

Projective Assessment of No-Suicidal Self-Injury in Adolescence: Unconscious Dynamics Revealed through the Rorschach and Thematic Apperception Test.

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Abstract:

Psychologists consider adolescence a crucial developmental stage marked by profound physical and psychological changes, where underlying vulnerabilities can lead to non-suicidal self-injury (NSSI) as a means of expressing unspoken emotional pain.

Because traditional clinical interviews may not fully capture these complex motivations, complementary assessment tools are essential. This article explores the contribution of projective methods, specifically the Rorschach Test and the Thematic Apperception Test (TAT), in understanding adolescent self-harm. By revealing unconscious dynamics related to the body, affect regulation, and internal conflicts, these tools enhance clinical assessment, deepen psychological understanding, and support more effective therapeutic interventions.

Keywords: Self-harm; Adolescence; Rorschach test; Thematic Apperception Test (TAT)

• Introduction

Self-harm during adolescence is a behavior in which individuals attack their own bodies. It occurs during a sensitive stage of life pictured by profound physical and psychological changes triggered by puberty. Self-harm entails adolescents inflicting wounds of variegating depth on their body tissues, causing bleeding but without the intent to commit suicide. Adolescents often describe these actions as not causing pain but, on the contrary, as providing a sense of relief and emotional release. This phenomenon raises confusion and prompts questions about what drives adolescents to engage in such behavior and how it brings them comfort, even though it constitutes a violent, aggressive act toward oneself. As is commonly known, injuries are generally associated with pain and distress, rather than relief.

Given that those who resort to such practices are often limited in their ability to express their feelings verbally, it becomes crucial to turn to projective tests in order to better understand this behavior. Self-harm can be understood as a temptation to cope with emotional pain when other means, majorly verbal and symbolic, have failed. Projective tests are indispensable in diving into an individual's psychological functioning, whether in clinical practice or scientific probe. These tests reveal the complexity and diversity of the unconscious processes, bringing to light underlying psychological structures, defense mechanisms, suffering, pain, and the transition from pleasure to displeasure, among

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other dimensions. They provide rich, detailed and meaningful expressions of the individual's psychological life, making the combined use of projective tests and clinical interviews essential to understand the self-harming behavior.

1. Adolescence and the Adolescent's Body

Psychological literature, unanimously defines adolescence as a critical developmental phase in an individual's life, shaping the organization and formation of their final personality. It entails a psychological reorganization as the individual confronts the physiological changes brought about by puberty and begins the process of separation that leads toward adulthood.

This phase is marked by a series of internal conflicts. The manner in which these conflicts are managed, or whether they are resolved or not, determines the emergence of psychological disorders. Numerous psychological studies have highlighted that many mental disorders observed in adulthood have their roots in adolescence, as emphasized by the works of Rousseau and Kestenberg.

1.1 Adolescence

Adolescence is situated between two essential stages of psychological development: childhood and adulthood. It is characterized by dynamic and economic conflictual situations that confer it with a volatile and fluctuating nature. These conflicts constantly disturb emotional needs, generating overwhelming and disorganizing emotional responses. Adolescents drown in a process of individuation and subjectivation, seeking to distance themselves from intersubjective dependency, which they may experience as a threat to their self-assertion.

During this period, sexual impulses, that were previously fragmented, become unified, and sexual goals are progressively structured. Adolescents discover sexual arousal from the opposite sex and direct their investments towards external, non-taboo love objects. The drive becomes orientated toward reproduction, and the erogenous zones of childhood are gradually replaced by the primacy of genital sexuality.

furthermore, the Oedipal issue evolves from a focus on the phallus toward a configuration centred on reproduction. The castration complex shifts from the fear of losing the phallus to the anxiety related to its potential dysfunction.

Adolescence also a time of reevaluation, during which, past relationships are revisited, and childhood traumas acquire a renewed meaning. It provides an opportunity for transformation as unresolved childhood conflicts – such as the struggle between desire and prohibition- resurface and are reworked within the oedipal framework. These conflicts shape the individual's relationship to both self and others.

All these conflicts are revisited under the umbrella of reproduction, across three key axes of the psyche: the Oedipus complex, narcissism, and object loss. Adolescence reveals the strength or fragility of narcissistic foundations, auto-eroticism, the effectiveness of defensive mechanisms, and the stability of psychological structures.

The adolescent, having architected their past as a child, must let go of it to embark on their life as an adult. This transition disrupts old reference points, prompting the emergence of new ways to manage psychological conflicts. It tests the continuity of the personality and yields feelings of guilt and depression associated with disrupting childhood love objects. These emotions are tickled by the realization that Oedipal sexual fantasies can now be achieved due to the maturity of the reproductive system.

1.2 The Adolescent's Body

Puberty and its accompanying physiological transformations precede adolescence, leading to deep physical and psychological changes. The most paramount change is the maturation and functioning of the reproductive system, which depicts the onset of sexual maturity.

The body undergoes physical alterations—facial features, height, weight, and the development of male or female characteristics. However, these changes are not just physiological; they also impact the body's role as a spatial marker, a reference for interacting with the environment, and in its symbolic and narcissistic dimensions.

The adolescent experiences a transition in their body image, feeling a sense of unfamiliarity with their new form, which negatively influences their identity construction. The frequent childhood body vanishes, forcing the adolescent to undergo a psychological process of relearning how to perceive, understand, and incorporate their new body, which fetches new sensations and experiences. However, they lack the references to make sense of this transition, as childhood's non-sexual markers are no longer applicable.

1.3 Adolescence and the Adolescent Body

The physical changes compel the psychological apparatus to undergo modifications to incorporate them. This involves updating psychological processes to accommodate these new realities, which are primarily attached to sexual maturation.

This process of adaptation often triggers mourning, as the adolescent must relinquish childhood achievements, such as early love objects. This entails a double loss: the abandonment of Oedipal desires and the childhood state, along with the affronting of separation anxiety.

Successful navigation of adolescence depends on accepting reality, the quality of internalizations, and the ability to integrate early objects without overwhelming guilt. If guilt arises from the attempt to substitute early love objects with external, non-taboo ones, the adolescent remains fixated on childish attachments, preventing the mature development of sexual identity.

The success of adolescence also hinges on the alignment between new drives and narcissism, as well as the investment in external objects. These new objects may simultaneously evoke fear and desire, presenting a dual threat of betrayal and abandonment.²

However, the pace of physical changes often surpasses that of psychological development, leading to a temporal gap between the two. The range varies from mild to deep, leading to a disruption in the harmony between the physical and psychological states. This results in an adult body with a psychological system that has not yet matured, still operating on a childish mode.

The adolescent finds themselves torn between giving up thought, allowing the body to dominate the psyche, and maneuvering to control this body by imprisoning it in a protective shell.

However, this process, despite the deep psychological pain it causes and the violence of the conflicts it evokes, is a necessary portion of development. Unfortunately, not all adolescents experience this transition smoothly. Intense inner conflicts can reveal past traumas and exhibit foundational vulnerabilities, sometimes requiring costly adjustments. The narcissistic barriers can be severely breached due to the abandonment of objective investments. This manifests in adolescents through disorders that highlight the depth of their suffering, which they are unable to step over due to their inability to seek reinforcement from others or count on a minimal foundation of narcissistic supports, increasing the risk of depersonalization³.

² - بوعلامة فطيمة الزهرة- الحياة النفسية للفنان التشكيلي الجزائري: نظرة تحليلية للتقمصات في ضوء الاختبارات الإسقاطية- بن عكون، دوان المطبوعات الجامعية، 2017، ص36.

³ Emmauelli Michéle § Azoulay Catheri- Pratique des épreuves projectives à l'adolescence- Dunod, 2009, PV.

This is delineated through aggressive behaviors, some directed at others and some at themselves, in the form of attacks on the body. These behaviors manifest the hurdles adolescents face in reclaiming ownership of their new, sexually mature body and the violence of the internal conflicts they experience, especially those stemming from the inevitability of choosing a sexual identity.

These attacks take various forms, entailing self-harm, which adolescents use to temporarily restore psychological balance. This allows them to alleviate the urges they experience and manage unbearable pain, which they cannot articulate, by releasing it through their body. The distress felt by adolescents, caused by an overflow of stimuli that the psychological system cannot contain, drives them to act out in an attempt to reduce and control the level of traumatic arousal. This serves as a self-soothing process, replacing psychological functioning and conflicting with the process of satisfaction ⁴

Psychoanalytic literature as a whole, addresses us that the body during adolescence is the favorable means of expressing psychological experience. The body is crucial to interactions with external objects. Adolescents use their bodies and somatic behaviors to express the difficulties they face, explaining the prominent anxiety surrounding adolescent behaviors that affect their bodies. The adolescent body is regarded a transitional object, especially when there is a rupture in the balance between object investments and narcissistic investments. In the absence of an object associated with libidinal or aggressive drives, the adolescent turns their body into a temporary, transitional, and contractual object, belonging simultaneously to both the self and the non-self, directing their drives—especially the aggressive ones—toward it. When these drives lack an investment object, the body serves as a temporary substitute.

The adolescent body acts as a vehicle for various libidinal and aggressive drives. It occupies a middle ground between external objects and internal phantasmatic objects. Jeammet (1980) posits that "an adolescent's recourse to their body is their preferred mode of expression. The body is a constant marker of a personality searching for itself, carrying a still unclear image of the self. It is the meeting point between the internal and external worlds, defining boundaries... and also serves as a message to others" ⁵

Attacks on the body reveal an experience of collapse, affronted by adolescents trying to hold onto life, but conflicting to confront the object and to mobilize the energy they are willing to advocate to seeking sadistic pleasure from the object, especially through the enjoyment they show to others when carrying out these attacks to communicate their suffering ⁶

2. Self-Harm:

Self-harm, also referred to as self-aggressive behaviors or "non-suicidal self-injury"⁷ falls within the category of acting out, through which adolescents express their internal conflicts and anxiety⁸

⁴ Matha Catherine- Les attaques du corps à l'adolescence: Approche psychanalytique en clinique projective- Mallakoff, Dunod, 2018, P74.

⁵ Marcelli Daniel § Braconnier Alein- Adolescence et psychopathologie- E7, Issy Les Moulineaux, Elsevier Masson, 2011, P194.

⁶ Matha Catherine- Les attaques du corps à l'adolescence: Approche psychanalytique en clinique projective- Mallakoff, Dunod, 2018, P 94.

⁷ Marcelli Daniel § Braconnier Alein- Adolescence et psychopathologie- E7, Issy Les Moulineaux, Elsevier Masson, 2011, P437.

⁸ Ibid. P 96.

It constitutes a self-directed aggressive response in which the aggressor and the victim are the same, arising in situations of conflicts related to reorganization of narcissism and object relations, where the issue of loss acquires central significance⁹

According to Simeon, Favazza, and Hollander (2001) view that any behavior "aimed at deliberately causing physiological pain, repeatedly, without conscious suicidal intent, and without causing life-threatening injuries." Walsh (2006) described it as "any self-directed aggressive behavior that does not threaten one's life, is socially unacceptable, and is handled by the individual to alleviate psychological distress"¹⁰

From the above, we can define self-harm as any self-directed aggressive behavior, intentionally inflicting wounds that cause physiological pain without threatening one's life and without conscious suicidal intent. It is resorted to, despite being socially unacceptable, to relieve psychological distress.

Through self-harm, the adolescent externalizes their psychological suffering (anxiety, depressive emotions, etc.) onto their body. They unload their emotions and the guilt-laden pre-representations linked to them by acting upon their body. This action tends to contain and neutralize the emergence of primitive anxiety stemming from unbearable unconscious phantasies. Thus, self-harm has a cathartic function, purging overwhelming stimuli from the psychological envelope. The overflow of drives and internal stimulation is discharged onto the body because the psychological apparatus is unable to encompass it, and physical pain alleviates psychological pain¹¹

Self-harm indicates a fragility in the boundary between the internal and external for adolescents who resort to it. The skin, as the body's envelope and its interface with the external world, becomes damaged and cracked, with holes reflecting the fragility and vulnerability of body image.

They struggle to differentiate between fantasy and reality due to the inadequacy in thought processes in relying on perceptual distinctions (discrimination perceptive). Moreover, they affront difficulties in consolidating the issue of loss, linked to anxiety about losing the love of the object. This complicates the process of letting go of primary objects and prevents the abandonment of childhood sexual positions—both central tasks of adolescence—due to the fear of losing the love of caregivers. Therefore, these adolescents experience depression, as defense mechanisms for denying depression fail, and there is a poor connection between emotions and their representations. The weight of these emotions and the intensity of drive impulses resulting from depressive experiences pose a threat to narcissism, exacerbating the risks of its breach.

Additionally, these adolescents struggle to reach emotional ambivalence due to mechanisms of inhibition and conflict avoidance, both of which aim to avoid guilt-ridden or aggressive representations. Adolescents find it difficult to integrate their aggression into a relational scenario, leading to the reversal of sadistic drives onto their bodies in the form of attacks that threaten narcissistic unity. Direct emotional expression is inhibited and substituted by alternative modes. Masochistic

⁹ Matha Catherine, « scarifications à l'adolescence : l'aide de la psychologie projective », dans l'interprétation des épreuves projectives, érès, Toulouse, P 159.

¹⁰ Gicquel Ludovic § Croco Maurice- les automutilations à l'adolescence- Dunod, 2011. P43.

¹¹ Marcelli Daniel § Braconnier Alein- Adolescence et psychopathologie- E7, Issy Les Moulineaux, Elsevier Masson, 2011, P 443

phantasies signal an attempt to process the loss they endure in a passive way. By self-harming, the adolescent adopts a position of activity. This was sharpened by the works of C. Matha.

The physical pain caused by injuries serves to relieve the psychological pain the adolescent cannot express in the form of emotions. Attacks on the body reveal the magnitude of the adolescent's pain and suffering, as well as their inability to confront the anxiety that overwhelms them—an anxiety they cannot verbalize, since their representations cannot provide meaning to their lived experience¹² Self-harm is a means by which the adolescent communicates with their environment, conveying their suffering and seeking support.

Through this behavior, they try to put an end to it all. When the ego fails to process the drive impulse, the adolescent turns to their body to discharge the anxiety within it ¹³J.C. Mac Dougall adds that in the absence of containment, recourse to the body becomes the only option when psychological pressure rises. This pressure is discharged into action, which temporarily restores balance and provides immediate relief from psychological pain, though it obstructs psychological resolution.¹⁴

For these reasons, clinical interviews with these adolescents tend to be poor and defensive. They remain centralized on their somatic and physical preoccupations or on interpersonal conflicts, within a projective register they cannot abandon. This highlights the significance of projective tests, which offer adolescents the space to let go of these preoccupations while also allowing us to better understand their psychological functioning and processes ¹⁵ These tests reveal what they are unable to express verbally, helping us to gain deeper insight into this behavior and design appropriate treatment programs for a group that communicates through their bodies rather than words.

3. Importance of Projective Tests:

Many studies and research in the field have manifested the significant contribution of projective tests in uncovering original and unexpected pathological patterns, as well as in revealing psychological behaviors that could not be pinpointed through a simple clinical approach. These tests generate favorable conditions for a detailed examination of psychological functioning by mobilizing imaginative daydreams, awakening identity issues, narcissistic, depressive, and oedipal dynamics. Moreover, the ability of projective tests to captivate nuanced and understated differences, consisting of quantitative data with qualitative interpretations, ensures the credibility of their results¹⁶.

Psychological tests permit for the study of an adolescent's psychological functioning, signaling the unconscious components and productions of their psychic apparatus, whether healthy or pathological. These tests expose their structures, the organization of their defenses, their conflicts, exploring all in

¹² Matha Catherine- Les attaques du corps à l'adolescence: Approche psychanalytique en clinique projective- Mallakoff, Dunod, 2018, P 9.

¹³ Pheulpin.M, Baudin Marianne § Bruguière Pascale- Cliniques des états du corps: Approche psychanalytique et projective- Mallakoff, Dunod, 2017, P 30.

¹⁴ MCDOUGALL Joyce, « Corps et langage. Du langage du soma aux paroles de l'esprit », Revue française de psychosomatique, (n° 2), 1992, P 69-96

¹⁵ Matha Catherine, « Scarification à l'adolescence : l'aide de la psychologie projective », dans l'interprétation des épreuves projectives, érès, Toulouse, P 94.

¹⁶ Chabert Cather- Psychanalyse et méthodes projectives- Malakoff, Dunod, 2018, P 4-3.

all the use of projective tests like the Rorschach Test and the Thematic Apperception Test (TAT) in understanding adolescent self-harm. It highlights the transition from pleasure to non-pleasure, offering a fair representation of the individual's mental life ¹⁷Isabel Gonzalez Duarte da Cunha's study depicts how the Rorschach Test helps uncover the construction and transformation processes in adolescents, which enable meaning-making and symbolization¹⁸

Works by C. Chabert and C. Matha emphasize the importance of projective tests in understanding adolescent issues, majorly in cases involving bodily harm and understanding their psychological processes. Actions as symptoms conceal and reveal deep emotional suffering, bypassing verbal expression, reflecting intense pain that transcends the limits of language. In cases where clinical interviews alone are inadequate diagnosis, projective tests offer alternative ways to access verbal expressions by stimulating representational capacities.

Projective tests yield situations that evoke regressive movements, encouraging individuals to find ways to establish unconscious representations of things not yet linked to preconscious word representations. The dual reference of projective tests—cognitive-projective—draws from both the real (as represented by the test material) and the imaginary, creating a process through which symbolic connections between object representations and word representations can form. This enables a dual investment between external reality and the internal fantasy world.

The Rorschach Test's inkblots and the actual scenarios presented in the TAT, despite their simplicity, are loaded with subjective meanings that reveal a personal, intimate scenario rooted in fantasy and creativity. The two tests complement each other: the Rorschach Test assesses barriers between inner and outer worlds, self-representation, narcissistic structures, and ego functions, while the TAT depicts oedipal and defensive structures, object relationships, and defense mechanisms. Using both tests allow a comprehensive understanding of the adolescent's psychological dynamics, identifying their struggles and available resources.

However, implementing projective tests to adolescents must take into account the specificities of adolescence, which is marked by contradictions and paradoxes, destabilizing the psychological organization. This is evident in their projective productions. Thus, understanding the adolescent's psychological progress and potential deviations is crucial, according to analytical psychopathology, to sort out between normal developmental changes and features of psychological disturbance.

In the stance of self-harm, the Rorschach Test tabulates how thought processes are bolstered by the body, examining boundaries between inner and outer worlds, narcissistic shells, and their characteristics. It also sheds light on the role of the body (in terms of support and containment) in thought processes, symbolism, and fantasies related to bound issues and managing stimuli, as it prompts the projection of the body image.

¹⁷ Ibid. P 11.

¹⁸ Duarte Da Cunha & Isabel Gonzalez, « Le corps d'adolescent au Rorschach », *Latinoamericana de psicopatologia fundamental*, (3).22, 2019, P486.

Inkblot features such as symmetry, thickness, openness, and dispersion evoke the body as a defined whole, and anatomical responses that are irregular or pathological point to a potential traumatic breach, revealing an excess of instinctual drive overwhelming adolescents who engage in self-harm¹⁹.

The test also examines an individual's capacity for differentiation, focusing on distinctions between self and object, internal and external worlds, and fantasy and reality, allowing an assessment of the robustness of the individuation process.

By studying self-representation and representations of others, emotional maturity, adherence to socially accepted reality, and containment strategies in the face of internal and external aggression, the Rorschach Test provides insights into the fluctuations adolescents experience while forming their identity.

Given that self-harm is a form of aggression directed inward, using the Rorschach Test is almost inevitable. Studies over the past two decades have demonstrated the Rorschach's effectiveness, compared to other projective tests, in uncovering various disorders related to aggression. The test helps identify aggressive drives, evaluating whether they have been integrated, contained, or discharged²⁰ The Rorschach Test also helps assess the three registers of aggression: objective aggression (represented by movements, whether whole or partial), non-objective aggression (associated with destructive forces or natural phenomena), and total aggression (tied to oral, anal, and phallic symbolism), which is neither passive nor active, but masked by defense mechanisms.²¹

Additionally, the Rorschach Test assesses the intensity of suffering caused by multiple traumas—physical or sexual abuse, neglect, repeated losses, emotional violence—and detects post-traumatic experiences. It is a valuable tool for diagnosing depression risks, impulsive actions, or psychosomatic conditions through the study of repression and anxiety²²

The TAT places individuals in situations that evoke oedipal issues, examining the interconnectedness inscribed within gender and generational distinctions, and problems of object loss. It confronts adolescents with fundamental issues, testing their introjection processes, ability to conduct castration anxiety and instinctual conflicts, and assessing the quality of their links with objects and their acceptance of the failure of the triangular relationship. The test also reveals depressive movements affiliated to relinquishing oedipal love objects and the pain of object loss. Additionally, it assesses how individuals invest in boundaries, either strengthening them between inner and outer worlds: chains (A1-1, CN4, CF1, CL2, CL3), and to identify the extent to which there is a defect in adapting to reality or also about an identity disorder: chains (E1, E3-1, E3-2). Chains (CN) reveal narcissistic self-investment, and chains (A, B) show psychological conflicts²³.

A probe of scientific studies on adolescent self-harm shows that most rely on these two projective tests. Key findings include:

¹⁹ Pheulpin.M, Baudin Marianne § Bruguière Pascale- Cliniques des états du corps: Approche psychanalytique et projective- Mallakoff, Dunod, 2017, P 57.

²⁰ Schiltz.L, Diwo.R § de Tyche.C- L'élaboration de l'agressivité à l'adolescence : étude structurale comparée basée sur le test de Rorschach- L'ENCÉPHALE, 2014, P297.

²¹ حافري زهية غنية- التوظيف العقلي في إطار المقاربة السيكلوسوماتية التحليلية لمدرسة باريس- جيجل، 2022، صفحة 93.

²² Ibid.P297.

²³ Matha Catherine- L'interprétation des épreuves projectives: L'école de Paris:sources, déploiements, innovations- Le carnet psy, 2017, P99.

1. Variations in their psychological organization, challenging the notion that they belong to a single psychological structure.
2. Preoccupations with boundaries between inner and outer worlds, and narcissistic investments in boundaries.
3. The gap between fantasy and reality, between the inner and outer worlds.
4. The fragility of defenses in the face of hatred, violence, and self-contempt.
5. The role of the body and the importance given to the sensory experience.
6. Weak repression, reliance on inhibition, and ineffective mechanisms to deny depression.
7. Emotional suffering that is difficult for the adolescent to internalize in the form of emotion
8. Relational representations as sources of stimulation and threat.
9. Preconscious binding and containment capacities are overwhelmed by strong instinctual charges, leading to an overflow.
10. Investment in the visible as a way to block out what cannot be seen, creating the illusion of controlling external reality as a substitute for an internal world that is threatening and uncontrollable.

• Conclusion

The preceding discussion underscores the contribution of projective tests in delving into the dynamics behind adolescent self-harm. These tests reveal the psychological life of adolescents who engage in this behavior, highlighting the specific components of their psychic apparatus and the conflicts within it. By supplementing clinical interviews with projective tests, which depict aspects adolescents may struggle to verbalize, psychologists can better understand the mental state, conflicts, anxieties, defense mechanisms, vulnerabilities, traumas, and emotional pain of self-harming adolescents.

This deeper understanding enables the development of effective treatment plans for this silently suffering group and heightens awareness within society, promoting more compassionate and informed responses that avoid further exacerbating their distress.

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