

4/1/52

## Instructions for Health-Sickness Rating Scale

- A. Read over the definition of the scale points and the sample cases that we placed at each point.
- B. For rating any particular case
  - a) By reference to page 1, decide on the general "region" in which your case falls;
  - b) Turn to the sample cases in that region of the scale. Either match your case with one of the samples, or find a pair of sample cases between which yours seems to fall; then assign a definite rating. This step of looking at the neighboring sample cases should give much more reliable ratings than from merely consulting the rating scale.

In each of the sample cases we've tried to balance off the following factors in arriving at a single overall rating:

1. The patient's need to be protected and/or supported by the therapist or hospital, vs. the ability to function autonomously.
2. The seriousness of the symptoms (e.g., the degree to which they reflect personality disorganization).
3. The degree of the patient's subjective discomfort and distress.
4. The patient's affect on his environment: danger, discomfort, etc.
5. The degree to which he can utilize his abilities, especially the ability to work.
6. The quality of his interpersonal relationships.
7. The breadth and depth of his interests.

A rating on the scale is therefore a reconciliation of the above criteria. For example, we don't only consider the degree of disorganization in thinking but also anti-social conduct and the attempt to avoid anxiety by drugs which are harmful to the person.

Some further points to remember in using the scale:

1. The need for treatment or the need for protection: We try to estimate objectively rather than considering only how the patient experiences it or his financial ability to get it.
2. The time interval to be considered in making a rating: The patient is to be rated as he is during the period of his evaluation (about 2 weeks) if at the beginning of treatment, or for final evaluation, as he is during approximately the last month.

3. In making a rating when the patient has been in therapy for some time try to avoid being unduly influenced by how he was at the beginning. (This is to avoid the effect of the patient looking much better than he really is just because you knew how sick he was originally.)
4. How to rate a patient under special environmental stress: Don't rate a patient's sickness "down" when he is under environmental stress, unless he is reacting inappropriately.
5. Omit from consideration short term physical diseases or isolated physical defects which have little affect on total functioning.

Rating Scale  
Health - Sickness

Definition of Scale Points

Examples of Scale Points

(See also the 23 ranked

sample cases)

<p>100 An ideal state of complete functioning integration, resiliency in the face of stress, happiness and social effectiveness.</p> <p>(99 to 76, Degrees of "everyday" adjustment. Few of these people seek Rx.)</p>	100	<p>Some patients who complete treatment will fall well within this and some patients who come for and need only "situational" counselling.</p>
<p>75 At 75, inhibitions, symptoms, character problems become severe enough to cause more than "everyday" discomfort. Some of these people seek Rx.</p>	75	<p>Very mild neuroses or addictions and behavior disorders <u>begin here</u> and go on down depending on severity.</p>
<p>65 At 65, generally functioning pretty well but have <u>focalized</u> problem or more <u>generalized</u> lack of effectiveness without specific symptoms.</p>	65	<p>Most phobias, clearly neurotic conditions.</p>
<p>50 At 50, definitely need Rx to continue to work satisfactorily and increasing difficulty in maintaining self autonomously (even without expressed, or recognized need for formal Rx). Pt. may either be in a stable unsatisfactory adjustment (where most energy is bound in the conflicts) or an unstable adjustment from which he will very likely regress.</p>	50	<p>Severe neuroses such as severe obsessive-compulsive, may be rated at 50 on down. Some <u>compensated</u> psychoses.</p>
<p>25 At 25, person obviously unable to function autonomously. Needs hospital <u>protection</u> (or would need it if it were not for the support of the therapist). (The fact that the pt. is in the hospital doesn't mean he <u>must</u> be rated at this point--he may have changed since admission or be in for other reasons).</p>	25	<p><u>Most</u> borderline schizophrenics; psychotic <u>depressions</u>, <u>severe</u> character <u>problems</u>.</p> <p>Most clear out, <u>overt</u> psychoses, psychotic characters, more severe addictions (which require hospital care.)</p>
<p>10 At 10, Extremely difficult to make any contact with. Needs closed ward care. Not much chance of continued existence without care.</p> <p>(24 to 1: Increased loss of contact with reality; need for protection of pt. or others from the pt.; degree of regression.)</p>	10	
<p>0 Any condition which if unattended would quickly result in the pt's death, but not necessarily by his own hand.</p>	0	<p>a) completely regressed schizophrenics, incontinent, out of contact, require complete nursing care, tube feedings. b) terminal state of Huntington's chorea c) status epilepticus.</p>

CONFIDENTIAL: For Professional Use Only

Sample Case Descriptions

To anchor certain points on the Health-Sickness Scale.

Consensus  
Rating

Case Description:

- 5 MSJH 46-year-old woman. Stands most of the time in a rigid, catatonic manner, looking at the ceiling or with her eyes closed. She occasionally shakes her hands, frequently runs up and down the hall alternately screaming and giggling. She is completely incontinent of urine and feces, eats her feces whenever possible, seldom if ever looks at anybody directly. Periodically, without any apparent provocation, she impulsively runs down the hall and begins pulling one of the patient's or personnel's hair, kicking, scratching or biting.
- 8 MHJS 39-year-old schizophrenic woman. Swings from a quiet apathetic semi-mute period during which she is very negativistic about eating and personal hygiene to a disturbed, confused, talkative state during which she paints her face with crayon, talks in a silly childish manner, walking from any one person to the other, pointing to imaginary patches of dirt on their faces or to imperfections on their clothing. During this stage she is flirtatious in an impersonal manner, responds to any conversation with echolalia, remains, remarkably careless about her dress, personal hygiene, etc.
- 12 BGPB 42-year-old woman. Delusions of persecution which she cannot pin down to any definite shape. All persons whom she meets are seen as carrying roles in the great drama. They communicate to each other and to her through hints and secret codes. She spends many hours at the window of her hospital room staring out to discover what is going on and attempting to interpret the movement of people she observes, blinking of the lights of cars, etc. She gets terrified at times, particularly when she is outside of her room and has to run hurriedly back. At times she needs to be strongly reassured by one of the few people whom she trusts in order to take food which she suspects is poisoned. She has preserved an unusual sensitivity for nature: flowers, trees, birds give her great delight.
- 15 RRBM 22-year-old schizophrenic girl. Extreme anxiety and restlessness. Completely dominated by compulsions and phobias. Wakes up every morning convinced that today she will die. Seeks reassurance that she will not inadvertently kill somebody. Fleeting ideas of being poisoned; occasionally senses strange smells in her room. Evasive, secretive; indicates that she wants to tell certain things about herself, but can't. Transitory states of confusion. Occasional outbursts of violence when she screams and throws things around. In between the spells, mild and pleasant, although continually frightened or on her guard.

Consensus  
Rating

Case Description:

- 23 BBPD 27-year-old woman. Drug addiction; homosexuality; malingering. Brittle, thin contacts with people. Nearly intolerable anxiety without drugs. At present unable to function in her highly skilled speciality, radium chemist. Hateful and cheating in all competitive situations. Unreasonably egocentric. Only fragmentary interests in anything not immediately connected with herself. Intolerably possessive with homosexual relationships. Prone to dangerous accidents. Submits to operations rather than to losing face through admitting malingering. No evidence of major thought disorganization, but under hospital care.
- 25 BDPV 28-year-old woman. Pseudo-sophisticated; promiscuous, fetishistic tendencies; occasionally alcoholic. Violent outbursts of temper; murderous impulses against child. Compulsion to use men as reassurances of her own attractiveness. Regards women as competitive threats. Severe thought disorder but no delusions or hallucinations. "Spoiled brat" without any background of constructive values. Little desire to work except if immediate great prominence was guaranteed. Dangerous to herself and hardly tolerable to herself and to others.
- 27 ANGB 23-year-old unmarried girl living in a foster home. She is lonely and communicates with difficulty because of her shyness and severe blocking. Occasionally she smiles in a silly fashion and probably hallucinates. She expresses feelings that nobody is interested in her and that she is mistreated by those in the home. Her table manners are atrocious; she walks with little steps and with her head tucked between her shoulders. She works as a volunteer answering telephones, and though she enjoys this and the contacts it affords her with people, she is distant and watchful. She jealously guards her few friends and becomes angry or suspicious if they are friendly with others. Although she has nice clothes and can make a good appearance, there is always a suggestion of slovenliness about her.
- 28 BBPT 34-year-old man. Addicted to dangerous homosexual affairs. His thinking is autistic, loose, and somewhat disorganized, which makes contact with him arduous and hard to keep up. Unable to stick to any job. Fantastic ambitions and hopelessness. Hates own family; intensely disgusted with self, other people, life. Able to get along as outpatient. Appears as an aloof and superior dandy. Vague weird moods.

Consensus  
Rating

Case Descriptions:

28. WBDJ 25-year-old divorced man, lives alone in a filthy apartment. Unemployed; no serious attempt to find work for several years. With considerable financial strain, his family supports him and pays his therapy bill. Improvident of money, often in debt, but keeps two costly dogs. He neglected these animals to the point that they were starving, and neighbors' complaints about their howling forced him to put them up at some kennels. Lets dirty dishes and clothes pile up in his apartment until he cannot move for them, then half tidies up. Often spends all day in bed, sits drinking all night with casual acquaintances, mostly people with severe character problems; rarely gets drunk. Occasionally picks up a homosexual, maneuvers it so the other makes the approach but then takes active role himself. Sometimes shows a callous or vicious attitude towards a sexual partner, usually has nothing to do with him afterwards. Wears loud, arty clothes, perfumes himself. Most charming in manner, never at a loss for something to say, he generally behaves like an overgrown college boy. Impresses most people as quite genuine and earnest, perhaps slightly diffident and lacking in confidence. To people who know him intimately he appears continually insincere. It is rarely possible to get under his skin or touch him. Occasionally he has low moods for a few days, but usually appears blithe and cheerful, especially when complaining of his utterly unconstructive life, every facet of which he can describe quite accurately. No hobbies or engaging pursuits though he has good artistic talent. Affects to like Proust; spends a fair amount of time listening to good music.
- 28 WJDJ 21-year-old girl. Veritably flooded with symptoms (many of which she has had since puberty), chiefly intrusive ideas, repugnant and distressing to her, of a bizarre sexual nature. Has an orgasm whenever she passes a church. Filled with delusional ideas of contamination; struggles in a rather futile way to discover some relatively uncontaminated area where she can be comfortable. Able to do some secretarial work and also for the most part look after her living arrangements; planning, with assistance, to take up college work also. But she lives an extremely isolated and restricted life, her only acquaintances being two or three equally sick people. No contact with members of her family, whom she hates. She goes from one unsuccessful, disturbing and self-destructive relationship with a man to another.

Consensus  
Rating

Case Descriptions:

32

WLDL 18-year-old young man, a high school student, referred for psychiatric treatment by court order. His overt behavior disorder began at the age of fifteen when he repeatedly ran away from boarding school. The following year his parents sought psychiatric help for him because they were unable to control him. His therapist, whom he saw over the period of a year, recommended that he be treated indulgently. He was then, at his own wish, attending a somewhat pretentious high school near his home. His anti-social and destructive behavior became even more prominent. He actively engaged with an adolescent gang in many armed robberies and was finally caught red handed by the police. Meanwhile he had been leading a rowdy exhibitionistic life, driving a flashy sports car with every conceivable accessory attached to it, attending wild parties, and joining with a gang in rolling homosexuals. He was sent to a reform school for five months where he behaved irreproachably and became the favorite of several of the guards.

In the hospital he is polite to everyone and deferential to the people in charge. He makes himself useful, engages in everything that is going on, but tends occasionally to bit off more responsibility than he can chew, and then becomes a little resentful towards others and anxiously sour. He makes a demonstration of his wish to cooperate in every possible way. He has great praise for the hospital and the staff. Occasionally he annoys people by being too hearty or familiar. But by and large he is liked by people. He spends much time dressed in a western outfit and playing with his toy guns in front of a mirror. At these times he is completely absorbed in his acted-out fantasies, in which he is usually first the villain and then the hero. He is most secretive about this activity and would be greatly embarrassed if found engaging in it. He also fancies himself as an architect and spends much time designing houses. He thinks he may become an architect or else philanthropically found an institution for delinquent boys. He tends not to complete what he starts doing, and to have a much higher opinion of his abilities than is warranted.

Neurological examination shows generalized hypoactive reflexes, 50% reduction of visual acuity in right eye, weakness of convergent movements of right eye, and nystagmus on extreme lateral gaze, but no neurological disease is thought to be present. The EEG is abnormal, showing occasional four to six cycle per second activity diffusely in all leads.

Consensus  
Rating

Case Descriptions:

- 35 RBBH 64-year-old widow. Extremely narcissistic; believes she looks 10 to 15 years younger than she is. Has been associating with a 28-year-old homosexual man, whom she mistakenly thinks is madly in love with her; her evaluations of her relations with other men are similarly distorted. Coquettish like a young girl. Makes contacts easily; superficially friendly, but cold and inconsiderate if people stand in her way. Strong tendency to paranoid thinking, but no outright delusions; for example, feels half convinced that members of her former church are now persecuting her. For years, intractable psychogenic pain in her genital region has forced her to stay in bed for months at a time.
- 35 LSLS, 26-year-old, severely obsessive-compulsive, shy, meticulous, slightly built, boyish looking, unmarried man. Although he is bright, he has always felt unable to do the work expected of him, to become the kind of success in work that his father had held up as an ideal. "I am sticking my neck out to say that I can't get any enjoyment out of life." He was unable to communicate these feelings to his parents and wanted to quit college but couldn't tell them, so left and wandered around for several weeks with no clear purpose in mind, feeling like "I was waiting for the end." He says, "my parents couldn't do anything with me, and now they've brought me here to let you try." He searches for explanatory formulas to tell himself what he is like. Goals or wants in life or treatment are more than he is willing to acknowledge. He assumes his aims are in disagreement with T's, which must be "to get me to get a job or go back to school." Constantly expects that T will disagree, criticize and recriminate and he will be unable to do anything about it. Finding out what is right to do and think concerns him constantly, yet many of his statements sound like a parody of authority. He often feels lonely, inferior, unmanly, especially in social activities and sports, and in looks. Desperately wants to make contacts but retreats from any gesture of closeness, even "hello", which seems to him to verge on a hostile demand. People sense this yearning in his hang-dog expression. He laps up every shred of interest, though he tries not to show his enjoyment of it. His diaries are a monotonous succession of brief statements such as "had a good day, the lab friend said hello to me, my landlady brought a glass of milk to me," or "had a bad day, I stayed in bed all afternoon." Completely inexperienced heterosexually, has not even dated girls.



Consensus  
Rating

Case Descriptions:

- 35 RMBC 30-year-old woman. Extremely narcissistic, regards herself as an extraordinary person in every respect. Artificial, dishonest, is consciously playing a role. Feels cheated by life; full of self-pity. Her feelings toward others a quaint mixture of disdain and fear. Extremely possessive and manipulating in homosexual relationships. Dreams and fantasies constantly about acts of violence, but no schizophrenic thought disorder. For years has had attacks of intense anxiety. A variety of somatic symptoms; has had two apparently unnecessary operations. Consciously malingers in order to get sympathy and attention. Unable to work.
- 35 HRRG 43-year-old physician, married 18 years, two children. A pretentious, obsessively ruminating man with a somewhat inappropriate manner. He clings to his marriage to a long-suffering rather masochistic professional woman who supported the family for most of the early years of their marriage. He has been carrying on an affair with one of his patients for a few years, under her very nose. Twice she has surprised them in her own bed. He has been suspicious and occasionally sadistic towards his mistress. For years he has had peptic ulcers, with hemorrhage twice in recent years when she threatened suicide. A gastrectomy which was to have been performed two years ago could not be done because he became so uncooperative and querulous; since then he had one severe depression. He has had psychotherapy irregularly for the last two years. During this time he has become (in his wife's words) "noisy, irresponsible, uncertain in temper so much that I finally sent both children away to school so that he would not be hitting them." He manages to maintain his practice though he is not deeply interested in his work, and at times disappears from his office, leaving colleagues to take over his appointments without warning. Psychological tests show schizoid and paranoid trends, but no open psychosis.
- 38 ASGL 33-year-old man who recurrently suffers depressed moods and religious preoccupations. Feels out of favor with God and disloyal for thinking God "foolish". Difficulty in sleeping because of intrusive thoughts about God; lies in bed feeling unworthy, unloved, and sinning against God. Unexpressed envy and resentment toward brothers and parents (co-workers in a family business). Feels chronic inadequacy, futility, loss of self-confidence; tick-like movement of the right hand. He carried out his work in an uninspired dragging way, quite different from his usually enthusiastic, ingenious methods of work. He felt that, without help, he could only go through the motions of work and social living. He no longer had his usual spark and verve at social functions. Sexual interest had diminished as had his interest in his son. Widely read, accomplished on several musical instruments, these pursuits no longer held even diversion for him.

Consensus  
Rating

Case Descriptions:

40

BCMH 27-year-old, unemployed man. Character disorder with some hysterical and obsessive features, moderate anxiety, tension and depression. Very inhibited, shy, easily hurt but presents a tough argumentative front to the world. Explosive temper. Suffers considerably from feeling hopeless, rejected, lonely, different; wants to be liked and accepted, to have "a meaningful relationship with a woman who will love me as much as I love her." Makes repeated attempts to get close to people, but gets into rages and again is left alone. Tends to isolate himself to prevent these "rejections." His family is financially able to support him, and he has always been dependent on them. Despite potentially good ability, was barely able to piece together credits for high school graduation. His Army record was poor; afterwards, he shifted from one training course to another, never knowing what he really wanted to do and unable to get interested in anything. He has never really worked; at present his time is spent in some desultory reading, movies, drinking beer and visits to prostitutes. He is very passive, but appears motivated to change. Has tried previous treatments; attempt at analysis was discontinued after 12 hours when he began to forget appointments.

45

BGPG 32-year-old woman. Attractive and charmingly sweet in manner. She smiles readily and looks straight into your eyes with a child-like, trusting expression. Tears come easily into her eyes. Her voice sounds like that of a nice little girl. She likes to talk of good things; loves everybody very much, particularly her family. In general all her interests follow precisely the pattern of the culturally expected one. For years horrible frightening thoughts have been occurring to her, making her feel guilty. She thinks of killing her son and husband. She has become so afraid of these thoughts that she has stopped taking care of her son and can no longer do any useful work at home. Formerly her perfectionistic concern for his welfare made her insist that he change his clothes many times during the day because he might be a trifle too warm or cool. She used to go through complicated rituals to keep from poisoning her family by mistake. Frigid, very much afraid of sexual intercourse; actually spent several years of her marriage away from her husband and back home with her parents under the cover of various rationalizations. Was referred and admitted to the hospital but does not need hospital protection.

Consensus  
Rating

Case Description:

- 45 LFLS 27-year-old woman. When she came for evaluation, she was described as obsessive compulsive personality with paranoid and depressive features. She was playing with suicidal thoughts, and was hospitalized for several months. At that time she was involved in an affair simultaneously with two men, both psychiatric patients. At present, some months later, she is beginning psychotherapy as an outpatient, and has just married one of these men, her second marriage. The paranoid trend and depressive features are not so obvious now. She expresses fear that her marriage might not continue, that she will be left again, and fear about her sexual inadequacy. Both her first husband and present husband seemed to her to be poor risks. She has never had any close friends and has been described often as a "cold potato". She has always been an isolate physically as well, by a slight difficulty in hearing, poor vision, and a slight choreiform defect in motor coordination. She has been quite dependent on her mother; has had difficulty in taking responsibility. Her lack of interest in taking her six-year-old son to live with her has caused occasional guilt. She has considerable hate for her father who is a very disturbed person, and especially despises him for his womanly interests. She constantly solicits sympathy for her lot; when she gets it she becomes overtly self-righteous and hostile. When she doesn't get it she relishes masochistic suffering and recalls the fantasies she had in childhood that when she grew up some man would leave her with a child. A similar pattern in work has caused a high job turnover.
- 47 BDFP 36-year-old woman. Aristocratic in appearance and manner. She is cool and domineering upon first approach, anxious and tearful when the first front is removed. Disastrous scenes with husband started at the wedding night 12 years ago and have continued unabated: she reproaches him, despairs that he doesn't love her, demands that he change certain of his ways and swear that he will love her forever. In social situations she generally takes an offended-governess attitude towards him. Frigid. Cool, punishing severity towards her four children alternates with somewhat forced tenderness. Severe suicidal attempt when husband threatened divorce. Lacks wider interests in spite of high level of education. Feels constantly driven, that she has never quite done what she should have done. Actually fails to discharge the few duties she does have. Gets along without difficulty if relieved of all duties.
- 50 ROBC 39-year-old, obsessive-compulsive man. Almost completely impotent since marriage four years ago. Anxiety attacks, particularly in crowds and restaurants. Good organizer and financially successful in his profession; quick and efficient worker, but completely unable to keep a schedule and doesn't make full use of his excellent abilities. Suspicious of people; no friends, but many superficial contacts. Overly compliant toward authority, demanding and intolerant of people under him. Generally bored; his only interests and values are those he picks up by imitating his associates.

Consensus  
Rating

Case Description:

- 50 WNDE 29-year-old hysterical woman. She complains of uncontrollable rages directed toward her little girl during which she is verbally and physically abusive. She is much distressed by this behaviour and by the feelings of hate which frequently well up against the girl. Feels her married life to be flat and unprofitable; without any good reason she feels humiliated and discouraged by her husband. Resents her position as a wife and mother and provokes nagging quarrels with her husband. Once she packed up and left for a few days. Repugnantly rejects sexual advances by her husband. She has only one or two women friends (with whom she shares her unhappiness). But she keeps a good front and goes about her affairs without obvious disturbance most of the time. She is uninterested in her housework but gets it done.
- 58 BHPR 31-year-old man. A lonely and not very communicative bachelor who does a competent job in the middle echelon among the employees of a large office. He gracefully holds at a distance young women who show interest in him. Prefers to be protected from everybody by a veil of smiling mystery. Every morning at 6:00 a.m. he goes to Mass; afterwards on weekdays to work and Sundays back to bed. At night, listens to good music at his radio-phonograph or watches television, mostly alone in his neatly kept apartment. Twice a week he goes out to a small club sponsored by the church where intellectual and religious subjects are discussed. Occasionally he goes with a group of laymen into a more protracted retreat, a period of retirement and religious meditation. He has considerable trouble with masturbation and occasionally he indulges in a furtive homosexual adventure, always with a different partner. Contacts with the confessor help in reducing the conflict and guilt about the sexual indulgences.
- 58 EKGJ 23-year-old inhibited man with anxiety attacks. He has been through high school, worked on his father's farm, wanted to go into the funeral business but was unable to because parents did not support his idea and he took a clerical job. For the last five years has suffered from episodes when he would suddenly become extremely anxious, fearful, perspire profusely and feel sick. During the attacks it is impossible for him to work or perform even the smallest tasks, though between attacks he continues to work. They last about 14 days and recur about every six months but have become more frequent lately. They are a mystery to him; he accepts the fact that they are not caused by physical illness. He is shy in interpersonal relationships and afraid of not being accepted. His wife and mother remain positive figures; he accepts an over-indulgent attitude readily but tries to put everybody into his father's strict role without being aware of it. Patient was always passive-compliant and accepted authority without question up to adolescence, when inner rebellion led to withdrawal and drinking which he stopped entirely after the attacks began. He made a difficult break from home but there are some indications he might have begun treatment to please his wife and family. He has difficulties in verbalizing and is not too bright.

Consensus  
Rating

Case Descriptions:

62

HSRM 26-year-old genial, talkative, successful insurance salesman, active in the JCC and service clubs, and beginning to be a "civic leader." He was recently city chairman of the Red Cross drive. During collection of the contributions, he says, "some of the money stuck to my fingers as it passed through;" "I don't think I have very much moral sense." He is quite successful in concealing this kind of dishonesty and also his predominantly homosexual erotic life, which is mainly a matter of one-time pick-ups; he experiences little guilt. He arranges his life so that he can keep ahead of the other salesmen in his agency without working very long hours; he has no long-range ambitions or plans. There is something rather crude and unsophisticated about him; he recognizes this and is trying to imitate "important people" he knows. In spite of a very high order of intelligence and an extremely efficient mind, his interests are not broad. He does a fair amount of reading, particularly biographies, and likes to gamble and drink moderately. He is a large, fleshy person with a great deal of energy, much of which he invests in sports, being state squash champion. He spends week ends away from his inexpensive rooming-house building a cabin in the mountains near-by. On these trips he usually takes along one of a large circle of not very intimate friends. Having been hurt by rejection in a series of "crushes" on other men, he no longer takes the chance of getting hurt from getting very close to anyone. It matters a great deal to him to get recognition and prestige in the eyes of others; he has no desire for intimacy. He is beginning to wonder about himself--why he acts as he does, why he is so averse to any kind of discipline or routine, why he is not more interested in girls, but he is too comfortable to seek help actively. Trying to control himself, he involves himself in as many external constraints as possible, such as appointments. "I keep myself busy all the time often on very trivial things."

65

BMPA 29-year-old woman. Large, stout, a little carelessly dressed and not quite neat. She doesn't know to what extent her troubles were caused by three very bad years of marriage to a psychotic man. She considers obesity, frigidity, and difficulty in making up her mind her main problems. But since her recent divorce she has successfully dieted and lost 10 to 15 pounds in a few weeks, and she has never had sexual contact with any other man but her husband. She was able to decide to get a divorce only after having received some help through counselling. Unsure whether she needs more treatment. She wants to become a very good psychiatric nurse, has heard that psychoanalysis might help but is undecided about undertaking it. Even while she mentions her ambitions she talks in a rather lackadaisical tone. She admits that only due to the husband's pressure and insistence did she start nurse's training. But she has done very well in it. Very labile affect. Easily breaks out into tears or angry accusations or hardly veiled sexual excitement. Her basic mood, however, is rather comfortable, tending towards the phlegmatic side. Recently has increased her contacts with her mother and rest of her childhood family and seems to be getting a considerable gratification from being accepted there as the good girl of old times.

Consensus  
Rating

Case Descriptions:

- 65 BRPI 45-year-old man. Friendly, affable, leader in the community. Gives the impression of enjoying himself very much but actually feels driven and restless most of the time. Maintains a wide range of interests though none of them are very deeply absorbing. Somewhat anxious not to offend his domineering and irascible father. Conventional marriage with good front towards outside. Mediocre degree of contact inside marriage. "Likes" his wife and keeps up a modicum of sexual contact. Has for years been in love with a young girl with whom he maintains extramarital relations. Subject to violent attacks of anxiety in which he is afraid that he will die from being unable to get his breath. No amount of medical reassurances has helped against this fear. Despite some insecurity, continues actively in business with great capacity for work.
- 68 RLBS 44-year-old man. Energetic, outgoing; is well liked by people and feels at ease in company. Makes friends easily but mostly on a "why-not-drop-in-for-a-drink" level. Feels happy when he is accepted as "one of the boys." Ambitious and very efficient in his work. In spite of his success and his somewhat boisterous appearance he is rather insecure and hates to have to make a decision. Tends to worry about little things: cannot get it out of his mind for weeks if he has inadvertently driven through a stop sign. Not particularly religious but still cannot go to sleep without first saying his childhood prayers. Two-and-a-half years ago brother's suicide precipitated a psychotic depression from which he recovered fairly quickly. Since then he has begun to assert himself against his formerly domineering wife, which gradually has led to a fairly satisfactory marital adjustment.
- 70 BBPD 40-year-old man, highly intelligent, teacher of high school chemistry and biology. He does a very conscientious job of teaching and occasionally manages to do a piece of research on the side. He ambitiously strives for recognition and success but does not really expect to be successful. Most of the time he is boyishly and naively optimistic but periodically (about two to three months every two to three years) he gets depressed and quite anxious. At such times he keeps on working, though with minimal zest and it costs him a lot of effort; he has not had to seek psychiatric help. Considers himself happily married, has two children. Overtly very friendly with everyone but no relationship seems to go beyond superficial and conventional social contacts. He doesn't communicate freely with anyone. He strives to accept all prevailing ideology and to consider it satisfactory for himself, but apparently does not convince himself very thoroughly and the observer gets an impression of a somewhat exaggerated claim to be perfectly adjusted.

Consensus  
Rating

Case Descriptions:

75

WNDB 27-year-old woman. Rather conventional, quiet; her life is moderately well filled with productive and efficient activity as mother and wife but lacks zest; she doesn't get enough fun out of it. She prefers her present "neutral" state to the turmoil and unevenness of the past, but is now looking for something more "positive" in life. Thus she respects her husband and feels some equality with him, and this tolerant respect is returned, but there is little passion between them. Towards her little boy her attitude varies between careful and loving attention and sharp intolerance. Sometimes she slaps him or reduces him to tears by her crossness. She enjoys meeting ~~people~~ and is tolerant toward them, but only occasionally can she allow herself to be intimate.

78

HWRY 18-year-old boy of moderate height but compact and sturdy build. He is unusually aggressive and abrupt for a college sophomore. Highly critical and derogatory in his comments about the world at large, but particularly toward any authority or father figure, he easily becomes angry and resists any kind of restraint. His sexual urges and interests are intense and widely diffused: in addition to two intense and energy-consuming romantic love affairs during the past year and a half, he has a generalized erotic interest in all women, and often picks up sexual partners around town. He loves excitement, variety, a robust emotional and sensuous style of life. His ambition is to be a creative writer; he is proud of his achievements and eager for recognition, but despite excellent general intelligence and strong esthetic interests, his originality and productivity of ideas aren't up to the load he would put on them. Nevertheless, with his excellent memory and flair for observation, he does good work on the college newspaper. He is impulsive, egocentric and exhibitionistic, pursuing an ideal of "passionate creative individuality." He tends to lose interest and change goals if frustrated, seems compulsively driven in his volatile active life. In fantasy he longs for ease, and for acclaim without any effort on his part. Yet he keeps himself going in a disorderly but fairly effective manner; his athletic achievements are above average, and he is getting by adequately in college, though performing at a level below his tested scholastic aptitude. His rather rough and sloppy appearance is more consistent with the physical labor he does in summer vacations than with the banker father who supports him comfortably in college. He complains of his lack of self-discipline, but feels no need of psychiatric help. He has no interests in abstract ideas, the physical sciences or the practical world of business, and does poorly in courses concerned with such topics. Much of the time he seems tense and on the defensive; he hates and fears physical pain. Though he values friendship highly and has two distinct circles of friends, he is insecure in interpersonal relationships. Aside from a mild sinusitis, his physical condition is good.

Consensus  
Rating

Case Descriptions:

BRPM

85

58-year-old widow. (Not a patient.) Gets considerable satisfaction from being still rather attractive looking; evidently a lot of time and maybe some money is spent at it. Visits all three of her children (all married and with children) rather regularly and enjoys playing the role of a loving and beloved grandmother. She tends to be slightly critical of her children's ways of managing the grandchildren; makes them rather than the grandchildren responsible for any lapses from good behavior. She has a few friends and acquaintances with whom she visits and who visit with her. Prefers to talk about her own past achievements and those of her children and relatives. Lacks any wider interests except where the management of her property is concerned; there she is rather realistic and careful. She does not like to spend money unnecessarily; has no job to do except take care of the little apartment in which she lives, but makes people slightly aware of the "sacrifice" in time that she is willing to make for them. A certain even friendliness and cheerfulness in her ways with people is pleasant, except that one becomes occasionally aware of a lack of humor as well as a lack of maliciousness and eventually suspects maybe a lack of sincerity and depth. She can, however, become quite angry if threatened or provoked. She likes to be appeased after such outbursts and to stress the goodness of her temperament: she doesn't mind forgiving trespasses. Has quite a bit of courage, doesn't mind living and travelling alone, or making a risky speculation with a substantial part of her property. Reads only "lowbrow" books, generally sentimental trash. Takes part in religious ceremonies without any emotional involvement as a social gesture. She has some physical difficulties to which she pays considerable attention and for which she gets the best medical care. Enjoys telling people about these and also about her fortitude in bearing them and not letting them hinder her course of life.

90

HGRH 20-year-old college junior. Despite a small build and youthful face, he gives an impression of maturity, partly from his large head and firm mouth, partly from his habitual poise and deliberate, well-considered speech. He is neat in appearance, agreeable, polite and deferential, does what is required of him with unhurried, economical movement and steady attention. He is concentrating in history and government and has made an excellent academic record although he is earning most of his way through college by rather time-consuming office work. His life is fuller and busier than that of most students for he participates in nearly every kind of college activity: sports (though he does not keep himself in very good physical condition), chorus, and especially clubs and political activities. He greatly enjoys running election campaigns, and has frequently been elected to officerships. His friends and acquaintances are unusually numerous; with them he is quick to lend money



Case Descriptions:

if he has any, generous with his time and sympathetic when others are in trouble. Despite his crowded schedule, he finds time for diversion, for intimacy, and for esthetic enjoyment--though he has no marked artistic talents, he delights in the beautiful. He likes joking and good humor, comfort, good food and drink, particularly when they can be enjoyed in congenial company. He enjoys and seeks the company of girls, thinks he may be in love, and is not greatly drawn to promiscuous sexuality.

Despite the good organization and effectiveness of his life, he is far from feeling satisfied with himself, and at times doubts his ability to make good. It is hard for him to talk to men in authority before whom he inwardly quails. He is proud and sharply sensitive concerning status. Despite his ambition for a career in law and politics, his views of public questions are vaguely formulated, conventional and not centrally important to him. He is more interested in dominating people than in working out ideas, not differing greatly in this respect from his peers. His orientation is thoroughly practical and realistic; he meets stress or failure with redoubled effort, and usually does even better than before, while setting attainable goals for himself.

95

BRPC 60-year-old widow. Outstanding in her appearance is the liveliness and warmth of her eyes. No children of her own, but keeps up the closest relationship to her four step-children. Quite a number of young people, some relatives and some not, flock to her and she generally has one or two of them stay in her house--particularly young people who have some difficulty with their own families and who are attracted by the atmosphere of benevolent freedom in her house. She has a great many friends in various parts of the country and in her own community, is very well liked and welcome most everywhere. She is a woman of means. The maid who takes care of her house and kitchen is her friend, too, and discusses her own personal concerns as freely with the lady as do the young people who may be guests. Spends her money generously but wisely. Prefers to make loans, even long term loans, to people she knows to be in need and whom she considers worthy of help. Takes risks but is generally not disappointed. In the community she gives much time to various social and church agencies as board member, group leader, etc. Most of the time she is active at something. Quite outspoken in her opinions on various issues; a wide range of interests. A liberal in both politics and religion, but not a radical. She has a lot of genuine good humor and manages to be quite malicious at times in describing some stuffed shirt or grand lady whom she doesn't like. Occasionally suffers from some minor physical difficulties which she bears with good humor and slightly argumentatively. Has great courage: travels alone all through the country, even in unfavorable weather; doesn't mind living by herself at times in her large house, or flying in rough weather, etc. She does some amateur painting, likes good books. She is very much attached to a religion of hope, trust, and goodness but has little use for dogma or orthodoxy. Has just the slightest trace of a tendency to underplay her age and to stress youthfulness, but this is hardly observable except on days when she feels physically uncomfortable.