A Clinical and Projective Approach to the Mourning Process in the Family System

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Abstract

Introduction: *This study focuses on the bereavement process that is understood as the loss of a family member, by presenting the way mourning is experienced and processed in the family system layout. When someone passes away, the whole family is affected, but it must be accepted that each member of the family has its own way to live, express and integrate the mourning. From the perspective of the Attachment Theory, there is the vision that the family continues the attachment with one of its members even after his death.*

Objectives: *The analysis of the situation of a family in which the daughter died in a car accident is proposed, both parents and their son being psychologically assessed.*

Methods: *The case studies presented herein highlight how the data obtained by using the Millon Clinical Multiaxial Inventory-III (MCMI-III) is correlated with the data extracted using projective methods (the Bender-Gestalt Test, the Rorschach Test and the Thematic Apperception Test for adults) in order to assess posttraumatic consequences in adults.*

Results: *The clinical approach reflects the psycho-emotional difficulties of each family member. The projective methods that have been applied allowed to see the way in which every member of the family experienced the loss and how they related to each other within the family system.*

Conclusions: *The study highlights both aspects that hinder the relationship and those that could act as a resource for the family. The collaborative interpretation of the results following the administration of tests helped each family member become more aware of their blockages that prevented them to process and integrate the bereavement and emotionally reconnect to each other.*

Keywords: response to the bereavement, emotional family system, clinical multiaxial inventory, projective methods

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I. Introduction

The research on Attachment Theory postulates that there is a link between the attachment type and the reaction to bereavement. Thus, the secure attachment style is associated with normal or acute mourning, ambivalent anxious style correlates with complicated mourning, whereas the avoidant attachment style may generate the "absence of the bereavement response", and the disorganized style "may generate numerous signs of learned helplessness, given the loss of the connection with the deceased" (Boncu and Nastas, 2015). Also extracted from the Attachment Theory is the vision developed by Hogan and DeSantis (1996) which shows that families continue to feel emotionally connected to one of the members even after his death. Their researches showed that recovery from grief does not mean cutting ties with the deceased, but on the contrary, keeping them present in the family narratives (Vraşti, 2012).

The most frequent types of mourning responses:

1. Normal mourning – consists of several phases: denial, anger, bargaining, depression, acceptance of the situation, that lasts for about a year.
2. Complicated mourning is composed of the same phases, but lasts longer. It isn't pathological in itself, but reflects psychological and emotional difficulties.
3. Pathological mourning – we identify a pathological mourning response if, after losing a loved one, problems or psychopathological symptoms appear, issues which had previously been absent. These problems or symptoms are multiple, and are not always present. They may vary in frequency and intensity.

The mourning and the family

Each family, as a whole, bears its own expression of grief, according to the cultural and spiritual values in which it is rooted and is influenced by the existing relationships and dynamics between its members. When a member passes away, the whole family is affected, but it must be accepted that each person in the family has his own way to live, express and solve the bereavement. Death creates a vacuum which the emotional system of the family will try to fill anyway (Vraşti, 2012).

Among the factors that affect the family's bereavement process there should be noted: (i) social and ethnic context, (ii) history of previous losses, (iii) at which point in the life cycle has death occurred, (iv) the nature of death, (v) the position held by the deceased in the family, (vi) the communication style of the family, (vii) the level of formal education, (vii) spirituality and religious practice of its members (Moules et al., 2007).

The Clinical approach

After the establishment of an empathetic alliance and streamlining of communication, the clinician will be able to assess how the person experiences the bereavement process. It is preferable that this evaluation be carried out following a well-established plan, in order to identify the severity of the contents in the "areas of mourning" and the factors leading to the clustering of some of the symptoms of loss (Altmaier, 2011).

Millon Clinical Multiaxial Inventory-III (MCMI-III) is one of the most well-known for the evaluation of the perspective of clinical syndromes and of personality traits.

- Regarding the assessment of posttraumatic symptoms/ consequences, it is conducted by using multiaxial clinical inventories, the most notable being the Millon Clinical Multiaxial Inventory-III to which one may add Rorschach and other projective tests. MCMI-III is ideal for those who are evaluated for emotional, behavioral and interpersonal difficulties. With its 175 items, it is much shorter than other comparable instruments and differs from other inventories in particular by its concision, its theoretical foundation, the multiaxial format, tripartite structure and validation schema, using BR scores and depth of interpretation; its scales are similar to those of the DSM concerning a certain number of levels and are grouped in personality and psychopathology categories(Millon, Davis & Millon, 1997).

The Projective approach

The projective tests used were as follows:

- Bender-Gestalt Test, the most well-known of the drawing tests with clinical usage, containing specific interpretation factors for the subject's conflicts.
- The Rorschach inkblot Test identifies the level of tolerance to stress, the emotional disposition and characteristics of the self-image and interpersonal relationships.
- The Thematic Apperception Test (TAT) identifies current needs, mood and relational dynamics.
- The Bender-Gestalt Test is the most famous of the drawing tests used in clinic, designed with specific interpretation factors for the subject's conflicts. The analysis of the figures is done in a multidimensional

manner: first of the use of space, that tells us something about the self-perception of the patient in relation to the world; several sets of assumptions are issued, one or two being further distinguished and pursued, to see if these assumptions can form a typical "constellation", consistent for diagnostic. The specific interpretation factors are grouped according to the way the design elements are organized, such as the use of space, reproducing the shape, deformations of the configuration, repetitions and highlights, the behavior displayed during the completion of the task. In psychoneurosis the gestalt is not destroyed (good perceptions), but the subject's conflicts produce projections: random or rigid sequence, underestimation of the size (severe), appear as a series of emotional indicators that may be relevant in the assessment (Perticone, 1998; Lacks, 1999).

- The Rorschach inkblot Test is the clinical instrument measuring a series of various profound aspects of the personality structure. The information collected through the Rorschach Test concerning the subject's personality, according to the Exner Comprehensive System (Exner, 2000):

1. Self-control ability and stress tolerance, the stress sources and the subject's resources.

2. Elements related to the subject's affectivity: how they control the expression of emotions; how vast are the emotional resources; how clear or confused one is in his feelings; how emotionally stressed he is and what is the nature of the stress.

3. Elements of the self-image of the subject: how realistic he perceives himself; the level of self-esteem; obsessions and fantasies which invade the self-image.

4. Elements of interpersonal relationships: the way the subject perceives others – positively or negatively, realistically or unrealistically; how he relates to others; how effective or inert he is in social relations.

5. The quality of intelligence: the manner in which the subject takes decisions and solves problems; how intact is his sense of reality, the contact with reality; how sophisticated or simple is the subject in thinking; how clear or distorted his thinking is; how conformist or unconventional the subject thinks and acts.

- Thematic Apperception Test (TAT) identifies the following important contents: the subject's needs; emotions; defensive mechanisms; intrapsychic and interpersonal conflicts; the ways of perception of the external environment; the representation of the significant relations of the subject (Bellak, 2008).

II. Case Study

1 year and 9 months before, the L. family experienced the trauma of losing their daughter (of 23 years old), in a car accident.

The objectives of the evaluation were to capture how each member was affected by the loss and the way the mourning process impacts the family.

Methods:

Both parents and their son attended three meetings, individually, in which they were administrated several clinical assessment tests, most notable the Millon Clinical Multiaxial Inventory-III (MCMI-III) and projective methods: the Bender-Gestalt Test, the Rorschach Test (Exner method) and the TAT (Bellak method).

Results:

We will further present the most relevant results of the clinical assessment for each participant.

1. The mother (L.C.), 58 years old

During the interview, C. was coherent, felt anxious, easily irritable, expressed a feeling of despair about the inability to overcome the problems related to losing her daughter.

She blamed herself, did not allow herself to enjoy life without feeling guilty: "I don't dare to be happy because I would feel guilty about it, it's hard to pull a smile and I impose myself to not allow to laugh".

She described herself as a perfectionist, hyper exact person, "I have a very correct character; I do not like anything sneak into my life". She would continuously check the accuracy of things around her: she counted the drawings in the Bender-Gestalt Test; she followed the correspondence between the number of items in the questionnaire and the answer sheet.

<u>The Millon Clinical Multiaxial Inventory-III (MCMI-III) results</u>:

The compulsive pattern (Scale 7 – T 86) on the basic personality scales suggests that the behavior was clustered around an anxious conformism related to the expectations of others, notably the compulsive fear of losing control, a tendency to self-blame, the fear to make mistakes and a preference for repetitive, routine and familiar behaviors, but also a self- aggressive note. There was a narcissistic tendency (Scale 5 – T 77) with histrionic (Scale 4 – T 73) and aggressive (6B Scale – T 71) notes. The mechanism of projection (Scale P – T 71) showed that she actively denied undesirable personal traits and attributed them to others, but was also critical

of similar features found in others. As structural attributes appeared the inflexible organization and irritable mood.

The syndrome code was consistent for Anxiety (Scale A – T 75), suggestive of Post-Traumatic Stress Disorder (Scale R – T 66) and major Depression (Scala CC – T 63).

The Bender-Gestalt Test (BGT – copying phase) results:

As emotional indicators we noted: constriction (use of less than half-sheet for all drawings), in adults being linked to pathological significance in relation to abandonment, depression and moderate anxiety; increasing the size of the figures (in 5 drawings), especially horizontally, significant for inter-relational challenges; and resumption and highlight of the lines (in 6 drawings), which indicates aggression and impulsivity in adults; difficulties in crossing (in Figures 6 and 7); decrease of the angulation, correlated to excessive reaction to emotional stimuli; persistence of behavior (Figures 3 and 5) – low self-control indicator; counting the number of points and controlling the first figures, correlated with compulsive tendencies; in general, problems related to the control of impulsivity and the decrease of the Ego capacity to control emotions.

The Relevant Rorschach Test results:

The overall style of relating to reality was Extratensive (EB = 2: 5.5), which showed that she usually allowed emotions to influence decision making and problem solving.

She had an under average ability to control and stress tolerance (D = -2). The main sources of stress were peripheral ideation (FM + m = 7) – leading to impaired concentration in attention and sleep disturbances, and the tendency to repress emotions (C` = 5) – which led to anxiety, sadness, depression.

The Egocentrism index = 0. 58 and score r = 5, which showed a very strong self-centering and over evaluation. From the qualitative analysis of responses in terms of content, there appeared aggressive, threatening symbols (volcano, pliers) and depressive elements (bones, fossils).

There arose the hypothesis that Mrs. L.C. experienced a strong aggressive drive, that scared her, which she repressed and used it against herself. There occur, several times, content such as child, girl, leading to the hypothesis that self-image was dominated by the maternal role.

The results of the Interpersonal perception cluster indicated a slight social isolation tendency (Isolate Index = 0. 26). However, she was interested in people and social efficiency (Sum H = 5 and GHR > PHR).

She manifested, at the time, a moderate level of depression (DEPI = 4). She experienced intense inner tensions, sadness.

She had low impulse control rates (FC < CF + C) and appeared to be responsive to emotionally charged stimuli (Afr = 0.8). Her style towards the environment indicated opposition and negativity (S = 3).

The interpretation of TAT revealed:

The most frequent emotions were: depression, hopelessness, inner tension. The attitude towards problems appeared doubtful or passive.

There showed up two conflicting themes:

The maternal conflict resided in the oscillation between the unavailability of being a mother and overinvestment in the maternal role. On the one hand, she heavily invested in the role of the mother who defended and protected her children and, on the other hand, stood the guilt of not being a good enough mother.

Another issue was that of suicidal thoughts that she tried to deny. In this respect, there stand as representative the responses to 3BM card and card 14.

3BM card.: “A room with a bed. A very depressed woman sits with her head on the bed. She probably feels a deep depression. A revolver is also there. It is either her depression or a grief about something that happened in this room. Somebody might have attacked her or they might have wanted to use the gun. Who knows what is in her mind?”.

Card 14: “Option A: a dark room – where there is darkness, there is suffering, despair, depression, there’s no one around that person. But beyond the darkness of the room, there is a light. He (or she) opened the window. There is hope for life. The light outside may give another meaning to life.

Option B: It can be also a foolish act. On the inside – there is the suffering. On the outside – the end” (Started to cry.).

Mrs. L.C. was in the denial phase of her mourning process of her daughter’s death. The answer to card 16 is representative: “Me and my daughter. I want to hug her. To offer her flowers, to kiss her and talk together, and tell me what she saw up there. I want her to wake me up from the nightmare I’ve been having for so long. Let no one disturb us. I want us to kiss and coo each other. Nothing more”. (The patient started to cry saying that she

could not and would not accept her daughter's death. She would easily get annoyed by those who thought they knew what it was like and would easily give advice.)

2. The father (L.M.), 58 years old

He manifested a cooperative attitude, openness, coherent expression, a sense of despair related to the inability to overcome the loss of his daughter: "There's nothing left now, how could I put order in my life, it's an awfully big mess". He talked a lot about his wife and his need to see her overcome her depression.

The images and emotions associated with loss were resulting in feelings of helplessness, painful memories that reactivated emotions generated by the primary event. As notable appears the compulsion – the preference for repetitive, routine and familiar behaviors: every couple of days he would go to the cemetery with a bunch of flowers.

During the interview, Mr. L.M. referred to his wife with admiration and seemed to be missing lot the normal family life. He felt much affected by the death of his daughter but also by his wife's lack of availability for their life couple.

The Millon Clinical Multiaxial Inventory Results-III (MCMI-III):

There appeared histrionic personality tendencies (Scale 4 – T 79) with an expressive-dramatic functional process type. He desperately needed recognition and affection.

The syndrome code appeared suggestive for Post-traumatic Stress Disorder (Scale R – T 71) and Anxiety (Scale – T 70).

The Bender-Gestalt Test (BGT – copying phase) results indicated:

There can be noted the oppositional behavior by turning over the active note cards (Figures 1 – 8), although he received the instructions. As indicators of emotional note there stand: the resumption and highlighting of lines (in 4 drawings), indicating impulsivity in adults; difficulties in crossing (Figures 6 and 7); persistence of behavior (Figures 3 and 5) – low self-control indicator; counts points and controls the first figures, correlating with compulsive tendencies; generally, problems related to low Ego ability to manage emotions.

The relevant Rorschach Test results show the following:

The overall style of relating to reality was Ambitendent (EB = 3: 3), indicating the switch from a style centered on expressing emotions to a more rational one, making it ineffective in taking decisions.

The ability to control and tolerance to stress were below the average (D = -1). This showed that he would easily disrupt when experiencing short or moderate level of stress. The stress was cognitive (FM + M = 9), creating peripheral ideation and leading to difficulties in concentrating attention and in sleeping.

At emotional level, he indicated a low level control of expressing emotions (CF = CF), without manifesting impulsive emotional responses. Anxiety elements are also present (Y = 3).

At self-image level, there were indicators of emotional immaturity. Fd score = 2 showed the need to be encouraged, emotionally supported, guided. This interpretation was supported by symbols that resulted from the content analysis of his responses, "a bird's nest", "animal with its cub". And there also appears the tendency to under estimate himself (Ego index = 0. 29, below average).

He showed interest in other people and was effective in interpersonal relations (H = 4 GHR > PHR). He perceived competition between people (AG = 2, COP = 0). No tendencies to social isolation were observed (Isolate Index = 0.12)

The Interpretation of TAT:

The interpretation indicated that whenever faced with problems, Mr. L.M displayed an active attitude, focused on solutions. He accepted difficulties and could adapt to traumatic events.

Significant in this respect are the answers to 3BM and 14 cards.

3BM card: "A child, an abused teenager, feels angry, frustrated, left alone, unsupported. There is no one to help him. He sees what the world's made of, there's justice and injustice. He eats that piece of life. He will understand it later".

Card 14: "It's an ugly image. I think it's a failed attempt to jump out the window (this is what the one who created the image wanted to show). The picture is black and there are dark thoughts for that person. This is like in life: streaks of light and dark thick bundles".

There can be mentioned the valorization of the feminine image which appeared to be strong, dominating. By contrast, her husband appeared in a relation of dependency.

The answer to card 16 was significant for the most intense need at the moment: "An image from an advertisement I liked very much. Two young people

sitting on a bench. She takes his hands in hers. She is smiling a lot, seems very optimistic, determined. He smiles a bit in a goofy way. He sits with his feet on the ground. She has only the tip of her toes on the ground. He is in love, but does not know what happens to him. She is very determined, likes him and already knows what is to happen. This is the miracle of love; the girl has already decided what becomes of her. She is the one who leads and she is sure she's going on the right track. He is happy, but is not much aware of himself".

3. The son (L.R.), 34 years old, married, father of a 5 years old daughter

During the evaluation, he acted in a cooperative, open attitude. He recounted that after the traumatic event there was a period of excessive concern to what could happen to his own daughter (he would "check her breathing during the night"). There was also a period of one week in which he could not drive the car, then would start driving but feeling more "tense". Even at the moment, he proved some alertness: "I pay more attention to cars, to traffic". There was a period of feeling anger, after the event, would vent emotions in "quarrels with his wife for the most unimportant reasons".

The relationship with his parents changed after the traumatic event, "each of us isolated in his little soul house, there was never a discussion about how each feels". He seemed to long for emotional contact with parents and felt nostalgic for his childhood. At the interpersonal level he needed to be encouraged, supported, guided. He needed safety, protection and found these in his nuclear family.

The Millon Clinical Multiaxial Inventory Results-III (MCMI-III):

There was noted the absence of clinical scores and the flatness of the profile.

The personality pattern with subtle histrionic elements (Scale 4 – T 63) could explain the slight distortion in positively responses to interview and questionnaires. The average score of the scale indicated more normality than pathology.

The Bender-Gestalt Test (copying phase) results:

As emotional indicators were noted: the persistence of inappropriate behavior (Figure 2) – impulsivity indicator; the framing of figures 7 and 8, specific figures for the integration of the male-female authority figures and challenges related to emotional safety (Figure 8), drawing attention to the relation with the parents.

The relevant Rorschach Test results revealed:

The overall coping style was Extratensive, he allowed emotions to influence his decision making, but may become more rational when necessary (EB = 5: 7).

The ability to control and stress tolerance were average, he had good cognitive resources (the ability to formulate complex, goal oriented reasoning, creative thinking) and emotional tools (emotional vitality), which helped him cope with stress (D = 0).

He was emotionally vulnerable (DEPI score = 5) and currently lived in high stress. Manifested anxiety (Y = 5), a tendency to suppress negative emotions, which led to sadness, inner tension (C' = 4), destructive self-criticism and guilt feelings (V = 1).

He experienced moments when he did not control the expression of emotions and became impulsive (FC: CF+C = 4:4; C = 2). Sometimes he could become negative, environmentally oppositionist (S = 4) and lived disorganizing emotional states with negative impact on his mental functioning (Shading Blends = 2).

The scores of the self-perception cluster showed a tendency to devalue in relation to other, a weak consideration for oneself (Ego index = 0.14, below the average). He showed interest to self-analysis but in a manner characterized by self-criticism (FD = 2, V = 1), which may lead to feelings of inferiority or guilt. He tended to see the world and himself in negative terms (MOR = 2) and felt nostalgia for childhood (PER = 2).

At interpersonal level, he needed to be encouraged, supported, and guided (Fd = 1).

Interpretation of TAT:

Feelings of sadness, loneliness, lack of emotional support appear.

In the drawings suggesting the relations with parental figures, there appeared a lack of emotional connection and the belief that no matter what he could not make the parents satisfied.

Card 2: "Here I cannot tell if those three are a family or not. They sit together. He works the land. Does all the hard work. The lady is somewhat distant and is not involved alongside him. She seems distant and seems to look down on him. It's something like: I do not get involved too much in this family, it's not for me. The girl is going to school. She doesn't seem too happy either. It's a family who does not really communicate".

6 BM card: "An elderly mother and her son mourning for a deceased. That's it! (How do I feel about it?) The mother is sealed within herself and is looking out the window into a blank space and the son is looking at his father. He crumples his hat in his hand. He looks

as if he has just arrived, he came a long way. And thinks: about a month ago, we had a drink together, I laughed..."

7 BM card: "This older man is the teacher or the mentor of the younger man. They are criminals, more sophisticated ones (theft of jewelry, bank robbers). He teaches the young one. Yes, yes. I understand".

There is a deep sense of emotional suffering, revealed in card 15: "Here (he sighs) is a man full of resentment and, actually, all the crosses and tombs around are his own buried and postponed feelings. It's just his soul here".

He needs tranquility, detachment of his problems and finds his safety in the nuclear family.

Card 19: "Here is a countryside house. Outside is the a snow storm but they sit inside and eat apple pie with cinnamon. They do not care what's outside".

Card 16: "Somewhere in the countryside, in an area with hills, it is summer, the heat is intense (over 30 degrees) and, somehow, on the side of the hill there is a row of poplars. It's a village there and an isolated house. I sit on the porch and look at the row of poplars. I have been doing this for some time. There is no pressure. Everything is quiet and calm. I only hear the tractor plowing the field, crickets, and hens".

The inner conflicts are related to the loss of emotional connection with the parents, especially with the mother and the feeling of guilt, a "survivor's guilt".

III. Discussions

The psychological assessment of the parents and elder brother leads to understanding how each member experiences the bereavement process after the loss of the daughter/sister and how they relate to each other within the family system.

The clinical and projective evaluation of Mrs. L.C. indicates that anxiety is present, as a clinically significant syndrome and Post-traumatic Stress Disorder and Depression of moderate intensity were also present at the time of the assessment, whereas the personality prototype was compulsive.

The behavior was characterized by a high emotional lability, with short periods of impulsive reactions, mood swings and depressive periods. It is important to take into consideration the hypersensitivity to criticism and very low threshold of the tolerance to frustration. The emotional states tend to be fragile and variable, alternating with periods of apathy, isolation. She may show emotional unpredictability and presents difficulties in social and family relationships.

We further notice a fragile stability in terms of subjective stress and vulnerability to events that reactivate the past, given the inflexibility and insufficiency of effective relational mechanisms, which creates proneness to new difficulties and disruptions. Both adaptation inflexibility and rigidity can trigger ego-dystonic episodes (self-destructive), thus rendering existing problems persist and even worsen.

It is obvious that Mrs. L.C. has not processed the mourning of her daughter. She is obsessively preoccupied with her deceased daughter, neglecting the other family relationships.

In Mr. L.M.'s case, at the moment of the evaluation there appeared as moderate suggestive clinical syndromes PTSD and anxiety.

The images and emotions associated with loss resulted in feelings of helplessness, painful memories that reactivated emotions generated by the primary event. As notable appears the compulsiveness – a preference for repetitive, routine and familiar behaviors, he "would go to the cemetery once in a couple of days". He had below the average ability of control and stress tolerance. The main source of stress was the peripheral ideation.

At cognitive level, Mr. L.M. was slightly rigid, which suggested that he might be troubled by unexpected issues. There appeared a need to focus on solving problems in a logical, rational, efficient manner. At emotional level, he often had feelings of sadness, frustration and anger, which he was trying to control through logical and analytical thinking. Sometimes he lived moments of intense mental tension and great discouragement. He was much affected by the death of his daughter and his wife's unavailability for their couple life. He needed his wife to regain her determination and overcome her depression.

In terms of used defense mechanisms there appeared dissociation: the painful emotions being either repressed or replaced with more pleasant ones.

The clinical evaluation of Mr. L.R. did not reveal any apparent clinical symptoms. He seemed well adjusted socially and professionally. He was a person with great resources and functional coping style. The personality pattern with subtle histrionic elements led to the hypothesis that he needed affection and recognition.

The projective methods applied could better capture his inner dynamics. They emphasized emotional vulnerability, a tendency to suppress and inhibit emotions, leading to feelings of sadness, tension, anxiety, guilt, self-criticism. He might tend to act hostile, negative and hyper vigilant.

Concerning the self-image, he perceived himself as sociable, with an intelligent social behavior. He

showed interest in self-analysis, but also in self-criticism, which may lead to feelings of inferiority or guilt. At times, he tended to see himself in negative terms.

The representation of interpersonal relations occurred with some adherence to conventions and social rules. The relationship with his wife and daughter was not affected by the traumatic event. After the event, there was a period of anger and a need to ventilate the emotion. The relationship with his parents was changed after the traumatic event, and he yearned for emotional contact with his parents, being nostalgic about his childhood. He needed to be encouraged, supported, guided, to feel safe and protected, things he found in his nuclear family.

From the projective evaluation, it resulted that Mr. L.R.'s grief was felt not only in relation to the loss of his sister, but also to the loss of his affective relationship with his parents and sometimes it was felt as an existential loss of oneself. His position in the origin family seemed threatened, weakened.

IV. Conclusions

The case studies presented herein highlight how the data obtained by using the Millon Clinical Multiaxial Inventory-III (MCMI-III) correlated with the extracted data using the projective methods. Many of the MCMI-III results were confirmed by the results of the projective methods, others were complementary. The Rorschach Test results very well correlated with the TAT. and the Bender-Gestalt Test outcomes.

We have noticed that sometimes the Millon Clinical Multiaxial Inventory-III does not reveal important traumatic indicators as accurately as projective methods do.

The projective methods that have been applied allowed to see the way in which every member of the family experienced the loss and how they related to each other within the family system. Both aspects are being highlighted, those that hindered the relationship and those that could act as a resource for the family.

The collaborative interpretation of the results of applied tests helped each of the family member become more aware of their blockages that prevent them to integrate the bereavement process and emotionally reconnect to each other.

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