

**USE OF MMPI-2 AND RORSCHACH TEST IN A PERSONALITY ASSESSMENT : ATTACHMENT STYLES AND BORDERLINE PERSONALITY DISORDER**

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**Introduction**

The Borderline Personality Disorder (BPD), in its complexity, offers many points for reflection, about each psychopathological characteristic like:

- common early traumatic experiences
- emotional dysregulation
- interpersonal sensitivity
- some deficit in social cognition.

Among the most valid tools for diagnosis and description of the psychopathological profile is MMPI-2, enriched by standardization of new scales which PSY-5 scales (AGGR; PSYC; DISC; NEGE; INTR) are making an important diagnostic role.

Designed to provide a description of the main aspects of personality through MMPI-2, they provide a description of personality traits, promoting an overall view of the results, focusing on individual differences in personality (Buthcer, Rouse, 1996; Millon, Davis, 2000)

This tool, with Rorschach test analysis, according to an integrated methodology Klopfer-Rizzo, which takes into account the analysis of AFFECTIVITY, IMPULSIVITY, SELF-CONTROL and REALITY INDEX, in addition the TRAUMATIC CONTENT INDEX (TC/R) and DISSOCIATIVE indexes, has allowed to elaborate some inferences.

In clinical practice, in fact, the common element to most patients with BPD diagnosis, seems to be the presence of a pattern of DISORGANIZED ATTACHMENT that conveys and substantiates emotional dysregulation and difficulties in objectual relationship

**Research Objectives**

- Research any correlation between specific descriptive characteristic of the disorganized attachment model, as a specific dimension of the borderline personality disorder diagnosticated by SCID-II and other disorder in comorbidity.
- Found a correlation between elevation of some specific scale of MMPI-2 (scale PSY-5 : AGGR; PSYC; DISC; NEGE; INTR) and some specific indices of Rorschach test (affective indices, impulsivity and self-control indexes, reality index TVI, tvi, TC/R, and dissociative index)
- Detect possibility that these indices are clinical descriptors of the disorganized attachment style, or even more of an attachment disorder

**Materials and Methods**

We extrapolated from a larger pilot study, eighteen (two male and sixteen female, of average age of 35) of most significant protocols with:

- DBP diagnosis according to the DSM 5 criteria,
- story of neglect or/and adoption.

Only two subjects had clearly reported in traumatic experiences of abuse in anamnesis.

All reported relational problems.

All patients, are subjected to a battery of tests as structured:

MMPI-2, SCL-90-R, WAIS-R, RORSCHACH TEST.

The instruments used is :

- **Rorschach test**, analyzed according to an integrated Klopfer-Rizzo methodology, with the use of some specific indices useful to highlight the use of dissociative mechanisms and the presence of non-integrated traumatic experiences and affective indices, impulsivity and self-control indexes, reality index.
- **MMPI-2**, We have focused on the elevation of clinical scales and content scales of MMPI-2, according to PSY-5 method.

	<b>PSY-5 scales</b>
<b>AGGR- aggressiveness</b>	it notices instrumental aggressiveness and offensive, not reactive. the elevation is often associated to episodes of aggression e/o physical abuses
<b>PSYC- psychoticism</b>	it appraises the separation from the reality. the elevation is in relation to delirium or eccentric thought and paranoia. it seems index of a low psychological operation
<b>DISC- disconstraint</b>	it describes the behavioral disinhibition; it has good correlation with the Sensation seeking. The elevation is in partnership to abuse of substances, behaviors to risk and tendency towards anti-sociality
<b>NEGE- negative emotionality/ neuroticism</b>	It indicates a tendency to feel negative emotions, self-criticism, guilt and a tendency to pessimism
<b>INTR- introversion/low positive emotionality</b>	It's linked to an affective disposition characterized by limited ability to experience positive emotions and joy, and to characteristics of social introversion

**Results**

According to previous researches, at Rorschach test, about 75% (ORANGE COLOUR IN TAB 2) of subject reported an AFFECTIVITY INDEX oriented to closing, a TVI restricted, an index of significant impulsiveness, deficient mechanisms of self-control and structural rigidity.

Other 25% (RED COLOUR IN TAB 2) reported an AFFECTIVITY INDEX oriented to the opening while a TVI introverted, basic elements of ambivalence, a lower impulsivity, but mechanisms of self-control too structured, rigidity and few structural lesions, highlighting an ambivalent trend to personal contact and also high drive's levels with trends in acting in.

Two subjects not covered in these two specific categories showing a net ambivalence between the indices affective and the type of interior life (**TVI**), high impulsiveness, deficient control mechanisms and structural lesions.

Only two subjects, that relate use of narcotic substances, have also a significant elevation of the **TCI** and **DCI**

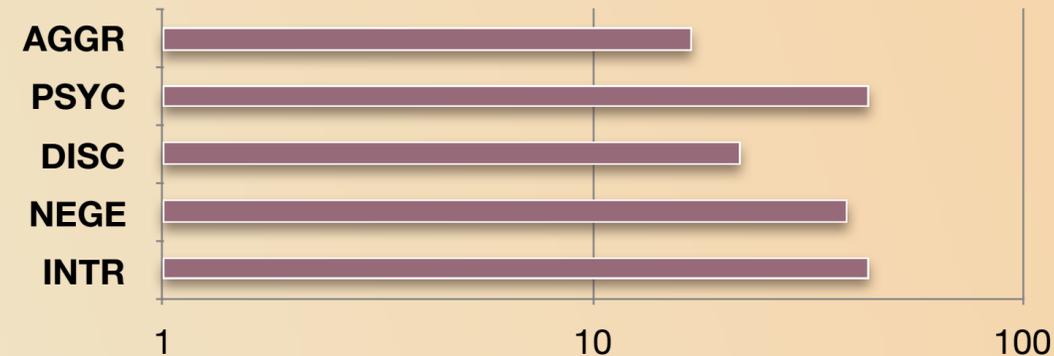
While, in MMPI-2:

-56% of subject reported significant elevation of Sc, Pt, Hs scales (over cut-off T>65) with specific Harries and Lingoes subscale,

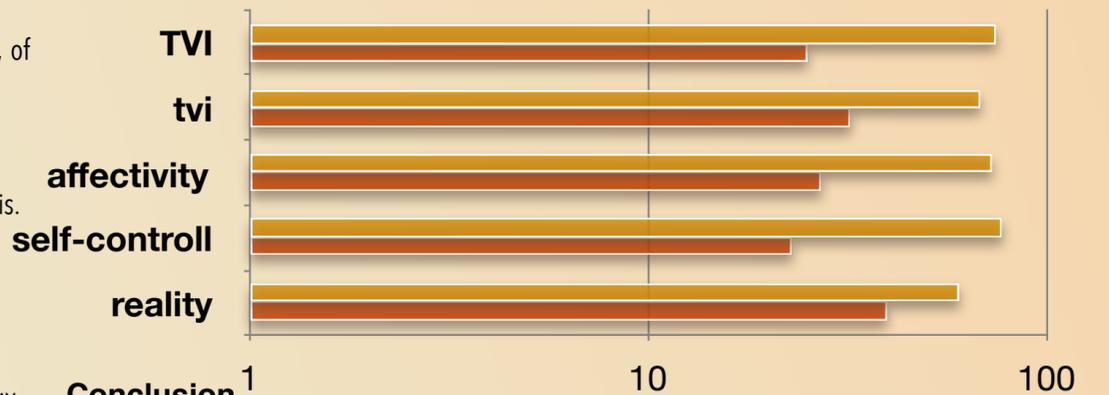
-67% reported significant elevation of Pd and D scales (over cut-off T>65)

-44% reported a clinic elevation of PSYC and NIEGE scale

**PSY-5 SCALES (OVER CUT-OFF T>65):**



**RORSCHACH RESULTS:**



**Conclusion**

In our reference sample, are particular interest, about results of Rorschach test, high frequency of affectivity index oriented to closing, TVI restricted, significant impulsiveness, deficient mechanisms of self-control and structural rigidity, that could be associated with closing mechanisms, difficulty in relationship, use of mechanism of dissociation and other primitive defense mechanisms; while elevation of MMPI-2 shows profiles characterized by thought disorder, impulsivity and emotional discontrol, relational difficulties and a tendency to isolation.

These characteristics seem to converge with a disorganized style of attachment, structured in childhood.

In conclusion, data show a correlation between test indexes and characteristics of disorganized attachment pattern, confirming an important predictive role in assessment of BPD and attachment disease.

They also open up further hypothesis of correlation between that attachment pattern and other disorders in comorbidity.