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The Rorschach As a Window Into Past Traumas During Therapeutic Assessment

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Abstract: In this article, the authors discuss how the Rorschach can be useful in certain Therapeutic Assessments (TAs) by creating an opening for clients to report and discuss past traumatic events that have not previously been resolved. Two case examples are presented. In the first, a 31-year-old woman sought psychological help to understand why she was so afraid all the time, why she did not know what was best for her, and why she was so influenced by others' opinions. The client saw many disturbing percepts in the Rorschach and was very unsettled afterward. During an extended inquiry she revealed an extensive history of physical and sexual abuse that she had put out of her mind and never told anyone about previously. Talking about her trauma with the assessor helped her understand why she was struggling. In the second case, a 35-year-old woman experienced a flashback when presented with Card X to finding her father after his suicide when she was 8 years old. The client had not previously recalled the details of this event, which were verified by family members. Retrieving this memory helped the client understand her family better and resolve problems she had in her adult romantic relationships. We believe there are essential elements that permit such therapeutic events to occur: (1) the power of the Rorschach to access split-off affects and memories, (2) the secure relationship created in TA that allows for traumatic material to emerge safely, (3) the technique of scaffolding in TA that helps locate clients' *growing edge*, and (4) how client-assessor collaboration creates an intersubjective field in which nonlinear healing events may occur.

Keywords: Rorschach, Therapeutic Assessment, trauma

Therapeutic Assessment (TA; Finn, 2007; Finn & Tonsager, 1997) uses psychological tests as part of a collaborative interpersonal intervention to provide individuals with a more accurate, coherent, compassionate, and useful understanding of their problems in living. This new narrative helps clients overcome shame and move forward in their healing. Many controlled research studies now document the therapeutic efficacy of TA with a wide variety of clients (see Kamphuis & Finn, 2019, for a review). The goal of this paper is to demonstrate how the Rorschach can be useful in TA with clients who have unresolved traumas. We will first present two case examples, then discuss important healing elements that are evident in our work with these and other clients.

Case 1: “These Inkblots Pull Up Things I Wanted to Forget!”

Dr. Villemor-Amaral saw Tina, age 31, at a university outpatient clinic. She was a gaunt woman who looked much younger than her age. Tina was married and had two daughters, ages 6 and 4. She was studying for her college degree in the Department of Health Studies. Tina was born in a city in the northeast of Brazil in a very poor area, but her family had migrated numerous times to the southeast of Brazil searching for a better life. When asked, even though she tried hard, Tina was unable to recall how many times she had made this journey, how old she had been, and any details of the moves.

Tina contacted the student counseling service because she had been experiencing uncontrolled emotions for over a year that made her fear she was going crazy. She believed the symptoms started because her university courses were getting harder and she was stressed by being very involved in her church and trying to manage things at home with her husband and two small children. Although Tina felt that she could not handle everything she was doing, she said she could not set limits because she felt extremely dedicated to all her obligations. For example, she was extremely devoted to cleaning the church and spent hours each week on this task. She said she could not do less despite her family urging her to do so and only stopped her extreme level of cleaning when the church closed. Only then did she realize that her dedication to the cleaning made no sense. Tina explained that it was others who always had to set her limits, because she could not do that for herself.

Tina expressed feeling very bad because she did not feel like an independent adult woman and saw herself as too dependent on others and without opinions of her own. For instance, she said she let her sister control the way she raised her children because she herself did not know what was best for them. Also, she was in constant fear that she would totally lose control. She reported that she almost “lost her mind” when, for the first time, her husband went on a small trip with colleagues for work, although she and he had talked about the trip beforehand and she had agreed to it. Tina was afraid of going crazy and told Dr. Villemor-Amaral that she had already heard voices; for example, when she had her first daughter, she heard a very strong voice telling her to get rid of the baby. Fortunately, she “resisted the impulse and controlled herself.” She said that many times she had wanted to die, but had never tried to kill herself, because it was against her religion.

For the TA, Tina formulated the following assessment questions:

- What is my personality profile?
- What are my limits?
- Why am I so dependent on the opinions of others, and why can't I be a mature, decisive woman who knows what she wants?

In the tests Dr. Villemor-Amaral conducted with Tina early in the assessment, the results showed emotional frailty, very disorganized functioning, and strong difficulties in dealing with her emotions. The Rorschach (administered by R-PAS) was particularly illuminating, with a very elevated FQ- (SS = 124) and especially WD- (SS = 134). Tina saw only four Popular responses (SS = 88). There were five M responses (SS = 109), including one M- and just one color response - a CF (Weighted Sum C SS = 83). The 8910% was low (SS = 84), showing that Tina tended to avoid emotionally arousing situations.

Following the standardized administration, Dr. Villemor-Amaral proceeded to the Extended Inquiry step of TA, asking Tina about her experience of the Rorschach and her thoughts about her responses. The following dialogue occurred:

Dr. A-V: It's over. How did you find it?

Tina: Can I be honest?

Dr. A-V: Yes.

Tina: [smiling timidly] Well, it was irritating!

Tina went on to explain that she saw many dark and ugly things she did not want to see, and that they reminded her of events from her childhood that she did not want to think about. Dr. Villemor-Amaral asked if Tina had seen other things than those she had mentioned, and Tina said there were many, and that everything looked like skulls. Tina looked very uncomfortable. After a short pause, Dr. Villemor-Amaral gently inquired further.

Dr. V-A: You said there are things from the past you don't want to remember?

Tina: Yeah!

Dr. A-V: Are they facts? Things that happened?

Tina: Yes, they are facts...that I wanted to forget and I just forgot...from my childhood and from later as well. I ended up forgetting. But these things there [pointing at the inkblots] seem to pull up something.

Dr. A-V: Yes, some people feel that way – that they pull up something...
Tina: It's true!

At that point Tina was obviously perplexed and was almost crying. Dr. Villemor-Amaral sympathized, saying that those events must have been really bad, and asked if Tina could or wanted to tell more. Again, Tina said she did not want to remember, that she had already forgotten about these things, but then, without skipping a beat, she started talking about how she was sexually abused by her grandfather throughout her childhood, and also later by an uncle and a cousin. Tina had never told anyone, but suspected that her mother, aunt, and sister had also been sexually abused, although no one had ever talked about it. Tina's account of her abuse went on for quite a while, with many details emerging. Dr. Villemor-Amaral tried to offer emotional support.

Dr. A-V: I can see how hard it is to remember and talk about these things.
Tina: [insistently] Yes. I prefer to forget. It's water under the bridge... and I have forgiven everyone because you must forgive and forget so that this doesn't cause any more harm. So I have put this out of my mind.
Dr. A-V: Yes, you put it out of your head, but now, together, these memories have come back, and I understand how hard and scary it must have been at the time, especially thinking you could not tell anyone, not even ask your mother for help, who had probably been through the same and who also had to forget about the events.

At that point Tina began to cry heavily and recounted other episodes in her childhood when she went through bad and scary situations but could not protect herself. For example, when she was 4 years old, she stepped on an anthill and, even though there were many ants biting her legs, she was paralyzed and could not run or scream. Dr. Villemor-Amaral reflected that Tina was paralyzed by the terror, and that this was how she must have felt with her grandfather's actions. Then Tina disclosed even more about her abuse and gave more details about the terrifying and humiliating situations she had been through.

After a while, Tina seemed much calmer and lighter. She told Dr. Villemor-Amaral that she had never talked about these events to anyone else, not even the other therapist she had seen for a short while. When Dr. Villemor-Amaral asked how it was for Tina to speak about these events, she smiled and said she was relieved. When she was leaving the room, she suddenly turned back and hugged the assessor.

Following this session, Tina began to make substantial changes in her life – to set limits on her need to be helpful to others and on her sister's interference in her children's education.

Case 2: A Rorschach-Induced Flashback

Sally was a 35-year-old woman seen by Dr. Finn for an outpatient TA over 20 years ago. Sally was referred by Margaret, a close colleague who frequently sent difficult therapy clients for TA. Sally and Margaret had been working together for about 18 months at the time of the referral, focusing mainly on Sally's tendency (in her own words) to "hook up with psychopaths" as romantic partners. Sally had a long pattern of getting into relationships with highly narcissistic men, becoming entranced with them soon after knowing them, and then failing to heed signs that they were not the "Prince Charming" she thought them to be. Sally had begun psychotherapy with Margaret after a particularly disastrous relationship, in which she had given an idealized fiancé \$50,000 for a "new business venture," after which he had promptly disappeared.

Sally and Margaret both felt they had made progress in therapy before the assessment, and one insight they had gained concerned Sally's father. Sally had been very close to her father up until his death by suicide when she was 8 years old. She and Margaret came to believe that Sally understandably still idealized her father since she had never known him as an older child or adult who might see his faults. His abrupt death led to an incomplete grief process, summarized by Sally as, "I'm still looking for that perfect father who went away when I was 8, and I keep trying to force the men I meet into that mold, even when they don't fit it." Although she could now define the problem, Sally still felt at risk of repeating her relationship pattern, and her main question for the TA was, "What do I need to do or feel to be able to choose a man who really cares for me?"

The early parts of the TA went well, and Dr. Finn found it easy to work with Sally and Margaret. He gave Sally the MMPI-2, and the most remarkable part of her profile was an elevation on Scale 3 (Hysteria) and a low score on Scale 6 (Paranoia). Dr. Finn discussed the profile with Sally before collecting other data, introducing the TA concept of the *broken trust meter* that results when a person has to "trust people early on who were not trustworthy." Sally immediately talked about her mother, who was a volatile, chaotic woman who had periods of severe depression alternating with violent rages that were often directed at Sally's father. Sally and her older sister had witnessed some terrible scenes, and Sally and Dr. Finn speculated that she had been emotionally traumatized by these events. They wondered if her poor judgment in romantic relationships might be connected to these attachment traumas.

The most significant event in the assessment occurred when Sally and Dr. Finn were doing the Rorschach. Sally fairly easily engaged with the test and easily gave responses as the test went along. Dr. Finn had noted some traumatic contents on

Cards II, III, VIII, and IX, perhaps elicited by the color, for example, “Two people fighting (Card II) and a bleeding heart at the bottom showing the pain being created,” or “An explosion (Card IX) with destruction all around it.” [In fact, the Trauma Content Index (Armstrong & Lowenstein, 1990) calculated later on Sally’s protocol was .61, at the level of female inpatients with severe dissociative disorders (Kamphuis et al., 2000).]

When Dr. Finn handed Sally Card X, she looked at it, gave a loud grunt, and fell back violently in her seat. Dr. Finn could not figure out what was happening and turned to look at Sally. Her eyes were large, her face was white, and after a moment she said in a very small voice, “The blood splattered on the wall when I found my father.” Dr. Finn was so shocked and unprepared for this that he asked, “What did you say?” and Sally repeated, “The brains and blood on the wall after my father shot himself. I found him.” At that point, Sally looked like a deer in headlights and was clearly in a dissociated, frozen state. Dr. Finn took the card out of her hands and moved his chair across from her. She was blank. Dr. Finn talked to Sally gently and asked her to focus on his voice and on various features of the room. She began to come back to herself, seemed to remember what had just happened, and then dissociated again; Dr. Finn worked with Sally slowly to get her grounded, and eventually she began to cry. Dr. Finn himself was full of emotions, among which were horror at what he had heard, and awe and curiosity about what he had just witnessed with the Rorschach. To summarize briefly, that day the Rorschach administration was suspended and Dr. Finn got Sally back enough to herself to leave (luckily she lived very close) and, with her permission, he immediately called Margaret, the referring therapist, and told her what had happened.

As you might imagine, this Rorschach event was discussed many times in the ensuing assessment and psychotherapy, and this is what Dr. Finn learned: Sally had indeed been the one to find her father after he had killed himself, and while she later claimed that she never actually “forgot” this fact, she said she had not thought about it for years. Clearly, she had never mentioned finding her father’s body during her psychotherapy or in the early sessions of the psychological assessment. Margaret, the therapist, later ended up meeting with Sally and her sister (7 years older) to discuss the events, and this is what the sister relayed. As already mentioned, their mother was a highly unstable woman. Sally’s father, an architect, worked most days in a small office separated from the house, and routinely Sally would go there after school, have tea with her father, and they would go up to the main house together for dinner. The family had pieced together from small comments and other facts that Sally’s father had been concerned about his wife being the one to discover his suicide, so he had shot himself shortly before his 8-year-old daughter was due to arrive home from school, intending for Sally to find him when she came to have tea with him. The sister said Sally had run to a neighbor’s house

for help, and that things had been so chaotic for weeks afterward that it was only much later that the family had put together how the father had arranged things. The sister also said that Sally never talked about this aspect of her father's death, and therefore the family was not even sure what she had seen or remembered (and interestingly, no one ever asked).

Following the Rorschach "breakthrough" (Sally's word) and the ensuing discussions with Dr. Finn, Margaret, and her sister, Sally began to think of her father in a different way. She still loved him and grieved for his death, but she also realized he had not really held her best interests in mind in important ways, both in the manner in which he ended his life, but also before that. Sally was able to feel anger at her father for not protecting her and her sister from their mother, and for how he frequently withdrew, leaving them to deal with her volatility on their own. And Margaret told Dr. Finn about one very important therapy session 3 months after the assessment, in which Sally had been able to scream at her father (in an empty chair): "You coward! You took the easy way out, and left us to deal with that crazy sick woman. I hate you for that."

About 1 year after the assessment, Dr. Finn received an email from Sally thanking him again for the TA and telling him that she had just got engaged to a wonderful man. When Dr. Finn saw Margaret soon after, she told him that Sally had chosen really well this time, and was marrying a generous, kind man, who was also strong and who adored Sally.

Discussion

The Power of the Rorschach With Traumatized Clients

Clearly, the experiences we describe in this paper are quite noteworthy and may not be typical of most clinicians' experiences using the Rorschach with their clients. Although the Rorschach has long been recognized for its ability to reveal aspects of clients' personalities and life histories that they cannot report directly (Cf. Bornstein, 2002), the Rorschach experiences in these two cases seem to go a step further. Nevertheless, there is scientific evidence that helps us understand the apparent breakthroughs that occurred in these two traumatized women. Many readers may be familiar with the Rorschach Trauma Content Index (TCI) developed by Armstrong and Lowenstein (1990): $TCI = (Sx + An + Bl + MOR + AG)/R$. Although originally developed to identify clients with dissociative identity disorder (known to have severe levels of trauma), the TCI has been validated in multiple independent samples as a possible measure of trauma. For example, Kamphuis and colleagues (2000) found that the TCI was significantly different among

groups of women in outpatient psychotherapy who had histories of (1) known sexual abuse, (2) suspected sexual abuse, and (3) no known or suspected sexual abuse. Although the TCI was never integrated into the Comprehensive System, a very similar index (Critical Contents) is part of R-PAS, and users are cautioned that high scores, besides possibly indicating trauma, may also be associated with conscious attempts at malingering or with severe psychological disturbance (Meyer et al., 2011).

What is particularly fascinating about the cases of Tina and Sally is that Armstrong's and Loewenstein's original theory was that for certain clients specific Rorschach responses (i.e., those with AG, MOR, Sx, Bl, and An contents) represent "dissociative and self-hypnotic attempts to defend against intrusion of traumatic memories into full conscious awareness" (p. 453). We interpret this sentence as meaning that when some clients give traumatic Rorschach responses they are "displacing" traumatic memories into Rorschach percepts in an attempt to keep them at bay (cf. Armstrong, 2002). If this is so, we are also convinced that at times the Rorschach stimuli are so potent that they can actually provoke traumatic flashbacks and/or bring traumatic memories back to mind, as appears to have happened with Sally and Tina – within a certain interpersonal context we will discuss shortly.

In fact, we believe we are now at a point in the history of the Rorschach where we can more fully understand its power with traumatized clients. Finn (2012) summarized a number of functional magnetic resonance imaging (fMRI) studies of performance-based personality tests – including the Rorschach – and suggested that these procedures "tap into material that is more reflective of right-hemisphere and subcortical functioning" (p. 442) than do other assessment procedures, and that this is part of why they are uniquely helpful. The series of studies by Asari and colleagues (2008, 2010a, 2010b) showed that Rorschach cards can be very stimulating of the amygdala and of the temporopolar region of the brain (where autobiographical memories are believed to be stored), and that when these regions are activated they inhibit functioning of the left anterior prefrontal cortex (highly involved when Popular responses are perceived) and are associated with poor Form Quality responses. (Both Tina's and Sally's trauma responses were coded FQ minus.) In other words, the Rorschach is particularly activating of those parts of the brain where traumatic memories and emotions are stored.

Tina told Dr. Villemor-Amaral that she had succeeded in completely putting her traumatic memories "out of mind" before the Rorschach, and Dr. Finn never knew whether Sally actually had an episodic memory of finding her father prior to their Rorschach session; but, Sally had certainly acted as if she did not. Our current hypothesis is that for both women, seeing the Rorschach cards created "controlled" flashbacks that "kicked" a representation of the horrible events they

had experienced into explicit memory. There are probably many aspects of the cards that contribute to this phenomenon, but we believe one possible factor is that the ambiguity of the blots brings to memory other ambiguous and impactful situations that the client has experienced. If this hypothesis is correct, this is an aspect of the Rorschach that should be explicitly recognized and taught to students and clinicians in training.

The Importance of a Secure Interpersonal Context

We also believe that the therapeutic events detailed in this paper took place in a very special context, that is, in the midst of two TAs where the clinicians had engaged the clients' curiosity, established a great deal of trust, and provided significant emotional support. We believe that both assessors created a safe interpersonal context in which Tina and Sally could "recover" their traumatic memories without being re-traumatized by the emotions that were evoked, and that both clients were unconsciously driven to remember their traumas in order to understand persistent life difficulties that were reflected in their assessment questions. As Finn (2007) has previously written, it appears that when clients give clinicians assessment questions at the beginning of a TA, they then proceed to consciously and unconsciously provide every piece of information needed to answer those questions. The Rorschach and our other tests are tools through which clients can communicate the information needed both to us, and eventually, with our help, to themselves. Also, the sensitive "scaffolding" done by assessors in TA (cf. Kamphuis & Finn, 2019) – so apparent in the dialogue between Dr. Villemor-Amaral and Tina – uses "half steps" to help clients confront memories and emotions that are potentially dysregulating, and gives them a sense of security and of "feeling felt."

In closing, we hope that these cases and our discussion will encourage clinicians to use the Rorschach in their work with traumatized clients, and that they help clinicians be prepared for the types of experiences that can occur.

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Summary

Therapeutic Assessment (TA) uses psychological tests as part of a collaborative interpersonal intervention to provide individuals with a more accurate, coherent, compassionate, and useful understanding of their problems in living. The goal of this paper is to demonstrate how the Rorschach can be useful in TA with clients who have unresolved traumas. Two case examples are presented. The first is of a 31-year-old woman who sought psychological help because she had been experiencing uncontrolled emotions for over a year that made her fear she was going crazy. She formulated the following assessment questions for the TA: "What is my personality profile?"; "What are my limits?"; "Why am I so dependent on the opinions of others?"; and "Why can't I be a mature, decisive woman who knows what she wants?" The client saw many disturbing percepts in the Rorschach and was very upset afterward. The assessor conducted an Extended Inquiry, asking about the client's experience of doing the Rorschach and thoughts about her responses. With the assessor's help, the client gradually connected her Rorschach experience and responses to having been abused as a child by her grandfather, an uncle, and a cousin, and to a lack of support by her mother. The client had tried hard to forget these traumatic events and never told anyone about them until that day. Remembering and talking about her traumas resulted in significant therapeutic progress. The second case concerned a 35-year-old woman, referred by her therapist for an assessment because she kept choosing "psychopathic" romantic partners. The client experienced a flashback when presented with Card X to finding her father after his suicide when she was 8 years old. The client had not previously reported the details of this event, which were verified by family members. Discussing this memory helped the client understand her family better and improve her adult romantic relationships. These experiences are quite noteworthy and may not be typical of most clinicians' experiences using the Rorschach. Nevertheless, there is scientific evidence that helps us understand the apparent breakthroughs that occurred in these two traumatized women. The therapeutic events took during TAs, when the clinicians had engaged the clients' curiosity, established a great deal of trust, and provided significant emotional support to allow traumatic memories to emerge into full conscious awareness. We summarize scientific evidence of the power of the Rorschach to access split-off affects and memories.

Resumo

A Avaliação Terapêutica (AT) utiliza testes psicológicos como parte de uma intervenção interpessoal colaborativa para fornecer aos indivíduos que sofrem uma compreensão mais precisa, coerente, compassiva e útil de seus problemas na vida. O objetivo deste artigo é demonstrar como o Rorschach pode ser útil na Avaliação Terapêutica com clientes com traumas não resolvidos. Dois exemplos de casos são apresentados. A primeira é de uma mulher de 31 anos que procurou ajuda psicológica porque vivia emoções descontroladas há mais de um ano que a fez temer que estivesse ficando louca. Ela formulou as seguintes perguntas de avaliação para o AT: "Qual é o meu perfil de personalidade?"; "Quais são meus limites?"; "Por que sou tão dependente da opinião dos outros?"; e "Por que não posso ser uma mulher madura e decisiva que sabe o que quer?". A cliente viu muitas imagens perturbadoras no Rorschach e ficou muito irritada depois. O avaliador conduziu uma Inquirição Estendida, perguntando sobre a experiência da cliente em fazer o Rorschach e o que pensava sobre suas respostas. Com a ajuda do avaliador, a cliente gradualmente conectou suas respostas ao Rorschach com suas experiências de ter sido abusada quando criança por seu avô, um tio e um primo e a falta de apoio de sua mãe. A cliente se esforçou muito para esquecer esses eventos traumáticos e nunca contou a ninguém sobre eles até aquele dia. Lembrar e falar sobre seus traumas resultou em um progresso terapêutico significativo. O segundo caso referia-se a

uma mulher de 35 anos, encaminhada por seu terapeuta para uma avaliação porque continuava escolhendo parceiros românticos “psicopatas”. A cliente sofreu um flashback ao receber o cartão X sobre encontrar seu pai após o suicídio, quando ela tinha 8 anos. A cliente não havia relatado anteriormente os detalhes deste evento, que foram confirmados pelos membros da família. Discutir essa memória ajudou a cliente a entender melhor sua família e melhorar seus relacionamentos românticos adultos. Essas experiências são bastante dignas de nota e podem não ser experiências típicas para a maioria dos psicólogos usando o Rorschach. No entanto, existem evidências científicas que nos ajudam a entender os aparentes avanços ocorridos nessas duas mulheres traumatizadas. Os eventos terapêuticos durante as Avaliações Terapêuticas, ocorreram quando os psicólogos conseguiram mobilizar a curiosidade dos clientes, estabeleceram uma grande confiança e forneceram apoio emocional significativo, criando uma situação propícia para permitir que memórias traumáticas emergam a plena consciência. Resumimos evidências científicas do poder do Rorschach em acessar afetos e memórias dissociados.

Résumé

L'Évaluation Thérapeutique (ET) utilise des tests psychologiques dans le cadre d'une intervention interpersonnelle collaborative pour fournir aux personnes une compréhension plus précise, cohérente, compatissante et utile de leurs problèmes de vie. Le but de cet article est de démontrer comment le Rorschach peut être utile dans l'évaluation thérapeutique avec des clients souffrant de traumatismes non résolus. Deux exemples de cas sont présentés. Le premier est celui d'une femme de 31 ans qui a demandé de l'aide psychologique car elle éprouvait un trop plein d'émotions depuis plus d'un an, l'inquiétant de devenir « folle ». Elle a formulé les questions d'évaluation suivantes pour l'ET: «Quel est mon profil de personnalité?»; «Quelles sont mes limites?»; «Pourquoi suis-je si dépendante des opinions des autres?»; et “Pourquoi ne puis-je pas être une femme mûre et autonome qui sait ce qu'elle veut?”. La cliente a vu de nombreux percepts dérangeants dans le Rorschach et a été très bouleversé par la suite. Le thérapeute a conduit une enquête approfondie, demandant des informations sur l'expérience de la cliente à faire le test du Rorschach et sur ses réponses. Avec l'aide de l'évaluateur, la cliente a progressivement lié son expérience et ses réponses du Rorschach au fait d'avoir été maltraitée par son grand-père, un oncle, un cousin ainsi qu'un manque de soutien venant de sa mère. La cliente avait fait de gros efforts pour oublier ces événements traumatisants et n'en avait jamais parlé jusqu'à ce jour. Le souvenir de ses traumatismes et en parler a entraîné des progrès thérapeutiques significatifs. Le deuxième cas concernait une femme de 35 ans, référée par son thérapeute pour une évaluation car elle ne cessait de choisir des partenaires romantiques « psychopathique ». La cliente a vécu un flashback d'elle retrouvant son père après son suicide à l'âge de 8 ans. Elle n'avait jamais parlé des détails de cet événement. Ces derniers ont été vérifiés par les membres de la famille. Discuter de ce souvenir a aidé la cliente à mieux comprendre sa famille et à améliorer ses relations amoureuses avec les adultes. Ces expériences sont assez remarquables et peuvent ne pas être typiques de la plupart des expériences des cliniciens utilisant le Rorschach. Néanmoins, des preuves scientifiques nous aident à comprendre les percées apparentes qui se sont produites chez ces deux femmes traumatisées. Les événements thérapeutiques ont eu lieu lors des évaluations, lorsque les cliniciens avaient suscité la curiosité des clients, établi une grande confiance et fourni un soutien émotionnel important pour permettre aux souvenirs traumatisants d'émerger dans une pleine conscience. Nous résumons les preuves scientifiques du pouvoir du Rorschach d'accéder aux affects et aux souvenirs dissociés.

Resumen

La Evaluación Terapéutica (ET) utiliza pruebas psicológicas como parte de una intervención interpersonal colaborativa para proporcionar a las personas que sufren una comprensión más precisa, coherente, compasiva y útil de sus problemas en la vida. El objetivo de este trabajo es demostrar cómo Rorschach puede ser útil en la Evaluación Terapéutica con clientes con traumas no resueltos. Se presentan dos ejemplos de casos. El primer es de una mujer de 31 años que buscó ayuda psicológica porque había estado experimentando emociones incontroladas durante más de un año que le hicieron temer que se estaba volviendo loca. Ella formuló las siguientes preguntas de evaluación para la ET: “¿Cuál es mi perfil de personalidad?”; “¿Cuáles son mis límites?”; “¿Por qué soy tan dependiente de las opiniones de los demás?”; y “¿Por qué no puedo ser una mujer madura y decisiva que sabe lo que quiere?”. La cliente vio muchas imágenes inquietantes en el Rorschach y se molestó mucho después. La evaluadora realizó una Exploración Extendida, preguntando sobre la experiencia del cliente de hacer el Rorschach y sobre sus respuestas. Con la ayuda de la evaluadora, la cliente conectó gradualmente su experiencia y respuestas de Rorschach con el hecho de haber sido abusada de niña por su abuelo, un tío y un primo, y a la falta de apoyo de su madre. La cliente se había esforzado por olvidar estos eventos traumáticos y nunca se lo contó a nadie hasta ese día. Recordar y hablar sobre sus traumas resultó en un progreso terapéutico significativo. El segundo caso se refería a una mujer de 35 años, remitida por su terapeuta para una evaluación porque seguía eligiendo parejas románticas “psicópatas”. El cliente experimentó un flashback cuando se le presentó la Tarjeta X sobre encontrar a su padre después de su suicidio cuando ella tenía 8 años. La cliente no había informado previamente los detalles de este evento, que fueron confirmados por miembros de la familia. Discutir este recuerdo ayudó a la cliente a comprender mejor a su familia y mejorar sus relaciones románticas entre adultos. Estas experiencias son bastante notables y pueden no ser típicas de las experiencias de la mayoría de los psicólogos que usan el Rorschach. Sin embargo, existe evidencia científica que nos ayuda a comprender los aparentes avances que ocurrieron en estas dos mujeres traumatizadas. Los eventos terapéuticos tuvieron lugar durante las Evaluaciones Terapéuticas, cuando los clínicos habían involucrado la curiosidad de los clientes, establecieron una gran confianza y proporcionaron un apoyo emocional significativo para permitir que los recuerdos traumáticos emergieran en una conciencia plena. Resumimos la evidencia científica del poder del Rorschach para acceder a los efectos y recuerdos disociados.

要約

治療的アセスメント (TA) では、心理テストを協働的な対人介入の一部として用い、個人の生活上の問題について、より正確で首尾一貫してそれについて思いやりのある有用な理解を提供する。本論文の目的は、未解決のトラウマを持つクライアントとのTAにおいて、ロールシャッハがどのように有用であるかを実証することである。そのために2事例を提示する。1つ目は、自分は気が狂ってしまっているのではないかと思うほどに感情のコントロールができない状態を1年以上経験して、心理的な援助を求めてきた31歳女性の事例である。彼女はTAのために次のようなアセスメントクエスチョンを作成した。“私の性格はどうなっているのでしょうか?”、“私の限界は何ですか?”、“なぜ私は他人の意見にそんなに依存しているのですか?”、“なぜ私は自分がどうなりたいかをわかっている成熟した決断力のある女性になれないのですか?”。クライアントは、ロールシャッハの中に多くの不穏な知覚を見てその後、非常に動揺していた。検査者は、ロールシャッハで経験したことで彼女の反応について尋ねる拡大質問を行った。検査者の助けを借りて、クライアントは自分のロールシャッハ経験と反応を、子どもの頃に祖父、叔父、従兄弟から虐待を受けていたこと、母親からのサポートの欠如を少しずつ結びつけていった。クライアントはこれらのトラウマとなる出来事について忘れようと努力してきたため、この日まで誰にも話したことがなかった。トラウマを思い出して語ることで、治療上大きな進展が見られた。

2つ目は、35歳の女性のケースである。彼女は、“サイコパス”な恋愛相手ばかりを選び続けていたため、彼女のセラピストによってアセスメントに紹介された。このクライアントは、カードを提示された時、8歳の時に自殺した父親を見つけた時のことをフラッシュバックしていた。クライアントは、この出来事についての詳細をこれまで報告していなかったが、家族によってそのことが確認された。この記憶について話し合うことで、クライアントは家族のことをよりよく理解し、恋愛関係を改善することができた。これらの経験は、非常に注目に値することであり、ほとんどの臨床家にとって典型的なロールシャッハの使い方でないかもしれない。しかしながら、私たちに、これらの2つのトラウマを抱えた女性に起こった明確なプレイクスルーを理解するために役立つ科学的根拠がある。治療的な出来事は、臨床家がクライアントの好奇心に働きかけ、大きな信頼を築き、大きな感情的サポートを提供したTAの間に起きたことなのである。そしてそれが、トラウマ記憶が完全に意識された気づきとして現れたのである。我々はスプリットオフの影響とその記憶にアクセスするために、ロールシャッハがいかに有用であるかという科学的根拠をまとめている。