THE VIABILITY OF USING NON-STANDARDISED THEMATIC PROJECTION MEDIA WITH YOUNG ADOLESCENTS

by

SURETTE OLIVIA ANDERSEN

submitted in part fulfillment of the requirements for
the degree of

MASTER OF EDUCATION – WITH SPECIALISATION IN GUIDANCE AND COUNSELLING

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROFESSOR H E ROETS

NOVEMBER 2005

DECLARATION

"I declare that **THE VIABILITY OF USING NON-STANDARDISED THEMATIC PROJECTION MEDIA WITH YOUNG ADOLESCENTS** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references."

……..

Surette Andersen

THE VIABILITY OF USING NON-STANDARDISED THEMATIC PROJECTION MEDIA WITH YOUNG ADOLESECENTS

by

SURETTE ANDERSEN

DEGREE: **MASTER OF EDUCATION – SPECIALISATION IN GUIDANCE AND COUNSELLING**

SUBJECT: **PSYCHOLOGY OF EDUCATION**

UNIVERSITY: **UNIVERSITY OF SOUTH AFRICA**

SUPERVISOR: **PROFESSOR H.E. ROETS**

SUMMARY

This study evaluates whether it is viable to implement non-standardised thematic projection media when dealing with the young adolescent. The selection was based on the results of a pilot study involving fifty young adolescents. The young adolescents chose cards that reflected salient issues in their lives.

The sample responded positively and spontaneously to the non-standardised thematic projection media implemented. A review of the results revealed that non-standardised thematic projection media can be used effectively in diagnosis and therapy and thus has viability when used with the young adolescent.

The clients chose cards that appealed to their frames of reference. The use of non-standardised thematic projection media enhances the counselling relationship. It increases the understanding of the client and aids the therapist in clarifying therapeutic goals. It allows the therapist to act as an emotional container.

By including guidelines for the selection and interpretation of non-standardised thematic projection media the researcher wishes to make a contribution in the repertoire of the educational psychologist when dealing with the young adolescent.

KEY WORDS

- **Thematic Projection Media**
- **Diagnostic and Therapeutic Use**
- **UNISA Model of Projection**
- **SHIP® Model of Projection**
- **Young adolescent**

Date: November 2005

ACKNOWLEDGEMENTS

My gratitude to:

- My Heavenly Father for His Divine Presence in my life;

- Professor H.E. Roets, my mentor, for the privilege of being guided, supported and contained by such a professional, insightful, academically brilliant and empathic spirit. Forever Young.

- Dr. I. Strydom for her input regarding projection and specifically the SHIP® Model, also for awakening in me a passion for projective techniques.

- Pieter and Gemma Andersen, my wonderful husband and precious daughter for their unconditional love, encouragement, understanding and endless patience with the long hours spent immersed in my own world.

- The participants in this study, for sharing with me parts of themselves.

- Karlien de Beer at the UNISA library for her efficiency.

This study is dedicated to my mother, Rensa, whom I believe is only a breath away. I miss you so much.

TABLE OF CONTENTS

CHAPTER ONE: INTRODUCTORY ORIENTATION

1.1	MOTIVATION OF THE STUDY	1
1.2	ANALYSIS OF THE PROBLEM	2
1.2.1	*Awareness of the Problem*	2
1.2.2	*Investigation of the Problem*	3
1.2.3	*Demarcation of Research*	4
1.2.4	*Statement of the Problem*	5
1.3	RESEARCH AIMS	5
1.4	RESEARCH METHOD	6
1.5	CLARIFICATION OF THE CONCEPTS	6
1.5.1	*Thematic Projection Media*	7
1.5.2	*Diagnostic and Therapeutic Use*	7
1.5.2.1	*Diagnosis*	7
1.5.2.2	*Relational Therapy*	8
1.5.3	*UNISA Model of Projection*	8
1.5.4	*SHIP® Model of Projection*	8
1.5.5	*The Young Adolescent*	9
1.6	RESEARCH PROGRAMME	9
1.7	SUMMARY	10

CHAPTER TWO: LITERATURE STUDY

2.1	INTRODUCTION	12
2.2	THE USE AND VALUE OF THEMATIC PROJECTION MEDIA IN A DIAGNOSTIC AND THERAPEUTIC SETTING	12
2.3	WHAT IS PROJECTION?	14
2.4	THE UNISA MODEL OF PROJECTION	14
2.5	THE SHIP® MODEL OF PROJECTION	17

2.6 WHO IS THE YOUNG ADOLESCENT FOR THE PURPOSE OF THIS STUDY? 18
2.6.1 *Introduction* 18
2.6.2 *The Characteristics of the Adolescent* 18
2.6.3 *Developmental Tasks of the Adolescent* 20
2.6.4 *Adolescent Social Groupings* 21
2.6.5 *Commons Stressors of Adolescence* 21
2.6.6 *The Intra-psychic Structure of the Adolescent within the Framework of the Relations Theory* 22
2.6.6.1 *The 'I' or Ego* 23
2.6.6.2 *The Self* 23
2.6.6.3 *Identities* 24
2.6.6.4 *Self-Concept* 24
2.7 SUMMARY 24

CHAPTER 3: PILOT STUDY

3.1 INTRODUCTION 27
3.2 AIMS OF THE PILOT STUDY 27
3.3 PARTICIPANTS IN THE PILOT STUDY 27
3.4 RESEARCH METHOD 28
3.4.1 *Phase one* 28
3.4.2 *Phase two* 28
3.5 RESULTS OF THE PILOT STUDY 28
3.6 THUMBTACKS OF THE CARDS SELECTED FOR THE STUDY 31
3.7 SUMMARY 32

CHAPTER 4: THE EMPIRICAL STUDY

4.1 INTRODUCTION TO THE EMPIRICAL STUDY 33
4.2 PARTICIPANTS IN THE STUDY 33

4.3	RESEARCH DESIGN	34
4.4	**CASE STUDY ONE- CLIENT A: YOUNG ADOLESCENT GIRL**	36
4.4.1	**Card Two: Colour Card – Verbatim Response**	36
4.4.2	*Content Analysis*	37
4.4.3	*Observation of Non-Verbal Behaviour: Process Notes*	39
4.4.4	*Other Observations regarding Content and Thematic Analysis: Process Notes*	39
4.4.5	**Card One: Colour Card – Verbatim Response**	39
4.4.6	*Content Analysis*	40
4.4.7	*Observation of Non-Verbal Behaviour: Process Notes*	42
4.4.8	*Other Observations regarding Content and Thematic Analysis: Process Notes*	42
4.4.9	**Card Five: Colour Card – Verbatim Response**	43
4.4.10	*Content Analysis*	44
4.4.11	*Observation of Non-Verbal Behaviour: Process Notes*	45
4.4.12	*Other Observations regarding Content and Thematic Analysis: Process notes*	45
4.4.13	*Verification with Client*	46
4.4.14	*Coping Mechanisms Identified*	47
4.4.15	*Interpretative Comments within the Framework of the Relations Theory*	47
4.4.16	*Checklist*	48
4.5	**CASE STUDY TWO –CLIENT B: YOUNG ADOLESCENT BOY**	50
4.5.1	**Card One: Colour Card – Verbatim Response**	50
4.5.2	*Content Analysis*	51
4.5.3	*Observation of Non-Verbal Behaviour: Process Notes*	53
4.5.4	*Other Observations regarding Content and Thematic Analysis: Process Notes*	54
4.5.5	**Card Five: Colour Card – Verbatim Response**	54
4.5.6	*Content Analysis*	56
4.5.7	*Observation of Non-Verbal Behaviour: Process Notes*	58

4.5.8	*Other Observations regarding Content and Thematic Analysis: Process Notes*	59
4.5.9	**Card Four: Black and White – Verbatim Response**	60
4.5.10	*Content Analysis*	61
4.5.11	*Observation of Non-Verbal Behaviour: Process Notes*	63
4.5.12	*Other Observations regarding Content and Thematic Analysis: Process Notes*	63
4.5.13	*Verification with Client*	63
4.5.14	*Coping Mechanisms Identified*	65
4.5.15	*Interpretative Comments within the Framework of the Relations Theory*	65
4.5.16	*Checklist*	66
5.	EXAMPLES OF RESPONSES RECORDED PERTAINING TO THE REMAINDER OF THE CARDS NOT INCLUDED IN THE EMPIRICAL STUDY	68
5.1	CARD THREE: COLOUR CARD – VERBATIM RESPONSE	68
5.2	CARD SIX: COLOUR CARD – VERBATIM RESPONSE	68
5.3	CARD SEVEN: COLOUR CARD – VERBATIM RESPONSE	69
5.4	CARD EIGHT: COLOUR CARD – VERBATIM RESPONSE	69
6.	A4 IMAGES OF THE NON-STANDARDISED THEMATIC PROJECTION MEDIA USED IN THE EMPIRICAL STUDY	70
	Card One	70
	Card Two	71
	Card Three	72
	Card Four	73
	Card Five	74
	Card Six	75
	Card Seven	76
	Card Eight	77
7.	SUMMATIVE COMMENTS	78

CHAPTER 5: GUIDELINES FOR THE SELECTION AND INTERPRETATION OF NON-STANDARDISED THEMATIC PROJECTION MEDIA WITH THE YOUNG ADOLESCENT

5.1	INTRODUCTION	79
5.2	GUIDELINES FOR THE SELECTION OF NON-STANDARDISED THEMATIC PROJECTION MEDIA WITH THE YOUNG ADOLESCENT	79
5.3	GUIDELINES FOR THE INTERPRETATION OF NON-STANDARDISED THEMATIC PROJECTION MEDIA WITH THE YOUNG ADOLESCENT	80
5.4	SUMMARY	81

CHAPTER 6: FINDINGS, RECOMMENDATIONS AND CONCLUSION

6.1	INTRODUCTION	83
6.2	SUMMARY OF THE LITERATURE INVESTIGATION	83
6.3	CONCLUSIONS DRAWN FROM THE LITERATURE INVESTIGATION	86
6.4	CONCLUSIONS DRAWN FROM THE EMPIRICAL STUDY	87
6.5	SUMMARY OF THE GUIDELINES FOR PRACTIONERS REGARDING THE SELECTION AND INTERPRETATION OF NON-STANDARDISED THEMATICPROJECTION MEDIA WITH THE YOUNG ADOLESCENT	90
6.6	CONTRIBUTIONS MADE BY THE STUDY	91
6.7	LIMITATIONS OF THE STUDY	91
6.8	RECOMMENDATIONS FOR FURTHER STUDY	92
6.9	CONCLUSION	92

BIBLIOGRAPHY

TABLES

NUMBER	CONTENTS	PAGE
ONE	*THE USE OF EXPRESSIVE MEDIA*	*3-4*
TWO	*THE DIFFERENCE BETWEEN PROJECTION AS DEFENSE MECHANISM AND PROJECTION AS PERCEPTION*	*15*
THREE	*THE DEVELOPMENTAL TASKS OF THE ADOLESCENT*	*20*
FOUR	*RESULTS OF THE PILOT STUDY*	*29-31*
FIVE	*THUMBTACKS OF THE SELECTED CARDS*	*31*
SIX	*CLIENT A: CHECKLIST*	*49*
SEVEN	*CLIENT B: CHECKLIST*	*67*
EIGHT	*SUMMARY OF THE LITERATURE INVESTIGATION*	*83-85*
NINE	*CONCLUSIONS DRAWN FROM THE PILOT STUDY*	*86-87*
TEN	*CONCLUSIONS DRAWN FROM THE EMPIRICAL STUDY*	*88-89*

DIAGRAMS

NUMBER	CONTENTS	PAGE
ONE	*THE CONTENTS OF CHAPTER TWO*	*11*
TWO	*UNISA MODEL OF PROJECTION*	*16*
THREE	*SHIP® MODEL OF PROJECTION*	*17*
FOUR	*THE CHARACTERISTICS OF ADOLESCENCE*	*18-19*
FIVE	*ADOLESCENT SOCIAL GROUPINGS*	*21*
SIX	*THE INTRA-PSYCHIC STRUCTURE OF THE ADOLESCENT WITHIN THE FRAMEWORK OF THE RELATIONS THEORY*	*22*
SEVEN	*THE CONTENTS OF CHAPTER THREE*	*26*
EIGHT	*RESEARCH PROGRAMME*	*35*
NINE	*CONTENTS OF CHAPTER SIX*	*65*
TEN	*GUIDELINES FOR THE SELECTION AND INTERPRETATION OF NON-STANDARDISED THEMATIC PROJECTION MEDIA WITH THE YOUNG ADOLESCENT*	*90*

THE VIABILITY OF USING NON-STANDARDISED THEMATIC PROJECTION MEDIA WITH YOUNG ADOLESCENTS

CHAPTER ONE

INTRODUCTORY ORIENTATION

> ***"Your pain is the breaking of the shell that encloses your understanding"***
>
> ***Kahlil Gibran***

1.1 MOTIVATION OF THE STUDY

Practitioners most often use standardised thematic projection media when exploring a client's:

- outlook on life,
- personality development,
- interpersonal relationships,
- emotions, fears, wishes, conflicts, frustrations,
- sexual behaviour and defense mechanisms (coping styles).

These verbal projective techniques are usually implemented as part of a test battery and can be categorised as a thematic story telling techniques. Some of the techniques within this category include:

- The Thematic Apperception Test (TAT);
- The Children's Apperception Test (CAT);
- The Düss Fairy Tales;
- The Columbus Test;
- The South African Picture Analysis Test (SAPAT);

- The Children's Self-Report and Projective Inventory;
- The Make a Story Test (MAPS).

The premise from which the researcher operates is that thematic projection media needs to relate to the life world of the client. If the thematic projection media does not relate to the life world of the client, the visual image may present itself as a barrier to projection. This may subsequently result in an impeded ability to express verbally and non-verbally. The researcher postulates that practitioners have to stay in step with technological advancement and adapt interventions with clients accordingly.

The Thematic Apperception Test, for example, consists of thirty-one black-and-white pictures. The researcher acknowledges that the purpose of this is to avoid distractions and furthermore to prevent projection fatigue. It, however, brings the researcher to question whether young adolescents, when presented with current thematic projection media, experience the media as a barrier to projection or a bridge to exploration. It must furthermore be borne in mind that colour has a great appeal pertaining to the child's affective life, thus the researcher pondered whether colourful thematic projection cards would enhance or impede the diagnostic and therapeutic process.

1.2 ANALYSIS OF THE PROBLEM

1.2.1 Awareness of the Problem

The researcher's motivation to undertake this study was prompted by her use of the Thematic Apperception Test as a diagnostic and therapeutic tool with a young adolescent. The client was uncomplimentary about the projection cards and remarked that he found it difficult to relate to them. He commented that the pictures look as if they come out of old black and white movies with poor picture quality. He furthermore mentioned that he as a teenager would like to talk about pictures that at least reflect the twenty first century.

In a next session the researcher and client proceeded to page through magazines. The client selected pictures to talk about that he felt related to his life world. The client was able to explore different relationships, coping styles, inner conflicts, feelings, fears and future perspective. The researcher found no difference in the information gained from the Thematic Apperception Test and the pictures found in the magazine. In fact, he was more open and willing to talk, share his feelings and perceptions. In general he was more responsive: it opened up forgotten things in his mind and revealed a good deal about his inner conflicts and defense mechanisms. A better therapeutic climate was created.

With regard to the above stated, the following questions came to mind:

- *Is the above-mentioned media in keeping with the twenty first century?*
- *Does it appeal to the young adolescent of the twenty first century?*
- *Does a thematic projection medium necessarily have to be standardised?*
- *Does a non-standardised medium have any projection value when working with the young adolescent?*

1.2.2 Investigation of the Problem

From a summary of findings by Exner (1995) projective media are used for the following reasons:

TABLE ONE:
THE USE OF EXPRESSIVE MEDIA

- It is a diagnostic tool to assess the state of the self.
- It helps to improve interpersonal relationships.
- It helps with personality integration.
- It is the creative modality of the personality.
- It deepens awareness of the self and significant others.

- It helps with psychological well-being and to create harmony from chaotic stimuli.
- It helps to restore inner order and balance.
- It provides a pathway to the unconscious.
- It awakens physiological and emotional reactions.
- It helps the client to express ideas long before they are articulated – it often brings to the surface what dared not to be expressed in words.
- It affords the client to structure inner experiences. It gives form to feelings.
- It helps the client to manage different sensations and the accompanying cognitive processes.
- It is a means of reconciling the client's inner needs with the demands of the outside world.
- It is a release of confidence and satisfaction in the person.
- It produces pictorial communications that are within the client's capabilities.
- It is a means of finding one self in the world and can be a healing mechanism.

1.2.3 Demarcation of Research

Projection media, as an umbrella term, is too vast a topic to deal with in its entirety. Projection will thus be discussed and explored from the perspective of the UNISA model. For an alternative perspective the SHIP® model of projection will also be included in the literature search.

During the past eight years, the researcher has worked extensively as a guidance counsellor within the environment of a culturally diverse primary school of 700 pupils whose ages range between six and fifteen years. As the bulk of the counselling was done with young adolescents, the study will focus on the response of learners in the aforementioned phase. The researcher intends to explore whether it is viable to use non-standardised thematic projection media when dealing with young adolescent. In the mind of the researcher viability implies a practicality and effectiveness in usage.

1.2.4 Statement of the Problem

The problem investigated by this research study reads as follows:

Is it viable to use non-standardised thematic projection media with young adolescents?

1.3 RESEARCH AIMS

In order to answer the research problem, the following research goals have been identified:

- To do a literature research on thematic projection media as to their use and value in a diagnostic and therapeutic setting;
- To give a broad definition of the concept of projection;
- To define projection from the frameworks of the UNISA and SHIP® models;
- To explore who the young adolescent is for the purpose of this study;
- To do an empirical study;
- To write guidelines for practitioners for the use of non-standardised thematic projection media when dealing with young adolescents.

The above implies the following research aims in terms of the empirical study:

I. To explore what kind of pictures will appeal to young adolescents;
II. To determine what types of pictures will facilitate them sharing their feelings, fears, wishes, past experiences, future perspectives and defense mechanisms (coping styles);
III. To determine the types of pictures that will assist them in their journey to healing;

IV. To compile guidelines for practitioners in the implementation of non-standardised thematic projection media when dealing with young adolescents.

The main goal of the research study will be to determine the viability of the use of non-standardised thematic projection media with the young adolescent.

1.4 RESEARCH METHOD

In this study, a qualitative research method was found to be appropriate because it works with individuals on a person-centered level. Chapter Four will provide an in depth discussion on the empirical details of this research study. The participants in the study, data collection, method of report, evaluation methods, evaluation processes and empirical findings will be dealt with in detail.

1.5 CLARIFICATION OF CONCEPTS

The following key concepts will be used throughout the study:

- Thematic Projection Media;
- Diagnostic and Therapeutic Use;
- The Relations Theory;
- UNISA and SHIP® Models of Projection;
- Young Adolescent

It is imperative that the above-mentioned key concepts are briefly defined to prevent any misconceptions.

1.5.1 Thematic Projection Media

Thematic projection media consists of drawings, pictures and photographs of situations of people, figures, animals, events and objects. The client is expected to view the ambiguous pictures and say what each picture brings to mind.

Thematic projection media are *"semi-structured in the way that the person has to tell a story about the picture, but unstructured in the sense that a variety of response can be obtained"* (MED lectures 2004:1). Du Toit & Piek (1974:11) concurs by stating that the client, when presented with this medium, is free to react on what he perceives. The nature of the stimulus, however, channels the response in a specific direction.

1.5.2 Diagnostic and Therapeutic Use

The terms diagnosis and therapy will be explored from within the framework of the relations theory that was first founded under the leadership of Vrey and Oosthuizen at the University of South Africa (University of South Africa 2002:14).

The point of departure of the relational theory is "*that the individual as centre of his life world stands in relation to different components of his life world and due to these relations develops specific status identifies"* (Lessing & Jacobs 2000:76).

1.5.2.1 Diagnosis

According to the Relations Theory diagnosis is a dynamic, ongoing process that is intricately woven into the fabric of the therapeutic programme. Diagnosis is done from the client's frame of reference (Jacobs 1980:140-153).

1.5.2.2 Relational Therapy

"In relational therapy, therapists try to facilitate their clients' understanding of the effect of their own self-dialogue on the formation of relationships in their experiential world. The clients are guided to a realistically positive self-concept which contributes to adequate relationships and self-actualisation" (University of South Africa 2002:49).

The therapist attempts to get through to the client's self-image. When this happens the therapist will be able to listen to the client's self-dialogue. This will empower and enable the therapist to identify the resistance the client has to build up in order to protect his identity, or in some cases his identities. The therapist thus comes to know how the client describes himself (University of South Africa 2002:47).

1.5.3. UNISA Model of Projection

According to the UNISA Model projection reveals the client's frame of reference, in other words the client's personality. The client's frame of reference *"is a physical or psychological whole or structure that a person uses or 'refers' to when information is needed or when a person has to execute a task"* (M.Ed Lectures 2004:4).

1.5.4 SHIP® Model of Projection

Projection is *"seeing the disconnected pain of the self in external events / people but being unaware of the disconnected pain"* (JOS 2002:272).

1.5.5 The Young Adolescent

The sample used for the purpose of this study can be regarded as young adolescents as they range between twelve years naught months and thirteen years eleven months. Young adolescents are in the first stage of adolescence, which is marked by the onset of puberty.

1.6 RESEARCH PROGRAMME

The main aim of the preceding chapter has been to introduce the topic under discussion. There has been an orientation of the reader to the field of study and the various areas that the study aims to examine have been delineated. Further planning of the research study will now follow as a preview of the **Chapters** are given:

Chapter Two will review the literature concerning the relevant research as to illustrate the diagnostic and therapeutic value of thematic projection media. Projection will be defined, thus a broad definition will be given as to orientate the reader. The aims are furthermore to define projection from two perspectives: the UNISA as well as the SHIP® models of projection. The fifth aim of the chapter is to explore who the young adolescent is for the purpose of this study. The young adolescent will also be described within the framework of the Relations theory.

Chapter Three will focus on the pilot study for the selection of the non-standardised thematic projection media for the purpose of the study. The results of the pilot study will be discussed in detail.

Chapter Four will delineate the research methodology to be used in the empirical study, as well as the actual research design to be followed. This chapter thus consists of the empirical details of this research study.

Furthermore the method of report, members of the research sample, evaluation method, evaluation process and findings of the empirical study will be demonstrated, discussed and illustrated.

Chapter Five will consist of guidelines for practitioners regarding the selection and interpretation of non-standardised thematic projection media for the young adolescent.

Chapter Six will serve as a conclusion to this study incorporating findings of the pilot and empirical studies as well as recommendations for further study.

A **bibliography** will follow Chapter Five.

1.7 SUMMARY

The researcher operates from the premise that current standardised thematic projection media, for example the Thematic Apperception Test, may not relate to the life world of the young adolescent.

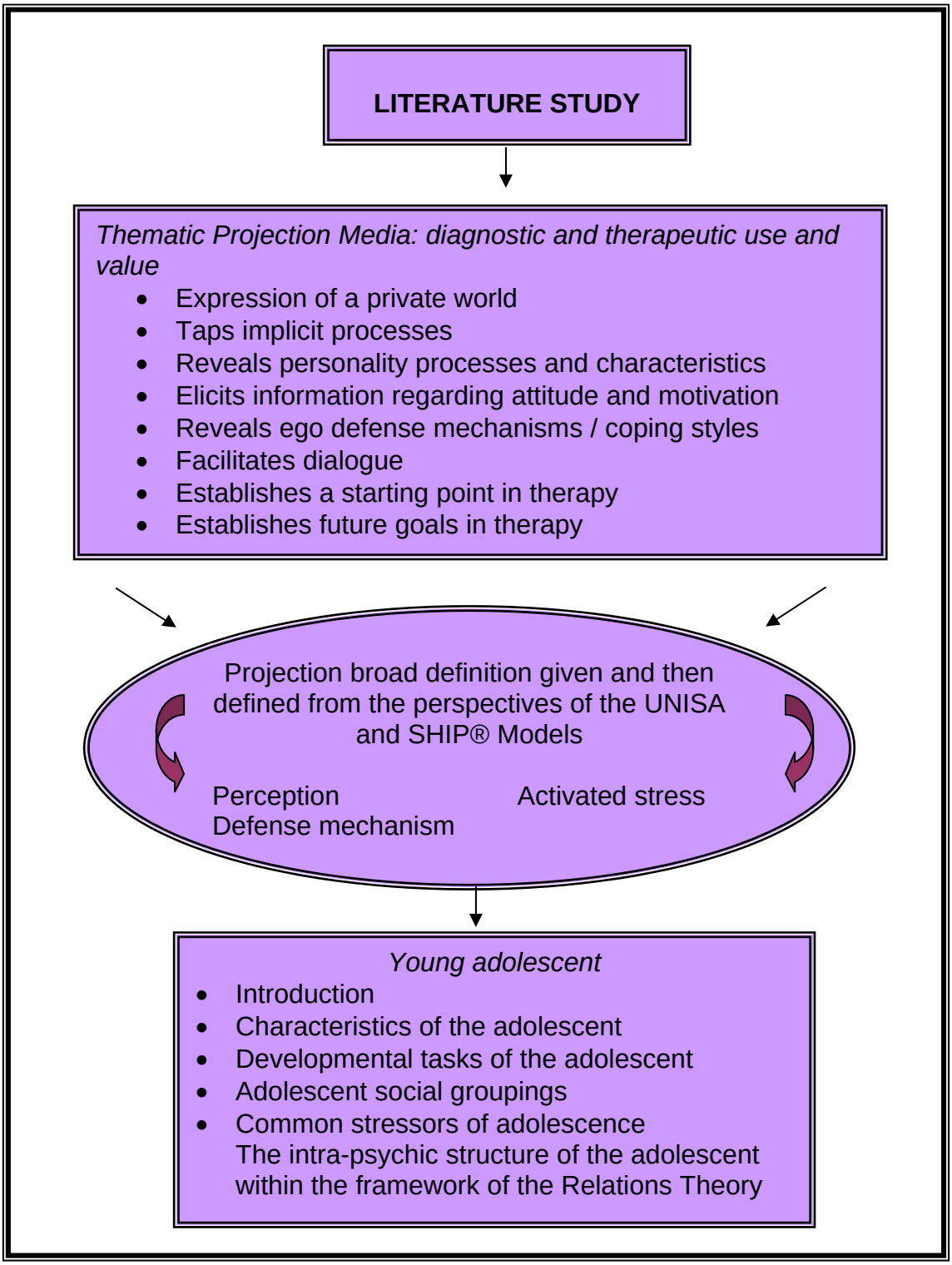
It is thus the main aim of the researcher to explore whether it is viable to use non-standardised thematic projection media with the young adolescent.

CHAPTER 2

LITERATURE STUDY

DIAGRAM ONE

THE CONTENTS OF CHAPTER TWO



"As a rule the subject leaves the test utterly unaware that he has presented the psychologist with what amounts to an X-ray picture of his inner self"

Henry Murray

2.1 INTRODUCTION

The aims of this chapter are:

- ✓ to do a literature study on thematic projection media as to their use and value in a diagnostic and therapeutic setting;
- ✓ to give a broad definition of projection;
- ✓ to define projection from the framework of the UNISA model;
- ✓ to define projection from the framework of the SHIP® model;
- ✓ to explore who the young adolescent is.

2.2 THE USE AND VALUE OF THEMATIC PROJECTION MEDIA IN A DIAGNOSTIC AND THERAPEUTIC SETTING

From the literature overview it became apparent that thematic projection media is a versatile, multipurpose and highly effective tool in the diagnostic and therapeutic repertoire of the psychologist. The following was noted:

- Frank in Lessing (1995:13) reveals that the *"essential feature of a projective technique is that it evokes from the subject what is, in various ways, expressive of his private world and personality process".*

- As a diagnostic tool projective methods *"are fundamental to the assessment processes because they tap implicit processes"* (Western 1999:224-240). Projective media thus facilitates the therapist's understanding of many facets of the human mind.

- Furthermore, stories told about pictures can give the therapist *"meaningful insights into the personality of the story teller"* (Shneidman 1992:87-95).

- Information gained from the implementation of projection media will not be found from the clinical interviewing process (Briere 2004: 137-159).

- *"Over the years thematic techniques like the CAT, have been found to be rich sources of clinical insight, and they have proven to be especially useful with children"* (Chandler 1989:47).

- Vane in Chandler (1989:52-53) states that according to her research experience suggests the TAT method elicits *"material regarding attitudes and motivation that is not adequately elicited by other methods."*

- Thematic projection media as an additional projective measure has revealed that the most frequent ego defense mechanisms used by the children of male alcoholics are projection and negativism (Visser 1981).

- O'Roark (2001:116-126) postulates that projective methods are used for the following diagnostic and therapeutic purposes: establishing a starting point, facilitating dialogue and future goals and to collect data.

Thus from literature the following can be summated regarding the use and value of projection media in a diagnostic and therapeutic setting:

- ✓ **It reveals the private world of the client;**
- ✓ **It reveals information about the client's personality;**
- ✓ **It reveals information about the client's personality processes;**
- ✓ **It taps implicit processes;**
- ✓ **It facilitates the therapist's understanding of many facets of the client's mind;**

- ✓ **It can be used for a variety of clients, ranging from children to adults;**
- ✓ **It provides information regarding a client's attitudes and motivation;**
- ✓ **It provides information that is not adequately elicited by other methods;**
- ✓ **It reveals the ego defense mechanisms used by clients;**
- ✓ **It facilitates dialogue between the therapist and client;**
- ✓ **It establishes a starting point in therapy;**
- ✓ **It helps to establish current and future goals in therapy.**

2.3 WHAT IS PROJECTION?

The word projection comes from the Latin "projacio" which means to throw forward. Projection can either be complementary or supplementary. Complementary projection interprets the world outside according to the world inside. Supplementary projection happens when an individual assigns meaning, thoughts and emotions to other people, but it is more applicable to the person assigning the meaning thoughts and emotions (M.ED Lectures 2004).

Projection will now be discussed according to two models. The first model is the UNISA Model of projection, which represents the researcher's frame of reference. The second model is the SHIP® Model of projection. The researcher includes this model as to give a fresh vantage point. The researcher has successfully used a combination of the two models in the interpretation of a projection protocol.

2.4 THE UNISA MODEL OF PROJECTION

According to the UNISA model projection reveals the client's frame of reference. The model further postulates that projection is a perception as well

as a defense mechanism. The client's frame of reference is a physical or psychological whole that he or she constantly refers to when information is needed or a task has to be executed. *"It is an integrated unity that gives direction to perceptions, behaviour and can be seen as a complete set of meaning attributions and of experiences"* (M.ED Lectures 2004:5).

The contention is then that when a person projects, he or she will do it from a specific frame of reference. *"Unique meaning attribution, experiencing and involvement in activities and situations all of which are very personal form the individual's frame of reference"* (Mac Farlane 2000: 24). The UNISA model of projection is linked to the framework of the relations theory and relations therapy.

The characteristics of projection can be tabulated as follows:

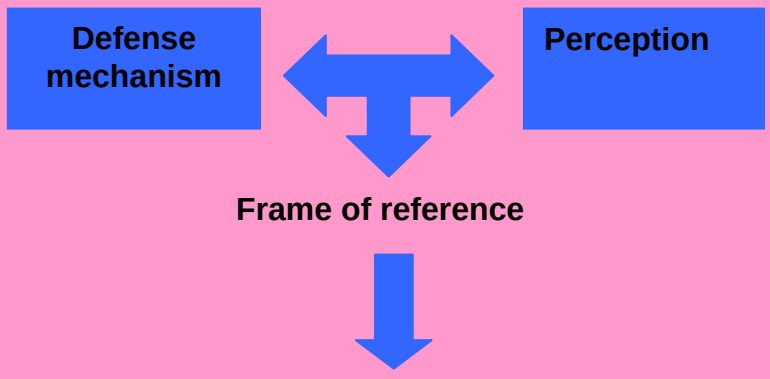
TABLE TWO
THE DIFFERENCE BETWEEN PROJECTION AS DEFENSE MECHANISM AND PROJECTION AS PERCEPTION

DEFENSE MECHANISM	**PERCEPTION**
The individual's own unaccepted desires and motives are projected on to the external world (others / objects).	Perception is a natural activity through which meaning is attributed (realistic or unrealistic)
It happens on an unconscious level and the person does not know that he or she is projecting.	It is a conscious activity, but the person may not be aware that the meanings attributed can be unrealistic.
The motive behind projection is to experience less anxiety.	The core idea behind perception is meaning attribution and orientation.
Projection happens against the backdrop of repressed content of the individual's frame of reference.	Perception happens against the backdrop of the conscious frame of reference.

DIAGRAM TWO

UNISA MODEL OF PROJECTION

UNISA MODEL OF PROJECTION



- **Meaning attribution:**
- The individual ascribes meaning to the relationship in which he finds himself. The meaning he describes can either be realistic or unrealistic.
- Meaning is both intentional and personal.
- It facilitates meaningful orientation to the environment.

- **Experience:**
- Experience is the sum total of an individual's feelings and or meaning derived from an encounter.
- Experience can be positive or negative and thus impact positively or negatively on the quality of the relationship.

- **Involvement:**
- Involvement suggests that the individual either is involved or uninvolved in his life world and relationships.
- Involvement is active and intentional.
- Attribution of meaning facilitates involvement.

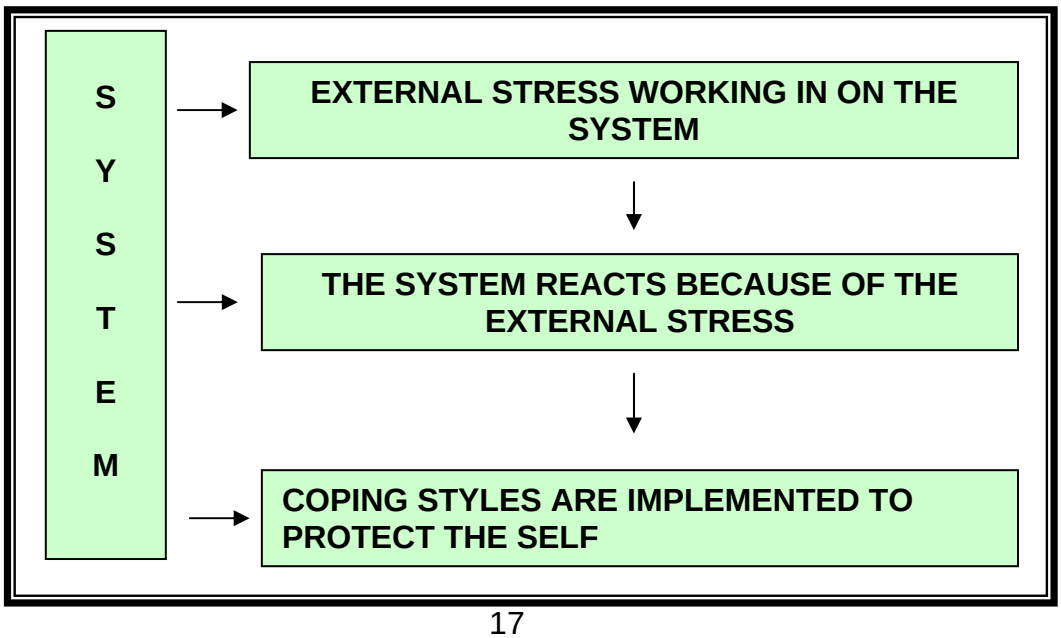
2.5 THE SHIP® MODEL OF PROJECTION

SHIP® is the acronym for Spontaneous Healing Intrasystemic Process. The SHIP® model is included in this study to allow for an alternative model of explanation. According to this model projection is *"seeing the disconnected pain of the self in external events / people but being unaware of the disconnected pain"* (JOS 2002:272). Thus, projection can be regarded as activated stress and the individual's whole system reacts because of external stress working in on the system.

During the process of projection the client uses coping styles to protect himself. A coping style is established during the first ten years of a client's life, *"it has become the client's most successful way of being in and relating to the world"* (JOS 2002:269). Coping styles are linked to the individual's natural rhythm. In therapy a client's coping style may not be taken away. New coping styles may however be introduced. A client will implement a coping style that is sanctioned and rewarded by the immediate environment. *"Control mechanisms and feelings of helplessness or powerlessness are both related to internal fear ..."* (JOS 2002:3)

DIAGRAM THREE

THE SHIP® MODEL OF PROJECTION



2.6 WHO IS THE ADOLESCENT FOR THE PURPOSE OF THIS STUDY?

2.6.1 Introduction

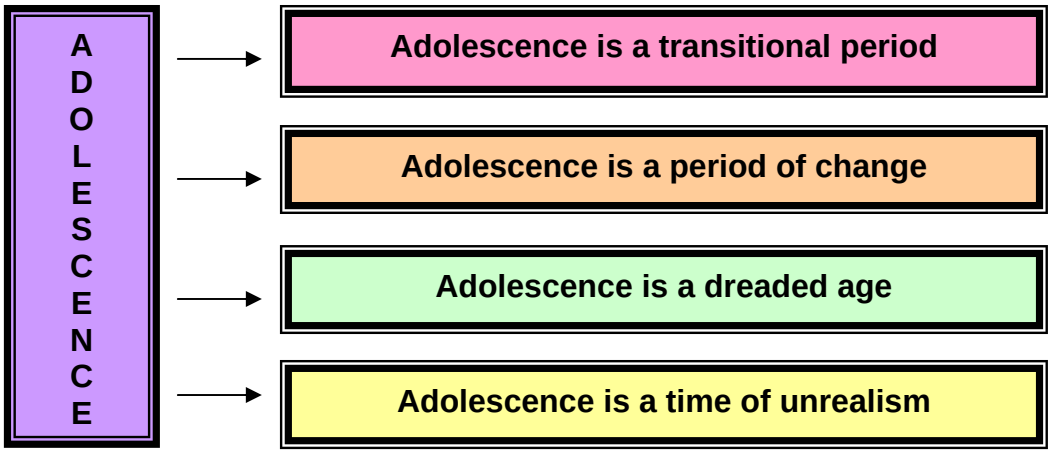
The young adolescent, also most often referred to as a teenager, is a person between the ages of thirteen and sixteen, sometimes seventeen (Hurlock 1975: 202). For the purpose of this study children between the ages of twelve years, naught months and thirteen years, eleven months will be used and they may thus be regarded as young adolescents. Lewis (1999:30) points out that girls can reach adolescence as early as eleven. Erikson describes the adolescent stage starting at age twelve with the onset of puberty (Meyer et al. 1989:159).

What follows are summative diagrams and tables of:

- Adolescent characteristics, developmental tasks, adolescent social groupings and common stressors of adolescence. (Hurlock 1975:174-184, Lewis 1999:31, Neuman 1998:159, Johnson 2000: 16-46, Mac Farlane 2000:17-23, Jaffe 1998:8, Benner 1985:25).

2.6.2 The Characteristics of the Adolescent

DIAGRAM FOUR:
THE CHARACTERISTICS OF ADOLESCENCE



THE CHARACTERISTICS OF ADOLESCENCE

- ✓ In adolescence the individual makes a gradual transition from childhood to adulthood.
- ✓ The adolescent has to separate from the parents emotionally in order to attain independence.
- ✓ The adolescent can be compared to a tightrope walker: constantly seeking a balance between autonomy and acceptance.

- ✓ During adolescence the physical, behavioural, cognitive and attitudinal changes are rapid.
- ✓ The adolescent is preoccupied with all these changes.
- ✓ The adolescent is also preoccupied with how the changes influence his thinking, doing and feeling.

- ✓ More often adults have a poor opinion of the adolescent.
- ✓ This makes it difficult for the adolescent to have positive relationships with the adults in his life.
- ✓ Ideally parents are expected to understand the sudden, frequent changes in friendships, personal appearance, and interests but not to abrogate their authority.

- ✓ Adolescence is a time of unrealism.
- ✓ The young adolescent may have unrealistically high expectations of himself, for his family, and for his friends.
- ✓ The adolescent often sees himself through the eyes of significant role players in his life.
- ✓ The peers play a crucial role in this regard.
- ✓ If the adolescent perceives himself as different, as not fitting in, it may lead to a negative perception of self.
- ✓ When this happens, identify formation will not be able to take place and the adolescent will find it difficult to become what he can, ought to and want to become.
- ✓ During this time many adolescents may be prone to suffer from depression.

2.6.3 Developmental Tasks of the Adolescent

TABLE THREE:

DEVELOPMENTAL TASKS OF THE ADOLESCENT

DEVELOPMENTAL TASKS OF THE ADOLESCENT
❑ ***The main developmental tasks of the young adolescent are to cope with physiological changes and deal with uneven maturation.***   ❑ ***The adolescent has to accept his own rapidly changing body.***   ❑ ***The adolescent constantly compares himself to other members of the peer group.***   ❑ ***The adolescent has acquired either a masculine or feminine role (gender identification).***   ❑ ***Gender identification can be positive or negative.***
❑ ***In general it is important to understand that identity formation during this time is imperative.***   ❑ ***The adolescent frequently asks: "Who am I?" and "Where am I going?"***   ❑ ***This is the start of a life-long quest.***   ❑ ***The adolescent constantly experiences doubts, anxieties and questions about the future.***
The adolescent is thus in the process of*:**   ❑ ***redefining the nature of relationships with members of both sexes.   ❑ ***seeking emotional independence from parents and other adults.***   ❑ ***cultivating values that steer his behaviour and evidencing socially responsible behaviour.***   ❑ ***moving away from concrete thought and starting to think in more logical, abstract terms.***

2.6.4 Adolescent Social Groupings

DIAGRAM FIVE:

ADOLESCENT SOCIAL GROUPINGS

The adolescent usually has two or three close, same sex, friends with similar abilities and interests. **Close friends** easily influence one another and may fight and, or disagree a lot.

ADOLESCENT

Cliques are groups of close friends, initially of the same sex. Later cliques include both sexes.

Crowds consist of cliques and groups of close friends. There is a greater social distance between the members.

Organised groups meet the social needs of adolescents who belong to cliques or crowds until the age of sixteen or seventeen.

Gangs are formed when individuals of the same sex do not belong to cliques or crowds and who find little satisfaction form organised groups. Their underlying need is to compensate for peer rejection through anti-social behaviour.

2.6.5 Common Stressors of Adolescence

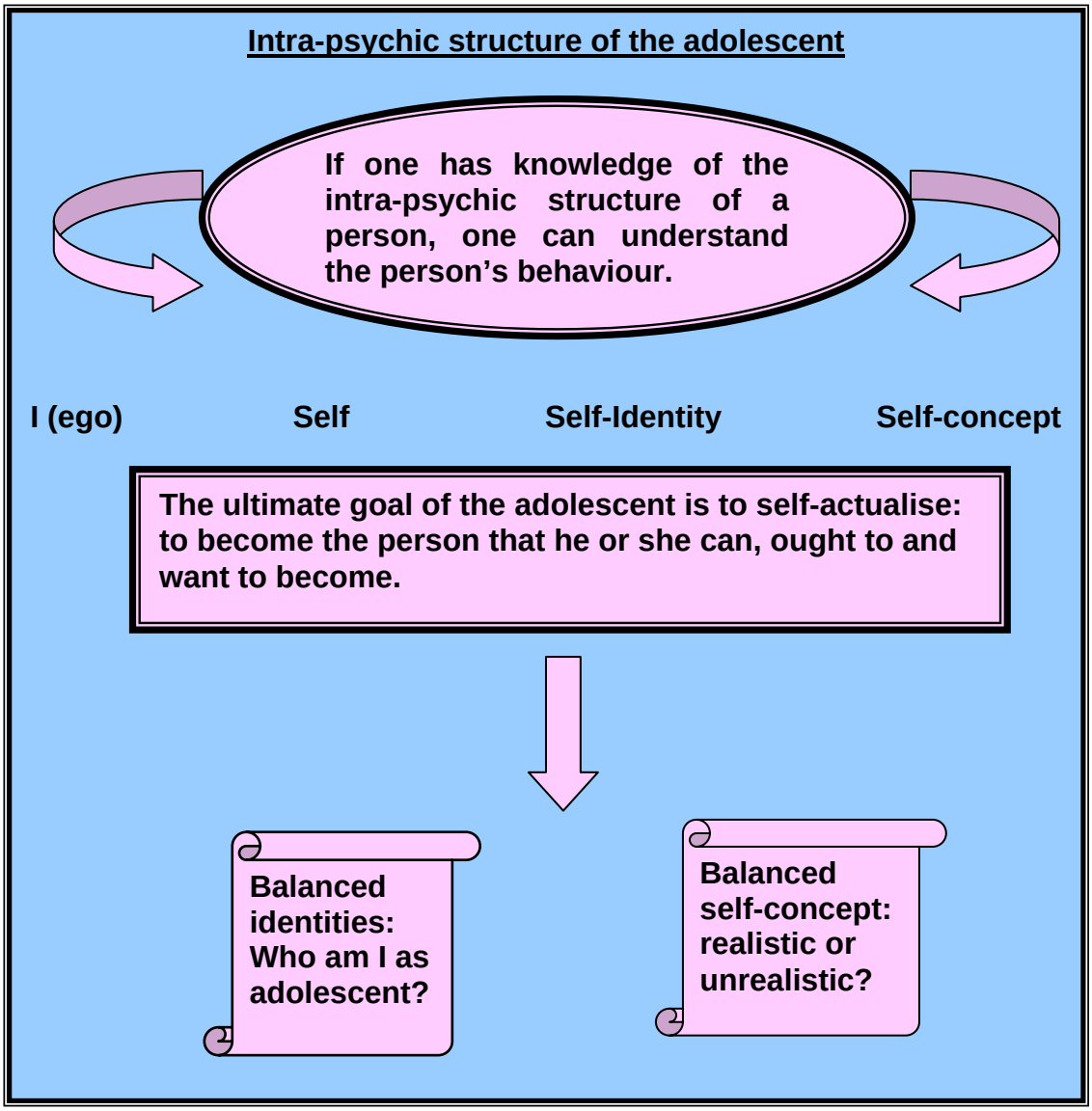
According to Mac Farlane (2000:21) the vulnerability of the adolescent is highlighted by the following factors:

- Insecurity because of appearance and physical development;
- Relationships
- Finances;
- Schoolwork and tests;
- Alcohol and drugs;
- Changing or moving schools;
- Sexuality;
- Concern about the future;
- Concern about death and global issues.

2.6.6 The Intra-psychic Structure of the Adolescent within the Framework of the Relations Theory

The following was summarised from Griessel & Jacobs (1991), Jacobs & Very (1992), Mac Farlane (2000), Lessing & Jacobs (2000), University of South Africa (2002) and Vrey (1992).

DIAGRAM SIX:
THE INTRA-PSYCHIC STRUCTURE OF THE ADOLESCENT WITHIN THE FRAMEWORK OF THE RELATIONS THEORY



2.6.6.1 The 'I' or ego

- The 'I' or ego is the subject of the adolescent and can be described as the manager of the personality.
- The 'I' is the spiritual dimension that "thinks, feels, experiences, plans and chooses objectively". In addition all *"emotion is actively perceived by the 'I' and forms an intrinsic core of the adolescent's being"(*Mac Farlane 2000:25).
- The ego has specific needs that have to be fulfilled.
- Ego needs include: regard, respect, recognition, prestige, status and worthiness as an individual.
- If these needs are not fulfilled the ego is in danger of disintegration.
- As a result the adolescent may feel vulnerable and helpless.
- The forming of attachments, for example drugs and alcohol are another possible consequence if the ego needs of the individual are not fulfilled.
- Subsequently the adolescent will not be prepared to venture out into the world and acquire knowledge.
- Thus, fulfilling the adolescent's ego needs is the first step in psychological well-being.

2.6.6.2 The self

- The self is the object: the construct that houses the adolescent's entire system of ideas, attitudes, values and beliefs. The adolescent is consciously aware of the self.
- The ego gives life to the self: *"it is the locus of experience"* (Mac Farlane 2000:25).
- The self houses many identities.
- The adolescent, for example, may have an identity as an individual, as a scholar, as a friend, as a son, as a daughter.
- If there is a problem in one area of the self, other areas of the self may also be affected.

2.6.6.3 Identities

- The adolescent will continuously ask:" Who am I as adolescent?" Through asking this question he is searching for his self-identity. When this question is answered, he has developed his self-identity,
- This personal or self-identity is formed when the adolescent is positively involved in his life-world, has predominantly positive experiences, can handle negative experiences and realistically attributes meaning to the relationships in his life world.

2.6.6.4. Self-concept

- The adolescent's self-concept can be defined as the way he sees himself and to which extent he perceives and accepts his own uniqueness.
- According to Mac Farlane (2000:25) a *"realistic self-concept is a prerequisite for self-actualisation, or becoming everything that the adolescent can and should become."*

2.7 SUMMARY

From the contents of **Chapter Two** the following became apparent:

- ✓ It is clear that thematic projection media is a multipurpose and versatile tool in a diagnostic and therapeutic setting;
- ✓ The UNISA model sees projection as both a defense mechanism and a perception;
- ✓ The SHIP® model sees projection as activated stress which necessitates the individual to use coping styles sanctioned by the immediate environment;
- ✓ Adolescence is a complex and demanding time, which highlights the vulnerability of the adolescent.

In **Chapter Three** the researcher will discuss details of the pilot study that was conducted to select the non-standardised thematic projection media implemented in **Chapter Four**.

CHAPTER 3

THE PILOT STUDY

> ***"I cannot understand, but I can even less doubt what I saw with my own eyes."***
>
> *Dr. Alexis Carrel, Nobel Prize in Medicine, 1913*

DIAGRAM SEVEN

THE CONTENTS OF CHAPTER THREE

CHAPTER THREE: PILOT STUDY

INTRODUCTION

↓

AIMS OF THE PILOT STUDY

- To select eight non-standardised thematic projection cards for the purpose of the study:
- To explore what kind of pictures will appeal to young adolescents;
- To determine what types of pictures will facilitate sharing;
- To determine the types of pictures that will assist them in their journey to healing.

↓

PARTICIPANTS IN THE STUDY

25 Young male adolescents
25 Young female adolescents

↓

METHOD OF THE STUDY

↓

Phase 1 and 2

↓

RESULTS OF THE STUDY

↓

THUMBTACKS OF THE SELECTED MEDIA

3.1 INTRODUCTION

This brief chapter contains:

- *details of the pilot study;*
- *the aims of the study;*
- *the individuals that participated in the study,*
- *the way in which the study was conducted and*
- *results obtained from the study.*

3.2 AIMS OF THE PILOT STUDY

The main aim of the pilot study was to select eight non-standardised thematic projection cards / pictures for the purpose of the researcher's dissertation. The following related aims were identified:

- ✓ *To explore what kind of pictures will appeal to young adolescents;*
- ✓ *To determine what types of pictures will facilitate them sharing their feelings, fears, wishes, past experiences, future perspectives and defense mechanisms (coping styles);*
- ✓ *To determine the types of pictures that will assist them in their journey to healing;*

3.3 PARTICIPANTS IN THE PILOT STUDY

Fifty young adolescents between the ages of twelve years naught months and thirteen years eleven months participated in the pilot study. They were all pupils at the primary school where the researcher taught at the time of the pilot study. Twenty-five boys and twenty-five girls were included in the pilot study.

3.4 RESEARCH METHOD

3.4.1 Phase one

The researcher collected fifty non-standardised thematic projection pictures from magazines and also designed projection cards on computer. Some of the cards / pictures were in full colour, while others were in black and white. The researcher aimed to select cards that reflected prominent issues in the life of the young adolescents as found in the literature overview.

3.4.2 Phase two

The pilot study was conducted over a period of three months. The researcher spoke to each participant individually. Each participant was asked to page through the fifty given pictures and cards. They were requested to select eight cards that appealed to them. The participants were then asked to give a stimulus value to each card chosen. The following question was asked to determine the stimulus value/s: *"What kind of story can you tell about the picture / card in front of you?"*

3.5 RESULTS OF THE PILOT STUDY

Due to the limited scope of this dissertation the results of the pilot study will focus on discussing eight cards chosen by the fifty participants. The discussion will be done in table form, in random order and include:

- whether the card was a colour or black and white card;
- a brief description of the selected card;
- the stimulus value/s identified;
- the suitability of the card for the young adolescent.

TABLE FOUR:

RESULTS OF THE PILOT STUDY

CARD	DESCRIPTION	STIMULUS VALUES IDENTIFIED	SUITABILITY
Card 1: Colour	This card is a picture of a young male figure seen in profile, dressed in a sleeveless black leather waistcoat. He has an earring in his right ear and wears a red boxing glove on his right hand. He is leaning against a punching bag. His eyes are downcast.	***Demands of life;*** ***Frustration;*** ***Depression;*** ***Aggression;*** ***Isolation***	Twenty-five out of the twenty-five young adolescent boys selected this card. Five out of the twenty-five young adolescent girls selected this card.
Card 2: Colour	This card is a picture of a female figure with a white hat sitting in a field of wavy grass. The viewer can only see her back.	***Dream card;*** ***Isolation***	Twenty-five out of the twenty-five young adolescent girls selected this card.
Card 3: Colour	This card is a picture of a futuristic figure (possibly female) sitting on a block of some sort. The figure's head is downcast. The background is dark. In the distance a white light is visible.	***Future perspective;*** ***Dream card;*** ***Sexual matters***	Forty out of the fifty young adolescents selected this card.

CARD	DESCRIPTION	STIMULUS VALUES IDENTIFIED	SUITABILITY
Card 4: Black and white	This card is a picture of a white mask hanging on the top left corner of a white, flat surface. The background appears to be dark gray and black.	***Fears; Trauma***	Forty out of the fifty young adolescents selected this card.
Card 5: Dark and a lighter blue	This card is a picture of two figures holding hands while walking towards an opening. The figures' backs are towards the viewer. The figures appear to be that of an adult and a child.	***Relationship with parents or caregiver; Molestation***	Thirty-eight out of the fifty young adolescents selected this card.
Card 6: Colour	This card is a picture of a female figure, possibly naked. This figure appears to be swimming underneath the water in the ocean.	***Sexual matters***	Twenty-five out of the twenty-five young adolescent boys selected this card.
Card 7 Colour	A series of figures are standing in front of an aquarium window. Three, then two, then two single figures. The fourth figure appears to be female and the fifth that of a child.	***Mother-child relationship; Isolation; Need for acceptance and inclusion in the family; Sibling rivalry***	Thirty-six out of the fifty young adolescents selected this card.

CARD	DESCRIPTION	STIMULUS VALUES IDENTIFIED	SUITABILITY
Card 8 Colour	This card is a picture of two human figures, male and female, in the foreground. In the background there are two stone figures. The figures in the foreground are in close physical proximity.	***Parental relationships; Intimate relationships***	Twenty-eight out of the fifty young adolescents selected this card.

3.6 THUMBTACKS OF THE CARDS SELECTED BY THE PILOT STUDY

TABLE FIVE

THUMBTACKS OF THE SELECTED CARDS

Card one:	**Card five:**
Card two:	**Card six:**
Card three:	**Card seven:**
Card four:	**Card eight:**

3.7 SUMMARY

The young adolescents that participated in the pilot study appeared to have selected cards that predominantly reflect prominent age appropriate issues as found in literature.

The following were identified:

- ✓ *Demands made upon them;*
- ✓ *Reactions on the demands made;*
- ✓ *Feelings;*
- ✓ *Intra and interpersonal relationships;*
- ✓ *Sexual matters,*
- ✓ *Ego needs;*
- ✓ *Fears;*
- ✓ *Wishes and dreams;*
- ✓ *Future perspective;*
- ✓ *Traumatic experiences;*
- ✓ *Wanting to be able to overcome obstacles;*
- ✓ *Resilience*

The cards selected in the pilot study will be used to conduct the empirical study.

In the following chapter, the researcher will discuss the process and results of the empirical study.

CHAPTER 4

THE EMPIRICAL STUDY

> ***"The harmony of all the details with the whole is the criterion of correct understanding. The failure to achieve this harmony means that understanding has failed"***
>
> ***Gadamer 1975:259***

4.1 INTRODUCTION TO THE EMPIRICAL STUDY

This chapter will discuss the details of the empirical study. As was briefly explained in Chapter One, a qualitative research method will be followed as it can put flesh on the bones of qualitative research, bringing the results to life through in-depth case elaboration. According to Marshall & Rossman (1995:11) a qualitative method provides " *...information that will enable you to see beyond simple dependent variables"*. This is exactly what the researcher aims to do, to bring the results to life and illustrate that it is viable to implement non-standardised thematic projection media with the young adolescent.

4.2 PARTICIPANTS IN THE STUDY

A sample can either be purposely drawn or selected, or drawn at random from the population. Purposive sampling commonly used in qualitative research, consists of subjects selected deliberately by the researcher because she is of the opinion that they best meet the needs of the study. The sample size for the purpose of this study was done according to criteria set in Terre Blanche & Durrheim (2002:382): *"If the research is exploratory – i.e. it sets out to explore what are the important issues, as a basis for doing further research – the researcher will call it a day when there is sufficient material to know more or less what issues are going to be paramount in a larger study."*

In qualitative research the size of the sample is not important, but rather the diffusion of the data, as well as the availability of sufficient vital information (Denzin & Lincoln 1994:229). Sample size thus depends on what the researcher wants to know, the purpose of the inquiry, what's at stake, what will be useful, what will have credibility, and what can be done with the available time and resources. In the light of the above-discussed two young adolescents, one male and one female, who voluntarily disclosed emotional difficulties, were selected for the purpose of the study. The participants range between the ages of twelve years naught months and thirteen years eleven months.

4.3 RESEARCH DESIGN

Eight non-standardised thematic projection media cards will be used for the purpose of this study. The selection of cards implemented is based on the results obtained from the pilot study that was described in Chapter Three. Each participant will be presented with the eight non-standardised thematic projection cards. They will be asked to select three of the cards to tell a story about. Qualitative empirical research will be done by means of providing the clients with an opportunity to tell a story about a projection card of their choice.

The following instruction will be given to each individual participant:

"Tell me a story about each picture. Tell me what you see, what is happening there, and what the figures are thinking, feeling and doing. Tell me what has happened before and what the outcome will be. I'm writing down everything, so try not to speak too fast."

The data collected will be accepted the way it is given by the respondents, including all variable phenomena and the subjective meanings that the respondents may give to the experiences they had. The ultimate meaning of data, rather than data per se is thus a focal point in this study.

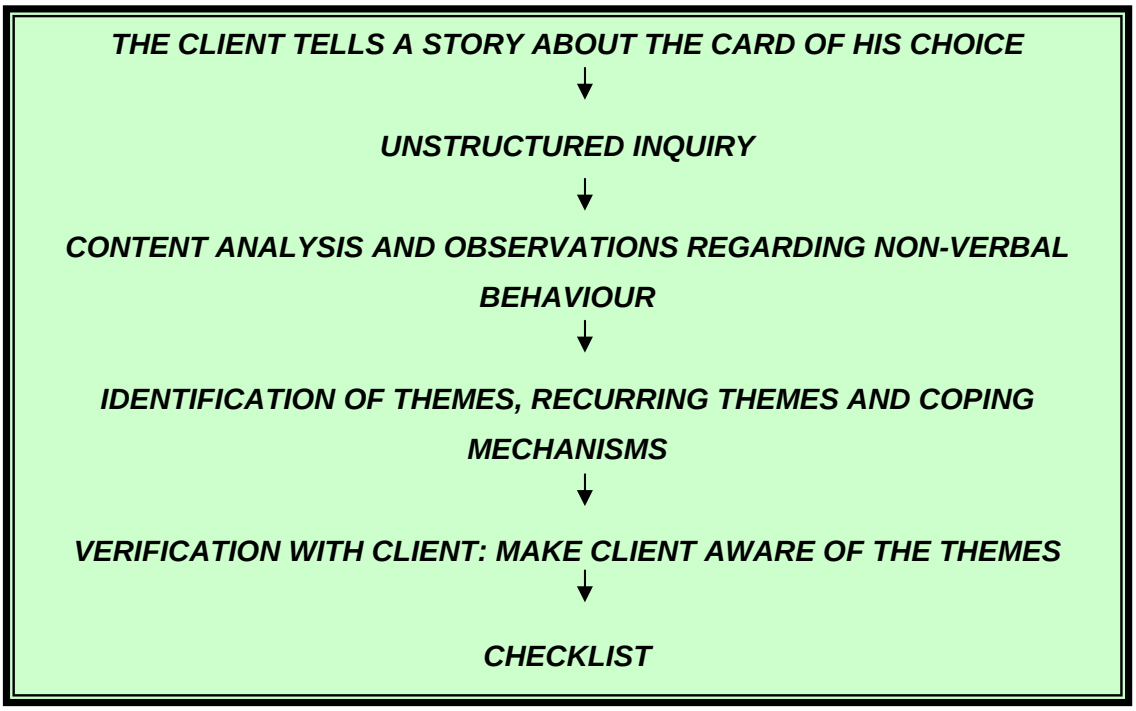
An inductive approach will be followed, because the data will be used interpretatively to generate principles. Contents will thus be interpreted quantitatively. A blind interpretation will be done for each protocol. Afterwards verification with the clients will take place as to their perceptions.

Each protocol will be analysed according to the recurring main themes and coping styles identified. Included in the final evaluation is a checklist adapted from Exner, 1995. The checklist assesses the viability of implementing non-standardised thematic projection media with the young adolescent.

Thus, different methods are implemented to provide a holistic picture of each client's protocol. Once all the information has been analysed and interpreted, certain deductions will be made and possible guidelines for practitioners will be drawn up. The guidelines will focus on the selection and interpretation of non-standardised thematic projection media with the young adolescent. At the end of the chapter responses recorded pertaining to the other cards not documented in detail will be given for the sake of obtaining a comprehensive picture.

DIAGRAM EIGHT

RESEARCH PROGRAMME



4.4 CASE STUDY ONE – CLIENT A: YOUNG ADOLESCENT GIRL

4.4.1 Card Two: Colour Card – Verbatim Response

Client: 20 seconds. She had a … very, very good life … but things got very worse, (bad – sorry) … Other people turned their backs on her. So, she ran away. She – hmm is in a bush alone…. She's very sad, angry and lonely… She thinks of going back home and when she gets there people don't want to welcome her. So, she goes back again. She's left alone in the bush, with no-one to love her and care for her. That's all."

Therapist: "What made her good life become a bad life?"

Client: "40 seconds. Well, she lost her parents and other people didn't want to take care of her."

Therapist: "What is going to happen to her?"

Client: "30 seconds. She will … go to another town and try to make a living for herself, though people insult her, she's determined to make her dreams come true."

Therapist: "What are her dreams?"

Client: "Her dreams are to become a Rheumatologist and to help other children and her other dream is to have an orphanage where children will stay happily and she won't treat them in a bad way. She will do everything in her power to make a comfortable place for them."

4.4.2. Content Analysis

HYPOTHESES	CONTENT
The client is lacking in self-confidence. When confronted with unfamiliar situations she possibly hesitates, unsure of what she is "supposed to say". The client may also be lacking in motivation and possibly show signs of depression.	*Long response times*
Gender identification is good	*"She had a ..."*
Her life is not good anymore: something has happened to change her circumstances?	*"She had a … very, very good life … but things got very worse,..."*
She possibly feels rejected / deserted.	*"Other people turned their backs on her."*
She possibly is not ready to deal with the demands of the situation – not ready to face demands made upon her.	*"So, she ran away."*
Positive gender identification: (she) Hmm – contemplating what to say: (thinking) bush – overwhelming situation / not seeing a light at the end of the tunnel alone – feelings of loneliness, rejection and isolation	*"She – hmm is in a bush alone…."*

HYPOTHESES	CONTENT
Her feelings are current. A sense of loss. Feelings of hopelessness and vulnerability …	*"She's very sad, angry and lonely…"*
"Thinks" – cognitive distancing	*"She thinks..."*
She possibly wants things as before. She feels rejected. The phrase "that's" all may indicate a finality. A wishing perspective is present.	*"She thinks..." of going back home and when she gets there, people don't want to welcome her. That's all."*
Feelings of loss – verbalising the reason for her perceived sense of less. Feelings of rejection	*"Well, she lost her parents and other people didn't want to take care of her."*
Resilience	*She will … go to another town and try to make a living for herself, though people insult her, she's determined to make her dreams come true."*
She wants to help other people. She wants to help them in a way she was not helped. It may be possible that in her current situation she is not happy. She feels treated "in a bad way". It is not a comfortable place where she finds herself at present.	*"Her dreams are to become a Rheumatologist and to help other children and her other dream is to have an orphanage where children will stay happily and she won't treat them in a bad way. She will do everything in her power to make a comfortable place for them."*

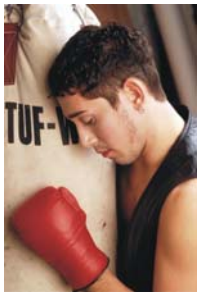
4.4.3 Observation of Non-Verbal Behaviour: Process Notes

- Bar for the long response times, the client spoke fluently.
- She sat with her hands comfortably in her lap.
- She did not make eye contact with the therapist, but seemingly told the story to herself.
- At the end of her story, she sat back, looked at the therapist and smiled.

4.4.4 Other Observations regarding Content and Thematic analysis: Process Notes

- The main character is reaching out for help, but no adult is introduced to help: the adults are perceived to be unwilling to help.
- The overall emotional tone of the story is sad.
- The main character needs to be loved, nurtured and accepted.
- The environment is perceived as cold, unwelcoming and unfriendly, thus hostile.
- A theme of nurturance versus deprivation is present.
- A theme of rejection versus feeling supported and cared for is present.

4.4.5 Card One : Colour Card - Verbatim Response



Client: "40 seconds. He is very lonely, and … heartbroken (client looking down). [6 seconds]. He thought that if he started boxing, then that would make him calm down and take away the pain, but he was very wrong, because the pain was still there and now he's thinking about what happened.

Therapist: "About what happened?"

Client: "He had a disagreement with a friend, and now he misses his friend and he doesn't know what to do. He's feeling helpless and lonely.

Therapist: "What can he do about this situation?"

Client: "He is going to realise that he was very wrong and what he did cannot be justified. He's going to go to his friend and he will apologise and his friend is going to forgive him."

Therapist: "What caused this person to have a disagreement with his friend?"

Client: "He always wants things to be done his way."

Therapist: "Tell me more about 'wanting things his way."

Client: "Someone else tells him this, because he never sees the wrong that he does."

Therapist: "So, his apology may be a fake?"

Client: "Yes, because he repeats the same things over and over again."

4.4.6 Content Analysis

HYPOTHESES	CONTENT
The client is lacking in self-confidence and motivation (See card two).	*Long response time*

HYPOTHESES	CONTENT
The client has experienced a loss, or was involved in a conflict situation and is finding it difficult to cope with it. She possibly thought that expressing her hurt, would make it better, but instead it makes her think. She doesn't want to think. She possibly should be encouraged to express her pain – stay with the pain and work through it, also expressing her pain in a socially acceptable manner and not in a hurtful way. Feelings of loneliness and sadness are predominant.	*"He is very lonely, and ... heartbroken. He thought that if he started boxing, then that would calm him down and take away the pain, but he was very wrong, because the pain was still there and now he's thinking about what happened."*
Interpersonal relationships possibly are characterised by conflict, yet the need for interpersonal contact is there. As a result of this the client verbalises her feelings of vulnerability, helplessness and loneliness. She possibly wants to be understood and accepted.	*"He had a disagreement with a friend, and now he misses his friend and he doesn't know what to do. He's feeling helpless and lonely."*
The client possibly wants to reach out to make things right. The ability to handle conflict has to be developed. She wants a happy ending. A sense of determination is present to rectify what is wrong.	*"He is going to realise that he was very wrong and what he did cannot be justified. He's going to go to his friend and he will apologise and his friend is going to forgive him."*
Egocentricity is highlighted. This may be typical of the young adolescent.	*"He always wants things to be done his way."*

HYPOTHESES	CONTENT
Unrealistic attribution of meaning = never	*"Someone else tells him this, because he never sees the wrong that he does."*
Not learning from her mistakes? Needs insight and to acquire self-knowledge	*"Yes, because he repeats the same things over and over again."*

4.4.7 Observation of Non-Verbal Behaviour: Process Notes

- Bar for the long response times, the client spoke fluently.
- The quality of the language usage was good.
- She looked down most of the time and seemed to be immersed in her own world.
- The times she made eye contact with the therapist, it was brief.
- Her hands were kept folded in her lap, yet at times she fiddled with her fingers, clenching and relaxing.
- She was visibly anxious.

4.4.8 Other Observations regarding Content and Thematic analysis: Process Notes

- The client identifies with the figure in the story that feels lonely, helpless, and vulnerable; the figure that needs to be loved, nurtured, understood and protected. She wants to be heard.
- A theme of interpersonal conflict is noticed.
- The outcome in this instance is a positive one, yet it must still happen. The outcome is realistic and in the same instance magical. It is due to the action of the hero. The possibility of depression may not be excluded.

- Implied aggression directed towards others is present – in a sense the conflict is unresolved, yet from a wishes perspectives she wants the conflict to end.
- Her orientation towards the task at hand is semi-active.
- The emotional appeal that this card made was possibly overwhelming.

4.4.9 Card Five: Dark and Lighter Blue – Verbatim Response

Client: "10 seconds. They are holding hands. It seems like it is a child and a grown up. They had a disagreement or a fight. Then they realised that they're hurting each other, so they sorted things out and they forgive each other. They will live happily ever after."

Therapist: "What are they thinking?"

Client: "They see that they've done something wrong to each other and they're feeling guilty."

Therapist: "Feeling guilty?"

Client: "10 seconds. They see (client clasping her hands together) they were not supposed to do that to each other."

Therapist: "Do what to each other?"

Client: "They fought over something very silly, and they said nasty things to each other."

Therapist: "Tell me more."

Client: "They called each other names and said things they didn't really mean."

4.4.10 Content Analysis

HYPOTHESES	CONTENT
The client is starting to relax and possibly does not feel the need to protect herself to the extent that she had previously.	*Reaction time within age-appropriate parameters of between five and twelve seconds.*
There is contact between the child and grown up. A bond is possibly established.	*"They are holding hands. It seems like it is a child and a grown up."*
The client was involved in a conflict situation with the grown up (possibly one of her current caregivers). Blame is assigned to both parties. The conflict is resolved. The resolution is mythical, yet in a sense realistic as people that love each other forgive each other. A shift is noticed. The word 'they', however brings a bit of distance, yet the client appears to be taking responsibility for her actions.	*"They had a disagreement or a fight. Then they realised that they're hurting each other, so they sorted things out and they forgive each other. They will live happily ever after."*
Guilt is expressed over the conflict.	*"They see that they've done something wrong to each other and they're feeling guilty."*
The client is able to distinguish between right and wrong. Adequate super-ego development is starting to emerge.	*"They see (client clasping her hands together) they were not supposed to do that to each other."*

HYPOTHESES	CONTENT
The conflict situation was unnecessary. Once again, blame is assigned to both parties.	*"They fought over something very silly, and they said nasty things to each other."*
It is possible that the client and her caregiver say things they don't mean when in a conflict situation.	*"They called each other names and said things they didn't really mean."*

4.4.11 Observation of Non-Verbal Behaviour: Process Notes

- Halfway through her response the client clasped her hands together and kept clasping and unclasping until her final sentence.
- Throughout the response it was noted that the client made positive eye contact with the therapist.
- It was as if she was telling the therapist her story: as if consciously allowing the therapist to take a glimpse into her life world.

4.4.12 Other Observations regarding Content and Thematic analysis: Process Notes

There is an observed shift: she has found a caregiver that is willing to care for her. The relationship is in the process of being established: There is conflict, but the client is prepared to accept responsibility for the part that she plays in it. The client shows insight into the situation. The client may respond well to Cognitive Behavioural Therapy. Family Therapy may also be of value to help establish positive communication patterns and conflict handling skills. A question that can be posed here is whether the caregiver understands and knows how to nurture and fulfill in the client's ego needs. Parental Guidance may be of benefit.

4.4.13 Verification with the Client

THEMES IDENTIFIED	VERIFICATION WITH CLIENT
Rejection	*"Yes, I felt rejected. At times I still do. I currently stay with my aunt, uncle, cousin and older brother. My little sister stays with another aunt. My aunt's name is Sylvia. She is my mother's sister. I do not get along with my uncle. I love my aunt. We have a good relationship. My uncle and aunt fight about me. My aunt sometimes says that she is tired of being in the middle. My uncle used to drink and be rude to me – verbally.*
Loss	*"Yes, both my parents died. I have also lost my friends and had to move to a new school. I miss my parents".*
Anger	*"Yes, I am angry that they died. I am also angry with my uncle for treating me the way that he does."*
Isolation (loneliness)	*Yes, I felt that I had no one to look after me. I still feel like this at times. Sometimes I want to go and stay with my other aunt."*
Helpless and vulnerable	*"Yes, I did not know what to do when my parents died.* *I also don't always know how to handle my uncle."*
Sadness	*"Yes, I still feel very sad. Some days are better than others."*
Unloved	*"Yes, I did. My aunt loves me. My uncle doesn't."*

THEMES IDENTIFIED	VERIFICATION WITH CLIENT
Guilt	*"Yes, I do feel guilty when my aunt and I fight. I feel guilty when I say ugly things to her."*
Determination	*"Yes, I will make a success of my life. Even this term I got my academic badge again and became a prefect."*
Resilience	*"Yes, I won't give up. I have thought of giving up before, but it is not worth giving up something so precious."*

4.4.14 Coping Mechanisms Identified

The following coping mechanisms have been identified:

- ✓ cognitive distancing,
- ✓ denial,
- ✓ escapism,
- ✓ the tendency to get involved in verbal conflicts with caregivers,
- ✓ In actual fact it appears that the client is trying to express her need for nurturance and unconditional acceptance.
- ✓ It is as if she is fighting for this.

4.4.15 Interpretative Comments within the Framework of the Relations Theory

- Her gender role identification is positive.

- It appears that the client's ego needs are not fully met; the ego is in danger of disintegration. (forming attachments?)

- Subsequently she may experience the world as an unsafe place.

- Furthermore it will inhibit her acquisition of knowledge.

- In general the client appears to be willing to establish interpersonal relationships, but she finds it difficult to trust people.

- Her involvement in her life world and relationships is passive; yet there has been a shift towards a more active approach.

- Her experiences are mostly negative, yet again a shift was found leaning towards increasingly positive experiences.

- At times unrealistic meaning attribution has been noticed.

- At present the client's self-concept is predominantly negative. Her identities are distorted and thus she will find it problematic to self-actualise.

- She needs to be guided to express negative emotions in a socially acceptable manner as to effectively deal with interpersonal conflict.

- She evidences a strong desire for acceptance from caregivers and peers alike. It is very important to her to have a fully functional, happy and balanced family life.

4.4.16 Checklist

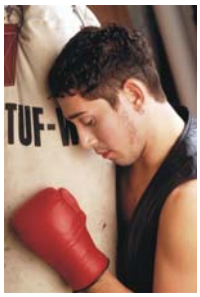
The following checklist has been adapted from Exner (1995). Findings from the literature study done in Chapter Two have been incorporated here:

TABLE SIX:

CLIENT A: CHECKLIST

DIAGNOSTIC AND THERAPEUTIC USE OF NON-STANDARDISED THEMATIC PROJECTION MEDIA	YES	NO
It is a diagnostic tool to assess the state of the ego, self-concept, identities, self-concept and self-actualisation.		
It helps with personality integration.		
It is the creative modality of the personality.		
It deepens awareness of the self and significant others.		
It helps with psychological well-being.		
It helps to create harmony from chaotic stimuli.		
It helps to restore inner order and balance.		
It provides a pathway to the unconscious: it taps implicit processes.		
It awakens physiological and emotional reactions.		
It helps the client to express ideas long before they are articulated – it taps the unconscious and brings to the surface what the client is afraid to verbalise: an expression of a private world.		
It affords the client to structure inner experiences. It gives form to feelings.		
It is a means of reconciling the client's inner needs with the demands of the outside world.		
It is a release of confidence and satisfaction in the person.		
It is a means of finding one self in the world.		
It can be a healing mechanism for the individual.		
It reveals personality processes and characteristics.		
It elicits information regarding attitude and motivation.		
It facilitates dialogue between the therapist and client.		
It establishes a starting point and future goals in therapy.		

4.5 CASE STUDY TWO – CLIENT B: YOUNG ADOLESCENT BOY



4.5.1 Card One: Colour Card – Verbatim Response

Client: "I think he is lonely, unhappy and he's looking for attention and it looks like he's distressed and from the way he looks – from the boxing bag – it looks like he was angry before, because of the boxing game – he took out his anger on the boxing bag."

Therapist: "What is he thinking?"

Client: "I think he's thinking of things that have happened to him and what is gonna happen to him."

Therapist: "What has happened to him?"

Client: "I think he had bad memories of his childhood and it is haunting him."

Therapist: "Haunting him?"

Client: "Through his dreams and his life."

Therapist: "What is going to happen to him?"

Client: "I think he's a boxer, because he is training and he's just scared that something might also happen to him through the boxing match. He might go through life with all these memories and he might win or lose the boxing match through his courage, or he might lose it through the memories."

Therapist: "What would he need in order to win?"

Client: "He could win through his supporters, or that day he could go to a therapist and talk about memories or the things that happened to him."

Therapist: "Tell me more about his memories."

Client: "His mom could have been – she could have sold her body to people and his dad would not know about it and his dad beats up his mother and him and through his childhood he could have been involved with the wrong people, by taking drugs and alcohol.

Therapist: "What is going to happen to him?"

Client: "He will survive."

4.5.2 Content Analysis

HYPOTHESES	CONTENT
The client uses the word "think" – this indicates cognitive distancing. Positive gender identification: "he". His feelings are predominantly negative: lonely, rejected (isolated, vulnerable), distressed, and angry. The anger is still there. A passive orientation towards the situation at hand is noticed; it could be due to the possibly traumatic experience? The client is able to express his anger in a socially acceptable manner.	*"I think he is lonely, unhappy and he's looking for attention and it looks like he's distressed and from the way he looks – from the boxing bag – it looks like he was angry before, because of the boxing game – he took out his anger on the boxing bag.*

HYPOTHESES	CONTENT
Again the client uses cognitive distancing as coping mechanism. He is traumatised about events in the past. As a result he may fear a repetition in the future. He may also experience the world as an unsafe and threatening place.	*"I think he's thinking of things that have happened to him and what is gonna happen to him."*
He possibly has nightmares. This should be explored in therapy.	*"Through his dreams and his life."*
The cognitive distancing – a pattern is established. He has not worked through the trauma and carries the memories with him – it is overwhelming in his life. It is difficult to verbalise.	*"I think he had bad memories of his childhood and it is haunting him."*
Cognitive distancing. It appears that the client wants to be involved in the demands made on him. Fear may be an impeding factor. He may fear past experiences. He wants to make a success of his life, but he is scared that the past may consume him. The client needs to know that it is important to express his negative feelings and that he can be helped. One has to get through to his intra-psychic dialogue.	*"I think he's a boxer, because he is training and he's just scared that something might also happen to him through the boxing match. He might go through life with all these memories and he might win or lose the boxing match through his courage, or he might lose it through the memories."*

HYPOTHESES	CONTENT
The client is reaching out. He needs to have a platform to release his feelings and talk about his memories. It may be possible that he was required to be "strong" and just accept what he experienced.	*"He could win through his supporters, or that day he could go to a therapist and talk about memories or the things that happened to him."*
The client verbalises what has happened to him.	*"His mom could have been – she could have sold her body to people and his dad would not know about it and his dad beats up his mother and him and through his childhood he could have been involved with the wrong people, by taking drugs and alcohol."*
The client shows resilience. Therapy may pave the way for him to develop the necessary skills and introduce him to other coping mechanisms as "cognitive distancing" possibly has become a crutch.	*"He will survive."*

4.5.3 Observation of Non-Verbal Behaviour: Process Notes

- At first the client looked uncomfortable to disclose such personal information about his parents and his past experiences. He blushed and looked down.
- It appears that once the words started flowing, he could not hold it back; neither could he control what he was saying. When he came to his last response, he took a deep breath and exhaled slowly. By this time his body posture seemed to have relaxed.

4.5.4 Other Observations regarding Content and Thematic analysis: Process Notes

The client identifies with the figure in the story that feels lonely, helpless, and vulnerable; the figure that needs to be loved, nurtured, understood and protected.

4.5.5 Card Five: Dark and Lighter Blue – Verbatim Response

Client: "I think this person is guiding the child through his hard times, because of the tunnel that is shown and it looks like by the end of the tunnel it goes lighter. So, I think it means that will be light for this child through his years."

Therapist: "What are the figures thinking?"

Client: "I think that this child has gone through a hard time and this person needs to be guided. The child is thinking that there will be a future for him, not just the darkness that he lived through."

Therapist: "What is the child feeling?"

Client: "He might feel scared or he might feel happy, because this person is guiding him through the tunnel."

Therapist: "What happened before?"

Client: "This person probably had no parents, because the parents threw him away and this person, who is guiding him, might be his guardians and he's feeling safe, because of the grownup holding his hand and guiding him."

Therapist: "What will the outcome be?"

Client: "His future will not be as he planned it, or dreamt how it would be."

Therapist: "Tell me more about the future that he had planned."

Client: "He thought he would have a great relationship with his parents and that he would be successful through his job or through his hobbies."

Therapist: "How does he feel about things not turning out the way he had wanted it to?"

Client: "He would be hurt and he would think that he's got no life in this world and he was not meant to be there."

Therapist: "He felt sad and rejected?"

Client: "Yes, he did, he sometimes still does."

Therapist: "Now that he has someone guiding him – have any of his feelings changed?"

Client: "Yes, because he sees a light in his future because of the person that cares about him and he would try to accept this person and make a great success through it."

Therapist: "Would he like to be re-united with his parents?"

Client: "Yes, because he probably never knew who his parents were and would like to see them and know more about them and to know why they threw him away."

Therapist: "So, he's prepared give his parents another chance?"

Client: "Yes, he just needs to know why they did it and why they didn't respect him."

4.5.6 Content Analysis

HYPOTHESES	**CONTENT**
Think – cognitive distancing. He possibly identifies with an adult who is in the place of the parents – in the process of establishing a relationship. He has a positive future perspective. He wants things to turn out positively	*Client: "I think this person is guiding the child through his hard times, because of the tunnel that is shown and it looks like by the end of the tunnel it goes lighter. So, I think it means that will be light for this child through his years."*
He verbalises that he has gone through a difficult time. Darkness versus the light, positive future perspective more pronounced: the word 'will'.	*Client: "I think that this child has gone through a hard time and this person needs to be guided. The child is thinking that there will be a future for him, not just the darkness that he lived through".*
The client is unsure of how to feel; maybe he does not know whether to trust how he feels, he possibly fears disappointment. The adult in is his life plays an important role.	*Client: "He might feel scared or he might feel happy, because this person is guiding him through the tunnel."*

HYPOTHESES	CONTENT
He possibly feels rejected and betrayed by his parents. He needs to be nurtured and feel safe.	*Client: "This person probably had no parents, because the parents threw him away and this person, who is guiding him, might be his guardians and he's feeling safe, because of the grownup holding his hand and guiding him."*
He realises that he has to adapt. The client is in contact with reality.	*Client: "His future will not be as he planned it, or dreamt how it would be."*
Cognitive distancing – in the past tense. There is a possible shift here, switching from the past to the future tense.	*Client: "He thought he would have a great relationship with his parents and that he would be successful through his job or through his hobbies."*
He seems unsure of the future. He wants a happy ending. He felt rejected by his parents.	*Client: "He would be hurt and he would think that he's got no life in this world and he was not meant to be there."*
He felt rejected by his parents and still does. Underlying feelings of sadness?	*Client: "Yes, he did, he sometimes still does."*

HYPOTHESES	CONTENT
Some of his ego needs are being met. Although this person is important in his life, it is not a parent. He needs nurturance; ultimately he needs to learn how to self-nurture.	*Client: "Yes, because he sees a light in his future because of the person that cares about him and he would try to accept this person and make a great success through it."*
Some of his ego needs are being met. Although this person is important in his life, it is not a parent. He needs nurturance; ultimately he needs to learn how to self-nurture.	*Client: "Yes, because he sees a light in his future because of the person that cares about him and he would try to accept this person and make a great success through it."*
He wants to reconnect with his parents. He wants answers.	*Client: "Yes, because he probably never knew who his parents were and would like to see them and know more about them and to know why they threw him away."*
He needs for his parents to be honest with him. He needs them to respect him, so that he can respect them again.	*Client: "Yes, he just needs to know why they did it and why they didn't respect him."*

4.5.7 Observation of Non-Verbal Behaviour: Process Notes

- The client spoke very slowly.
- He held his hands tightly clasped in his lap.

4.5.8 Other Observations regarding Content and Thematic analysis: Process Notes

- ✓ The client identifies with the figure in the story that feels rejected, sad, the figure that needs to be loved, nurtured and guided.

- ✓ He is guided by an adult figure, yet he needs and wants guidance and nurturance from his parents.

- ✓ He creates an alternative story, one of resilience, one with a reasonably happy ending. The ending is possibly attainable (realistic).

- ✓ The client is thinking rationally, and the therapist will be able to work with and develop the alternative story in therapy. In therapy the client needs to learn to self-nurture. The parents need to be guided to nurture the client.

- ✓ The adult figure currently guiding the client's role will constantly change as therapy progresses.

- ✓ The client needs to be encouraged to verbalise his negative feelings in a socially acceptable manner as he has demonstrated that he has the ability to do so. He should also be encouraged to give himself permission to verbalise the negative feelings, even if it is towards his parents.

- ✓ He needs to understand that if he verbalises the negative feelings, it does not mean that he does not love his parents.

- ✓ Family Therapy will be of benefit. It will allow for a safe space in which feelings can be verbalised.

4.5.9 Card Four: Black and White – Verbatim Response

Client: "I think this is a mask that is made for someone or represents someone. It is probably made for someone, because this person likes to act like he's got a mask on, because he does not live his own life. He likes to live a life that he wishes for, because I think this person does not like his life, because his attitude, or his emotions get to him, because he'll think that people would not like him if they know what he really is like. He just acts as if nothing happened through his life or that happened to him. He is hiding behind this mask. It is in white, because he does not have a suitable colour because of his situation".

Therapist: "His situation?"

Client: "Through his life he had difficulties of his parents or of the people who he was around with and he did not like the people or his parents, because they probably told him that he would be nothing in the real world. That's why he uses the mask."

Therapist: "What I hear is that this person has a great need to protect himself. He has a need to be accepted, loved and nurtured. He has been hurt and is afraid that if he shows people who he is, they will not accept him."

Client: "This is exactly how he feels."

Therapist: "What is going to happen to this person?"

Client: "He's always going to feel rejected and he's gonna find it hard to have a positive attitude to himself and to the people that he comes into contact with."

Therapist: “Who does he blame for what happened?”

Client: “He has always blamed himself until he realised that he could not do anything to stop his parents from drinking and gambling. He also realised that he was just a child at the time it happened.”

4.5.10 Content Analysis

HYPOTHESES	**CONTENT**
Think = cognitive distancing The client is searching for his own identity. He has been hurt. He is afraid to verbalise his emotions. He fears rejection if he does so. He pretends that nothing is wrong – on the outside. This is a coping mechanism: the hiding behind the mask, possibly for self-protection. He possibly perceives his situation as bleak.	*Client: “I think this is a mask that is made for someone or represents someone. It is probably made for someone, because this person likes to act like he’s got a mask on, because he does not live his own life. He likes to live a life that he wishes for, because I think this person does not like his life, because his attitude, or his emotions get to him, because he’ll think that people would not like him if they know what he really is like. He just acts as if nothing happened through his life or that happened to him. He is hiding behind this mask. It is in white, because he does not have a suitable colour because of his situation”.*

HYPOTHESES	CONTENT
He has been going through a tough time for an extended period. It is not only his parents, but also possibly friends and friends of his parents. One wonders what he has been exposed to, apart from that which he disclosed.	*Client: "Through his life he had difficulties of his parents or of the people who he was around with and he did not like the people or his parents, because they probably told him that he would be nothing in the real world. That's why he uses the mask".*
Therapist: "What I hear is that this person has a great need to protect himself. He has a need to be accepted, loved and nurtured. He has been hurt and is afraid that if he shows people who he is, they will not accept him".	*Client: "This is exactly how he feels."*
The client's self-concept is predominantly negative, possible stuck at the negative pole. He has difficulty in accepting himself and thus perceive other people to be the same. Always = unrealistic meaning attribution	*Client: "He's always going to feel rejected and he's gonna find it hard to have a positive attitude to himself and to the people that he comes into contact with.*
The client is gaining insight.	*Client: "He has always blamed himself until he realised that he could not do anything to stop his parents from drinking and gambling. He also realised that he was just a child at the time it happened."*

4.5.11 Observation of Non-Verbal Behaviour: Process Notes

- The client's face was flustered; his hands were lying in his lap.
- He did not make eye contact and his breathing was regular.
- His tone of voice was even: no inflection was noticed.

4.5.12 Other Observations regarding Content and Thematic analysis: Process Notes

- The client is searching for his own identity.
- He fears rejection if he stops pretending: if he lets his guard down and reveal his true feelings.
- He feels the need to protect himself. He also needs to be accepted, loved and nurtured. He finds it difficult to verbalise and show his hurt.

4.5.13 Verification with the Client

THEMES IDENTIFIED	VERIFICATION WITH CLIENT
Loneliness	*"Yes, I do feel lonely, because I was always with my parents until what happened to me last year."*
Unhappiness	*"Yes, I feel unhappy, because of all the hurt I experienced."*
Sadness	*"Yes, because of the hurt I still feel sad sometimes."*
Anger	*"Yes, sometimes, because of their side – what they done to each other and what they have done to me."*

THEMES IDENTIFIED	VERIFICATION WITH CLIENT
Rejection	*"Yes, I have felt this way, because when we were together, then they weren't always themselves. Their mistakes made me go and live somewhere else. I felt as if they threw me away. This makes me feel unwanted and not good enough."*
Need for nurturing and care – from his parents	*"Yes, I do want to have their attention, but I can't always have it when I visit them, because they have jobs to do. My mom seems to be busy a lot and my dad works long hours. My mom's boss does not give her a free weekend."*
Need for acceptance	*"Yes, I think people won't like me If I show them who I really am."*
Fear	*"Yes, what if they start drinking again, and all the other stuff?"*
Hope for the future	*"Yes, things have been going well. They have stopped with everything. They are both working. I am going to live with them again from next year, but I still worry – like I said – I am scared that something might go wrong."*
Negative self-concept	*"Yes, I don't always like myself and especially with school work, I am not doing too well right now."*

4.5.14 Coping Mechanisms Identified

The following coping mechanisms have been identified:

- ✓ cognitive distancing;
- ✓ denial;
- ✓ self-blame;
- ✓ anger;
- ✓ The contention is that if he blames himself he does not have to deal with his negative feelings towards his parents.

4.5.15 Interpretative Comments within the Framework of the Relations Theory

- It appears that the client's ego needs are not fully met; the ego is in danger of disintegration. The client may be in danger of forming attachments, for example, succumbing to peer pressure. Other attachments that have to be guarded against are cigarettes, alcohol and drugs.

- In general the client appears to be willing to establish interpersonal relationships, he reaches out to other people, but at the same time fears interpersonal rejection. It may be that he needs constant nurturing from his mother. It will be a goal in therapy to get the client to self-nurture. He appears to be very dependent on his mother for this. His past experiences are mostly negative, yet a shift was found leaning towards increasingly positive experiences: he is yearning for positivity. If his experiences were predominantly negative then he would be afraid to get involved in his life world and attribute realistic meaning. It will be important to incorporate the fact that the formation of relationships helps a person to orient himself towards people, things and the self.

- He needs to be given the opportunity to verbalise and work through past hurt. In this regard he needs to understand that it is acceptable to verbalise negative thoughts.

- The metaphor of a balloon can be used here: If one just keeps on filling a balloon with air, the balloon will burst.

- A realistic positive future perspective is present. At times unrealistic meaning attribution has been noticed.

- At present the client's self-concept is predominantly negative. His identities appear to be unbalanced and distorted, especially his identity as a son. Thus he may find it problematic to self-actualise. This will affect his other identities as well, if a balance is not brought about.

- In therapy the client's intra-psychic dialogue needs to be explored. Cognitive Behavioural Therapy can be used here to identify and rectify mistaken beliefs and practice positive self-statements.

- It is imperative that the client comes to accept himself as a person, as an individual who has dignity, as an individual who is important and as an individual who is responsible.

- He evidences a strong desire for acceptance from caregivers and peers. It is very important to him to have a fully functional, happy and balanced family life. He wants to be reunited with his parents.

- One of the aims of therapy will be to facilitate the client's journey to self-actualisation. Self-actualisation is what a person can, want to and ought to and should become. It will also be a goal to assist the client in understanding the situation that his parents are in.

4.5.16 Checklist

The following checklist has been adapted from Exner (1995). Findings from the literature study done in Chapter Two have been incorporated here:

TABLE SEVEN

CHECKLIST: CLIENT B

DIAGNOSTIC AND THERAPEUTIC USE OF NON-STANDARDISED THEMATIC PROJECTION MEDIA	YES	NO
It is a diagnostic tool to assess the state of the ego, self-concept, identities, self-concept and self-actualisation.		
It helps with personality integration.		
It is the creative modality of the personality.		
It deepens awareness of the self and significant others.		
It helps with psychological well-being.		
It helps to create harmony from chaotic stimuli.		
It helps to restore inner order and balance.		
It provides a pathway to the unconscious: it taps implicit processes.		
It awakens physiological and emotional reactions.		
It helps the client to express ideas long before they are articulated – it taps the unconscious and brings to the surface what the client is afraid to verbalise: an expression of a private world.		
It affords the client to structure inner experiences. It gives form to feelings.		
It is a means of reconciling the client's inner needs with the demands of the outside world.		
It is a release of confidence and satisfaction in the person.		
It is a means of finding one self in the world.		
It can be a healing mechanism for the individual.		
It reveals personality processes and characteristics.		
It elicits information regarding attitude and motivation.		
It facilitates dialogue between the therapist and client.		
It establishes a starting point and future goals in therapy.		

5. EXAMPLES OF RESPONSES RECORDED PERTAINING TO THE REMAINDER OF THE CARDS NOT INCLUDED IN THE EMPIRICAL STUDY

5.1 *CARD THREE: COLOUR CARD – VERBATIM RESPONSE*

CLIENT: YOUNG ADOLESCENT GIRL

Client: "I see a young girl, thinking about her future. She is happy, thinking positive thoughts and looking forward to next year. Next year she will be going to high school. She would love to make new friends and is ready to accept the challenge of a new environment. She does not enjoy primary school. The white light symbolises the brightness of her future."

5.2 *CARD SIX: COLOUR CARD – VERBATIM RESPONSE*

CLIENT: YOUNG ADOLESCENT GIRL

Client: "Freedom. This figure is free, swimming in the cool water, enjoying herself. The ocean gives her the freedom to be herself. By diving in the water, she can escape from her situation. She is not thinking, just enjoying herself. She knows that if she comes out of the water, she has to face reality again. Before the time she had a lot of stress at school. She became so tired of pretending to be what she is not. By swimming in the water, she gets the courage to face her problems."

5.3 *CARD SEVEN: COLOUR CARD – VERBATIM RESPONSE*

CLIENT: YOUNG ADOLESCENT BOY

Client: "I see families visiting the aquarium. The first group of people is a father, mother and child. The child is in the middle. The second group is a husband and his wife. The third person is a single mother. Her son is sitting a distance away from her. He is sad, because he misses his dad. His dad died. He still thinks of him a lot. He loves his mother, but she does not always understand him. He also misses having a brother or sister to play with."

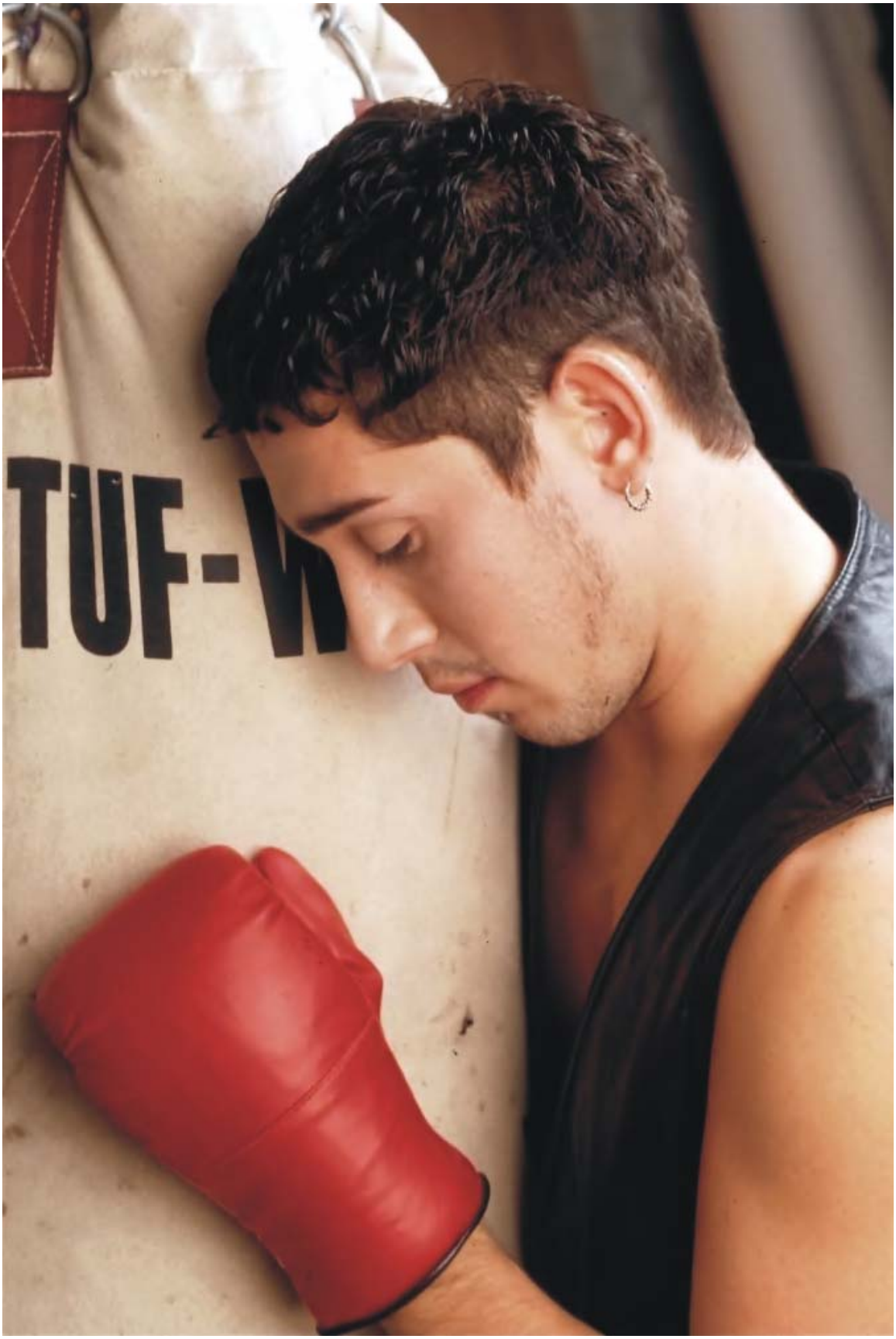
5.4 *CARD EIGHT: COLOUR CARD – VERBATIM RESPONSE*

CLIENT: YOUNG ADOLESCENT BOY

Client: "The mother and father are going out for the night. They are happy. They have not always been happy. They used to fight a lot and call each other names, while the children were listening. They wanted to get a divorce, but they decided to try again. The woman is happy, but she also looks sad. They promised their children to not fight in front of them, because it makes the children very sad. They are holding hands and are sitting next to each other. The statues at the top show how they were before. The light shining shows that there is hope for them. This makes the children very happy.

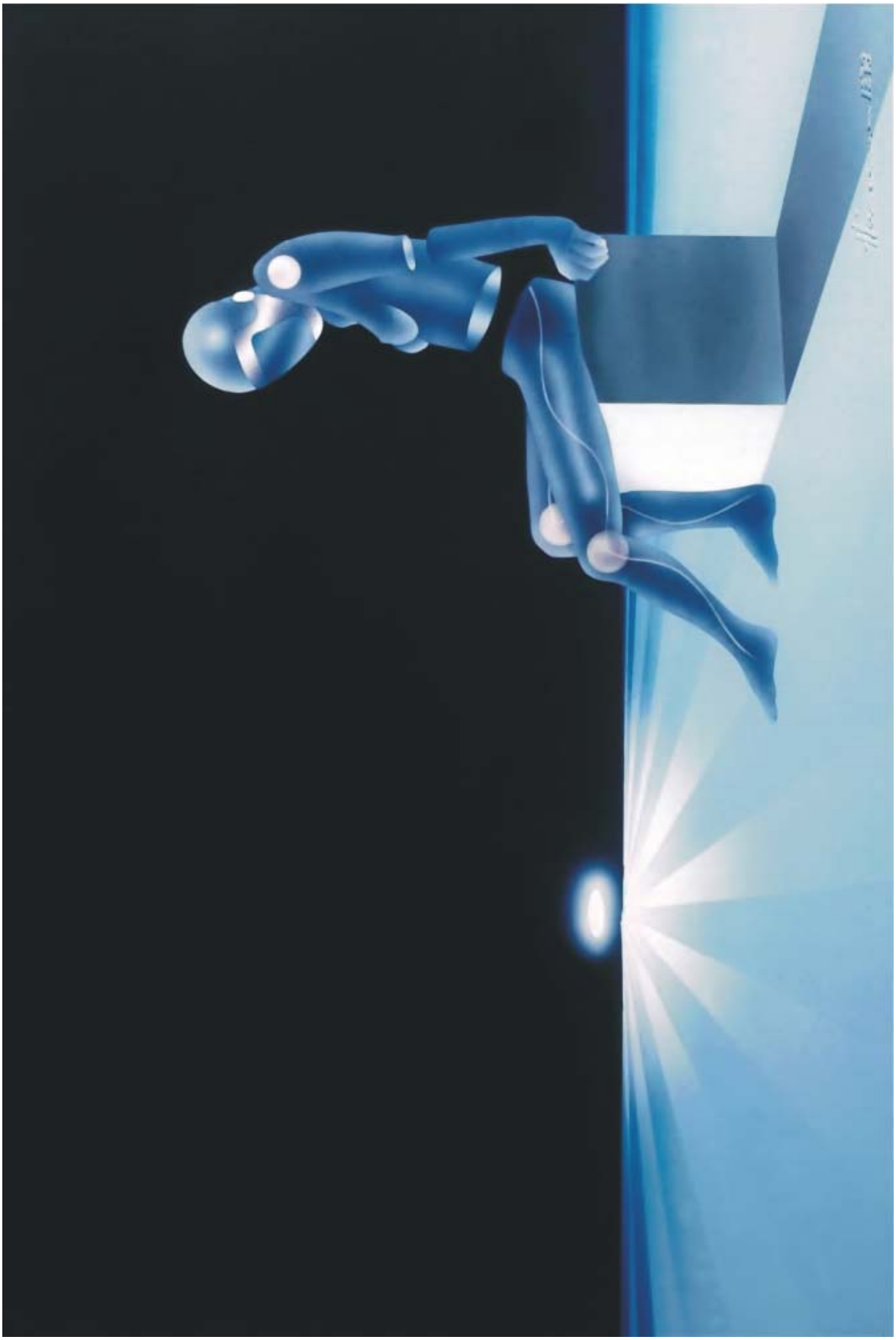
6. A4 IMAGES OF THE NON – STANDARDISED THEMATIC PROJECTION MEDIA USED IN THE EMPIRICAL STUDY

Card One - Page 70



Card Two - Page 71

Card Three - Page 72



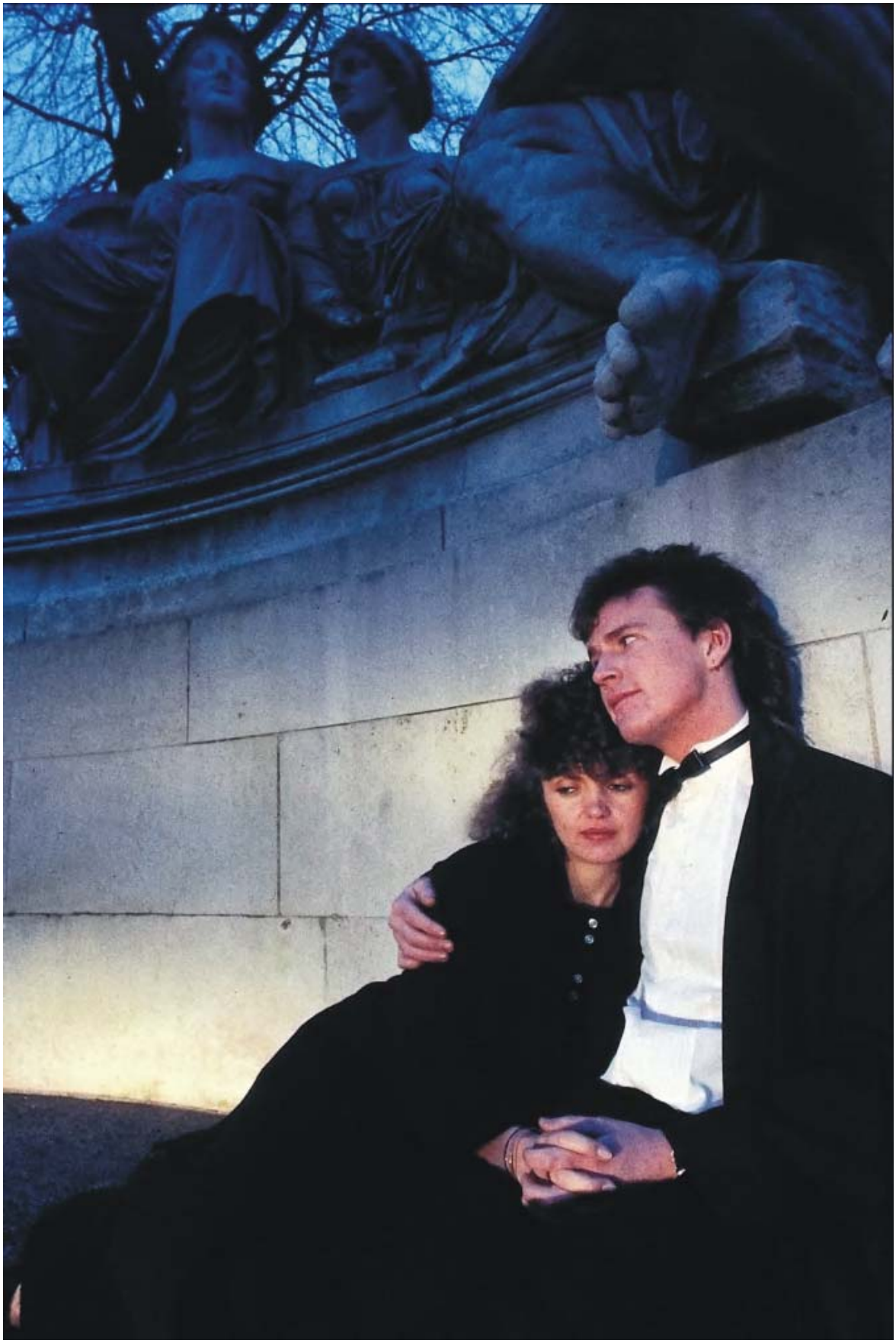
Card Four - Page 73

Card Five - Page 74

Card Six - Page 75

Card Seven - Page 76

Card Eight - Page 77



7. SUMMATIVE COMMENTS

Findings from the empirical study indicate that it is viable to implement non-standardised thematic projection media with the young adolescent. The non-standardised thematic projection media implemented for the purpose of this study clearly illustrated the diagnostic and therapeutic use of the media.

In Chapter Five guidelines will be drawn up for practitioners in the selection and interpretation of non-standardised thematic projection media with the young adolescent.

CHAPTER 5

GUIDELINES FOR THE SELECTION AND INTERPRETATION OF NON-STANDARDISED THEMATIC PROJECTION MEDIA WITH THE YOUNG ADOLESCENT

5.1 INTRODUCTION

The main aim of this brief Chapter is to share with colleagues what the researcher believes and has established will be of value when implementing non-standardised thematic projection media with the young adolescent. Another aim is to motivate colleagues to expand their repertoire in daily practice as the researcher is of the opinion that it is the duty of the Educational Psychologist to continually explore and develop alternative tools, which will assist him or her in the endeavour to assist the client in unlocking and exploring that, which subconsciously prevents them from self-actualising.

5.2 GUIDELINES FOR THE SELECTION OF NON-STANDARDISED THEMATIC PROJECTION MEDIA WITH THE YOUNG ADOLESCENT

- ✓ The practitioner is encouraged to collect cards / pictures that relate to the characteristics of the young adolescent as studied in literature.
- ✓ The practitioner should therefore have a working knowledge of who the young adolescent is, his characteristics, main developmental tasks, his social groupings, intra-psychic structure and stressors.
- ✓ Selections should thus relate to the life world of the client and reflect predominant themes in his life.
- ✓ Selections should reflect the technological era in which the client finds himself.
- ✓ Colourful cards / pictures should be included in the selection, as colour has a great appeal for the young adolescent.

- ✓ When the client chooses the pictures that he wants to speak about and relates to, it gives him a choice; he feels in control and will share more readily.
- ✓ Thus an opportunity is provided for the client to gain self-insight and to grow.
- ✓ If a person does not want to talk about a specific card, he or she may not be ready to. This is significant for the clinician and should be noted.

5.3 GUIDELINES FOR THE INTERPRETATION OF NON-STANDARDISED THEMATIC PROJECTION MEDIA WITH THE YOUNG ADOLESCENT

- ✓ Each Educational Psychologist is entitled to use a model of interpretation that he or she knowledgeable about and which suits the respective personalities, as well as the needs of the individual client.
- ✓ It is important, however, to be a container whilst working with the client. The client is unable to contain his emotions and experiences. The therapist thus needs to contain the client's hostility, pain, anxieties and depression, hold it, and reflect it back to the client in a bearable manner.
- ✓ In this way the client will acquire an internalised emotional container.
- ✓ In a sense the client will be able to self-nurture.
- ✓ The therapist can interpret the contents of what was said.
- ✓ The therapist can also identify themes, recurring themes and coping styles.
- ✓ The therapist can scrutinise the language used: present, past or future.
- ✓ When interpreting the therapist is also looking for the alternative story that the client verbalises.
- ✓ The therapist wants to work with the alternative stories, because these stories are positive and thus make that therapeutic aims are more attainable.
- ✓ If the alternative story is not verbalised, or not yet present, the therapist can use the client's metaphors to develop alternative stories.

- ✓ If the client battles to verbalise, the therapist can focus on the non-verbal behaviour of the client and work with what is observed.
- ✓ The client is instructed to stay with the physical symptom experienced and is asked how the physical symptom makes him feel, do and think.
- ✓ The therapist should make the client aware of the themes identified.
- ✓ The client can then relate the themes to what happened, what is happening, what he/she wants to happen or fears to his/her own life world.
- ✓ After interpretation the therapist can comment on the state of the client's ego, self-concept, identity formation, meaning attribution, orientation, involvement, intra-psychic dialogue and self-actualisation.
- ✓ It is important to point out that the use of the non-standardised thematic projection media is primarily therapeutic until standardised.

5.4 SUMMARY

The above-discussed guidelines aim to enhance the practice of the Educational Psychologist when working with the young adolescent.

In the following and final Chapter the researcher will provide a summary of this study.

CHAPTER SIX

FINDINGS, RECOMMENDATIONS AND CONCLUSION

> ***"Research is about creating new social realities, not just studying old ones"***
>
> ***Terre Blanche & Durrheim (2002:9)***

DIAGRAM NINE

THE CONTENTS OF CHAPTER SIX

Introduction

⬇

Highlighting of the identified research problem as was found and explored in Chapter One

⬇

Summary of the Literature Investigation

⬇

Conclusions drawn from the Pilot Study

⬇

Conclusions drawn from the Empirical Study

⬇

Summary of the guidelines for practitioners regarding the selection and interpretation of non-standardised thematic projection media with the young adolescent

⬇

Contributions made by the study

⬇

Limitations of the study

⬇

Recommendations for further study

⬇

Conclusion

6.1 INTRODUCTION

The problem, which initiated this study, was highlighted by the researcher's experience with a young adolescent, whilst implementing the Thematic Apperception Test. The young adolescent perceived the cards to be unrelated to his life world. In a pre-scientific exploration of the identified problem the researcher and client proceeded to page through magazines. The client was given the opportunity to select pictures to talk about that he felt related to his life world. The researcher found no difference in the information gained from the Thematic Apperception Test and the pictures found in the magazine. Subsequently the researcher believed that it might prove efficacious to conduct a study aimed at investigating the viability of implementing non-standardised thematic projection media with the young adolescent.

6.2 SUMMARY OF THE LITERATURE INVESTIGATION

The following table provides a summary of the literature investigation:

TABLE EIGHT
SUMMARY OF THE LITERATURE INVESTIGATION

RESEARCH GOALS	FINDINGS
GOAL ONE: *To do a literature research on thematic projection media as to their use and value in a diagnostic and therapeutic setting*	✓ It reveals the private world of the client. ✓ It reveals information about the client's personality and personality processes. It taps implicit processes ✓ It facilitates the therapist's understanding of many facets of the client's mind. ✓ It can be used for a variety of clients, ranging from children to adults.

RESEARCH GOALS	FINDINGS
GOAL ONE: *(continued)*	✓ It provides information regarding a client's attitudes and motivation and information that is not adequately elicited by other methods. ✓ It reveals the ego defense mechanisms used by the client. ✓ It facilitates dialogue between the therapist and client. ✓ It establishes a starting point in therapy. ✓ It helps to establish current and future goals in therapy.
GOAL TWO: *To briefly define the concept of projection*	✓ The word projection comes from the Latin "projacio" which means to throw forward. ✓ Projection can either be complementary or supplementary. ✓ Complementary projection interprets the world outside according to the world inside. ✓ Supplementary projection happens when an individual assigns meaning, thoughts and emotions to other people, but it is more applicable to the person assigning the meaning thoughts and emotions.

GOAL THREE: *To define projection from the frameworks of the UNISA and SHIP® models*	✓ The UNISA model sees projection both as a defense mechanism and a perception. ✓ The SHIP® model sees projection as activated stress which necessitates the individual to use coping styles sanctioned by the immediate environment.
GOAL FOUR: *To explore who the young adolescent is for the purpose of this study*	✓ The young adolescent is between the ages of eleven and sixteen, sometimes seventeen. ✓ Adolescence is a transitional period, a period of change, a dreaded age as well as a time of unrealism. The young adolescent's main developmental task is to cope with physiological changes and uneven maturation. ✓ Adolescent social groupings can comprise of close friends, cliques, crowds, organised groups and gangs. ✓ The young adolescent is vulnerable and is subjected to a variety of stressors. ✓ The intra-psychic structure of the young adolescent comprises of the ego, self, self-identity and self-concept. ✓ The young adolescent needs to form balanced identities and have a realistic positive self-concept in order to self-actualise: to become what he can, ought to and wants to become.

6.3 CONCLUSIONS DRAWN FROM THE PILOT STUDY

In Chapter One, the researcher pondered the feasibility of doing a study on the viability of using non-standardised thematic projection media with the young adolescent. The researcher determined the feasibility of such a study by conducting a pilot study. Fifty young adolescents participated in the pilot study: twenty five young adolescent girls and twenty five young adolescent boys.

The following table summarises findings of the pilot study:

TABLE NINE
CONCLUSIONS DRAWN FROM THE PILOT STUDY

RESEARCH AIMS	CONCLUSIONS
AIM ONE: ***To explore what kind of pictures will appeal to young adolescents***	The answers to the first three research questions were found when looking at the results of the pilot study: • Eight cards were selected for the purpose of the empirical study. The young adolescents found the colour cards appealing.
AIM TWO: ***To determine what types of pictures will facilitate them sharing their feelings, fears, wishes, past experiences, future perspectives and coping styles***	• The young adolescents that participated in the pilot study appeared to have selected cards that predominantly reflect prominent age appropriate issues as found in literature.

AIM THREE: ***To determine the type of pictures that will assist them in their journey to healing***	• The following themes and prominent age related issues were reflected: • *Demands made upon the young adolescent;* • *Reactions to the demands made;* • *Emotions;* • *Intra-personal relationships;* • *Interpersonal relationships;* • *Gender identification;* • *Sexual matters;* • *Ego needs,* • *Fears;* • *Wishes;* • *Dreams;* • *Future perspective;* • *Traumatic experiences;* • *Wanting to overcome obstacles;* • *Resilience* It became clear that pictures that reflect age related matters would assist the young adolescent in sharing and also on the journey to healing. Furthermore the use of colour cards proved to be successful.

6.4 CONCLUSIONS DRAWN FROM THE EMPIRICAL STUDY

Findings from the empirical study indicate that it is viable to implement non-standardised thematic projection media with the young adolescent, as it proved to be a versatile and multipurpose tool in the following respects:

TABLE TEN

CONCLUSIONS DRAWN FROM THE EMPIRICAL STUDY

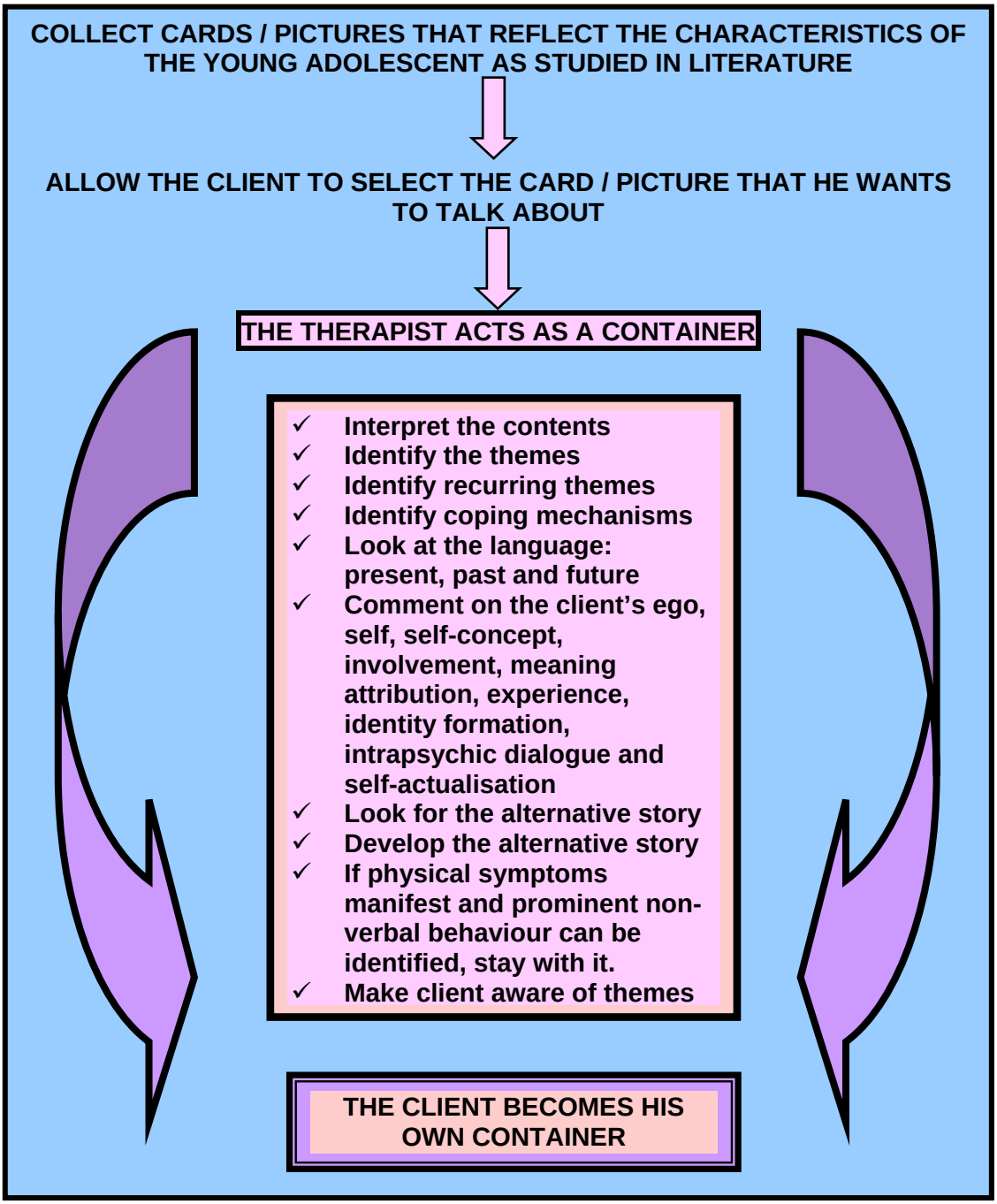
- ✓ In the empirical study non-standardised thematic projection media was used as a **diagnostic tool** to assess the state of the ego, self-concept and self-actualisation;
- ✓ It assisted with **personality integration** as the subjects were made aware of pertinent issues in their lives;
- ✓ It served as **creative modality** as the subjects were able to tell a story;
- ✓ It deepened awareness of the self and significant others, for example **intra- and interpersonal relationships**;
- ✓ It helped to contribute to the **psychological well-being** of the individual subjects;
- ✓ It helped to **create harmony** from chaotic stimuli and thus **restored inner order and balance**;
- ✓ It **tapped implicit processes** and **awakened physiological** and **emotional reactions** from both subjects;
- ✓ It served as a means of **reconciling** the client's **inner needs** with the **demands of the outside world**;
- ✓ Both subjects felt an **increased sense of belonging** accompanied by a **need to reclaim lost identities**;

- ✓ Both subjects reported a **heightened sense of confidence** in their daily living circumstances;
- ✓ Both subjects revealed **personality processes** and **characteristics**;
- ✓ Information was gained regarding **attitude** and **motivation** from both subjects;
- ✓ **Dialogue was facilitated** between the researcher and both subjects;
- ✓ It was possible to establish both a **starting point** as well as **future goals** in **therapy** with both subjects;
- ✓ It helped the subjects to bring to the surface buried emotions and experiences, **giving form to feelings**;
- ✓ Both subjects expressed feeling more **confident** in **addressing interpersonal issues**.

6.5 SUMMARY OF THE GUIDELINES FOR PRACTITIONERS REGARDING THE SELECTION AND INTERPRETATION OF NON-STANDARDISED THEMATIC PROJECTION MEDIA WITH THE YOUNG ADOLESCENT

DIAGRAM TEN

GUIDELINES FOR THE SELECTION AND INTERPRETATION OF NON-STANDARDISED THEMATIC PROJECTION MEDIA WITH THE YOUNG ADOLESCENT



6.6 CONTRIBUTIONS MADE BY THE STUDY

The researcher is of the opinion that her study made the following contributions:

- To the researcher's knowledge, this is the first South African study to investigate the viability of implementing non-standardised thematic projection media with the young adolescent.

- This study adds the perspectives of the UNISA and SHIP® models of projection to the understanding of projection in a diagnostic and therapeutic setting. This is innovative in terms of potential for therapeutic application.

- Literature and findings were summarised and presented in graphic tables and diagrams. This means that the both the literature and findings have been synthesised and categorised, in a manner not previously done. The tables and diagrams facilitate an easy overview of literature as well as findings.

- A contribution is made to the educational psychologist's repertoire. The study embellishes the practice of the educational psychologist in dealing with non-standardised thematic projection media and the young adolescent.

6.7 Limitations of the study

The researcher is of the opinion that the following limitations apply to her study of investigating the viability of using non-standardised thematic projection media with the young adolescent:

- The limited scope of this dissertation does not give conclusive evidence for generalisations to be made concerning the viability of using non-standardised thematic projection media with the young adolescent.

- Subjects were not selected on grounds of race, gender or other socio-economic variables. Subjects voluntarily participated in the study. If one includes a wider spectrum of variables, it may be that more conclusive evidence will come to light.

6.8 RECOMMENDATIONS FOR FURTHER STUDY

Now that it has been ascertained that it is viable to use non-standardised thematic projection media with the young adolescent, the researcher trusts that this could propel a colleague into extensive future research regarding the standardisation of some of the cards selected for the empirical study.

The following can be investigated:

- Themes according to other variables;
- Developing a standardised set of projection cards for South African young adolescents;
- Conducting a comparative study between card one of the TAT and card one used for the purposes of this study.

6.9 CONCLUSION

The limited scope of this dissertation does not give conclusive evidence for generalisations to be made concerning the viability of using non-standardised thematic projection media with young adolescents. However, considering the findings of the respective case studies, the viability of the above mentioned is clear.

It becomes apparent that the non-standardised thematic projection media used for the purpose of this study lent itself to specific diagnostic and narrative therapeutic interventions. In the therapeutic space, experiences, unique outcomes and alternative stories are stimulated and discovered. The use of non-standardised thematic projection media enhances the counselling relationship between the therapist and the client. It increases the understanding of clients and aids the therapist in clarifying therapeutic goals.

It has a unique contribution to make and therefore the researcher is of the opinion that it is imperative to further the development of tools like this.

BIBLIOGRAPHY

Benner, D.G. (Ed.) 1987. *Encyclopedia of Psychology.* Michigan: Baker Book House.

Briere, J. (2204). Psychological assessment of adult posttraumatic states. *Phenomenology, diagnosis, and measurement (2nd ed, pp. 137-159).*

Clark, A.J. (1994). Early Recollections: A Personality Assessment Tool for Elementary School Counselors. *Elementary School Guidance & Counseling.* Dec 1994; Vol 29 (2): 92-101.

Clark, A.J. (1995). Projective techniques in the counseling process. *Journal of Counseling and Development*. Jan-Feb 1995; Vol 73 (3): 311-316.

Chandler, L. (1989). *The Need-Threat Analysis: A Scoring System for the Children's Apperception Test*. Psychology in Schools. V. 26 n1 p47-54.

Denzin, N.K., & Lincoln, Y.S. (Eds.). (1994). *Handbook of qualitative research.* Thousand Oaks, CA: Sage.

Du Toit, S.I. & Piek J.P. (1974). *Die Tematiese Appersepsie Toets: 'n Hulpmiddel vir die Sielkundige.* Pretoria:Academica.

Exner, R.J. (1995). *The viability of expressive techniques as used by the Educational Psychologist.* M.ED Dissertation. Pretoria: University of South Africa.

Gadamer, H. (1975). *Truth and method.* London: Sheed & Ward.

Griessel, M.J. & Jacobs, L.J. (1991). *Gesinsterapie.* Pretoria: Academica.

Hurlock, E.B. (1975). *Child Development.* Auckland: McGraw-Hill.

Jaffe, M.L. (1998). *Adolescence*. New York: John Wiley & Sons, Inc.

Jacobs, L.T. (1980). *Die relasies van die junior primêre skoolkind en die aanwending van spelterapie ten opsigte van verhoudingsprobleme.* M.Ed-Verhandeling. Unisa: Pretoria.

Jacobs, L.J. & Vrey, J.D. (1982). *Selfkonsep, Diagnose en Terapie. 'n Opvoedkundige sielkundige benadering*. Pretoria: Academica.

Johnson, C. (2000). *A Group intervention programme for adolescents of divorce*. M.ED Dissertation. Pretoria: University of South Africa.

JOS. (2002). *SHIP® (Spontaneous Healing Intrasystemic Process) The Age Old Art of Facilitating Healing.* Pretoria: JOS Publications.

Kaplan, H.I., Sadock,J & Grebb, J.A. (1994). *Synopsis of Psychiatry.* Seventh Edition. Baltimore: William & Wilkins.

Lessing, A.C. (1995). *Die gebruik van 'n eie leesboek as diagnostiese en terapeutiese tegniek deur die opvoedkundige sielkundige. (Intreerede)* Pretoria: UNISA.

Lessing, A.C. & Jacobs, L.J. (2000). *Die relasieteorie as basis vir terapie.* Educare, Vol. 29, Issue 1, p.76-86. Pretoria: UNISA.

Lewis, S. (1999). *An adult's guide to childhood trauma. Understanding traumatised Children in South Africa*. Cape Town: David Philip.

Mac Farlane, L.C. (2000). *Resilience Therapy: A group therapy intervention programme to promote the psychological wellness of adolescents at risk.* M.ED Dissertation. University of South Africa.

Marshall, C. & Rossman, G.B. (1995). *Designing qualitative research*. London: Sage Publications.

M.ED Lectures. (2004). *Projective Tests*. Pretoria: UNISA.

Meyer, W.F., Moore, C. and Viljoen, H.G. (1989). *Personality Theories from Freud to Frankl.* Cape: CTP Book Printers.

Neuman, G.M. (1998). Helping Your Kids *Cope with Divorce the Sandcastles Way.* New York: Random House.

O'Roark, A.M. (2001). Personality assessment, projective methods and a triptych perspective. *Journal of Projective Psychology and Mental Health.* July 2001, Volume 8 (2): 116-126.

Plug, C., Meyer, W.F., Louw, D.A., Gouws, L.A. (1986). *Psigologiewoordeboek.* Tweede Uitgawe. Johannesburg: McGraw-Hill.

Shneidman, E.S. (1992) Projections in a triptych. Spielberger, C. D (Ed), Megargee, E.I. Personality assessment in America: A retrospective on the occasion of the fiftieth anniversary of the Society for Personality Assessment. England: Hillsdale:NJ.

Terre Blanche, M. & Durheim, K. (2004). *Research in practice.* Cape Town: UCT Press.

University of South Africa. (2002) Department of Educational Studies. Introductory Orientation: Guidance in educational contexts. Only study guide for OSV 451-3 / OSV 411-R. Pretoria: UNISA.

Veiel, H. & Coles, E.M. (1982). Methodological Ambiguities of the Projective Technique: An Overview and Attempt to Clarify. *Perceptual and Motor Skills.* Vol 54 (2): 443-50.

Viglione, D. & Rivera, B. (2003). Assessing personality and psychopathology with projective methods. *Assessment psychology, vol. 10 (pp. 531-552).*

Visser, L. (1981). *Defence mechanisms among children of alcoholics – a psychodynamic investigation*. MA. Dissertation. Pretoria: University of Pretoria.

Vrey, J.D. (1992). *The Self-Actualising Educand*. Pretoria: University of South Africa.

Western, D., Feit, A. & Zittel, C. (1999). Methodological issues in research using projective methods. Butcher, J. N. (ed) Kendall, P. *Handbook of research methods in clinical psychology* 2nd ed. pp. 224-240. New York: John Wiley & Sons.