The Use of a Projective Test in Treating Children in Individual and Group Therapy

Seymour Hoffman
Community Mental Health Clinic
Bnei Brak Israel

Benni Feldman
Kaplan Medical Center
Rehovot Israel

Among therapists who work with latency age children and adolescents, there is a constant interest in new techniques which will help to skirt the characteristic resistance of this age group and facilitate the process of change. This paper describes the use of TAT (Thematic Apperception Test) cards in the individual treatment of a 13 year old boy and group therapy of latency children using a therapeutic technique which is a marriage of the Mutual Storytelling Technique of Gardner (1971) using TAT cards as a structural stimulus for the stories and a dialectical therapeutic approach (Hoffman, 2011). The application of this approach with the boy and the group is demonstrated by presenting an excerpt from the interactions of the co-therapists with the boy and the group participants.

In Gardner's method, the child is asked to relate a complete story with a moral into a tape recorder. The child's story is considered a projection of the child's feelings, conflicts, view of the world, and the child's place in that world. After assessing the psychodynamic significance of the child's story, the therapist tells a story using the same characters and setting, but healthier adaptations and resolutions of conflicts are introduced.

The dialectical approach involves co-therapists who work in tandem to reflect patients' ambivalences, conflicts, and maladaptive behavior by consistently assuming opposite roles.

Summary
This paper describes the use of dialectical co-therapy and the Thematic Apperception Test in the treatment of children. Excerpts from treatment of a 13 year old boy and a group of latency children are presented to demonstrate this approach. Children’s stories are told in advance which provides the therapists the opportunity to study and understand the dynamics of the case and plan their interventions accordingly. The indirect and non-threatening game format of this approach enables highly emotionally laden and anxiety-provoking material to be introduced in a non-confrontational manner.

Keywords
Dialectical Co-therapy
Thematic Apperception Test
Child Psychotherapy

Contact
Seymour Hoffman PhD
Sereni 44/4
Rehovot, Israel
76249
batya_ho@netvision.net.il
Dialectic therapy and viewpoints. One therapist is provocative and confronts the patient's ineffectual defenses and emphasizes the patient's "minuses" (weakness, poor motivation, or past failures) while the second therapist is supportive, encouraging, and emphasizes the patient's "pluses" (strengths, motivation, or past achievements).

To illustrate this treatment approach, we present two examples. Our first example involves a case study of a 13 year old boy who experienced an extremely traumatic incident when he was six years old. In our second example, we depict group therapy with latency children who present with behavioral and emotional problems related to parental divorce.

Case Study

Dan, a nice looking, reticent 13-year-old boy, was referred to the clinic by Eran (Israel Emotional First Aid) after he sought help in the middle of the night because of severe distress and fear of losing control over his angry feelings.

Family Background and History

Dan's family consists of working parents, both in their late thirties, and an 11-year-old sister. The parents described Dan as an excellent student, serious, withdrawn, socially isolated, and preoccupied with seeking justice and protecting weak children. They revealed that seven years ago they were referred to the clinic by the school guidance counselor after a tragic event. While playing with his four-year-old cousin, Dan, then six years old, found his grandfather's gun and asked his maternal grandmother to unload it. However, one bullet remained in the gun chamber and was accidentally discharged while Dan pointed it at his playmate's forehead. The cousin was rushed to the hospital where she died. Dan was told that the girl died of complications of a lung infection. The police psychologist, after investigating the incident, referred him to the school guidance counselor who, in turn, referred him to a mental health clinic. According to the chart notes, several sessions were held with the family where the focus was on marital and family conflicts. The only reference to the tragic incident was a note that the therapist recommended that the parents reveal the truth to the child at the proper time.

In the initial interview, Dan complained that he was very nervous and tense because of his sister's provocative behavior. He also mentioned that he had no friends and did not get along with his peers, especially girls. He said he felt discriminated against at home and that the whole world was against him. He had difficulty sleeping at night, had frequently entertained suicidal thoughts, and viewed his peers as “cruel monsters.” He felt the closest to his dog: “I can trust him with my secrets.” When asked what was the worst thing that he had ever done in his life, he responded, “I cursed my parents when I was five or six when I got angry at my sister.” At the therapist’s suggestion, a family session was scheduled for the following week.
In the family meeting, Dan complained that he did not receive as much attention from his parents as his sister and that his sister did not respect his authority as older brother. For example, she did not heed him when he objected that she walked barefoot in the house or when she sat in the stairway at night. He explained that an accident could happen to her and he would blame himself. He saw himself responsible for his sister’s welfare since his parents were tired and could not be relied on: “I must take responsibility for my sister and watch over her and I won’t yield on this matter.”

The therapist, struck with the possible connection between the boy’s preoccupation and over concern with his sister’s well-being and the traumatic incident of seven years ago, requested a meeting with the parents to further explore this area. They were informed that another therapist would also participate in the session. At this meeting, the therapists shared with the parents their feelings about the possible relationship of Dan’s unusual behavior and emotional distress with the traumatic incident. The parents expressed skepticism and pointed out that they had observed their son’s behavior closely since the incident and were not aware of anything unusual or out of order. In fact the topic had never been raised or discussed, adding that they had been told not to tell the truth to their son. However, towards the end of the session, they admitted that in fact, they had been advised to discuss the incident with their son and tell him the truth “at the proper time.” As well, every year the whole family visits Dan’s cousin’s grave on the anniversary of her death.

The therapists emphasized the delicacy and sensitivity of the situation and recommended a slow and cautious approach. Psychological testing and another interview with Dan were suggested to get a clearer picture of his personality makeup, strengths and weaknesses, and defensive structure. The therapists also wanted to get more information regarding how much Dan actually knew or wanted to know about the incident. The father readily agreed and informed the therapists that if Dan had to be told the truth, he would take on that responsibility.

In the individual session, Dan gave the impression of being a highly mature, intelligent, and articulate boy who related in a serious, attentive, and cooperative manner. Throughout all the sessions, Dan appeared tense, anxious, and nervous. He frequently fidgeted in his seat, played with his fingers and, measured all his words carefully before speaking. He said that he tried to control his anger and not respond to provocations but at times he felt he was going to crack up and lose control. At those times he punched the wall. He remembered always being a tense and nervous child and having difficulty falling asleep.

In the session, the therapists attempted to explore in an indirect manner what Dan actually knew about the tragic incident by asking him to draw a family tree so that they could better familiarize themselves with his family and background (Guerin & Pendagast, 1976). When he started to speak about his mother’s side, Dan indicated that his mother had an older sister with three children. After he spoke of his paternal grandfather’s death five years ago, the therapists inquired whether there were any other recent deaths in the family. Dan at that point mentioned that he recalled now that his aunt’s oldest daughter had died but he did not know of what cause. When asked whether it was a result of a sickness or traffic accident, Dan said he thought it was the latter. He claimed that he did not remember his reaction to her death.

The test findings depicted the boy as a highly intelligent, anxious, and conflicted person who was overwhelmed by intense feelings and impulses and was concerned about losing control over them. There were indications of an ineffective defensive system, tendency toward magical thinking, poor interpersonal relationships, and preoccupation with morbid thoughts, tragedy, and guilt feelings.

In view of the boy’s history, symptoms, and test findings, an indirect therapeutic approach was decided upon. Instead of focusing on Dan, the attention would be directed towards the boy’s fantasy productions based on TAT cards. The child’s story is considered a projection of his feelings,
conflicts, view of the world and his place in it (Holt, 1951). The advantage regarding this approach was the non-threatening, play-like aspects of the technique which circumvent the child’s negativism and at the same time stimulates his interest and imagination and increases his involvement. In addition since the focus of attention is on the heroes of the stories highly emotionally laden and anxiety-provoking material can be introduced and discussed without frontally attacking the child’s defensive structure.

Through a dialectical approach, an attempt was made to relate to painful and inadequately suppressed material, reflect the child’s inner conflicts, ambivalences, distorted perceptions, unacceptable impulses and feelings, and fears. At the same time, therapy would strive to provide him with an alternate and healthier way of perceiving and coping with reality, emotions, conflicts, and painful experiences.

Dan’s TAT stories were rich in content with main themes of death, tragedy, injustice, guilt feelings, loss, and punishment. After reviewing the stories and paying special attention to the heroes’ dynamics, conflicts, perceptions, coping mechanisms, and the endings of the stories, the therapists in consultation, created their own contrasting stories to the particular TAT cards. One co-therapist, the Provocateur, emphasized in his stories the id and rigid superego aspects of the hero, his unacceptable forbidden thoughts, fantasies, impulses and maladaptive coping mechanisms, while the other co-therapist, the Supporter, stressed the healthy aspects of the heroes’ ego, reality-oriented solutions, good judgment, control over impulses, flexibility, and constructive handling of their conflicts.

Three consecutive sessions were devoted to the presentation and discussion of 8 out of 10 of the TAT stories. After reading Dan’s story, the therapists presented their TAT stories. Then the three storytellers had an open discussion to decide whose version seemed the most appropriate. The following is an illustration of this process.

Card BBM: An adolescent boy looks straight out of the picture. A barrel of a rifle is visible at one side. In the background is a dim scene of a surgical operation.

Dan’s Story (with therapists’ questions interspersed)

It appears that here is a boy who saw someone who died. He didn’t actually die. Someone he knows was wounded by a bullet of a gun. Two men who don’t look like doctors are attempting to remove the bullet. The man looks unconscious. He doesn’t seem to be in pain. The boy can’t look at this. He is very sad.

“What are they?”

They could be brothers. It doesn’t seem to me that he will die because the bullet didn’t enter the heart. It seems to me that he will recover and live and return to a normal life.

“Whose rifle is it?”

The rifle from which a bullet was discharged by mistake belongs to the wounded man. Or it could belong to the other brother.

“What is he feeling?”
If he shot the bullet, I think that he has guilt feelings, thinks he won't forgive himself forever, hopes that he will live.

“How does the story end?”

I think that his brother will comfort him. It doesn’t seem that it happened on purpose. The younger brother will learn. He won’t handle a rifle again. They’ll return to normal life.

Provocateur’s Story

I see a child who is very worried and troubled because his brother was wounded by a bullet from a gun that he played with. The gun belongs to his brother. He played with the gun without permission and by accident a bullet was discharged and wounded his brother. This looks like an operating room and doctors are operating on him in an attempt to save him. The boy is very tense and nervous and is wondering whether his brother will live or die and will he forgive him for his deed. The brother dies after a few days. The boy will be miserable all the time. He won’t permit himself to enjoy life because of his overwhelming guilt feelings, in spite of the efforts of his family to convince him that it was an accident and there was no reason to blame himself.

Supporter’s Story

I see a child who is worried about his brother who was wounded by a bullet that was discharged when he played with a gun. This can happen with children. The gun belongs to the brother or father. An accident happened and they’re trying to save the brother. The boy is in shock and he hopes they’ll save him because the bullet didn’t enter a vital area. When the doctors see that the situation is hopeless, they call the boy so that he may bid farewell and separate from his brother. The boy stands by his side and expresses grief, explains that it was an accident, that he feels guilty, is in shock. The brother is not conscious and it’s not clear if he heard him or not. The parents will arrive at the hospital, will find the child in a stupor. The parents are also stunned and confused in the beginning and don’t know what to say and how to react. However, they soon recover and attempt to comfort and reassure the boy and explain to him how they see the situation and then he is able to express his feelings, pain, guilt and his longings for his brother and the desire to atone for his deed. The relatives of course continue to reassure him that it was an accident and though it may be difficult for him to understand it as a child, for children tend to view things in relation to consequences and not intentions, in time, after many discussions with the child, who seems serious and intelligent, he will gradually absorb and accept what the relatives explain to him and will forgive himself and will succeed to live a normal life.

At this point Dan was asked to talk about the different stories presented by the therapists.

Dan: I still think that the gun belongs to the boy and if he's 13 or 14, it is possible that he owns a gun if they rely on him.

Supporter: Does the boy in the story forgive himself?

Dan: No. Even if his brother forgives him.

Supporter: How long will he feel guilty?
Dan: Five, 10 years. The boy will be preoccupied all the time with thoughts of what will happen and how he could have prevented it.

Provocateur: What do you think will enable him to forgive himself after 5, 10 years?
Dan: That he will see that his brother really forgave him.

Provocateur: Do you think that only after 5 or 10 years, he will be able to forgive himself and live a normal life?
Dan: Not completely normal like in the past. In the future he will be more careful, if they give him a gun.

Provocateur: He will be able to overcome this terrible experience?
Dan: Little by little he will forget this incident.

Supporter: But 5, 10 years is a long period of time especially for a child. So much time will have to pass before he will forgive himself, and especially since his brother and family forgave him and didn’t blame him and understood that it was a freak accident?
Dan: Maybe not 10 years, maybe 5. He will be depressed for a period of time and won’t handle guns anymore.

Discussion

Prior to therapy, as a result of the gentleman’s agreement between the family members and the boy that the tragic event would not be discussed, Dan never had the opportunity to work out the traumatic incident. The issues of responsibility, blame, guilt, and punishment remained confused and blurred over the years for the child. This confusion was compounded by the mixed messages sent by the family members. On the one hand, the manifest message was that he was blameless, and on the other hand, the latent message was that he was guilty.

In view of the ineffectiveness of denial and suppression as evinced by Dan’s symptomatic complaints, unusual behavior and emotional distress, an indirect therapeutic approach was used in order to avoid alerting and threatening his weak defensive system. Using a dialectical cotherapy approach with the TAT stories, painful and relevant issues were raised and suppressed material and intense ambivalent feelings were brought to the fore. The rigidity of Dan’s perceptions and superego was unmasked and alternate, more flexible and constructive ways of viewing and coping with difficulties and conflicts were introduced.

As a result of this approach, the ground was slowly and carefully prepared for relating to and coping with the taboo topic in an open and direct manner. Once brought out into the open, Dan’s distorted perceptions, maladaptive behavior and symptomatic complaints could be more readily comprehended and addressed in further therapy sessions.

Group Therapy

The group consisted of six children between the ages of 10 to 12 of divorced parents (or those that were in the process of divorce) who were referred to the clinic because of emotional and behavioral problems. The goals of this brief but intensive group therapy program were to facilitate interaction and support among participants, promote recognition and understanding of emotions stemming from divorce, enable acceptance and working through of their loss and confront and cope with problems arising from divorce, deal with family and peer relationships, and replace maladaptive behavior patterns and coping mechanisms with positive behaviors.

Several select cards of the TAT were administered to all of the participants by one of the co-therapists. After reviewing all the stories that the children related, the co-therapists selected one significant story of each child for presentation in the group meetings. In a collaborative effort
they prepared contrasting stories where one co-therapist (Provocateur) emphasized the hero’s unacceptable impulses, thoughts and wishes, and maladaptive coping style, while his colleague (Supporter), emphasized the “hero’s” strengths, flexibility, good judgment, and effective coping style.

At each of the six one-hour group meetings, one of the stories of the children was read while the respective TAT card was displayed. This was followed by the “spontaneous” stories of the co-therapists and an open group discussion. During the discussions, the therapists took an active part in raising and reacting to significant and relevant issues in a dialectical manner.

Child’s Story (Card 8BM)

There was a boy whose father was in the army. He was wounded by a bullet and they took him to the hospital for an operation. The boy was sad and visited him in the hospital. It took the doctors at least 10 days to find the bullet in him. The boy was happy that finally his father could return home. After they removed the bullet, the father screamed because of the pain. Afterward they put bandages on him and he went home.

“How does the boy feel?”

The boy feels good because his father returned home.

“How?”

His parents are divorced. The boy lives with his mother and his father lives nearby. The boy sleeps at times at his mother’s house and at times at his father’s house.

Provocateur’s Story

The boy’s father was wounded in a war and they brought him to the hospital for an operation. The boy is waiting outside the operating room and he has mixed feelings about what is going on. On one hand, he is worried about his father and is concerned about his life. On the other hand, he feels that it serves his father right that he was wounded and is in pain because he is angry at him for leaving the family and getting divorced. The boy blames his father for not getting along with his mother and for not visiting him enough after the divorce. The story ends that the father dies on the operating table and everyone pities the boy because he is an orphan.

Supporter’s Story

I also see a father who was wounded and taken immediately to the hospital for an operation. The boy heard that his father was wounded and immediately went to the hospital because he was very concerned and worried about him and he wanted his father to know this, and that he loved him. They operated on his father and the boy came every day to visit and take care of him in spite of the fact that he was angry at him. The boy felt that his father did not love him much since he left the house and went to live with another woman. He also didn’t visit his son as frequently as he had promised. The story ends that the father recovers and returned to his house. However, he began to appreciate and understand his son’s feelings and needs and became closer to him. The boy also better understood his father and became closer to him.
In the group discussions, using the same format, the co-therapists raised pertinent and sensitive issues and encouraged the active participation of the children. Generally, during the open discussion, the Provocateur softened his position and gradually "saw" the merits of his colleague's views. At the conclusion of each meeting, the Supporter summarized the discussions and encouraged the children to return for the next meeting.

Conclusion

Initially the children were fearful and reticent in sharing their feelings and thoughts and much denial, evasiveness, and caution was evident in their behavior. However, gradually, with the provocative behavior on the part of one co-therapist and the supportive behavior on the part of the other, the children were able to loosen up and participate actively in the group meetings. The presence of other children "being in the same boat" seemed to have a liberating effect on the children, who were able to give expression to their pent-up feelings, pain, conflicts, and fears. The majority of the children seemed to enjoy identifying with the Supporter and challenging the views of the Provocateur.

It was the therapists' impression that use of the TAT stories as a stimuli for discussion and the co-therapists' dialectical interactions facilitated and stimulated openness and active participation on the part of the children.

References


