

## A PERSON-CENTERED APPROACH TO THE USE OF PROJECTIVES IN COUNSELING

*Larry Schor Ph.D., L.P.C.*

*State University of West Georgia*

*We reveal ourselves in the metaphors we choose for depicting the cosmos in miniature.*

S. J. Gould

### **Abstract**

Can the very process of creating stories about pictures and discussing the emergent themes with a trained psychotherapist be helpful in facilitating self-understanding and fostering psychological growth? If so, what are the necessary and sufficient conditions for this process to occur? Following a brief discussion of the fundamental principles surrounding the theoretical construct of apperception, I will explain and advocate for a client-centered approach in the use of projectives to facilitate client self-understanding in a collaborative therapeutic relationship.

The term *apperception* refers to the psychological process through which our experience assumes meaning. For example, how is it that I come to see others' criticism of me as either indicative of my shortcomings or evidence that they don't quite understand me? How is it that I can view a work of art and be overcome with emotion in a way that is not solely about aesthetics, but rather, a resonance with my own experiences and relationships. Maybe art, like life, is not just something we view but something we experience through our own creative processes. The meaning we make of our perceptions, memories, and relationships is inherently personal, subjective, and revealing. In this sense, life is about experiences that are woven through our life rather than events occurring independently and sequentially. Increasing our awareness of the ways in which we imbue our experience with meaning can enhance self-understanding and facilitate self-directed ways of being in the world.

Gottfried Wilhelm Leibniz (1646-1716) is credited with the term, apperception. As Quinton (1988) notes, "The term was introduced into philosophy by Leibniz as a

means for distinguishing what had hitherto been supposed inseparable: the mind's activities of perception and its awareness of those activities" (p. 45).

The term *apperception* has been associated predominantly with projective assessment strategies like the Rorschach Ink Blot Test (Rorschach; Rorschach, 1921/1964), Thematic Apperception Test (TAT; Murray, 1943), and Family Apperception Test (FAT; Sotile, Julian, Henry, & Sotile, 1988). Typically, these approaches have attempted to score client responses in a way that can be quantified to measure and diagnose psychopathology. However, critics of quantitative forms of assessment from a variety of theoretical traditions have called for a greater emphasis on the potential therapeutic benefits offered by an orientation toward a non-statistical approach to assessment that values understanding over measuring and recognizes the importance of the therapeutic relationship and client self-understanding. Drum (1992) suggests, "The better we understand the intrapsychic and interpersonal intricacies of the counseling endeavor, the more clearly we recognize the limits of standardized tests," and identifies "...a substantial evolutionary change that is occurring in the way counselors and psychologists are conceptualizing and implementing assessment procedures." Drum notes that such approaches have been labeled as "qualitative assessment" or "facilitative assessment" and follow "...from a belief that assessment activities should not stand outside the change process; rather, they should blend into treatment strategies to guide self-discovery and to inform clients. This represents a clear shift from assessment-*for*-treatment to assessment-*in*-treatment" (p. 622).

Similarly, Goldman (1992) suggests that "Qualitative assessment offers the counselor methods of helping clients to know and understand themselves better — methods that are flexible, open-ended, holistic, and non-statistical," and notes:

Many of the methods may be considered projective in nature and thereby tap values, interests, and needs in ways that standardized tests do not. Because these activities involve the client actively, they can flow directly out of and back into the counseling relationship rather than being a discreet element. (p. 616)

More than fifty years ago, researchers including Bettelheim (1947) and Combs (1947) investigated the potential for the TAT to produce psychotherapeutic benefit by increasing self-understanding. Bettelheim (1947) observed that "Most cases seem to indicate that the subjects acquired greater understanding of dynamic processes than they possessed before interpreting their performance on the TAT" (p. 99).

Combs (1947) conducted a study in which he compared students' TAT responses with autobiographical material. In addition to creating TAT stories, students were given autobiographical assignments. Combs analyzed 907 TAT stories and over 1,500 pages of autobiographical material and concluded, "A large area of overlap appears in the two instruments which seem about equally to reveal desires of a milder character for security, response and recognition" (p. 75). The findings seem to suggest that autobiographical and apperceptive processes can facilitate insight to the extent that they both involve a reflective or introspective attitude. The author

implies that TAT responses may reveal aspects of personality "...which the subject will not or cannot accept," and notes, "To the clinician these nonaccepted factors are of vital importance in understanding his client and planning therapy" (p. 74).

Bellak and Abrams (1997) suggest, "The TAT is of particular value as a vehicle of the psychotherapeutic process itself" (p. 172), and note "...one very important use of the TAT is to help patients *gain some 'distance' from themselves* and to establish the *psychotherapeutic attitude*" (p. 173). The psychotherapeutic attitude may allow "...patients to stand off and observe themselves, to report to us what they observe, and to collaborate with us with a part of themselves" (p. 180).

Waiswol (1995) identifies the potential attributes of a "patient-centered" rather than "test-centered" approach as follows:

Projective techniques are a vehicle for communication and overcoming inhibitions by bypassing resistance and defenses. They represent the point of encounter between patients and their inter- and intrapsychic unconscious processes. They thus form a basis for gaining insight and fostering self-awareness, and may facilitate and shorten the duration of psychotherapy (p. 244).

Rogers (1951) suggests "Behavior is caused, and the psychological cause of behavior is a certain perception or way of perceiving" (p. 221). Apperception is a theoretical construct that describes a mental act in which the mind becomes aware or has knowledge of itself as it perceives. Awareness of this inner meaning making process is of central importance to psychological growth and is a valuable resource in the therapeutic relationship.

## The ASART

The Person-Centered approach has a rich history of integrating perception with understanding. Rogers and Dymond (1954) researched the psychotherapy process utilizing phenomenological interviews, the Q-sort, and the TAT as data sources. Rogers concluded:

Psychologists have in many ways drawn upon such samplings of consciousness.... But the usual use of such material has been to make inferences from it regarding some concept *not* in the subject's frame of reference.... We too have used such material in this fashion in our analysis of the TAT.... But we have made our heaviest use of this material to infer from it the client's internal frame of reference-to infer his own picture of some aspect of his world (1954, p. 429).

Consistent with this tradition, the Art Stimulus Apperceptive Response Technique (ASART) was originally developed as a person-centered approach to the use of projectives in counseling (Schor, 1997). The ASART invites clients to create stories about pictures and artistic images, and to discuss how and why they create

particular stories. The purpose was to establish a collaborative apperceptive approach that facilitates client self-understanding, rather than to focus on assessment and diagnosis. It was envisioned that this strategy would allow humanistically oriented therapists to collaborate with the client to identify and develop potential resources; rather than to assess and diagnose client pathology. In this way the therapist and client could focus on helping the client to overcome obstacles that limit authenticity, creativity, and the tendency toward self-actualization.

The rationale for this approach is that traditional apperceptive techniques have been limited by their emphasis on: (a) standardization, (b) diagnostic assessment, (c) a misplaced quest for clinical objectivity, and (d) a predominantly psychodynamic orientation. Although numerous researchers and clinicians have suggested potential benefits of alternative emphases and approaches, no such approach has been described comprehensively. Therefore, the ASART is intended to provide a conceptual framework that emphasizes: (a) the integration of assessment and psychotherapy, (b) the importance of therapeutic rapport in the client-counselor relationship, (c) the importance of facilitating client self-understanding, and (d) congruence with the therapist's theoretical orientation.

The ASART is conceived as a means of extending the use of the apperceptive response by emphasizing its potential as a psychotherapeutic approach, rather than as an assessment device. As such, the ASART is not a test, *per se*, but rather a specific therapeutic strategy aimed at facilitating therapeutic change through collaborative exploration of client-generated themes. Because the purpose is to explore the client's unique apperceptive strategy in the context of a meaningful therapeutic relationship, attempts at standardization are avoided in favor of creative applications that are congruent with: (a) the client's unique personhood and situation, (b) the specific therapeutic goals, and (c) the therapist's theoretical orientation and clinical judgment.

Raskin and Rogers (1995, p. 137) write, "As outgoing president of the American Psychological Association, Rogers summed up this perspective:

Client-centered therapy has led us to try to adopt the client's perceptual field as the basis for genuine understanding. In trying to enter this internal world of perception.... we find ourselves in a new vantage point for understanding personality dynamics.... We find that behavior seems to be better understood as a reaction to this reality-as-perceived. We discover that the way in which the person sees himself, and the perceptions he dares not take as belonging to himself, seem to have an important relationship to the inner peace, which constitutes adjustment. (1947, p. 368).

Rogers' notions of "perceptual field," "internal world of perception," and "reality-as-perceived" suggest a similarity with apperceptive descriptions of perception as a process of subjective meaning-making. Thus, the ASART may have the potential to facilitate genuineness and authenticity through collaborative exploration, understanding, and acceptance of the client's world-as-experienced.

Therapeutic rapport and empathic understanding are seen as necessary conditions of a therapeutic relationship. Hartley (1995, p. 17) cites Rogers' view that "...the process of counseling involves creating a climate for the client to reformulate his or her deep, individual (organismic) experiencing, prodded by the empathic understanding of the counselor." The ASART may increase therapeutic rapport in a number of significant ways. First, some people may find discussing people and situations depicted in artistic images to be less threatening than conventional modes of inquiry (questioning, testing, or conventional apperceptive tests), and consequently may be more likely to engage in honest collaborative exploration. Second, therapeutic rapport may be increased by collaborating to understand the client's lived world. In this way, the client is likely to perceive the therapist as an ally, rather than someone who is trying to "figure him or her out." Third, compared with traditional apperceptive strategies, the "testing situation" is avoided and the client is likely to perceive the therapist as someone who is trying to understand and be helpful.

Recent approaches to understanding psychological growth have emphasized using story telling and mythology to enhance self-awareness (see: Feinstein & Krippner, 1997, Middelkoop, 1989, and Campbell, 1968). Parker, Horton, & Shelton (1996) argue that, "Studies in a variety of disciplines.... have suggested that all cognition is inherently metaphorical" and note "...the vital role that symbolism plays in perception" (p. 83). The authors offer the "...perspective that the universe is made up of stories rather than atoms" and suggest, "Myth and ritual are the vehicles through which the value-impregnated beliefs and ideas that we live by, and live for, are preserved and transmitted" (p. 82). The ASART may be conceived as a way describing the client's world in terms of a mythological tale in which the influence of the various characters and obstacles they seek to overcome might become more apparent.

As with traditional approaches, the administration of the ASART involves asking people to either describe what they see or make up a story in response to the stimulus cards. There are, however, a number of prominent distinctions between the ASART and traditional apperceptive approaches. First, the overall administration process should be individualized rather than standardized. This includes the selection of stimulus cards. Conventional apperceptive tests include a set of specific stimulus cards chosen by the test developers to elicit specific types of material and facilitate statistical measurement of predetermined categories of responses. As Bellak and Abrams (1997) note, the developers of the TAT "set out to collect a number of different pictures of paintings in museums, advertisements in magazines, pictures for movies, and other sources" (p. 10). The images were selected to elicit or "pull-for" specific intrapsychic attributes and conflicts. Responses were assumed to reflect internal psychological "needs" and external restrictions or "press." It might help to conceptualize "needs" as including intimacy, authenticity and genuineness, and "press" as resulting from social pressures, judgments, and criticisms.

In selecting stimulus cards for the ASART, the therapist might begin by wondering what sort of images are most likely to be helpful, and from what sources should they be drawn. Images that suggest themes and situations that have been thematic for the client may be particularly useful.

For many centuries artists have created powerful visual images that reflect universal themes of human existence. Groth-Marnat (1990) notes, "Da Vinci and Botticelli were interested in determining how a person's interpretations of ambiguous designs reflected his or her personality." Thus, an unlimited pool of "stimulus cards" already exists in galleries and collections the world over. The therapist, therefore, is encouraged to choose artistic images, which, based on judgment and training suggest the kinds of themes that are culturally sensitive and similar to those of the client. This orientation charges the individual therapist with the task of establishing a relationship that is supportive and collaborative, thereby fostering authentic exploration of life themes and corresponding emotions. Therapists who use the ASART may wish to compile a collection of images that can be reduced to a set deemed appropriate for each client. Alternatively, it may be useful to ask clients to select images that are comforting, provocative, familiar, or aspirational. Therapists specializing in Art Therapy and other expressive therapies may ask the client to create images and use a similar approach to dialog, interpretation, and processing of affect.

In addition to a highly individualized approach, the second distinction between the ASART and traditional apperceptive techniques involves the manner in which the images are presented to and discussed with the client. Introduction to the task should be presented to the client in an open and non-threatening manner. [I am not trying to figure you out or find something hidden. Rather, I would like to join you in a deepening of understanding what the world looks like to you and how that reflects your inner world.] Since the ASART represents an approach to therapy rather than a standardized test, therapists can be expected to conduct the administration and subsequent discussion in a manner consistent with their "style" of doing psychotherapy.

### *Examples*

The first stimulus card of the TAT depicts a young male figure seated before a violin. Traditional administration protocol involves asking a predetermined series of standardized questions. The ASART approach suggests relinquishing the standardized administration in favor of asking questions like, "What would you say to the boy?" "When have you felt like that," or "What would you hope to do if you were in a situation like that?" The image may suggest an inviting or reflective statement like, "It's sometimes hard to know what people want, isn't it?" Through active listening, the therapist may notice patterns and offer minimally interpretative feedback like, "You seem to be more accepting of the faults of the characters in your story than your own faults."

A client is shown a photograph of what appears to be a homeless man. The man is smiling and seems relaxed. The client is asked to make up a story about the picture. The emergent themes will, of course, vary from client to client and are likely to reveal certain beliefs or interpretative patterns. The invitation may be for the client to reconcile the disparity between apparent circumstances (homelessness and poverty) and the perceived affect (he seems happy). Regardless of the story, there

may be fertile ground to discuss such issues as, "What really matters," "What keeps us from being happy," and "What's missing in my own life?"

### *Case Illustration*

A fourteen-year-old girl was referred by her pediatrician for treatment of depression. She describes feeling lonely and misunderstood. She is asked to look through about 10 artistic pictures and pick one she finds interesting. She chooses an image of a rather sorrowful young woman with wings. She makes the unsolicited remark that the image looks like a guardian angel. She is asked to imagine that she has such a guardian angel. She seems to enjoy talking about the angel (and mostly refuses to talk about her family or her depression). During the next several counseling sessions, she eagerly engages in discussions of themes like, "What would your guardian angel say about your life?" or "If you had a guardian angel, how would you want her to help you?" The unfolding process seemed to invite the client to use her imagination to create a benevolent figure from whom she did not fear judgment and retribution, thus allowing her to better understand her own needs and desires.

From this perspective assessment is viewed as an ongoing and dynamic process, rather than a "snapshot" of the client's personality or functioning. The enterprise of assessment is collaborative, belonging to both the therapist and the client. This recognition has been described as "phenomenological equality" (Leary, 1970), and operates within a humanistic orientation. It is assumed that the process of working together to better understand the client's world is likely to provide therapeutic benefit. The client and therapist should be free to share their observations and insights. The client is supported in his or her effort at self-assessment of problems, underlying patterns, potential for increasing internal resources, and ability to make self-directed choices. Meanwhile, the therapist directs the course of therapy by continually assessing such factors as insight, openness, affect, commitment to change, viability of options, and therapeutic rapport.

There are a number of challenges, problems, concerns, and potential criticisms of the ASART approach. The selection of stimulus images is inherently subjective and requires sensitivity, awareness, experience, and intuition. The interrelationship between the client's meaning-making process and that of the therapist will likely emerge.

A person-centered orientation places such value on the therapeutic relationship and immediate experience, that the ASART could be viewed as directing the client 'toward some fantasy' and away from contact with the 'here and now.' A therapy client to Carl Rogers, "...with whom there was a lifelong reciprocal influence on each other's work" (Dolliver & Patterson, 1994, p. 151), reviewed the ASART. He cautioned such an approach is generally incompatible with person-centered therapy because the introduction of any technique might be an unnecessary intrusion in the therapeutic relationship (A. W. Combs, personal communication, December 20, 1996).

There remains the question of when the ASART approach should be used. It is not an activity to be introduced when the well of empathy seems to have run dry. It is, however, a means of facilitating expression and exploration of client experience. The ASART may be of particular value to therapists, who are, by training and personhood, person-centered in their approach. For a variety of reasons, such therapists may work in settings that require some sort of assessment as a part of a comprehensive therapeutic plan. The ASART may enable people in these settings to engage in meaningful, growth-oriented exploration that is both congruent with a person-centered orientation and responsive to a variety of needs.

### Conclusion

The underlying assumption of this approach is that the goal of the therapeutic encounter is to increase client self-understanding. It is believed that the using projective approaches such as the ASART provides one way of helping the client to gain some perspective in order to observe how he or she tends to think, feel, and act. By discussing these observations with the therapist, the client may develop an increased ability to reflect and observe the patterns of thoughts, feelings, and actions as they occur. The client may be more likely to continue to engage in this form of perspective-taking outside the therapy setting. Finally, the ASART is intended to involve an individualized approach that is congruent with the therapist's theoretical training, beliefs, and therapeutic aim.

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