

Special Section: Rorschach and Health Psychology

Translational Research Experiences in Health Psychology with the Rorschach

Serge Sultan

Université Paris Descartes, Boulogne-Billancourt, France

Health psychology emerged as a discipline in the late 1970s in the United States and flourished in Europe in the 1980s and 1990s. Although it is a recent phenomenon, the amount of scientific work produced on this subject to date is impressive, the Health Psychology Division of the American Psychological Association being the second largest division in number of members.

Health psychology is concerned with understanding how biology, behavior, and social context interact with health and illness. For example, researchers recently demonstrated that emotional regulation and emotional coping moderate the impact of anxiety and distress on metabolic control in diabetes (Luminet, De Timary, Buysschaert, & Luts, 2006; Sultan, Jebrane, & Heurtier-Hartemann, 2002; Sultan, Epel, Sachon, Vaillant, & Hartemann-Heurtier, 2008).

In medical settings, the objectives of individual psychological assessment are threefold (Fava & Freyberger, 1998). First, to assess personality traits and their potential impact on health; work on the role of alexithymia, for example, could be classified in this category (e.g., Acklin & Alexander, 1988). Thus, it deals with *primary prevention*. Second, to identify psychological facilitators of self-care behaviors in ill people; work on adherence or maintenance of self-care would fall into this category (e.g., Sultan, Bungener, & Andronikof, 2002). This concerns *secondary prevention*. Finally, to observe the psychological response of patients for *rehabilitation* purposes; this is what we do when we work on the adjustment to or the representation of health conditions (e.g., Flahault & Sultan,

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2010). These different approaches linking psychological functioning and physical disorder have given rise to Rorschach-based studies especially on avenues of research involving content scoring, alexithymia assessment, and prediction of self-care behaviors (Sultan & Porcelli, 2006).

Health psychology has succeeded in many ways to bridge the disciplines of medicine, psychology, and social sciences. Yet, this success has been limited. These limitations concern key aspects of psychological practice. First, it has been argued that concepts widely used by health psychologists have poor application potential (coping, for example; see Coyne & Racioppo, 2000; De Ridder, 1997). Making practice benefit from applied research is a challenge of utmost importance. Instruments presently used to assess concepts are inadequate and poorly adapted to professional activities in clinical settings. Another aspect is the widespread use of self-report to evaluate psychological traits or states. Although self-description brings very valuable information to the psychologist, it also has severe limitations when exploring core aspects of psychological functioning such as emotional experience, emotional regulation, metacognition processes, unconscious or unrecognized beliefs or schemas, and so on. In these areas, performance tasks such as the Rorschach bring an interesting input.

The articles in this special section aim to close the gap between research and practice in health psychology by showing the extent to which psychological assessment with the Rorschach brings useful and valid information when working with people with impaired physical health. Although all authors of this special section use the Rorschach Comprehensive System (Exner, 2003), they take very different approaches to addressing the usefulness of the method. Some are based on empirical research or critical reviews, whereas others present illustrative and didactic case studies.

Kristina Elfhag reviews the literature on Rorschach and obesity in a synthesis of a very nicely designed research program conducted at the Karolinska Institutet (Stockholm, Sweden) involving people with obesity and using Rorschach data as predictors or as outcomes. Research with the Rorschach shows that obesity is marked by emotional difficulties, trouble in coping with demands, together with body concerns. The author also shows that psychological stress, physical or dependency needs, and ego dysfunctions as derived from Rorschach data can impact important outcomes such as eating behaviors and weight.

Piero Porcelli presents a validation study of the Comprehensive System variables of stress control and negative affect in association with

external stress measures in inflammatory bowel disease patients. The originality of the study lies in the combination of a cross-sectional design and the prospective prediction of outcomes. Comprehensive System variables important to interpretation are related with stress in line with expectations, with some of them prospectively predicting the deterioration of the illness and stress measures.

In a third article, Cécile Flahault presents two clinical cases of adolescent patients with cystic fibrosis undergoing lung transplantation. Psychological assessment with the Rorschach prior to surgery helps conceptualize cases and organize subsequent treatment in uncovering depressive emotions in these patients. She beautifully shows how Rorschach data may complement information from the clinical interview.

Finally, Nikoleta Kostogianni details two other clinical cases of alcohol addiction and demonstrates the utility of the Rorschach in planning treatment, in particular, in exploring the magnitude of their emotional distress, motivation to change, and interpersonal style. She shows that Rorschach findings nicely complement data from other sources such as the MMPI-2 in planning treatment for such patients.

All four articles show that research with – and on – the Rorschach is alive and well in medical settings, and that practice could benefit from including the Rorschach within psychological assessment. They bring additional arguments in favor of the validity of the Rorschach method as used here.

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Serge Sultan
Université Paris Descartes
Institut de Psychologie
71 avenue Edouard Vaillant
F-92774 Boulogne-Billancourt
France
E-mail serge.sultan@parisdescartes.fr