



*Projective Tests and Clinical Methodology. The Use of Rorschach and Wartegg Framing of Distress in Adolescence*

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***Abstract:***

This study examines the comparative methodology and diagnostic utility of projective tests, specifically the Rorschach and Wartegg, in assessing adolescent psychological distress.

Through two clinical cases, the analysis underscores the role of these tools in accessing unconscious processes and deep psychic structures. The Rorschach test, characterized by its focus on perception and projection, allowed for a detailed understanding of Alfredo's neurotic borderline functioning, highlighting his emotional avoidance and low self-esteem.

Conversely, the Wartegg test, with its emphasis on symbolic expression through drawing, revealed Riccardo's psychotic features, including impaired reality testing and unresolved identity conflicts. This comparative approach illustrates how each test, despite being different, complements the other in capturing diverse aspects of psychic functioning. By identifying relational patterns, defense mechanisms, and underlying emotional conflicts, projective tests play a pivotal role in psychological assessment, enabling clinicians to formulate precise diagnoses and tailor interventions for adolescents navigating complex psychological challenges.

*Keywords: Projective methods, Rorschach, Wartegg, adolescent, psychopathology, comparative methodology, psychodynamic theory*

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## 1. *Introduction*

In our activity as clinical psychologists, the use of assessment and diagnostic tools is a fundamental part of clinical practice. In this article, we would like to discuss the use of projective tests in the psychological assessment of mental illness in adolescents by comparing two clinical cases.

We would like to consider the use of the Wartegg test in the psychological assessment of an adolescent subject, comparing it with the case of another adolescent patient who was subjected to another, more classical, projective test, the Rorschach. Indeed, clinical practice teaches us that the use of personality tests is fundamental for the psychologist's practice for several reasons. In general, personality tests allow us to determine certain styles of reaction to stimuli from which it would be possible to deduce certain behavioural constants, character traits, and attitudes. One way to identify the patient's personality profile is to use the test to identify certain unconscious issues that affect the patient's mental life, such as the presence of unconscious complexes, fantasies, and Oedipal conflicts. Another way is to identify the general functioning styles of the individual's unconscious psychic processes (Granieri, 2010, pp. 13-14).

As we will see later, these two methods are mostly highlighted by projective tests such as Rorschach and TAT. This is even more important for clinical practice, as psychodiagnostic tests can provide important information about certain characteristics of the subject's personality and certain features of his or her functioning. In this article, we will look at the projective processes involved in personality tests such as the Rorschach and Wartegg.

From a methodological point of view, we would like to point out that the comparison of the Rorschach and the Wartegg is very relevant, since they have been associated in numerous research projects. In fact, several studies have tested the validity of the Wartegg from both a statistical and a theoretical-conceptual point of view (Soilevuo Grønnerød & Grønnerød, 2012), also thanks to its association with the Rorschach (Pessotto & Primi 2021; Pessotto & Primi, 2018).

This has allowed us to verify the usability of the Wartegg test in clinical practice, enabling us to include it in the practice of projective methods (Eby, 2021).

Such comparative studies on validity between Rorschach and Wartegg lead us to question the usability of these tests from a clinical point of view. To this end, the use of these projective tools in identifying the scope and diagnosing adolescent distress will be presented.

By this methodology, based on the psychodynamic concept of “projection”, we mean that a clinical practice that uses tools and methods based on projective processes to explore certain aspects of the subject’s deeper psychic processes, in a sense “accelerates” the cognitive process of clinical psychologist, which normally takes place in many clinical interviews and in psychotherapeutic treatment. Within this cognitive process, projective tests are the tools of choice for the clinical psychologist, as already indicated by one of the fathers of clinical psychology and clinical methods in France:

“Lagache invented the complementary concept of the armed clinic, recommending that psychologists use specific tools to support clinical decision-making. Following psychology’s tradition of using tests to research intellectual and pragmatic abilities, tests that serve to question learning procedures and their various possible failures, Lagache proposes equipping the clinical psychologist with clinical tests, the most famous of which is H. Rorschach’s inkblot test” (Grollier & Doucet, 2013 p. 150).

In the tradition of clinical psychology, therefore, the use of psychodiagnostic instruments has become an important moment in the assessment and diagnostic framing of the patient, which also allows the clinical or psychotherapeutic intervention to be directed. In a particular way, this discourse is of even greater value for the use of projective instruments, which make it possible to probe the patient’s personality even more deeply, sometimes even allowing for effects on the treatment relationship and the treatment itself (Mor & Cotti, 2019).

For this reason, it seems appropriate to review some classical concepts that are at the basis of projective methods, of which the psychodynamic model is at their origins. In fact, projective clinical methods start from a psychodynamic vision of the mind, according to which it is a system characterised by unconscious psychic processes in dynamic relationships with each other.

## *2. Projection and projective methods*

The concept of projection is a classic psychoanalytic concept that was introduced by Freud at a very early stage. In fact, it can be found in several places in the correspondence to Fliess, and since then this concept does not seem to have changed during the years in which Freud elaborated and developed psychoanalytic theory. In particular, the father of psychoanalysis states that the projection mechanism is a commonly used psychic process, but that if overused it can become pathological. The typical psychopathological manifestation that uses projection in a structural manner is indeed paranoia, in which the defensive aspect of projection takes on salient connotations. More specifically, Freud says:

*«It is a question of abuse of a psychic mechanism that is very commonly employed in normal life: transposition, or projection. Whenever an internal change occurs, we have the choice of assuming either an internal or an external cause. If something deters us from the internal derivation, we naturally seize upon the external one. Second, we are accustomed to our internal states being betrayed (by an expression of emotion) by other people. This accounts for normal delusions of observation and normal projection. For they are normal so long as, in the process, we remain conscious of our own internal change. If we forget it and are left with only the leg of the syllogism that leads outward, then we have paranoia, with its overvaluation of what people know about us and of what people have done to us. What do people know about us that we know nothing about, that we cannot admit? It is therefore abuse of the mechanism of projection for purposes of defence» (Freud, 1985, pp. 109-110).*

Projection is thus a very common mechanism in a subject's psychic functioning, useful in removing unconscious themes that are unacceptable to consciousness and transposing them outside of the individual. However, this process takes on defensive connotations when it is used excessively and to project otherwise unacceptable parts of oneself. Projection as defense is thus typical of paranoia, in which certain contents that are not integrated into the self are projected outwards, assuming persecutory characteristics. This is for example the case with Schreber, in which the repressed homosexual complex is unacceptable to the dominant personality and is thus projected outwards in the reverse

form (Freud, 1911a, pp. 63 ff.). Schreber thus can continue to disregard his homosexual tendencies towards Dr Flehsig (a substitute figure for his father and brother deceased) and can project them in the form of a malevolent will of the doctor towards him. The projection of his unintegrated homosexuality is thus transformed into a delusion of persecution (and megalomaniac) towards him, first by Dr Flehsig and then by God.

On the other hand, projection, as Freud emphasized, is not only a pathological mechanism, but also a “normal” mechanism that we find in common individual and collective psychic activities as well as in everyday relationships (Alparone & La Rosa, 2020). Indeed, some authors (Anzieu et al., 2017, p. 10 ff.), taking up Freud’s *Psychopathology of Everyday Life* (1901), have emphasised that due to the principle of psychic determinism, certain actions, choices, or associations that the subject performs are never neutral with respect to his repressed desires and drives, with respect to his past history, with respect to his unconscious. The specificity of the projective situation depends on the fact that the subject is in front of the test. According to Anzieu, the patient

*«finds himself confronted with the demands of external and internal pressures: he will show us to what extent and how he organizes himself to deal with both his inner world and his environment; a characteristic situation, in the image of life, since it is a question of conforming to the limits imposed by reality while leaving room for the possible, the imaginary, fantasies and emotions»* (Anzieu et al., 2017, p. 12).

In some ways, we could say that projective tests must be understood as an extreme situation of something that happens in our daily psychic life. They assume that our mind “normally” assumes such projective functioning. In his writing *The Negation*, Freud already expresses such an idea, in fact, although he never speaks of projection in this text, he speaks of the representation produced by the perceptual process as something “found”, adding that:

*«Another capacity of the power of thinking offers a further contribution to the differentiation between what is subjective and what is objective. The reproduction of a perception as a presentation is not always a faithful one; it may be modified by omissions or changed by the merging of various elements. [...] It happened at the sensory end of the*

*mental apparatus, in connection with sense perceptions. According, to our hypothesis, perception is not a purely passive process. The ego periodically sends out small amounts of cathexis into the perceptual system, by means of which it samples the external stimuli, and then after every such tentative advance it draws back again. (Freud, 1925, p. 238).*

*In this perspective, unconscious psychic processes affect perception and, therefore, in a broad sense, we could say that in the perceptual process is a gradient, even minimal, of projection. In this way, we would say that the idea implicit in projective methods is to elicit as much as possible of this projective dimension involved in perception.*

*Such projective phenomena therefore pervade human experience, manifesting themselves even, if not above all, in creative processes through the typical camouflages of unconscious content, as for example in artistic production by the artist, but also in all those forms of expression that reveal the onset of the unconscious. One thinks for example of Freud's analysis of artistic production, in which the artist sublimates certain currents and in fact projects parts of himself into the forms he creates, as Dostoevsky does for example in *The Brothers Karamazov* (Freud, 1927). Finally, a similar discussion can be made for the concept of the uncanny introduced by the father of psychoanalysis (Freud, 1919). According to this concept, the manifestation of feelings of anxiety is related to the emergence of repressed contents that are at the same time part of the self but also foreign: «From a psychoanalytic perspective, the feeling of strangeness arises from the sudden connection between a perception of the external world and primitive internal repressed perceptions». The latter are not recognized as such and only appear in the subject's psychic space after being projected onto the outside world» (Mijolla-Mellor, 2005, p. 581).*

For the sake of completeness, it seems appropriate to refer to the classical psychoanalytic concept of projective identification, used for the first time by Melanie Klein with regard to the processes that characterize schizoid patients and, in general, the schizo-paranoid position. Such psychic processes are characterized by the projection of parts of oneself not integrated into the personality and projected outside oneself, onto the object that thus assumes a distressing and persecutory character for the subject (Klein, 1946).

Kleinian theorizing was then modernized by the Bionian current by applying the concept of projective identification also to the affective sphere of the mother-child relationship

and, by extension, of the patient-analyst therapeutic relationship. For the patient, the analyst becomes a kind of place where he can project unintegrated parts of himself and where he can rethink his own thoughts; for Bion, the fundamental point of the analytic process is the construction of a psychic apparatus capable of “thinking thoughts”, or what he called *rêverie*. (Bion, 1962).

This perspective has also been extended and applied to the field of treating children using projective techniques, such as drawing. In this particular projective technique, the subject projects their unconscious fantasies, making them intelligible, i.e. thinkable, to the analyst. This process allows the clinician to construct new representations together with the young patient based on these projective processes triggered by the drawing. In the projection through the practice of drawing, the subject thus says not only something about himself, but also about the actual relationship he builds with the analyst, a process that allows him to produce psychic transformations, changing pre-conceptions into concepts (Ferro, 1992, p. 66).

In conclusion, returning to projective methods, we would say that «in more general terms we can define projection as the process by which a subject organizes and structures an experience by projecting onto it his inner experience, the very structure of his personality» (Passi Tognazzo, 1999, p. 12). This process appears all the more relevant the more one operates in contexts where it is necessary to carry out a psychological assessment for diagnostic purposes and not only, even when there are not the “optimal” conditions to carry out a psychodiagnostic investigation in a typical psychotherapeutic context. In other words, the use of projective methods appears fundamental in all those conditions in which it appears necessary to rely on a set of objective, measurable, and communicable data that allow deep psychic processes, as well as certain unconscious contents, to be made explicit. This is the case, for instance, in judicial appraisals, but also in the evaluation of the psychotherapeutic process.

### *3. The Rorschach in adolescence*

The use of projective tests appears particularly useful in developmental age, since it allows us to make explicit some subjective dynamics that characterize the personality structure of the subject in developmental age and to which this one does not have direct conscious access. The difficulty of the subject in developmental age to access some

themes and some psychic contents derives from a series of possible reasons. In some cases there may be excessive proximity to the traumatic event, excessive involvement with effectively compromised relational experiences, or even more simply an absence of linguistic capacity to express emotions, feelings, and mental states. In the developmental age, therefore, the use of projective methods appears to be elective, making it possible to establish a less distant relationship with the adolescent or the child, who on the other hand is particularly predisposed to play. This set of characteristics of projective methodology makes it possible to investigate the deep and implicit aspects of the subject's personality (Anzieu et al., 2017, 142).

As already mentioned, here we will deal specifically with the use of the Rorschach and Wartegg tests in the challenging assessment of psychological discomfort in adolescence. The Rorschach test is one of the few projective tests that allows the same material to be used for both adults and children. Particularly when administered in the adolescent period, projective tests seem rather useful since they allow one to find certain directions of psychic change, such as those processes of psychopathological onset, or rather those of consolidation of certain personality structures (Emmanuelli, 2020, pp. 127-128). This phase of development must therefore always be considered as being on the borderline between the typical results of childhood (such as a playful attitude, or difficulties in differentiating between reality and fantasy, particularly at the level of expectations) and those of adulthood (stabilization of object relations, interest in mature human relations, etc.).

More specifically, we can say that the Rorschach inkblot test is certainly the most widespread personality test and the one on which there is the greatest number of studies from various schools of thought, from those with more idiographic and qualitative approaches to those with more nomothetic and statistical bases. Its birth is linked to the Swiss psychoanalyst psychiatrist Hermann Rorschach, who believed he could discriminate a perceptual style typical of subjects affected by psychopathology (schizophrenics), thus creating an instrument with which every psychologist oriented by dynamic psychology must deal.

Over the years, various studies have shown how the Rorschach test allows access to those latent psychic contents and to those unconscious psychic processes that detect the way, the style, with which the subject constructs perception and in fact pursues his or her path

of adaptation to external reality. Moreover, the perception that is involved in the Rorschach is not that typical of everyday life, but rather a perception that is characterized by a certain ambiguity, which allows the onset of unconscious processes. An onset that is, of course, in close continuity with that typical of everyday life:

*«These considerations may prompt the examiner to see in the subject's reaction to the Rorschach inkblots a perceptual organizing process that has a fundamental continuity with perception in everyday life. However, while everyday perceptions allow conventions, specific memories, and familiarities to obscure the active organizing aspect of perception into the foreground and provide the examiner with a treasure of insight into hidden aspects of an individual's adjustment or maladjustment» (Rapaport et al., 1946, p. 90, author's italics).*

The inkblot test thus makes it possible to explore implicit aspects of the personality, which do not necessarily correspond to the subject's conscious self-representation.

This makes it particularly suitable for children, who, as has been thematised by several classic authors (e.g., Beizmann, 1982), have not yet developed a full capacity for self-reflection that allows them to distance themselves from their own experiences and their internal world, since, depending on their age, the difference between external reality and psychic reality is being constructed. Together with this fundamental characteristic, the Rorschach also allows one to delve into the child's implicit and unconscious psychic processes, guaranteeing him or her an unprecedented space of expression, and the clinician an excellent opportunity to listen. Through the answers provided, the Rorschach places the child and adolescent at the center of the assessment process, through the expression in their own words of perceptions and associations, thus guiding the clinician toward an understanding of their inner world (Luoni & Rossi, 2019). In order to better illustrate these issues, we will proceed to the presentation of a clinical case that was followed in an institution during a psychodiagnostic investigation.

#### *4. The case of Alfredo*

Alfredo is a 16-year-old boy who was sent by the Child Psychiatric Service for an in-depth psychological evaluation at the psychodiagnostic service where the author (D.A.)

worked as a clinical psychologist. The data reported here were obtained from the psychological evaluation interviews that the writer held with this patient. The boy is going through a period of considerable distress, but not so much for him as for his parents, especially his mother. In fact, the adolescent does not denounce real psychological suffering, he does not verbalize it, and he does not turn to the “psy” to talk about it. On the contrary, the sentence he uses most is «I don't know» about the reasons, because he was here.

Riccardo's discomfort is mostly reflected on and by his parents, in particular on his mother, who in the various diagnostic interviews conducted with the boy always presents herself as a chaperone and speaks about the patient's alleged psychic affliction. In fact, the reports of child psychiatry revealed anti-adaptive behaviors characterized by the typical signs of adolescent distress, a tendency to drop out of school, and social isolation, socialization processes characterized and conveyed by the compulsive use of (light) drugs, or the compulsory consumption of sexual relations etc.

This context was accompanied by parental anguish, which was linked to the boy's future, which, translated into psychological terms, referred to the parents' expectations of Alfredo. Since his parents had commissioned the psychodiagnostic and psychiatric investigations, the therapeutic relationship between Alfredo and the psychiatrist and psychologist was compromised from the start. This led Alfredo to interpret any intervention by the psychologist as potentially intrusive in his private sphere, as if the independence of his Self were at risk. The boy's silence towards the “doctors” (the psychiatrist and partly also the psychologist) was because he perceived them as his mother's “allies”.

In fact, as we know from the classic psychodynamic literature, the typical problem of the adolescent is that of separation from parental figures to undertake their own process of individuation in order to rediscover and develop their Self (Winnicott, 1988, p. 34-36). Now, the more the mother attempts to unravel the enigma of her son's discontent, the more this discomfort not only closes in on its incommunicability but also serves to checkmate and question the parent's desire.

In fact, another missing piece must be added to this scenario, that of Alfredo's adoption. He was adopted when he was a few months old by his current parents, who had tried numerous procedures to obtain children (although neither of them was infertile) and

finally chose the possibility of adoption. Alfredo thus became part of the family like a much-desired child. However, the welcome he received from his parents was partly the expression of a deep and unconscious sense of frustration and lack on their part, especially his mother's.

His mother is actually a pervasive figure in Alfredo's life, except with regard to the truth about his origins. She controls many aspects of his life, so it's as if Alfredo doesn't have many secrets to reveal. On the contrary, the boy uses this absence of symbolic barriers to hurt or manipulate his mother. In this regard, his mother tells of an episode that affected her greatly and caused her to suffer. One morning, just before arriving at school, Alfredo asked his mother to stop the car at a small square in the city. Only after stopping the car and waiting for her son to return did she realise that Alfredo had stopped to get some cannabis from a local pusher. Despite his mother's reproaches and threats, Alfredo remained indifferent and impervious to any recriminations.

A mother-son relationship without many buffer zones heralds a process of separation, which rather seems to be "acted out" by Alfredo through an exhausting silence towards his own psychic life and emotion, in a stubborn resistance to speaking out about himself in front of his mother and all her surrogates. A silence that, however, refers to another silence, the one concerning his origin. In fact, Alfredo will only learn of his own adoption at the age of nine, when a friend of his mother's is told of his true origins (Algerian), thinking that the then child already knew of his own adoption. Alfredo recounts this scene to the psychologist himself at his mother's explicit request, and not without a spirit of vindication and recrimination.

Aware of this situation and the complexity of the case, the psychologist nevertheless decided to proceed with the psychodiagnostic investigation by carrying out a battery of psychological tests as requested by the Child Psychiatry Service. This battery consisted of the following elements: Human Figure and Family Drawing, Raven's Matrices, MMPI-A, Rorschach, and TAT. In this context, we will focus solely on the results derived from the Rorschach test, taking only partial account of some of the results of the other tests.

### *3.1. Rorschach results and case discussion*

The coding of the Rorschach test was carried out according to the integrated Exner (2003) system, implementing some psychodynamic interpretative categories, such as those we

can retrieve from the Roman School (Passi Tognazzo, 1994) and the French School (Anzieu et al., 2017). On the other hand, this approach was put in place and standardized, in Italy, where the assessment was carried out, by Di Nuovo and Cuffaro (2004).

The patient's general attitude to the diagnostic investigation was rather cooperative. In fact, for Riccardo the test appeared to be a novel opportunity to express himself, and throughout the duration of the administration procedure, he had a generally positive attitude, even partially marked by ill-concealed curiosity. However, Alfredo also adopted a defensive position, in an attempt not to show too much interest in the situation. From the assessment situation, the subject's defensive efforts are evident, although he was at the same time divided by the inevitable need to express himself. As far as the Rorschach test is concerned, in fact, there is a general poverty of production (Number of answers=10; Lamda Index=10), which appears to be consistent with other data that emerged from the administration procedure (such as an I.Q. slightly below average, although it was within the normal range). This did not prevent us from making qualitative findings and interpretations based on the subject's answers in the protocol. The reason for this low productivity is that there was a relatively low average number of responses for each table submitted and there were two refusals.

Moreover, the quality of the responses also seems rather low, with a strong presence of pure forms (F%= 90%). From this, we can also deduce a low affective resonance of the stimuli, which can be explained by a tendency in the subject not to use imagination in the processing of current stimuli. In other words, the internal world is rather removed from the subject's conscious sphere as a potentially dangerous object from which one must essentially defend oneself.

These defensive attitudes recognize anxiety quotas that are produced by the structural ambiguity of perception, which gives rise through the projection of unconscious contents that the subject does not want to face. The typical defensive strategy used by the subject with respect to these anxiety quotas that arise is that of avoidance or denial (Neg=5; Ann=1; Ref.=2).

This defensive style with respect to unconscious content explains the subject's attitude both to silence with respect to his own subjective unease, but also to a certain relational poverty and affective immaturity. In fact, just as unconscious desires, drives, and fantasies are avoided, the subjective implication that would entail a mature relationship

is also ousted and removed from the Self (A%=50%; H%=10%). Alfredo's relational poverty, as revealed by the Rorschach test, is also evident in his account of his daily experiences. In fact, he uses his relationships with his friends as a palliative for his loneliness, rather than as a genuine encounter with others and an opportunity for emotional and relational exchanges. This is in fact a typical way of relating to each other for adolescents in contemporary society, who gather in groups of people that take on the typical form of a 'pack' or 'disintegrated group' of individuals (Benasayag, 2006). All this translates into Alfredo's experience of "being with others" for the sole interest of smoking joints, that is, closing himself off in individual and narcissistic pleasure, far from any authentically affective and relational experience. When he speaks of a "girlfriend", Alfredo specifies immediately afterwards that it is not really a person with whom he has a romantic relationship in the proper sense, rather she is a «friend with benefits», namely a friend with whom he has regular sexual relations. Nothing more than that.

Furthermore, the qualitative and quantitative poverty of the answers to the projective also reveals low self-confidence (ind. Ego.=0.3). It is as if Alfredo, behind his aura of inscrutable bravado and indifference, does not believe he possesses the necessary subjective resources to process and interpret external reality. For him the world is a distressing and unpredictable place over which he has no control, and the only way he can defend himself from it is to deny it by closing in on himself, even resorting to the aid of an addictive and, in the end, masturbatory enjoyment of drug consumption.

The intimate resonance (*Erlebnistypus*) does not exceed the critical threshold (E.T.=1/0), indicating a fundamental restriction in the acceptance, understanding, expression, and communication of his own emotions. On the other hand, the high number of defenses used in relation to the number of answers, seems to indicate that for the subject in question, drawing on the inner world to rework the current stimuli coming from the outside world has something dangerous about it, to be absolutely avoided. The difficulty in accessing and managing his deepest emotions manifests itself in several answers to the Rorschach. In Alfredo we can observe also a fundamental lack of energy that does not allow the subject to cope with the complexity of relationships and affectivity (D(Ea-Es)=0), and of the external world as the aspiration index also shows (W/K=3/1). All this logically leads to a very low self-esteem index compared to the average (ego.index = 0.3).

These data are confirmed in other moments of the psychodiagnostic investigation, which however also add other elements of a certain interest. The first of which is that of the drawing of the human figure and the family, which indicates in the drawing of the character with whom Alfredo identifies signs of a strong latent aggressiveness. Perhaps this is the aspect that Alfredo does not want to face. The aggressiveness he feels towards his parents who took care of him, welcomed him, and loved him, is something he finds unacceptable and incomprehensible. This aggressiveness comes from a sense of emptiness that he carries inside him and that he cannot name, think about, or express, neither to himself nor to others.

Similarly, the TAT detects interpersonal conflictual, avoidance of emotions, and interpersonal relationships characterized by an affectivity and lack of communication. Low self-esteem is still confirmed by elements of "anassertiveness" and inhibition. Relationships with others imply shares of aggression, so if one enters an intimate and affective relationship, one risks colliding with destructive drives, with respect to which one feels deep feelings of guilt and loss towards the object.

From what emerged from the various anamnestic interviews with the boy, from the psychodiagnostic investigation, and from the results of the Rorschach, one finds a subject with a preserved reality principle and good basic relational and communication skills. However, the strong mechanisms of negation and avoidance of affectivity do not allow the subject to draw on his deepest subjective resources, flattening him into a sort of anonymous life without real authenticity, as shown by the prevalence of pure-form responses (Barison & Passi Tognazzo, 1993, p. 35).

From this point of view, it appears rather relevant that during the interviews the signifier repeated most frequently by the patient was «I do not know». The not knowing to which Alfredo refers is in fact a "not wanting to know" with respect to his inner world and emotional life. It is as if it were something 'negative', something unmentionable, about which the subject is unable to speak and engage in a process of elaboration (Green, 1993). Intimate relationality seems to be seen as "dangerous" because it is a harbinger of conflict, from which one must generally keep oneself apart. Aggression seems to be seen as something to be avoided or denied as it carries with it a strong component of guilt related to feelings of loss of the object. This reveals a subject with fragile self-esteem and profound relational insecurity, mostly concealed by an identity adherence to the practices

of their peer group of reference (substance consumption) and a general attitude of devaluation of problems and difficulties. This confirms some studies reporting that substance use is a kind of solution for not getting in touch with one's fundamental lack (Alistar, 2012). Substance use, as the tests also show, is part of this mechanism of disavowal of the obstacles the subject incurs in his relationship with the affective dimension and his inner world. Social relations thus appear to be characterized by superficiality and immaturity, without any real affective and subjective implication. All this leads us to hypothesise that the subject has very strong latent depressive instincts, which he does not believe he is capable of processing, and, on the other hand, he does not trust parental figures because he does not believe they are capable of helping him in this regard.

#### *4. The Wartegg test and the case of Riccardo*

German psychologist Ehrig Wartegg (1897-1983), a follower of the Leipzig School of Gestalt Psychology, created the Wartegg Drawing Completion Test (WDCT) which was the main centre of Gestalt psychology. The WDCT is a drawing-based projective technique whose graphic elements are semi-structured signs onto which the individual is inclined to project specific contents and dynamics of his personality that are, then, revelatory of his organization (Rapaport, 1977, p. 31). In accordance with Bornstein's (2007) view, we can define the WDCT as a performance-based personality test that "can be classified as a stimulus attribution test in which examinees attribute meaning through interpretation" (Bornstein, 2007; p. 203).

The WDCT is based on a form divided into eight squares, each containing a different graphic sign. During the administration procedure, the client sits in front of the examiner. The examiner gives him the WDCT form and a No. 2 pencil without an eraser and gives the following instructions: "As you can see, this form is divided into eight squares; in each one there is a small sign. Start by making a drawing in each square with a complete meaning, preferably the first one that comes to your mind, and avoid abstract drawings if possible. It is not necessary to follow the numerical order; work at your own pace: there are no time limits. To any questions from the examinee, the psychologist will answer, avoiding influencing the subject's response and reinforcing the belief that everything will be fine because there are no right or wrong things to do.

The graphic signs were selected by Wartegg (1953) based on their tendency to elicit specific conceptual fields: centrality (box 1), vitality (box 2), directionality (box 3), stability/heaviness (box 4), contrast/superiority (box 5), synthesis/union (box 6), delicacy/pleasantness (box 7) and finally rounding/closure (box 8), thus representing the evocative character of the boxes.

One of the most important features of the WDCT is that its instructions are easier to understand than those of other commonly accepted projective tests. This simplicity reduces the likelihood of the respondent misunderstanding the instructions. Consequently, the WDCT is particularly suitable and useful in childhood (it can be administered from the age of 4½ years) and, in addition, can be successfully administered to individuals with certain specific disabilities (deafness, cognitive retardation, etc.). Furthermore, the WDCT is easy, short, quick to administer (most people complete it in 5-10 minutes), quick to assess (10-15 minutes), and quick to interpret (30 minutes).

The WDCT was first published in 1926, although a comprehensive manual did not see the light of day until many years later (Wartegg, 1953). Since the publication of the first manual (Wartegg, 1953), several studies have been conducted using the WDCT in different contexts, such as clinical (e.g. Kinget, 1980; Pfeiffer, 1984), educational (e.g. Avé-Lallemant, 1994), and organisational (e.g. Souza, Primi, & Miguel, 2007).

In the tradition of analytical systems, printed signs are regarded as rather visual stimuli (e.g., Takala & Hakkarainen, 1953), whereas in dynamic systems (e.g., Wass & Mattlar, 2000) they are conceived as bearers of symbolic meanings that reflect the personality of individuals. Furthermore, scoring systems for WDCT protocols vary from approaches that focus on qualitative interpretation (e.g., Wartegg 1953; Avé Lallemant 1978) to other systems that emphasise quantitative interpretation (e.g., Wass & Mattlar, 2000). Scoring categories generally used include drawing time, the order of the boxes drawn, any refusals, the size of the drawings, the content of the drawings, the crossing of box boundaries, shading, the quality of the line of the drawing, and the written title of the drawing. However, in accordance with Gronnerod and Gronnerod (2012), although different systems share many common elements, the personality categories and functions considered have never been clearly defined and, more importantly, have never been supported by empirical validation studies.

For these reasons, a more functional and useful methodology has been developed since 1983, tested in several studies (Bianchi, Crisi, & Di Renzo, 1996; Crisi, 1998; 2007), and improved many times over the last 30 years. More specifically, based on extensive experience in using Wartegg and Rorschach together (with more than 3,000 protocols examined), a scoring procedure was developed that included the same categories as the Rorschach according to Bohm's method (Bohm, 1969). These categories are content, frequency of vulgar and original responses, special phenomena, and movement responses.

After several years of clinical application, three basic categories have been proposed: Formal Quality (FQ), Evocative Character (EC), and Affective Quality (AQ). An appropriate calculation and a combined analysis of these indices allow us to evaluate the organisation of the personality through different areas of mental functioning. These areas and indices are the following: qualitative and quantitative evaluation of intelligence, the organisation of thought processes (presence of possible thought disorders), the evaluation of available energy, the ability to socialise and maintain interpersonal relationships, the level of maturity and stability of the various psycho-affective dimensions (for example, affect and its modulation), sexuality, self-assessment, the relationship with parents and social feelings. Finally, the WDCT can recognize the symptoms of many psychological disorders such as reactive or endogenous depression, psychotic states, conflict pathologies, etc.

To illustrate what we have in mind, we will proceed by illustrating a very interesting clinical case, which is cited in a study on internet and video game addiction reported in the following article (Rizzo et al., 2015). To comment on it from the perspective we have presented, noting its diagnostic implications in the psychodynamic and Lacanian psychoanalytic perspectives, an attempt will be made to summarize below the clinical history and psychodynamic interpretation that has been made of the Wartegg test that is administered to the patient upon admission to hospital.

##### *5. Clinical history of Riccardo*

Riccardo is an adolescent boy (not of age) being treated at the Child Neuropsychiatry Service (N.P.I.). The patient, from his medical history, appears to be affected by cyberaddiction and reports symptoms of anxiety and restlessness. There are also shares

of anxiety related to feelings of depersonalization and loss of a sense of continuity of the self, with related loss of a sense of identity. Thinking appears rigid and stereotyped. The neuropsychiatric diagnosis on admission to the neuropsychiatric ward where he is admitted is a 'pre-psychotic state'. The drug therapy assigned by the psychiatrist was low-dose antipsychotics (Clozapine).

The patient reports strong tendencies towards social withdrawal, stating that he has been locked in his house for some time without seeing anyone other than family members. He reports anguish and fear of imaginary characters with horrifying features, which he recognizes to be a figment of his own imagination, but nevertheless fears them. Social withdrawal appears to be accompanied by a compulsive use of electronic devices and video games, and its onset dates to about five years earlier, i.e. to her entering puberty. The games that gradually filled Riccardo's time, now emptied of relationships, were all characterized by a certain degree of violence and characterized by role-playing that always led the subject to impersonate a police officer, a soldier, or some figure of a controller or guarantor of security. This relational withdrawal appeared to be accompanied by dropping out of school, which appeared to be characterized by all those diagnostic features that manuals now teach us to highlight (Shapira, 2000).

The boy's uneasiness also seems to be associated with a family uneasiness: his mother seems to suffer from anxiety-depressive disorders, while his father appears to be completely absent from the family picture, his younger sister does not appear to have any overt psychopathological disorders so far (Rizzo et al., 2024). The relationship with the family members appears to be characterized by ambivalence, which towards the mother appears to be marked both by outbursts of anger and extreme aggressiveness, sometimes acted out with impulsive gestures, and by a relationship of dependence and to some extent by an almost fusional affection. A type of relationship that hints at the splitting mechanisms that are enacted towards the object.

## *6. Test Interpretation*

The order in which the drawings are executed, of an *individualized* type (see Table 1 for initials and calculations), highlights the points on which the subject's personality is structured: the maternal image (Moon archetype) and the object's relationship with the feminine. There emerge, in fact, themes of orality and dependence and a serious difficulty

in the representation of human and vital objects, which are completely absent, from which derives an impairment of the social and relational sphere. One observes, therefore, on the one hand a lack of interest in humans, and on the other an introjection of mechanical objects (watch, traffic light, and console).

I	II	III	IV	V	VI	VII	VIII
8	7	2	3	5	4	6	1

**Table 1: Individualized Execution Order; Time: 15'**

Row	Item
R1	A clock
R2	A swallow
R3	A street ( <i>After the fourth frame, latency times increase as in an associative block</i> )
R4	A (gaming) console
R5	A glass ( <i>Continuous requests for reassurance that cannot be extinguished</i> )
R6	A bottle
R7	A traffic light
R8	The moon

Psychic development shows traits of considerable ambivalence, the manifest conflicts being concentrated in the process of individuation/separation, sexual identification, and the channeling of libidinal energies (Boxes 7 and 3), plausibly at the developmental moment represented by adolescence. The deeper conflicts, on the other hand, lie around aggressive impulses and the relationship with reality (Boxes 5 and 6), themes in relation to which *particular phenomena* such as *cancellation of the stimulus*, *opposite directionality*, and *transparency* (mechanisms of reversal, obsessiveness and perfectionism) emerge in defense of the ego.

Finally, elements of anxiety, insecurity, and self-deprecation emerge (lines, erasures, size of drawings). These aspects are part of a broader picture of verbal behaviour characterised by a continuous request for reassurance in the face of uncontrollable anxiety. From the point of view of non-verbal behaviour, the insecurity manifests itself in moments of associative block (increased latency time, non-verbal manifestations of psychic anxiety) and moments of motor restlessness.

Overall, the results obtained at Wartegg indicate the presence of a state of significant psychological distress that limits the young person's performance and behavior. The intellectual indices show a subject of average intelligence with mainly practical aptitudes that, at present, is inhibited and limited by the presence of an underlying depressive state. The analysis of the organization of the modes of thought highlights the existence of formal processes and ideational content characterized by rigidity, closure, and a marked tendency to internally re-elaborate one's own experiences without the desire to compare them with the outside world. The skills of synthesis and judgment appear decidedly inadequate.

Also in the relational sphere, marked difficulties are noted in entering relationships with others and establishing meaningful relationships with the peer group, with prevalence of behavior based on isolation and detachment. At the root of this situation can undoubtedly be placed a type of distancing attachment.

Analysis of the protocol also allows us to identify an underlying depressive state, the origin of which lies in a failure to integrate aggression. These are inadequate energies that are not functionally directed towards achieving a goal and tend, on the one hand, to give rise to intra-punitive reactions to frustrations and, on the other hand, to an inability to complete one's activities.

The young man shows serious difficulties in relating to authority and this state of affairs, together with the feelings of insecurity and inadequacy that characterize him, leads him to avoid all situations in which he might meet figures who are authoritarian in his eyes. It is probable that difficulties are also present in developing an adequate gender identity; an aspect that in the case under consideration would seem to be traceable to real difficulties experienced in the relationship with his father figure (weak father, absent?). Difficulties that did not allow the development of an adequate process of identification with the male figure.

### *7. Discussion: discomfort in adolescence and projective methods*

In Alfredo and Riccardo's cases, two different projective tests were used: the Rorschach and the Wartegg. In both these two cases, a very important underlying affective and relational distress is detected. The difference between the two cases arises from a diagnostic point of view, since if the first is ascribable to a more classically neurotic or

borderline functioning, the second, Riccardo's, is a case of psychosis. In Alfredo's Rorschach, in fact, as confirmed with the other tests, there appeared a substantial respect for the reality principle and a substantial rejection, rather, of the inner world, of psychic reality, of one's own unconscious desires (Alparone et al., 2024). Alfredo is a subject who does not rely much on his own deepest resources, which makes him sterile from the point of view of imagination, and low self-esteem is linked to this. In Riccardo's case, on the other hand, the inner world takes over and mixes with the real world, distorting the real perception of the outer world, thus deforming the thought processes themselves.

These data are already found in the clinical interview and clearly confirmed in the two projective tests. On the other hand, the projective tests also allow us to underline the psychic processes involved in the addiction mechanisms, in Alfredo's case the one related to the compulsive use of soft drugs, in Riccardo's case the one related to the use of web and the virtual world (Rizzo & Alparone, 2024). In both cases, projective tests make it possible to identify the style of relational closure and avoidance of affective implications through the use and recourse to objects of consumption and enjoyment.

In both cases, the projective test makes it possible to identify discomfort in the adolescent subject by identifying the pathological processes involved. They clearly show how, in these cases, the subject's aggressiveness is avoided (Alfredo) or directed towards the subject himself (Riccardo) for fear of reprisals from the object itself, which may refuse or turn against the subject with a far greater destructiveness. In Alfredo's case, this aggression is kept well away from the conscious sphere in an attempt to avoid it rather than manage it. It is therefore an aggression that is unnamable for the subject himself, since in his unconscious fantasies it would perhaps be at the origin of the profound original loss that he would have unconsciously suffered and which, in a certain sense, would 'justify' the fact that he was adopted. In Riccardo's case, the destructiveness is much deeper and finds its root in his frankly psychotic functioning, whereby certain parts of the object are split off and not integrated into the personality, thus being projected outwards. From this it emerges how his superego assumes sadistic characteristics towards the subject himself by incarnating itself into a whole series of figures that haunt his experience of external reality and that partially appear in the Wartegg test. In both cases, although in different ways, addiction serves the subject to allow him not to think, that is,

not to access a process of subjectivation, that is, of elaboration and integration of aspects of the self (Pirlot, 2019).

## 8. *Conclusions*

In conclusion, the analysis of Alfredo and Riccardo's cases illustrates the crucial role of projective methods in understanding the underlying psychological dynamics in adolescents facing mental health challenges. These tools, grounded in psychodynamic theories, allow clinicians to access unconscious processes, relational patterns, and defensive mechanisms that are often not directly accessible through verbal interviews alone.

The Rorschach test provided insights into Alfredo's avoidance of his inner emotional world and his reliance on defensive mechanisms such as denial and suppression. His psychodiagnostic profile revealed low self-esteem, relational immaturity, and an inability to process his aggressive instincts, leading to maladaptive behaviors like substance use as a means of coping. Conversely, Riccardo's Wartegg test highlighted the intrusion of his internal psychic conflicts into his perception of reality, reflecting psychotic tendencies and profound relational and identity struggles. The test also exposed his reliance on virtual environments as a maladaptive coping mechanism to escape the demands of external reality and unresolved internal conflicts (Akbağ et al., 2025).

Both cases underscore the diagnostic precision of projective methods in identifying patterns of relational closure, avoidance of affective implications, and the role of addiction in managing unresolved psychic conflicts toward dysregulation and addictive behaviors (Rizzo et al., 2023; Barbera & Rizzo, 2025). While Alfredo's challenges reflected a neurotic or borderline functioning, Riccardo exhibited clear signs of psychotic processes, including the projection and externalization of unintegrated aspects of his psyche.

These findings emphasize the value of projective methods not only for diagnostic purposes but also for guiding therapeutic interventions. By revealing the latent psychic processes and conflicts, projective tools allow clinicians to tailor their approach to address specific vulnerabilities and facilitate the integration of unconscious material into the adolescent's evolving self-concept and flourishing (Yıldırım et al., 2024). Ultimately, projective assessments remain indispensable in clinical practice, particularly in contexts

where verbal communication is limited, and deep psychological dynamics must be explored to support therapeutic progress and emotional healing.

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