This chapter explores the practice and cross-cultural application of two thematic projective techniques, the Children’s Apperception Test (CAT) and the Thematic Apperception Test (TAT). A brief introduction to, and definition of, thematic storytelling techniques is followed by discussions on reliability and validity, test administration and clinical application. The chapter has a strong focus on clinical application within a South African context and provides guidelines for clinicians. The focus on case material also allows the utility of these tests to be illustrated in depth.

The development of apperception testing

The origin of projective testing was Herman Rorschach’s (1924a; 1924b) accidental discovery that people automatically and unconsciously project their own hidden desires, fears, wishes, feelings, conflicts and attitudes onto unstructured stimuli. As with individual interpretations given to a work of art, so we canvas our experiences, perceptions and reflections from an internal palette. He termed this process ‘apperception’ (Rorschach, 1924b, p.359). The concept ‘projection’, however, developed from Freud’s (1938) theory of the unconscious and of the consequent use of projection as a defence. Freud conceived of the unconscious as a repository of instincts, wishes and fantasies deemed unacceptable to consciousness, thereby becoming the object of repression, hidden from conscious awareness. These unacceptable feelings and impulses are projected outside the self so that, for example, a group of people are experienced in a certain way that is more telling of the subject than of the other. To quote Freud, ‘experience shows that we understand very well how to interpret in other people ... the same acts which we refuse to acknowledge as being mental in ourselves’ (1955, p.171). Projective assessments are therefore administered to describe a person’s subjective experience of him- or herself, and relationships with others and the world, often in response to queries about the psychological underpinnings of reported emotional and/or behavioural problems, or to assist with diagnosing emotional disturbances.

Morgan and Murray (1935) also referred to the process as ‘apperception’ and described a technique for investigating fantasies in their introduction to
the TAT. Subsequent to this initial introduction, the TAT has seen numerous revisions, inclusion of scoring systems and development of an apperception test specifically tailored for use with children (Bellak, 1944; 1954; 1971; 1975; 1986; 1993; Bellak & Abrams, 1997; Bellak & Bellak, 1949; 1965).

**The TAT**

The TAT comprises 31 ambiguous pictures portraying everyday life situations. Clinicians typically administer 10 to 12 cards in a session. The ambiguity allows the participant to reveal him- or herself, as a direct relationship between perception and personality is assumed to hold. Bellak and Abrams (1997) recommend administering a standard battery comprising cards 1, 2, 3BM, 4, 6BM, 7BM, 11, 12M and 13MF to males, and 1, 2, 3BM, 4, 6GF, 7GF, 9GF, 11 and 13MF to females, which can then be added to. The batteries recommended for children are: 1, 3BM, 7GF, 8BM, 12BM, 13B, 14 and 17BM; and for adolescents, 1, 2, 5, 7GF, 12F, 12M, 15, 17BM, 18BM and 18GF (Obrzut & Boliek, 1986). To decide on the battery, one should consider the reasons for referral and the participant’s history. For example, if assessing an adolescent who complains of an over-involved mother, one may want to include card 5, which facilitates narratives of an intrusive mother. Card 13B evokes rich clinical material from children, adolescents and adults. Card 14 is often a useful prognostic indicator for success of engagement with a therapeutic process. The stimuli provided by the recommended cards and Bellak’s scoring categories are presented in Tables 25.1 and 25.2. No objective scoring system has, however, been developed (Dana, 1982).

When interpreting responses, one should consider the stimulus pull of the cards and whether the pull to a particular story is strong, such as with cards 4 and 13MF.

The original instruction given to children by Murray was as follows:

This is a story-telling test. I have some pictures here that I am going to show you, and for each picture I want you to make up a story. Tell me what has happened before and what is happening now. Say what the people are feeling and thinking and how it will come out. You can make up any kind of story you please. (1943, p.4)

Spreen and Strauss (1998) recommend a similar instruction for low-functioning or low-education adults, more clearly asking participants to state how the story will end. The instruction is elaborated for adolescents and higher-functioning adults to invite more fantasy projection. They begin the instruction as follows:

We have here a test to study fantasy. I will show you some pictures, and for each picture I want you to make up as dramatic a story as you can. Please look at the picture and tell me what happens in the picture at the moment – what the people in the picture are thinking, feeling, planning to do. Please make a complete story, inventing how it came to this situation, what happened before, how it developed further, and how it came out in the end. (pp.652–653)

Missing story elements are queried once the participant has completed their story.
### Table 25.1 Popular TAT cards and their abbreviated stimulus pull

<table>
<thead>
<tr>
<th></th>
<th>Relationship with parental figures</th>
<th>Achievement or mastery drives</th>
<th>Body or self-image</th>
<th>Obsessive preoccupations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Family relations</td>
<td>Autonomy versus compliance with the conservative</td>
<td>Oedipal issues</td>
<td>Sexuality</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Compulsive tendencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Role of the sexes</td>
</tr>
<tr>
<td>2</td>
<td>Aggression (inwardly or outwardly directed) or defended against</td>
<td>Depression</td>
<td>Suicidality</td>
<td>Latent homosexuality</td>
</tr>
<tr>
<td>3BM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Male-female relationships</td>
<td>Sexuality</td>
<td>Triangular jealousy</td>
<td>Minority groups</td>
</tr>
<tr>
<td>5</td>
<td>Watchful/intrusive* mother</td>
<td>Masturbation guilt</td>
<td>Voyeuristic material</td>
<td>Fear of attack</td>
</tr>
<tr>
<td>6BM</td>
<td></td>
<td></td>
<td></td>
<td>Rescue fantasies</td>
</tr>
<tr>
<td>6GF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7BM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7GF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8BM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9GF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Infantile or primitive fears</td>
<td>Ambition or mastery</td>
<td>Sibling rivalry</td>
<td>Mother-daughter hostility</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Paranoia</td>
</tr>
<tr>
<td>12M</td>
<td></td>
<td></td>
<td></td>
<td>Oral aggression</td>
</tr>
<tr>
<td></td>
<td>Relationship of a younger man to an older man</td>
<td>Homosexual fears</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 25.2 Bellak’s ten scoring categories for the TAT and CAT

<table>
<thead>
<tr>
<th>The main theme</th>
<th>This can be on both a conscious, descriptive level as well as an unconscious, interpretative level.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The main hero</td>
<td>The character who is mostly spoken about and whose feelings are described, usually the closest to the participant in age and sex. Secondary figures may express unconscious attitudes. Adequacy of the hero to accomplish tasks is often an indication of ego strength.</td>
</tr>
<tr>
<td>Main needs and drives of the hero</td>
<td>Does the hero experience needs as being gratified or frustrated? Are expressed needs fantasy needs prohibited from expression due to cultural sanctions or reality-based behaviours – for example, aggression or sexual activity versus autonomy strivings? The first three variables provide a description of the unconscious structure and needs of the subject.</td>
</tr>
<tr>
<td>Conception of the environment</td>
<td>Examples are: hostile, demanding, violent, supportive or caring.</td>
</tr>
<tr>
<td>Social relationships</td>
<td>The attitude of the hero towards parental figures, peers, and so forth.</td>
</tr>
<tr>
<td>Significant conflicts (between drives and superego)</td>
<td>What is the nature of these conflicts and what defences are employed against them?</td>
</tr>
<tr>
<td>Nature of anxieties and defences employed</td>
<td>Examples are: denial, intellectualisation, identification, projection, passive-aggression, acting out, displacement, splitting, regression, somatisation, withdrawal, omnipotence, humour, identification, affiliation and repression.</td>
</tr>
</tbody>
</table>

*Note: Italics indicates stimulus pull; added by the authors.*

*Source: Bellak and Abrams (1997).*
The use of the Children’s Apperception Test and Thematic Apperception Test

<table>
<thead>
<tr>
<th>Main defences against conflicts and fears</th>
<th>The defensive structure may account for observed behaviours or reasons for referral.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequacy of superego</td>
<td>Indicated by ‘punishment’ for ‘crimes’ committed – severity of the superego is indicated by the relationship between type of punishment and severity of offence.</td>
</tr>
<tr>
<td>Integration of ego</td>
<td>The extent to which the demands of the id, reality and superego are integrated. Coping ability is indicated by how well the hero is able to deal with problems. Attempts by the storyteller to distance self from the story reveal a weak ego that is not able to deal with the emotional stimuli of the story.</td>
</tr>
</tbody>
</table>


The CAT

Children and adolescents are often unable to say what is troubling them, or unable to verbalise their feelings (Smith & Handler, 2007), whilst parents and teachers are also often unable to articulate the complex psychological processes under investigation (Kelly, 2007). The CAT is available in three forms – a human form and two animal forms – as preferred identification figures for children. The animal form is often preferred for the younger child. The CAT is usually administered to children aged 3 to 10 or 11 for cognitively lower-functioning children, while the TAT is administered to adolescents and adults. While this is a rule of thumb, the decision as to which test to administer needs to be informed by clinical judgement as the TAT can be administered to children as young as six (Kelly, 2007). Although the pictures are felt by some to be inappropriate for young children (Cashel, Killilea & Dollinger, 2007), for others the TAT is the preferred apperception test for children (Cramer, 1996; Teglasi, 1993). The CAT consists of ten black-and-white picture cards administered in sequential order (Table 25.3).

For both the TAT and the CAT, one card at a time must be revealed by laying it down on a desk in front of the subject of the test. The instruction is: ‘I am going to show you some pictures and I want you to tell me a story about what you think is happening in the picture.’ The assessor should explain to the child that this is not a test of their abilities, and provide encouragement and prompts throughout the process of the test. When the child has completed the story, the assessor should ask ‘Who is your favourite person?’ and ‘How is that person feeling?’ If necessary, the assessor should provide prompts such as sad, cross, scared, happy or worried. It is useful to ask whom the child likes the most in the picture, as the protagonist is not as clear in the CAT as in the TAT. As with the TAT, the responses should be transcribed verbatim. Once the test has been completed, the assessor can return to stories and question elements of them as necessary.
### Table 25.3 CAT cards and their abbreviated stimulus pull

<table>
<thead>
<tr>
<th>1</th>
<th>Relationship with mother figure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oral gratification</td>
</tr>
<tr>
<td></td>
<td>Sibling rivalry</td>
</tr>
<tr>
<td>2</td>
<td>Family conflict / anger and how it is resolved</td>
</tr>
<tr>
<td></td>
<td>Relationship with anger and aggression</td>
</tr>
<tr>
<td></td>
<td>Parent identified with</td>
</tr>
<tr>
<td></td>
<td>Discipline</td>
</tr>
<tr>
<td></td>
<td>Castration fears</td>
</tr>
<tr>
<td>3</td>
<td>Relationship with father figure</td>
</tr>
<tr>
<td></td>
<td>Vulnerability</td>
</tr>
<tr>
<td>4</td>
<td>Sibling rivalry</td>
</tr>
<tr>
<td></td>
<td>Place in the family</td>
</tr>
<tr>
<td></td>
<td>Origin of babies</td>
</tr>
<tr>
<td></td>
<td>Relation to mother</td>
</tr>
<tr>
<td></td>
<td>Independence</td>
</tr>
<tr>
<td>5</td>
<td>Oedipal issues</td>
</tr>
<tr>
<td>6</td>
<td>Feelings of rejection</td>
</tr>
<tr>
<td></td>
<td>Jealousy</td>
</tr>
<tr>
<td></td>
<td>Masturbation</td>
</tr>
<tr>
<td>7</td>
<td>Fears of aggression and how it is dealt with / Is it inwardly or outwardly directed?</td>
</tr>
<tr>
<td></td>
<td>Hostility</td>
</tr>
<tr>
<td>8</td>
<td>How are children viewed in the family?</td>
</tr>
<tr>
<td>9</td>
<td>Abandonment issues</td>
</tr>
<tr>
<td></td>
<td>Fear of attack</td>
</tr>
<tr>
<td>10</td>
<td>Toilet training issues</td>
</tr>
<tr>
<td></td>
<td>How are children disciplined? Superego functioning</td>
</tr>
<tr>
<td></td>
<td>Masturbation</td>
</tr>
<tr>
<td></td>
<td>Regression</td>
</tr>
</tbody>
</table>

Source: Bellak and Bellak (1949).

**Note:** Italics indicates stimulus pull; added by the authors.

### Assessing object relations

The Social Cognition and Object Relations Scale – Revised (SCOR-R) is an interpretative paradigm analysing TAT stories according to six dimensions that are then quantitatively scored (Kelly, 2007). In object relations theory ‘objects’ refer to an infant’s experiences of caregivers or parts of caregivers that are internalised, initially as concrete objects due to the fact that infants experience their world in a concrete way (Rustin, Rustin & Shuttleworth, 1989). These early experiences with
caregivers form internal representations of expected interpersonal ways of relating. Object relations can be assessed interpretively or by applying a psychometrically validated scale of object relations, the SCOR-R. An interpretive approach would focus on the relationships between the subject and primary figures (peers, love objects, parental figures, authority figures, siblings, sexual partners) described in the stories. The assessor would be interested in who is perceived to be doing what to whom in these interactions. The SCOR-R has been validated for use on adults and children from age six (Kelly, 2007). The six dimensions of this scale are Complexities of Representations of Self and Other, Emotional Investment in Values and Moral Standards, Understanding of Social Causality, Capacity for Investment in Relationships, Affect Tone of Relationship Paradigms, and Dominant Interpersonal Concerns (for example, nurturance, autonomy and mastery) (Kelly, 2007).

Scoring manuals available from Hilsenroth, Stein and Pinsker (2004), Westen (2002) and Westen, Lohr, Silk, Kerber and Goodrich (1985) are easy to understand and apply to clinical settings. The data obtained are rich and multidimensional, and the measure is validated by the theoretical underpinnings by which it is informed (including object relations theory and developmental psychology). Convergent validity between the Rorschach and TAT scales of object relations has been shown (Ackerman, Hilsenroth, Clemence, Weatherill & Fowler, 2001). The administration of 10 to 12 cards is needed to obtain internal consistency (Hibbard, Mitchell & Porcerelli, 2001).

Reliability and validity statistics

While projective tests have not reported good validity and reliability results (Entwistle, 1972; Klinger, 1966), a meta-analytic study of 66 psychological and medical tests produced reliability and validity results for the TAT interchangeable with those for other tests (Meyer, 2004). These tests included the Minnesota Multiphasic Personality Inventory, Rorschach, Wechsler Adult Intelligence Scale, Magnetic Resonance Imaging and Creatinine Clearance Test Results and Kidney Function Test. Inter-rater reliability was between .80 and .86 (for the Defence Mechanism Manual, the SCOR-R and Personal Problem Solving Scale), test-retest stability .45, and validity .22 for Achievement Motivation and Spontaneous Achievement Behaviour. Validity coefficients vary depending on the criterion under investigation. Implicit motives usually assessed are Achievement, Affiliation and Power. TAT validity has been shown to be strongly influenced by instructions given, as variations in this influence the results obtained (Allan, 1988).

Other reports of test-retest stability are around .30 (Entwisle, 1972). Test-retest reliability is, however, felt to be adversely affected by the expectation that a different story be produced at retest (Winter & Stewart, 1977) and by situational variables, such as fatigue, test anxiety, hunger and so forth (Moretti & Rossini, 2004), as with intellectual assessments (Snyderman & Rothman, 1987). Apperceptive tests reveal the participant’s current psychological status; however, interpretative skill is required to discern temporary behaviours from more enduring central motives and needs (Moretti & Rossini, 2004). When training
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students, it is important to evaluate inter-scorer reliability for agreement on central constructs (construct validity) (Dana, 1999). This is useful in helping students think about what the central motives are and how to report on these. Problems with low internal consistency can be corrected by increasing the number of cards administered (Tuerlinckx, De Boeck & Lens, 2002).

Tuerlinckx et al. (2002) reject the application of a classical psychometric approach to the TAT. It is important to bear in mind that the TAT is not a diagnostic instrument (Spreen & Strauss, 1998); its strength is its ‘ability to elicit the content and dynamics of interpersonal relationships and the psychodynamic patterns’ (Bellak, 1975, pp.66–67).

Applicability and utility of the instruments in the South African context

The CAT and TAT are consistently selected as favoured tests across professional registrations, with the TAT being the test most favoured by clinical psychologists in South Africa (Foxcroft, Paterson, Le Roux & Herbst, 2004). Table 25.4 lists the popularity of the tests according to professional registration. The TAT and CAT are widely taught as the preferred apperception tests at local training institutions and internship sites. Given this, the cross-cultural implications of using these tests need to be addressed (Bellak & Abrams, 1997; Hofer & Chasiotis, 2004).

| Table 25.4 The use of the TAT and CAT in South Africa, by registration category |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Clinical Psychology | Educational Psychology | Research Psychology | Counselling Psychology |
| 1. TAT (Murray) | 4. CAT | 5. TAT (Murray) | 8. TAT (Murray) |
| 6. CAT | 8. TAT (Murray) | 10. CAT-H |


Despite the tests’ popularity, 13 per cent of clinicians have indicated a need for culturally unbiased tests (Foxcroft et al., 2004). The prediction of behaviour on the basis of fantasy is questioned in cross-cultural applications (Bellak & Abrams, 1997). As apperceptive or cultural norms form the backdrop against which comparisons are made, it is critical to possess a thorough knowledge of cultural groups within South Africa. An African TAT was developed in 1953 (De Ridder, 1961; Lee, 1953a; 1953b), but this version has not been utilised or further researched. Dana (1999, p.188), whose work in cross-cultural application spans over 30 years, states that ‘culturally recognizable pictures, scoring variables germane to the culture, availability of normative data, and culturally specific interpretation procedures for these TAT applications’ are needed. In agreement with Murstein (1965), Hofer and Chasiotis (2004) do not believe it necessary to show African persons to African participants in order to assess meaningful data
or obtain validity, although content production has been found to increase if the racial characteristics of the stimuli match those of the subjects (Bailey & Green, 1977; Duzant, 2005). Empirical research has not proven increased identification, better assessment results or test utility (Aronow, Weiss & Reznikoff, 2001). The strength of the projective hypothesis may also be illustrated when participants are asked to respond to vague stimuli with no knowledge of their inherent cultural norms with which to mask responses. Responses from children or adults in the African population where unknown animals are replaced with familiar animals are considered acceptable – for example, calling the tiger a lion. The Human Sciences Research Council (HSRC) adapted the CAT for South Africans and published the Beginners Children’s Apperception Test – Supplement (CAT-S) (Foxcroft et al., 2004), but this test is no longer in production.

The utility of thematic apperception methods in cross-cultural studies is supported (Holtzman, 1980) and has been used in research with persons of ethnic diversity internationally (Mussan & Naylor, 1954; Rousseau, Corin, Morrison & Stolk, 1986) and nationally (Arzul, 2005; Pond, 1987; Roper, 2007; Spuy, 1972; Straker & Jacobson, 1981; Tshabalala, 2004). However, a number of methodological concerns relating to method and item bias have been raised by Hofer and Chasiotis (2004), among others. Given the cultural diversity of the South African population and the lack of apperception tests standardised for this population, the recommendations suggested by Hofer and Chasiotis can be addressed as follows:

- Elicit themes through the use of thematic content analysis and not a predefined scoring category with possible cultural biases.
- During analysis maintain awareness of participants’ cultural background and practices. Avoid imposing Westernised views of what constitutes a healthy family, so that, for example, it is understood that for economic reasons a child may be raised by a grandmother, aunt or other family member and not the biological mother (Van IJzendoorn, Bakermans-Kranenberg & Sagi-Swartz, 2006).
- Maintain awareness that the stimulus pull of the picture cards, or the strength thereof, may differ across cultural groups due to differences in value orientations (Hofer & Chasiotis, 2004; Hofer, Chasiotis, Friedlmeyer, Busch & Campos, 2005; Pang & Schultheiss, 2005). Use verbal cues to clarify motives being ascribed to characters.
- Provide clear and detailed instructions.
- As far as possible, allow participants to narrate stories in their vernacular.

There is a dire lack in the assessment of implicit motives in non-Western populations and the development of culture-independent sets of picture stimuli. Few researchers have studied implicit motives across cultures using the TAT (Hofer & Chasiotis, 2003; 2004; Hofer et al., 2005; McClelland & Winter, 1969). Hofer et al. (2005) used differential item functioning to identify differences in the stimulus pull of cards, using a comparison between populations from Cameroon, Germany and Costa Rica. They found that implicit motives (for Power, Affiliation and Achievement) are understood to be universal needs not bound to a culture-specific test. However, interestingly, they found that within
the Cameroonian sample ‘an individual’s achievement-related behavior seems also to be motivated by affiliation-intimacy-oriented strivings (e.g., concern for others, wish to be part of group, love of other people)’ (Hofer et al., 2005, p.697). This confirmed that the distinction between achievement and affiliation motives appears to be less clear among individuals from cultures with an interdependent self-construal (Hofer et al., 2005). The culturally sensitive TAT-type measurement Tell Me a Story Test (Constantino, Malgady & Rogler, 1988) can be used with children aged between 5 and 18. Unfortunately, norm data are only available for US minority groups from low socio-economic urban districts.

Interpretation procedure

Analysis is dependent on the interpreters’ knowledge of psychodynamic theory and participants’ social and cultural environments (De Ridder, 1961). In administering an apperception test, the following steps are recommended:

- Read the personal history and reason for referral to provide a contextual framework.
- Take note of the subject’s social and cultural environment.
- Read the entire protocol to derive a sense of the mood and prevailing themes.
- Analyse each story thematically.
- Consider each story in relation to the rest of the protocol to extract dominant relationship themes, clarify the meaning of each response in a larger context, obtain support for hypotheses generated and distinguish fantasy wishes from behaviour.
- Integrate all the information to provide a coherent, meaningful interpretation.
- Write the report in a way that is accessible to the reader and use age-appropriate language.

The clinician is interested in the emergence of repetitive themes in apperceptive tests that then provide substantiation for interpretative hypotheses made. Corroboration is also attained by repetition of themes across emotional assessment measures. In clinical work it is important not to interpret the CAT or TAT protocols in isolation, but to consider the responses with reference to personal history so that actual behaviours can be separated from compensatory fantasy material. For example, a self-sufficient child may express fantasised wishes of regressing to dependence on the mother. Whilst caution is voiced in interpreting the responses of borderline and lower-functioning individuals (Cashel et al., 2007), their responses have been found to be psychodynamically useful as understood within the constraints of their cognitive functioning.

Whilst there are no right or wrong responses to projective tests, respondents, especially children, can become anxious about the open-ended nature of the assessment and respond with a defensive ‘I don’t know’ (Smith & Handler, 2007). Thus, it is important for the assessor to provide a safe ‘holding environment’ (Smith & Handler, 2007; Winnicott, 1965) to facilitate the verbalisation of projections. A defensive response remains psychodynamically meaningful, as it may point to
a deep-seated anxiety being projected onto the stimulus material that feels too threatening to be engaged with, even through displacement. Whilst children, adolescents and adults referred for psychological assessments present with an array of emotional, social and behavioural problems and therefore can be considered vulnerable (Smith & Handler, 2007), the anxiety provoked by the testing situation often enables deep-seated anxieties and fantasies to surface, as well as the defences typically employed to combat these anxieties. Cramer (1982, 1996) developed a measure to assess for three defence mechanisms from responses to the TAT and CAT: namely, denial, projection and identification. While it is very important to establish rapport and provide a holding relationship, clinicians are also very interested in accessing the underlying anxieties, phobias, fears and fantasies that can help them understand the psychological underpinnings of the reasons for referral. The following is an example of how a deep anxiety is expressed in the testing situation:

The rabbit is sleeping in his bed and it’s in the night and the stars is sleeping, the moon, the sun and the door is wide open, wide, wide open. The door and the windows is open and the curtains is open and the frame is falling. The whole house is breaking. Here’s the boogy man. The boogy man is going to eat him up. (CAT-9, 6-year-old, 2005)

This extremely anxious young boy decompensates when he feels abandoned (everyone is sleeping) and experiences that he has no ego boundaries or defences to provide protection (the whole house is breaking). It is also possible that his boundaries (physical and/or psychological) have not been respected so that he easily feels invaded.

Clinical use

In this section clinical material from children, adolescents and adults of different cultural groups within South Africa is discussed. The rich material obtained supports the applicability of the CAT and TAT for children from diverse cultural backgrounds.

Children

Traumatised child

The lion is sitting in a castle. The mouse is looking out. The mouse tickled the king and the king felt happy. Mouse, oh so happy! Gardener felt sadness because the lion had badness first but the gardener took the badness of the lion and the lion took the gardener’s happiness. (CAT-3, 6-year-old, 2003)

The spoiling of the good is told in the story of this girl whose father had committed suicide three months previously. What was once good in the relationship between the lion and mouse (representative of the father and child) was spoilt when an act of violence robbed the gardener, or child, of her happy feelings. This child assumed responsibility for the emotional well-being of the king whom she would ‘tickle’ to make happy and her happiness (the mouse’s) was contingent on the king’s happiness.
Nurturance needs
Ruan was referred for a very poor appetite and fussiness with food.1

Once upon a time, a mother lives in a poor house (mother is emotionally depleted). She wondered about the money because the husband did not work (father is experienced as not being able to support his family). Mother picked four bowls of porridge. The father came home and said, ‘I have money’. Both went shopping and got all the food. They ate till the pot was empty. The next morning they woke up and the children were starving. There was one porridge for each child. Lizzy said she is not sharing with Biv and Chip. When daddy comes home there was nothing to eat only bowls. I like Chip the most. I am Chip. (CAT-1, 8-year-old, 2009)

Ruan does not feel emotionally secure, as in his experience needs are not reliably and consistently met. There are not enough resources in the family to meet everyone’s needs, so there is rivalry for the limited resources. He may also experience his parents as emotionally unstable, not dependable. His attachment status is insecure.

Once upon a time, there was a father and a child, the father was too lazy. When he comes from work, the boy wanted to play with dad at the park, boy likes racing with his bike at the park (he wishes to spend more time with his father). Father said no when the boy wants to ride, you can walk how far you want and you can cry all you want. Mum said yes when the boy asked mom (mom is more emotionally available to him) but father does not want to send the boy anywhere, because his chair is too comfortable. The boy and his brother hide dad’s chair (angry with father for being passive). Father was too cross and the children were laughing from inside the cupboard (his relationship with his father evokes hostile feelings in him). Father opened the cupboard, he looked everywhere and saw the chair handle. Boy was watching the father every minute and every movement the baby also moved. Father did not like it at all. (CAT-3)

Father is experienced as a withholding and strict figure, who is unresponsive to his son’s feelings, needs and distress.

Neglected child
Timmy is an 8-year-old boy who has been living in a children’s home following removal from an abusive mother.

They pull rope. (What happens?) The rope goes snap. Flies that baby, flies the mother on top of him. Splash! (Who do you like the most?) Baby. (How is the baby feeling?) Happy. (What is making him feel happy?) He is playing with his mother. (CAT-2, 2004)
The use of the Children’s Apperception Test and Thematic Apperception Test

Timmy misses his mother terribly and would rather have bad experiences with her than none at all, although he needs protection from her, as her instability hurts him.

The rabbit went to sleep then a big ghost came. (What happened?) The ghost didn’t kill him. (Who do you like the most?) Ghost, he’s happy, he’s got his own baby. (Who?) The rabbit. (CAT-9)

He wishes he could hold onto someone who would never leave him. This need is so intense he is at risk of attaching himself to people who could harm him.

Family conflict

One, two babies are pulling on the right. One bear is pulling on the left. They are thinking ‘why are we doing this on the outside because on the inside they are feeling sad.’ Coz they don’t know why they are doing this, pulling the rope. (CAT-2, 8-year-old, 2005)

The child is aware that although his family are fighting with each other they are actually feeling sad but are not able to express this.

Pathology

Below are responses indicating avoidant attachment and genesis of a narcissistic construction.

Oh, a king? Lion. There was a lion and he didn’t have any friends. Everyone just gave him stuff but they never received stuff from him but then one day he gave stuff to them. (Feeling?) Sad. (CAT-3, 8-year-old, 2006)

Once there was a baby bear and he lost his mom and didn’t have anywhere to go, only a cold cave that was dark. Nobody, only himself in it. He felt sad. (CAT-6)

Once upon a time there was a tiger and a baboon. The tiger was trying to attack the baboon – but climbed the tree. Then one day he was climbing the tree and the tiger ate it so he wasn’t feeling hungry anymore but the baboon was dead so what could he feel (smiles). (CAT-7)

His father is felt to be preoccupied with his own needs and therefore struggles to be emotionally involved with his son. He feels that he has been trying to meet his father’s needs to win his favour (card 3). Emotionally starved, he is desperate for emotional warmth from his mother (6) and generosity from his father (3), but experiences that he has been abandoned to look after himself (6). Most worrying is the child’s experience of emotional deadness and denial of his feelings (7).

The responses below indicate suicide risk.

The boy is looking at the gun. (What will happen?) The boy is going to pick up the gun and use it. (TAT-1, 10-year-old, 2006)
The boy is all alone. (Feeling?) Very, very sad. (TAT-13B)

The man is standing by the window where it is very dark. (Why?) He is looking out. (Will anything happen?) Maybe he wants to jump out. (Feeling?) Angry. (TAT-14)

The old man is trying to touch the lady’s face. (How come?) Maybe he wants to kill her. (TAT-12M)

Michael presented as a raging child (cards 1, 12M) who feels unloved, alone and rejected (13B). This, together with his impulsivity, makes him a suicide risk (1, 13B and 14).

The next excerpts are from 6-year-old Chris, who was diagnosed with pseudo-autism following a psychological and psychiatric assessment. He had lost both his parents two-and-a-half years previously after witnessing his father shoot his mother and then himself. He has been placed with foster-parents but his foster-mother reports not liking him.

The birds are climbing inside, eating in the nest, on the table … (Happen?) Going to die. Going to die. (Favourite?) Middle one. (Feeling?) Sad. (CAT-1, 2006)

They breaking the house down and the floors. They breaking … (Who?) Fire ambulance. (Why is there an ambulance?) Coz there’s an accident. (CAT-5)

The puppy’s making him cute and big. (Who is he with?) The daddy. (Why?) Keeping the baby puppy cute and safe. He’s cute, he’s cute, he’s cute. He tries to keep the puppy safe. (Favourite?) The baby. (How is he feeling?) Happy. (Why?) Coz his daddy’s keeping him safe. (CAT-10)

He’s going to die again. (CAT-6)

Chris’s stories indicate that he is a very traumatised boy who continually re-experiences the traumatic death and loss of his parents. He perceives his family of origin as transient, characterised by violence and as abandoning him. Thus the world is a dangerous and unsafe place where adults can’t protect him (1, 5, 6). Potential nurturing female figures evoke anxiety in him (1). However, there does appear to be a tenuous attachment to his foster-father (10). He fears he could easily be harmed, damaged and annihilated by the adults in his world. An insecure boy who lacks resilience and ego strength, he is unable to cope with the demands of life (1, 5, 6).

Adolescents

Superego functioning

The child is in a dark room, he becomes very scared and he jumps out the window. (What happens?) Then he runs away. (How does he feel then?) Very unhappy because he found out he wasn’t supposed to run away. (TAT-14, 12-year-old, 2005)
This teenager tries very hard to do what is right and expected of him, but experiences that people are not aware of how bad he is feeling and therefore of what prompts his behaviour.

**HIV/AIDS orphan**

I think the lady is begging the man to stay. Before the scene, they were happily married, but all of a sudden the man wants to leave her for the military. After the scene, if the poor guy likes the girl he will stay. When asked why does she want him to stay – the lady thinks he is going to go forever so she doesn't want to lose him. (TAT-4, 15-year-old, 2010, mild intellectual disability)

The lady is sneaking in the office and the husband caught her. Before the scene, maybe the lady suspected that the husband is keeping a secret. After, the lady confronts the man that he is keeping a secret, which turns out to be an affair. (6GF)

Relationships between men and women are not perceived to be open and honest. Women can't necessarily trust men. This understanding may impact on her ability to form and trust in future relationships (6GF), especially as she expects to be abandoned (4).

**Mastery**

Boy forced to do instrument. Looks stressed. He does not look interested. Before he wanted to do something else but was pushed to do it. In the future he will end up quitting. (TAT-1, 17-year-old, 2010)

Sibusiso is feeling pressured to perform in areas in which he cannot manage and is at risk of disinvesting. He feels others place expectations on him instead of helping him to develop his own interests.

**Adults**

Oh that looks sad. Or someone is very tired or very ‘moedeloos’ [discouraged]. The person, no the person is not tired. It's both, ‘moedeloos’ and completely depressed and probably not the motivation to keep on living. *(What is this? Points to gun) Flower! Where would the flower have come from? That's what I'd like to know … maybe it was a cemetery. I don't know.* (TAT-3BM, 45-year-old, 2000, admitted to an inpatient facility)

Oh goodness, it looks as if someone, it's also completely dark, the room. Everything that is light is coming in through the window. So that person is looking out the dark to the light. I wonder if it is emotionally like that for him, if he experiences it like that in him. That he is looking to the future when it will be light again. *(What will he do?) I don't know.* It looks like he wants to jump out the window? But it looks like he, he still wants to go on because his hands are stretched out, otherwise a person
gives everything up if you don’t have hope. Or he wants to jump out the window, I don’t know but I think his attitude would be different. The picture is unclear to say further … (TAT-14)

This adult is very depressed and struggling to find the inner resources to motivate herself (3BM). Although she has ideated about suicide, and probably still does (3BM, 14), she is striving towards a better future and would work well therapeutically (14). She struggles to know what she is feeling and how to reach a better emotional place (14). While her aggression is fiercely defended against, it is not successfully repressed (cemetery) (3BM), indicating a weak ego and continued risk of possible suicidal behaviour.

Socio-cultural variables

The fear of loss to violence is reflected in the TAT and CAT story fragments below:
1) ‘Long ago people are feeling sad.’
2) ‘Long ago they didn’t have to go … transport … and no homes.’
3) ‘Long ago no friends.’
4) ‘Long ago children had babies and they were cross.’
5) ‘Long ago … no friend … drunk.’
6) ‘Long ago … no homes … no food.’
7) ‘Now people are dying and crying.’ (TAT, 10-year-old boy, 2004)

This young boy had lost family and friends to HIV/AIDS. The frequently expressed fear of abandonment by many South African children suggests a fragmentation of society’s capacity to contain, protect and provide for families in a way that allows children to subjectively experience support.

Once there was one boy, one auntie, one mother, one father – four monkeys. Then they went to the pool. Baby one did drown. The auntie went and also got drowned. Only the mother and father left. Then they were walking across the road. Then one taxi skipped the robot. Then they were all dead. (CAT-8, 7-year-old girl, 2003)

Once there was a little boy. He sat by a door. Robbers came and shot him dead. The robbers lived happily after. (TAT-13B, 10-year-old boy, educational assessment, 2003)

Our society is felt to be an unsafe, angry place in which justice is not served. This anger is also felt to destroy the good, as illustrated in the story about the robbers above. The fear of crime as well as threats to the physical integrity of self and others cannot simply be reduced to internal fears in the face of reality-based external factors. The expressed fears were also not primary to specific psychiatric disorders, but are specific to South African society. The fear of being knocked down by a taxi that has skipped the traffic lights is also a South African
experience. These world views of extreme vulnerability are, however, expressed by children in countries at war, such as Israeli and Palestinian children (Laufer & Solomon, 2006).

The samples used in this section to illustrate the various themes have come from the lower socio-economic strata, and there are more stressors and fewer resources available in this group. However, a substantially large portion of South African society falls within this group; between 10 and 15 million South Africans live in extreme poverty (Statistics South Africa, 2010).

Conclusion

As has been illustrated in this chapter, through projection, access to the internal world is gained using a means that is less threatening than being subjected to interviews or self-report questionnaires. More research, however, is needed into the cross-cultural application of the CAT, TAT and other apperception tests in the South African context. Specifically, this research could explore how cultural expectations of normative behaviour may influence the content of stories, representations of attachment figures where there is not one primary attachment figure, and, in our multilingual society, the influence of narrating stories in a second or third language, or using a translator, on the richness of data obtained.

Note

1 Pseudonyms are used in this discussion.

References


