SOME THERAPEUTIC CHANGES AS MEASURED BY THE RORSCHACH INKBLOT METHOD: A CASE STUDY OF A SEXUALLY ABUSED GIRL

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ABSTRACT

A case study approach was followed to determine the changes in the nature and use of affect of a sexually abused girl (age 9) while in psychotherapy. One outpatient was tested twice, one year apart, using the Rorschach Inkblot Method during the twenty-month period of psychotherapy. The two protocol results were compared for changes in the Affect cluster of Rorschach tested variables, according to Exner's Comprehensive System. The results took into account the age of patient at the time of abuse, being at a preverbal age, and the psychotherapeutic process and content. Some of the results indicated similar dynamics to previous studies at the initial testing. The results further indicated a greater ability of the subject to use affective material; greater coping capacity; a greater awareness of negative internal affective material; and a less avoidant capacity to tolerate emotional content. Some regressive tendencies in the use of affect were explored in this case study. Potential reasons for the regressive tendency were discussed in light of the individual characteristics of the subject, the available research and theory, and the therapeutic content.

Key Words: Child sexual abuse, sexual trauma, preverbal trauma, Rorschach, Exner, Comprehensive System, Psychotherapy, Affect, Psychodynamic.

Those who know ghosts tell us that they long to be released from their ghost life and led to rest as ancestors. As ancestors they live forth in the present generation, while as ghosts they are compelled to haunt the present generation with their shadow life.

- Hans Loewald

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CHAPTER 1

INTRODUCTION

For the health profession the sexual abuse of children has become a major problem as highlighted by the prevalence of sexual abuse. Child sexual abuse, in particular, has been an especially insidious and difficult problem. For the purpose of this dissertation, child sexual abuse is defined as " the involvement of dependent, developmentally immature children and adolescents in sexual activities that are outside their range of understanding and to which they are not capable of giving informed consent" (van Rensburg and Barnard, p. 12, 2005).

The effect of the abuse has a direct impact on the child's psychological and neurological functioning and development. The trauma related symptoms are usually not transient, having a continued effect for many years, inhibiting and warping further growth and development of the child's neurological development and psychological functioning (King, N., Tonge, B.J., Mullen, P., Myerson, N., Heyne, D., Rollings, S., & Ollendick, T.H., 2000). Sexual abuse is rarely detected or disclosed in a timely manner (Lusk & Waterman, 1993).

Statistics on childhood sexual abuse is very often inaccurate and unreliable due to underreporting of the abuse at the time of the incident. Child sexual abuse is mostly not reported by children to authorities or caregivers due to fear of retribution and feelings of shame and guilt (Middleton-Moz, 1990). The caregivers are often found to be reluctant to report abuse due to difficulty in dealing with the consequences within families or communities. The difficulties in legal procedures to prove abuse, and concomitant psychological stress on the victim and family may serve as a further deterrent to report abuse to authorities (Middleton-Moz, 1990). The prevalence of sexual abuse among children may, therefore, only be accurately reported through anonymous studies and when the abused child has reached adulthood.

Each year in the United States almost two million children are victims of physical abuse, sexual abuse, and neglect (National Centre on Child Abuse and Neglect, 1988).

The annual number of new cases of sexual abuse is estimated to be as high as 150,000 to 200,000 every year (Finkelhor & Hotaling, 1984). Retrospective studies of community samples of randomly selected women demonstrated that 38%-45% of these subjects were sexually abused during childhood (Russell, 1983).

Finkelhor (1979) found that one of three women and one of seven men in the United States had been sexually abused as children. Considering the prevalence rates and the potentially negative impact of child sexual abuse on psychological functioning and development, it would translate that a large portion of the post-childhood population would display symptomology and difficulty in psychological functioning related to trauma due to childhood sexual abuse. Crewdson (1988) found that an estimated 70% - 90% of adolescents in psychiatric hospitals in the United States of America had been sexually abused.

Research studies in South Africa show that the prevalence rates of child sexual abuse to be similar to those found in international research studies. A history of child sexual abuse is reported to have prevalence rates of 34.8% among female university students in South Africa (Collings, 1997), and 28.9% among male university students (Collings, 1991).

The prevalence of child sexual abuse requires the attention of clinicians to assist in identification, assessment, and treatment of victims of sexual abuse (Hartmann & Burgess, 1989). Providing effective treatment to children identified as victims of sexual abuse commences with an assessment of the victim's symptoms and subsequent integration of the abuse (Finkelhor & Browne, 1985). Theoretical frameworks which are currently being used to understand the trauma resulting from sexual abuse focus mainly on the direct effects of trauma and pay less attention to the victim's perceptions, appraisal and integration of the abuse that often co-occur with these overt symptoms (Friedrich, McCarty, & Einbender, 1999). Some studies have focussed on the effects/efficiencies of various treatment modalities over long and short-term therapy approaches. The focus of this study is on the changes that occur, through psychotherapy, to some of the aspects of the personality structure that might be affected by childhood sexual abuse. A review of some of the literature on childhood sexual abuse will focus on the symptoms of abuse, underlying aspects of

personality structure affected by childhood sexual trauma, and the effect the abuse has on these structures. This literature review will be used to attempt an understanding of the measured changes within the context of the psychotherapy process, and to inform the reason for changes, using the Rorschach Method as the measurement instrument of these changes.

CHAPTER 2

2.1 SYMPTOMS OF ABUSE

There are a variety of psychological and behavioural consequences related to child sexual abuse. While they are more difficult to detect and understand than the bodily injuries associated with physical abuse, for example, these psychological sequelae can be helpful in the detection, diagnosis, and treatment of the victims of sexual abuse.

There seems to be a general consensus that sexually abused children often will experience certain immediate effects (e.g. anxiety, hypervigilance to the environment, emotional, and interpersonal withdrawal) as well as other longer-term consequences. Short-term difficulties have been defined as those one would expect to see from the time of the initial abuse until several months after disclosure. Long-term problems tended to be defined as those which a sexual abuse victim would experience after the short-term effects have dissipated or been treated. These long-term effects were expected to last from between a few years and a lifetime (Finkelhor & Browne, 1985).

It is of critical importance to note that some children will not exhibit all of these symptoms, and that some will not display any symptoms (Friedrich, 1990). The ability to control one's internal emotional states appears to lie on a continuum, ranging from acting out or 'externalising' behaviours and emotions at one end to overly restrained or 'internalising' behaviours and emotions at the other (Friedrich, 1990). Traumatised children tend to feel that they are unable to control events. They display greater aggression, are more demanding of attention, more self-abusive and self-destructive than their peers, and display extreme adjustment difficulties (Holaday, 2000). The effect of the disruptive internal world of the sexually abused child on their environment is isolating, and compounds interpersonal and coping difficulties.

A number of factors appear to influence the types of posttraumatic behaviours a child might exhibit. Although several studies have examined these factors, there is no general consensus as to the relative importance of individual variables, much less the combinations of variables that are likely to be seen by clinicians (Browne &

Finkelhor, 1985; Friedrich, 1990). However, there are a number of factors that are cited reasonably consistently throughout the relevant literature that might influence the types of behaviours a child might exhibit. These are: age of the child at the time of the abuse; the degree of the physical force involved; the type of sexual activity involved; the relationship between the child and the perpetrator; and the reactions of others upon disclosure of the abuse (Clinton & Jenkins-Monroe, 1994). The younger the developmental age of the child, the greater the effect of the abuse is expected to have. At the age of the child in this case study, the child was of pre-verbal age, therefore the abuse had a severely detrimental effect on her, in comparison to children at an older age. In cases, such as in this dissertation's case study, where abuse was penetrative and with a primary caregiver, the resultant behaviour of the child is expected to be exacerbated by these factors, in comparison to other sexually abused victims without these concurrent factors (Clinton & Jenkins-Monroe, 1994).

2.2 EFFECT ON THE DEVELOPMENT OF THE PSYCHE

The focus of trauma in classical psychoanalysis (Freudian psychoanalysis) has been on adult pathology; very little focus was given to the effect of trauma to the psychological development of the child. The shift in psychoanalysis from a drive-defense framework to an object-relations and interactional (object/security-seeking) emphasis led to an increased emphasis on early life trauma as a possible precedent and predictor of adult pathology and problems (Smith, 1994). The Kleinian object relations' psychoanalytic theory attempts to understand the development of personality structures during the first two years of childhood and the psychopathological expression of personality structures from the early developmental personality structures. Research in the field of child sexual abuse, trauma and maltreatment has focussed on areas of development related to the underlying personality structures in childhood, such as neurological and cognitive development, the development of affect regulatory structures, and interpersonal relatedness. The research on the development of early personality structures provides a context for potentially understanding changes in personality within the patient.

2.2.1 Neurological and cognitive development

In addition to the myriad of symptoms, and the variance of impact of sexual abuse, there is evidence to suggest that a number of aspects of personality structure, such as primitive psychological functioning and poor coping and integrating mechanisms, which are associated with the victim's perceptions, appraisals, and integration of the trauma, also result from child sexual abuse (van der Kolk, 2000). The specific structures affected are largely related to the developmental age of the sexually abused child. Zivney, Nash, and Hulsey (1988) studied the differences between child sexual abuse in girls prior to age nine and after age nine. The data suggested differences between the pathology of early abuse and late abuse victims, with early abuse victims displaying more primitive psychological functioning. Young children that are abused pre-verbally, as in this case study, have difficulty in stating the trauma in words. They tend to have poor comprehension of the event due to undeveloped cognitive structures, and an inability to integrate experiences, being unable to place the event in a realistic context (Holaday, 2000). The focus of research has been to discover how early patterns of individual adaptation evolve into later patterns, that is, the individual's poor coping system (Cicchetti, 1994). Developmental factors that influence a child's reaction to violence include their appraisal of the threat, the intrapsychic meaning they attribute to the event, their emotional and cognitive means of coping, their capacity to tolerate strong affects, and their ability to adjust to other changes in their life, including loss and grieving (Osofsky, Cohen, & Drell, 1995).

During childhood the psyche is still developing and the neurological system growing. The individual requires the environment to be sensitive to this process. The earlier the abuse takes place in childhood, the more severe the effects on development. Trauma has its greatest effect when the central nervous system and cognitive functions have not yet fully matured, leading to a global impairment of the neurological structures and psychological development (Holaday, 2000). Any trauma during development interferes with the formation and registration of normal memory traces and wishes, thereby affecting any process that assist the child in dealing with primitive material (Cohen, 1981).

As the developing child still lacks the cognitive capacity to process overwhelming emotions, such as fear-inducing stimuli (Shields & Cicchetti, 1998), this inability, in combination with poor affective communication, results in a child's development of severe problems with the regulation and organisation of affect.

Gaensbauer and Siegel (1995) indicate five types of deviating patterns of affective expression in maltreated infants. These are identified as: 1) developmentally and affectively retarded; 2) depressed with excessive sadness; 3) inhibition and withdrawal; 4) ambivalence and labile affect; and lastly, 5) excessive anger with poor frustration tolerance. Moreover, research suggests that abused children have problems communicating their internal experiences (Cicchetti & Beeghly, 1987). Cicchetti and Beeghly (1987) conclude that maltreated children not only struggle with interpreting the emotional experiences of others, but also with responding to others' affect in an appropriate manner. Due to the young age of the abuse victim, a developmental arrest takes place.

Therefore, young, abused, and traumatised children experience a typical developmental struggle with identifying and communicating their feelings (Cicchetti & Beeghly, 1987), resulting in disorganisation of the psychic regulatory structures.

2.2.2 Psychic structure and affect regulation

Children generally react to stress in one of two ways, either becoming hyper-responsive with unmodulated anxiety and hyperactivity, or becoming hypo-responsive and withdrawing, both socially and emotionally. (van der Kolk, 1988). Traumatised children show emotional lability, are more likely to express anger, rage, and irritability, and have a reduced capacity to modulate feelings (van der Kolk, 1987). In addition to a sexual abuse victim's tendency to either suppress affective expression or intensify the negative quality of affective expression, victims of childhood sexual abuse are likely to be preoccupied with feeling and believing they are different from others (Friedrich, 1990).

The final affective injury of child sexual abuse pertains to the chronic problems with anger, irritability, as well as an inability to effectively express anger with which they

struggle (Finkelhor & Browne, 1988). Problems with anger have important implications for interpersonal functioning, such as one's inability to be an effective parent, as well as a propensity to become an abusive parent herself.

According to Holaday (2000), the disruptive behaviour also interferes with school functioning, both interpersonally and academically; they display increased hyperactivity, impulsivity and inattentiveness. They have poor social competence and communication skills, and display poor attention-seeking behaviours. They can display inappropriate sexual and other regressive behaviour.

When a child has experienced repetitive trauma in the context of a primary relationship, a common defensive strategy is to disavow the perception of the parent's toxic behaviour by denying its meaning and fleeing into a manic defense (Winnicott, 1975). This occurs even in the context of remaining highly vigilant to the parent's affect and moods. Such a defensive solution interferes with the development of an integrated capacity to experience the full range of affects, both as an aspect of the self and of the other (Winnicott, 1975). For the preverbal child this situation creates an inconsistent pattern and unstable platform from which to negotiate crucial developmental pathways. The difficulty of dysregulated affect, the strong and chaotic emotions experienced, and the poorly developed capacity to regulate affects, creates a chaotic, inconstant world for the child, making it difficult to create meaning or identity.

If traumatic memories lead to affective experiences that are continually chaotic and dysregulated, such children may not develop a sense of self that is adequately organised and positive (Kernberg, 1991). This may affect their ability to use existing resources, and to develop new psychological capacities, as well as to form adequate interpersonal bonds. If the individual is overwhelmed by affects that go beyond the threshold for psychic pain, the risk of psychosis increases through an affect imploding, with attacks on the ability to make links between emotional and perceptual thoughts, thereby destroying the capacity to form cognitive and interpersonal relatedness (Bion, 1959).

2.2.3 Effects on Interpersonal Relationships

Current research is being conducted on the effects of interpersonal relations by early traumatic events in childhood. In a comparison with non-abused samples, individuals with a history of childhood sexual abuse had significantly greater impairments in affective and cognitive processes, resulting in higher incidence of interpersonal problems (Ornduff, 2000). Across inpatient and outpatient samples, the affective quality of self and other representations were significantly more malevolent for individuals with a history of childhood sexual abuse, even when general psychological distress and social disadvantage were accounted for by using non-abused clinical control groups.

Abuse and trauma can cause failure of integration and developmental arrest in the child's object representations involving others (Kelly, 1997). According to Ornduff, Centeno, and Kelsey (1999), studies indicate that experiences of sexual and physical abuse during childhood exert particularly deleterious influences on those aspects of object relations that are more affectively (vs. cognitively) laden. Early relationship problems and loss of primary caregivers may lead to poor integration of ego functioning. In such cases, a young child's defences for adapting may easily become overwhelmed by traumatic experiences (Osofsky, Cohen, & Drell, 1995). This affects the child's ability to cope with internal affect states and the child's ability to form interpersonal relations.

According to Cicchetti (1994) the normal relationship of the child is affected by poorly repressed, primitive memories and affects, resulting in primitive fantasies in the transference. A child that has been abused at a preverbal age could experience such primitive, unmodulated affect in relationships at an early age that it would affect the development of any healthy relationships in the future. A positive relationship, which allows for more good interactions than negative interactions between caregiver and child, allows the child to form a healthy perception of others and of himself. As Osofsky et al (1995, p 595) state,

> "Because predominantly negative affect exchanges between caregiver and infant supplant the positive reciprocity necessary for affect regulation, the

> infant lacks many of the early relationship experiences that contribute to a healthy sense of self."

Monk (1987) suggested that sexually abused children lack a sense of security and safety, which may tarnish interpersonal relationships. Dean, Malik, Richards, and Stringer (1986) found that abused children learned to expect social interactions to be non-reciprocal, non-contingent and primarily negative. Such interpersonal expectations may render a victim to be vulnerable to depressive symptoms such as isolation and withdrawal or fearfulness and anxiety in her interpersonal relationships. Although the coping mechanisms and adjustments made by abused individuals may be adaptive within the abusive relationship, Finkelhor (1987) points out that these same mechanisms pose to threaten the integrity of coping and interactions within a non-abusive environment. Unfortunately the distortions about themselves, others, and their affective capabilities that are shown by abused individuals may unfortunately persist into adulthood.

Literature on childhood sexual abuse reveals that the effects are twofold- both symptoms and changes to the underlying personality structure are present in victims of childhood sexual abuse. The underlying changes in personality structure due to sexual abuse and trauma is partially the focus of this study; while the symptoms, not being part of the study, reflect the external presentation to changes of the underlying personality structure. Even though the structural aspects of personality related to sexual abuse have been awarded significant attention in recent literature, they are often difficult to define and consequently evade traditional assessment measures. As a result of the accessibility of symptoms, there has been more of a focus in research on measuring and examining the effects of childhood sexual abuse through the symptomology rather than defining and assessing the underlying structures of personality. In fact, the predominant lens through which most sexual abuse research continues to be viewed is through the perspective of Post Traumatic Stress Disorder. This perspective, although it played an indispensable role in the evolution of understanding childhood sexual abuse, only identifies the symptoms, but not the dynamics associated with childhood sexual abuse. There exists a need to understand the aspects of personality structure affected by childhood sexual abuse, which may create a better understanding of the variability in certain behaviours and symptoms of

the sexually abused victim. This may further assist in greater efficacy in treatment planning and how these personality structures present in a therapeutic process.

2.3 DEALING WITH THE EFFECT OF SEXUAL ABUSE

Children use various defense mechanisms to avoid thinking about a traumatic event or to gain mastery over it, as will be elucidated in chapter four through a discussion of the Kleinian perspective of early psychological development and the concurrent defense mechanisms. An understanding of these psychological processes may provide a greater understanding of the underlying personality structures and how they influence the development of symptoms and how they may change through time, or the effect of psychotherapy.

From the early weeks of life, infants have a number of physiological self-regulatory mechanisms available to alter the intensity of incoming experience from the environment (Fraiberg, 1982). These include, among others, extreme or chronic gaze aversion, going limp, rapidly sliding into a sleep state, and affect reversal, which are the foundational defenses of dissociation.

A victim of sexual abuse is found to develop defenses, such as avoidance and denial, to contradict the reality of the traumatic event (Dalzell, 1998). For example, splitting (polarising ones perceptions and feelings towards others and oneself as either completely good or completely bad) as well as distortions of self-representations in sexually abused girls are dynamics that serve to moderate the behavioural manifestations of symptomology (Fischer & Ayoub, 1994).

An extreme defense reaction to abuse is dissociation, instigated to help the child survive overwhelming experiences of helplessness. Dissociation, or an alteration in consciousness resulting in an impairment of memory or identity, is a commonly observed feature in sexually abused children (Kluft, 1985). Dissociation refers to compartmentalization of experience, which is stored in memory as isolated fragments, sensory perceptions, affective states, or behavioural re-enactments (van der Kolk, & Fisler, 1995). The past and the present are in different compartments with no associative connection, that is, the trauma is constantly kept present in one part of the

self while the person lives his ordinary life and seemingly appears untouched (Kaplan, 2006).

Dissociation in children is manifested by forgetfulness with periods of amnesia, trancelike states, excessive fantasizing and daydreaming, the presence of an imaginary playmate, sleepwalking, and blackouts (Kluft, 1985). Any memory related to the trauma, affect state, or a memory experienced that is even remotely reminiscent of the sexually traumatic event or events would cause severe disruption in the person's functioning of memory or affect regulation, which may present as a range of symptoms and problems. Most child sex abuse victims exhibit difficulties at school, increased anxiety and depressive symptoms, sleep difficulties, aggression, and social withdrawal. The effect of the dissociated memories and affects on the day to day functioning of the individual is the constant defensive operations at work which, due the nature of the effect the trauma has on the defensive structure, fails to protect the person from the overwhelming affects and memories linked to the trauma. The child victim may experience an inability to control the intrusive memories and affect, thereby trying to find alternative ways of dealing with the overwhelming emotions. This may translate into a maladaptive behavioural pattern.

Two major psychiatric disorders that have been linked with child sexual abuse are Borderline Personality Disorder and Dissociative Identity Disorder, which have varying degrees of dissociation as part of its descriptive symptomology (Figueroa, Silk, Huth, & Lohr, 1997). Dissociation is considered an internalising disorder, in that the trauma causes severe intrapsychic problems. Some individuals may externalise the internal turmoil as a result of the trauma.

In "Remembering, Repeating, and Working Through" Freud, quoted in van der Kolk (2000), claimed that if a person does not remember, he is likely to act out,

> "He reproduces it not as a memory, but as an action; he repeats it, without knowing, of course, that he is repeating, and in the end, we understand that this is his way of remembering" (p. 150).

Acting out is used as a defense in order to avoid the internal painful affect states reminiscent of the abuse and constantly traumatically reactivated in the interaction with the environment of the child and in the interpersonal interactions (Shapiro & Dominiak, 1990). Various defensive operations are used to act against the eruption of painful affects, but if they fail, which they tend to do in the case of persons with early structural damage to their psyche, then the individual experiences psychological regression (Shapiro & Dominiak, 1990). Regression is often seen in children who have suffered a severe traumatic experience. Regression denotes the return to an earlier developmental phase of functioning with its developmentally appropriate defensive structure. The behaviour of the regressed child would indicate the level of developmental functioning the child has regressed to due to the trauma. This mechanism is seen as either a negative expression of the ability to cope with the trauma, or as Viglione (1990) believes, it may be an automatic self-reparative process. It may follow that regressive behaviour would often reflect in the therapeutic process of the child sexual abuse victim, partly to cope with difficult memories and affect related to the trauma, and partly as an indication of the reparative process.

The main personality structures that are affected through childhood sexual abuse are the central regulatory capacities of the psychological structure. The child who experiences abuse at an early age displays damage to the affect regulatory capacities, related to the inability to maintain relationships, develop a sense of identity and contribute to their own psychological development as part of an interpersonal society. The child will reflect compromised coping mechanisms due to the dysregulation of affect emanating from damaged personality structures.

2.4 PSYCHOTHERAPY WITH SEXUALLY ABUSED CHILDREN

The wide range of psychological, social, and behavioural difficulties experienced by child sexual abuse victims may require a range of therapeutic strategies, focussing on various levels of the person's psychic structure and related functioning.

Memories are expected to emerge from a traumatised psychic structure in the form of primitive memories with affect that has a primitive drive flavour. This level of

structural organisation due to early trauma explains the level of mental representations and intense affects involved in working with such individuals (Cohen, 1981).

Helping young children acquire self-regulation through reciprocal management of affects with an emotionally available therapist is believed to be important in treating children whose early relationship experiences may have been poor, and in whom there may not have been the usual reserve to help them manage affect later in life (Osofsky, Cohen, & Drell, 1995). The purpose of psychotherapy is to gradually attribute new emotional meaning to a posttraumatic experience that no longer occurs (van der Kolk, 2000). The common use of play therapy in working with sexually abused children is to facilitate the integration process of the traumatic memories into the psychological structure of the child. This process guides the child to differentiate between inner and outer reality, and to strengthen the ego capacity. This allows for the change in certain aspects of the personality structure to occur, which allows for appropriate and functional affect regulation. A mode of therapy has to be used to facilitate the development and change of structures of personality. A natural and developmentally appropriate form of interaction for children is play.

Winnicott (1975) described play as an interface between a child's intrapsychic reality and the outer world in which a child is trying to control or manipulate objects. This mode of working with traumatised children in therapy combines play therapy with verbalisations as a way to help the child deal with psychic trauma. The ability of the child to master her external world, and thereby gain mastery over her internal world, leads to greater psychological strength and functioning. The use of verbal communication is made difficult in the integration process for a traumatised preverbal child, therefore play therapy, with its symbolic use of external objects in place of symbolic words, becomes the medium of interaction. The result of dealing with the effect of abuse is excessive inhibition or unmodulated expression of affect, often leading to depressive features, or lability of affect. Children may also find emotional material to be inaccessible, thereby being unable to recognise emotions of themselves and others. When children feel overwhelmed by emotions and emotionally charged memories of trauma, they may use defensive personality operations such as dissociation and denial to avoid feeling emotionally overwhelmed and anxious.

CHAPTER 3

3.1 MEASUREMENT OF CHANGE IN PSYCHOTHERAPY

The importance of measuring change through psychotherapy is essential to assess the effectiveness of particular psychotherapeutic strategies and interventions. Accurate measurement of change assists in development of further strategies and techniques in service of improved psychotherapy. Weiner and Exner (1991) evaluated patients in both long-term and short-term psychotherapy using the Rorschach Inkblot Test (Comprehensive System). Their findings demonstrated the effectiveness of long-term therapy, and the validity of the Rorschach in assessing the effects and changes in therapy.

Weiner and Exner (1991) identified a number of indicators for successful psychotherapy. These were the patient's ability to manage stress more adequately, to deal with problematic situations in a specific coping style, to be more aware of their experiences, to be involved in positive self-examination, and to be more comfortable in interpersonal situations. Improvement and change in psychological functioning through therapy can therefore be reflected in these psychological activities.

In the study of Weiner and Exner (1991), part of the indices that could indicate psychotherapeutic change included specific affect variables. These affect variables are related to underlying personality structures that influence the use and expression of affect in the individual. These Comprehensive System indices are *D, Adjusted D, Lambda,* Affective Ratio, Shading responses, *EA,* Texture responses, *EB* and Colour responses.

Weiner and Exner (1991) found a general improvement when measuring change in psychotherapy subjects, after one year of treatment. The general improvement in functioning was consistent with identified indicators for successful psychotherapy (e.g. the ability to manage stress more adequately) in the functioning of psychotherapy subjects. Generally, the change in these subjects displayed improved coping with daily living demands, being less depressed, enjoying experiences and modulating affect more effectively, being more realistic as opposed to escapist, and

improved interpersonal relationships. The measured changes perpetuated over the period of testing, and up to four years after treatment commenced.

After one year of therapy there were areas of functioning that indicated little change, as indicated by Rorschach tested variables *(Adjusted D, D,* and *EA*). According to Weiner and Exner (1991) this indicated the subjects as experiencing subjectively felt distress. This relates the finding of Weiner and Exner (1991) in a significant increase of the Form Dimension (*FD*) responses after one year of therapy, and up to two years after therapy commenced, which indicates increased self-examination during this period of therapy.

The results of Weiner and Exner's study (1991), demonstrates change in six areas of personality functioning, namely, stress management, a conventional and consistent manner of dealing with experiences, being more capable of taking enjoyment from emotional experiences and modulating affect, more effective ideation, being less preoccupied with themselves, and having and desiring better interpersonal relationships.

The Weiner and Exner (1991) study demonstrates the beneficial effects of psychotherapy through improved functioning of the subjects in the six identified dimensions of personality, as previously mentioned. The long-term patients displayed greater beneficial personality changes in comparison to the short-term psychotherapy patients. These changes were improvement in the frequency of loose and arbitrary thinking, excessive intellectualisation, excessive self-focussing, and the lack of expecting close and interpersonal relationships. The accuracy of the Rorschach is demonstrated through the research of Weiner and Exner (1991), as they state, "the successful measurement of these expected measurement by Rorschach variables lends construct validity to their use for this and related purposes." (p. 464). This lends validity to changes through psychotherapy, as assessed by the Rorschach. As stated by Weiner and Exner (1991), changes seen in psychotherapy through Rorschach assessment may not be expected unless "(a) psychotherapy makes a difference and (b) the Rorschach can validly measure this difference" (p. 464). The demonstration of the accuracy of Rorschach assessment of change through therapy in the Weiner and Exner

(1991) study gives validity to Rorschach assessment in this case study of change in psychotherapy.

3.2 MEASUREMENT OF SEXUAL ABUSE

There is a wide range of measurement tools available to assess and detect various pathologies, including the symptoms expressed in childhood sexual abuse. These measurements fall into two broad categories: self-report measurements and projective techniques. The use of these measurements in childhood sexual abuse in detecting and assessing the abuse is of natural importance, but the use of these measurements in the understanding of the child's psychological dynamics as experienced after sexual abuse, and through the process of healing, is of importance within the parameters of this dissertation.

3.2.1 Self-report measures

While children's self-report measures can be useful in a variety of clinical situations, children who have experienced sexual abuse have not been found to reliably differentiate from normative groups on such measures (Shapiro, Leifer, Martone, & Kassem, 1990). A further complication in the use of self-report measurements in sexual abuse is that memories of meaningful events have been shown to be subject to falsification and significant modification (Ceci, Huffman, Smith, & Loftus, 1994).

Leifer, Shapiro, Martone, & Kassem (1991) proposed that sexually abused children simply do not reveal their inner emotions on such measures. Some theorists believe that sexual abuse victims are likely to be cautious about exposing painful internal states and thus, may not respond to direct measurement of internalised symptomology (Leifer, Shapiro, Martone, & Kassem, 1991). Given their history, these children are either unwilling or unable to decrease their vigilance sufficiently to show their feelings.

3.2.2 Projective psychological assessment measures

Leifer and colleagues suggested in their 1991 study that currently available projective measures, including the Rorschach Inkblot Method, sentence completion tasks, and 'picture tests', such as the Children's Apperception Test, be strongly considered when assessments involve suspected or known sexual abuse. Clinton and Jenkins-Monroe (1994) go so far as to recommend that clinicians use standardised projective measures to help, not only in the assessment, but also in the detection of child sexual abuse.

The reasoning behind this suggestion reflects several basic premises of projective testing. First, projective tests are proposed to measure aspects of personality functioning that children are less willing or able to reveal (Klopfer, Ainsworth, Klopfer & Holt, 1954). Second, children offer projective responses that often can be closely linked to their perceptions of real events (Bellak, 1986). Finally, projective measures provide details about non-verbal aspects of psychological processes that children may be experiencing (Billingsley, 1995). For example, a projective measure might indicate a child experiencing overwhelming feelings of sadness that is being controlled rather than expressed behaviourally. The indirect nature of the Rorschach is, therefore, particularly useful when the interest is focussed on an individual's unconscious and structural dynamics of personality functioning (Stricker & Gold, 1999; Weiner, 1998). In a child that was abused pre-verbally, the Rorschach would be even more useful in detecting dynamics for which words are unavailable in expression of affect. As Stern (1952) states,

> "It seems that the affect emanating from a picture reaches into the unconscious more deeply than does that of language, due to the fact that pictorial expression is more adequate to the developmental stage in which the trauma occurred" (p. 629).

The projective technique is therefore particularly useful in this dissertation in looking at the changing psychological dynamics of a sexually abused girl, and detecting changing structural dimensions of functioning, much of which remains unconscious.

3.2.3 The Rorschach and the Exner Comprehensive System

Both Leifer and colleagues (1991), and Clinton and Jenkins-Monroe (1994) suggest that the Rorschach may be particularly well suited for use in assessing potential child sexual abuse victims. A number of studies have explored the use of the Rorschach, and particularly the Comprehensive System, in the assessment of sexually abused children (Friedrich, Einbender, & McCarty, 1990; Zivney, Nash, & Hulsey, 1988). While several scoring systems continue to be used with the Rorschach, by far the most widely used, objective, and reliable system is that of John Exner (Lusk & Waterman, 1993). The Rorschach has several strengths that may be significantly helpful in the assessment of potentially sexually abused children. First, one has the benefit of being able to measure indirectly and unobtrusively a wide array of personality characteristics (Clinton & Jenkins-Monroe, 1994; Leifer et al., 1991). Second, the Comprehensive System provides a high level of standardisation and inter-rater reliability (Clinton & Jenkins-Monroe, 1994). Third, the Comprehensive System provides normative data for children and adolescents by age (Clinton & Jenkins-Monroe, 1994). The Comprehensive System provides validation for describing many aspects of personality structure as well as being a rich source of hypothesis for depicting numerous personality features and dynamics (Exner & Weiner, 1995). In addition, according to Exner (1993), the Rorschach has proven to assist in determining differential diagnosis that involves specific patterns of personality functioning.

Exner (1993) contends that the Rorschach makes well-validated contributions in the domain of identification of particular treatment goals, recognising possible obstacles to progress in psychotherapy, selecting appropriate treatment modalities, and monitoring change and progress over time. Therefore, data that are obtained, coded, and presented according to Exner's Comprehensive System produce a reliable set of scores that have empirically and conceptually significant and meaningful correlates in dynamics of personality functioning (Weiner, 1998).

What this research aims to highlight is the Rorschach's ability to provide pertinent treatment planning information by uncovering dynamics that are integrated and functioning in a child already identified as a victim of childhood sexual abuse. Many

theorists believe that emphasis on individualisation in treatment is accomplished through making appropriate judgments about Rorschach results which yield important information regarding an individual's psychological experience and functioning (Butcher, 1997). In this dissertation I propose the Rorschach to be used in this dissertation as a tool to identify changing dynamics of functioning and structure in personality, especially in the sexually abused child undergoing a therapeutic process.

3.3 RORSCHACH VARIABLES IN SEXUAL ABUSE AND TRAUMA

No definitive cluster of symptoms has been found to correlate uniquely with childhood sexual abuse (West, 1998). The quality of the pathology depends on the nature of the abuse. However, various studies on sexually abused girls, using the Rorschach Inkblot Test have indicated some correlation between sexual abuse and particular variables on the Rorschach scoring systems.

Shapiro et al. (1990) examined several variables identified by Exner as being generally sensitive to psychological impairment in children. In doing so, they concluded that girls who have experienced sexual abuse exhibited high depression ratings as measured behaviourally and on the Rorschach. According to their study, they found that the coping capabilities for dealing with stressful situations and internal demands are expected to be compromised as a result of poor ego resources, functioning, and coping strategies. Friedrich, McCarty, and Einbender (1999) analysed a comparison group, with a sample of sexually abused and matched comparison girls. Of the 11 variables assessed, significant differences were noted on three variables: the Coping Deficit Index, and two content scores, blood and sex, indicating the compromise in coping capacities due to the intrusive traumatic affective content.

Sexually abused children should by virtue of the psychological difficulty of trauma have greater problems with the regulation of affect and self-perception. Sexually abused children have been found to produce a greater number of *MORBID* responses, suggesting a greater prevalence of perceptions of the self as damaged (Shapiro et al, 1990).

The indication of depression in sexually abused children is not a necessary condition. Some children may present with a lack of affective material in their responses, which may indicate a strategy to deal with emotional material. J. Allen (Viglione, 1990) suggested that the Rorschach might traumatise the patient. This trauma activates the emotion around the initial trauma precipitating a characterological response either of withdrawal in terror shutting down all expression of hostility (little or no colour and few, if any aggressive responses) or of activation of the rage and fury, which had originally been suppressed due to the vulnerability of the child. This phenomenon may account for indications of avoidance being so high in the Rorschach protocols of children with early trauma.

In his 1990 study, Cerney found that adults who had experienced early traumatic occurrences, including sexual abuse in childhood, tended to give two different types of protocols in response to the Rorschach inkblots. The first protocol subtype was affect-laden, colour dominated, and filled with very primitive and aggressive content. The second subtype was nearly opposite in content, with very guarded responses with a minimum of affective, aggressive, and hostile content. Thus, one could postulate that sexually abused children administered the Rorschach might exhibit either one or the other pattern. In particular, given the relative vulnerability of children, it might be reasonable to expect them to be more fearful and more guarded than adults.

Rorschach protocols of the sexually abused girls indicated marked problems in ego functioning (Leifer, Shapiro, Martone, & Kassem, 1991). The abused girls showed more disturbances in their thinking, producing more responses related to unrealistic or illogical patterns of thought. These difficulties may be related to the high level of stress that the sexually abused girls were experiencing relative to their adaptive coping abilities (Leifer et al, 1991). Ego distortions may, however, be seen as an adaptive process in the service of psychological healing.

Ego distortions or regressions, and trauma specific content in play, dreams, or Rorschach responses, may represent automatic self-reparative processes rather than pathogenic ones (Viglione, 1990). Carr (Viglione, 1990) presented a similar argument, namely that Rorschach content may represent a specific historical trauma rather than symbolic intrapsychic conflicts and contents, as is traditionally assumed.

One might speculate that ego regression reflected in disrupted thinking accompanies the increased psychological sensitivity of these subjects. As a result, one might mistake this adaptive reaction for a severe disturbance (Viglione, 1990).

It may be that these moderate ego regressions allow the trauma to be worked over in automatic, reparative, unconscious processes that emerge in dreams and reverie. Therefore, some cognitive slippage may be a good prognostic indicator and may suggest the curative process at work. One might expect a moderate amount of confusion in the internal world as an expression and consequence of this adaptive struggle (Viglione, 1990).

Shapiro et al (1990) suggest that sexually abused girls who are cognitively and emotionally active experience high levels of depression, compared to abused girls who are psychologically constricted. They have interpreted the ruminating and intrusive thoughts common in sexual abuse victims as representing efforts to achieve some understanding of the victimisation. Such cognitive efforts seem analogous to the striving for intellectual mastery as represented by an increased *Zf* variable, indicating a higher frequency of cognitive effort. Therefore, the child who presents as emotionally constricted will be less likely to reflect a depressive picture. By implication, once the emotional content is confronted and experienced at some level, there will be a degree of depressive features present (Shapiro et al, 1990). Psychotherapy will, therefore, allow the child to confront the emotional content and develop greater coping capacity. Therefore, the *EA* variable, indicating psychological resources of the individual, increases with successful psychotherapy and is interpreted as reflecting richness of inner life and affective experience, as is the texture and *Vista* variable expected to change (Exner in Shapiro et al, 1990).

Sexually abused children experience painful, introspective feelings due to traumatic experiences; therefore they generally display a trend towards a greater number of vista responses (Shapiro et al, 1990). The introspective experiences of sexually abused girls relate to the ruminations of the traumatic affects and memories. This process may lead to the avoidance of interpersonal situations where emotional interpersonal content may be reflected in particular Rorschach variables and responses.

Texture on the Rorschach has long been viewed as a tactile analogue of touching and contact experiences developed from closeness with caregivers early in development. Internalisation of positive tactile experience is assumed to produce heightened sensitivity to tactile sensations (Leavitt, 2000). Within the developmental approach advanced by Exner (1978), failure to internalise tactile experiences is dynamically tied to "serious forms of interpersonal impoverishment in which the subject no longer strives for meaningful relations with others" (p. 57).

The Rorschach has been used to examine the effects of exposure to adverse early environments, showing the link between Rorschach records devoid of texture responses and childhood trauma (Zivney, Nash, & Hulsey, 1988). The same *T*-less pattern was confirmed in children with histories of sexual abuse (Clinton & Jenkins-Monroe, 1994). Children in the 10 to 12 age brackets at the time of the study produced *T*-values that were significantly below Exner's (1978) norms. They concluded, "Children who have been sexually abused tend to lose interest in other people, become guarded and distanced from social contacts" (p. 79). This may reflect in the presence of various interpersonal difficulties.

According to a study by Ornduff et al (1999), clinical samples of sexually abused and non-abused girls were distinguished with respect to *COP/AG*, a proposed Rorschach index of malevolence. Defined as the co-occurrence of *COP* and *AG in a single response*, this variable is introduced as a Rorschach analogy of a measure of malevolence devised for use with material that indicates the affect-tone of relationship paradigms (Ornduff et al, 1999). These findings provide empirical support for the salience of malevolence in the interpersonal perceptions and expectations of sexually abused children. Sexual abuse victims in this study (Ornduff et al, 1999) had a tendency to infuse relational precepts with elements of aggression and violence.

The distinctiveness of the conjoint occurrence of childhood sexual trauma and *T*-less records may be a link to the developmental difficulties shown by children who have been sexually victimised early in life in the formation of attachments, affect regulation and peer relationships (Cicchetti & Toth, 1995). As the individual develops through childhood and adolescence the frequency of some variables may change,

reflecting stabilisation and change in accordance with developmental processes. The effect of a depressive state, present to some degree in almost all childhood sexual abuse victims, has an impact on the presence, or absence of a *Texture* response. According to Weiner (1998), a *T*-less profile is found in 64% of depressed in-patients.

According to Exner, Vista, active movement, and texture become more stabilized by age ten. Human and animal movement responses seem to take on that characteristic by age twelve. According to Billingsley (1995), in Exner's normative data sexual content only becomes evident in any subject from age twelve. These norms are important to have an understanding of the general trends and expected level of representation of individual variables. The individual variables may, however be expected to change within a therapeutic process, as ego functioning improves.

3.3.1 This Study

It appears likely that the Rorschach Inkblot Test, and the Comprehensive System, would greatly contribute to an increased understanding of the psychological functioning of children who were sexually abused (Leifer et al, 2001; Zivney, Nash, & Hulsey, 1988). The research conducted in this study focuses on the change in functioning through therapeutic intervention as measured and contributed by the Rorschach. For the purpose of the case studies presented in my dissertation, the Rorschach was administered and scored through the guidelines of Exner's Comprehensive System.

CHAPTER 4

KLEIN'S PSYCHODYNAMIC THEORY OF EARLY DEVELOPMENT AND DEFENSIVE OPERATIONS

The work of Melanie Klein (1923) is of particular usefulness to the approach of the case study in this dissertation. The psychotherapeutic process with the patient presented in this case study was greatly informed by Klein's understanding of defensive operations at an early age, and how this seems to either be changed or inhibited from change. Her theory is used to understand the defensive operations and the expression of underlying structures in the therapeutic process and content.

Klein's work centres, as an outflow of the work of Sigmund Freud, on early, infantile development as the basis for character development and ego structure. Melanie Klein's work focuses on the way the infant responds to the environment, especially the mother as the primary caretaker, and develops ways of dealing with reality and fantasy through defense mechanisms to protect against overwhelming feelings. Melanie Klein measures the development of a healthy psychological being through the successful development of the infant through early developmental phases. She names two developmental phases she calls positions, namely the paranoid-schizoid position and the later depressive position. Successful negotiation of these positions would be exemplified in the use of more 'mature' defence mechanisms, rather than 'primitive' defence mechanisms. Klein (1923) uses various terms taken from Freud for which definitions for the sake of clarity are provided.

4.1 DEFINITIONS

Libido: the term used for mental energy. Libido is directed towards an object, meaning the object becomes invested with a person's interest. Freud describes the object as 'cathected' with the libido. In the case of a narcissistic person, or as Freud believed, a psychotic individual, the libido has 'decathected' from all the objects in the real world; therefore the mental energy of the person is lost to the objects around him, and focussed inward towards himself.

Object: used in a grammatical sense where there is an object and a subject; the action is performed by the subject and acted out onto the object. The subject performs mental energy as in physical actions, on the object.
Introjection: an object may be 'internalised' by a person, thus the object becomes part of the personality of that person. The libido is withdrawn from that object, as well as the object having been drawn inward by the person. As Freud stated the 'object' is absorbed into the identity of the 'ego' (personality). This idea resulted in Klein (1923) taking on the concept of 'internal objects'.

Projection: feelings that cause anxiety to the person are 'disowned' and projected onto another person, seen as part of the other person, not as part of oneself. That which cannot be experienced as in the self is experienced as located in others.

4.2 THE PARANOID-SCHIZOID POSITION

The paranoid-schizoid position is an organisation of experience present from birth through the first few months of the infant's life, which the adult maintains, at least episodically, throughout life. Klein describes assumptive experiences of the preverbal infant, which are neither clear, nor verbal and placed at some distance from that which adults are able to remember, long before any form of reality testing develops. The preverbal infant experiences these as amorphous and filled with phantasy.

The experience of the infant comprises polarized states, contrasting in both conceptual organisation and emotional tone. The paradigmatic images of these two states involve the infant at the mother's breast. In the one polarized state the infant is encompassed by love. As the warm and need-satisfying milk from the mother's breast nurtures the infant, it feels to him as if he is filled with transforming love and protection. He experiences the nurturing and satisfying breast as the 'good breast'. The infant displays and feels gratitude and protection towards the 'good breast', creating a feeling of love towards the 'good breast' as an object.

At other times the infant experiences hunger with associated feelings of physical pain. To the infant's neurologically undeveloped perceptual apparatus and psyche, the hunger feels like an attack on his body from within. He is unable to make sense of the

pain, and turns to fantasy, feeling the 'bad breast' as having fed him bad milk, therefore poisoning him, having abandoned him. He now experiences the breast as the hateful and malevolent 'bad breast', in turn being filled with fantasies that are destructive and retaliatory. The feelings of the 'good breast' are associated with the libido, whereas the feelings of the 'bad breast' are associated with the death instinct, being linked to feelings of aggression and hate. The infant is unable to maintain these opposite feeling states at the same time. For Klein, the libidinal impulse to love or hate contained within it an associated image of a physical object as a lovable object or a hateful object. Therefore the object is built into the experience of the impulse. The infant sees the two polarised experience states as contained in separate objects. It is, therefore, important for the infant to keep these two objects apart, thereby protecting the 'good breast' from being destroyed by the 'bad breast'. In the early organisation of experience the infant's emotional temper is maintained through the separation of these two worlds of the 'good' and the 'bad breast'. Any confusion between the bad and the good object may cause the annihilation of the good object. This is a catastrophic event to the infant, as it leaves him without the use of the good object as natural protection against the 'bad breast'. The overall experience of the infant provides the predominant and constant experience of himself and the world around him as predominantly good or bad. If the infant experiences predominantly good feelings and interactions emanating from the 'good breast', he internalises the 'good breast', thereby creating a predominantly good internal object. If the opposite occurs, he experiences the world as malevolent and persecutory, in accordance with predominant feelings associated with experiences with the 'bad breast'. The primary internal good object, usually the internalised representation of the mother or primary caregiver, acts as the central point in the ego, or personality structure. It acts against the process of splitting the good and the bad, assisting in integration and cohesion.

The infant operating in the paranoid-schizoid organisation of experience has persecutory anxiety, fearing malevolent attacks from the outside world, as represented by the 'bad breast' not satisfying the infant, but attacking its insides (the stomach having hunger pains). During this position the child uses splitting as the main defence mechanism to maintain the separation between the good and bad objects. The infant also projects the internal feelings of malevolence emanating from the death instinct onto the external world, thereby protecting the internal good object. This split world

filled with persecutory anxieties and malevolence where the infant has to maintain the separation and protection of the good object is difficult to maintain. With neurological maturation and positive, secure attachment between caregiver and infant, the child moves into the next developmental phase.

4.3 THE DEPRESSIVE POSITION

For the development of the depressive position, the paranoid-schizoid position needs to have been worked through adequately to allow resolution of the depressive feelings of the depressive position. With the introjection of the caregiver as a whole object, containing both good and bad, the infant's object-relation changes fundamentally. In the depressive organisation of experience, the synthesis of hated and loved parts of the whole object gives rise to feelings of mourning and guilt. The infant now has an internalised, integrated whole object, therefore no longer splits these aspects of love and hate. The mother is no longer seen as two separate beings, but as one being containing aspects of being good and aspects of bad. The mother is unable to satisfy all the needs of the infant all the time. The infant experiences disappointment and rage towards the mother. The quandary for the infant is that the rage and annihilating feelings towards the mother are directed towards the whole mother, containing the good and bad aspects. In destroying the frustrating whole object, the infant eliminates his protector, annihilating his own internal aspects and good internalised object. The guilt and terror felt from the damage to the loved objects by the infant's own destructiveness results in depressive anxiety. The child is now able to relate to whole objects, seeing them as containing both good and bad aspects, therefore negotiating the depressive position and its related anxiety. The frustrating whole object that has been destroyed is also the loved object towards which the child feels deep gratitude and concern. The infant now seeks to repair the relationship with the mother through the capacity to show gratitude. In order to heal this relationship the child has to feel capable of repairing the destruction he caused, therefore his love needs to be felt to be greater than his hate. Through this constant process the child and adult learns to relate to whole objects, therefore forming balanced, healthy relationships, and learns to compensate for his destructive processes in relationships.

The depressive position is a more integrated and developmentally advanced position. The love experienced in the paranoid-schizoid position is pure but brittle and superficial. Love experienced in the depressive position is a deeper and more real, resilient love dependent on the belief in the ability of love as a transformational vehicle to a deeper sense of relating and enjoyment of life. A characteristic feature of people who successfully work through the depressive position, especially seen in a successful therapeutic process, is the ability to love people and trust them; to unconsciously build up the good and complete breast, which was once lost.

4.4 SOME DEFENCE MECHANISMS DEFINED

Projective Identification: As in the case of projection, feelings are projected. In projective identification as developed by Klein, a part of the self is projected as in the 'bad self'. The person maintains the projection, but also attempts to control the projection as contained in someone else.

Splitting: separating the loving and loved 'good object' from the hated and hating 'bad object'. This mechanism allows the person to experience themselves or others as wholly 'good' or 'bad' object. It is used to control the anxiety associated with being consumed by the 'bad object', linked to feelings of destruction and annihilation of the self.

Idealisation: The 'good' parts of the breast are exaggerated to protect the infant against the fear of the persecutory breast. The frustrating and persecutory object is kept apart from the idealised object through splitting. When the 'good' and the 'bad' objects are kept apart so vehemently, the reality of the existence of 'bad' parts is denied. Denial of psychic reality thus forms part of the defensive structure. Klein believes that excessive denial of a part of psychic reality results in a denial of a part of the personality structure, which affects intellectual development and affect expression. This may result in a presentation of a person with a constricted affect, constantly stifling their emotions, as a result of the original persecutory anxieties being denied from reality.

CHAPTER 5

METHODOLOGY

5.1. PARTICIPANT

The participant in the case study was selected from a number of patients seen by the researcher in psychotherapy. The subject was seen as an outpatient at a family and child psychiatric ward, which included both in- and outpatients. The participating patient was a nine-year-old female. The patient received therapy once a week, in the format of fifty-minute sessions, except for the holiday periods in July and December, which consisted of a total of six weeks.

The therapeutic epistemology was informed by psychoanalytic and object-relations theory, and followed the outlines of unstructured, non-directive play therapy as detailed by Axline (1969).

5.2 SELECTION CRITERIA

The patient in the study had to have been sexually abused at a pre-verbal age. This means the child in the study had to have records from Social Welfare and medical records stating she experienced penetrative sexual abuse prior to the age of two.

A full multi-disciplinary team interviewed the patient as part of a first evaluation procedure through the hospital. The team consisted of a psychiatrist, clinical psychologist, social worker, occupational therapist and medical students. The patient displayed signs and symptoms of depression, behavioural problems (disruptive and hyperactive behaviour) and concentration problems at school. The patient is diagnosed with depression in the form of Dysthymic Disorder as per DSM IV- TR on Axis I; Axis II deferred; on Axis III she has enuresis and copresis due to spinal damage; on Axis IV, sexual abuse, multiple placements at different homes, and current placement with foster parents; and Axis IV a Global Assessment of Functioning at time of diagnosis of 60. At the time of commencing psychotherapy, she was placed on an antidepressant (Cyprimil) and a stimulant (Ritalin).

The first language medium of the patient was required to be either Afrikaans or English, as to allow her to express experiences in language that is shared and understandable to the researcher for idiosyncratic meaning. An understandable medium shared by therapist and patient is essential to facilitate interpretation of an individual's experiential world.

5.3 DATA COLLECTION PROCEDURE

5.3.1 The Rorschach Test

The Rorschach was administered in July 2005 (Protocol 1) at age nine years and nine months, and again in July 2006 (Protocol 2) at age ten years nine months. The Rorschach was administered using the instructions of the Comprehensive System. The ten cards of the Rorschach were presented in sequence. Each card presented was introduced with the question to the patient: "What might this be?" The Inquiry phase, the follow-up question after the initial question was: "Where do you see that?" and "What made it look like that?" As per the requirements of the Comprehensive System's instructions, all responses of the researcher and the patient were recorded verbatim.

Both protocols were valid (R = ≥ 14), Protocol 1 = 20 responses; Protocol 2 = 20 responses. The researcher followed the standard procedures for coding the Rorschach responses as per the Comprehensive System. The coded responses were re-coded and verified by the dissertation promoter to ensure validity and reliability of the scoring procedure.

5.3.2 Therapy Process Notes

The therapeutic process and relevant episodes of events within the therapeutic process and in the milieu outside the therapy room of the patient is used as part of the data. This information serves the purpose of adjunctive information used through inferential interpretation in the Discussion chapter of the dissertation. This data holds

no bearing on the analysis of the Rorschach data, only serving as information to tie theoretical understanding and literature to the Rorschach data in discussion.

5.4 DATA ANALYSIS

A descriptive method of analysis of the Rorschach data of each protocol was decided to be followed. This allowed for the examination of the specific variables related to affect in each protocol. The two sets of protocol data were tabled to allow for a comparative analysis in order to analyse the descriptive differences between the two protocols. Therefore, each variable of each protocol was examined individually, before compared to each other as per the descriptive analysis of each variable according to Exner (1993).

CHAPTER 6

RESULTS

6.1 INTRODUCTION

In this chapter the results from each protocol (Protocol 1 from July 2005, and Protocol 2 from July 2006), will be described in terms of the descriptive analysis provided in Exner's (1993) Comprehensive System. The nature of a case study is to provide an understanding of one particular case, not of a whole population, or even a sample. The information gained is therefore, not applicable to the general population of sexually abused girls, or any derivative of such a sample.

The results of each variable tested and scored according to the Comprehensive System follows, including a summary table (Table 1) of all the variables and determinants from Protocol 1 and Protocol 2.

6.2 QUANTITATIVE DATA FROM THE COMPREHENSIVE SYSTEM APPROACH TO THE RORSCHACH

TABLE 1: RESULTS PROTOCOL 1 AND 2

Rorschach Variable	Protocol 1	Protocol 2
Sum C' : WsumC	0 : 2.5	1 : 1.5
Afr	0.818	0.54
CP	-	-
FC : CF + C	2 : 1	3 : 0
Pure C	1	-
S	1	1
Blends : R	0 : 20	1 : 20
Lambda	4.0	1.0
EB	0 : 2.5	3 : 1.5
EA	2.5	4.5
FM	-	3
m	-	-
Sum C'	-	1
Sum V	-	-
Sum T	-	-
Sum Y	-	1
D	0	0
Adj. D	0	0

6.2.1 *Sum C' : WsumC*

Chromatic determinants refer to the acknowledgement and discharge or modulation of affect (Aronstam, 2005). In the case of the Chromatic determinants, the release of the affect is tempered by the indication of the Form (*F*) determinant with the Colour determinant, e.g. *FC*, indicating greater control and modulation of discharge, than with *CF* determinant.

In the case of the achromatic colour determinant (*C'*), the presence would indicate an inhibition of or an internalisation of affect. If present it indicates the possible presence of irritating and painful affect (Aronstam, 2005). The *Sum C': WSum C* variable gives an indication of the degree of suppression or constraint of affect in the subject (Aronstam, 2005). The *WSum C* is expected to be greater or at least equal in value to the *Sum C'*.

6.2.2 Affective Ratio (*Afr*)

The affective ratio is an indicator of the subject's interest in emotional stimuli. The ratio is calculated through the responsiveness to the emotional material in cards VIII, IX, and X of the Rorschach, and affected by the three *EB* styles and/or a high *Lambda* variable. The *Afr* is reflected as a range and is interpreted within age appropriate norms, either falling within, or outside the age norms. The normal range for the *Afr* for Children ages seven to nine is 0.55 to 0.92, and for children ten to twelve is 0.53 to 0.83. Where the *Afr* falls within the normal range for a particular age, the indication is that the person is willing to become involved in emotional material. It may also indicate an emotional naivety, or immaturity in the awareness of people who find it difficult to modulate emotions.

The *Afr* in the first protocol is 0.818. This value is placed in the average range for a nine-year-old child, indicating an appropriate level of interest in emotional involvement. The ratio is in the upper end of the average range, potentially meaning more, rather than less, interest in emotional stimuli. The *Afr* value of 0.54 in the second protocol is within the average range for the appropriate age range for this patient, although it is on the lower end of the range, potentially indicating less interest in emotional stimuli than in the first protocol.

6.2.3 Colour Projection (*CP*)

The Colour Projection response indicates an unusual manner of denial of affect as a way of dealing with emotional experiences that are unwanted by the subject (Aronstam, 2005). This determinant is considered rare, with an expected value of zero in protocols.

6.2.4 Pure Colour (*C)*

Pure Colour responses are indicative of less controlled emotional discharge (Aronstam, 2005). It is, therefore understandable that younger children, from a developmental perspective, will have higher amounts of *Pure C* responses than older children and adults. A lack of Pure Colour responses may indicate a constriction of affect in the case of a young child. The presence of *Pure C* is a good indication of how a person reacts in interpersonal situations to emotional material. In interpretation of the *Pure C* response, the level of sophistication of the response is taken into account, where a more primitive response indicates a greater failure to modulate affect.

In the first protocol there is one Pure Colour response, indicating less controlled emotional release. For a nine-year-old child the number of Pure Colour responses are expected to be higher making this result unexpected for the patient. In the retest protocol there is no *Pure C* responses, indicating that the lack of emotional control has improved in the second protocol, although being unexpected in the protocol of a ten-year-old girl.

6.2.5 *FC : CF + C*

As stated, Colour determinants refer to the modulation of affect (Aronstam, 2005).
The presence of *FC* determinants indicates the degree of control of emotional discharge. If the left side of the ratio is greater than the right, there is greater modulation of affect. In an adult the left side is expected to be greater than the right side, but in the case of a child of the patient's age the modulation of affect is expected

to be developing, therefore the left side of the ratio would be equal to, or less than the right side in the case of a ten-year-old girl.

6.2.6 Space (*S*)

The presence of White Space responses may indicate a level of opposition, potentially towards authority, negativism towards being confronted by an unwanted challenge, or anger. The presence of Space responses may be purely due to situational stresses; therefore it may have to be interpreted with other determinants indicating situational stress to determine whether the responses are present due to the test situation, or present due to trait-like features. If the frequency of Space responses is less than three in a protocol it holds no significance for interpretation.

6.2.7 Blends : R

A *Blend* is a response with multiple determinants. The presence and frequency of *Blend* responses, therefore indicates the presence of psychological complexity within the subject (Aronstam, 2005). The presence of *Blends* is influenced by the *Lambda,* with *Avoidant* styles giving fewer blends than non- *Avoidant Extratensives*.

6.2.8 Lambda (*L*)

The *Lambda* variable comprises a calculation of the number of Pure Form (*F)* responses to the total number of responses (*R*). According to Klopfer (in Aronstam, 2005), the Pure *F* response ignores the complexities of the material presented in the blot, thereby delaying the impact of the affect generated by the stimulus, so avoiding the emotional and affective subtleties.

A Rorschach protocol with a *Lambda* score in excess of 0.99 (L> 0.99) is deemed a high *Lambda*. A score of less than 0.31 (L< 0.31) is deemed a low *Lambda*. A person with a *Lambda* score in excess of 0.99 is termed as having an *Avoidant* style of dealing with stimulus demands. They would tend to simplify any stimulus that is perceived as either ambivalent or as complex (Aronstam, 2005). For a child with a *Lambda* score in excess of 1.30 the extent of avoidance is particularly significant as it

may indicate the extent of avoidance of affect, which is unexpected of a young child. The subject with an *Avoidant* style tends to approach all affective and psychologically demanding material with a sense of avoidance.

The *Lambda* value in the first protocol of 4.0 is indicative of an extreme *Avoidant* style for dealing with complexity and affectual material. This *Avoidant* style would result in an extremely devoid protocol of affectual material.

6.2.9 Erlebnistypus (*EB*) ratio

The *EB* ratio (*Sum M : Sum C*) is indicative of a person's preference towards a particular problem solving style (Exner, 1993). The *EB* ratio provides information on how the subject experiences affect, and how this has an impact on some of the more basic psychological operations. The Comprehensive System indicates three variations, namely the *Introversive, Extratensive* and *Ambitent*. According to Exner (in Aronstam, 2005), an *Introversive (M> Sum C*) tends to predominantly use inner psychological dynamics as a form of satisfaction of basic psychological needs, thus an ideational style of problem solving predominates; the *Extratensive (M< Sum C*) uses the interaction between themselves and the world as the main form of fulfilment, thereby affect directs problem solving; while the *Ambitent (M= Sum C*) has no particular style of coping with affect, therefore they may be more vulnerable to less effective solutions to demands. The *Ambitent* style is the least effective style of problem solving as neither ideation, nor affect directs problem solving.

6.2.10 Experience Actual (*EA*)

The *EA* variable indicates the extent of availability of psychological resources for use by the subject (Aronstam, 2005). The *EA* variable is expected to increase with successful therapy (Exner 1986 in Shapiro et al, 1990*). EA* is expressed as a number in a range according to specific norms. The *EA* for adults and adolescents is expected to be in the average range of seven to eleven, while for children of ages ten to twelve it is expected between six and ten, and children of under ten years of age it is expected from four to nine. An *EA* variable score in the average range indicates a reliable

measure of a capacity to deal with stress, especially where the *Adjusted D* score is zero or greater.

6.2.11 Animal Movement (*FM*)

The Animal Movement response relates to the subject's mental activity that is provoked by internal psychological demand states (Aronstam, 2005). According to Klopfer (in Aronstam, 2005), these demand states represent an archaic quality of demands that need immediate gratification, in which the subject has very little insight, and struggles to accept. This aspect of the personality may represent the presence of conflictual elements, in relation to more developed aspects of the person's personality.

6.2.12 Inanimate Movement (*m*)

Inanimate movement may have a significant impact on the subject's thinking and emotions, being linked to a fear of losing the ability to be in control. In the case where a subject experiences psychological conflict with no inanimate movement response, the subject may be experiencing a sense of passive acceptance of the psychological conflict (Klopfer in Aronstam, 2005).

6.2.13 Achromatic colour (*Sum C'*)

The achromatic colour variable indicates the subject employing constraint to emotional material. According to Aronstam (2005) it represents an internalised and suppressed emotion, not given expression to, thereby creating a sense of irritating or painful affect in the subject. The inhibition of the emotion acts to suppress experiencing the impact of the emotion on the subject. This variable is mostly found in the protocols of depressed patients, when the number of *C'* variables in a protocol exceeds the expected level of one or two *C'* variables.

6.2.14 Vista (*Sum V*)

According to Klopfer (in Aronstam, 2005), the Vista variable indicates how the subject deals with needs of affection and belongingness, the presence of which may

indicate a need to take emotional distance through a process of introspection to deal with anxiety-provoking and emotionally painful material. The presence of a Vista response in the protocol of children is extremely rare. The presence of a Vista response by a subject in treatment may indicate the natural process of introspection, although painful, which goes along with the uncovering, introspection of psychotherapy.

6.2.15 Texture (*Sum T)*

The Texture response is related to the subject's need for affection and dependency (Aronstam, 2005). According to Klopfer (in Aronstam, 2005), Texture responses relate to how the subject manages their affectional needs and to their expectations of receiving affection from others. Exner (1978) indicates the need for a child to internalise close emotional relationships, which is tied to the textural quality associated with early, physically nurturing relationships. Therefore, if a person has a greater need for emotional closeness to others, they will tend to have elevated Texture responses. If the subject gives no Texture responses, the indication is that the person is guarded in interpersonal relationships, and avoids emotional closeness (Aronstam, 2005). The expected norm is for a subject to have one Texture response in the Rorschach protocol.

6.2.16 Diffuse Shading (*Sum Y*)

The diffuse shading determinant is indicative of anxiety due to situational stress. It is very often interpreted in conjunction with the inanimate movement (*m*) determinant to determine the degree of situational stress present in the subject. As stated in Aronstam (2005), if the response is *FY*, it may indicate a stimulus to action. The presence of the Diffuse Shading determinant may very well indicate a free-floating anxiety present in the subject (Klopfer in Aronstam, 2005).

6.2.17 *D* and *Adjusted D*

The *D* determinant indicates the subject's current ability to remain in control, utilise current psychological resources and engage with the world in a meaningful manner, in

the face of stress. The *D* score is, therefore, a reflection of the subject's capacity for control in dealing with stressful demands (Aronstam, 2005).

The *Adjusted D* determinant indicates the more pervasive capacity for control and stress tolerance. According to Exner (1993), most adult participants present with scores in the zero range for *Adjusted D*. An *Adjusted D* score of zero indicates that a subject has the necessary internal resources to cope with external demands, therefore capable of dealing with every day stressors in a consistent manner, although this may still leave him vulnerable to stress overload if the stress and demands experienced increases. An *Adjusted D* score in the minus range would indicate a lack of ability to adequately cope with daily stressors, while an *Adjusted D* score in the positive indicates an increased capacity to cope with stressors.

CHAPTER 7

DISCUSSION

The focus of this dissertation is on the changes in psychotherapy to the personality structures as demonstrated through the Rorschach. Certain changes, as measured by the Rorschach, demonstrate changes during the year of therapy in accordance with findings on change through psychotherapy to the underlying structures of personality, as discussed in Weiner and Exner (1991). Some changes, or lack of measured changes, demonstrate factors that may be due to aspects that are not related to successful therapy, but may also be due to factors outside of therapy affecting the potential change.

In commencing therapy there was a large degree of unmodulated affect demonstrated by the patient. The patient presented with emotional material that seemed to be experienced as beyond her control. There were frequent emotional outbursts and overt expression of a wide range of emotions, seeming to find it overwhelming to be made aware of her internal world and emotions. This led to a wide variety of behavioural expressions. Initially, in the beginning stages of therapy, the patient displayed behaviour, which may be described as hyperactive, unable to maintain concentration on one object or activity. Her interpersonal relationships were poor, having no close friends, and finding it difficult to make any friends. Her relationships had a fantasy-element, having experienced rejection from friends at school and having the desire for friends, she has fantasy-friends and embellishes relationships with greater importance and closeness than exists in reality. When confronted with the potential for relationship she withdraws interpersonally and emotionally, isolating herself and displaying unmodulated emotions. She avoided any activity that may be cooperative in nature or may require the involvement of the therapist, either emotionally, or through physical closeness (e.g. sitting next to each other drawing a picture). Any form of human emotional relatedness seemed to cause internally overwhelming emotions to the patient's psychological structures, therefore finding it difficult to cope with everyday difficulties encountered in relationships. She seemed to experience all interpersonal situations as threatening. Whenever emotionally difficult themes or

topics were dealt with in psychotherapy she would make use of tactics to avoid the emotional content such themes elicited. She initially displayed hyperactive behaviour, later choosing activities that were repetitive in nature, and showing the ability to focus on one activity at a time.

During this later phase of treatment, after the first year, she often regressed, displaying behaviour that was present at the initial few months of therapy, or behaviour and emotions that were akin to a much earlier developmental level. She became aware of herself being in conflict between feeling very good in terms of her self-concept, or seeing herself as very bad, then being unable to contain these two feelings together. This was in contrast to how she previously was completely unable to feel both aspects simultaneously, rapidly splitting her feelings and behaving in an extremely disruptive and avoiding manner. At the time of the retest she would be able to sustain greater interpersonal contact and stay with one object or activity, although displaying a more contemplative and withdrawn affect. During this phase she no longer wrapped herself up in a curtain of the one window and me in the other, as she did previously; she now used the two curtains of the same window creating a sense of interpersonal closeness. She often verbalised with this play-theme that she feels bad, is the *devil's child*, and *will marry Jesus*, displaying the deep feelings of a wounded self-image. The patient was able to express negative feelings in contrast to the beginning stages of treatment. The patient displayed an increase in psychological resources and complexity, able to tolerate the internalised affect more effectively than before, although there was some difficulty in the exposure to some emotional material. At the time of the second testing, the patient still found some of the psychological content brought forth in an interpersonal situation difficult to deal with emotionally, although less so than during the beginning phases of treatment.

As measured by the Rorschach and demonstrated by the colour response (*Pure C*), she initially presented with emotional material experienced as beyond her control. The lack of *Blend* responses at the first testing indicates a lack of psychological sophistication at that time, in conjunction with a lack of psychological resources as indicated by an extremely low *EA* and no definitive style of dealing with emotional experiences.

The lack of psychological resources and mechanisms for dealing with emotional material in an effective manner is demonstrative of a person who has experienced early trauma, thus affecting the development of psychological structures. If the neurological structures related to affect and the development of personality structures that assist the individual in modulating affect are delayed or compromised, the person is open to overwhelming emotions. The person may deal with the overwhelming affect through behavioural manifestations and psychological avoidance of the emotional material. In this case study the patient became highly avoidant of all emotional material and situations that may be experienced as overwhelming, as demonstrated by the high *Lambda* (4.0) variable as measured by the first Rorschach protocol. She initially displayed hyperactive behaviour, later choosing activities such as drawing squiggles on a page until it is filled, with no space left. This is reminiscent of an obsessive-compulsive manner of dealing with the lack of control over the emotionally overwhelming material, therefore using the compulsive activities to maintain control. Initially in the therapeutic process the patient had very little control over her emotions and had very little psychological structures to cope with the overwhelming emotions, or interpersonal difficulties.

The degree of avoidance may be the reason for the lack of acknowledgement of any internal psychological demands as demonstrated by the lack of Rorschach measured *FM* variables. For the child that has been sexually abused, the original psychological, as well as physical, injuries were interpersonally related. For this patient the interpersonal injury was from the biological parents, who lay down the original psychological templates for all subsequent relationships. The original *object*, as Klein conceptualised, was not available as a mostly *good object*, therefore the internalisation of the maternal figure as the template for future relationships was as a mostly *bad internalised object*. The projections onto others from the internal feelings of 'badness' in order to rid herself of a psychological identity as 'bad', thereby preserving herself as a good person, would translate into an expectation of others in interpersonal experiences to be 'bad'. The patient's history of multiple rejections may lead to the lack of desire for interpersonal connection as compounding factor to the original maternal and paternal interpersonal damage. The avoidance of emotional

closeness for this patient is demonstrated by the Rorschach though the lack of Texture responses. She experienced all interpersonal situations as threatening; thereby she would operate as an extreme *Avoidant* as demonstrated through the high *Lambda* variable

The attempt to deny any form of internal demands, keeping them from awareness through extreme avoidance, was maintained through the primitive defense of splitting. The patient repeatedly denied all internal psychological demands as demonstrated through the lack of *FM* responses in the first testing. It is postulated that her overwhelmingly negative affect, as part of a negative internalisation of a 'good object', resonates with her view of herself as a bad person, thereby she *splits* the world around her, and herself, as containing either a good part and a bad part, but never both together. To protect any feelings of goodness about herself and the world she has to keep the negative feelings away. This is often seen in her therapy where she would rap herself up in a curtain, while instructing me to rap myself up in the other curtain (of the other window); at other times shutting all the windows and curtains, commenting that *now we are protected and nobody is able to see into the room*. It may be seen as her way of keeping the two worlds apart, resonating with keeping her and myself apart, the good and the bad, and protecting the goodness within her from any form of badness, either within herself, anyone else, or the outside world.

There appeared no lack of coping resources at the first testing as indicated by the *D* and *Adjusted D* scores, but this may have been a skewed portrayal, influenced by extreme avoidance. The *Adjusted D and D* scores of zero still leave her vulnerable to stress and a breakdown of her coping if the stress becomes excessive. She displayed little psychological resources as displayed through the *EA* variable. The process of successful psychotherapy is expected to produce changes in these psychological resource variables. Taking these variables into account, the Rorschach should demonstrate the change in these variables, increasing her ability to cope and manage stress; she should become more open to experience with a better coping structure as reflected in a decrease in the *Lambda* and a change in the *EB* variable; the patient should be more capable of modulating affect and enjoying emotional experience as indicated by more controlling affect experiences and less pure colour responses to the

Rorschach; and she should be more interested and comfortable in interpersonal situations (Weiner & Exner, 1991).

These changes, as demonstrated by the Rorschach, may be reflecting a less primitive form of psychological functioning, thereby displaying the maturation of the individual, and the ability to integrate and differentiate psychological experiences into the underlying personality structures and functioning. This level functioning is more characteristic of some of her psychological structures and functioning at the second testing than at the beginning phases of treatment. The process of therapy for this patient focussed on the development of psychological resources in the form of coping mechanisms of the personality structure, therefore she had to move along a developmental pathway in order to develop internal psychological structures that could assist her in modulating affect, develop meaning from experiences and form positive, mutual interpersonal relationships. For this development to take place the patient has to form a good, trusting relationship with the therapist, where the internal emotions, conflicts and defensive operations are made aware to the patient, and assisted to resolve and integrate these aspects.

After one year of therapy the retesting of the patient through the Rorschach demonstrated a change in the manner she uses affect and in the psychological resources and psychological coping structures. With continuing therapy the patient undergoes an introspective process, which focuses her on her internal affects and conflicts. This may reflect in the downward change in the Affective ratio, but still remaining within the normal range, therefore she has a more contained and modulated desire to engage in material that she finds painful to confront.

The patient in this case study doesn't reflect the intense introspective variable as shown in the *FD* variable. She reflects the change in awareness of internal demands as reflected in the appearance of *FM* responses after one year of therapy. These demands reflect a primitive quality of internal psychological demands that need to be met immediately. The awareness and acknowledgment of these demands is central to the resolution of less functional aspects of personality structure, integrating them and developing more functional psychological structures and mechanisms. The awareness of these demands create a sense of internalised emotion, which may also reflect the

process of therapy where she is constantly made aware of her emotions, no longer 'evacuating' them, but trying to make sense of them through this internalising process. In 'holding on' to the emotions they create an irritating internal feeling (presence of *C '*), where the person is unable to functionally deal with the emotion in a mature, modulated manner. This process of becoming aware of more primitive internal demands and being aware of internal irritating emotional content is similar to a regressive process. This process functions, as Viglione (1990) stated, as a way of reworking the underlying psychological structures by moving to an earlier manner of functioning. This process affords the patient in this case the opportunity to rectify and make sense of processes and structures at a level were they have a basic psychological structural impact on her functioning. This process was clearly present during the later phases of the treatment and at the time of the retest.

The regressive process and awareness of more primitive demands (*FM* responses increased) and internal affects that are constricted due to the fear of their impact, is a healthy process. This process is reflected in the move of the individual from Klein's Paranoid-Schizoid Position to the Depressive position, as a form of maturation through integration. The patient is aware of the potential containment of both good and bad aspects in others and herself. The risk of potential destruction or loss of all that is good, both within herself and in others, through the awareness of her own primitive impulses, as demonstrated through *FM* variables, creates a different internal affect state than from the first testing. She is now becoming aware of her own internal world and emotions. As per the goal of any therapeutic process, she has been able to use the safeness of the therapeutic context and the therapeutic relationship to regress in terms of psychological behaviour to restructure and build up her aspects of personality functioning that relate to her psychological resources and coping mechanisms.

The result is improved affect modulation as indicated through the second testing, as per the study by Weiner and Exner (1991), in the increase of *FC* responses over *CF* and *C* responses. She has an increased *EA*, demonstrating the core function of successful psychotherapy, the increase of psychological resources after one year of psychotherapy. This is still not at an optimal level, but is in accordance with the findings of Weiner and Exner (1991).

The milieu of the therapy relationship creates the safeness to confront the difficult emotions and conflicts, hence the patient became much less avoidant of emotional experience by the second testing one year later, as demonstrated by the *Lambda* scores. The growing psychological resources and development of the underlying psychological structure is demonstrated by the Rorschach through the increase of *Blends* after one year of therapy from the first testing, and in a more balanced *EB*, reflected through no zero score on either side and an increase in *FM* responses in the second testing.

The retest *Adjusted D* and *D* scores may be a more accurate reflection of her ability to deal with the demands of everyday life and events. At the first testing her overall depth of psychological resources was severely compromised as reflected in her behaviour at the time and her scores related to adjustment (*EA, Adjusted D, D).* At the time of her second testing, the Rorschach variables reflected a less *Avoidant* style of dealing with emotional experiences, greater psychological resources and complexity, therefore the *Adjusted D* (0), and *D* (0) scores are most likely a more realistic reflection of adequate psychological coping.

The patient's psychological resources, as reflected by the Rorschach variables *EA*, *Adjusted D, D*, and *EB*, are expected to increase resulting in sophistication and complexity of psychological adjustment. This is in accordance with the study by Weiner and Exner (1991) on change of psychological structures through therapy as measured by the Rorschach. The recommendation is for further psychotherapy treatment to continue with this patient, as the results of long-term treatment has the greatest benefit (Weiner & Exner, 1991).

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