtained with people who are not all that proper or orderly but who are interested in 'looking good' in the testing or are fairly defensive psychologically. The reason is that such a person does not accept any personality 'flaws' and answers the testing in a perfectionistic manner. If this is thought to be the case with the examinee, the description given above has to be changed to emphasize the defensive outlook rather than the meticulousness, orderliness, or the interest in careful planning of the future.

In the light of his personality style, the examinee can be expected to have some difficulties in establishing a therapeutic alliance. A certain amount of discomfort in the relationship and an inability to develop enough trust so that he can truly confide on the therapist will have to be overcome. Even after the relationship has been established, the therapist will need to be careful not to offer interpretations that can be experienced as rejections. In as much as the treatment plan involves giving the patient negative feedback or guiding him to confront objectionable aspects of his personality or his behavior, the therapeutic situation will be experienced as threatening or conflictual. In order to maintain the therapeutic alliance while contributing to growth on the part of the patient, a very careful balance has to be struck between the uncritical support and the threatening therapeutic work. The examinee may find it easier to establish a therapeutic alliance with a professional who is formal, proper, punctual and predictable. Explanations of the

diagnosis, the nature of the “illness,” the expected course of treatment, and the like, can hold a very especial appeal for the examinee .

**270.** According to the scores that the examinee obtained on the testing, he/she has an avoidant personality style with compulsive elements. Similar individuals are bothered by fears of rejection. They assume people will not value their friendship and they are often concerned with the risk of an interpersonal humiliation. This fear has the effect of making them ill-at-ease in social situations since they feel that they have to put their best foot forward and be constantly on guard. Even though they are often sensitive people who can show understanding and compassion for others, they tend to be nervous and uncomfortable.

In order to avoid the discomfort that is most commonly attached to interpersonal contact, similar individuals shy away from social situations. This probably presents a problem for the examinee since he/she would like to have friends and to be well accepted. However, the discomfort associated with the social risk often makes it easier to forfeit the support that he/she could have derived from others than to do otherwise. Similar individuals tend to be somewhat isolated and to function best in situations where they do not have to interact with a lot of other people. In addition to the avoidant personality, the testing showed compulsive elements. This type of individual tends to be orderly and plan for the future. Such people are inclined to be somewhat proper and formal in their interactions with others. They are typically conscientious, well prepared, efficient, dependable, industrious and persistent. They may also be seen, however, as perfectionistic, rigid, picayune and indecisive.

In the light of his/her personality style, the examinee can be expected to have some difficulties in establishing a therapeutic alliance. A certain amount of discomfort in the relationship and a fear of rejection may prevent him/her from becoming emotionally attached. Similar patients are occasionally forced to employ a maladaptive or psychopathological coping strategy to distance themselves from the therapist. Even after the relationship has been established, the therapist will need to be careful not to offer interpretations that can be experienced as rejections. If the therapy is successful, however, the examinee may derive much benefit from experiencing the closeness of the therapeutic relationship since he/she may not have many other opportunities for such emotional closeness.

**278.**

**300.** The scores that the examinee obtained on the testing suggested that he/she has a dependent personality. This personality is probably the most prevalent style among psychiatric patients, typically representing 34% of the total sample.

The life assumption of similar individuals is that they are not very able to take care of themselves and must find someone dependable who would protect them and support them, at least emotionally. They tend to feel inadequate or insecure and see themselves as less effective or capable than the rest of the population. The tendency is to form strong attachments to people who would then take a dominant role in decision-making and are willing to take responsibility for them. They are followers rather than leaders and are often submissive in interpersonal affairs. They shy away from the highly competitive situations.

Concerned with the possibility of losing friends, similar individuals may cover up their true emotions when the feelings are aggressive or objectionable. These are unconceited people who try to be as congenial as possible to those around them. the examinee is probably well liked but may be occasionally considered wishy-washy because he/she never takes a strong position in controversial issues. Similar individuals could be criticized for their inclination towards

submissive dependency, their lack of self-esteem and their always looking outside themselves for help.

In the light of the personality style described above, the examinee can be expected to form a quick alliance with any therapist willing to play a benevolent parental role towards the patient. An approach in which he/she is given guidance in an affectionate and understanding manner would be experienced as supportive. The possible difficulties may come if part of the treatment plan is to move the patient towards more independence or increase his/her ability to compete in an assertive or effective manner. In that case, the examinee may feel vulnerable and threatened and may respond with maladaptive behaviors.

**320.** The scores that the examinee obtained on the testing are characteristic of a personality style with high dependent and avoidant components. Individuals with similar scores tend to have a low self-esteem; they see others as being more capable or worth more as human beings. They tend to be followers rather than leaders, often taking a passive role in interpersonal affairs. They would like to seek the warmth of the emotional support and protection of others but, together with these wishes, they experience a certain amount of discomfort.

The discomfort comes from the assumption that if others get to know them as well as they know themselves, these persons would develop the same uncomplimentary views that they have of themselves. As a result, the examinee probably tends to be guarded and apprehensive when relating to others. Similar people try to 'put their best foot forward' and have a tendency to cover-up their true feelings, especially when they are aggressive or otherwise objectionable. They may seem tense, nervous, and distant. Because they feel ill-at-ease in social situations, they often avoid them so that they are frequently lonely and isolated from others.

Given the personality style described above, it is possible to make some recommendations in terms of establishing and maintaining a strong therapeutic alliance. The examinee will experience as supportive a relationship where the other person has a benevolent and protective attitude towards him/her. Feeling that the therapist is a powerful expert and will advise and guide him/her appropriately will be reassuring for the examinee. The patient's fear of rejection may require frequent reaffirmation and promise of support.

**321.** The scores that the examinee obtained on the EAS are characteristic of a personality style with high dependent, avoidant and schizoid components. This style has been found to be a fairly common cluster of personality traits (Donat and coworkers, 1992; Lorr and Strack, 1991). Individuals with similar scores tend to have a low self-esteem; they see others as being more capable and worth more as human beings. They tend to be followers rather than leaders, often taking a passive role in interpersonal affairs. They would like to seek the warmth of the emotional support and protection of others but, together with these wishes, they experience a certain amount of discomfort in social relationships. Additionally, they often have trouble understanding the feelings and motivations of others and appear somewhat bland and apathetic. Individuals with similar scores as those obtained by the examinee tend to assume that if others get to know them as well as they know themselves, these persons would develop the same uncomplimentary views that they have of themselves. As a result, they tend to be guarded and apprehensive when relating to others. They try to 'put their best foot forward' and have a tendency to cover-up their true feelings, especially when they are aggressive or otherwise objectionable. They may seem tense, nervous, and distant. Because they feel ill-at-ease in social situations and because they lack interest and understanding in the interpersonal area, they often do not have any strong relationships. Thus, they are frequently lonely and isolated from others.

However, the examinee may be a fairly cooperative and gentle person, an individual who seldom experiences intense feelings and who may be fairly pleasant and controlled.

Given the personality style described above, it is possible to make some recommendations in terms of the establishment and maintenance of a therapeutic alliance. The examinee will experience as supportive a relationship in which the other person has a benevolent and protective attitude towards him/her. Feeling that the therapist is a powerful expert and will advise and guide him/her appropriately will be reassuring for the examinee. The patient's fear of rejection may require frequent reaffirmation and the promise of support as well as tolerance for a person who may be somewhat uncomfortable during the sessions.

**325.** The scores that the examinee obtained on the testing are characteristic of a personality style with high dependent and avoidant components. Individuals with similar scores tend to have a low self-esteem; they see others as being more capable or worth more as human beings. They tend to be followers rather than leaders, often taking a passive role in interpersonal affairs. They would like to seek the warmth of the emotional support and protection of others but, together with these wishes, they experience a certain amount of discomfort.

The discomfort comes from the assumption that if others get to know them as well as they know themselves, these persons would develop the same uncomplimentary views that they have of themselves. As a result, the examinee probably tends to be guarded and apprehensive when relating to others. Similar people try to 'put their best foot forward' and have a tendency to cover-up their true feelings, especially when they are aggressive or otherwise objectionable. They may seem tense, nervous, and distant. Because they feel ill-at-ease in social situations, they often avoid them so that they are frequently lonely and isolated from others.

The problem with the personality profile that emerged out of the testing is that one of the personality tendencies is almost the direct opposite of the dependent-avoidant individual. The person's narcissistic tendencies indicate that he/she tends to exaggerate his/her own positive attributes and to minimize his/her liabilities. Similar people think of themselves as being 'special' in some way. As a result, they like to be conspicuous and relate to others with an air of self assurance. They wish to be leaders who hold positions of status and power and are not particularly interested in following somebody else's directions. The fact that the other tendencies that the examinee showed push him/her to be submissive and shy creates a conflict that he/she is constantly facing. This person probably dislikes some aspects of his/her personality in spite of the trouble he/she has changing those traits.

In the light of the present findings, the task in establishing a therapeutic relationship with the examinee may be to cater to both of his basic emotional needs. The therapist may need to provide the parental-like guidance and support that he/she seems to need while, at the same time, allowing his/her to control enough of the situation so that he/she does not feel humiliated. In some ways he/she will need to be treated in a 'parent-to-child' manner while, at the same time, he/she will have to be afforded the respect of a parental figure. Once the therapeutic relationship has been established, the effort should be made to increase his/her relationships outside of the home and help him/her to gain more independence.

**327.** The scores that the examinee obtained on the testing are characteristic of a personality style with high dependent, avoidant and compulsive elements.

Individuals with similar scores tend to have a low self-esteem; they see others as being more capable or worth more as human beings. They are followers rather than leaders, often taking a passive role in interpersonal affairs. They would like to seek the emotional support and protection of others but, together with that wish, they experience a certain amount of discomfort.

The discomfort comes from the assumption that if others get to know them as well as they know themselves, these persons would develop the same uncomplimentary views that they have of themselves. As a result, the examinee is probably guarded and apprehensive when relating to others. Similar people try to 'put their best foot forward' and have a tendency to cover-up their true feelings, especially when these feelings are aggressive or otherwise objectionable. They may seem tense, nervous, and distant. Because they feel ill-at-ease in social situations, they often avoid such affairs and are frequently lonely and isolated from others as a result.

Thus, one way in which the examinee defends against the insecurity that his/her low self-esteem may bring is by counting on the guidance and protection of others. The second defense mechanism that he/she uses is thinking that if he/she manages to avoid 'making a mistake,' he/she can always expect the outcome to be a positive one. Individuals with a similar 'compulsive' bend are orderly and plan for the future. They prepare in a conscientious manner and do the work on schedule. They try to be efficient, dependable, industrious and persistent. Often these individuals relate in an overly respectful and ingratiating manner. They may be somewhat perfectionistic and believe in self-discipline. They tend to be indecisive and have significant problems making a decision by themselves. The compulsive inclination may also serve to strengthen the feelings of inadequacy that are beneath it in that, whenever bad events take place, the examinee will be inclined to look for what mistakes he/she made that may have led to the undesirable outcome.

Given the personality style described above, the examinee can be expected to experience as supportive a relationship where the other person has a benevolent and protective attitude towards him/her. Feeling that the therapist is a powerful expert who will advise and guide him/her will be reassuring for the examinee. The patient's fear of rejection may require frequent reaffirmation and promise of support.

**340.** With regards to his/her personality style, the examinee appeared to have a dependent style with histrionic overtones.

Probably the most prominent personality trait for the examinee will be his/her low self-esteem. Individuals with similar scores tend to feel less gifted or worth less as human beings when they compare themselves to others. In theory, the etiological basis can be found in the childhood home situation. Many similar individuals were quite attached to their parents and were over-protected by them. The lack of outstanding abilities may also have been a contributing factor. The prevalence of this trait can also be related to recent experiences that made this individual feel particularly inadequate or incapable.

Whichever origin may have been, the low self-image usually leads to feelings of insecurity and some anxiety when the individual is in a competitive situation. There are indications that the examinee also has fairly high needs to get attention from others. This patient may be always seeking to be conspicuous and to have constant affirmation of approval and affection. Individuals with similar profiles take an active role in obtaining the needed attention. They often develop a sensitivity to the moods of others and use this knowledge to evoke the reactions that they desire. They may seem charming and out-going, dramatic or seductive.

This type of person is usually cooperative and congenial, colorful and in touch with their emotions. However, they may have a difficult time in situations where they feel alone or have to depend on themselves. The loss of meaningful others is often strongly felt.

With regards to psychotherapy, the examinee would feel most comfortable when the therapist recreates a parental role and offers him/her a good deal of attention, support, nurturance, and protection. In spite of the dependency, similar patients tend to be occasionally oppositional and conflictive in the therapeutic relationship as a result of the histrionic overtones. Tolerance in the



part of the therapist may be needed on these occasions. Therapeutic change may come from processing the perceived withholding of support, the encouragement for more independent functioning, as well as from an enhanced understanding of his/her primitive needs for attention and support.

**348.**

**354.** With regards to personality style, the EAS characterized the examinee as having dependent, narcissistic and histrionic overtones. Probably the most prominent personality trait for the examinee will be a low self-esteem. Individuals with similar scores tend to feel less gifted or worth less as human beings when they compare themselves to others. This low self-image usually leads to feelings of insecurity and some anxiety when the individual is in a competitive situation.

Similar individuals also tend to publically over-rate their own self-worth. This tendency may come from disparate assumptions that they hold about themselves so that -even though they do not value themselves in some areas- they seem to be very self-confident in others. Often, however, the 'inflation of the ego' is a defensive reaction to the low self-esteem. In either case, there is an obvious conflict between the two images that the individual tries to project. This conflict may surface in vacillations between relating in a congenial way and seeming somewhat arrogant and obstructionistic.

There are indications that the examinee also has fairly high needs to get attention from others. This patient may be always seeking to be conspicuous and to have constant affirmation of approval and affection. Individuals with similar profiles take an active role in obtaining the needed attention. They often develop a sensitivity to the moods of others and use this knowledge to evoke the reactions that they desire. They may seem charming and out-going, dramatic or seductive in their relationships with others.

This type of person is usually cooperative and congenial, colorful and in touch with their emotions. However, they may have a difficult time in situations where they feel alone or have to depend on themselves. The loss of meaningful others is often strongly felt.

**356.** According to the scores that the examinee obtained on the EAS, he/she generally feels inadequate. As a result, he/she is often going to behave in a cooperative and ingratiating manner. Similar persons want to be liked by others and often try to be generous and congenial. The examinee, however, also feels that he/she is a very "special" kind of person. In spite of assessing themselves as less capable than others, similar individuals feel that they have some undetermined quality or innate worth that makes them in fact superior to others. The juxtapositions of these two assumptions about oneself may be developed as the result of conflicting parental attitudes that the person experienced in childhood. A possible scenario, for instance, is the parental attitude that the family is better than any of the neighbors while, at the same time, they criticize their child and betray their perception that he/she seldom does things right.

The way that the examinee has accommodated to his/her often conflictual life assumptions is by developing a somewhat defensive posture that allows both of his/her assumptions to remain in place. Individuals obtaining similar scores can be characterized as having a bit of a 'tough' image. They emphasize the competitive aspects of the world and see themselves as having to be tough in order to come out ahead. They emphasize the advantages of having personal strength and seeing the world in a 'realistic' manner that pictures everyone in competition for the same limited assets. They often try to hide their own inadequacies since they assume that if others learn about them, these will become liabilities that will work out against them. Although they in

fact feel emotionally dependent on others, they try to appear as if they do not need other people and can make it on their own. They try to control others and may be somewhat mistrusting. The inadaptive defensive element of this power-oriented stance can be seen when the person's position is somehow undermined. When confronted with individuals who will question his/her control, the examinee may have an abrasive or hostile reaction which represents an attempt in his/her part to bolster his/her own self confidence.

**357.** With regards to the personality style, the EAS characterized the examinee as having dependent, narcissistic and compulsive overtones. Probably the most prominent personality trait for the examinee will be a low self-esteem. Individuals with similar scores tend to feel less gifted or worth less as human beings when they compare themselves to others. They try to be cooperative and feel most comfortable when they are under the guidance and protection of a powerful mentor. Their low self-image usually leads to feelings of insecurity and some anxiety when the person is in a competitive situation.

Individuals with similar EAS profiles also tend to be proud and occasionally publicly over-rate their own self-worth. This tendency may come from disparate assumptions that they hold about themselves so that, even though they do not value themselves in some areas, they seem to be very self-confident in others. This 'inflation of the ego,' their proneness to rationalize away their failures and paint themselves in a good light' may be seen as a defensive reaction to the low self-esteem; a way of quieting their insecurities and comforting themselves.

The examinee may also use compulsive ways of enhancing his/her image. Similar individuals are likely to be proper and respectful in their relationships to others and to adopt a somewhat perfectionistic and moralistic outlook. They are usually hard-working people who attempt to see the world in terms of rights and wrongs and who may be somewhat meticulous and picayunish. This proper and disciplined facade is frequently used to emphasize their intrinsic value and combat the fear that they may not be very worth-while.

**360.** The examinee obtained scores on the EAS suggesting that he/she has a dependent personality style with competitive overtones. The life assumption of similar individuals is that they are not very able to take care of themselves and must find someone dependable who would protect them and support them. They tend to feel inadequate or insecure and see themselves as less effective or capable than the rest of the population. The tendency is to form strong attachments to people who would take a dominant role in decision-making and are willing to take responsibility for their welfare. Concerned with the possibility of losing friends, similar individuals may cover up their true emotions when the feelings are aggressive or objectionable. These are unconceited people who try to be as congenial as possible to those around them. Similar individuals perceive the environment as a competitive situation. They are, as a result, somewhat distrusting and suspicious of others. Typically their behavior is guarded and reserved. They hope that, with the help of those upon whom they have risked depending upon, they can be strong, realistic, and determined in the 'rat race' of life. Although they do not feel 'tough' or secure by themselves, they look towards others to provide protection from a cruel and insensitive world that is only interested in personal gain.

In the light of the personality style described above, the examinee can be expected to form an alliance with any therapist willing to play a benevolent parental role towards the patient, even if he/she is guarded and distant at first. An approach in which he/she is given guidance in an affectionate and understanding manner would be experienced as supportive. Possible difficulties may come if part of the treatment plan is to move the patient towards more independence or

increase his/her ability to compete in an aggressive or effective manner. In that case, the examinee may feel vulnerable and threatened and may respond with maladaptive behaviors.

**370.** According to the test, the examinee tends to have a low self-esteem and an orderly and compulsive nature. Similar individuals hold the life assumption that other people are more capable, interesting or valuable than they are. They are unconceited and personable and are often capable of forming strong interpersonal relationships with others. They aim to be as congenial as possible to those around them in order to secure the support they need. As a result, similar people tend to be fairly submissive or, at least, compliant. They shy away from competitive situations because such situations make them feel unsupported and vulnerable. When they feel protected, however, they tend to be quite at ease and conflict-free.

Thus, one way in which the examinee defends against the insecurity that his/her low self-esteem may bring is by counting on the guidance and protection of others. The second defense mechanism that he/she uses is thinking that if he/she manages to avoid 'making a mistake,' he/she can always expect the outcome to be a positive one. Individuals with a similar 'compulsive' bent are orderly and plan for the future. They prepare in a conscientious manner and do the work on schedule. They try to be efficient, dependable, industrious and persistent. Often these individuals relate in an overly respectful and ingratiating manner. However, they may be somewhat perfectionistic and demanding. Similar individuals believe in discipline. They may tend to be indecisive and have significant problems making a decision by themselves. The compulsive inclination may also serve to strengthen the feelings of inadequacy that are beneath it in that, whenever bad events take place, the examinee will be inclined to look for what mistakes he/she made that led to the undesirable outcome.

Given the personality style described above, the examinee can be expected to experience as supportive a relationship where the other person has a benevolent and protective attitude towards him/her. Feeling that the therapist is a powerful expert who will advise and guide him/her appropriately will be reassuring for the examinee. The patient can be expected to establish a strong therapeutic alliance without much difficulty and to find such a relationship helpful.

**400.** The examinee obtained scores that show a predominance of histrionic traits in the basic personality structure.

Histrionics are colorful and emotional individuals. They are people who seek stimulation, excitement and attention. They react very readily to situations around them, often becoming very involved in them but typically the involvement does not last. This pattern of getting involved and ending up bored is repeated one time after another. The histrionic person is very good at making positive first impressions. Their ability to react to unexpected situations, their alertness and their search for attention make them colorful and charming socialites in parties or other social gatherings. Often, however, they can be too loud, exhibitionistic, and overly dramatic. They can be demanding and uncontrollable, especially in occasions when they are highly involved. They may have intense emotional moments in friendships but these friendships may be short-lived and replaced when boredom sets in. Their dependency has a very different flavor from the dependency of inadequate individuals in that they need the attention of others rather than actual help in getting things done. As a result, they may be much less submissive than other types of dependent individuals.

Given the personality style that the examinee demonstrated on the EAS, some recommendations can be made about the kind of therapeutic relationship that he/she would find most comfortable. For instance, an emphasis on formalities such as being on time for the session or keeping an interpersonal distance during the session is likely to feel unfriendly and dissatisfying to him/her.

The therapist may need to be tolerant of emotionality in the part of the patient and maybe even a certain amount of conflict. The type of relationship that would feel egosyntonic to the examinee would be one where he/she is very much the center of attention and one where demonstrations of affection and support flow readily, especially from the therapist to the patient.

**430.** The examinee appeared to have a histrionic personality style with dependent overtones. Histrionics are colorful and emotional individuals. They are people who seek stimulation, excitement and attention. They react very readily to situations around them, often becoming very involved in them but typically the involvement does not last. This pattern of getting involved and ending up bored is repeated one time after another. The histrionic person is very good at making positive first impressions. Their ability to react to unexpected situations, their alertness and their search for attention make them colorful and charming socialites in parties or other social gatherings. Often, however, they can be too loud, exhibitionistic, and overly dramatic. They can be demanding and uncontrollable, especially in occasions when they are highly involved. Individuals with similar EAS scores also tend to have a low self-esteem and to feel less gifted or worth less as human beings when they compare themselves to others. The low self-image usually leads to feelings of insecurity and some anxiety when the individual is in a competitive situation. This patient may be always seeking to be conspicuous and to have constant affirmation of approval and affection. Individuals with similar profiles take an active role in obtaining the needed attention. They often develop a sensitivity to the moods of others and use this knowledge to evoke the reactions that they desire. They may seem charming and out-going, dramatic or seductive.

This type of person is usually cooperative and congenial, colorful and in touch with their emotions. However, they may have a difficult time in situations where they feel alone or have to depend on themselves. The loss of meaningful others is often strongly felt.

With regards to psychotherapy, the examinee would feel most comfortable when the therapist recreates a parental role and offers her a good deal of attention, support, nurturance and protection. An emphasis on formalities such as being on time for the session or keeping an interpersonal distance during the session is likely to feel unfriendly and dissatisfying to her. The therapist may need to be tolerant of emotionality in the part of the patient and maybe even a certain amount of conflict. The type of relationship that would feel egosyntonic to the examinee would be one where she is very much the center of attention and one where demonstrations of affection and support flow readily, especially from the therapist to the patient. Therapeutic change may come from processing instances of perceived withdrawal of support, as well as from the encouragement for more independent functioning, and an enhanced understanding of her primitive needs for attention.

**450.** Individuals with high histrionic-narcissistic scores on the EAS may be described as having a need for attention and conspicuousness. They tend to feel that they are a very 'special' kind of person and view themselves as intelligent, outgoing, charming and/or sophisticated. Often they discuss their own abilities in an exaggerated manner, constructing rationalizations to inflate their own worth and belittling others who refuse to enhance the image they try to project. They make good first impressions since they are able to express their feelings, have a flair for the dramatic and a natural ability to draw attention upon themselves. They are also colorful and usually have a good sense of humor. However, the examinee is probably easily bored and the search for approval leaves him/her with a somewhat undefined identity when apart from others. The scores that the examinee obtained on the EAS suggested an antisocial personality element.

Individuals with similar scores typically show a disregard for the rights of others. Their history usually includes instances in which they failed to conform to social norms. These failures may have led to arrests or other problems with the law. Deceitfulness and the conning of others for personal profit may have been present. Similar people are inclined to be irresponsible and may have shown a pattern of job instability or the failure to honor financial obligations. Behind the disregard for the rights of others is typically the ingrained assumption that life is a competitive situation. In order to function in it, similar people feel that they have to fend for themselves. They are, as a result, somewhat distrusting and suspicious. They see themselves as assertive, energetic self-reliant, strong and realistic. They feel that they have to be tough in order to make it in the 'rat race'. These individuals usually justify their assertiveness by pointing to the hostile and exploiting behavior of others. They may be contemptuous of the weak and not care if they are disliked, claiming that 'good guys come in last'.

Individuals with this type of personality are usually impulsive. In some cases they seek excitement and show a reckless disregard for their own safety or the safety of others. They may be somewhat aggressive and intimidating. At times they may appear cold, callous, or insensitivity to the feelings of others. They tend to be argumentative and contentious. Irritability and frequent fights may be a problem for the examinee .

Given the personality style described above, the examinee may find easier to establish a relationship with a therapist who is attentive to him/her and inclined to appreciate his/her charm and successes. Allowing the examinee to take a leading role in the therapeutic situation and control as much as possible what goes on in the sessions would also contribute to make the treatment most palatable to him/her . Once the therapeutic relationship is well established, the therapist will undoubtedly need to offer occasional interpretations that will sound negative to the patient if psychological growth is to take place. Care should be taken, however, to choose well both the timing and manner of such interpretations in order not to injure the patient's narcissism beyond the point he/she can tolerate.

**456.** Individuals with high histrionic-narcissistic scores on the EAS may be described as having a need for attention and conspicuousness. They tend to feel that they are a very 'special' kind of person and view themselves as intelligent, outgoing, charming and/or sophisticated. Often they discuss their own abilities in an exaggerated manner, constructing rationalizations to inflate their own worth and belittling others who refuse to enhance the image they try to project. They make good first impressions since they are able to express their feelings, have a flair for the dramatic and a natural ability to draw attention upon themselves. They are also colorful and usually have a good sense of humor. However, the examinee is probably easily bored and the search for approval leaves him/her with a somewhat undefined identity when apart from others. The scores that the examinee obtained on the EAS also suggested an antisocial personality element.

Individuals with similar scores typically show a disregard for the rights of others. Their history usually includes instances in which they failed to conform to social norms. These failures may have led to arrests or other problems with the law. Deceitfulness and the conning of others for personal profit may have been present. Similar people are inclined to be irresponsible and may have shown a pattern of job instability or the failure to honor financial obligations. Behind the disregard for the rights of others is typically the ingrained assumption that life is a competitive situation. In order to function in it, similar people feel that they have to fend for themselves. They are, as a result, somewhat distrusting and suspicious. They see themselves as assertive, energetic self-reliant, strong and realistic. They feel that they have to be tough in order to make it in the 'rat race'. These individuals usually justify their assertiveness by pointing to the hostile

and exploiting behavior of others. They may be contemptuous of the weak and not care if they are disliked, claiming that 'good guys come in last'.

Individuals with this type of personality are usually impulsive. In some cases they seek excitement and show a reckless disregard for their own safety or the safety of others. They may be somewhat aggressive and intimidating. At times they may appear cold, callous, or insensitivity to the feelings of others. They tend to be argumentative and contentious. Irritability and frequent fights may be a problem for the examinee .

Given the personality style described above, the examinee may find easier to establish a relationship with a therapist who is attentive to him/her and inclined to appreciate his/her charm and successes. Allowing the examinee to take a leading role in the therapeutic situation and control as much as possible what goes on in the sessions would also contribute to make the treatment most palatable to him/her . Once the therapeutic relationship is well established, the therapist will undoubtedly need to offer occasional interpretations that will sound negative to the patient if psychological growth is to take place. Care should be taken, however, to choose well both the timing and manner of such interpretations in order not to injure the patient's narcissism beyond the point he/she can tolerate.

**458.**

**468.**

**470.** The personality style that the examinee described on the EAS is based on high scores on histrionic and compulsive scales.

This personality profile characterizes a colorful and emotional person. People with similar scores usually seek stimulation, excitement and attention. They tend to be conspicuous and actively search for affirmation of approval and affection. They often develop a sensitivity to the moods of others and use this knowledge to evoke the reactions that they desire. They respond very readily to situations around them, often becoming very involved in them but typically this involvement does not last. This type of individual is very good at making positive first impressions. Their ability to react to unexpected situations, their alertness and interest, and their search for attention, make them colorful socialites in parties and similar gatherings.

In the case of the examinee attention is probably sought by emphasizing the image that is portrayed by the individual. the examinee seems to value a compulsive type of image which places a premium on propriety and dependability. Individuals with similar scores try to look conscientious, efficient, dependable, industrious and persistent. They may place a high value, for instance, on 'dressing right', having a clean and orderly house, and so on.

In some ways the histrionic and the compulsive tendencies are in conflict with one another. Histrionics, for instance, tend to be very emotional, intense in their relationships and impulsive. Compulsives, on the other hand, overcontrol their emotions, are somewhat distant when relating to others and plan their behaviors carefully. Individuals who have these two tendencies together are often unable to integrate them well and are, as a result, conflicted. They, then, may seem moody or emotionally labile. At times they may be more emotional and intense, then develop some fears as to where this behavior would lead and become more rigid and controlled.

**480.**

**500.** The results obtained by the examinee on the EAS characterized a person whose basic assumption in life is that he/she is a 'special' kind of individual. the examinee probably feels that

he/she is superior to others. Individuals obtaining the same scores have a tendency to exaggerate their abilities and positive attributes, construct rationalizations to inflate their own worth, and depreciate others who refuse to accept or enhance their own self image. Similar people typically view themselves as intelligent, outgoing, charming and sophisticated. They have a need to be conspicuous, to evoke affection and attention from others. They often make good first impressions since they are able to express their feelings, may have strong opinions, and have a natural ability to draw attention upon themselves. They are proud people, carry themselves with dignity, and may have a good sense of humor. However, the examinee may have trouble if he/she feels that he/she is not properly recognized or when he/she has to accept the opinions of others and compromise. Given these factors, the examinee can be expected to be most comfortable in situations where he/she feels looked up to, admired, or at least respected. If confrontation is used in therapy, much tact has to be exercised so as not to injure his/her narcissism more than he/she can tolerate. On the other hand, the danger also exists that a therapist would be so supporting of the patient's narcissism that no negative feedback is given and growth is not facilitated. Thus, it is important to find ways of helping the examinee accept his/her fallibilities and work on his/her problems without feeling unrecognized or humiliated.

**520.** The results obtained by the examinee on the EAS characterize a person whose basic assumption in life is that he/she is a 'special' kind of individual. the examinee probably feels that he/she is superior to most other people around. Individuals obtaining similar scores have a tendency to exaggerate their abilities and positive attributes, construct rationalizations to inflate their own worth, and depreciate others who refuse to accept or enhance their own self image. Viewing themselves in positive terms, they tend to think of themselves as intelligent, outgoing, charming, and sophisticated. Any negative attributes that they do accept as theirs, are usually minimized as fairly unimportant.

In the case of this examinee, however, there is also a certain amount of apprehension regarding his/her relations with others. This person tends to feel that other people are not going to appreciate how capable and outstanding he/she really is. Similar individuals are very sensitive to any signs of rejection from others because such a rejection is interpreted as a negation of the kind of image that they feel they must have in order to be comfortable. As a result, when similar individuals are interacting with others, they always feel under the internal pressure of having to put 'their best foot forward.' They tend to be tense, nervous and self-conscious with most of the people with whom they interact. Their social outlook is conflicted: in some ways they would like to relate to people well so that they would be appreciated but they are so socially uncomfortable that they find themselves avoiding other people altogether much of the time. This tends to be a life conflict with such individuals and one with which they struggle for years before some resolution is achieved.

In theory, this mixture of narcissistic and avoidant elements in the basic personality style originates in childhood. One possible scenario leading to the formation of this type of personality style may be a home situation which was in some ways cold and rejecting while, at the same time, included an over-valuing of the individual. A parent, for instance, may have treated the examinee in a demeaning and rejecting manner while, at the same time betraying an underlying assumption that the he/she was much better than anyone else around. A temporary emphasis on the prominence these styles may also have been brought about by current situations which the examinee found humiliating. Such a situation highlights the avoidant aspect because of the rejection involved. The narcissistic stance may be, in that case, a reaction formation, a defensive undoing of what he/she feels has been an unjust treatment towards him/her.

**530.** According to the EAS, the examinee has predominant confident (narcissistic) and cooperative (dependent) traits in his/her personality make-up. The juxtaposition of these two styles is a bit unusual and possibly problematic. An elevation on the confident scale usually indicates that the person values him or herself highly. Such individuals are prone to assuming that they are more capable than others; they often think of themselves as being 'special' in some way. As a result, they tend to exaggerate their own positive attributes and to minimize their liabilities. They like to be conspicuous and relate to others with an air of self assurance. They wish to be leaders who hold positions of status and power and are not particularly interested in following somebody else's directions.

The problem with the personality profile that emerged out of this EAS is that the second elevation occurred in a scale that is almost the direct opposite of the first. The cooperative scale usually characterizes individuals who are followers rather than leaders. The scores that the examinee obtained on this scale would indicate that he/she is very unsure about his/her own abilities and would feel more comfortable if he/she had someone whom he/she could trust to look after him/her and protect .pn. Given those two divergent assumptions about one's role in life, the present findings would lead to the speculation that the examinee normally experiences much conflict. At times he/she relate in a submissive and overly congenial manner while at other times he/she may be very assertive and try to play a dominant role.

In the light of the present findings, the task in establishing a therapeutic relationship with the examinee may be to cater to both of his/her basic emotional needs. The therapist may need to provide the parental-like guidance and support that he/she seems to need while, at the same time, allowing him/her to control enough of the situation so that he/she does not feel humiliated. In some ways he/she will need to be treated in a 'parent-to-child' manner while, at the same time, he/she will have to be afforded the respect of a parental figure. The conflict between the two opposing tendencies may lead to a certain amount of anger and interpersonal discomfort that the therapist will have to handle well for the treatment to be successful.

**540.** The scores that the examinee obtained on the EAS suggested that his/her personality style is characterized by narcissistic and histrionic elements. The main assumption that individuals with similar scores have about themselves is that they are a 'special' kind of person. the examinee probably feels that he/she is superior to most other people. A tendency to exaggerate his/her abilities and positive attributes, emphasize his/her past achievements, and depreciate those who refuse to accept his/her inflated self-image may be present. This narcissism is probably externalized through an air of conviction and self-assurance. When extreme, similar individuals are seen as conceited and arrogant.

A major aspect that the examinee pays attention to when feeling superior to others is that of his/her personal image. the examinee seems to value appearances: a good person is one who looks intelligent, outgoing, competent, sophisticated, and so on. Beneath this surface, however, there is a need for approval and a striving to be conspicuous, to evoke affection, and attract attention from others. This type of individual may be very impressive at first glance since they may be able to express their thoughts with ease, have a flair for the dramatic, and enjoy a natural capacity to draw attention upon themselves. They may be capricious, however, and intolerant of frustration. They are often emotional but the emotions may be short-lived. the examinee may also demonstrate an inclination to be easily bored at which time he/she may go on to do something else.

Given these factors, the examinee can be expected to be most comfortable in situations where he/she feels looked up to, admired, or at least respected. Similar individuals also need to be the center of attention frequently. If confrontation is used in therapy, much tact has to be exercised



so as not to injure his/her narcissism more than he/she can tolerate. Further difficulties in such confrontations may come from his/her interpreting them as part of a competitive relationship and fighting them rather than accepting them as a useful feedback. On the other hand, the danger also exists that a therapist would be so supporting of the patient's narcissism that no negative feedback is given and growth is not facilitated. Thus, it is important to find ways of helping the examinee accept his/her fallibilities and work on his/her problems without feeling unrecognized or humiliated.

**546.** The scores that the examinee obtained on the EAS suggested that his/her personality style is characterized by narcissistic, histrionic and competitive elements. The main assumption that individuals with similar scores have about themselves is that they are a very 'special' kind of person. the examinee probably feels that he/she is superior to most other people. A tendency to exaggerate his/her abilities and positive attributes, emphasize his/her past achievements, and depreciate those that refuse to accept his/her inflated self-image may be present. This narcissism is probably externalized through an air of conviction and self-assurance. When extreme, similar individuals are seen as conceited and arrogant.

There were indications that a major aspect that the examinee pays attention to when feeling superior to others is that of his/her personal image. the examinee seems to value appearances: a good person is one who 'appears' intelligent, outgoing, competent, sophisticated, and so on. Beneath this surface, however, there is a need for approval and a striving to be conspicuous, to evoke affection, and attract attention from others. This type of individual may be very impressive at first since they express their thoughts with ease, have a flair for the dramatic, and enjoy a natural capacity to draw attention upon themselves. They may be capricious, however, and intolerant of frustration. They are often emotional but the emotions may be short-lived. the examinee may also demonstrate an inclination to be easily bored with an enterprise at which time him/her may go on to do something else.

Another factor in his/her feeling superior to others may be related to the tendency that the examinee showed to always look at his/her environment as if it was a competitive situation. Similar individuals feel that they have to 'fend for themselves' in order to be able to function. They are, as a result, somewhat distrusting and suspicious. They see themselves as assertive, energetic, self-reliant, strong and realistic. They feel that they have to be tough in order to make it in a world that is a 'rat race.' Similar individuals are typically contemptuous of compassion and warmth, feeling that these are 'weak' emotions that will place them in a position where they may be taken advantage of. The competitive outlook fits in well with the feelings of superiority as long as the examinee is in a situation where he/she can assume a good chance of "winning." Given these factors, the examinee can be expected to be most comfortable in situations where he/she feels looked up to, admired, or at least respected. Similar individuals also need to be the center of attention frequently. If confrontation is used in therapy, much tact has to be exercised so as not to injure his/her narcissism more than he/she can tolerate. Further difficulties in such confrontations may come from his/her interpreting them as part of a competitive relationship and fighting them rather than accepting them as a useful feedback. On the other hand, the danger also exists that a therapist would be so supporting of the patient's narcissism that no negative feedback is given and growth is not facilitated. It is important, therefore, to find ways of helping the examinee accept his/her liabilities and work on his/her problems without his/her feeling unrecognized or humiliated.

**548.**

**564.** The scores that the examinee obtained on the EAS suggests that his/her personality style is characterized by narcissistic, competitive and histrionic elements. This commonly found cluster of personality traits is most notable for the insensitivity to the desires and concerns of other people that is typically shown by persons having this style.

The main assumption that individuals with similar scores have about themselves is that they are a very 'special' kind of person. The examinee probably feels that he/she is superior to most other people. A tendency to exaggerate his/her abilities and positive attributes, construct arguments to emphasize his/her own worth, and depreciate those who refuse to accept his/her self-image may be present. This tendency is probably externalized through an air of conviction, security and self-assurance. When extreme, similar individuals are seen as conceited and arrogant.

Part of the feeling of superiority comes from the tendency that the examinee showed to look at his/her environment as a competitive situation. Similar individuals feel that they have to 'fend for themselves' in order to be able to function. They are, as a result, somewhat distrusting and suspicious. They see themselves as assertive, energetic, self-reliant, strong and realistic. They feel that they have to be tough in order to make it in a world that is a 'rat race'. These individuals usually justify their aggressiveness by pointing to the hostile and exploitive behavior of others.

They are contemptuous of compassionate and warm people, feeling that these people are 'weak' and will be taken advantage of. The competitive outlook fits in especially well with the feelings of superiority if the examinee is in a situation where he/she can assume a chance of "winning."

There are indications that a major aspect that the examinee pays attention to when feeling superior to others is that of personal image. The examinee seems to value appearances: a good person is one that 'appears' intelligent, outgoing, charming, sophisticated, and so on. Similar individuals have shown that beneath this surface there is a need for approval and a striving to be conspicuous, to evoke affection and attract attention from others. This type of individual usually impresses one, at first, by the ease with which they express their thoughts and feelings, by their flair for the dramatic and their seemingly natural capacity to draw attention to themselves. They may be capricious, however, and intolerant of frustration.

Given these factors, the examinee can be expected to be most comfortable in situations where he/she feels looked up to, admired, or at least respected. Similar individuals also need to be the center of attention frequently. If confrontation is used in therapy, much tact has to be exercised so as not to injure his/her narcissism more than he/she can tolerate. Further difficulties in such confrontations may come from his/her interpreting them as part of a competitive relationship and fighting them rather than accepting them as a useful feedback. On the other hand, the danger also exists that a therapist would be so supporting of the patient's narcissism that no negative feedback is given and growth is not facilitated. It is important, therefore, to find ways of helping the examinee accept his/her liabilities and work on his/her problems without his/her feeling unrecognized or humiliated.

**580.**

**600.** The scores that the examinee obtained on the EAS suggested an antisocial personality style. Individuals with similar scores typically show a disregard for the rights of others. Their history usually includes instances in which they failed to conform to social norms. These failures may have led to arrests or other problems with the law. Deceitfulness and the conning of others for personal profit may have been present. Similar people are inclined to be irresponsible and may have shown a pattern of job instability or the failure to honor financial obligations.

Behind the disregard for the rights of others is typically the ingrained assumption that life is a competitive situation. In order to function in it, similar people feel that they have to fend for

themselves. They are, as a result, somewhat distrusting and suspicious. They see themselves as assertive, energetic self-reliant, strong and realistic. They feel that they have to be tough in order to make it in the 'rat race'. These individuals usually justify their assertiveness by pointing to the hostile and exploiting behavior of others. They may be contemptuous of the weak and not care if they are disliked, claiming that 'good guys come in last'.

Individuals with this type of personality are usually impulsive. In some cases they seek excitement and show a reckless disregard for their own safety or the safety of others. They may be somewhat aggressive and intimidating. At times they may appear cold, callous, or insensitivity to the feelings of others. They tend to be argumentative and contentious. Some such people may be even abusive, cruel or malicious. When matters go their way, they may act in a gracious, cheerful, and friendly manner. More characteristically, however, their behavior is guarded, reserved and resentful. When crossed, pushed on personal matters or faced with embarrassment, they may respond impulsively and become angry, revengeful and vindictive. Irritability and frequent fights may be a problem for him/her.

Individuals with the type of personality style shown by the examinee tend not to value therapy for its own sake. One approach to establishing a therapeutic alliance may be to accept, at least temporarily, the same competitive outlook he/she favors. The therapist may be in the position to help him/her explore the behaviors and attitudes that he/she has that get in the way of him/her being a 'winner.'

**612.** The scores that the examinee obtained on the EAS suggested that he/she has competitive traits as well as schizoid and avoidant elements in his/her personality style. Individuals with similar scores look at their environment as if it were a tournament or a contest, with one person pitted against the other. In order to be able to function in such a situation, they feel that they have to fend for themselves. Similar individuals are self-sufficient people who do not depend on others for the fulfillment of their own needs. They may be somewhat distrusting and suspicious of others. They see themselves as assertive, energetic self-reliant, strong and realistic. They feel that they have to be tough in order to make it in the 'rat race.' Similar individuals usually justify their assertiveness by pointing to the hostile and exploitative behavior of others. They may be contemptuous of the weak and not care if they are disliked, claiming that 'good guys come in last.'

Individuals with this type of personality may be seen as somewhat cold, callous, or insensitive to the feelings of others. They may tend to be argumentative and contentious. When matters go their way, they may act in a gracious, cheerful, and friendly manner. More characteristically, however, their behavior is guarded, reserved and aggressive. When crossed, pushed, or embarrassed, they may respond impulsively and may become angry, revengeful and vindictive. In addition, the examinee seems to keep an emotional distance from others. To some degree, the examinee is uninterested in interpersonal relations and may not be too adept at understanding and enjoying the subtleties and nuances of emotions, a situation that may lead to being apathetic about the relationship itself. Moreover, he/she may be afraid of being rejected by others who are also looking out for themselves in the competitive world. As a result, social situations are a source of discomfort and tension and are avoided. Similar individuals restrict the number of relationships that they form and tend to have superficial friendships when those exist, alliances that are more like acquaintances than a strong friendship.

In the light of the personality style that the examinee appeared to have, the establishment of a therapeutic alliance may be somewhat difficult. Similar patients are not inclined to see psychotherapy as valuable unless it offers a very tangible material benefit, such as a way out of a jam of some sort. One approach to establishing an alliance in spite of this difficulty may be to

accept, at least temporarily, the same competitive outlook that the patient favors. The therapist may then be in the position to help him/her explore the behaviors and attitudes that he/she has that get in the way of him/her being a 'winner.'

**634.** The scores that the examinee obtained describe an antisocial personality with dependent and histrionic elements. Similar people experience an internal conflict between their competitive and aggressive nature on the one hand, and their insecurity and need for people's attention on the other.

One part of this individual's nature is characterized by a view of the environment as a competitive, tournament-like situation. In order to be able to function in it, similar people feel they have to operate on their own. They see themselves as assertive, energetic, self-reliant, strong and realistic. They feel that they have to be tough in order to make it in the 'rat race'. They may be somewhat distrusting of others. These individuals justify their assertiveness by pointing to the hostile and exploiting behavior of others. They may be contemptuous of the weak and do not care if they are disliked, claiming that 'good guys come in last'. They are typically impulsive and insensitive to the feelings of others.

Conflicting with the competitive nature already described, is a part of the examinee that is insecure, and that strives for attention. Individuals with similar scores feel less gifted or worthwhile than the people around them. The low self-image usually leads to feelings of insecurity and anxiety when the individual is expected to be on their own. The examinee may seek to be conspicuous and to have frequent affirmations of approval and affection.

Having aspects of the personality that do not blend together well creates an inner tension that may lead to anxiety, moodiness, or other uncomfortable subjective experiences. This conflict, however, has a positive aspect in that it may moderate the two influences. For instance, having a low self-esteem does not fit in well with the competitive outlook in life, and may cause the examinee some problems, but it also reigns in the aggressiveness of the competitive style.

It should also be noted that each of these styles has its advantages, to go with the disadvantages already noted. The competitive tendencies prepare Kurtis well for the many activities that do involve competing against others. The dependent inclination creates a side of the patient that is cooperative and wanting to please, while the histrionic element makes him a colorful and interesting person.

One issue the examinee may present in therapy is that of becoming competitive with the therapist, and having trouble forging a real alliance. This individual would feel most comfortable when the therapist recreates a parental role and offers him/her a good deal of attention, support, nurturance and protection. However, in spite of the dependency, similar patients tend to be oppositional and conflictive in their therapeutic relationship, as a result of his/her competitive nature and the histrionic personality overtones. Tolerance in the part of the therapist may be needed on these occasions. Therapeutic change may come from processing perceived withholding of support, as well as from an enhanced understanding of his/her primitive needs for attention and the results of his/her behaviors.

**640.** The examinee seemed to have an antisocial personality style with histrionic elements. Individuals with similar scores look at their environment as a competitive situation. In order to be able to function in it, they feel that they have to fend for themselves. Most individuals with this view are, as a result, somewhat distrusting and suspicious of others. They see themselves as assertive, energetic self-reliant, strong and realistic. They feel that they have to be tough in order to make it in the 'rat race'. These individuals usually justify their assertiveness by pointing to the hostile and exploiting behavior of others. They may be contemptuous of the weak and not care if

they are disliked, claiming that 'good guys come in last.' They are often seen as somewhat aggressive or intimidating. At times they may be cold, callous, or insensitive to the feelings of others. They may be argumentative and contentious. Some such people may be even abusive, cruel or malicious.

Individuals with this type of personality are typically impulsive. They are colorful and emotional individuals. They are people who seek stimulation, excitement and attention. They react very readily to situations around them, often becoming involved in them but typically the involvement does not last. This pattern of getting involved and ending up bored is repeated one time after another. Similar people are good at making positive first impressions. Their ability to react to unexpected situations, their alertness and their search for attention make them colorful and charming socialites in parties or other social gatherings. Often, however, they can be too loud, exhibitionist, and overly dramatic. They can be demanding and uncontrollable, especially in occasions when they are highly involved.

Individuals with the type of personality style shown by the examinee tend not to value therapy for its own sake. One approach to establishing a therapeutic alliance may be to accept, at least temporarily, the same competitive outlook he/she favors. The therapist may be in the position to help him/her explore the behaviors and attitudes that he/she has that get in the way of him/her being a 'winner.' An emphasis on formalities such as being on time for the session or keeping an interpersonal distance during the session is likely to feel unfriendly and dissatisfying to him/her. The therapist may need to be tolerant of emotionality in the part of the patient and maybe even a certain amount of conflict. The type of relationship that would feel egosyntonic to the examinee would be one where he/she is very much the center of attention and one where demonstrations of affection and support flow readily, especially from the therapist to the patient.

**650.** The scores that the examinee obtained on the EAS suggested that his/her personality style is characterized by competitive and narcissistic traits.

Individuals with similar scores see their environment as primarily competitive. In order to be able to function in it, they feel that they have to fend for themselves. Most individuals with this view are, as a result, somewhat distant, distrustful or suspicious of others. They see themselves as assertive, energetic, self-reliant, strong and realistic. They feel that they have to be tough in order to make it in this 'dog-eat-dog' world. These individuals usually justify their assertiveness by pointing to the hostile and exploiting behavior of others. They may not object if they are looked upon with disfavor, claiming that 'good guys come in last'.

Another aspect of the personality style pattern portrayed by the examinee is the tendency towards an inflated self image. the examinee probably thinks about his/her own self as more capable, more interesting and more worth-while than the people around him/her. This tendency is often externalized through an air of conviction, independent security and self-assurance. When extreme, this tendency may make its possessor look somewhat conceited and arrogant.

Individuals with this type of personality may be seen by others as somewhat aggressive and intimidating. Often their assertiveness is sensed as a cold insensitivity to the feelings of others. These individuals tend to be argumentative and contentious and may be even abusive, cruel or malicious at times. When matters go their way, they may act in a gracious, cheerful, and friendly manner. More characteristically, however, their behavior is guarded, reserved and resentful. When crossed, pushed on personal matters or faced with embarrassment, they may respond quickly and become angry, revengeful and vindictive.

In the light of the personality style that the examinee appeared to have, the establishment of a therapeutic alliance may be somewhat difficult. Similar patients are not inclined to see psychotherapy as valuable unless it offers a very tangible material benefit, such as a way out of a

jam of some sort. They also resent the kind of superior-like position that the therapist has in the therapeutic situation, if only because of the fact that the therapist is the 'expert' whose opinions are solicited during the therapy session. One approach to establishing an alliance in spite of the difficulties may be to accept, at least temporarily, the same competitive outlook that the patient favors. The therapist may be in the position to help him/her explore the behaviors and attitudes that he/she has that get in the way of him/her being a 'winner.' Treating him/her with as much respect and deference as possible may also contribute to the formation of the therapeutic alliance.

**653.** According to the EAS, the examinee has predominant competitive (antisocial), confident (narcissistic) and cooperative (dependent) traits in his/her personality make-up. The juxtaposition of these three styles is a bit unusual and possibly problematic. The elevation on the Competitive Scale is typically associated with viewing the environment as a contest where people are pitted against each other. In order to be able to function, similar individuals feel that they have to fend for themselves. They are, as a result, somewhat distant, distrusting or suspicious of others. They see themselves as assertive, energetic, self-reliant, strong and realistic. They feel that they have to be tough in order to make it in this 'dog-eat-dog' world. These individuals may not object if they are looked upon with disfavor, claiming that 'good guys come in last.'

Another aspect of the personality style portrayed by the examinee is the tendency towards an inflated self image. the examinee probably thinks about his/her own self as more capable, more interesting and more worth-while than the people around him/her . They like to be conspicuous and looked up to. They wish to be leaders who hold positions of status and power and are not particularly interested in following somebody else's directions. This tendency is often externalized through an air of conviction, independent security and self-assurance. When extreme, this tendency may make its possessor look somewhat conceited and arrogant. Individuals with this type of personality may be seen as somewhat aggressive and intimidating. Often their assertiveness is sensed as a cold insensitivity to the feelings of others. When matters go their way, they may act in a gracious, cheerful, and friendly manner. At other times, however, their behavior is guarded, reserved and resentful. When crossed, pushed on personal matters, or faced with humiliation, they may become angry and vindictive.

The inflated self-image fits in well with the competitive outlook in that it provides the security that the examinee needs in order to engage in the rivalry he/she may feel when he/she is with others. The problem with the personality profile that emerged out of the EAS is that the third elevation occurred in a scale that is almost the direct opposite of the first two. The Cooperative Scale usually characterizes individuals who are followers rather than leaders. The scores that the examinee obtained on this scale would indicate that he/she is very unsure about his/her own abilities and would feel more comfortable if he/she had someone whom he/she could trust to look after him/her and protect him/her . One way of integrating all of the findings would be to think of the examinee as actually feeling fairly inadequate but compensating against these feelings by putting up the over-confident facade.

In the light of the personality style that the examinee appeared to have, the establishment of a therapeutic alliance may be somewhat difficult. Similar patients are not inclined to see psychotherapy as valuable unless it offers a very tangible material benefit, such as a way out of a jam of some sort. They also resent the kind of superior-like position that the therapist has in the therapeutic situation, if only because of the fact that the therapist is the 'expert' whose opinions are solicited during the therapy session. One approach to establishing an alliance in spite of the difficulties may be to accept, at least temporarily, the same competitive outlook that the patient favors. The therapist may be in the position to help him/her explore the behaviors and attitudes

that he/she has that get in the way of him/her being a 'winner.' Treating him/her with as much respect and deference as possible may also contribute to the formation of the therapeutic alliance.

**658.**

**670.** The scores that the examinee obtained on the testing indicated a personality style with antisocial and compulsive traits. Individuals with similar test profiles typically disregard the rules of the community and the social norms. Frequently they seem to search for ways of by-passing controls so that they do not have to comply with what is usually expected for a person in their situation. It is as if rules were made to be broken, and their enjoyment of life depends largely on their ability to circumvent any rule that does not please them. Trouble with authority may include a history of legal or disciplinary problems. They can be conning and deceitful when it fits their purpose. They are impulsive, emphasizing immediate gratification, living mostly for the day. They can be irresponsible, repeatedly failing to live up to their commitments. In a self-centered manner, they are inclined to be inattentive to the needs of others.

Similar people look at their environment as a competitive situation. In order to be able to function in it, they feel that they have to fend for themselves. Most individuals with this view see themselves as assertive, energetic, self-reliant, strong and realistic. They feel that they have to be tough in order to make it in the 'rat race'. They may be contemptuous of the weak, aggressive and intimidating. At times they may appear cold, or insensitivity for the feelings of others. They tend to be argumentative and contentious. Some such people may be even abusive, cruel or malicious. When crossed, pushed on personal matters or embarrassed, they become angry, revengeful and vindictive. Since they see their own mode of operation as the way to live, they do not experience much remorse about any inconvenience or harm they may have caused, and only regret the actions that directly caused them personal pain.

In this individual's case, the antisocial aspects are partly moderated and held in check by a compulsive personality element. The test scores suggested that the examinee holds the life assumption that he/she should work hard to avoid making a mistake. Similar individuals are usually orderly and plan for the future. They try to be efficient, dependable, industrious and persistent. Often these individuals believe in discipline and practice self-restraint, especially when it concerns their own emotions, which are usually kept under control. The over-control of the emotions tends to give this type of individual their typical flavor: they are formal and proper and somewhat unlikely to open up and act spontaneously in front of others. They are seen sometimes as perfectionistic, occasionally inflexible and perhaps indecisive before they have a chance to study all possible alternatives. In other words, their strategy in order to win the 'life race' in which they are taking part is to be careful, deliberate, dependable and hard-working.

**680.**

**690.** Individuals with similar test profiles typically disregard the rules of the community and the social norms. They seem to search for ways of by-passing controls so that they do not have to comply with what is usually expected of them. It is as if rules were made to be broken, and their enjoyment of life depends largely on their ability to circumvent any rule that does not please them. Similar individuals have significant problems with authority and resent any controls that are placed on them. They may have a history of legal or disciplinary problems and can be conning and deceitful when it fits their purpose. They are impulsive, emphasizing immediate gratification, living mostly for the day. They can be irresponsible, repeatedly failing to live up to

their commitments. In a self-centered manner, they are inclined to be inattentive to the needs of others.

Similar people look at their environment as a competitive situation. In order to be able to function in it, they feel that they have to fend for themselves. Most individuals with this view see themselves as assertive, energetic, self-reliant, strong and realistic. They feel that they have to be tough in order to make it in the 'rat race'. Aggressive and intimidating, they may be contemptuous of the weak. At times they may appear cold or insensitivity for the feelings of others.

This examinee is probably argumentative and contentious at times. Some such people may be even abusive, cruel or malicious. When crossed, pushed on personal matters or embarrassed, they become angry, revengeful and vindictive. Since they see their own mode of operation as the way to live, they do not experience much remorse about any inconvenience or harm they may have caused, and only regret the actions that directly caused them personal pain. They are plagued by destructive ideas, which may be directed toward themselves or toward others. The anger may be temporarily displaced by bothersome feelings of guilt or remorse. The patient's self-image is also problematic as .pr is likely to feel worthless and be encumbered by self-doubt while, at the same time, feeling used by others.

Test results also suggested the presence of a pervasive instability of moods, interpersonal relationships, and self-image. The scores would indicate that this individual typically responds in an impulsive and over-emotional way and that his/her affective response tends to be labile, at times showing apathy and numbness while, at other times, demonstrating an excessive amount of intensity or involvement. Sadness, hopelessness and aimlessness are often underlying the more obvious emotional response.

**700.** The scores that the examinee obtained on the EAS suggested that disciplined (compulsive) traits tend to be emphasized in his/her basic personality structure. Individuals with similar personality profiles hold the life assumption that people should work hard to avoid making a mistake. Such people are usually orderly and plan for the future. They are conscientious; they typically prepare well and do the work on schedule. They tend to be efficient, dependable, industrious and persistent. To those in authority, these individuals relate in an overly respectful and ingratiating manner. This style of relating often changes when the relationship is with a subordinate. In that case the examinee may become somewhat perfectionistic and demanding. Often these individuals believe in discipline and practice self restraint, especially when it concerns their own emotions which are usually kept under control. The over-control of the emotions tends to give this type of individual a characteristic flavor: they are formal and proper and unlikely to open up and act spontaneously in front of others. They are sometimes seen as perfectionistic, distant, occasionally inflexible and perhaps indecisive before they have a chance to study all possible alternatives. However, they are often careful, deliberate, righteous, honest, dependable and hard-working people.

This type of personality style may make it hard for the examinee to work with some aspects of the environment. For instance, situations that can change abruptly from one moment to the next in an unpredictable manner or situations in which following rules does not lead to the desired outcome, can be expected to be particularly stressful. However, disciplined individuals are very well suited for situations in which it is important to be accurate and meticulous.

Unfortunately, an elevation on the Discipline scale is also obtained with people who are not all that proper or orderly but who are interested in 'looking good' in the testing or are fairly defensive psychologically. The reason is that such a person does not accept any personality 'flaws' and answers the testing in a perfectionistic manner. If this is thought to be the case with



the examinee, the description given above has to be changed to emphasize the defensive outlook rather than the meticulousness, orderliness, or the interest in careful planning of the future. Given the type of personality style described, the examinee may find it easier to establish a therapeutic alliance with a professional who is formal, proper, punctual and predictable. Keeping a bit of a distance from the patient and allowing him/her to control significant parts of the session would also make him/her feel at ease. Explanations of the diagnosis, the nature of the “illness,” the expected course of treatment, and the like, can hold a very especial appeal for the examinee. The difficulty may be in moving him/her from a superficial therapeutic alliance to a more meaningful dependency on the relationship. Helping him/her explore the defenses that he/she uses, or enhancing his/her tolerance for allowing others to hold the controls can also be hard to accomplish.

**720.** The scores that the examinee obtained on the EAS characterize a person with compulsive and avoidant tendencies in the personality structure.

An important motivational force behind this basic personality structure is that of avoiding making a mistake. This trait may have originated as a reaction formation, a mechanism by which a person spouses perfectionistic and righteous ways of thinking in order to convince themselves that they are not imperfect, incapable or worthless. It may also have emerged as a response to situations in which the person was punished whenever they made a ‘mistake’ and given no incentive to take risks with their behavior.

Whatever the origin, this type of individual tends to be orderly and plan for the future. To those in authority they are inclined to relate in an overly respectful, ingratiating and dependent manner. This flavor probably changes when the examinee is relating to a subordinate. In that case, he/she may become somewhat arrogant, perfectionistic or disdainful. Often these individuals believe in discipline and practice self-restraint, especially when it concerns their own emotions, which are always kept under control.

The indications are that the examinee would like to relate to others and have the affection and appreciation of others. People, however, present a problem in that they are often emotional and unpredictable. The unpredictability and the emphasis on emotional aspects of the relationship can make persons like this somewhat uncomfortable. Thus, relating to others represents a risk and people with a similar personality profile feel particularly vulnerable when taking this kind of a risk. The examinee may be inclined to avoid relationships or to relate in a cold and distant manner in order to minimize the risk taken.

These individuals tend to be somewhat proper and formal. They are usually conscientious, well prepared, efficient, dependable, industrious and persistent. They may also be seen, however, as perfectionistic, rigid, picayune and indecisive.

Given the type of personality style described, the examinee may find it easier to establish a therapeutic alliance with a professional who is formal, proper, punctual and predictable. Keeping a bit of a distance from the patient and allowing him/her to control significant parts of the session would also make him/her feel at ease. Explanations of the diagnosis, the nature of the “illness,” the expected course of treatment and the like can hold a very especial appeal for the examinee. The difficulty may be in moving he/she from a superficial therapeutic alliance to a more meaningful dependency on the relationship. Helping him/her explore the defenses that he/she uses, or enhancing his/her tolerance for allowing others to hold the controls can also be hard to accomplish.

**730.** The scores that the examinee obtained on the testing described a personality style with compulsive and dependent elements. Individuals with similar personalities hold the life

assumption that one must work hard to avoid making a mistake. Such people are usually orderly and plan for the future. They are conscientious; they typically prepare well and do the work on schedule. They tend to be efficient, dependable, industrious and persistent. To those in authority, these individuals relate in an overly respectful and ingratiating manner. Often they believe in discipline and practice self-restraint, especially when it concerns their own emotions, which are usually kept under control. The over-control of the emotions tends to give this type of individual a characteristic flavor: they are formal and proper and unlikely to open up and act spontaneously in front of others. They are sometimes seen as perfectionistic, distant, occasionally inflexible and perhaps indecisive before they have a chance to study all possible alternatives. However, they are careful, deliberate, righteous, honest, dependable and hard-working people.

The examinee tends to feel that other people are more capable than him/her is. Similar individuals are unconceited and personable, and are inclined to form strong interpersonal relationships with others. They aim to be as congenial as possible to those around them in order to secure the support they need. As a result, similar people tend to be fairly submissive or, at least, compliant. They shy away from competitive situations because such situations make them feel unsupported and vulnerable. When they feel protected, however, they tend to be quite at ease and conflict-free.

The compulsive-dependent personality style may make it hard for the examinee to work with some aspects of the environment. For instance, situations that can change abruptly from one moment to the next in an unpredictable manner, or situations in which following rules does not lead to the desired outcome, can be expected to be particularly stressful. However, disciplined individuals are very well suited for situations in which it is important to be accurate and meticulous.

Unfortunately, the compulsive-dependent personality profile is also obtained with people who are not all that proper or orderly but who are interested in 'looking good' in the testing, or are fairly defensive psychologically. The reason is that such a person does not accept any personality 'flaws' and answers the test in a perfectionistic manner. If this is thought to be the case with the examinee, the description given above has to be changed to emphasize the defensive outlook rather than the meticulousness, orderliness, or the interest in careful planning of the future.

Given the type of personality style described, the examinee may find it easier to establish a therapeutic alliance with a professional who is formal, proper, punctual and predictable. Keeping a bit of a distance from the patient and allowing he/she to control significant parts of the session would also make he/she feel at ease. Explanations of the diagnosis, the nature of the "illness," the expected course of treatment, and the like, can hold a very special appeal for the examinee.

**732.** The scores that the examinee obtained on the testing described a compulsive personality style and dependent and avoidant elements. Individuals with similar personalities emphasize the need to avoid making mistakes as the major task in life. Such people are usually orderly and plan for the future. They are conscientious; they typically prepare well and do the work on schedule. They tend to be efficient, dependable, industrious and persistent. To those in authority, these individuals relate in an overly respectful and ingratiating manner. Often they believe in discipline and practice self-restraint, especially when it concerns their own emotions, which are usually kept under control. The over-control of the emotions tends to give this type of individual a characteristic flavor: they are formal and proper and unlikely to open up and act spontaneously in front of others. They are sometimes seen as perfectionistic, distant, occasionally inflexible and perhaps indecisive before they have a chance to study all possible alternatives. However, they are careful, deliberate, righteous, honest, dependable and hard-working people.

The examinee tends to feel that other people are more capable than him/her is. Similar individuals are unconceited and personable, and are inclined to form strong interpersonal relationships with others. They aim to be as congenial as possible to those around them in order to secure the support they need. As a result, similar people tend to be fairly submissive or, at least, compliant. They shy away from competitive situations because such situations make them feel unsupported and vulnerable. When they feel protected, however, they tend to be quite at ease and conflict-free.

The indications were that the examinee would like to enjoy the affection and appreciation of others. People, however, present a problem for him/her in that they are often emotional and unpredictable. The unpredictability and the emphasis on emotional aspects of the relationship can make persons like this somewhat uncomfortable. Thus, relating to others represents a risk and people with a similar personality profile feel particularly vulnerable when taking this kind of a risk. The examinee may be inclined to avoid relationships or to relate in a cold and distant manner in order to minimize the risk taken.

The compulsive-dependent personality style may make it hard for the examinee to work with some aspects of the environment. For instance, situations that can change abruptly from one moment to the next in an unpredictable manner, or situations in which following rules does not lead to the desired outcome, can be expected to be particularly stressful. However, disciplined individuals are very well suited for situations in which it is important to be accurate and meticulous.

Given the type of personality style described, the examinee may find it easier to establish a therapeutic alliance with a professional who is formal, proper, punctual and predictable. Keeping a bit of a distance from the patient and allowing he/she to control significant parts of the session would also make he/she feel at ease. Explanations of the diagnosis, the nature of the "illness," the expected course of treatment, and the like, can hold a very especial appeal for the examinee .

**736.** The scores that the examinee obtained on the EAS indicate that his/her personality style has predominant compulsive, dependent and competitive elements. This profile has been described in the literature as representing individuals who attempt to avoid expected criticism by presenting themselves in a superficially friendly and compliant manner, but who are additionally fairly guarded and defensive.

More specifically, individuals with similar scores tend to feel inadequate and have a low self esteem. Superficially they may appear very cooperative and congenial and to be searching for support from others. However, they tend to have their own ideas about things and, although at times they may comply with the wishes of others, they are not likely to support enthusiastically someone else's ideas.

The examinee sees the world as a competitive situation. Similar individuals feel that people are out to satisfy their own needs. For this reason, there will be a certain mistrust in the way that the examinee relates to others: he/she will be prone not to share all of his/her feelings and to suspect that other people will be trying to use him/her to obtain their own goals. In combination with his/her feelings of inadequacy, the competitive view of the world reinforces the compulsive traits since similar individuals feel that they have to avoid making mistakes because their mistakes will be used by others so as to gain advantage over them.

The examinee may seem somewhat rigid, unsure, distant and distrustful. On the other hand, well adjusted individuals with this personality cluster may be able to use some of these traits to their benefit. Their compulsive nature may contribute to their being conscientious hard-workers, with an ability to pay attention to detail and follow the rules. The dependent inclinations may then translate into a certain congeniality and motivation moved by the desire to be liked and

appreciated. Finally, their competitiveness may make them realistic people that are mature enough to appreciate that most often one does not get something for nothing, and that a person has to look at the risks and alternatives involved before making a decision.

**738.**

**740.** The scores that the examinee obtained on the EAS indicate that his/her personality style has predominant compulsive and histrionic traits. In some ways the histrionic and the compulsive tendencies are in conflict with one another. Histrionics, for instance, tend to be very emotional, intense in their relationships and impulsive. Compulsives, on the other hand, over-control their emotions, are somewhat distant when relating to others and plan their behaviors carefully. Individuals who have these two tendencies together are often unable to integrate them well tend to be conflicted. the examinee , then, may seem moody or emotionally labile. At times he/she may be more invested and intense, he/she then may develop some fears as to where this behavior would lead and become more rigid and controlled.

The indications would be that the examinee tends to emphasize appearances, placing a premium in propriety and dependability and living his/her life trying to avoid the appearance of making a mistake. A high value may be placed, for instance, on ‘dressing right’, having a clean and orderly house, and so on. the examinee probably tries to be conscientious, efficient, dependable, industrious and persistent.

There is, nevertheless, a side of the examinee that is not all that conscientious or dependable and that often breaks through the controls that he/she tries to exert. That side is one that seeks stimulation, excitement and attention and that is colorful and emotional. Thus, at times the examinee is going to be conspicuous and actively search for affirmation of approval and affection. Similar individuals often develop a sensitivity to the moods of others and use this knowledge to evoke the reactions they desire. They respond very readily to situations around them, often becoming very involved in them but typically this involvement does not last. The examinee is probably good at making positive first impressions. The ability to react to unexpected situations, the alertness and interest, and the search for attention, contributes to make him/her colorful at parties and similar gatherings. the examinee may have, however, some difficulty with the balance between the disciplined control of his/her emotions and his/her need to obtain attention, stimulation and affection.

Given the personality style described above, the formation of the therapeutic alliance may be easier if the therapist conducts the sessions in a formal and orderly fashion. Even more important, however, will be to make certain that the examinee is the center of attention and receives a great deal of reassurance, affection and support.

**750.** The pattern of scores that the examinee obtained on the EAS indicated the prominence of compulsive and narcissistic personality traits. The compulsive aspects suggest that the examinee places an emphasis on perfectionism and maintaining good control of his/her environment. Similar individuals are somewhat defensive and unlikely to admit to failures or mistakes. At times they may be seen as too inflexible, formal or proper and may relate to others in a somewhat distant manner.

Together with these compulsive elements, the examinee has a tendency to feel that he/she is a special kind of human being. Similar individuals believe that they are more capable or worth more than most of the other members of society. They are “field independent” people who rely more on their own feelings or judgments than they do in the opinions of others. A confident air of self-assurance may be present. the examinee may have trouble accepting somebody else’s

ideas and doing what he/she is told. Such situations may bring about some conflict between the patient and the other persons involved.

Given the type of personality style described, the examinee may find it easier to establish a therapeutic alliance with a professional who is formal, proper, punctual and predictable, and who is able to look up to the patient in some manner. Keeping a bit of a distance from him/her and allowing him/her to control significant parts of the session would also make him/her feel at ease. Explanations of the diagnosis, the nature of the "illness," the expected course of treatment and the like can hold a very especial appeal for the examinee. The difficulty may be in moving him/her from a superficial therapeutic alliance to a more meaningful dependency on the relationship. Helping him/her explore the defenses that he/she uses, or enhancing his/her tolerance for allowing others to hold the controls could also be hard to accomplish.

**800.** Judging from the test results, this examinee prefers a life of isolation and has few strong relationships. Some such people are uncomfortable in social situations. They retreat into their own world partly to avoid their social anxiety. There may be a tendency to be eccentric in appearance, thinking, or verbal expression, and the person may have habits that others find peculiar. At times the emotional reactions may seem odd or inappropriate. Neutral events can be misinterpreted as actions that relate in a very specific way to the individual, or that have some sort of special meaning. This individual may report unusual perceptions or experiences, and may express strange beliefs. For instance, the examinee may have feelings of depersonalization, emptiness or meaninglessness. Finally, he/she may mix his/her own personal idiosyncrasies with other material in his/her conversations.

**892.** Judging from the test results, the examinee prefers a life of isolation and has few strong relationships. Some such people are uncomfortable in social situations. They retreat into their own world partly to avoid their social anxiety. There may be a tendency to be eccentric in appearance, thinking, or verbal expression, and may have habits that others find peculiar. At times the emotional reactions may seem odd or inappropriate. Neutral events can be misinterpreted as actions that relate in a very specific way to the individual, or that have some sort of special meaning. This individual may report unusual perceptions or experiences, and may express strange beliefs. For instance, the examinee may have feelings of depersonalization, emptiness, or meaninglessness. Finally, he/she may mix his/her own personal idiosyncrasies with other material in his/her conversations.

The test results also suggested the presence of a pervasive instability of moods and self-image. The scores would indicate that the examinee typically reacts in an impulsive and over-emotional way. The affective response tends to be labile, at times showing apathy and numbness while, at other times, demonstrating an excessive emotional intensity or involvement. Potentially self-damaging acts are likely to be part of the history, including recurrent suicidal behavior. Sadness, hopelessness and aimlessness are often underlying the more obvious emotional response. Similar individuals may be plagued by destructive ideas, which may be directed toward themselves or toward others. Their anger may be temporarily displaced by bothersome feelings of guilt or remorse. This individual's self-image is also problematic, as he/she is likely to feel worthless and be encumbered by self-doubt while, at the same time, feel used by others. Chronic feelings of emptiness, frantic efforts to avoid abandonment, and transient paranoid ideation or dissociative symptoms may be present.

If the borderline personality is dysfunctional enough to constitute a personality disorder, this individual should be encouraged to make a commitment to several years of psychotherapy. The goals of this treatment may include (a) to increase his/her awareness of his/her own emotions, the

deeper reasons for his/her anger, disappointment, or any other feeling he/she may be experiencing, (b) help him/her look at self-defeating behaviors that will eventually bring him/her significant problems, (c) moderate his/her reactions to interactions with others so that he/she does not 'split' the good and the bad, and is able to relate in a more stable manner.

**900.** The test results suggested the presence of a pervasive instability of moods, interpersonal relationships, and self-image. The scores would indicate that the examinee typically reacts in an impulsive and over-emotional way. The affective response tends to be labile, at times showing apathy and numbness while, at other times, demonstrating an excessive emotional intensity or involvement. Potentially self-damaging acts are likely to be part of the history, including recurrent suicidal behavior. Sadness, hopelessness, and aimlessness are often underlying the more obvious emotional response. Similar individuals have significant problems with authority and resent any controls placed on them. They can be aggressive or angry. They are typically plagued by destructive ideas, which may be directed toward themselves or toward others. Their anger may be temporarily displaced by bothersome feelings of guilt or remorse. This individual's self-image is also problematic, as he/she is likely to feel worthless and be encumbered by self-doubt while, at the same time, feel used by others. Chronic feelings of emptiness, frantic efforts to avoid abandonment, and transient paranoid ideation or dissociative symptoms may be present. If the borderline personality is dysfunctional enough to constitute a personality disorder, this individual should be encouraged to make a commitment to several years of psychotherapy. The goals of this treatment may include (a) to increase his/her awareness of his/her own emotions, the deeper reasons for his/her anger, disappointment, or any other feeling he/she may be experiencing, (b) help him/her look at self-defeating behaviors that will eventually bring him/her significant problems, (c) moderate his/her reactions to interactions with others so that he/she does not 'split' the good and the bad, and is able to relate in a more stable manner.

**9856.** The picture that emerged from the testing was that of a borderline personality disorder with schizotypal, narcissistic and antisocial elements.

The test results indicated a pervasive instability of moods, interpersonal relationships, and self-image. The scores suggests that the examinee typically responds in an impulsive and over-emotional way and that his/her affective response tends to be labile, at times showing apathy and numbness while, at other times, demonstrating an excessive amount of intensity or involvement. Sadness, hopelessness and aimlessness are often underlying the more obvious emotional response. Similar individuals have significant problems with authority and resent any controls that are placed on them. They can be aggressive, angry, or even cruel, and are plagued by destructive ideas, which may be directed toward themselves or toward others. The anger may be temporarily displaced by bothersome feelings of guilt or remorse. This individual's self-image is also problematic as he/she is likely to feel worthless and be encumbered by self-doubt while, at the same time, feeling used by others.

The testing showed a preference for a life of isolation with very few real relationships. Similar individuals are somewhat eccentric and have some ideas or habits that others may find peculiar. They may have a rich fantasy life and mix their own personal idiosyncrasies with other material in their conversations. They may appear anxious and apprehensive or may demonstrate a flattening of affect. Finally, the examinee may have some feelings of depersonalization, emptiness or meaninglessness. A bit of grandiosity and a competitive mistrust of others may also be present.

## Clinical Narratives (B10-B24)

**B10.** The examinee has been experiencing a significant amount of anxiety. Similar individuals worry a great deal about different aspects of their lives and feel a high level of distress. Often such people have episodes of intense anxiety during which they may become unable to function, sick with the worry that a dreadful event is about to happen. There are others who develop phobias and fear everyday situations that they then try to avoid. Still others become preoccupied with ideas they cannot disregard, or develop compulsions that must be carried out to avoid an even greater level of discomfort. In any event, the indications were that the experience of anxiety was a significant problem for .pn at the time of the testing.

**B11.** Judging by the test scores, the examinee is prone to anger. Similar people take offense over seemingly minor issues. In some cases they appear to be always looking for injustices, and are likely to confront the other person with whatever objections they may have. Additionally, they typically have an explosive temper, likely to erupt in an angry outburst at a moment's notice. These are difficult people at best: excitable and irritable, they often have a history of treating others in a rough or mean manner, and of angrily "flying off the handle" whenever they are confronted or opposed.

**B12.** According to the Emotional Assessment System (EAS), the examinee has been sad, and has perhaps demonstrated a dysphoric or melancholic mood. Similar people show diminished interest in their daily activities, and do not derive much pleasure from their current involvements. Life may become a burden, an unwanted task that has little personal meaning. Making decisions, even about minor matters, may be difficult, with the individual being encumbered by indecisiveness. At times the examinee may have crying spells. Most concerning, suicide ideation may be present. Low self-esteem and feelings of worthlessness may be accompanied by feelings of guilt about past actions. Individuals with similar test profiles typically experience vegetative symptoms, such as a loss of appetite, sleep difficulties, fatigability, and a low energy level. They may move at a slow pace, or become anxious and agitated.

**B13.** Individuals with similar test scores can be expected to have an elevated mood and some tendency toward grandiosity. They experience a decreased need for sleep. They are typically over-energized and overly talkative, sometimes speaking fast in a pressured sort of way. They may demonstrate a flight of ideas, going from one topic to the next in a disorganized manner. At times they become overly invested in a project, or in pleasurable activities, and can no longer follow a reasonable daily schedule. No longer able to moderate their activities, they become too driven by their goals to conduct their business effectively.

**B14.** Judging from the score that the examinee obtained on the EAS, he/she is preoccupied with somatic complaints. Similar individuals worry excessively about possible problems with their bodily functions. Typically they do not restrict their concerns to one area of functioning but, rather, complain about a variety of different issues or pains. They become increasingly more limited in the activities in which they are able or willing to participate. Secondary benefits may also play a role, as the individual is able to obtain attention or special considerations as a result of his/her medical condition. Anxiety, irritability, or sadness may arise as emotional repercussions of the somatic concerns. Finally, similar individuals feel they have no control over their medical problems and are pessimistic or even hopeless about the prospect of improvement.

**B15.** Symptoms of an eating disorder included the examinee experiencing a great deal of discomfort with the way he/she looks. Additionally, he/she may have refused to maintain appropriate body weight, or may have become very heavy. A preoccupation with food, with dieting, with exercising, or with gaining or losing weight, may be present. There may have been pathological eating behaviors, such as his/her eating where no one can see, eating excessive amounts of food during a short period of time, intentionally inducing vomiting, or using laxatives, diuretics, diet pills, or enemas.

**B16.** The examinee shows a maladaptive pattern of alcohol or drug abuse. Similar individuals exhibit a significant impairment of their performance and behavior in association to the substance abuse. They may spend an inordinate amount of time obtaining alcohol or drugs, and may behave in an unacceptable social manner as a result of their chemical consumption. They typically continue to use alcohol or drugs after being aware that their chemical consumption has persistent and deleterious effects on their lives.

**B17.** Individuals with similar test profiles are distrusting and suspicious, typically assuming that others would like to cause them harm. They may espouse delusional ideas, perhaps believing that other people are plotting against them, persecuting them, or deceiving them in some way. They question the loyalty of the people around them, constructing reasons why the support of those individuals cannot be counted upon. Typically they interact in a guarded manner, and are reluctant to reveal much about themselves, or bring people into their confidence. Similar individuals read hidden meanings on actions or events, interpreting neutral developments as indications of the malevolent intent they expect from others. They are likely to remember any past slights or injustices, and use those to justify their distrust.

**B18.** The thinking of similar individuals is typically disorganized. They may jump from one topic to the next and explain themselves poorly, so that they cannot be clearly understood. The examinee may suffer from delusions or hallucinations. He/she may be prone to misinterpreting the statements or actions of others, believing these communications or observations to mean something different than what they meant. He/she may also act in peculiar or odd ways.

**B19.** There were indications that the examinee has been under a great deal of stress. People with similar test profiles feel burdened by difficulties with their jobs, personal relationships, family responsibilities, medical problems, or financial demands. They see their needs as outweighing their resources so that they may be stretched too thin in making their psychological ends meet.

**B20.** The examinee reported having been exposed to a traumatic event that threatened his/her life or caused intense fear. This event appears to have left him/her with a stress disorder. Similar individuals have recurrent and distressing recollections of the event. The recollections may consist of painful images, recurrent nightmares, frightening dreams, or episodes in which they feel as if there were back in the traumatizing situation. They become distressed when they are reminded of the traumatic event. To avoid that distress, they typically shun thoughts, feelings or conversations about the event, as well as places connected with the trauma. The person may be interpersonally distant and experience diminished interest in his/her daily activities. Irritability, difficulty concentrating, a sleep disturbance, hypervigilance, and an exaggerated startle response may be present.



**B21.**

**B22.**

**B23.** When the examinee is compared to other people taking the Emotional Assessment System, the items he/she endorsed were at a higher level of severity than the average. This finding suggests that his/her symptoms present a significant problem and may be rather difficult.

**B24.** The examinee obtained an elevation on the Impairment scale. Similar people have trouble functioning in their daily lives, doing what is expected of them at home or work. In the more extreme cases, the person has been hospitalized repeatedly and may have difficulty taking care of their own personal hygiene.