

Case 2

HISTORY

Mrs. M. H. was born 35 years ago in a rural county of Virginia. She was the fourth of seven children. Her economic and social background was lower middle class. The family history was negative for mental disease and deficiency.

Completed high school in the average period of time, and without failing any course. She entered a nurses training course in a Metropolitan Hospital; stopped after four months of probationary work in order to marry a cab driver who had been married and divorced before. After her marriage she worked as a sales clerk in several drug stores.

Her marital life was a stormy one. To begin with she renounced her family's religion (Primitive Baptist) to join her husband's church (Roman Catholic). Her husband, whom she describes as a sort of Norse God in appearance, was flagrantly and frequently unfaithful. She wanted children, he did not. She had two miscarriages, but to her great disappointment was never able to give birth to a living child. Three years ago she divorced her husband on the grounds of adultery. Since then whenever he comes to see her (which he has done at fairly frequent intervals), she has become very much upset because she has pond herself still strongly attracted to

im.

Three

days before she was given an

H-T-P, her

husband came to see her and

urged her to run off

with him; this visit

came just when Mrs. H. had about decided to marry someone else. That night she took an overdose of phenobarbital, but under circumstances that made it almost certain that she would be discovered before death could occur. Psychological examination was requested by the psychiatrist who desired a report upon Mrs. H's basic personality characteristics. Psychiatric Diagnosis: Reactive depression with pseudo-suicidal attempt. QUALITATIVE ANALYSIS I. Details House: (1) The chimney, an essential detail, although drawn in several positions was finally erased (sexual conflict, P3). (2) Pathoformic reinforcement of containing lines (subject finds it difficult to maintain control in intra-familial situations, P2). Person: (1) Although the Person is presented full-face and in the nude, no sexual characteristics are shown (sexual conflict and feeling of

helpless exposure, P2). (2) Detail sequence is frankly pathological with legs and feet drawn first, then trunk; facial characteristics last of all (strong body conflict; marked reluctance to identify, P3). (3) Marked over-emphasis of the trunk, thigh, and leg lines (subject is acutely aware of sensual drives which she has difficulty restraining, P2). II. Proportion House: There is unusual proportional disparity between vertical and horizontal measurements in favor of the latter ("home" has great temporal meaning in > " " = the psychological field; "home" is a source of elemental satisfaction, P1). III. Perspective House: Facade presentation (desire to suppress expression of true feeling, P1). Tree: (1) The Tree is paper-chopped at right top (subject has tendency to seek future satisfaction in phantasy, P2). (2) The use of implication comes close to being contaminated (indicates subject's present inability to plan logically; symbolizes her feeling of disorganization, Eh): Person: (1) The feet are in unusual positional relationship (subject feels that she must exert a conscious effort to "hold herself down," P2). General: All three wholes are: (1) "centered" on the page from a lateral standpoint (generalized rigidity and tension, P1); (2) above the center on the vertical axis (feelings of futile striving, P2ye IV. Time House: (1) The time consumption—6 :35—for the whole is pathoformic ("home" is an area of conflict, PZ). (2) There was a pathoformic intra-whole pause for the chimney (sexual conflict, P2). Person: (1) Time consumption—6 :48—for whole is pathoformic (intra- and inter-personal conflict, P2). (2) Intrawhole pause prior to drawing facial characteristics (attempt to conceal self-portraiture, P1). V. Line Quality General: The line quality vacillated markedly from time to time in each drawn whole (generalized indecision and ambivalence, P2). VI. Criticality House: Erasure for the chimney was pathological (conflict aroused by male sex symbol, P3). General: For each whole there was occasional erasure, little was corrective (flaw recognition bespeaks fair intellectual capacity; inability to improve suggests depressed function, P2). VII. Attitude General: A progressive tendency toward abandonment was exhibited (pathoformic fatigability and increasing negativism, P2). VIII. Drive General: Quick withdrawal from the task situation followed the completion of each whole (pathoformic aprosexia, P2). IX. Comments A. Drawing Phase. House: (1) Just before she began to draw the chimney of her House she remarked that the House looked like a jail (her affection for her husband binds her, P1). (2) Immediately after rejecting the chimney, she said that the House didn't look right; looked more like a barn than a House (barns lack warmth; her domestic role resembled that of a domestic animal, P1). Tree: Before she drew her Tree's branch structure, she commented upon the Tree's unfruitfulness (her pseudo-sterility has produced feelings of inadequacy, P1). Person: While she was drawing the facial characteristics of the Person she commented, "She looks like she is dead" (elsewhere she stated that she would almost rather be dead than lose her husband, but that if she were to return to him, she might as well be dead, P2). B. Post-Drawing. Person: (1) She described the Person as just out of the tub waiting to put on clothes of which she doesn't have an adequate supply (exposed, dependent, poor, P1—further interrogation revealed that Mrs. H. has engaged in ritualistic bathing,

P2). General: (1) Mrs. H. laughed occasionally while each of the three wholes was being discussed, but the laughter was mirthless (tension - relieving attempts, P1). (2) Whenever sexual matters were discussed, she became very restless and gave many overt signs of anxiety (sexual conflict, P2). (3) Her grasp of reality was surprisingly poor (intellectual function depressed by emotional factors, P2). C. Associations. General: There was strong perseveration upon the thema of herself, her present situation, her husband, her feelings of frustration at her inability to keep her husband and produce a child (introspection marked, P2). Depression of mood pertained throughout (though the suicidal attempt was presumably not genuine, she was definitely depressed, P2). X. Concepts House: The organization for the House is poor; it seems about to topple over (clearly symbolizing her feeling of being overwhelmed by domestic problems, P2). Tree: The Tree is first a deciduous shade Tree in the backyard of her paternal home (longing to resume former childhood status, Pi) ; then an evergreen out in the forest somewhere (abandoned, she rejects femininity, P2). Person: Identity restricted to herself (pathoformic subjectivity, P2). SUMMARY Quantitative Analysis: Mrs. H's H-T-P IQ scores are definitely below what might reasonably be expected of a high school graduate (even a rural high school). The disparity between the good and flaw weighted scores, the disproportionate number of D2's, and the great scatter from whole to whole connotes the presence of a major disturbance; and the sharp depression of perspective score with maintenance of relatively good proportion and detail scores indicates that the disturbance is probably functional. The scores for the House suggest that her greatest area of sensitivity is in the intrafamilial area, and in this case most specifically the intra-marital area. The score for the Tree seems to point to rather strong intra-personal conflicts. Qualitative Analysis: Mrs. H is found to exhibit: (1) sexual maladjustment with very strong need for sexual satisfaction ; (2) anxiety and depression; (3) almost overwhelming feeling of frustration at what she views as futile striving for satisfaction ; (4) a tendency to withdraw from reality; (5) obsessive-compulsive _ behavior ; (6) strong needs for security and stability. Impression: Psychoneurosis, reactive depression. Basic intellectual level, average; present functional level, low dull average.