**A Therapy Outcome Case Study Applying Formal Theory's Concepts:
Revamping Psychology into The Science of Conflict Resolution, *The Moral Science***

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Abstract

Introduction: This case study presents utilization of the Formal Theory's (FT) conceptual and technological innovations. FT defines the unconscious as a homeostatic conflict resolution entity abiding by the laws of physics. This study utilizes the Conflict Analysis Battery (CAB), a manualized self-assessment that is based on the FT. Prior research evidences that CAB is didactic, diagnostic, and therapeutic.

Methods: Study presents a case-record of a 32-year-old female with a history of psychiatric hospitalizations. Patient completed CAB two-times over the course of 16 outpatient sessions. Outcome is documented through the patient's drawings and statements comparing how the patient felt before and after, symptom record, statements by the patient upon the end of therapy, and transcripts contrasting the two CAB completions.

Results: Evidence suggests the efficacy of CAB model. In contrast to her previous failed treatments (Cognitive Behavioral Therapy (CBT) and psychopharmaceutical therapies) the patient experiences significant clinical improvement after 16 sessions. Improvements are observed to be enduring over time. The study examines four factors influencing the successful outcome: changes in the conceptualization of the unconscious, wellness diagnostic categories compared to DSM5 illness diagnoses, the therapeutic effectiveness of the manual-driven self-assessment compared to CBT and finally changes in the patient-therapist relationship.

Introduction to Formal Theory's conceptual innovations

Goldfried identified the challenge of psychotherapy, "Though it has been in existence for well over a century, it nonetheless continues to be preparadigmatic, lacking a consensus or scientific core." He continues, "This tendency toward proliferation has continued over the years, and a recent estimate is that there are now over 500 different schools of thought (Prochaska & Norcross, 2018). In spite of the proliferation the trend is 'the ever-increasing movement within biological psychiatry to look for medical treatments for psychological problems'" (Goldfried, 2018).

The Formal Theory (FT) introduces the scientific core paradigm as three innovations that dramatically influence the effectiveness of therapy (Kazdin, 2008):

1. Conceptualizing the unconscious through the formal and energetic analysis of the creative process as having a six-part syndromal structure, that of an emotional cascade of formally interrelated role states, leading to four types of conflict resolution.
2. Identifying the four alternative types of conflict resolution, the four relational modality syndromes as a wellness personality typology in the place of DSM 5 illness diagnoses.
3. Advancing the Conflict Analysis Battery (CAB) a manual-driven theory-based self-assessment deliverable completing a workbook, also by completing the battery online, readily making the person conscious of the unconscious way of resolving conflicts, and hence deliberately modifying one's relational approach. The battery's inventory is diagnostic, and its set of projective tests is therapeutic. The CAB generates a cognitive and emotional experience, which delivers catharsis and actionable insights. This manual-driven assessment is a therapeutic alternative to manual-driven Cognitive Behavioral Therapy (CBT) techniques. It is also an alternative to traditional diagnostic assessments,

including inventories or projectives.

Methodology

1. The unconscious as a natural science homeostatic phenomenon

FT represents a methodological departure from the propositional logic of the psychoanalytic unconscious by introducing relational logic (McDermott & Skrupskelis, 2005). FT shifts the focus from the content of stories to what is universal in all stories, their plot beginning from a conflict and ending with a resolution; introducing motivation as a moral outcome. The relational method formalizes the unconscious, the plot of stories, into a process of six emotions as the interrelated parts of a symbolic totality. In contrast, the propositional method does not examine a totality; it introduces distinctions in the analysis of stories like the psychoanalytic models of the libido versus thanatos drives, the structural model of the id, ego and superego, the variety of defense mechanisms, and the energetic model (Freud, 2015; Freud, Strachey, & Freud, 1963; Vaillant, 1992). These distinctions are psychodynamic but are not abstract. FT's relational method analyzes the process as a conserved energetic entity evolving from a labile state as chaos to a stable one, order, as an organic totality whose parts are formally interrelated; emotions cascading automatically to conflict resolution as the upgrading of energy. Stories depart from a conflict leading to its resolution as a social adjustment representing the unconscious as a physiologically determined motivational process (A. J. Levis, 1988a, 1988b). This conceptualization formalizes the axiomatic models of psychoanalysis: the libido and thanatos dichotomy is translated to the relational opposite states of cooperation and antagonism; the multiple defenses are integrated into four formal operations; the id, ego and superego are viewed as the three cycles of formal transformations integrated into the syndromal six-role emotional social adjustment process; transference pertains to the alternative innate ways of resolving conflicts, the four relational modalities as wellness diagnoses. Finally, psychoanalysis' free associations on the couch are substituted by completing a diagnostic and therapeutic self-assessment. Therapy is simplified as becoming conscious of one's relational modality diagnosis and of its syndromal manifestation, or pattern of conflict resolution, throughout one's life. Therapy occurs through the insights evoked by the assessment without requiring the interpretation of transference. (A. J. Levis, 1988a, 1988b; A. J. Levis & Levis, 2011).

FT evolved by observing a pattern of family relations that repeated five times in the Greek creation stories; analyzing this pattern as a scientific periodic conflict resolution process consisting of a six-role continuum of formally interrelated states of one activity: murder. The periodic process was reduced to a six-role state formal and energetic transformation of this key psychosocial action.

The six-role process begins with a father, Uranus, murdering his children, as *Role Oppression*. His children respond murdering the father with the assistance of their mother, Gaia, as *Role Assumption* which entails fears of being murdered as *Anticipated Role Reversal*. Anxiety, evoking defensive behaviors of murdering one's children as *Counterphobic Role Assumption*, eliciting a societal response leading to being murdered by one's children as *Role Reversal*. Finally, a compromise of the parent cursing one's children to be murdered in their turn as the *Compromise Role Assumption*.

These six-role states were simplified as: *Stress, Response, Anxiety, Defense, Reversal* and *Compromise* leading from a conflict formally defined as *passivity, antagonism and alienation* to

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resolution defined as *mastery, cooperation and mutual respect* (A. J. Levis, 1988a),(A. J. Levis & Levis, 2011). The role sequence identifies the conflict resolution process or moral unconscious. The Greek cosmogony pattern's function exemplified a scientific, energetic and moral transformation. The five cycles of the Greek cosmogony resolved the conflicts of the cruel matriarchal order of the mythic times to the patriarchal religion of the Olympian gods, transforming women of the Greek myths, such as the aggressive mother Gaia, into the well-armed and wise virgin Athena, leading to the Greek civilization's principles of philosophy and democracy.

Figure 1: Mural #1 of the Sanctuary of Wisdom. The unconscious is defined as a conflict resolution process integrating six emotions and behaviors into the syndrome of six interrelated role states predictably leading to the social adjustment, here the invention of a religion. The mural presents the six images of the Cosmogony cycle illustrating the six-role process as a syndromal entity.

Figure 1: Mural 1 of the Sanctuary of Wisdom showing the six-role states of the Greek creation story.

Figure 2 demonstrates the unconscious as a homeostatic physiological process automatically reducing psychic and social tension leading to the individual's social/normative adjustment and conflict resolution (A. J. Levis & Levis, 2011). The diagram presents FT's Oedipus solving the riddle of the Sphinx offering her a branch of olive tree, stating "let us be

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partners”. The image illustrates the change of attitude occurring upon completing the Greek Cosmogony’s conflict as the six-role state harmonic modified by introducing the missing formal operation: mutual respect between the genders.

Figure 2: Six-role state harmonic moving from the antagonistic Oedipus solving the riddle of the Sphinx to offering a cooperative alternative in the form of an olive branch.

The pertinence of this phenomenon to the unconscious was that the mind transforms energy through a process we call conflict-synthesis, parallel to photosynthesis in plants. The mental process facilitates an energetic transformation in three pendulum oscillations, each addressing one of the formal relational or attitudinal states: from a state of passivity to activity, from antagonism to cooperation and from alienation to mutual respect. This assumption accounts for the structure of the thought process observable, for example, in the three acts of a play required for the transformation in Greek drama of a hero's arrogance, hubris, as conflict to its resolution as justice, through punishment of the hero; entailing catharsis to the audience as energetic transformation, tantamount to personal and societal moral or normative growth (Halliwell, 1998).

The analysis of this periodic conflict-resolving pattern led to identifying the unconscious as a scientific phenomenon abiding by the laws of two phenomena of science: the energetic Simple Harmonic Motion of a pendulum (but unlike the pendulum the mind restores the state of rest in three oscillations) and the formal equilibrical scale's formula of four operations automatically pursuing one directionally; the restoration of balance guided by the need of reducing psychic tension (Flavell, 1963; Klein, 2004; Sabelli, 1984).

Thus, FT identified the unconscious studying the creative process as a physiological homeostatic natural science mechanism leading to personal and societal moral growth. This scientific conflict resolving unconscious is viewed as the origin of all moral thought. It explains the universality of religions as conflict-resolution psychological phenomena, which historically have evolved improving the family institution by discovering the alternative ways of resolving conflict (A. J. Levis, 1988a; A. J. Levis & Levis, 2011). Resolution is defined formally as the state of mastery, cooperation and mutual respect. The equation of psychological and scientific phenomena provide behavior with constructs and formulas, Figures 3 and 4:

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Energy is equal to the product of normative deviation S times the emotional charge a , one's attachment to the rest state. The deviation S is opposed by a force of acceleration, a , equal and opposite to the deviation.

Figure 3: The transformation of a conflict to a resolution is an emotional and energetic process that has the characteristics of the Simple Harmonic Motion, the pendulum oscillation.

The formal mental equilibrial phenomenon introduced the formula of the four formal operations of the scale: $I = R \cdot N \cdot C$, which equates *Identity*, the disturbance of the balance by adding a weight on a tray as equal to the product of three formal equilibrial operations restoring the balance: *Reciprocity* as adding a weight on the other tray, *Negation* as removing the original charge and *Correlation* as shifting the weight to the fulcrum. Balance is achieved by the unconscious three emotional oscillations by following the three formal operations restoring the scale's rest state; e.g. in an antagonistic system a transgression may be offset by the opposite cooperative behavior of an apology by the transgressor, a reciprocal insult

The unconscious experiences conflict as a deviation from a norm in a parallel fashion as a pendulum upon its displacement in the field of gravity, shown in figure 3. The unconscious completes the energetic transformation increasing order, or negative entropy, in three mental oscillations like the three acts of a play.

Figure 4: the unconscious as a phenomenon of formal operations, abiding by the laws of mathematics and logic of the equilibrial trays of a scale.

behavior by the victim, or neutralized by the analysis of the process as advice reducing the personal suffering.

FT's assumption defines motivation as the unconscious need to reduce psychic tension, the discomfort experienced as conflict generated upon a normative deviation. The mind transforms this energy to order, negative entropy, identified with social adjustment as moral order. This transformation occurs through the individual conforming to norms, through normative compliance or alternatively through the individual changing the societal norms such as the case of religions. The Iliad and the Odyssey are about men fighting to transform a run-away wife, Helen of Troy, to the loyal wife Penelope. Thus, conflict resolution transforms psychic energy into moral conduct as well as societal normative moral growth. The Greek cosmogony's gods transformed conflict-incurring matriarchy and the family institution by introducing patriarchy, with Zeus the role-model of the new normative system. In a parallel way, historically recorded in the Homeric Epics, men fought women; Iphigenia, Helen of Troy, Clytemnestra of Argos, in the Trojan War and the Odyssey. Religions advance moral order by changing the societal norms as the structure of the family system. (A. J. Levis & Levis, 2011)

2. Diagnostic categories as a personality typology: four syndromal relational modalities

The formalization of the unconscious has led to changes in diagnostic categories from DSM's medical clusters of symptoms to recognizing syndromal relational modalities. Instead of the axiomatic illness criteria as in the diagnostic categories of the DSM 5, the FT identifies four personality types, wellness syndromal psychodynamic conflict resolving diagnoses. These are determined by the intersection of two formal operations: according to the *reciprocal dichotomy* we recognize passivity and activity corresponding to submissiveness versus dominance, and according to the *dichotomy of negation* we recognize cooperation versus antagonism. The two formal operations lead to four relational modalities: dominance and submissiveness modalities modified as cooperative and antagonistic. The *correlative dichotomy* of alienation versus mutual respect, pertains to the intensity of psychic tension experienced differentiating wellness from illness. The four relational modalities are energy transforming syndromes, they unfold as the six-role state conflict resolving sequences. Power and attitude choices correspond to alternative types of emotions and behaviors (Keltner, Gruenfeld, & Anderson, 2003). We need to distinguish conceptually the definition of power.

The fundamental concept in social science is Power, in the same sense that Energy is the fundamental concept in physics . . . The laws of social dynamics are laws which can only be stated in terms of power (p. 10, Russell, 2004).

Elevated power, we propose, involves reward-rich environments and freedom and, as a consequence, triggers approach-related positive affect, attention to rewards, automatic cognition, and disinhibited behavior. In contrast, reduced power is associated with increased threat, punishment, and social constraint and thereby activates inhibition-related negative affect, vigilant, systematic cognition, and situationally constrained behavior. This framework allows us to integrate disparate literatures and to generate a significant number of novel hypotheses about the consequences of power (Johnson, Leedom, & Muhtadie, 2012).

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Power is misunderstood as a non-relational construct. From the relational perspective it is any verb action evolving along the four relational modalities and along the six role process. It is energy conserved and relationally transformed, following the determinism of the conflict resolution necessity. The unconscious steers associations as emotions to moral outcomes. We need to differentiate 'power as a sociological attribute' from 'power strivings as relational personality types'. In sociological power the person is influenced by others, at the psychological level power is determined by the inner proclivity in resolving conflicts. The innate modality empowers or inhibits in the same manner as shown in the sociological influence of conduct. Power relating is qualified by the attributes of formal variations: of reciprocals and opposites and by the syndromal sequence determining a personal experience. The four modalities reflect the relational differences in power management by the person acting as external influences determining individual behavior. A person engages others by dealing with one's own relational proclivities. The syndromal determination of emotions and behaviors is internally organized as conflict resolving alternative role sequences. The dominant antagonistic person seeks power by expressing feelings freely but also experiences fears of role reversal, while the submissive cooperative person refrains from transgressing and experiences hopes. These anticipations determine interpersonal behaviors along the six-role syndromal process. Dominant people have ease in assuming power but get scared and readily become defensive. The cowardly lion is a good characterization of this modality; being aggressive and antagonistic like a lion entails feeling scared or paranoid. Submissive cooperative individuals are inhibited in assuming power. They are not scared and defensive but doubt themselves like the Scarecrow who is afraid to trust his judgement. The Tin Man needs an armor to defend himself from anticipated hostilities representing the defensiveness of the submissive antagonistic type of response. The consequences in assuming any role is in the syndromal consequences of the power choices. The dominant persons tend to be anxious, whereas the submissive ones persevere where dominant people are readily resigned.

Mural #6, illustrates four cultural alternative ways of dealing with temptation identifying the spectrum of four power and attitude choices and their graphic representations along the dichotomies of dominance versus submissiveness, and cooperative versus antagonistic attitudes. The Aztec eagle versus snake myth and the Greek Cosmogony Oedipal dynamics represent antagonistic relating, while the Indian ascetic and the Judaic monotheistic stories represent cooperative relating. Both the Greek and the Judaic cultures strived for dominance, while the Indian and Aztec cultures sanctified the pursuit of the reciprocal alternative: subordination. The cultures were configured as formally interrelated and as graphically portrayed with vectoral differences within the "normative field of concentric circumferences"(A. J. Levis & Levis, 2011).

Figure 5: four cultural alternative ways of resolving conflict as the range of responses to the proverbial apple of temptation.

3 The Conflict Analysis Battery, a manual-driven diagnostic and therapeutic assessment

The CAB is a self-assessment that innovates testing technology as a battery that identifies one's relational modality and its syndromal unfolding with two instruments.

1. An inventory of four scales identifies one's relational modality. A fifth scale measures a person's psychic tension as degree of psychopathology as symptoms of distress and of impaired social adjustment.
2. A set of projective metaphor creation tests identify a person's six emotions leading to reconstructing a person's syndromal pattern to conflict resolution.

The prompts of the metaphor creation tests lead the test-taker to uncover one's relational pattern and guide her/him to its optimization. The assessment does not require professional services for its delivery and interpretation as that work is done by the test taker. The online delivery of the assessment generates a report organizing the information generated by the test taker. The services of a professional are welcome when available, however, as they facilitate the interpretation of the testing and its manifestation in the patient therapist relationship.

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The CAB represents a concise program of emotional education that has three functions:

- It is didactic, an introductory essay educates the test taker on the unconscious and the relational modalities.
- It is diagnostic by identifying the modality with a personality inventory and
- It is therapeutic by recognizing one's pattern integrating meaningfully one's fragmented emotions and behaviors into a continuum, which we refer to as a syndrome.

The metaphor creation tests make the assessment an emotional, cathartic experience that generate actionable insights allowing a person to modify or manage her/his power and attitude along the relational alternatives toward optimizing resolutions. The assessment uses narrative but it is unlike the psychodynamic approach of Luborsky's Core Conflictual Relationship Theme (CCRT) method (Luborsky & Crits-Christoph, 1998) which requires many observer-analysts to evaluate it..

The Case Study: How the Troll became the Moon

The case study is of a therapy-resistant chronic suicidal cutter. It documents the new conceptualization of the unconscious identified along the new diagnostic categories based on syndromal modalities, and it illustrates the application of the CAB as the method of diagnosis, formulation, and treatment. The case study illustrates a rapid recovery validating the FT's conceptualization of behavior.

The patient was a 32-year-old female, special-education schoolteacher in her second marriage and mother of a 6-year-old stepdaughter. She had a long psychiatric history including five hospitalizations. She was in outpatient CBT prescribed multiple antidepressant and antipsychotic medications. Despite four years of therapy at the local university inpatient and outpatient services she was still suicidal and had been compulsively cutting herself daily.

Upon intake she shared the daily record of the episodes of cutting, the emotions that triggered the episodes and the medications she was taking. The major trigger was that she had lost her job. She had been unable to work for two years and she had given up hope of ever getting better and returning to work again. She had been hospitalized for five suicide attempts, crippling depression, anxiety, and low self-esteem. Despite prolonged psychotherapy and several antidepressant and antipsychotic medications she continued to obsessively cut herself and talk of suicide. She was resigned to failure of any treatment and admitted to feeling like a failure as a teacher, wife, mother, and patient. Upon her first visit she showed with embarrassment her body-cutting pattern of careful parallel lines. Scars and fresh cuts lined not only her arms, but her abdomen, thighs and legs. The patient was to continue monitoring her cutting episodes and related triggers. She was also asked to compose artwork regarding how she felt before and after the first two sessions shown later in Figure 6.

Her therapy lasted 16 outpatient weekly sessions during which she completed two CAB workbooks. The weekly sessions generated insights which helped her to recover from her depression and compulsive self-destructive pattern. She was discharged from therapy without medications and was able to handle the routine stressors of assuming running a new store and living in a new home with her husband and stepdaughter. Her recovery was definitive as she

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attested this with a message to her therapist twenty-five years later featuring the image of a rainbow on her arm and acknowledging gratitude.

Termination was mutually agreed and evidence for the positive therapy outcome is provided with several criteria confirming her recovery.

Criteria in judging therapy outcome

1. Before and after session drawings reflecting the emotional impact of the first two sessions.
2. Weekly monitoring the frequency of symptomatic behaviors, episodes of self-mutilation.
3. The patient's analytical insight statements after the completion of the first workbook and description of her progress upon the termination of her therapy.
4. Evidence of the recovery comparing equivalent tests from two consecutive workbooks.
5. Termination of the use of medications

1. Before and After Drawings over Two Sessions

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SESSION I			
Therapy		Self
<i>same behaviors - no resolution</i> BEFORE same behaviours - no resolution	<i>may begin to resolve issues</i> AFTER may begin to resolve issues	<i>suicidal, worthless, off the edge</i> BEFORE suicidal, worthless, off the edge	<i>still perilous, but somewhat grounded</i> AFTER still perilous, but somewhat grounded
Relationship with Mother		Future
<i>overpowering</i> BEFORE overpowering	<i>may be able to stand up to her with help</i> AFTER may be able to stand up to her with help	<i>none</i> BEFORE none	<i>maybe there is a future</i> AFTER maybe there is a future
SESSION II			
Therapy		Self
<i>Intellectual learning</i> BEFORE Intellectual learning	<i>Learning I'm a big baby</i> AFTER Learning I'm a big baby	<i>Average loser</i> BEFORE Average loser	<i>Insignificant blob</i> AFTER Insignificant blob
Relationship with Mother
<i>Friction</i> BEFORE Friction	<i>Friction and distance</i> AFTER Friction and distance		

Figure 6: Before and after session drawings

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Following the first session, she completed an evaluation of the impact of the session by drawing images of how she felt before and after regarding four topics: therapy, herself, her relationship with her mother, and the future. These images illustrate dramatic changes upon the first and second sessions. The images for herself before the session are negative, showing conflicts with no resolution, whereas the pictures representing how she felt afterwards display a positive state of mind. The difference was evoked by providing her with information about her diagnosis based on reviewing two tests completed prior to the intake session. The first was the inventory indicating her relational modality diagnosis. The second was her Animal Metaphor Test confirming the diagnosis of submissiveness as a wellness personality type. This information relieved her of the schizoaffective medical diagnosis, perceived as a lifelong mental condition that needed ongoing medical management.

2. Weekly Monitoring of Cutting Episodes

The following is a record of cutting episodes during the first six sessions:

Week 1: Six episodes in six days. Symptoms included panic attacks, swearing, increased heart rate, drinking, screaming, cutting and urge to cut.

Week 2: Four episodes. Drinking, swearing, verbal tics, increased heart rate, screaming, and cutting.

Week 3: Two episodes. Anxiety attack, swearing, drinking, biting self, cutting.

Week 4: One episode. Anger at self-anxiety and feeling of dread, verbal tics, screaming, cutting.

Week 5: Two episodes. Stabbed self, urge to cut, verbal tics, yelling.

Week 6: Two episodes. Anxiety attack, crying, verbal tics, heavy breathing.

3. Analytical Insight Statements

Upon the completion of each of her two workbooks she composed a short essay about her state of mind. At the end of a few sessions she completed the first workbook and composed the summation of insights as recognizing the syndromal psychodynamic unfolding of her emotions along the six role-state process reassuring herself. "I must learn to reconcile this duality and find a balance, which is psychologically healthy in order to reclaim my mental health."

The essay upon termination of therapy describes her emotional travesty leading to recovery. It confirms her successful social adjustment and her positive outlook as compared to the original suicidal profile. Her emotional growth in attitude and in relating is confirmed with the end statement: "I am still learning to live with myself, but I think I can, I think I can, I think I can".

First Essay Following Completion of the First CAB (January 1997)

Patient's comments completed after her fourth visit on insights generated by the first workbook as a psychodynamic sequence of six emotions and behaviors, a system of role states as a dramatic continuum:

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Stress: The stressors I have identified through my drawings and writings center on themes of intensity, worthlessness, insignificance, and fear.

Response: I have identified my typical response to stress as running away from, hiding from, or otherwise eluding stressful confrontations.

Anxiety: The anxiety I feel comes in several forms, but all relate to fear, 1) guilt (fear of having done the wrong thing), 2) death (fear of dying), 3) shame (fear of social “death”), 4) anger, (fear of my inability to make appropriate responses).

Defense: The defenses I have identified are two-fold: one is a very hostile and aggressive reaction to a perceived threat, the other is to just give up and admit my worthlessness and inability to help others.

Reversal: In the reversal exercise, some positive elements are apparent, including the ability to help myself and show love.

Compromise: The compromise aspect revealed a duality of personality – the ability to exhibit traits, which are in direct conflict with one another. One side is a dark, worthless, troublesome entity, while the other is a caring, giving, responsive entity. I must learn to reconcile this duality and find a balance, which is psychologically healthy in order to reclaim my mental health.

Second Essay Following Completion of the Second CAB and Therapy (March 1997)

‘Towards recovery’, four months later

Looking back at the past few years of my life, it seems as if I were a different person from who I once was, and almost the opposite of who I would hope to be. The horrible things I have done to myself have reinforced my self-loathing and have left emotional scars on my family. I am sickened and embarrassed by my behavior: screaming tantrums, cutting and scarring my skin, biting myself, hitting myself, suicide scenarios and quasi-attempts to kill myself, fleeing and hiding from my family, swearing, throwing knives at the wall, tying my hair in knots, refusing to bathe. Who was that person, and how did she get that way?

During my therapy, I have been able to identify contributing factors to my state of emotional distress. Some of these were: a controlling mother, a critical father, self-perceived guilt for the death of my aunt, an uncommunicative step-father, a criticizing grandmother, a marriage of false pretense, a series of rapes, a severely mentally ill mother-in-law, failure to attain the job I had planned for and an extremely stressful work environment.

The feelings arising from my responses to these factors in my life have created the horrible monster I became. If asked to describe myself, I would say bad, stupid, lazy, ugly, fat, mean, bitter, unwanted, worthless and a burden to those around her – better off dead.

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So, after five hospitalizations for suicide, a series of medications and countless therapy sessions, has anything changed?

Yes – in degrees. I have not cut myself in a while, and think of it infrequently. I do not believe that I would actually kill myself, nor seriously threaten to, again. I am becoming more involved in my daily family life and responsibilities. I am able to take care of my young step-daughter, niece and nephew. I am not becoming overwhelmed by the major changes in my life – moving to a new home and opening a store. I am looking forward to my new job.

I am still learning to live with myself, but I think I can, I think I can, I think I can...

4. Comparing Equivalent Tests of Two Consecutive Workbooks.

The comparison addresses the two components of the psychological assessment: the inventory identifying the relational modality and the metaphor testing identifying the syndromal aspect of the unconscious. We will introduce the analysis here and continue the analysis in the discussion section.

The formal diagnosis as a relational modality

The patient's Relational Modality Inventory provides a clear diagnostic profile of a submissive person. She scored +3 across all items of the submissive cooperative and antagonistic relational modality scales, validated by the contrast that she scored -3 in most of the two dominant modality scales, with elevated scores in the realm of psychic tension. Her submissive antagonism made her helpless and resentful, "I brood about things that bother me" and "do not let others know when I am angry".

DOMINANT COOPERATIVE

Leadership -1.8

-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3

Competitiveness and Dominance -1.2

-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3

Personal Discomfort and Sensitivities .9

-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3

Defensiveness and Lack of Compassion -2.1

DOMINANT ANTAGONISTIC

Distrust 2.7

-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3

Provocativeness -.5

-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3

Dominance -2.7

-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3

Intensity in Sensitivities and Responses -1.9

-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3

Explosiveness

-4

-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3

DOMINANT ANTAGONISTIC EXTREME

Established Oppositionality -2.5

-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3

Arrogance -1

-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3

Provocativeness and Indifference to Other's Feelings -2.2

-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3

Negative to Counseling and Communication -1

-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3

SUBMISSIVE COOPERATIVE

Cooperation, Trust -7

-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3

Compassion, Considerateness 2.7

-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3

Respect for limits 3

-3	-2	-1	+1	+2	+3
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Recessivity 2.7

-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3

SUBMISSIVE ANTAGONISTIC

Communicational Restraint 2.8

-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3

Worthlessness, Inferiority 2.6

-3	-2	-1	+1	+2	+3
-3	-2	-1	+1	+2	+3</

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The formal diagnosis as a syndrome

Two metaphor profiles reconstructing the emotional dialectic of the six-role process each corresponding to a workbook generated tasks, see Tables 2 and 3.

She completed one workbook, the Evaluation Record, and a few weeks later she completed a second workbook, the Therapy Outcome Record. Her metaphor testing confirmed her relational scores of a very polarized submissive cooperative and antagonistic modality. In the first book her Conflictual Memories and Family Balloon Portrait present the intense stress of her developmental experiences; caught between her feuding parents, her Mask Test is "wearing a paper bag over her head", her heart shown with a gaping hole her Animal Metaphor Test was a 'wolf's open mouth and a bird with a broken wing', and her Short Story was about a troll avoiding the sun but burning up upon an unavoidable encounter. Each test depicting herself in a helpless and self-deprecating position.

There were only subtle changes in her relational inventory from Book One to Book Two and the Psychic Tension was changed mildly, but there were striking changes reflected in her projective tests. The Mask Test reflected growth with eyes and mouth, half her heart was full of little hearts, her Balloon Portrait evolved from a broken one underneath her father's umbrella to a square balloon like her father's rising above the family's balloons, the Animal Metaphor of the bird with the broken wing changed to portray a lion respecting a turtle moving slowly in front of it, and her Short Story transformed a troll afraid of the sun into the collaborative self-confident and wise Moon.

Her record demonstrated the relational growth along the three relational operations: she evolved from a state of conflict defined as passivity, antagonism and alienation to a state of wellness and mental health defined as mastery, cooperation and mutual respect. Therapy was terminated with full recovery from her depression and her compulsion to cut herself. She had already returned to a well-functioning state of mind and employability. She did not return to be a teacher, but she was able to assume the responsibility of running a new store and resuming her life as a wife and mother in a new location.

Comparing equivalent projective tests

The two workbooks are an accurate record of her progress reflecting the effectiveness of the *Power Management psychodynamic Metaphor Therapy*. They document the effectiveness of this therapeutic modality in identifying and addressing the problem as one of a relational modality rather than a DSM5 illness diagnosis (McWilliams, 2017).

Stress

The state of stress is presented with two tests: The Balloons of the Family of Origin and the three Conflictual Memory Tests. These highlight the source of conflicts within her formative years.

Figure 8 Balloons of Family Origin

worry about trying to get better and be more productive.” Her balloon in this portrait is still small, but undamaged and floating higher than the rest of the family. This reflects her recovery from being popped and ripped apart to flying high away from her attachments to the members of her family of origin. Her balloon is square, like her father’s. This connection between them is made clear in the dialogue:

Balloon #1 – “I have some responsibility for your depression.”

Balloon #2 – “I’d rather be like Dad, but not so sad and angry.”

The balloon drawing reflects a noticeable change in her self-perception. The self-disgust, revulsion, and hatred is less pervasive; she now has enough self-regard to recognize that she has needs, deserves to address them, and must address them.

The Family Balloon Portrait, Figure 8, confirms that the patient saw herself as worthless and damaged. Unlike the balloons of her family members, hers is much smaller, darker, popped, and positioned at the bottom of the image. Shielded by the umbrella balloon, representing her father, from a stormy cloud unleashing rain and thunder representing her mother.

In the analysis of her drawings she explained her feeling controlled by her mother, and that she perceived herself as a burden on her whole family. “They are all upset in their own way and angry at me because I won’t get better; I have to get better so everyone can stop worrying about me.”

In the second workbook the Family Balloon Portrait has changed dramatically. She has been reconciled with her family. She noted what changes should be made to resolve the conflicts represented in the family: "I should stop worrying about trying to be perfect and just

Another way of portraying the family dynamics uses the metaphor of ‘zoo animals’ instead of balloons. In the Animal Family Portrait Test, figure 9, she presented herself as mouse in the context of her parental family and as a snake creeping away in her marital constellation. Both images reflect herself as a small, worthless, and disliked animal seeking to find an escape, highlighted by how she positioned herself at the bottom.

The two tests depicting her family of origin and her marital family are also similar in that in each test she expresses her sadness at having failed the people she loves. Whether she is a mouse alone in an isolated hole, or a snake who doesn’t want to play with her family, her choices of animals and their lowly positioning are consistent with her feelings of worthlessness and alienation. As the mouse she described herself as “lowly, sneaky, disliked,” and as a snake “negative, sad, disliked”. In the text she described her family of origin as “trying to pretend they were a real family,” and suggested that “they should learn to spend time together without guilt, anger, and jealousy”.

Figure 9: Animal Family Portraits

Figure 10: Conflictual Memory Tests

Sources of stress and conflict are also clearly visible in her two Conflictual Memory Tests.

Her first Conflictual Memory Test, figure 10, reveals a particularly traumatic experience; a memory of loss and alienation which provides insight into the lack of good communications in her family. She recalls watching her stepfather take her sick grandmother away and then never seeing her again, parting with her without getting to say goodbye, or receiving any closure whatsoever.

Her second Conflictual Memory Test reveal several other losses compounded with self-blame. In one, she describes an incident in which her aunt died on the way to her graduation party.

I had changed the date of my 8th grade graduation party, selfishly – to go to a friend’s

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party. On the day of my party, my aunt and her three children were rear-ended by a drunk driver and their car pushed into a concrete overpass headfirst. I was on the upstairs phone when my uncle told my mother what had happened to her only sister and her children. She died several days later. I killed her with my selfishness.

When asked “How did you feel about this person, and how did they feel about you?” she writes: “I loved my aunt very much. She always treated me like a grown-up and was fun to be with. She loved me, too. She respected and liked me as a person.”

The patient blamed herself for the death of her favorite aunt: “I felt totally responsible for her death--still do. If I had not been selfish, she and the kids would not have been in that accident.”

The fact that she was able to discuss this memory in the second book, but not the first, is a testimony to the effectiveness of the tests in dealing with suppressed feelings. By this point, she was more willing and comfortable to look inside herself. In a later conflictual memory, figure 11, she related the strong impact of this experience: “I was wearing a cross, [and] a high-school peer asked ‘what does that mean?’” I said “Jesus died on the cross!” He said “If your mother died in a car accident, would you wear a car on your neck?” She drew it out stating: “I feel I should wear a car to remind me of my Aunt’s death.”

Figure 11: Later Conflictual Memory

A recent memory of conflict illustrated a bloody hand. “I cut my wrist on what I thought was a vein,” she writes. “I wanted to die, but I was afraid. It scares me to know how desperate I can become.”

Response

The response to the stress is illustrated in the mask metaphor, figure 12. Her first mask is a paper bag over her head with two small eyeholes representing her worthlessness while her second mask is a tapestry divided into positive and negative sides showing her transformation. She goes from being stuck inside a conflict to realizing that there may be a way to find a resolution. The paper-bag mask changed to a tapestry with an eye peeking through, mouth opened, showing someone who is willing to acknowledge the positive alongside the negative, as opposed to only the negative.

Figure 12: Mask Metaphor Tests

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In the second book her Transparent Mask completed in January of 1997, the mask, titled “Peeking Through the Tapestry”, shows a tapestry (the mask) with two “dark”, “evil eyes”, and a single round, searching eye, peeking out from behind the tapestry. She underscores the drawing with this: “The side with one small eyeball shows a glimmer of hope. The side with 2 evil eyes shows anger, fear, mistrust.” In reflecting on this mask further, the patient notes that “more is seen through the negative side, but some things retain a small hope” and states that this mask represents that “both good and evil can exist together.” This is a marked change from her mask in her first book.

Anxiety

Figure 13: Feelings and Whats in the Heart Tests

shows a true beginning of change. Presented here is her new-found willingness to acknowledge her ability to perceive small “glimmers of hope”, which in turn, yield positive changes in her life. Her portrayals of what is beneath the mask and what is in the mask wearer’s heart show similar transformations. Her drawings interpretations still indicate a serious amount of pain and grief, all markedly impacted by “dark” and “evil” shaded in areas, but there is the new component of the hope and good to counterbalance the hopelessness and evil.

Defense

Animal Metaphor Test

This test asks the test-taker to draw two animals, write a story about said animals, and reflect on how the story pertains to the test-taker’s own life, Figure 14.

Masks II and III in her first book, figure 13, show the conflict she carried inside. The face under the mask is represented by various negative images, e.g. a skull-and-crossbones labeled “DANGER” and band-aid labeled “HURT”. Her heart is drawn with a hole in the center, clearly displaying her feelings of being empty. She writes:

The hole is the missing piece of my life. I feel incomplete, unfinished, not a whole person. I need to find what I am missing. I allow outside influences and inner weakness to destroy me. I run and hide from the bad, but make my life worse in the process...[I should] try to stop feeling so jealous and useless.

She names her second sequence of masks “Pull Back the Curtain”, and while she writes that she “does not accept the positive without worrying about the negative” this “pulling back” of the curtain of her pain and self-hatred

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Her first Animal Metaphor is a tale between a “strong, powerful, vicious, confident, sly” wolf that spews verbal insults at a “hurt, scared, stunned, helpless, confused” bird with a broken wing. She titles this tale: “Broken Wing--Broken Heart.”

The dialog between the wolf and the bird goes as follows:

Wolf – “You are worthless-- I am more powerful than you.”

Bird – “Yes, you are right. I don’t deserve to live.”

Wolf – “You are very bad and should be punished.”

Bird – “Yes, that is true. I have done many bad things and deserve all the bad things that happen to me.”

In accordance with her inventory, she identifies with the submissive, damaged bird. Akin to the bird, she feels worthless and broken--unable to fly: “I want to fly away from my problems, but can’t. I feel I can’t help myself...I feel like my problems will not go away, leaving me helpless to defend myself from those who don’t accept me.” In her mind, she is “not even fit to be killed.” Although she acknowledges that she needs to correct her maladaptive thought patterns, she also communicates the belief that she will always be inferior and that her problems can never be resolved. She is convinced and reiterates this throughout this initial test that she is beyond help. The story of the wolf and the bird ends when the wolf departs, deeming the bird unfit for consumption.

Her second animal metaphor shows a shift in role-play to a more active role positioning, which, though slight, represents a positive. In this metaphor test, titled “The Unwanted Turtle”, a “fierce, brave, and strong” lion bullies a “meek, slow, scared” turtle.

Lion – “Get out of my forest.”

Turtle – “Ok, I’m going.”

Lion – “Get out NOW.”

Turtle – “I’m trying to.”

Figure 14: Animal Metaphor Tests

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Lion – “Move faster.”

Turtle – “I’m moving as fast as I can.”

Lion – “You’re lazy and a liar.”

Turtle – “I’m sorry to upset you. I’m just being myself.”

While the turtle in this sequence concedes that she is sorry for upsetting the lion and will leave, she defends herself by saying that she is moving as fast as she can and that she is just being herself. She writes that “the lion should stop bossing others around” and that the “turtle should stand up for her rights”.

Her animal metaphor reflects the same shift from the passive victim of the anxiety phase to playing a more assertive role in her recovery, however slight these role shifts may be. This seems a fitting metaphor to illustrate a slow but steady journey on the path to recovery. The turtle is progressing slowly, and though others may not like it, she is doing the best she can. The inclination to “hide” which is very clear in the first booklet still holds true, but hiding in her own built-in shell seems to be a more adaptive and in-control response than fleeing or dying. She begins to acknowledge in this second book that, sometimes, she needs to isolate herself from others. This is a self-protective measure enabling her to stay focused on recovery from self-destructive behavior stemming from her feeling disgusting, hated, useless, and “nasty”. For example, in reflecting on a real life event in which her mother shot down some of her hopes discouraging her from working towards the completion of a project, she notes that it may be better if she can “keep [her] ideas to [her]self and just talk to [her husband] about them so [she] won’t keep getting hurt and feeling betrayed.” The rejecting lion represents her mother, just as the dark stormy cloud and the wolf.

Fairy Tale Metaphor Test

As in previous tests, when prompted to draw and compose a story with two fairy tale characters, she identifies with the character that is “lonely, desperate, longing and sad...trapped in a secluded place”. In her metaphor, *Does Rapunzel Want to be Rescued?*, Prince Charming has come to rescue the trapped and frightened Rapunzel, but the long-haired woman is not certain she wants to be rescued as evidenced in the dialogue:

Rapunzel – “Get me out of here, I’m scared!”

Prince – “I’ll try, but you have to help me.”

Rapunzel – “How am I supposed to help?”

Prince – “Help me up, and don’t let me fall.”

Rapunzel – “What if I can’t help you?”

Prince – “Then you’ll have to stay up there forever.”

Rapunzel – “May be that would be what I need.”

Like Rapunzel, she feels isolated and ambivalent about the possibility of rescue and survival outside her secluded fortress. The similarity of their respective situations is clearly illustrated when she’s asked to present a similar real-live incident. She writes “I was hiding away, cutting myself, making a noose, throwing knives. I kept hanging up the phone when my family called, concerned. I refused help; refused to accept to choose life.”

She writes that “Rapunzel is trying to decide to live or die...[she] is afraid of living in the real world--she feels it is a dangerous place.” The patient is unsure that she deserves to live a happy life, if such a thing is possible, and even doubts whether she is worthy of living at all. She concludes this test by writing, “[I need to] make a decision/commitment to living and get on with it.”

Her second fairy tale metaphor, *Taking a Chance*, shows a marked improvement in her self-worth as she identifies this time with Jack from *Jack and the Beanstalk*. She departs from her sad and lonely descriptors to being “obedient, trusting, gullible” and a “dreamer”.

Mom – “Jack, we are so poor. I want you to take the cow and sell her.”

Jack – “Whatever you say, mother. I will do it.”

Mom – “Make sure to get a good deal – we need the money.”

Jack – “I’ll do my best. I won’t let you down.”

Mom – “I hope I can trust you this time.”

Jack – “I’ll prove that you can trust me.”

The dialogue between the two shows that she is still placing herself in a submissive role, but rather than resigning herself to deserving to be left alone and abandoned she declares herself worthy of trust. While ultimately her story ends with her betraying the mother’s trust, she still ends her manual assessment by stating “[I need to] learn to defend my decisions about the way I live my life.” marking the same improvement shown in the animal metaphor.

Reversal

Figure 15: Dream Metaphor Tests

its content indicates that “[she] still ha[s] not been able to put [her] first marriage behind [her],” but the dream seems to put closure to that traumatic experience.

The intensified animal metaphor and the dream tests recall memories of being helpless, attacked and trapped; reminding one of the metaphors of the first book, where she was far more hopeless and self-hating than she seems to be in book two.

The dreams have a healing, cathartic effect, as she can face issues that make her feel guilty and is able to reconcile herself with those experiences rather than sink further into self-loathing.

The trend of positive shifts in self-perception seem to reverse and regress in her Intensified Animal Metaphor Test, figure 16; a negative setback which makes sense when contextualized in the reversal phase which prompts the test taker to experience more stress in constructing a metaphor. In book two she failed the “more stress” test constructing a metaphor of self-defeat titled *Mercy Killing*, the rat has no shell to hide in and cannot be saved. The boa constrictor squeezes her to death taking the rat “out of [its] misery”.

Boa – “I’ve got you now!”

Rat – “Help!”

Boa – “There’s no way out: I’m going to kill you!”

In contrast to the helpless and isolated Rapunzel and Bird characters, the dream analysis in book one, figure 15, reverses some of the negative patterns and presents a positive scenario in which she is appreciated and welcomed. This dream takes place at a Kindergarten where she encounters two other teachers and a student. The feelings expressed in this test are markedly different from those enumerated in the other tests. In this dream she is “happy, relieved, relaxed” because she has obtained a desired vocation and feels appreciated. When prompted to give an explanation she says: “I plan on getting a job with younger children...I think I will enjoy a new job and will be well-liked by the children.”

Her second dream harkens back to her first marriage and abusive relationship with her ex-husband. She writes: “I dreamed that my ex-husband was dead. At first I felt scared and sad, then I felt relieved.” In thinking about the significance of the dream, she hypothesizes that

Rat – “Can’t anyone help me?”

Boa – “You are powerless against me.”

Rat – “I give up – do what you will.”

Boa – “Any last words?”

Rat – “Thank you for taking me out of my misery.”

She writes that “The rat doesn’t bother hiding so well, as she is indifferent about her life. The rat feels powerless and gives up when there is no help from others”.

Figure 16: Intensified Animal Metaphor Test

Compromise

Resolution is illustrated in observing the evolution between her Short Story Test in books 1 and 2. In her first workbook her Short Story, Figure 17, encapsulates nearly all of her unresolved tension. Her anxiety, sense of worthlessness, and depression are evident when she tells of an “ugly troll” who was destroyed when forced out of hiding. The following is her short story in its entirety:

Who Needs a Troll?

Once upon a time there was an ugly, evil troll whom everyone hated. Each day, the sun came out and tried to shine upon all the creatures, including the troll. When the sun shone down, the troll would run and hide – in a dark hole; under a bridge; deep in the forest; anywhere the sun could not touch. Each day the sun would try to catch the troll before it could hide away. The troll always hid too fast, and avoided the sun. One day, the sun was desperate to shine its light upon the ugly, disgusting troll. The sun thought it could change the troll into a happier creature.

So the sun rose up early while the troll was sleeping, and shone upon the evil creature.

Touched by goodness, the evil troll caught fire, burned hot and glowing, then all was left was a pile of dingy, grey cinders. The sun called its friend the wind, who blew the cinders and scattered them to places all over the world. No one cared and no one missed the nasty troll.

“Who needs a troll?” she asks. This inquiry corresponds with her belief that she is nasty and that no one would miss her if she were to disappear. As Rapunzel was better off living alone in her tower, she too maintains that it would have been better if “The Sun [left]...the troll alone

and let it live in darkness.” She easily applies this story to her own life; frustrated by individuals who demand that she feign cheeriness and wishes that she could “hide better”, she writes, “I

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cannot endure too much forced cheerfulness. I feel like I will die if forced to act like something I am not.”

In further questions, she continues to relate the story and the characters to her own life: “My mother is constantly after me to ‘cheer up’ and ‘snap out of it,’ which only serves to make me feel more depressed and guilty... Instead of standing up for myself, I crumble. I can’t stand acting happy when I’m depressed and react by withdrawing further or making myself inaccessible to others emotionally.” When asked what changes she should make to resolve her conflict she suggests “hide better.” Thus, the concluding compromise arrived at in her first assessment book is one of defeat, death, and retreat into complete obscurity. This is a compromise that indicates a high level of emotional conflict and need for emotional resolution which she managed to achieve in the next workbook.

In the second assessment book, Figure 17, which was completed within two months of the first, there are noticeable changes in her self-perception and world perception within the metaphorical t outlined in the testing booklet. The major stresses and tensions presented in the first book are still pertinent in the second, but the six-step process of conflict resolution worked out in her creative assessment tasks are closer to a healthier compromise. In the first workbook, she still was having difficulty thinking any change or positive help was possible. Now she writes: “I don’t make my needs known. I wait for others to offer help”, “I should be more direct about making my needs known.”

This shift in being able to ask and accept help is the most illuminated and positive change conveyed in this second booklet, which she says is best illustrated in her Short Story about the sun and the moon: In her initial Short Story, the sun tries to help the “nasty troll”, who cannot be helped and is only hurt further when the sun tries to light up his life. The sun, in trying to help, ends up incinerating the troll who is then forgotten; lost dust on the wind. In the second short story she completed, called “Giving the Moon Its Glow” the sun returns as the bright and purposeful figure on the left side of the page. Instead of a slit-eyed, frowning lump of troll there now is a wide eyed, sad, and lost looking moon. While the moon is still situated below the sun, its size and position on the page suggests a much closer status or more equal worth. Now the patient as the moon can accept help and find a purpose. She benefits from the light of the sun and uses that light to help others.

Giving the Moon Its Glow

The Sun and the Moon were sisters. The sun was bright and cheerful and used its powerful rays to greet people to a new day, make the flowers grow, make life on earth possible with its warmth. The moon was cold and dark. It just hung in the sky, watching the glory of the sun. It had no light to shine upon the world, so nobody even knew it was there.

One day the moon was feeling very sad about being unknown and useless. Her sister, Sun, decided to share some of its light when it was resting. Now the moon shone brightly at night, showing itself in the sky as a promise of a new day to come! It even learned to change its shape so people could use it to measure time! It found that with help from the sun, it had its own purpose.”

Figure 17: Short Story Tests, the troll becomes the moon.

She draws meaning from the story, saying that “[she is] reluctant to help [her] self and ha[s] no self-worth. [She] can only become someone useful with the help of others.” The patient made significant steps in self-acceptance. “I should learn to accept my limitations and be satisfied with who I am.”, “The Moon should start to form its own identity and find ways to be useful...I will try not to depend on others so much.”

Discussion: The formal analysis of the assessment

The inventory is diagnostic of the person’s relational modality by visually examining the scores of the RMES scales. The transcript of the inventory identifies five scales, four relational modalities and the psychic tension scale. It identifies her diagnosis with +3, strongly agree, responses in the relational modalities of submissive cooperation and antagonism, confirmed by scoring with –3, strongly disagree, responses for both dominance modalities. Her psychic tension scale is particularly elevated under disability and depression as shown in figure 7. The diagnosis identified by the inventory are confirmed with the metaphor tests.

The diagram of the normative field allows us to portray graphically this diagnostic category on the normative map of the unconscious. In figure 18 the circles represent the social system as reciprocal power positions; clockwise vectors denoting cooperation and counterclockwise, antagonism. The diagram presents the person’s emotional state as ellipses inserted in the respective social position of the normative field. The first diagram presents the initial place of the patient in the submissive pole of the field with counterclockwise vectors denoting oppression in the social system and experiencing intense hostility reflected by the vectors within the ellipses. The second diagram presents changes, the system is flipped to the cooperative alternative, presenting her as advancing cooperatively toward social power positioning and with a positive attitude. The shift is from a polarized circle to a smaller circle, the second of the three levels of intensity coinciding with the reduction of her emotional intensity

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represented as a smaller ellipse with vectors denoting trust and hope as clockwise vectors in the second diagram.

This pattern of relating is confirmed in the images of the Short Story Tests as the shift from the flammable troll and the bright moon reflect her evolution from the pathology of antagonism relating to the wellness cooperative alternative; this pattern of changes is confirmed by the emotional changes reflected in the other metaphor tests.

The graphic portrayal of the metaphors as a six-role syndrome

The longitudinal sine curve diagram illustrates the syndromal unfolding of the energetic transformation, the six-role process, the formal organization of six emotions beginning from a conflict and ending with its resolution. The two metaphor testing workbooks, tables 2 and 3, may be interpreted by the patient as demonstrating the syndromal aspect of her relational modality composed by the placement of the metaphors of both books on the corresponding role states. **Stress** is presented by the Conflictual Memories, and Family Portraits. **Response** by the Mask test, **Anxiety** by the Feelings Mask, **Defense** by the Animal and Fairy Tale Metaphors, **Reversal** by the Dream and Intensified Animal Conflict Metaphors, and **Compromise** corresponds to the Short Story Test. There is a clear shift from the first book's pattern of relating with passivity, antagonism and alienation to the second workbook's reflecting mostly mastery, cooperation and mutual respect. The changes are easy to detect as the patient modified the images along the same symbolic systems:

- The first book sequence departs with a memory of loss outside of her control. What was crucial in the second book was her sharing of an emotionally loaded Conflictual Memory, which allowed a cathartic release of guilt feelings. She recognized her blaming herself for her dear aunt's death upon her graduation party.
- Her Balloon Portrait transformed from her self-depiction as a damaged and broken balloon to one taking on the shape of her father's and rising above.
- Her Mask evolved from "a bag over her head" in the first book to a tapestry divided in two in the second, bearing two evil eyes opposite a single eye with a smiling mouth.
- Her Heart, originally a void featuring multiple traumas was transformed to a heart featuring love and strength on one side and traumas and hidden anger in the other.
- The Dreams are about hopes of returning to teaching in the first book while in the second it is about resolving mixed feelings about her first husband remembered as dead. The intensified

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Animal Metaphor Therapy presents feelings of a rat at the mercy of a boa constrictor resigned to die.

- Her Animal Metaphor Test and the Short Story illustrate healing in the second set.

The sine curves reconstruct the syndromal process integrating the tests with images and summaries of the stories on the corresponding six-role emotional psychodynamic sequences. The composite images clarify the syndromal emotional totality as an organic continuum, a portrayal that helps the patient to recognize psychodynamic emotional continuity integrating the fragments of her personal drama. The two books juxtaposed help the patient to recognize continuity between her feelings but also changes between the respective symbolic systems portrayed in the two books reflecting her emotional and social progress.

The evolution may be examined in the relationship of any two sets of consecutive metaphor tests (e.g. contrasting the Animal Metaphor Test of book one to book two). The evolution to resolutions may be attested by contrasting in each book the Conflictual Memory Tests, as Stress, with the Short Story Metaphors as the Compromise role states. The first book sequence departed with a Conflictual Memory of loss and ended without resolution identifying herself as the 'burning troll'. The second book departed from the Conflictual Memory addressing her guilt feelings for her aunt's accidental death; the memory evoked an emotional outpouring. This book was completed with relief of guilt and reduction of self-destructive behaviors reflected in the correction of the submissive antagonistic Sun/Troll polarity to that of the assertive collaborative Sun/Moon relationship. The testing confirms visually her emotional growth providing documentation of the successful therapy outcome: Table 1. Book 1 and Table 2. Book 2, Metaphor Profiles.

Discussion of four factors affecting the therapy outcome

This case study is significant because it introduces evidence validating the innovations imparted by the FT as effective in improving therapy outcome. The study illustrates the innovations as effective where DSM5 diagnoses and CBT therapies failed. It is therefore important to understand the variables of this new therapeutic approach responsible for the dramatic positive therapy outcome. We will examine four factors attributable to the FT:

First, the unconscious as a scientific measurable unit organizing clinical information as pursuing conflict resolution. Second, the role of the wellness diagnosis, the unconscious leading to alternative resolutions. Third, the therapeutic effectiveness of the CAB, a manual driven self-assessment, as an alternative to CBT, and fourth, the redefined patient therapist relationship.

Topic one: The conceptualization of the unconscious

Freud identified the unconscious with descriptive psychodynamic metaphors like the id, ego and super ego and its manifestation as transference. FT introduces scientific constructs and formulas to Freud's empirically defined unconscious identifying the id, ego, super ego structure as a six-role energetic syndromal structure and its manifestation of transference defined as wellness relational modality diagnoses. The formal theoretical modality is diagnosed by the inventory and it is manifested in the syndromal sequence.

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Peter Brooks in *Freud's Masterplot*, examines the psychoanalytic conceptualization of narrative as a structure, which has many parallels to the formal theoretical unconscious; indeed his description identifies the syndromal structure of thinking.

Narrative operates as metaphor in its affirmation of resemblance, in that it brings into relation different actions, combines them through perceived similarities (Todorov's common predicate term), appropriates them to a common plot, which implies the rejection of merely contingent (or unassimilable) incident or action. The plotting of meaning cannot do without metaphor, for meaning in plot is the structure of action in closed and legible wholes. Metaphor is in this sense totalizing. Yet it is equally apparent that the key figure of narrative must in some sense be not metaphor but metonymy: the figure of contiguity and combination, the figure of syntagmatic relations. The description of narrative needs metonymy as the figure of movement, of linkage in the signifying chain, of the slippage of the signified under the signifier. That Jacques Lacan has equated metonymy and desire is of the utmost pertinence, since desire must be considered the very motor of narrative, its dynamic principle (Brooks, 1977).

Metonymy parallels the concept of syndrome. The testing demonstrates the unconscious as behaviors and emotions connected by the six-role energy upgrading process instead of being propelled by desires. Motivation has nothing to do with desire, libido or eros and nothing to do with death. Conflict resolution is an energetic entity, a syndrome, and it is qualified as a relational modality wellness personality diagnosis. Conflict resolution directionality, moral determinism, is about conforming to the innate need to reduce psychic tension manifested in the six role process symbolic system and it is qualified not as transference needing work in a therapeutic relationship but as a wellness diagnosis identifiable through the personality inventory.

The case study illustrates the unconscious as an emotional structure that is made of six emotions and is measurable as a relational diagnosis. It clarifies the difference between transference generated by parental patterns and reproduced in the therapeutic relationship from one's innate relational modality diagnoses determining one's conduct to parental authorities. Though the patient had a dominant critical mother it is the personal pattern of submissiveness that determined her approach to dealing with stressors in her life including her relationship with her mother. The wolf and a bird with a broken wing, the sun and the troll represent her submissive antagonistic relating, while the lion and a turtle, the sun and the moon reflect submissive cooperative modification in her relating. The first set illustrates submissive antagonism generating her self-hate caused by her need for punishment leading to cutting and attempting suicides. This conflict resolution approach evolved from self-hate through expression of her hidden self-blame to feelings of self-confidence. The unconscious captured as an emotional energetic dialectic evolved from antagonism to cooperation relating by freeing herself of self-hate. She evolved from feeling 'I am bad and I need to be punished' to I am OK and need to progress at my own speed. The changes may not be attributed to developmental dynamics, erotic sentiments nor as lacking scientific measurement, table 3.

Topic two: Wellness relational versus medical illness diagnoses

The syndromal relational modality wellness personality diagnosis was more meaningful than DSM 5's psychiatric diagnosis along which the patient had been treated. DSM diagnostic categories identified her condition as a schizoaffective disorder treated with several medications. The DSM approach has been favored by medical researchers seeking to identify paths to improving medical therapies but has been criticized as mislabeling emotional conditions.

The change in funding priorities currently reflects an even greater shift toward a medical model, in which psychological disorders are viewed as involving “disorders of brain circuits” (Insel, 2014). The current funding priority, called research domain criteria (RDoC), emphasizes the neurological, biological, and genetic correlates of cognitive, emotional, and social factors that are believed to be associated with various psychological problems. Although there are interesting implications in learning more about the biological correlates of psychological processes, the NIMH has essentially shifted funding priorities to uncover biomarkers that could be used to develop new psychoactive drugs (Hershenberg & Goldfried, 2015).

This type of psychiatric diagnosis has been criticized on many grounds over many years—lack of reliability and validity, excluding social contexts, causing stigma, and so on (see, e.g., (Bentall, 2009); (Kirk & Kutchins, 1997)

Lucy Johnstone introduces an alternative to DSM5 diagnoses: *the psychological formulation*,

a rapidly expanding practice in the United Kingdom that is supported by the British Psychological Society. It is argued that formulation can provide a credible alternative to psychiatric diagnosis in the context of public admissions about lack of reliability and validity of current diagnostic systems'. She argues that 'the single most damaging effect of psychiatric diagnosis is *loss of meaning*. By divesting people's experiences of their personal, social, and cultural significance, diagnosis turns “people with problems” into “patients with illnesses.” Stories of trauma, abuse, discrimination, and deprivation are sealed off behind a label as the individual is launched on what is often a lifelong journey of disability, exclusion, and despair. (Johnstone & Dallos, 2013)

While we question the DSM medical diagnostic approach, we disagree with the proposed *Psychological Formulation*. The relational wellness diagnostic categories are beneficial by identifying a person's emotional proclivities as wellness personality types. The modalities as syndromes help to predict and measure behavior. The relational diagnoses introduce meaning into therapy by connecting a variety of experiences into distinct relational patterns without stigmatizing the person, while allowing to predict emotions and behaviors potentially leading to clinical symptoms. It is a grave mistake to dismiss the benefits of the syndromal relational modality diagnoses, as these truly provide important insights, useful both in diagnostic assessment and in formulating treatment objectives. As non-stigmatizing diagnoses of wellness they are acceptable by the patient.

About syndromal relational modalities

FT recognizes four relational modalities as wellness diagnoses due to the intersection of two relational operations of the Kleinian formula: reciprocity and negation. The reciprocal alternatives as activity and passivity manifest as dominance and submissiveness. The two types are subdivided by opposite relational directions manifested as cooperation versus antagonism. These are all wellness diagnostic categories accounting for personality differences but also accounting for psychopathology.

We recognize pathology in this patient in the intensity of her submissive relational modalities and her submissive antagonistic relating. This diagnosis correlates highly with psychic intensity and pathology defined by high degree of social alienation and low degree of mutual respect, the correlative alternatives differentiating wellness from illness. Her psychic tension measured by CAB's inventory in figure 7 is elevated in the areas of anxiety and depression, intensity of chronic disability, and low self-consciousness; she admitted relational instability. In our case the diagnosis is not being a person with a schizoaffective disorder, but a submissive antagonistic individual with self-destructive anger. The treatment is not in stopping cutting with a behavior modification program but in identifying the relational pattern of submissive antagonism providing insights in her pattern leading to self-blaming.

The correct diagnosis has a strong emotional impact as a therapeutic application, which was captured with a set of drawings reflecting how she felt before and after the first two sessions shown in figure 6. This set of drawings attest to the emotional significance of the very first sessions caused by reviewing with the patient her diagnosis as relational instead of a medical illness. Thus, the wellness diagnosis replaced the DSM5 stigmatizing lifetime verdict of a schizoaffective condition. The relational diagnosis presented in the inventory was illustrated in her Animal Metaphor test, 'a wolf and a bird with a broken wing' showing her helplessness as caused by her difficulty in expressing her feelings; she simply was not asserting herself. The relational diagnosis made sense to the patient and symbolically mended the bird's broken wing, her spirits. She could fly in the safety of an improved identity. It explained the aetiology of her condition as reversible, but this diagnosis entailed the need for her to initiate changes. This information identified her submissiveness as a wellness personality diagnosis and helped the patient to understand her need for assertiveness. She had good feelings about herself as a caring talented and intelligent submissive person and recognized her condition as one requiring emotional growth rather than as an illness that needs lifelong medical treatment. The rapid progress is attributed to the meaningfulness of the diagnosis but also the effectiveness of the metaphor creation tests helping her to both experience cathartic relief from troubling memories, as well as in identifying her strengths; she felt good by identifying her pattern and the needed changes by herself rather than depending on another powerful authority for the interpretation of her metaphors. The emotional release and personal growth occurring through the testing improved her self-esteem. She evolved self-confidence through the insights generated in processing her artwork.

The case study illustrates the meaningfulness of the relational and syndromal diagnosis of submissiveness as the relational modality; identified by the assessment's inventory and confirmed with the analysis of the projective testing. The testing educated the patient and guided her to power management choices.

Research on the CAB testing has confirmed the value of the relational diagnoses and the effectiveness of the testing in eliciting insights and changes. Metaphors of dominant individuals illustrate their tendency to test normative boundaries by expressing feelings without inhibition. These individuals complete their metaphors concluding that they must listen to others and restrain their power. The submissive antagonistic individuals on the contrary discover that they subject themselves to authorities and act out their feelings secretly, manipulatively, and occasionally antisocially. Our patient discovered by herself that she was turning her guilt and anger inwardly as self-hate. Now, she understood her withdrawal, escapism, acting out, self-mutilation and hostile dismissal of help. She also understood her mother's dominant personality as the opposite modality, being angry but also scared, lacking inhibition in expressing her anger and experiencing fears, making demands and having great expectations from her daughter.

Origination of relational modalities

We need to clarify the origin of the relational modalities. Freud identified relationship issues, transference, as developmentally determined. Jung recognized relational personality types as extraversion versus introversion as innate. FT qualifies modalities as genetically determined and developmentally modified. The modalities have clear dimensions, which may be graphically portrayed as natural science configurations. The four relational modalities do not coincide with Jung's dichotomy of extraversion and introversion as submissive individuals may be extroverted and dominant introverted. They also are not determined by neurological factors. The FT position is in stark contrast to the Dominance Behavioral System (DBS) literature attributing dominance to pathology caused by biological, genetic and chemical rather than relational factors, (Meichenbaum, 1977).

The dominance behavioral system (DBS) can be conceptualized as a biologically-based system which guides dominance motivation, dominant and subordinate behavior, and responsivity to perceptions of power and subordination. A growing body of research suggests that problems with the DBS are evident across a broad range of psychopathologies. Extensive research suggests that externalizing disorders, mania-proneness, and narcissistic traits are related to heightened dominance motivation and behaviors. Mania and narcissistic traits also appear related to inflated self-perceptions of power. Anxiety and depression are related to subordination and submissiveness, as well as a desire to avoid subordination.

DBS considers emotions such as anger, shame and pride concretely as primary tendencies unrelated to each other and defined as the drives for food and reproduction. Though agreeing on the innateness of modalities the FT identifies diagnoses as syndromes based on pursuing relational alternatives. Submissive people are very easily intimidated and inhibited by norms, while dominant ones challenge them. The CAB inventory detects and measures these relational alternatives as distinct diagnoses, table 4.

Topic three: Comparing CAB to CBT as two manual-driven therapeutic modalities

The CAB differs from classical assessments. Unlike other tests it is a theory-based battery combining an inventory with a set of projective tests that measure the two different components of the unconscious: the relational modalities and their syndromal unfolding. The inventory

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identifies the modalities, wellness diagnoses, along the three interrelated relational dichotomies, *Reciprocity*, *Negation* and *Correlation*, which allow the exact measurement of the unconscious modalities; the projectives identify conflict resolution as the six-role syndromal process. The interpretation of the assessment is very simple, leaving little room for ambiguity on the nature of the unconscious.

The online delivered assessment educates the test taker, engages him/her to create a record and then organizes the information combining the scores of relational diagnoses, the cumulative record of insights and suggestions for changes. The manual delivery of the battery requires a therapist to assist the patient in organizing the set of projective tests identifying their psychodynamic connection into the syndromal conflict resolving pattern.

The CAB is not only a psychological assessment; it is a manual-driven therapeutic modality like CBT. Unlike CBT focusing on cognitive therapy the CAB is integrative of several therapeutic approaches. Each metaphor test starts with art, continues with narrative, whose analysis yields psychodynamic insights, self-knowledge and suggestions for behavior modification. In each test the creator is required to recognize a pattern but also accept responsibility for it; “how do you set things up to get yourself in trouble?” Three prompts invite the test taker to detect changes: first, at the level of the metaphorical characters, then in the test taker’s own pattern and finally in assuming willingness to perform the identified changes.

At the end of the Animal Metaphor Test of ‘the Wolf and the Bird with the broken wing’, completed prior to the intake the patient acknowledged that she needed to correct her “maladaptive thought pattern”, responding to prior CBT injunctions, yet refuted her ability to change it. She communicated that she “will always be inferior” and that her problems can never be resolved, that she was “beyond help”. In the subsequent Animal Metaphor Test after building up her insights, her attitude changed as reflected in her response to the same questions, the turtle and lion’ story; she articulated new changes: ‘the lion should stop bossing others around’ and the ‘turtle should stand up for her rights’.

It is these spontaneous emotional changes that gradually interrupted her self-destructive behaviors as recorded in the weekly episodes of cutting. The conclusion is that CBT’s approach (Meichenbaum, 1977), focusing on behaviors, was ineffective, and that by addressing the emotional process leading to the symptoms CAB was effective. The metaphors help releasing emotions, generating insights and eliciting the formulation of attitude changes; they guide the patient to an emotional evolution furthering their therapeutic objectives

The differences between the CAB and CBT therapeutic experiences are made evident by examining figure 6 and the text of her final essay. The CAB therapy led to her recovery arresting her self-scarring and suicidal thinking, the pernicious pattern that previously prevailed despite four years of CBT sessions.

Therapy defined as becoming conscious of the unconscious, the self-assessment leads the test taker to identify one’s unconscious by its two components: the relational modality, in the case study as submissive cooperative and antagonistic personality, and its syndromal unfolding

confirmed in a set of emotionally charged memorable creativity tests. Concluding the battery, beginning with an assessment, is a manual-driven integrative therapeutic modality. It combines cognitive information, psychodynamic insights and behavior modifying instructions. The assessment experience is emotional rather than purely cognitive and behavioral by clarifying the connection of emotions and behaviors, providing catharsis, while inviting the test taker to identify her/himself the need for modifications of her/his attitude. CAB is not an intellectual behavioral intervention like CBT but an emotional growth experience that is cognitive, educational and transformative. As such we may contrast the CAB's qualities to CBT as two manualized therapeutic approaches. CBT's focus is on controlling emotions and behaviors as symptoms rather than identifying their relational cause-effect connection like the CAB, providing the individual emotional relief while at the same time realization of the importance of attitudinal changes in reducing symptoms. They help the person to identify the changes in power and attitude. CAB's use of artwork taps the unconscious bypassing intellectual resistance and defensiveness; the analysis leading the person to recognize by her/himself the emotional behavioral continuum complementing new insights with deliberate initiatives.

The patient took pride in dealing with feelings rather than experiencing failure in modifying symptoms according to her CBT. CAB's active pursuit of self-awareness of the pattern eliciting symptoms reduces helplessness, passivity, and alienation, while CBT's injunctions increase a sense of passivity and cause resentment and resistance to implementing changes. Through CAB the patient is respected as a well person who realizes the syndromal interconnection of her emotions, assumes responsibility for the generation of symptoms and seeks to deliberately correct the circular response pattern. Pattern recognition entails making relational changes by modifying one's relational disposition. The self-aware person experiencing emotional relief modifies her behaviors automatically instead of deliberately controlling symptoms. CAB deals with symptoms by focusing on the emotional dialectic, addressing traumas and seeking working through the traumatic experience of feelings, here of self-hate generated by guilt. CBT seeks compliance with a cognitive routine, while CAB reinforces spontaneous creativity for self-discovery, leading to spontaneous thinking, generating self-confidence as the patient recognizes overlooked insights beginning discreetly in one's drawings.

Table 6. Comparing CBT to CAB as two manual-driven therapeutic modalities.

Topic four: Changes in the patient therapist relationship

The FT changes the role of the therapist and this is an important factor in determining the positive therapeutic outcome. The CAB reduces the pivotal power of the therapist shifting it back to the patient through the assessment; generating meaning and insights to evoke emotional growth. This has been demonstrated in the online delivery of the assessment being meaningful without any professional services. The online delivery is accompanied by an extensive report organizing the information along the parameters of the process. This fact organizing work must be provided by the therapist in the workbook delivery of the testing. Professional services are welcome enhancing CAB's meaningfulness.

The transference as the relationship between patient and therapist can be readily examined with any metaphor test by addressing the dyadic roles of the two characters in any story. The metaphors may be used to examine the patient's evolving relational perceptions of

authorities. In that sense we may regard the Short Story metaphors as reflecting her perceptions of therapists evolving from the first story illustrating the therapist as the threat of burning the troll to the second story accepting light from the therapist as the sun, while presenting her new identity as the moon.

The therapist role is to reinforce one's self-confidence in following up with the changes identified in the interpretation of the symbolism of the images. S/he praises the client's skills, talents and quest for insights identifying the positive signs in the artwork and in the attitude of the interpretation of metaphors. An important way in supporting the patient is in pointing that s/he has the traits of both figures in each metaphor. For instance, in the Short Story metaphor of *the Sun and the Troll* the therapist emphasizes the identity of the sun as that of the patient, who sees herself merely as the troll. This interpretation raises the awareness of her strengths. She is not only the victim, but she is also the stronger party in her metaphors. The sun figure emerged in the first book's Short Story Test and in the second mask test which I interpreted as her hidden strength reflecting her capacity to lead children in tapping their creativity.

The new role of the therapist:

1. This patient was creative and receptive to this type of therapy. The art, which she did in the privacy of her own space, evoked emotions that she was able to process, whereas she would have been hesitant to articulate in therapy sessions.
2. The CAB patient is active rather than passive and studies her own metaphors for insights on her unconscious as a conflict resolving pattern. The role of the therapist changes to that of an educator, explaining the four wellness diagnoses and their function in integrating emotions and behaviors in syndromes, accounting for one's anxieties and defenses experienced as interrelated. The therapist clarifies the relational diagnosis imparted by the inventory and how it is manifested in the projective testing. In this case study the therapist assists in clarifying the difference between medical diagnoses and relational problematic submissiveness as the origin of negative emotions caused by her profound guilt, self-hate feelings. Detecting this diagnosis upon her intake began the path to her healing by addressing becoming self-confident, expressive and assertive.
3. The patient-therapist relationship, transference, used as a diagnostic manifestation of the replay of a parental formative relational pathology is reinterpreted as secondary to the personality type, an innate wellness relational modality diagnosis. Its measurement is accomplished in 15 minutes by completing the brief personality inventory or in 30 minutes completing the 200 item RMES inventory. It is also identified in the metaphorical presentation of the several dyadic sets of figures such as the relationship between her animal metaphor choices and their evolution toward a positive end; thus leading her from feeling as a troll about to be burned to a moon lighting up the nights.
4. The self-assessment manual delivers multiple therapeutic modalities with its introductory essay through the tasks' soul-searching prompts and finally the processing of the information generated by the testing record. The manual acts as an art-therapist, a psychodynamic and cognitive behaviorist one. Prompts elicit art and narrative engaging the test taker to make their own interpretation generating insights and behavior modification plans. The therapist helps integrate the projective tests into reconstructing the syndromal modality along the six-role dialectic of the conflict resolution process. The therapist connects the initial formations of the first book with equivalent ones of the

second book reinforcing the patient's spontaneous emotional growth affecting her identity and social adjustment. S/he exposes the continuity of action between the Conflictual Memories as stressors, the beginning of the process and the Short Story Test as the compromise reflecting changes in the formal operations defining conflict and resolution as reflecting growth.

Conclusion: The case study confirms the effectiveness of the Formal Theory's concepts

This case study of a rapid recovery of a chronic therapy-resistant patient illustrates the effectiveness of FT's concepts and assessment technology. The unconscious is introduced as a measurable conflict resolution mechanism, and the case study identifies it as the patient's wellness relational modality diagnosis and as a syndrome of six role states, that helped the patient understand her emotional experiences and behaviors enabling her to resolve her inner conflicts. This case of effective application of formal constructs and analysis is not unique. Two volumes of case studies *Creativity and Power Management, A Concise Program Of Emotional Education* (A. Levis J. & Levis, 2016), examine the delivery of the assessment to clinically identified patients as psychotherapy and its delivery to the general public as psychoeducation. The assessment is effectively delivered as a workbook with supervision, or by completing the testing online as a psychoeducation without any professional services.

This study is of greater significance than improving therapy outcome; its value is in understanding behavior as a science founded on the unconscious as a natural science entity utilizing the CAB assessment for the validation of the conceptual hypothesis. The effectiveness of the new conceptual analysis illustrates its application and validates its diagnostic and therapeutic relevance. The conclusion is that the unconscious is a measurable, qualifiable scientific entity, that we recognize four syndromal relational modalities as diagnostic categories of wellness predicting pathology and that we have available an assessment technology that is user friendly, diagnostic and therapeutic. We conclude the study by clarifying the new concepts:

- This study is based on the FT defining the unconscious as an innate and measurable conflict resolution mechanism studying the creative process.
- The unconscious is defined as a conflict resolution phenomenon, the origin of moral thought, instead of being regarded as creating irrational conflict spurred by the Freudian drives.
- The scientific unconscious is the psychodynamic alternative to the currently practiced medicalized non-psychodynamic and agnostic psychology.
- The concept leads to identify four wellness syndromal relational modalities.
- FT's assumptions are validated by the assessment using creativity for self-discovery analyzing it as a scientific conflict resolution mechanism consisting of a syndrome of emotions leading to four alternative types of conflict resolution.
- CAB as a therapeutic self-assessment, represents a concise program of emotional wellness education that can improve and expedite therapy outcome but also be utilized as a psychoeducation deliverable to the public.

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- CAB is an educational, diagnostic and therapeutic self-assessment that generates actionable insights, that enhances professional services reducing reliance on medications in treating emotional disturbances.
- Power Management uses the CAB assessment as a manual-driven psychoeducation and psychotherapy. The CAB is diagnostic by identifying the relational modality of the person with the inventory and it is therapeutic by evoking emotional catharsis through the metaphor testing.
- The program surpasses the effectiveness of CBT in managing emotional disturbances.
- FT's concepts of the unconscious, wellness diagnoses and the CAB method change medicalized and agnostic psychology into the Science of Conflict Resolution, the Moral Science.

Table 7 sums up the differences between the FT as the Moral Science and non-theoretical psychology.

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Table 1: Conflict Analysis Battery, Book one: the metaphor profile upon the evaluation phase of therapy

Stress Losing her loving grandmother.	Response: Mask is a bag over her head.	Anxiety: A list of traumas and negative feelings followed by an empty heart.	Defense: Open mouth of a wolf despises helpless, worthless bird with broken wing.	Reversal: Dreaming of teaching again.	Compromise: Sun and troll afraid of light, burning with flames over his head.

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Table 2: Conflict Analysis Battery, Book two: The metaphor profile mid-course of therapy reflecting many changes in the equivalent tests

Stress Conflictual Memory of the car accident that killed her aunt for which she felt responsible.	Response: Balance between positive and negative feelings.	Anxiety: Heart is alive but divided by pain and healing.	Defense: Turtle gets out of the way of the cruel lion.	Reversal: Dream about ex-husband's death.	Compromise: Modification of characters: Sun and troll now as moon sharing control of universe, moon shining at night.

Table 3: Contrasting the psychoanalytic and formal theoretical unconscious

Criteria examined	Psychoanalysis	Formal Theory
The Creative Process as the object for the study of the unconscious	‘Repetition in all its literary manifestations may in fact work as a "binding," of textual energies that allows them to be mastered by putting them into serviceable form within the energetic economy of the narrative.’ (Brooks, 1977),	The creative process consists of six-role states. Stress is energy generated by a normative deviation in a magnetic field. This energy is processed with a system of six formally interrelated role states guided by three formal operations to a normative conciliation.
The unconscious is an energetic entity.	“Energy stems from drives whose aim is death. We are given an evolutionary image of the organism in which the tension created by external influences has forced living substance to diverge ever more widely from its original course of life and to make ever more complicated detours before reaching its aim of death" (Brooks, 1977)	Psychic Energy is defined as emotional tension characterizing the polarization between ideas in a normative or symbolic universe. Motivation /desire is the need to reduce tension by upgrading order through restoring one’s rest state, reaching emotional balance in the normative field defined in the context of one’s symbolic system. Motivation seeks adjustments.
Closure	Closure is implied by recognizing periodicity.	The closure is in the circumscribed structure of stories captured in every sample of creativity and in the binding of the metaphors of the CAB assessment as interrelated into the personal drama.
Formalization of constructs	The drives: libido and thanatos are not formally related. The id ego and super ego are not connected into an energetically conserved process.	The drives are equated to the formal operation of negation connecting cooperation and antagonism. The six-role process is about transformation of unstable psychic energy to stable social order.
Diagnostic Typology	Analysis’ transference as a relational diagnosis pertains to developmental experiences recreated in the therapeutic relationship.	Relational modalities are wellness diagnoses qualified as a spectrum of diagnosable conflict resolutions. They are measurable with CAB’s inventory and projective tests.

Table 4: Relational modalities as wellness personality types versus DSM 5's psychiatric illness diagnoses

<p>DSM 5 psychiatric illness diagnoses as clusters of symptoms DSM 5 illness categories identify clusters of symptoms. They do not identify psychodynamic explanation of patterns. They do not recognize personality types as wellness relational syndromal diagnoses.</p>	<p>Formal Theory's wellness personality typology as four syndromal relational modalities The Formal Theory identifies the unconscious as resolving conflicts along a syndromal psychodynamic sequence of six interrelated emotions transforming passivity to its reciprocal: activity, antagonism to its opposite: cooperation, and alienation to its correlative: mutual respect, leading to four relational modality diagnoses, a wellness personality typology accounting for illness with the third dichotomy correlation distinguishing alienation versus mutual respect.</p>
<p>Pathogenesis is attributed to chemical imbalances and to neurological impairments.</p>	<p>The relational diagnoses account for illness caused by intensification of psychic and social tension. Modalities are genetically determined and developmentally modified.</p>
<p>Pathologies differ according to clusters of symptoms; symptoms are not psychodynamically related to each other.</p>	<p>The four relational modalities may lead to psychopathologies as formally interrelated psychodynamic responses to stressors. Dominance evokes anxiety, paranoid fears, defensiveness, controls, reversals as social setbacks. Submissiveness leads to hostility and depression, escapist conducts in dealing with stressors.</p>
<p>Illness is accounted for in medical neurotransmitter terms. No graphic psychodynamic illustration of illness is possible.</p>	<p>Relational modalities can be modified and graphically presented in relational terms: The syndromal structure of emotions is presented as the sine curve of the six-role state process. The testing leads to reconstructing this psychodynamic sequence of emotions as a syndrome presented graphically as the place of the individual in the normative field of concentric circles qualified vectorially.</p>
<p>Therapeutic modalities differ along alternative interventions: Cognitive behavioral focuses on controlling emotions. Psychodynamic focuses on insights through analysis of transference. Behavior modification focuses on changes through a variety of exercises.</p>	<p>The key intervention is wellness education through the Conflict Analysis Battery as an emotional education and as an integrative therapy focusing on learning about psychology, identifying one's psycho-dynamic organization of emotions as a relational modality pattern, and through the processing of one's creativity experiencing emotional release, and identifying oneself actionable insights as managing one's power and attitude.</p>

Table 5: The Conflict Analysis Battery, A self-assessment that delivers an emotional education.

Current psychological instruments are non-theoretical. They are inventories compiled with arbitrary distinctions, and projective tests with art that is standardized like a set of inkblots and dark, dated pictures.	The Conflict Analysis Battery is theory based. It identifies the unconscious studying personal creativity as a scientific conflict resolution measurable phenomenon that identifies the personal drama as a six-emotions pattern, a syndrome, leading to four alternative types of conflict resolution, the relational modalities. The syndrome and the modalities represent wellness diagnostic categories.
Psychological assessments are either personality inventories like Myers Briggs or projectives like Rorschach and TAT	The CAB measures the two aspects of the unconscious. An inventory identifies the relational modality as a wellness personality type, and a set of projective metaphor creation tests, beginning with original art, lead to reconstructing the syndromal pattern.
Current tests identify traits as five unrelated factors of personality, held together with acronyms like OCEAN corresponding to five unrelated traits: Openness to Experience, Conscientiousness, Extraversion, Agreeableness, and Neuroticism. DiSC as Dominance, Influence, Steadiness, Conscientiousness; Myers Briggs has four dichotomies leading to 16 four letter personality types.	The CAB inventory identifies one's relational modality as choices between formally connected alternatives: states of passivity versus activity, cooperation versus antagonism and alienation versus mutual respect. The projective tests identify the six interrelated emotions and behaviors, a psychodynamic pattern, which explains the development of symptoms and provides actionable insights for specific relational changes to reduce them.
The current inventories and projectives are not therapeutic; they do not connect emotions and behaviors as actionable relational choices.	The combination of cognitive information, tests evoking emotions and observation of continuity in one's emotional experiences, clarify changes to reduce inner conflicts. The tests benefit the test taker as they have enormous therapeutic value.
Psychologist professional services are needed to deliver and to interpret projective tests. Results are technical. They are conveyed to the therapist and not to the patient.	The online delivered CAB yields a 7 segment report delivered directly to the test taker. The report has numbers for the inventory's modalities. It has six tables: reconstructing the personal pattern, summing up insights, and suggested changes, a self-report on the experience and finally a complete transcript of the assessment.

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<p>Traditional tests are not didactic, diagnostic of wellness and not therapeutic and educational. They identify illnesses. They provide distinctions as traits that are not actionable and insights that are alienating instead of being meaningful.</p>	<p>The CAB is a concise, personalized program of emotional education that is didactic, diagnostic and therapeutic yet without requiring professional services. It may be used both as a routine self-evaluation and in the context of training and therapy. It may be delivered in the classroom and the boardroom. The testing is an emotional learning experience preparing a person for life's challenges.</p>
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Table 6: Comparing CBT to Conflict Analysis Battery as two manual-driven therapeutic modalities

CBT's objective is cognitive, learning to control symptoms with behavior modification techniques and by utilizing medications.	The CAB represents a concise program of emotional education with three functions: it is didactic, introducing the theoretical concepts about the unconscious and the diagnostic categories in an introductory essay; it is diagnostic by identifying one's relational modality through the inventory; and it is therapeutic as the metaphors identify a relational pattern guiding the test taker to an emotional experience leading to actionable insights and to identifying changes to optimize one's conflict resolution.
CBT is an intellectual experience consisting of a manual of exercises monitoring the frequency of episodes of pathology, identifying eliciting triggers, and managing symptoms by using medications and self-disciplined exercises.	The CAB battery is theory based manual driven assessment consisting of a personality inventory identifying one's relational modality diagnosis and a set of projective tasks, metaphors, organizing dialectically one's experiences as a syndromal conflict resolving process leading to emotional growth. The CAB measures the modality and its formal unfolding unlike traditional inventories identifying unrelated traits and symptoms, while projectives are vague and hard to interpret.
Record keeping as journal of triggers and responses is an intellectual not an emotional activity.	The testee constructs metaphors beginning with art, interprets them following a structured questionnaire, and integrates them as the conflict resolution syndromal sequence to identify one's relational modality and how to modify it.
CBT's journal is a factual report useful in judging clinical progress. The journal record does not generate insights in one's syndromal conduct.	The online delivered assessment generates a valuable seven segment record on the nature of the conflict resolution process delivered directly to the test taker. The report is useful for the testee and observers, be that teachers, therapists, coaches and employers. The self-awareness reduces dependency needs. Repetition of the tests allows to monitor progress.
CBT's objective is management of symptoms	The battery is an emotional experience. The battery's objective is emotional growth: The experience is educational, emotional and therapeutic.
CBT values DSM 5 diagnostic categories as clusters of psychiatric symptoms reflecting specificity of pathologies in terms of types of symptoms and corrective initiatives.	Diagnostic categories are a wellness personality typology: four relational modalities each consisting of a syndromal emotional process. The modalities are interrelated across two dichotomies as subordinacy versus dominance, antagonism versus cooperation. The psychic tension corresponds to the level of psychopathology as feelings of alienation versus of mutual respect.
CBT addresses correcting symptoms by practicing skills of suppression of dysfunctional reactions	CAB uses the projective tasks to identify and modify patterns of the psychodynamic organization of emotions and behaviors. Emotions are integrated into an overarching conflict resolution order reflecting the unconscious need for normative compliance

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	and alternatively normative changes.
CBT is expensive requiring meds and professional supervision.	The CAB testing is cost effective. It has group delivery applications as it may be delivered in the classroom by educators and in therapeutic settings by trained therapists bypassing the need for costly professional services.

Table 7: The differences between the Formal Theory as the Moral Science and non-theoretical medicalized psychology

Criteria: the unconscious	The Formal Theory as the Moral Science, identifies the unconscious as a scientific conflict resolving process	Psychology as practiced is agnostic, and medicalized. The unconscious is viewed as non-rational generating conflicts
Object of analysis	The creative process, plot of stories, is an energetic conserved entity that transforms labile energy to stable following a six-role state syndrome of emotions leading to four relational modalities.	Psychology observes symptoms and traits; it explores the physiology of the brain and the chemistry of synapses
Epistemology as concepts used in the analysis of the object of study	Two phenomena of science 1. the SHM, three pendulum oscillations as six exchanges of a syndrome and 2. the four principles of the scale lead to four relational modalities.	Medical causation. The focus is in identifying chemical imbalance at synapses, manageable with meds
Graphic illustration	The process is graphically portrayable as consisting of the sine curve energy propelling tail with directional circles and vectors as the moral compass.	Chemical make-up of synapses
Diagnoses	A psychodynamic personality typology identifies four syndromal relational modalities representing wellness diagnoses accounting for illness.	DSM 5 diagnostic categories are Illnesses as clusters of symptoms.
Assessment	The Conflict Analysis Battery: completed and interpreted by the test taker combines an inventory with a set of metaphors reconstructing the six role process.	Tests are non-theoretical, inventories identify traits as unrelated distinctions. Projective tests feature standardized art tasks. They require professional delivery and interpretation.
Therapeutic interventions	Power Management is a concise program of wellness emotional education that can be delivered online and with a workbook. It integrates several therapeutic modalities.	There exist multiple therapies that use medications, interpersonal, psychodynamic, cognitive behavior, and humanistic approaches none of which is particularly effective.