

Chapter Eight

Use of the Thematic Apperception Test in Psychotherapy

Projective techniques have a lengthy and vital history in personality assessment, but they have evoked a minimal degree of interest on the part of counselors. Psychometric limitations, lack of training opportunities, and the obscure qualities of the instruments have restricted their use among practitioners.

About 60 years ago, Harold Pepinsky, a pioneer in the counseling profession urged counselors to use informal projective techniques in counseling as a means to advance the counseling relationship and to increase an understanding of clients (Pepinsky, 1954). Projective techniques in the counseling profession today are more commonly known for caution and prohibitions in using the instruments than for the potential benefits the devices offer as therapeutic tools.

It is enlightening to consider Pepinsky's balanced perspective in integrating projectives in counselling. He viewed projective techniques more as informal assessment methods than as precise, empirically established appraisal instruments. Information obtained through projectives can be evaluated from an idiosyncratic perspective that focuses directly on the client as a person. (Clark, 1995)

Among therapists who work with latency-young 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 cards in the individual treatment of three 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, Gafni and Laub, 1994). (The application of this treatment approach with a group of latency children of divorced parents by the author and a cotherapist was described in "Use of the TAT in Group Therapy with Children", *Journal of Child and Adolescent Group Therapy*, 3, 2. 1993).

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 his feelings, conflicts, view of the world and his place in it. 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 the patients' ambivalencies, conflicts, and maladaptive behavior by consistently assuming opposite roles and viewpoints. One therapist is provocative and confronts the patient's ineffectual defenses and emphasizes the patient's "minuses" (weakness, poor motivation, past failures, etc.), while the second therapist is supportive, encouraging, and emphasizes the patient's "pluses" (strengths, motivation, past achievements, etc.).

Case-1

Presenting Problem

Lem, a 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

Lem's family consists of working parents, both in their late thirties, and an 11-year-old sister. The parents described Lem 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, Lem, 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 Lem pointed it at his playmate's forehead. The cousin was rushed to the hospital where she died. Lem 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 the 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, Lem 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 has difficulty sleeping at night, has frequently entertained suicidal thoughts, and views his peers as "cruel monsters." He feels the closest to his dog. "I can trust him with my secrets." When asked what was the worst thing he did 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, Lem complained that he did not receive as much attention from his parents as his sister and that the latter 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 a female therapist would also participate in the session.

At this meeting, the therapists shared with the parents their feelings about the possible relationship of Lem'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."

The parents related that their relationship with the dead girl's father was not good, but insisted that it was because he was a difficult person. To prove their point, they recalled an incident where the latter screamed and threw a cake at Lem at his Bar-Mitzvah party for no reason. They stated that they and Lem were on good terms with the rest of the family. They claimed that they have not been blaming him for the girl's death and did not talk about it. Every year the whole family visits her 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 Lem were suggested to get a clearer picture of his personality makeup, strengths and weaknesses, and defensive structure; they also wanted to get more information regarding how much he actually knew or wanted to know about the incident. The father readily agreed and informed the therapists that if Lem had to be told the truth, he would take on that responsibility.

In the individual session, Lem 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, Lem 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 punches the wall. He remembers 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 Lem 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 and Pendagast, 1976) When he started to speak about his mother's side, Lem indicated that the latter 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. Lem 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, Lem 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, symptomatology and test findings, an indirect therapeutic approach was decided upon. Instead of focusing on Lem, the attention would be directed towards the boy's fantasy productions based on TAT (Thematic Apperception Test) cards. The child's story is considered a projection of his feelings, conflicts, view of the world and his place in it. (Holt, 1951) Through a dialectical approach, an attempt would be made to relate to painful and inadequately suppressed material, reflect the child's inner conflicts, ambivalencies, 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.

Lem's TAT stories were rich in content and death, tragedy, injustice, guilt feelings, loss, and punishment emerged as the main themes. 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. The psychologist (S.H.) 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 social worker (N.K.), 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 Lem's story,

the therapists presented their TAT stories. Then the three storytellers had an open discussion to decide whose version seemed the most appropriate. In the dialectical interaction, significant material was introduced. At the end of each deliberation, the social worker's arguments generally prevailed over the psychologist's view.

The following is an illustration of the above:

Card 8BM (An adolescent boy looks straight out of the picture. The barrel of a rifle is visible at one side).

Lem'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. "Who 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."

Psychologist'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 (Social worker: "How does the story end?") 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.

Social Worker'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. (Psychologist: "How does the story end?"). 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 speak of the injustice that occurred to him 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 Lem was asked to talk about the different stories presented by the therapists.

Lem: 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.

Social Worker: Does the boy in the story forgive himself?

Lem: No. Even if his brother forgives him.

S. W.: How long will he feel guilty?

Lem: 5, 10 years. He was still wounded and there will remain a scar or some disability. The boy will be preoccupied all the time with thoughts of what will happen and how he could have prevented it.

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

P.: Do you think that only after 5 or 10 years, he will be able to forgive himself and live a normal life?

Lem: Not completely normal like in the past. In the future he will be more careful, if they give him a gun.

P.: He will be able to overcome this terrible experience?

Lem: Little by little he will forget this incident.

S. W.: 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?

Lem: Maybe not 10 years, maybe 5. He will be depressed for a period of time and won't handle guns anymore.

After the three TAT story sessions, the therapists scheduled a meeting with the parents in order to obtain information regarding Lem's functioning and behavior during the last few weeks, and also to explore with them their readiness to discuss openly the past tragic incident with their son.

In the session, the parents reported that they did not see any significant change in Lem's behavior, but that he was enjoying the sessions. The therapists shared with the parents their view of Lem and the psychological findings, and read several of his TAT stories. The parents reactions were highly emotional. Lem's mother was shocked to hear that her son was so distressed, guilt ridden, and preoccupied with death and tragedy. The father exclaimed that "the topic is alive with him, he knows everything but it seems that he wasn't able to discuss and work it out." The therapists encouraged the parents to accept the idea of raising the issue with Lem in a family therapy session and suggested how the topic could be raised and handled in a tactful, sensitive and effective manner. After much deliberation, discussion, and soulsearching, the parents agreed and a family meeting was scheduled for the following week.

In the family session, the therapists mentioned that Lem was a very anxious boy who was very much preoccupied with issues and thoughts concerning death, tragedy, guilt, punishment, and injustice. This they felt was very unusual for a boy his age and inquired of the parents whether they could shed light on this matter. The father mentioned that Lem never permitted himself to be a child, to be happy and carefree and instead tended to take upon himself too many responsibilities.

Lem chimed in that from grade one through six he identified and was part of the "out" group and suffered greatly from this. Similar to the ex-Vietnam veteran, he was still carrying the scars and the negative effects of the "war," many years later. To the social worker's question

whether he had experienced any serious tragedies or traumas in his life that could possibly explain his present morbid preoccupations and pessimistic outlook, Lem answered in the negative. The father at this point confronted his son and reminded him that not many years ago a tragedy did occur and pressed him to talk about it. Lem, with considerable discomfort, conceded this fact and related that some years ago, he accidentally shot his young cousin while playing with his grandfather's gun. At the therapists' urging and prompting, Lem described in detail the incident but wasn't sure about the final cause of his cousin's death. The rest of the family members were encouraged to participate in the discussion of this taboo topic. They did, though with considerable uneasiness. Lem's sister volunteered that she remembers being extremely shocked and upset upon discharge of the bullet. Lem stated that he does not remember his reaction then and opined that the incident didn't have any negative impact or influence on him then or later on.

The psychologist stated that he saw a definite relationship between the past tragic event and Lem's behavior, mood, and TAT stories. Upon receiving Lem's permission, he proceeded to read the boy's stories to card 16 and card 8BM, in order to support his contention.

Card 16 (Blank)

Lem's Story (with therapists' questions interspersed)

"I imagine a noisy railroad station. It's a period of war. Many soldiers. A mother is waiting for her son. She is worried that the train's about to leave and her son has not appeared. Suddenly he alighted from the train, wounded and supported by two of his friends. He'll return home physically disabled and will not be able to return to the battlefield, and the mother will be happy." "What happened to him?" "Maybe he was shot by the enemy or his vehicle ran over a mine." "What is he feeling?" "Feels very bad. Ashamed that he was

wounded. Thinks of his friends who are fighting and being killed. Feels he did something bad, that he wasn't alert and careful and was thereby wounded." "What bad thing did he do?" "He wasn't observing orders or if he went over a mine, didn't pay attention to the road." "How does the story end?" "He will forgive himself."

At this point, the social worker supported her colleague's assertion and with Lem's permission read the boy's story to card 13B.

Card 13B (A little boy is sitting on the doorstep of a log cabin).

Lem's Story (with therapists' questions interspersed)

"A house in the hills. A boy is playing a harmonica. His parents are poor. He appears sad, depressed, and without hope and his escape is to sit at the entrance of the house and play his harmonica." "Why is he sad?" "It could be that his parents don't allow him to own an animal or that he had one but it died. Could be he had a dog or horse." "Why did the animal die?" "Could be the animal died from a sickness or an accident." "How does he feel?" "Feels guilty that he let him go by himself, that he didn't take care of him adequately. The animal fell or died of hunger." "How does the family feel?" "The family doesn't blame him. He blames himself without reason." "How old is the boy?" "He looks like he's 5 or 7 years old." "How does the story end?" "In the future it appears that he will recover from this and get another pet, even of the same kind. He really longs for the dead animal and will name the new one after him. He will give to him more love than to the previous pet, as if it were the same animal that went and returned. He will watch over it more than before so nothing will happen." "How will he do this?" "Feed it all the time, watch over it so it won't go any place."

The social worker then added, "And not go barefoot and not sit alone in the stairway at night."

Lem didn't accept the therapists' views and explained that the boy in the story in card 13B was the same boy as in the previous story (card 8BM). In response to the therapist's inquiry, the parents agreed that they saw a relationship between Lem's conflicts, behavior, TAT stories, and the tragic event. Lem's sister, however, supported Lem's contention that the same boy was the subject of the stories in cards 13B and 8BM.

At the therapists' suggestion, an individual meeting was scheduled with Lem for the following week.

In the next meeting, an attempt was made to assess the effect of the previous session. Lem, in his characteristic manner, downgraded the significance and import of the session and complained that his parents continued to treat him as a little child and limit his freedom.

In the session with the family two weeks later, the parents did not mention the past "dramatic" session and traumatic event. When questioned by the therapists, they mentioned that the family held an extensive and open discussion about the traumatic event and this had a positive and liberating effect upon the family members. They also reported that Lem displayed less concern regarding his sister's health and well-being. However, they expressed disappointment and anger that Lem's rebellious behavior and unwillingness to compromise and cooperate with them had continued.

From this point on, the therapy sessions took on the form and characteristics of typical family therapy discussions with a focus on adolescent-parental conflicts.

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, Lem 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, on the other hand, the latent message was that he was guilty.

In view of the ineffectiveness of denial and suppression as evinced by Lem'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 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 Lem'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, Lem's distorted perceptions, maladaptive behavior and symptomatic complaints could be more readily comprehended and addressed in further therapy sessions.

Case-2

Yael is a 13 year old ultra-orthodox girl who lives with her divorced mother and three younger siblings. She was referred to the clinic by the school because of disruptive behavior and poor academic functioning. Yael's mother claims that the school is at blame since they don't know how to talk to her in order to get the maximum from her. She describes her daughter as very devoted and well behaved at home, acts in a highly responsible and mature manner, takes care of her siblings, does the wash, cooks and cleans and gets along fine with her siblings. The mother works on different shifts and relies on Yael to take care of the house in her absence. She describes herself as a devoted mother who makes sure that Yael has pretty clothing and spending money. She mentioned that one of her children was banished from the house and lives in a dormitory of a religious school where he learns, after he complained about her to the police. The mother refuses to forgive him even though he retracted his complaint and begged her forgiveness. The mother refuses to discuss this matter further and insisted that it has nothing to do with her daughter's difficulties.

Yael's teacher reported that her student has good potential but because of her misbehavior was placed in a special education class. She related that Yael feels that people are looking at her, laughs inappropriately at time, disturbs the children in the class, throws things, opens the door without permission, appears agitated, acts impulsively at times, destroys objects, rips pages from her notebook when she makes a mistake, is unfocused, has temper outbursts, absents herself from school frequently, does not pray and hates Jewish holidays and Sabbaths. The teacher recommended that Yael take Ritalin but the neurologist ruled out ADD and recommended psychological treatment. On the other hand, she is very organized, volunteers to straighten out the classroom and gets upset when her desk is not in order.

In the first meeting with the therapist, Yael appeared tense, fearful, cautious and suspicious and limited her verbalizations to the questions directed to her. She avoided eye contact and responded in a slow, evasive and hesitant and affectively constricted manner. She denied that she had any problems or difficulties and did not understand why she was referred to the clinic. It was clear to the therapist that the above mentioned incident regarding her brother is a primary dynamic in Yael's exceptionally positive behavior at home, her taciturn, cautious and overly defensive behavior in the session and acting out behavior in school.

After several frustrating and unproductive sessions, the therapist decided to invite a consultant/cotherapist, with the patient's consent, to participate in the session in an attempt to extricate herself from the treatment impasse, because of the patient's highly defensive and passive-avoidance behavior. It was clear that Yael was not going to risk having the same fate happen to her that happened to her brother and speak openly and freely about herself, her problems and feelings. In view of the patient's overwhelming anxiety, fear, guardedness, resistance and passive-avoidance defense mechanisms, it was decided to use an indirect and non-threatening treatment approach. The treatment technique chosen was the use of TAT cards as a structural stimulus for the telling of stories and a dialectical cotherapy approach.

Treatment

Yael related to the TAT cards in a slow, cautious and hesitant manner and her responses to questions were terse, descriptive and empty of much content and imagination.

Below are several examples of the stories related first by the patient, followed by the cotherapists' stories and the ensuing discussion.

Card 7GF (An older woman is sitting on a sofa besides a girl, speaking or reading to her. The girl, who holds a doll in her lap, is looking away).

Yael's story: A mother bought a doll for her daughter and she is not pleased with it.

Question: Why is she not pleased with it?

Yael: She doesn't relate to the doll. Her mother insists that the doll is pretty and convinces the daughter that it is pretty and then she began playing with it.

Question: How old is she?

Yael: 12. She appears old for the doll.

Seymour's story: This 10 year old girl seems sad and engrossed in thought. She is angry at her mother and her mother is angry at her. The mother gave her daughter a present and she is not satisfied. The girl thinks that the doll is not pretty and she wants a prettier one. Mother yells at her and tells her that she does not appreciate what she does for her and she is ungrateful. She made an effort to make her happy and she doesn't appreciate it. Her mother vowed never to buy her anymore presents and sends her to her room.

Estee's story: Mother gives her daughter a doll to compensate her for all the hours she is not with her. The daughter does not want a present. She is vulnerable and sensitive. She wants attention, a kiss, a hug, and a caress. Mother always compensates her with presents. Mother tries to speak with her more and more until she succeeds to appease her.

Though the discussion that followed by the cotherapists concerning their and Yael's story indirectly touched on highly charged and relevant issues for the patient, Yael chose to limit her involvement and frequently answered, "I don't know."

Card18 GF (A woman has her hands squeezed around the throat of another woman whom she appears to be pushing backwards across the banister of a stairway).

Yael's story: Mother and son. The son has a headache and his mother is taking his temperature. He is sick. She gives him medicine. (End?). He gets better.

Seymour's story: A mother seems angry at her 12 year old daughter because she was disrespectful and said she hated her. The mother threatened to place her in a dormitory because of her misbehavior at school and at home. The daughter apologizes to her mother, pleads for forgiveness and begins to help her mother in the house with the cleaning, cooking and taking care of her younger siblings. (End?). She succeeds in keeping her anger within herself, doesn't share it with anyone for fear of her mother finding out and lets out her anger at the teachers and students in school.

Estee's story: I think that though the mother looks angry at her daughter, she is attempting to get close to her daughter because she still loves her. The daughter is trying to distance herself from the mother because she is very angry at the mother. (End?). In the end they reconcile with the help of the school guidance counselor who helps them understand each other.

The ensuing discussion by the cotherapists regarding their and the patient's story again failed to prompt Yael to be more open, spontaneous and forthcoming.

Card 2 (Country scene. In the foreground is a young woman with books in her hand; in the background a man is working in the fields and an older woman is looking on).

Yael's story: There was a mother and a girl. They lived in a village. There were workers that worked on their farm. The mother and girl went to see how they were working. The girl at times reads books. (Question). She is 17. (End?) They looked because it interested them and in the end they returned home.

Seymour's story: I see a farm. A mother is pregnant and she is leaning on a tree. The girl who is about 16 years old appears sad. The mother is insisting that she goes to school and the daughter does not like to go to school. She is not accepted by her classmates and does

not get along with them or the teachers who yell at her all the time and threaten to kick her out of school. The mother is angry with her that she misbehaves in school. There is estrangement between them. The father is busy working and is not involved with them. He is in his own world. It is not a close and loving family. There is no happy ending. The girl will continue to go to school and cause trouble and at the first opportunity she will marry to flee from the house.

Estee's story: Mother is detached and absorbed in herself. Father is absorbed in his work. The 14 year old girl is absorbed in her own world. The girl found relief and escape and enrichment through her books, imagination and fantasies. She reads books, learns and this way she is not alone. The family is not a cohesive family and through the books she imagines another life. In the end she succeeds with the help of her studies to find a profession that interests her, to be independent and leave her house.

Discussion between the three participants:

Seymour: My story reflects better what is going on and is more realistic and interesting.

Estee: I think mine is more appropriate. It has a happy ending. Yael, "What do you think?"

Yael: I don't know. I did not pay attention. I was dreaming.

Estee: What were you dreaming?

Yael: Of a book.

Estee: What book?

Yael: A book that my teacher took from me.

Seymour: Your teacher confiscated your book without permission?

Yael: The teacher took away my book because she said it was not appropriate for the school.

Estee: What is the name of the book?

Yael: Harry Potter.

Estee: What happened?

Yael: My sister brought the book for me to school and the teacher took the book out of my briefcase.

Seymour: This is very serious. How can she take away your book without permission?

Estee: Maybe the book is not sufficiently chaste for a haredi (ultra-orthodox) school.

Yael: Yes.

Seymour: By coincidence, this past Saturday we read in the Torah in the synagogue about Rachel who stole her father's "teraphim" (idols) because she wanted to distance him from worshipping idols and she was punished for this.

Estee: How did you react when your teacher took your book?

Yael: I got angry.

Seymour: What did you do?

Yael: Nothing.

Seymour: I don't understand. She stole your book and you didn't react?

Yael: What could I do?

Seymour: I would protest and insist that she return the book.

Yael: I cannot hit her.

Seymour: How did your mother react to this incident?

Yael: I did not tell her. What could she do? The teacher would yell at my mother.

Seymour: I don't understand. Why didn't you tell your mother?

Estee: Seymour, do you think that it is possible to tell mother everything? What would she think of something like this?

Yael: She could not do anything so it is useless to tell her.

Seymour: Estee, I don't understand, the teacher steals her book and she doesn't get angry and irritated and react? I would be very angry if it happened to me.

Estee: There are many sides and forms to anger. Sometimes one expresses the anger outwardly and sometimes one keeps it inside.

Seymour: How is it possible to keep so much anger inside for such a long time?

Estee: We'll ask Yael.

Yael: Like you said and he said. At times I scream and at times I am quiet.

Seymour: Estee, I don't understand why she didn't tell her mother.

Yael: Mother has to help the teachers.

Estee: Her mother would get angry at her.

Yael: She will get angry at my sister.

Seymour: Do you generally tell your mother things that happen to you?

Yael: When it is necessary.

Seymour: Do you have a lot of secrets at home?

Yael: We have television and video tapes in the house. We watch films. The teacher cannot know about this.

Seymour: At the end of the last meeting, your mother entered the room full of anger at the clinic for not arranging an appointment for you to see the psychiatrist for medication.

She struck me as being a very strong, frightening and aggressive person.

Yael: I am used to it when she gets very angry, at times to the extreme.

Seymour: I have a feeling that you wish to tell us about your mother's extreme reactions but are fearful.

Estee: If Yael does not want to share with us difficult and painful things, she doesn't have to. Maybe she wants to keep some things to herself and we shouldn't pressure her.

Seymour: I don't understand why not. All that transpires in this room is confidential. I think today she has opened up a great deal, which indicates that she trusts us and is willing to be forthcoming and open with us and take risks. She realizes that she will only benefit from this.

Estee: This depends on her. One cannot pressure her.

Seymour: Do you want to tell us?

Yael: Yes. My brother does not live at home. Once he complained to the police about her and my mother ended all contact with him and

kicked him out of the house. She doesn't speak to him, he can't visit us and we can't talk to him. She also cut all contact with another brother who took my father's side when they were in the process of divorce.

Seymour: Estee, it seems that it is very dangerous to express anger in the house and differ with mother.

Yael: At times it is best to keep quiet. I also sided with my father but I was afraid to say it.

Estee: How old were you?

Yael: Around eleven.

Estee: It is dangerous to argue with mother for one may be kicked out of the house.

Yael: Once I complained about my mother to the social worker that my mother works a lot, is very irritable and is not aware of me.

Seymour: So you live in fear?

Yael: Mother is more fearful of me. She needs me in the house. I take care of the children. She is afraid that if I run away, there will be no one to help her in the house.

Seymour: Your mother exploits you. Estee, maybe you should consider arranging a meeting with Yael's mother?

Estee: I think that your mother needs to understand you better and know how to relate and deal with you in a more appropriate and effective way.

Yael: It is not possible to educate my mother. She is a hopeless case.

At this point, the session ended and an appointment was made with Yael for the following week.

In the regular post-session discussion after this session (third joint meeting), the cotherapists reached the conclusion that a significant breach was made in the patient's defensive wall and that the primary therapist (Estee) would continue seeing the patient in individual therapy.

In the following sessions Yael was much more open, verbal, spontaneous and forthcoming and spoke freely about her anger towards her mother and desire to live with her father. As a result of several joint meetings with Yael and her teacher, Yael discontinued taking Ritalin (which the teachers compelled her to take as a condition for returning to school) and a marked improvement in her behavior and academic performance was evident. With the support of the therapist, Yael moved in with her father and stepmother who contributed significantly to her emotional and behavioral adjustment and well being. She is continuing her individual weekly therapy with considerable motivation and involvement.

Case-3

David, an 11 year-old boy, was brought to the clinic by his mother because of tics, serious disruptive behavior at school and at home, and difficulty in getting along with his peers. The mother was upset that she frequently beat her child uncontrollably and at times hated him.

The family consisted of a father and mother, each 30 years old, David, and a brother, age 4. The mother complained that she bore all the burden of raising the children since her husband, who was a career army officer, was home only every other weekend.

The main dynamics elicited from the TAT were intense anger at parents, sibling rivalry, feelings of powerlessness, and fears of abandonment and rejection. The child's defenses included denial, displacement, and projection of blame on others, acting out, identification with the aggressor, and magical solutions.

Presented here are three of the child's stories, followed by the therapists' stories.

Card-I

Child's Story: I don't know what this is. A boy is drawing. He doesn't know what to draw. (Question). He's 5 years old. I guess his mother hit him and locked him in his room. He's thinking what to do. They go to a psychologist and everybody is straightened out. (Question). The psychologist advises the mother not to hit the child for a month in order to see if he improves. The mother stops hitting him and they get happy.

Moral: It's not good for mothers to hit children.

Therapist A's Story: The boy was spanked and yelled at and sent to his room. He is hurt and angry at his mother for punishing him for no reason. He's thinking what to do to his mother, break the furniture, misbehave in school or run away.

The guidance counselor recommended that they go see a psychologist. He advises the mother to stop hitting the child and give him more attention and love. For a day or two she gives him lots of attention and love and every thing is good. But then she gets busy with something and can't play with him and he gets mad and starts yelling and hitting his brother. She hits him hard and all the trouble starts again.

Moral: Life is difficult and unfair.

Therapist B's Story: The boy was spanked and yelled at and sent to his room. He's very mad at his mother and thinks of all the things he can do to get back at her. The guidance counselor sent them to a psychologist and this is what he said, "You both sure are mad and you're going to have to work very hard to change the way you act to each other." He talked to the mother alone and then to the boy. He said, "You'll have to come and see me regularly so we can start thinking about why you're so mad at your mother and find different ways of expressing it, because breaking furniture and misbehaving in school only get you yelled at and hit" The boy would have rather had something faster, but he started working with the psychologist and

gradually found ways to make his mother give him more attention and love. He learned to count to 10 before he threw something and say, "Mom, I feel lonely," when he wanted attention. Little by little there was less yelling and hitting in the house and the boy felt a lot better inside.

Moral: For things to change everybody has to work very hard and it takes a while.

Card-8BM

Child's Story: This boy's father had a serious illness and he had to undergo a difficult operation. The boy stood on the side and cried. The surgeons operated but the operation was unsuccessful and the father died. The child remained alone and a family found him that wanted to adopt him because the mother was also sick and couldn't have children. (Question). He lived happily ever after. (The child was not able to give a moral to the story.)

Therapist A's Story: The boy's father became ill and underwent an operation. The boy thought to himself that his father deserves to be sick and die because he was never at home and because of the punishments he gave him. The father dies and the boy is adopted by a couple without children. He is very happy about this. However, when the couple adopts another child, the boy becomes jealous and starts misbehaving and hitting the brother. The stepparents start punishing him as his real parents did.

Moral: The things you dream about might not be so great if they become real.

Therapist B's Story: The boy had lots of trouble with his father. He was mad at him because he was never at home, and when he was, he yelled at him and hit him and always gave his little brother more attention. The boy often wished that his father would die and he would be adopted. Here we see that the father became ill and underwent a

serious operation. One part of the boy was glad because he felt he'd been so mean to him and now maybe he'd be adopted. The other part was sad because it was his father and he loved him. He cried and he wanted him to get better. He wanted them to be friends. The father got better and came home and while he was sick at home the boy started thinking of things he could do to help him. He brought him drinks and tried to keep his little brother quiet. One day his father hugged him and said, "You really seem to be growing up." The boy had a good feeling inside himself. .

Moral: If you want people to act nicer to you, you have to act nicer to them.

Card-13B

Child's Story: This boy was a bad boy. He threw sticks and stones at women and he hit everyone. One day he took a whip and hit a dog. The dog bit him and there remained a big scar on him and everyone said he deserved it. The boy remained in the house and cried. .

Moral: It's dangerous and not right to hit dogs.

Therapist A's Story: This boy was a very angry and unhappy boy. He didn't get along with anyone, especially with his mother. He felt she didn't love him and punished him for no reason. One day, his mother punished him and he ran out of the house mad. Near his house he saw a dog sleeping and he went over and gave him a hard kick. The dog cried out in pain and attacked the boy and bit him on the leg, causing bleeding and leaving a scar. The onlookers didn't try to help the boy because they felt he deserved it. The boy felt even worse and began to cry and throw stones at the onlookers.

Moral: People get what they deserve.

Therapist B's Story: This boy often gets very mad at his mother, and when he does he yells at her and sometimes even thinks that he'd like to hit her with a big stick like she hits him. But he never did it because

down deep he knows he shouldn't and it would just cause him more trouble. One day he and his mother had a big fight. She hit him and threw him out of the house. He was furious and kicked the stairs and kicked the door. Then he saw his little dog looking at him in a scared way. For a moment his foot went out. He was so mad that he was going to kick that dog. But he saw the dog's scared eyes and he kicked the stairs again instead. Then he sat down on the step and cried and cried. The little dog crawled on to his lap and began to lick his face and the boy hugged him hard. He felt glad he hadn't kicked him.

Moral: Even when you're really mad, it's a good idea to think before you do something bad.

Discussion

This technique provides the possibility of both assessment and short term intervention.

Since the child's stories are told in advance, the therapists have 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, where several versions of the same card are presented and where the focus is on the "hero" of the stories, enables highly emotionally laden and anxiety-provoking material to be introduced into the periphery of the patient's consciousness without frontally threatening his defenses. This is in contrast with Gardner's approach where the therapist avoids stories involving anxiety-provoking confrontations, which often occur with parents and teachers. (Schaefer & Millman, 1977)

This technique can also provide a rich opportunity for the student/trainee to work together with his mentor/supervisor in assessment and treatment of cases (Bernard, Babineau, & Schwartz, 1980).

Summary

A brief therapeutic intervention-assessment technique is described which combines a modified version of the Gardner Mutual Story-telling Technique, using TAT cards as a structural stimulus for the stories and a dialectical approach. Though the technique was used with latency-adolescent children, it would seem that with appropriate modifications (use of the CAT, etc.) it could be used with other age groups as well. Further experimentation with this technique is indicated to test its effectiveness as a tool of assessment, a means of overcoming resistance, and as a teaching and supervising device.

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