



The Contribution of the Collaborative Use of the Rorschach Test in Togo

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Abstract: The case study presented in this paper demonstrates the utility of a collaborative discussion of the Rorschach Test. In a context marked by dependence on the psychologist and lack of elaboration, discussing Rorschach responses with clients has the potential of engaging them actively in therapy. The present case concerns a young man with delusional disorder. The Rorschach's collaborative discussion made it possible to build a stronger therapeutic alliance between the client and the psychologist. Indeed, this discussion helped the client to express homosexual fantasies, an otherwise unacceptable social taboo. It also helped him to talk profusely about his family and religion during the therapy. In the absence of normative data on the Rorschach Test in the Togolese population, this collaborative discussion relies on the clinician's intention to directly use the personal meaning of the Rorschach responses to advance psychotherapy.

Keywords: collaborative assessment, Rorschach Test, psychotherapy, Togo

In sub-Saharan Africa, a person who consults a traditional healer for answers to their ailment does not make any specific request. The first thing the traditional healer does is to identify the problem. It is the traditional healer's responsibility to describe symptoms of the ailment in detail and identify its cause. In the traditional healing system, the healer is the main actor in the patient's healing process. Through the use of symbols, the healer directs the patient and neutralizes the evil after having (sometimes) identified the aggressor. Trust in the traditional healer is established only when the healer is able to guess the patient's request and describe in detail the problem they are suffering from. The authority of the traditional healer would then be comparable to that of the psychologist in a traditional assessment context. The traditional healer provides answers to the patient's problems, instead of allowing the patient to develop their own answers as is done in collaborative assessment or in many forms of dialogic psychotherapy (Bertrando, 2007).

Although the traditional healer continues to play an important role in the healthcare system of sub-Saharan Africa, some patients turn to psychology when faced with the failure of traditional medicine. However, daily experience shows that although patients change their therapeutic trajectory by consulting contemporary psychologists, they adopt the same dependent attitude they had with traditional healers. Specifically, in the healthcare system of sub-Saharan Africa, patients

expect the psychologist to guess their concerns and provide treatment. Moreover, psychotherapy is challenging for a number of other reasons. First, in sub-Saharan Africa, it is common to encounter a resistance to talk about one's childhood and past. Second, culturally and socially, there is a rejection of expression of all negative emotions (sadness, anger, etc.) that must not be expressed in public or with an unknown person (Baubet & Moro, 2013).

These cultural and social processes also impact on the testing results (Boukili-nam, 2020; Lawson, 2014), which risk being overly guarded, defensive, and not very informative. In this context the collaborative discussion of clients' experiences at testing is even more necessary than in the English-speaking countries where psychological tests are used as transitional objects but also used simultaneously to gather reliable information on patients' difficulties (Fantini et al., 2022).

Indeed, the collaborative discussion of test results not only enables the establishment of a test-mediated relationship, but also favors the emergence of personalized meanings of test responses after the standardized administration.

The aim of this paper is to exemplify how the collaborative discussion of the Rorschach Test promoted the psychic elaboration of a patient and was an aid to psychotherapy.

The Use of Projective Tests in Togo

In Togo, the practice of Rorschach testing is very recent and was only introduced in 2014 by Hatta Ogma. Hatta Ogma is a doctor in clinical and projective psychology and was trained in the practice of the Rorschach Test at the Department of Psychology of the University of Tunis. Several authors have suggested the possibility of considering the Rorschach an ethics test (Baubet & Moro, 2013; Pheulpin & Azoulay, 2019), and international norms seem to indicate more analogies than differences among various countries (Meyer et al., 2007). However, particularly in countries where empirical research on the test is scarce, its interpretation requires particular caution, since the assessor may not be able to discriminate between the presence of cultural influences and psychopathological traits of the individual in the response process (Bossuoy et al., 2015). Another difficulty concerns the practice of interpreting the test scores of sub-Saharan natives adopting normative data from Western populations (Lawson, 2014; Moussi & Benkhelifa, 2004).

The practice of the Rorschach Test with the Togolese population often generates poor protocols averaging 10 responses (Lawson, 2014). This contrasts with the rich clinical data obtained during the inquiry phase. Given the lack of norms and the lack of validity studies, we use a less stringent approach to the Rorschach,

in which the clarification phase becomes an opportunity for a more in-depth dialogue with the patient (de Tychey, 1994; de Tychey & Lighezzolo, 1983; Rossel et al., 2001).

The Collaborative Use of the Rorschach Test

In the collaborative and therapeutic assessment (CTA) literature, the collaborative discussion of the responses and experiences during the Rorschach Test is conducted during the extended inquiry (EI). The EI is a semistructured collaborative discussion with clients on the experience and on the contents of the testing immediately after the testing is completed (Fantini et al., 2022). This discussion focuses not only on the personal significance of the content of each response, but also on the psychological and interpersonal processes that occurred during the test administration (Frackowiak et al., 2015).

The instruction proposed by Finn (as cited in Aschieri, 2010) is as follows:

Sometimes the answers people give in the Rorschach are metaphors or symbols of an aspect of themselves or experiences in their life . . . and sometimes it is helpful to read the answers as if there was a[n] “I am . . .” just before the answer. Would you agree to try it with me?” (p. 196).

What is suggested here is that some answers are metaphors of the patient’s difficulties. In order to discover the subjective meaning of the responses provided by the patient, the clinician proposes to explore collaboratively this meaning. This technique is used to develop not only the clinician’s empathy but also the patient’s perception of the link between their answers and their difficulties. Collaborative discussion is very useful in helping the patient to gain a different perspective on the problematic behaviors for which they are seeking help (Finn, 2007). Another important aspect is that the thoughts, emotions, and representations that are otherwise inhibited by cultural pressures can emerge. Since talking about oneself or reflecting about oneself is feared, the Rorschach cards offer to the patient the possibility to talk about their experience without realizing it. The Togolese context is marked by lack of elaboration and dependence on the psychologist. Discussing Rorschach responses with clients has the potential of engaging them actively in the assessment process, increasing the likelihood of obtaining more accurate information about their problems and needs.

The aim of this case study is to exemplify a typical case in clinical practice for clinical psychologists working in Togo. In the absence of normative data from the Rorschach Test on the Togolese population, this collaborative discussion relies solely on the clinician’s intention to directly use the personal meaning of the content of the responses given on the Rorschach Test to advance psychotherapy.

In the example that follows, I attempt to describe the circumstances of the encounter with the patient, his suffering, the use of collaborative discussion and, finally, how this approach appeared as an aid to the therapy.

The Case of Komi

The case presented here is of a 30-year-old man, Komi, of Watchi ethnicity, single without children. His name and biographical elements have been modified to guarantee anonymity. In addition, the patient has been informed of our intention to use his data for publication purposes and has given consent. His family of origin is very involved in a Christian-inspired sect. Komi grew up with both his parents and holds a Bachelor in Marketing. He abandoned searching for a to join the company of his father in order to replace him after his retirement.

I met Komi for the first time accompanied by his father. In the beginning of the first session, he was afraid to remain alone with me without his father. Very anxious, Komi kept saying:

When a negative idea comes into my mind, I'm scared. . . I don't know how to explain it. . . I am afraid of dying. . . When someone thinks evil, I'm dying. . . Jesus Christ was afraid but I conquered that fear. . . I died and came back to life. . . Jesus is not the son of God. . . I am the son of God. . . I play better than Messi, Cristiano Ronaldo, I coach better than Arsène Wenger. . . I don't like to think evil. . . Evil thought is devilish, it's witchcraft, evil thought is witchcraft. . .

Komi was living in an intimate world where he seemed to be plagued by bad ideas that troubled him, even though he wished to have only "good thoughts." Komi's first crisis occurred at the same time as his father's work accident, 6 months before we met. His father told me that during his convalescence, Komi visited a girl named Afi to declare his love for her. Afi's parents told him that their daughter was ill. Komi told them that he could cure Afi without medication. He also told them that he could burn down their house. In response, Afi's parents ordered him to leave their household.

Komi kept thinking that he was bewitched by Afi. He believed that the things he said in Afi's house were caused by the fact that he was bewitched. He also thought that she was the one responsible for his father's accident at work. Because she wanted to destroy him, she attacked his father. During this first crisis, he was taken to hospital, and after being discharged he immediately went to the church to pray.

The second episode started after Komi met another girl named Yawa. That day, he went to her house just as he had done with Afi to express his love. Yawa also rejected him. Once he arrived at work, he had the idea of returning to Yawa. That was how he started going back and forth between the girl's house and his workplace. He became aggressive when his colleagues tried to prevent him from going there. Because of this aggressiveness and his incoherent statements, his father decided to take him to hospital.

During the first interview with me, Komi's father said that he believed Komi was a good person and, just like him, was a person that never got angry. He added that Komi was very much loved as a child and during his growth to adolescence. The father stressed that he was never violent with Komi, and sobbing, he said he wished Komi behaved like him and remained a cheerful, polite, smiling and unresentful boy. Finally, Komi's father disclosed that he suspected that his son had not had any romantic relationship or sexual experience at that point.

Observations

Komi's crises seemed to occur in situations of frustration. The first episode occurred after his father's illness and his rejection by a girl for whom he had romantic feelings. The second episode that led to the hospitalization followed a second romantic disappointment.

The symptomatology was probably psychotic and revealed a delusion with mystical themes. For example, "I died and came back to life... Jesus is not the son of God . . . I am the son of God. Jesus Christ was afraid of death but I am not afraid of death." This is typically an archaic functioning (Bergeret et al., 2012). These delusional and mystical ideas where Komi called himself son of God and described himself being better than Messi and Ronaldo suggested a loss of contact with reality, a major symptom of psychosis. Putting all the clinical elements together, we could hypothesize a delusional disorder according to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (American Psychiatric Association, 2013). This disorder is a short-term psychotic disorder whose symptomatology does not necessarily meet the criteria of schizophrenia. Symptoms develop in response to several severe psychosocial stressors and refer to the French concept of *bouffées délirantes aiguës* ("acute delirious episodes"). In Komi's case, the identified psychosocial stressors were disappointments in love and his father's illness. Komi had sequential experiences of frustration and humiliation.

At the first session with Komi, he expressed a wish that the intervention would allow him to have "good thoughts," like the ones he had before the hospitalization. His wish to have only good thoughts was in stark contrast with the clinical evidence, highlighting a significant suffering and a pressing need for comfort.

During the second session, the discourse focused on the symptoms despite the psychologist's efforts to focus on other aspects of his life. Regarding his family relationships, Komi just said that everything was fine in his family. The circumstances of his birth and that of his younger brother were not noteworthy. The major events in his life were limited to his graduation from high school.

As the discourse with Komi was poor, I administered the Rorschach Test to him as a transitional object to facilitate communication. I therefore presented the Rorschach Test as a tool to better understand the psychological functioning, as a physician requesting a medical check-up for diagnosis, but also as a technique that hopefully might have allowed Komi to provide more personal information about himself.

The Formal Analysis of Komi's Rorschach Test

Komi's protocol (see Appendix A) showed massive defensive processes indicating difficulties in his contact with the world (PI-1). The majority of the kinesthetic scenarios reflect reaction formation against anger (PI-1, PII-3, PVII-1). Concerning the thought processes, he showed evidence of mental elaboration mechanisms (4K) and socialization of thought (3 Ban). He indeed possessed the capacity to adapt to external reality. At the level of object relations, these responses are generally about matching "doubles" (PI-1, PI-3, PII-3, PIII-1, PVI-2, PVII-1, PVIII-1, PX-2), suggesting that his need to form a relationship is related to the search for support and the need to establish a mirroring, idealized relationship to compensate for a probable narcissistic fault.

When asked about his experience during the Rorschach Test, he said he felt "challenged" by Card III: "Here, two male characters [are] facing each other"; "Statuettes used for witchcraft." The subsequent extended inquiry during the collaborative discussion of the test focused on these two responses.

Extended Inquiry of the Rorschach

The collaborative discussion took place during a session after the test was administered. To start, I first invited Komi to talk about his Rorschach experience. According to him, this test was strange because he spotted "naked men" and that some of the cards reminded him of drawings of the human body he used to make when he was in high school.

I reminded him of the instruction for the discussion, following Fantini and colleagues (2022). Holding the cards in front of him, I started to read aloud some of the answers asking him if he thought any of them were possibly related to his own experiences. He shook his head in denial until I read the first answer that he gave

to Card III: “It’s like two men looking at each other, it’s like they want to do something together.” Pushing back the card with his left hand, he said:

I say that they are men because they are male (indicating with his left hand the lower protruding parts of the lower lateral black parts Dd5, right and left). This board made me think of evil . . . When I say I don’t want to think of evil, it’s because of things like that. How can a man have sex with a man? It’s not good at all . . .

After a break, he added: “It looks like the face of a sorcerer, a dangerous sorcerer. I have spent my life fighting against these sorcerers. When you do good things, you attract sorcerers against you... This face represents Satan to me.” Such associations suggest a repressed homosexual fantasy. Indeed, having sex with a man is culturally perceived as a moral transgression like witchcraft. Komi, claiming to have spent his whole life fighting sorcerers, indirectly suggested he would also fight against homosexual representations. This exchange followed:

Psychologist: If these men could talk, what would they say?

Komi: Maybe they would say that they can’t understand what is happening to them. How can men get erect looking at each other. It’s strange to me.

Psychologist: Does this have anything to do with the problems that bring you here?

Komi: [Very long silence, approximately 1 min, and a sigh]

Psychologist: It must be very difficult for you to talk about it.

Komi: I think they have the same problem as me. I don’t want to think about these things. This idea comes to me that I am hurting people, hurting them.

This first collaborative exchange allowed me to better understand the nature of the evil thoughts. Komi lived in a family that advocated peace, chastity, and gentleness, and he used all his psychic energy to control his homosexual fantasy.

The following discussion allowed a stronger therapeutic alliance to be built between Komi and the psychologist. He started to talk profusely about his family and religion. He explained how he learned to consider sexuality repulsive and sinful, and how he arrived to consider homosexuality to be satanic. I pointed out that anything that could be perceived as “bad” by him was systematically fought in his mind, and this was causing psychological suffering.

The collaborative discussion around his answers to the Rorschach Test offered the possibility of broaching a topic that was previously impossible to address. In order to get him to work on his dilemma around sexuality, and the expression of sexual fantasies, I invited him to think about how he managed his sexual desires, given that chastity was very much encouraged in his family and by his religion.

In the fifth session, Komi said that he no longer had evil thoughts possessing him and had realized that the more he sought to be in contact with girls, the more anxious he became. He said he had no girlfriend and was afraid of being alone with a girl. In their church, men and women were not allowed to mix. He said he did not understand his failure with women considering that his father and grandfather dated women and got married. He had never had a friendly or sexual relationship with any woman despite his desire to care for a woman like his father had done. When I asked him if he knew how his father had married his mother, he confessed that he could discuss all matters with his father except matters relating to women. He said he only knew that any girl he fell in love with must belong to his own pastoral community. From this discussion, it became clear that for Komi, being rejected by a woman was a challenge to his masculinity, and this challenge questioned his own gender identity and sexual orientation. If he could not seduce women, then he was not a man: As this made him a woman, he could only seduce men. I explained to Komi that given his beliefs around gender and sexuality, if he tried to have sex with girls and failed, it was normal for him to wonder if he was a man. During this session, Komi paid a lot of attention and showed particular interest in what we were discussing. Komi took the opportunity to talk about sexuality and homosexuality, which were cultural taboos, and he began to reflect on his relationship with females since his youth.

In the sixth session, Komi talked about his childhood, during which he often enjoyed wearing his older cousin's shoes because by doing so he could identify with her strength and beauty. He liked his cousin very much and would have liked her to be interested in him, but she made fun of him and pushed him away most of the time when he wanted to play with her. Moreover, his mother forbade him from playing with her, saying that he should instead concentrate on his homework. His father was always busy with work, and so he felt "stuck" between his mother and this cousin and looked forward to his father's return home, the only time he felt truly happy. At the end of this session, we understood that his first failures in feeling important for women went back to his early childhood relationships with his mother and his cousin.

During the following sessions, I gradually understood the meaning of the delusional symptoms and their function in Komi's psychic economy. The psychotic nature of these disabling ideas was a defensive bulwark against psychic collapse. In this particular case, the delusional nature of these ideas were an attempt to reassure Komi about a masculine identity rigidly undermined by religious and cultural frameworks. Faced with his experiences of rejection and frustration with women, Komi would therefore have recourse to virile male figures in his delusion (Messi, Ronaldo, Wenger, etc.) to help him compensate for his imperiled masculinity.

In the 10th session, Komi spoke about his intention to leave the religious congregation and move out of the family home, judging that he was mature enough to live on his own. However, he wanted to share this decision with his family as part of his psychotherapy. I therefore arranged a family therapy session. At this session, the father initially refused to accept Komi's decision to leave the family home. When he found out that Komi would be living close to their house, he finally agreed to the separation.

At the last session, Komi announced that he had found a place to live closer to his work than to his family home. He no longer went to church frequently. Delusional thoughts had disappeared.

Analysis of Transference and Counter-Transference

The African culture in which I grew up and built my norms and standard strictly prohibits homosexuality. It appeared to me that it was by discussing this clinical case with a third party from a Western culture where homosexuality is accepted that the work on my counter-transference was partly realized. When my interlocutor asked me if using the word "homosexuality" bothered me, I remembered Freud. Indeed, Freud spoke to a North American mother, worried about her son, with these words: "I understand from your letter that your son is homosexual. I was struck by the fact that you yourself don't mention this term in the information you give me about it. May I ask why you are avoiding it?" This discussion allowed me to remove doubt on the relevance of Komi's homosexuality, a problem that I had nevertheless understood well at the beginning.

The power of cultural repression and of homosexual taboo, echoing the case of Komi, was a constant reflection for me during our meetings. In our clinical relationship, where Komi managed a lifting of the repression, his speech automatically reactivated mine, through the cultural prohibition of homosexuality. Thus, by projective identification, I had to deal with the contingencies of this cultural repression "in its perspective" so that Komi could benefit from the effects of this work. I am still making efforts to accept this original bisexuality of the psychic apparatus (Freud, 1905) that clashes conceptually with the sociofamilial organization of the Togolese culture based on heteronormative sexuality and the reproduction of lineages.

Conclusion

This case highlights the difficulty of psychological care when the psychological development of the client is poor and psychotherapy is not a widespread intervention. The Rorschach Test, through its ability to offer a transitional space or a form of play, allowed for the expression of fantasies and elements of homosexual daydreaming. The answers to the Rorschach Test, beyond shedding light

on the client's problem, appear as metaphors that can be used by the clinician to further the therapy.

Thus, this collaborative discussion around the answers to the Rorschach Test requires a high degree of clinical experience, as the direct effects on the patient can be therapeutic or disorganizing. When this condition is met, collaborative discussion can contribute to the psychic development of the innominate psychic suffering.

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Conflict of Interest


The author has no conflict of interest to declare.

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The name and biographical information of the patient have been changed to guarantee anonymity. In addition, the patient has given consent to the use of this case for publication.

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Appendix A

Table A1. Komi's Rorschach protocol

Card	No.	Response Phase	Inquiry	Coding
I		15"		
	1.	An evil face, it's not good to do harm	The whole image	G Fclob Hd
	2.	Two characters at the centre	At the center	D F+ H
II	3.	Can I correct my answers? It looks like two women in dresses on the right and left	The side parts	D F+ H
		10"		
	4.	The coat of arms of a country. We can see the animals fighting each other to show the power of the country	The whole image	G F+/- Symb → kan
III	5.	The coccyx, it is studied in medicine		G F- Anat
	6.	But it looks like two characters in a sitting position facing each other, pressing their hands together		G K H
		25"		
IV	7.	Here, two male characters facing each other	Right and left	G K H
	8.	Statuettes used for witchcraft		G ClobF Obj
V	9.	It's black and I don't like black, It's a monster	The whole image	G F+ (A)Ban
	10.	The animal skin, the charlatans use it to sit for their nasty work		G FE A → Clob
VI		8"		
	11.	This drawing seems to me to be a bat	The whole image	G F+ A Ban
VII	12.	It's an evil bird. It's very clear here that it's an evil bird		G ClobF A
		16"		
VIII	13.	The drawings are similar. The animal skin	Upper part	D FE A
	14.	I see two characters leaning against each other.	The whole image	G K H
IX		20"		
	15.	Two women wearing scarves facing each other. It looks like they are on something like a dugout	The side parts	Dd K H
	16.	A necklace for slaves		G F+ Obj

(Continued on next page)

Table A1. (Continued)

Card	No.	Response Phase	Inquiry	Coding
VIII		12"		
	17.	Here, it's two animals that look like chameleons climbing a tree	The side parts	D Kan ABan
	18.	A work of art by a great painter	The colors	G FC Art
IX		24"		
	19.	It looks like a female organ.	The whole image	G FC Sex
	20.	She looks like a woman wearing a large boubou (dress) with lots of colour. She has very long hair.	The colors	D/G FC A
X		20"		
	21.	Perhaps a rather complex work of art. That's what I was saying about it being repetitive.	The whole image	G FC Art
	22.	I see several kinds of marine animals. They are two by two. The blue one is two kinds of crabs with claws, the yellow one is turtles, the green ones are two caterpillars at the bottom.		D/G CF A

Favorite cards

Card VIII: Because it is a masterpiece by a great artist. It's nice to see

Card X: complex work of art.

Less liked cards

Card IV: It is a monster and it reminds me of works of darkness.

Card III: Because of the statuettes used to make witchcraft

Summary

The aim of this case study is to demonstrate the utility of a collaborative discussion of the Rorschach Test in Togo. The psychological assessment literature has suggested the possibility to consider the Rorschach as an ethics test. In a context marked by dependence on the psychologist and lack of elaboration, discussing Rorschach responses with clients has the potential of engaging them actively in therapy. The case presented in this paper concerns a young man with delusional disorder. The Rorschach Test was administered according to the standardized guidelines. The psychologist read aloud some of the answers to the cards and asked the patient if he thought any of them could be related to his own experiences. The Rorschach's collaborative discussion allowed a stronger therapeutic alliance to be built between client and the psychologist. Indeed, this discussion helped the client to express homosexual fantasies, an otherwise unacceptable social taboo. It also helped him to talk profusely about his family and religion during the therapy. Thus, this collaborative discussion around the answers to the Rorschach Test requires a high degree of clinical experience, as the direct effects on the patient can be therapeutic or disorganizing. In the absence of normative data from the Rorschach Test on the Togolese population, this collaborative discussion relies solely on the clinician's intention to directly use the personal meaning of the content of the responses given on the Rorschach Test to advance psychotherapy.

Résumé

L'objectif de cette étude de cas unique est de montrer l'utilité de la discussion collaborative au test de Rorschach au Togo. La littérature sur l'évaluation psychologique suggère la possibilité de considérer le Rorschach comme un test éthique. Dans un contexte marqué par la dépendance au psychologue et le manque d'élaboration, la discussion des réponses au Rorschach avec les clients offre l'opportunité de les engager activement dans la thérapie. Le cas présenté dans cet article concerne un jeune homme souffrant de trouble délirant. Le test de Rorschach a été administré selon la méthode classique. Tenant les planches dans ses mains, le psychologue a eu à lire à haute voix certaines réponses tout en demandant au patient s'il pensait que ces réponses étaient liées à ses propres expériences. La discussion collaborative du Rorschach a permis de construire une alliance thérapeutique plus forte entre le client et le psychologue. En effet, pendant la thérapie, cette discussion a aidé le client à exprimer des fantasmes homosexuels, un tabou social inacceptable au Togo. Elle a également aidé le patient à s'exprimer abondamment sur sa famille et sa religion. Ainsi, cette discussion collaborative autour des réponses au test de Rorschach nécessite un haut degré d'expérience clinique, car les effets directs sur le patient peuvent être thérapeutiques ou désorganisateur. En l'absence de données normatives du test de Rorschach sur la population togolaise, cette discussion collaborative repose uniquement sur l'intention du clinicien d'utiliser directement la signification personnelle du contenu des réponses données au test de Rorschach pour faire avancer la psychothérapie.

Resumen

El objetivo de este estudio de caso único era demostrar la utilidad de un debate colaborativo sobre el test de Rorschach en Togo. La literatura sobre evaluación psicológica ha sugerido la posibilidad de considerar el Rorschach como un test ético. En un contexto marcado por la dependencia del psicólogo y la falta de elaboración, discutir las respuestas del Rorschach con los clientes tiene el

potencial de implicarlos activamente en la terapia. El caso presentado en este artículo se refiere a un joven que padece un trastorno delirante. El test de Rorschach se administró de acuerdo con las directrices estandarizadas. Sosteniendo las tarjetas delante de él, el psicólogo leyó en voz alta algunas de las respuestas y preguntó al paciente si creía que alguna de ellas podía estar relacionada con sus propias experiencias. La discusión colaborativa del Rorschach permitió construir una alianza terapéutica más sólida entre el cliente y el psicólogo. De hecho, esta discusión ayudó al cliente a expresar fantasías homosexuales, un tabú social de otro modo inaceptable. También le ayudó a hablar profusamente sobre su familia y su religión durante la terapia. Así pues, esta discusión colaborativa en torno a las respuestas del test de Rorschach requiere un alto grado de experiencia clínica, ya que los efectos directos sobre el paciente pueden ser terapéuticos o desorganizadores. A falta de datos normativos del test de Rorschach en la población togolesa, esta discusión colaborativa se basa únicamente en la intención del clínico de utilizar directamente el significado personal del contenido de las respuestas dadas en el test de Rorschach para avanzar en la psicoterapia.

要約

本事例研究の目的は、トーゴにおけるロールシャッハ・テストに関する協働的な話し合いの有用性を実証することである。心理アセスメントに関する文献では、ロールシャッハを倫理テストとして検討する可能性が示唆されている。心理士への依存と詳細な説明の欠如が顕著な状況において、ロールシャッハの反応をクライアントと話し合うことは、クライアントをセラピーに積極的に巻き込む可能性がある。この論文で紹介するケースは、妄想性障害の青年に関するものである。ロールシャッハ・テストは標準化されたガイドラインに従って実施された。心理士はカードの答えのいくつかを声に出して読み、その中に自分の体験と関連するものがあるかどうかをクライアントに尋ねた。ロールシャッハの協働的な話し合いにより、クライアントと心理士の間により強い治療同盟が構築された。実際、この話し合いはクライアントがそうでなければ社会的には受け入れがたいタブーである同性愛の幻想を表現することに役立った。また、セラピーの中で、彼が家族や宗教について話すことを大いに助けた。このように、ロールシャッハ・テストの反応をめぐる協働的な話し合いは、患者への直接的な影響が治療的であったり、無秩序であったりするため、高度な臨床経験を必要とする。トーゴの人々に関するロールシャッハ・テストの規範的データがない場合、この協働的な話し合いはロールシャッハ・テストで与えられた回答内容の個人的意味を直接利用して心理療法を進めようとする臨床家の意図にのみ依拠している。