

**Projective identification and suicidal risk behaviour assessing
a Rorschach protocol: a clinical case report.**

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Abstract: This paper highlights the clinical signs of suicidal risk behaviour assessing a Rorschach protocol. A 21-year-old female with a diagnosis of borderline personality disorder (BPD) and a history of suicide attempt, is assessed upon an accurate clinical and personality evaluation with the Rorschach projective method. Authors discuss by a clinical and psychoanalytical perspective the role of projective identification and the suicidal risk signs in a Rorschach protocol, for appropriate manage and prevent of this phenomenon in personality disorders.

Keywords: Suicidal risk behavior, Rorschach, Personality disorders.

Introduction

The possibility of predicting suicidal gestures is an important clinical problem and requires the observation of a multi-causality of factors such as socio-demographic, critical life events, psychological and psychopathological.

The ability to highlight the risk through the psycho-diagnostic method was analyzed in the literature, through forms of quantitative detection. The appearance of the prediction, however, remains an area of study in the developing world, as shown by the literature, in particular through the use of projective methods, i.e. the Rorschach method. The Rorschach experience involves the sharing of unconscious as conscious and mental contents (image) in a tendency for regression and the emergence of defence mechanisms. In example, projective identification a role in the infantile relationship with the mother. In a pathological use of this mechanism, the patient increasingly views the object world as persecutory (Stone & Boyer 1987).

In a Rorschach method of the assessment of personality, the analysis of unconscious representations, emerging from contact with an image unstructured, you can detect predictive signs of suicide risk. In literature there are historical studies focused on the analysis of the most frequent contained in the protocols with particular reference to table IV and trauma (Lindner 1946; Settineri et al., 2013) and VII, the single-sign i.e. color-shading, transparency and cross section (Rierdan et al., 1978; Hansell et al., 1988; Bishop et al., 2000), the multiple signs and the qualitative analysis (Farberow 1974; Exner & Wylie 1977; Colson & Hurwitz 1973; Conti et al., 1996; Sarkheim 1955; Sapolsky 1963; Fowler et al., 2001, Yufit & Lester 2005).

The psychodiagnostic of H. Rorschach (1921), in relation to the prediction of suicide, is used for both a deepening of the personality of the individual and as a contribution to psychiatric diagnosis; in literature is a valuable aid in the clinical assessment (Ulett et al., 1950; Cicioni et al., 2016). Study reveals specific personality traits i.e. low level of psychoemotional processing respect to normal subject. A study of using Rorschach concerning adolescent suicide risk, was analyzed in literature by Silberg et al., (1992). In literature the constellation of signs included affective variables (i.e. color-shading blends, color dominated responses, and morbid content) as measures of cognitive distortion, inaccurately perceived, human movement responses.

The study of Hertz (1948) of the Rorschach in a suicidal patients analyzed the several patterns i.e. lack of insight, emotional immaturity, intense anxiety, depressed states, sex conflict, dysphoric thinking. A systematic study reported also depressed states (i.e. Ch response; F-), active conflict (i.e. content may indicate awareness of conflict or symbolic), ideational syntomathology (i.e. orig-) etc.

In this study will be analyzed the suicide signs on the Rorschach protocol by a single clinical case report.

Clinical data

A 21 year-old female with borderline personality structure. Presence of demoralization and despair. There are difficulties in interpersonal relationships, conflict relationships. Affective immaturity. A family history of depression and personality disorder. Reported self-harm episodes in childhood (death of a sister). A history of dropping out.

The psychopathological debut goes back about two years ago, when during pregnancy, shows that symptoms characterized by dysphoria, low impulse

control, aggression, suspiciousness, ideas of reference and jealousy. Towards the end of a sentimental relationship it arose a symptomatic characterized by thymic deflection and marked anxiety, emotional dependency. The Rorschach administration is previous to psychotherapy. The trend in psychotherapy is discontinuous.

Clinical analysis of Rorschach elements

· Table I time of latency 5'' "I seem to bat wings" "Legs"

"It 's as if there was someone in the midst of these wings, but does not seem human being is as if he had a suit behind"

"Wolves, which protect the central figure" The prevalence of achromatic color dominates this board (Chf), since the first two responses, there is the emergence of anxiety not controlled, just like in the suicide attempt, in which there is an emergency instincts of which the subject is conscious. This is phenomenally different in pure achromatic color, without control (Ch), in clinical terms equivalent free of anguish. Proceeding, emerges the scene constructed with a negative content complex (orig -). This could prove both to the examiner that the object of the relationship in general. The emerging picture of the wolf, highlights from the perspective of archetypal passage of a mythological figure, by eating the corpses (hyenas) becomes the prey hunter (wolf), with emergence of psychotic elements (orig-).

· Table II time of latency 1'' "Puppies kissing"

"Hearts united under and up two separate hearts" In the table, the subject starts with good performances that become persecutory proceeding, as if you are unable to keep the image and so resorts to the symbolic (the heart) as libido-aggression fusion.

· Table III time of latency 2'' "Puppies kissing. Then I see two hearts united under and up two separate hearts " "Two girlfriends" "Here in the middle of their two hearts tied in the middle" "To look at me well seem of trans because they have breasts but look like men ... are not human" "They give me the impression of being magicians, I am fascinated by witchcraft. Here below are the black clouds, as if their own prayer of bad things, rites" "A little kiss" "Two seahorses on the contrary" In this table the formal fall and the identification of the object (content) touches the sexual area and highlights uncertainties in the transition from female to transsexual. It also appears a thought of archaic type (magician) closer to percepts type schizoid and the emergence of psychotic area (orig-). It may be noted in this table, the emergence of the archetypal image hardly contained, until the regression of thought with a devitalized percept (i.e.bone, pelvis).

Table IV time of latency 1'' "Two big feet of a man, of a good monster and I see behind a person who manipulates, my mother-in-law" "Serpents" "Two dogs" This table is characterized by a persecutory element level archetypal image of the negative is the archaic female witch (Mento & Settineri, 2016). The following figures have, however, characteristics and therapeutic functions (Ronnberg & Kathleen, 2010).

Table V time of latency 2'' "A black butterfly" "Two crocodiles with long face" Table V suggests how reality is experienced by the patient in agonizing fashion. Emerging content have aggressive characteristics and the performance of percepts and images emerging outlines the instinctual mode, sometimes more or less contained.

Table VI time of latency 2 "This distresses me. This gives me the impression of a mountain with a cross at the top. It reminds me of my grandmother " "Two people and here at the bottom of two girls, however, are always the same over there" "Two animals" In this table, sexual content, clear and fit verbalized intense anxiety.

Table VII time of latency 1'' "My sister and me. Two little girls with head feathers " "Two dogs resting on clouds" "A butterfly vague too broad wings" "In the hair, under the feathers, there are some ugly faces ... even the

clouds have ugly faces" This table shows the complex (orig-) originated by the negative internalization of the mother figure.

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· Table VIII time of latency 5''

"Two animals, like tigersnot, however, boh, I do not know, they are climbing something"

"Two hands without thumbs holding paws" "Two feet" "These legs do not know why, but the ones that touch your hands are darker" In the table, the fall of percept (D) until the emergence of closer complexual psychotic area (Dd, hands) and cutting of hands, highlights the guilt accompanied by defense of denial mechanisms.

Table IX time of latency 5'' "Two angels on a cloud, even if they seem unformed faces looking under" "The orange parts seem magicians, could be, but I look good, belong to heaven, are pregnant, have a uterus, protect something with hands that are not hands" The archaic content and complessuale back in the alchemical form (magician) and being pregnant and pregnancy.

Table X time of latency 3'' "Two caterpillars instead" "Two blue spiders " " two crabs " "two animals that are fighting with antennas with hearts" "These Greens look like hares'' " two Angels " " These give me my son's feeling in stomach (Pink), a fetus that is playing something (Central blue) " "Two brushes of Barbie" In the table, the emergence of complex, with self-content (my fetus) occurs in the nucleus to psychotic area (orig-) in combination with typically elements (pop). Discussion

In the clinical case, the emergence of archetypes in relation to psychotic contents, reflect on elements of psychotherapy which in this case, should the emergence of persecutory type projections since the presentation of Table I.

The image contains a double meaning that Rorschach Protocol frees itself, such as in female representation from maiden becomes Gorgon (Mento & Settineri, 2016). It is important to understand how to read the entire protocol you can recognize suicidal risk elements (low time of latency, root canals, poorly controlled impulses, projective identifications, orig -, archaic-contents, source of anguish).

In a review of literature, each category of suicidal behavior, contains independent risk factors for the severity of the suicide attempt, and their combination is most important predictor of suicidal behaviour (Liotta et al., 2015). The clinical risk factors for suicide are most important elements. The literature exploring the association between attempt suicide risk and other variables, i.e. several psychological characteristics, history of alcohol/substance abuse, psychopathology and personality disorders (Linehan et al., 2000; Mento C., et al., 2016). The literature of predictive signs of suicide risk, analyzed in quietso work, suggests the importance of a comprehensive analysis of the Rorschach protocol, associated with the clinical history and a competent rorschach clinicians for a prognostic configuration of risk behavior.

In conclusion, the Rorschach data protocol of clinical case report, can provide relevant information of the psychological and psychopathological variables to be associated with risk of suicide behavior in a structure of borderline personality.

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