

# Trauma and the Father Image: Fantasies and Complexes in the Rorschach Test

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**Abstract:** In the interpretation of the Rorschach test, the features of the table IV inkblot evoke a dimension of authority, morals and related emotions. Interestingly, the father figure is related to ego development and also guides towards maturity *via* more evolved emotions such as feelings of shame and guilt. In some cases these feelings are found to be lacking in adults experiencing depression. The aim of this work is to analyze the relationship between the representational world in relation to the father figure and depressive mood disorders. The group of subjects is composed of 25 patients who had a psychiatric diagnosis of "Depressive episode". The presence of specific phenomena brings out the complexes, the uneasy and conflictual relationship with the father figure submerged in the unconscious thus emerges. Shock is thereby manifested in relation to the black in which the large, dark, and blurred stimulus is perceived as sinister, threatening and dangerous. The trauma emerges in the result of a relationship with a father who has not allowed the child to manage similarities and differences. From the nature of the answers of the Rorschach protocols, it emerges that the symbolic abilities of subjects are not fully developed or have been attacked by an early trauma.

**Keywords:** Father image, Psychopathology, Rorschach test, Trauma.

## INTRODUCTION

The Rorschach Inkblot Test prompts the translation of representations of things and feelings into words and constitutes an access to the psyche, to the "deep space of images", where ways of thinking and representational style are shared with the oneiric images and where clinical expression manifests *via* symptoms. The Rorschach Inkblot Test, was designed by Hermann Rorschach in 1921 and falls under the category of projective tests: the patient does not know neither the objectives of the test, nor the manner in which his answers will be evaluated, and is also, completely free to respond, subjectively organizing the content and form of the stimuli presented to him. This kind of test leads, generally, to holistic interpretations of the personality of the patient, supported by psychoanalytic theory: thanks to massive use of the mechanisms of projection, the patient can express his feelings and give shapes and meaning to what he sees, through this you can access his feelings, fears and desires the most remote and unconscious [1-3].

The table IV is called the table of father. In the interpretation of the Rorschach test, the features of the table IV

inkblot (large size, coloring, shading, inferiority perspective) evoke, according to psychoanalytic tradition, a dimension of authority (Super Ego activity) and father figure symbolization. The father figure becomes, in subsequent phases of development, the receptacle holding the feeling of omnipotence which characterizes the child's primitive, both in relation to the birth of the Super Ego as well as in the recognition of authority [4,5].

The table IV inkblot embraces a range of meanings: The father figure in the development of the Ego, emotions, morals [6-8] and imaginal ability [9-13].

The table IV inkblot is symbolic, not only due to the equation: image = a sense, but also in semeiotic terms: image is several senses. We may therefore regard card IV as a third element linked to the emergence of a new level of mental functioning, the development of the ability to imagine, which cannot be found in any other card as a result of the intensity and power of the inkblot [14,15].

This viewpoint is not new as it had been already used by Jung in his theory of the "conjunction oppositorum". It was also evoked in a completely different theoretical context by Winnicott in the "third area" or the "area of the imagination and game playing" [16-19].

Colman stated that imaginal ability can depend on the emotional capacity to contain and symbolically represent

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absence and difference; this ability can only develop through the type of intersubjective interaction that Winnicott poetically termed "mirroring". The emergence of the third element can, therefore, also be explained as the development of the ability to symbolically imagine, or imaginal ability, i.e. being able to formulate and creatively explore images of one's own psyche. Imagination depends on the ability to be aware of the absence of our imaginings from the world of material reality. This explains why all the inkblots have a "third" value. The ability to create symbols is the ability to transcend two opposing elements: the "presence" of an object and the "absence" of the same [9,19].

The symbol does not deny either of these elements. It resolves the conflict through the imagination, *via* creative thought. This occurs not only because it contains the meaning attributed to each element, but also because it exists in itself and for itself in the mind, independently of the actual presence or absence of the object in reality.

Hence, a symbol is a tool which allows self-defense against loss and absence, which are typical of the depressive disorders. The form and the motivation are not random and we can admit, on an empirical plane, that a collective symbolism exists which lies close to personal symbolism (experimentally not knowable).

By "emotional homeostasis" we mean the balance of proto-emotions, this balance derives from the site in which emotions are produced as well as the functions of the emotions themselves. Interestingly, the father figure is related to ego development and also guides towards maturity *via* more evolved emotions such as feelings of shame and guilt. In some cases these feelings are found to be lacking in adults experiencing depression [20-24].

The literature highlights how depression, regardless of its clinical path is present in experiences where empathy is lacking or through abandonment by figures that are important to the Self, both maternal and paternal [25, 26]. Other studies have shown that paternal absence (arising from physical or emotional distance as well as through death) plays a role in the onset of depression, particularly if this absence is experienced at a young age, under five years [27].

In this work, the Rorschach test is analyzed with reference to the father figure in subjects affected by depressive mood disorders. The aim of this work is to analyze the relationship between the representational world in relation to the father figure and depressive mood disorders.

### Materials and Methodology

The group of subjects was composed of 25 Rorschach protocols examined at the Clinic of Psychiatry of the University of Messina. The informed consent was obtained from the study participants. The patients involved had a psychiatric diagnosis of "Depressive episode"; a diagnosis that relates to a range of mood disorders. According to the European tradition, the psychiatric importance of the episode is characterized by the triad: "feeling of sadness", "neurovegetative signs" and "cognitive disorders" [28]. The examiners, for the administration of the Rorschach, are blind to the psychiatric diagnosis.

The Rorschach Test was given to patients. Responses were recorded and protocols interpreted following the teachings of the French school and the psychodynamically-oriented Italian school [5, 29,30].

### Results

The group comprised 25 patients, 7 males, 18 females, aged between 19 and 71 years old.

The responses to table IV that were recorded are as follows.

### DISCUSSION

The analysis of the responses to table IV prompts the following considerations: the state of anxiety evoked (shocked by the black) characterizes father figure representation. As highlighted by Binder the black cards, and above all table IV, can cause a state of shock and bewilderment which manifests with different types of inhibition of the representation (Do, Dd), as regards the Location (Dd, Do), as well as in relation to the Determinant (evil shapes, F), and Specific Phenomena such as Shock, Refusal, Dysperceptive Phenomenon, Devitalization, Limited awareness, Insecurity, Confabulation, Contamination, Self-reference, Reaction Formation, Comment, Projection [31].

As regards the Location, G responses indicate an overall perception of the inkblot and a good level of synthetic intelligence of the respondent, while D answers, in combination with the Determinants and Content, reveal a denial of the imagination and negativism probably related to the mood disorder present. The Dd response relates to rigid defense styles (Dd F- Ad) due to the anguish present. In DG responses (DG F- Monster; Contamination) the evil represented by table IV is once again reported.

As regards the Determinants, more F- answers than F+ and F+- answers, reveal how drives have gained the upper hand over Ego defenses and also reveal that the primary process affects the patient's relations with the world outside.

The presence of FCho and ChoF replies highlights a poor ability to restrain the feeling of anguish provoked by the stimulus (paternal representation), and how this emotional element subjugates perception, emerging from the unconscious world to the clinical dimension with effect of impairment. There is just one response relating to the M, Determinant of Movement [5]. Only one of the 25 patients examined was able to identify with the father but his nature was threatening and deathly, not warm and empathic.

As regards Content, Human Content of a threatening nature (answers monster) is identified, and also content lacking humanity (answers A, Ad, Drago, Obj, Rx, Geo, Sex). The animals represented have deadly, dark, aggressive and poisonous features. The presence of responses referred to Objects, Radiography and Geographical features shows that identification occurs with elements lacking in warmth and humanity. The presence of a reply with a Sexual Content verbalizes the presence of an unconscious sexual conflict (patient. n. 19; Table 1), in which intrafamilial dynamics of conflict linked to feelings of rivalry perpetuate the impaired relationship with the attachment figure.

**Table 1. Clinical Data and Responses to the Rorschach Table IV**

Patient Characteristics			Response to table IV	Labels
Number	Sex	Age		
1	female	71	Ah! (startled) someone out to get you, just looking at it makes my chest tighten, it's a man, someone who wants to oppress you, who wants to frighten you..	G ClobF Monster Shock by the black
2	female	70	What's this one like? Like the first one, or not? What do you say: you see it, don't you? (laughs). I don't know why, or I can't remember, but it just looks like a bearskin, nothing else. Starting here this seems to be a head, moving down, the body, the pelt of an animal, dead, I know, because I can't think of anything else. Because this can't be two heads, here lower down, I can't see it, no	G FClob Obj Devitalization
3	male	64	What is it? An animal? that's what it is more or less. I don't understand. An animal, up here.	D F+- A Insecurity
4	F,	63	(Horrified). Uh? I prefer not to define it	Shock Refusal
5	F,	62	This is a fur rug, you know, one of those rugs made from animal skin, that's it, here at the bottom,, yes It's a flying insect with a fuzzy outline (laughs).	G FClob Obj G FClob A
6	F,	55	France, with these two (side black details) bits more. For the shape. Nothing else.	G F- Geo
7	F,	55	This could be the back. It distresses me, is it the back ? the back (she mimes), only the middle part, I don't know (side details) what these things are	D F- Anat
8	F,	55	It looks like at the centre a ...a figure. I don't understand if it's an animal, paws, horns	Do F- Ad
9	F,	54	This reminds me of the first card I saw (turns it upside down). It's as if this was the spine and these the hip bones. It's an X-ray. Upside-down it does n't mean anything to me. In all the images the perfect symmetry is so rational it's as if it shuts down the imagination, it's all so precise, untouchable, constructed, organized, too perfect.	G ClobF Rx
10	M,	53	I can't understand, animal skin, because of the hairs, colour, shape	G ClobF Obj Limited awareness Insecurity
11	F,	52	I don't know! Like an animal, a cockroach (lower detail)	D FClob A
12	F,	47	An alien (laughs) here's the head, the body, the tail, the feet, the arms, a real monster, something you see in horror movies. It isn't bad. I'm convinced that a human being is always the worst	G F- Monster Reaction formation Projection
13	F,	45	(Horrified). Oh? I prefer not to define it.	Refusal
14	F,	42	(Holds it) so, what does it represent to me.. a stain, not clearly-defined, of oil, I don't know what of, of oil, I don't know (laughs) I don't know at all, it hasn't got any precise shape, so nothing comes to mind	G Clob Obj shock
15	M,	38	It seems the head of a snake. Nothing else.	Dd F- Ad
16	F,	38	I have no idea. Nothing.	Refusal
17	F,	37	...no	Refusal
18	F,	37	(She turns it upside down) I don't understand anything (whispers), I see a kind of monster. All the head, all the body, I see something scary,. Also because of the color, but more the shape. That's all. The head has an animal shape (black central detail), but I don't know what, like a caterpillar. That's all.	shock G ClobF Monster Do F- A

**Table 1. Contd.....**

Patient Characteristics			Response to table IV	Labels
Number	Sex	Age		
19	F,	31	This looks like an insect to me with the head and back (black details). It seems like death to me. It's awful. There's no red, I like the red.  It seems to me the vagina, big lips (black upper detail) and the uterus	G ClobF A Confabulation Shock D F- Sex
20	M,	29 aa	It looks to me like an elephant's head with a trunk, this is a gorilla-like monster, with arms, feet, tail, a monster with the face of an elephant	DG F- Monster contamination
21	F,	29 aa	This would be a, what's its name, aagh. . the mouse with wings, what do you call it, the word doesn't come to mind (laughs, grimaces), what's it called, a bat, so ugly and so black	G FClob A Shock
22	F,	25 aa	A butterfly, the central part, because of the shape	D F+ A
23	M,	25 aa	This is a beaver, a beaver, I remember I already did this test, at the High Security Psychiatric hospital in Barcellona (ME). Seen from above, here is the tail, here are the hands, here are the feet	G F+ A Self reference
24	M,	20	(holds it) (turns it)  A black stain with grey shades and little white bits inside	Refusal
25	M,	19 aa	Big Death on a motorcycle going along a road. Because I can see through him (he turns round the card and puts it in front of his face) and also in front of him. There are two heads, too here (side black details) one here and one here. And there are two jokers but (lower black details) they are not at the same height as the head, and they're pointing. One has a hat and the other one has long hair, but so does other one, he has a hat and long hair (repeatedly touches his hair) but I can't understand if they have been hit on the head, here there is a darker foot, but in the end they are the same.  1,2,3,4,,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20 little marks that are not present on this side (small black central intramacular detail)  Here there is a dragon, only the eyes and the head which stop here (black central lower detail).  I see the eyes of the jaguar (black central lower detail) again, the nose, this is still a jaguar but bent, stretched and put back in place (he counts) 5, 6, 7.	G M H Orig+  Dysperceptive phenomenon Do F- Drago Do F- A

The presence of specific phenomena brings out the complexes, the uneasy and conflictual relationship with the father figure submerged in the unconscious thus emerges. Shock is thereby manifest in relation to "the black " in which the large, dark, and blurred stimulus is perceived as sinister, threatening and dangerous.

Refusal shows the failure of the patient put perceptions into words since the internal representation of the object is associated with such intense anguish that the patient is unable to control it.

Thus, the affective block produces a verbal block.

**CONCLUSIONS**

The intense feeling of anxiety associated with the stimulus of table IV of Rorschach test, transforms into a specific type of response, albeit not pathognomonic. The nature of the dysperceptions is also consistent with the type of effect in depression. From the Determinants, the Contents and the Special Phenomena emerge experiences of guilt (linked to

Oedipus) and shame (linked to the Ego Ideal); which arise from an early frustrating confrontation (real or imagined), either with the mother or father figure [32-34].

As a result, the third, the father is experienced by the child as being inadequate as a narcissistic support for Ego development in the processes of emancipation and individuation and particularly to the development of imaginal ability. From the nature of the answers of the protocols examined (Dehumanized Content), it emerges that the symbolic abilities of subjects are not fully developed or have been attacked by an early trauma [35, 36]. The trauma is the result of a relationship with a father who has not allowed the child to manage similarities and differences (space for the imagination). The emotional damage leads to a failure to develop "primary creativity", i.e. the ability to symbolize. Having lost the union so young, the ability to represent it is also lost; this being the link that is lost.

The features reported by our subjects thus represent the failure to develop the idea of a third in the mind. This failure leads to all forms of absence and difference remaining an

anathema because their representation has no meaning. Indeed, the responses express a concrete way of thinking in which the distinction between the symbol and the symbolized is not recognized. The anguish is born from an introjection with which it is impossible to communicate and from which come only threats, punishments and humiliation. The anguish is not elaborated *via* the symbol and the missed link with the father figure object is verbalized in a representation of poor quality (determinants F-, FCho, ChoF, dehumanized content). This is consistent with the general theory of complexes whereby symptoms emerge when they become hypertrophic and distressing. Such feelings will be re-evoked each time patients are faced with events which trigger memories of their first experiences of anguish. This shows how a compromised paternal representation, formulated in the inner world at an early age, becomes a part of the inner world of the patient in adulthood since it is perpetuated unconscious which is timeless. These feelings of mistrust, guilt and shame into the clinical plane as depressive disorders.

### CONFLICTS OF INTERESTS

The authors confirm that this article content has no conflicts of interest.

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