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Projective Methods

The reverberations of physical trauma on the psyche. Reflections based on the Rorschach test

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Abstract

Backgrounds: PTSD occurs as a result of an extreme event in which the person perceived a threat of death or physical integrity or suffered a serious injury. The traumatic aspect of such events is the dimension of the unexpected and unpredictable, which triggers intense anxiety and feelings of helplessness with symptoms such as fear, depression, and hypochondriacal anxiety. Physical trauma causes a breakdown of the boundaries of the self and the connection between the body ego and the psychological ego is severely tested. Trauma abruptly breaks through para-excitatory barriers, confronts suffering and depressive experiences, and often brings narcissistic and loss wounds into contact. Sometimes the effects of physical trauma reactivate earlier psychological trauma, and the inability to make sense of what has happened represents a traumatic overlap.

Methods: This study uses Rorschach on 15 subjects who have suffered a severe physical accident with disabling but not permanent consequences. Protocols were administered scored and interpretated according to the method of the French school and compared with the Italian norm sample. The aims are to examine the effects of trauma on body image, self-image, and intrapsychic and interpersonal dynamics.

Results: Qualitative analysis of the response process in the protocols reveals a general sensitivity and reactivity to color, both in its chromatic and achromatic components, accompanied by a strong internal imbalance. The anxious-depressive dimension seems difficult to process and is accompanied by a thinking incapable of introspection. The representations of relationships are colored by elements of infantilism or drive neutralization. The centrality of the theme of the body and the presence of body anxiety seem to emerge in the protocols, as does the theme of self-boundary.

Conclusions: The study did not find a significant relationship between a specific personality function and the traumatic experience. However, recurrent personality traits were found. In addition to the trauma itself, the inability to make sense of what has happened and the inability to recognize their psychological wounds represent another traumatic overlap in these individuals. From this perspective, it can be hypothesized that the "crying" consequences of physical trauma serve multiple functions.

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1. Introduction

Physical trauma characterized by sudden and unexpected violence has multiple consequences that manifest themselves at different moments. At the moment the person feels fear and anguish due to the physical and psychological injury suffered. In fact, the trauma comes with force from the outside, attacking the boundaries of the body and breaking through the para-excitatory barriers. What is traumatic from a psychological point of view is not so much the experience itself, the event that took place. Rather, it is the overflow of drives that follows, which can be difficult to contain and process: Trauma forces us to confront passivity and depressive experiences, often confronting our own narcissistic wounds and losses.

At a later stage, the inability to make sense of what happened represents another traumatic overlap. The memory of the event becomes traumatic because it constantly reactivates the dimension of arousal that comes from the inner world. Thus, the repetition of the trauma in dreams and in reverie assumes the function of containing this arousal and represents a real strategy for processing and controlling what has happened. Sometimes the effects of a physical trauma can reactivate a past psychological trauma: It breaks through the boundaries of the self in an abrupt way, attacks symbolization and association processes, disrupts psychological temporality, and throws one into a harrowing present.

If you are unable to process the trauma, this can lead to post-traumatic stress disorder, which is included in the disorders related to traumatic and stressful events in the latest version of the Diagnostic and Statistical Manual of Mental Disorders (APA, 2013). The disorder occurs as a result of a confrontation - direct or indirect - with death, a threat of death, a serious injury, or abuse. Intrusive and distressing symptoms may occur, such as unpleasant memories of the event, recurrent dreams associated with unpleasant feelings, avoidance reactions, and negative changes in thoughts and feelings. Sometimes dissociative symptoms such as derealization and depersonalization may also occur (APA, 2013).

From the psychoanalytic point of view, the disorder was conceptualized starting from the post-traumatic neurosis of war (Ferenczi, 1919; Freud, 1905). In the traumatic state caused by war,

the ego senses danger and defends itself by taking refuge in neurosis. The traumatic is the dimension of the unexpected and unpredictable, which causes intense anxiety and feelings of helplessness with symptomatic manifestations such as anxiety, depression, and hypochondriacal fears.

Interest in war neuroses ebbed shortly after the end of the World War II. The Vietnam War revived interest in the symptomatic consequences of a traumatic event; the diagnosis of post-traumatic stress disorder (PTSD) was introduced, leading to more careful research on trauma pathologies (Bohleber, 2020).

Reflections on trauma within the Freudian framework, which are constantly evolving and go back to earlier reflections, focus on the reciprocal influence between external events and intrapsychic phantasmatic and representational activities conditioned by drive dynamics.

Trauma is considered in Freudian theory and in post-Freudian development as a unique or repeated event that produces an intense psychological arousal capable of breaking through barriers and destroying the previous elaborative structure. As a result, psychological restructuring is required, which may lead to pathological defensive organization. In traumatic situations, the mental apparatus is not prepared for the increased stimulation, and the ego is not able to mobilize a counter-investment to the external hyper-excitation or to connect it to the drive investment (Mangini, 2001). In particular, the text Inhibition Symptom and Anxiety (Freud, 1926) emphasizes the state of loss and lack and helplessness that characterizes the traumatic scene, as opposed to the violent, intrusive, and disorganizing aspect of trauma.

This particularly interesting aspect will stimulate later psychoanalytic reflections on trauma: Winnicott, Masud Khan, Bion, Green, Bollas are some of the most representative authors who, with different nuances, have deepened the theme of the help deficit, which is repeated over time and in different situations, causing traumatic effects (Khan, 1963)[1].

For the object relations theorists, the central core of the traumatic experience is the difficulty of being communicable: "a catastrophic loneliness, an inner abandonment through which the self is not only paralyzed in its possibilities of action, but extinguished, and with this fear of death are associated hatred, shame, and despair" (Bohleber, 2007, p. 381). Thus, what characterizes the traumatic aspect is the blocking of the possibility of representing, mentalizing, and symbolizing this experience. Van der Kolk (2014) emphasizes the isolation of memories of the

[1] Masud Khan's work on cumulative trauma integrates the theories of Freud with those of ego psychology and object relations theorists.

individual visual, somatosensory, affective, and sensory elements associated with the trauma that are present in memory but cannot be integrated into a narrative plot.

For Bohleber (2007), traumatic experiences are subject to a partial reformulation that forms a psycho-associative network in the form of a dissociated foreign body. "The self and its functions collapse and the integrative functions of memory are largely inhibited. In this way, a dissociative state of the self is created, through which memories and affects are split off. As a result, the traumatic memory can neither make contact with the existing associative network nor be integrated into the meaning schemes" (Bohleber, 2020, p. 116). The author also emphasizes the intrusive nature of many traumatic memories and defines them as the central symptom of post-traumatic stress disorder. Freud spoke of the repetition compulsion and defined it as an attempt to heal the ego (1939), a way to make sense of a disorganizing event. However, current research shows that the repetition compulsion triggered by intrusions has opposite effects: On the one hand, it encourages the attempt to make meaning; on the other hand, in most cases, it represents a mechanism that tends to become chronic, forcing the individual into a position of passivity and helplessness in the face of overwhelming images and oppression. The weakening of the self is further burdened by the attacks of the superego, which condition the activation of feelings of guilt related to the repetition of the traumatic situation.

Trauma affects men's security and confidence in men. Ferenczi was the first to emphasize the issue of security and trust, referring in particular to the relational world. Beyond trauma as a factual event, it is the indifference and denial of the surrounding social environment that makes trauma truly traumatic. Trauma theories close to object relations theorists have deepened and extended Ferenczi's theory about the loss of trust in the internalized primary object: trauma damages not only the relationship to the internal object, but also the internal communication between the representations of the self and the object (Bohleber, 2020). In addition to the intrapsychic dimension, the suspension and destruction of basic security extends to personal relationships: The traumatic event leads to an irreversible breach of trust in being part of a predictable and safe environment (Bohleber, 2020), it becomes a "social wound" with existential consequences (Morris, 2015).

2. Methods

2.1 Objectives and hypotheses

The study we present is exploratory and qualitative.

It aims to observe the impact of a physical intervention on the psychological dimension in individuals who have suffered a severe physical trauma with debilitating, although not permanent, consequences.

In particular, we wonder how the traumatic event affects intrapsychic dynamics and self-image, especially body image.

2.2 Procedures

One of us, Simona Moschini, administered the Rorschach test to a group of 15 individuals who had suffered physical trauma after a car accident. The protocols were administered, scored and interpretated according to the method of the French school (Chabert, 1987; Rausch de Traubenberg, 1970).

The French school defined itself in the 1960s around the "Group de Recherche en Psychologie" founded by Nina Rausch de Traubenberg at University of Paris V, where she was a professor. Rausch de Traubenberg considered the dialectical relationship between aspects of perception and projection, using psychoanalytic theory as a conceptual framework. The group now known as the "French school" is currently directed by Chaterine Chabert. It represents a fundamental reference for study and research with projective methods in the psychoanalytic field. "Rorchach's interpretative procedure reflects the instrument itself: the clinician who analyzes the protocol [...] must refer to objective elements (quantitative data, marking rules...) and at the same time devote himself to an associative work that influences his evaluation and transforms it into an interpretation in which subjectivity necessarily intervenes" (Chabert, 1983, p. 25).

Subsequently the protocols were compared with the Italian norm sample collected and published by Passi Tognazzo (1994). Traditional labeling was accompanied by Ruggeri and Saraceni's (1980) “Scala del Confine del Sé”, a useful tool for detecting the integration and fragmentation of the self. The method proposed by Ruggeni and Saraceni provides for a labeling of the responses that complements the traditional labeling. To identify the responses with this instrument, reference is made to the presence or absence of the dimension "boundary" in each response of the protocol. The boundary can be expressed in terms of "barrier" or "penetration" responses, which can be "dynamic" or "static". Thus, there are four possible categories: "static barrier", "dynamic barrier", "static penetration", "dynamic penetration". If a response is symbolically associated with a boundary dimension, it receives a point.

2.2 Characteristics of the study group

The test was administered approximately one year after the traffic accident as part of a study to determine psychological damage.

The study group consists of 15 protocols, of which 60% are men and 40% are women, with a mean age of 47.7 years (s.d. 12.9). Educational level and occupation are heterogeneous, as you can see in Table 1.

Table 1. Socio-personal information of the participants

Total (N = 15)		
Age	*Range*	*M*
	24-68	47.7 (s.d. 12.9)
Time between traumatic event and test administration	*Range*	*M*
	10-14 mounth	12 mounth
Educational level	*N*	*%*
Primary School	/	/
Secondary School	5	33.3
High School	8	53.3
Graduation	2	13.3
Occupation	*N*	
Freelancer/Entrepreneur	4	
Truck driver	1	
Employee	1	
Surveyor / IT Technician	5	
Journalist	1	
Logopedist	1	
Retired / Unemployed	2	

Before administering the Rorschach test, all subjects underwent a clinical and cognitive interview aimed at gathering anamnestic information, history of the traumatic event, and presence of symptomatic aspects and psychological distress.

All reported significant adjustment problems and disturbances in the affective domain. Many have anxiety or depressive symptoms, or aspects of somatization or general difficulty concentrating and paying attention.

There is often a sense of being misunderstood by family members and caregivers. The demand for legal recognition of the psychological harm they have suffered and the resulting compensation therefore also seems to be linked to a desire for their discomfort to be objectified and acknowledged. In this way, they can make it visible to the eyes of others and play it out in the relationship. This attitude seems to be associated with movements of narcissistic recovery

in the face of the inner failure that has been reactivated in some way by the accident: Obtaining compensation and identifying with the role of the victim makes it possible to relieve one's own offended parts and to focus attention on oneself.

Most of the victims describe in detail the physical trauma and the resulting medical and rehabilitative treatments. There is a remarkable sense of excitement in the narratives, as if the event were still present in some way. The story takes on the characteristics of a traumatic replay rather than a reconstruction of the event. These individuals emphasize what they can no longer do in relation to the past and underscore the difficulties that have occurred on a professional, relational, and emotional level.

Other individuals are more inhibited in describing the traumatic event and limit themselves to mentioning the facts in a chronicle, barely felt and without emotional involvement. The dynamics of activity and passivity related to the traumatic event are thus evident in the interviews.

3. Results: Presentation and Discussion

3.1 Qualitative analysis of protocols

The qualitative analysis of the response process in the protocols shows a general sensitivity and reactivity to color, both in its chromatic and achromatic components (high number of responses to sensory determinants), highlighting an intense, sometimes labile, poorly modulated emotional dynamic through mature elaboration and mentalization skills (K scarce and of poor formal quality). This tendency is accompanied by a strong internal imbalance (TRI mainly extroverted and secondary formulas more introverted). We find some examples in the answers to Table I: "Colors bother me a lot. They seem to me to be two holy men, one of whom turns his back on the other and sends out an evil spirit ... For the color, because it is a negative energy that is spread. Also, a bad mask"; and again, to Table X: "The feast of colors! They look like little monsters building their habitat or food reserves".

The anxious-depressive dimension seems difficult to process and is accompanied by a thinking that is not capable of introspection. Representations of relationships are present in the sample (high H%). They seem to be colored by elements of infantilism or drive neutralization, as can be seen in responses such as "Here are two elves with hats clapping their hands" or "It could be a half bust with a bow tie" (Table III); or they are strongly characterized by phobic and persecutory dimensions, as in the response on Table VII: "two ugly faces of demons laughing at each other" and also in the one on Table II: "A devil, an owl with a beak".

Another common feature of the group protocols is the fear index (Rausch de Traubenberg, 1970), which is well above the norm (high Hd, Sex, Anat, Blood compared to the percentage of human responses). Body anxiety is also evident at a qualitative level, as seen in the response to Table III: "Two people facing each other, stretching and apparently hit on the head because there is blood outside... A heart in the middle... Despite the blow to the head, the heart is still beating". Anxiety can take on strongly depressive tones or persecutory connotations, expressing concern for one's physicality/integrity in a transversal way.

In particular, the disturbing and at the same time reassuring connotation of some of the content suggests the presence of the splitting of opposites, a defense mechanism that can occur in the face of traumatic stress. According to the literature (Chabert, 1993), this defense strategy is related to the narcissistic theme, where there is no access to the ambivalence of feelings and libidinous movements. Therefore, some narcissistic defenses that appear in the protocols can be interpreted as forms of containment of drive life through the attempt to neutralize and the use of splitting mechanisms. An example is the response to the Table II, in which we witness an alternation of vital and at the same time persecutory representations: "It seems to me that they are two elements, two goblins shaking hands and looking at each other in an ambiguous way. It seems that they share one heart". It can also be deduced how the division enables the protection of the vital parts of the self, as we can see from the answer to Table IX: "Oh, it's complicated ... I do not know the effect of fire, water and the rest... This clear part gives me the effect of something spiritual, pure and devilish... Fire, Earth, Air".

The centrality of the theme of the body seems to be another emergent feature in the protocols. Indeed, the responses show a focus on body surfaces and their inherent qualities, as well as a large number of responses with anatomical content. The surfaces of the objects themselves are identified in terms of certain sensory properties. These elements highlight areas of fragility of self or mortification that are reactivated by the intrusion into the body and by the perception of a body/self that is no longer able because it is injured, wounded, mutilated. Anatomical reactions are often disorganized and morbid and are associated with representations of death and helplessness in the face of something threatening. We therefore find representations such as "I do not know the red spots ... Traces of a struggle between them ... Here all and here sketched" (Table II); "A dead bird falling down" (Table III); "Something quite open, as if quartered ... an animal" (Table VI), testimony of a massive narcissistic wound and sadistic aggressive movements.

Sadism, in its activity, becomes a means to counteract any form of enslavement to the object, any form of passive identification accompanied by a deep restlessness and lethal fantasies. In

the protocols we often find the difficulty of remaining in passive and regressive positions, which is often experienced as passivation. We refer here to the distinction between passivity and passivation proposed by Green (1999): passivity, in line with Freud's work, is linked to the destiny of the drives and is therefore a form of passive pleasure. For Green, passivation is not a form of actively explored pleasure; it involves the idea of suffering and compulsion to passivity (which leads the author to oppose passivity-pleasure with passivity-anguish). Passivation is associated with an anxiety of helplessness and the inability to change the course of events.

These aspects are also reflected in the high number of Clob responses and in the massive movements of projective identification (EQe). The responses "Even an evil figure ... a devil ... even a fat woman raising her hands and shouting after someone" at Table I and "Unpleasant clouds full of rain ... some wild boars in profile with evil eyes ..." at Table VII provide an example.

Productivity is also influenced by the amount of anxiety, which determines ideational overflow in some cases (high number of responses) and associative impoverishment with inhibited protocols in others (number of responses below average and at the limit of validity). In according with Bohleber (1989) and Parent (2011), these data seem to describe two different tendencies of response to the traumatic event, reflecting the two narrative styles already highlighted in the clinical interview: one is broadly articulated and emotionally colorful, the other more chronological and emotionally aseptic.

Most of the protocols are characterized by an arousing dimension and consist of a variety of anatomical and persecutory images that refer to the fragility of the vessel and a constant sense of threat to one's integrity (K simil hallucinatory, as in the response to the Table VIII: "Something to do with flying, two hands going to fetch the animal" or in the one to the Table II: "Two arms with joined hands evoking something bad"). The mechanism of repetition compulsion, evident in the systematic repetition of some anatomical and persecutory images, indicates the tendency of subjects to focus their attention on some particularly disturbing contents. This feature underscores the tendency of thinking to ruminate in a closed loop, signaling the impossibility of processing the traumatic event. An example is the response to the Table II: "These footprints remind me of the day of the accident, when everything was stained with blood ... This is a heart, but there is a piece missing".

In the most inhibited protocols, on the other hand, there is an impairment of perceptual mechanisms in projection, an indication of a state of internal and psychological disruption associated with the mechanism of splitting. This corresponds to a predominantly devitalized climate (increased F%, high number of banalities, little K, poor symbolization, defensive denials

and particular phenomena that testify to a solidification of perception). In this context, some responses to a sensory determinant are particularly interesting, indicating narcissistic withdrawal to the detriment of the object dimension. An example in Table IX: "It looks like a false mask, made of stone, the nose and behind the upper part seem to be the eyes, but they cannot be seen ... they look like opaque glass because you cannot see me behind it ... it is the part that covers the eyes and you cannot see who's behind it."

The main data that emerged from our study are reflected in recent research that has used projective methods to examine physical trauma associated with an accident, particularly the studies of Marie-Christine Pheulpin (2013, 2017). The author examined mild head injuries and traumatic sequelae, focusing on the connections between the psychological and the somatic. The protocols she studied highlighted the presence of aggressive content, often associated with massive sadistic projections, especially on the Tables IV and VI, as well as a high number of anatomical reactions, a sign of the fragility of the body boundary. In addition, the pastel-colored tables, and thus the introduction of color, sometimes seem to have a restructuring power. One feature found by Pheulpin that is missing in the protocols of our study is the frequent difference between test and examination, i.e., an inhibited test followed by a lively, rich examination characterized by personal references. This difference seems to us to be justified by the different administration context: The hospitalized patients in Pheulpin's studies show less inhibition during the examination than our subjects who were administered the Rorschach in an evaluative, and therefore anxiety-provoking, setting.

3.2 Qualitative analysis through the construct of self-boundary

In addition to the classical labeling, the application of the Scala del Confine del Sé by Ruggeri and Saraceni (1980) to the protocols of our group proved to be particularly interesting.

The research of these authors seems to be the consistent methodological complement of the work of Fisher and Cleveland (1958). They have developed a different conceptual framework and a different clinical research instrument: At the theoretical level, there is a transition from the concept of body image boundary to that of self-boundary, and in the methodological context, the "Barrier and Penetration Scale" makes way for the "Ladder of Self-Boundary".

By applying this instrument to our study group, we were able to observe that the theme of self-boundary stands out in most of the responses to the test: the number of responses on the theme of boundary exceeds 50% of the total responses in 87% of the protocols.

In particular, we can highlight how in the sample the boundary covers more the function of the boundary than that of the filter (Static Boundary > Dynamic Boundary). There are also errors

in the representation of the self, which contains elements of porosity of the boundary (higher penetration responses than expected). In other words, the high number of responses. Penetration in the sample confirms the data from research in the psychosomatic field and shows a tendency to increase the experienced discomfort in the face of stressful aspects. It also seems to show a particular sensitivity to somatic symptoms, with an amplification of sensations (Fisher & Cleveland, 1958; Savron et al., 2001).

A general style of functioning and adaptation to reality is outlined that combines features of rigidity (high number of static barrier responses and low dynamic barrier responses) with dynamics expressed in the permeability of boundaries (high dynamic penetration). These data could be related to the effects of body intrusion: Defensive rigidity seems to compensate for a permeability of boundaries expressed in a difficulty in filtering, modulating (and thus processing) the profound content related to the interaction between the external world and the internal world that reactivates trauma in important ways.

4. Discussion

Becoming a victim of a serious traffic or work accident is a traumatic event that puts a strain on the person and his or her ability to react, especially when risking his or her own physical safety and massively violating his or her physical limits.

The sense of loss and deprivation and the state of helplessness associated with trauma described in the psychoanalytic literature finds expression in the projective representations of the Rorschach test, along with powerful images that attest to the intrusive and disorganizing aspect of trauma.

Research on this subject, based on the Rorschach test, considers the contribution of this test to be essential, since the perceptual stimulation consisting of bright colors (red, gray and black) seems to be particularly suitable to evoke traumatic dimensions. Also in our case, it is confirmed that the Rorschach test is a sensitive instrument to detect the traumatic aspects and the resulting psychological effects. The tendency in our sample confirms the study by Kaser-Boyd (2021), in which two types of responses to the Rorschach test emerged: an inhibited modality supporting an avoidant and clinging approach to the formal content in order to ward off the traumatic memory, and an exuberant modality in which morbid and aggressive images proliferate, comparable to some representations in psychosis protocols.

The clinic administration reports a certain difficulty in experiencing the test situation and in approaching the test and the material spontaneously; there is usually a certain shyness and a manner of contact that refers to phobic and avoidant aspects. This aspect confirms how difficult

it is for the subjects to face experiences, even new ones that are not burdened by the traumatic dimension. Thus, trauma assumes an organizing function by attracting and structuring other experiences and other conflicts and fears (Yorke, 1986). The textual material is also permeated by trauma, confirming that the mechanism of action of "Nachtraglichkeit", "dell'après coup" (Freud, 1895), also operates in projective practice. This determines the shift of our clinical and scientific interest from the facticity (traumatic event) to the intrapsychic resonance evoked by the traumatic event, a goal that has animated our research.

As Bohleber (2020) notes, trauma brings with it a strong impairment of the sense of security and trust in the world, and this aspect also has reverberations in the examination situation and in the relationship with the clinician, reflecting anxiety and distrust but also a great need for recognition, as in our sample. "There is a common feeling, rooted in the unconscious, of being abandoned by the protective power of the parents or, projecting this onto fate, of being abandoned by all positive energies" (Bohleber, 2020, p. 123).

However, this aspect also affects the productivity and content of the Rorschach test. In according with Viglione and collegues (2012), in our samples both the formal anchoring, associated with avoidance and inhibition, and the excessive presence of destructive and persecutory images, and a heated sensorium, testify to the emergence of dissociative mechanisms, repetition compulsion, and a blocking of the possibility of elaboration and mentalization.

The traumatic traces, often not eliminated but dissociatively repressed, remain imprinted and isolated: they cannot be remembered, but they cannot be forgotten either, and they can resurface as indelible and intrusive memories. In the Rorschach test, some constructed images associated with the trauma suffered, some comments showing a strong emotional response to the stimuli, and general sensory sensitivity testify to how the disturbed integrative functions of the mind can bring the traumatic memories to the surface suddenly and involuntarily. In the subjects of the sample, the dissociative aspects are particularly found in the partial loss of normal integration between past memories and the awareness of personal identity (Mucci, 2014). It is as if the traumatic event has broken something, fractured and undermined some aspects of identity.

It is obvious how the psychic apparatus, overwhelmed and disorganized by the trauma, both on a conscious and unconscious level, tries to ensure a coherence and continuity of identity for itself and the surrounding world. Mucci (2014) points out the importance of allowing victims to acknowledge the reality of the traumas they have suffered, as this is a first theapeutic step and the first step in stepping out of a repetition mechanism that subjugates the traumatized subject. When victims are deprived of the severity of the event, the anxiety and destabilization associated

with the event, there is a risk of creating a cumulative effect (Khan, 1963) or, as Ferenczi would put it, becoming the salient aspect of the trauma. From this point of view, the process of acknowledging the psychological damage caused by the traumatic event, as well as the diagnostic process and especially reparation, can represent an attempt to see one's psychological suffering acknowledged on a social level, to heal narcissistic aspects, and to restore a sense of self-determination (Bohleber, 2020)[2].

5. Conclusions

In our study of physical trauma, considering the connection between the psychic and the somatic, the question of the integration of the psyche and the body arises.

Solano (2009, 2010) proposes to redefine the relationship between psyche and body as a relationship between symbolic systems and the non-symbolic system. Each system can be considered either as a mind or as a body, depending on the point of view from which we look at it, thus avoiding reductive dualism.

Regarding body image, the protocols of our study showed a change in the representation of oneself and one's body that was directly related to the trauma suffered. The body, perceived as wounded and damaged, determines a self-image characterized by deficits, fragility, and a high degree of suffering, which is evident in the concentration of responses on the theme of health and the body.

Regarding the diagnostic dimension, the study did not find a significant relationship between a specific personality function and the traumatic experience related to the event suffered. However, recurrent personality traits were found: In the sample there is a general preservation of reality testing and adaptation to reality; weak processing and mentalizing abilities, sometimes accompanied by a tendency to emotional lability, in other cases by inhibited and perceptual functioning; immaturity in secondary identification processes, with features of strong self-centeredness and and underdeveloped defense mechanisms in coping with anxiety.

In addition to the trauma itself, the inability to make sense of what has happened and the inability to recognize their psychological wounds represent another traumatic overlap in these individuals.

From this perspective, it can be hypothesized that the "crying" consequences of physical trauma serve multiple functions. Sometimes they are a way to legitimize some aspects of oneself, other

[2] The restoration of what current research calls “ego agency” or “self-agency” is one of the central elements for the possibility of therapeutic change in the treatment of trauma patients (Bohleber, 2020).

times they underscore the difficulty of processing the missing and lost aspects; furthermore, they may respond to old regressive needs for attachment and attention. In more critical situations, they seem to be associated with traumatic reactivation, in which the accident represents the umpteenth situation suffered through, the umpteenth experience of helplessness and meaninglessness from which the subject cannot escape.

In therapeutic work with these individuals, one repeatedly encounters the feeling of powerlessness and passivity, which is supported and reinforced by the compulsion to repeat: The treatment process could aim to help them make sense and meaning of events again, to enable them to gain distance and redefine their own place in the world by allowing them to give up the constant struggle.

Conflict of Interest Statement

The authors declare that the research was conducted in the absence of any potential conflict of interest.

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