# Projective responses of children with dissociative disorder on Children's Apperception Test (CAT)

Shraddha Vijay Kullur<sup>1</sup>, Vinayak Koparde<sup>2</sup>, Vedanti Godbole<sup>3</sup>, Sameeran Chate<sup>4</sup>

Corresponding author: Vinayak Koparde

Email – vinayk127@yahoo.co.in

#### ABSTRACT

Background: Dissociative disorder is a common condition encountered in children and adolescents due to any stressor associated with significant distress, school absenteeism and utilization of resources. It is not uncommon for stressors to remain unidentified in children, and in this context Children's Apperception Test (CAT) can be helpful to give a detailed understanding of the unconscious needs, desires, conflicts, defenses of children when presenting with dissociative disorders.

Methodology: Fifteen children with mean age of ten years whose initial workup did not reveal any significant stressor and presented with dissociative disorder (most common dissociative stupor 46.6%) were subjected to Children's Apperception Test (CAT) to assess significant conflicts/stressors.

Results: Most common themes projected by children include parental conflicts, peer problems, fear of aggression by adult figure, sibling rivalry, and anxiety. Significant children also projected feelings of loneliness, hostility towards the adult figure, guilt and fear of abandonment.

Conclusions: CAT helps in understanding the areas of conflict and stressors in children presenting with dissociation and unidentified stressor. This further helps in effectively managing the problems to relieve symptoms.

**Keywords:** Children's Apperception Test, Dissociative disorder in children, projective test in children

(Paper received – 24th March 2024, Peer review completed – 5th May 2024, Accepted – 9th May 2024)

## INTRODUCTION

Dissociative disorder is a common condition with a prevalence around 10% [1], and much higher in India where reported prevalence is as high as 31% among inpatients admitted to the psychiatry department [2-4]. Dissociative disorder is characterised by a disruption and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behaviour [5]. It is often seen that children are more prone to dissociate as they do not have coping mechanisms to handle demanding situations alone [3] and the higher prevalence in the Indian population has been argued to be due to cultural factors, wherein open expression of emotions is discouraged, which then manifest as physical symptoms [4]. Dissociation causes significant socio-emotional difficulties in children and consequences in the form of school absenteeism, negative impact on socio-emotional development, loss of workdays in seeking medical help [6-7].

Several studies in India have evaluated the underlying psychosocial stressor. A retrospective study of 105 inpatient children with a diagnosis of hysterical conversion reaction found a high frequency of recent family crisis, unresolved grief reactions and family communication problems [8]. Another study from Bangalore reported significant stressors among 71% of children with hysterical conversion reactions. Some of the stressors reported were punitive parenting, financial difficulties, parental disorder, sibling rivalry, academic difficulties, and adjustment problems with peers [5]. However, not all children or families report stressor (which is a requirement according to diagnostic criteria) at presentation making it difficult to diagnose dissociative disorder. In this context, projective tests can help in identifying stressors and psychological

<sup>&</sup>lt;sup>1</sup>Consulting Psychologist, Dept. of Psychiatry, J N Medical College, Belagavi

<sup>&</sup>lt;sup>2</sup>Asso Prof, Child and Adolescent Psychiatrist, Dept. of Psychiatry, J N Medical College, Belagavi

<sup>&</sup>lt;sup>3</sup>School Psychologist, Bhartesh English Medium School, Belagavi.

<sup>&</sup>lt;sup>4</sup>Professor and Head, Department of Psychiatry, J N Medical College, Belagavi

mechanisms producing dissociative symptoms using pictorial stories. A lot of importance has been given to the study of stories or narratives in several works from Freud to Erikson, where stories gave a deeper insight about interpersonal issues, personality, and conflicts regarding development of an individual. Since many a times, stressors remain unidentified in children, Children's Apperception Test (CAT) helps to give an in depth understanding of the concealed issues and stressors. This study assessed the patterns of responses and projection style of children diagnosed with dissociative disorder using CAT.

#### METHODOLOGY

This study was carried out in a tertiary care teaching hospital of South India catering to population of diverse socio-economic strata. Children presented to hospital with unexplained symptoms and the diagnosis of dissociative disorder according to ICD 10 DCR was confirmed during treatment by Child and Adolescent Psychiatrist. Children who did not have Intellectual disability and whose organic workup did not reveal any pathology were included. Fifteen children with a mean age of 10 years, whose initial workup did not reveal any significant stressor were referred to a trained Psychologist for Children's Apperception Test (CAT-Indian version) developed by Uma Chaudry to identify the psychological conflicts/ stressor. CAT uses storytelling as a tool to understand psychopathology, personality, unconscious needs and motives. This test was originally developed by Leopold Bellak and Bellak in 1949. The pictures on the cards act as a stimulus for story formation and deeper description about relationships, emotions, dominant drives and even conflicts. Unclear thoughts, misinterpretations and vague responses also gives a lot of information about underlying issues and psychopathology [9]. In our study a significant number of children also had Specific Learning Disorder (53.33%) and 13.3% of children had comorbid ADHD, post traumatic disorder and depression each.

All the 15 children were interviewed individually, and rapport was established. Subsequently, they were asked to narrate stories on ten cards of CAT (Indian version). Every child was instructed to narrate a story with reference to past, present and future which took 30-45 minutes. The instructions were altered in exceptional cases to suit the age, intelligence and the mental state of the child. The recording of responses includes the writing down the verbatim of the stories narrated by children. The stories were enquired to get it completed through suitable questions e.g. Who are the people in the scene, what are they thinking and feeling, what is the reason for this situation and what will happen later in the end of the story?

**RESULTS** Demographic and environmental information of children with dissociative (conversion) disorders

Characteristics	Total (N = 15)
Mean age (years)	10 years (40%)
Sex, n (%)	
Male	9 (60%)
Female	7 (40%)
Temperament	
Easy	2 (13.3%)
Slow to warm up	5 (33.3%)
Difficult	8 (53.3%)
Mean duration of illness and period	40 days and 19.22 min
lasts for	
Types of Dissociative Disorder	
Dissociative stupor	7 (46.6%)
Trance and possession disorders	1 (6.6%)
Dissociative motor disorders	3 (19.9%)
Dissociative anaesthesia and sensory	2 (13.3%)
loss	
Dissociative disorder, unspecified	2(13.3%)

## Patterns of responses and projections on CAT cards

Card 1 depicts the general problem of orality, sibling relations and the primary caregiver. In our study 60% of the children identified their mother as the primary caregiver and viewed as an affectionate and giving mother. 13.3% children showed sibling rivalry and food holding as a punishment for not obeying to primary

Card 2 helps in identification of conflicts with parents or friends by pictures of animal game. The response of children shows that 73.2% children identified themselves with their parents, most of them want to be near their mother. However, 40% children had projected fights among parents which helped us to assess family dynamics in detail and intervene to reduce anxiety of children. Another 33.3% of children had identified the picture as a game. Conflicts among friends and feeling of being left alone was projected by 19.9% of children. 13.3% children identified themselves with the siblings and revealed no significant sibling rivalry in either of them.

Card 3 is the father card, the lion in the picture is usually seen as a powerful or a weak figure. Generally, the adult can be described as attacking the child and fear of aggression if any will be depicted on this card. 33.3% of children depicted an adult figure attacking the child and fear of aggression. Hostility towards the male figure (father figure), interpersonal problems while playing games was projected in 8% each. Aggression towards the adult figure was projected by 19.3%, another 19.3% had given a general description about the picture. One child rejected the card.

Card 4 reveals content about mother-child relationship, sibling rivalry, wish to regress to be near mother or wish for independence and mastery. Wish to be with mother and regressive tendencies were projected by 46.6% of children, 13.3% related themselves with their friends and siblings, was afraid of abandonment, interpersonal issues and loneliness. One child had significant IPR issues between the parents and fear of aggression and fight from danger was seen.

Card 5 evokes primal scenes, sleeping and naughtiness. In the given stories 46.6% children projected as primal scenes and 19.3% children expressed the need for sleep, 19.3% for food and play. Significant conflicts with friends and escape from situations due to parental conflicts was projected by one child each. Another child was afraid of the environment and expressed anxiety.

Card 6 elicits fear of neglect/abandonment and jealousy in the triangular situation. Children on this card expressed feelings of guilt, abandonment, rejection and loneliness 66.6%. 46.6% of children described the whole card and did not come up with any story, one child rejected the card and 52% emphasised more on environmental details. One child expressed frequent fights among their friends about looks and demands.

Card 7 evokes aggressive tendencies and fear of aggression; usually smaller figures are seen as being attacked and friendship is rarely seen on this card. On this card 46.6% of the children expressed fear of aggression, being attacked by the adult figure and identified themselves as the victim. 40% of children had expressed the need for aggression (verbal and physical). 19.3% of the children had escape defence from the situation. Only one had projected the friendship between tiger and monkey. This helped in identifying aggressive, punitive figures in the family or child's environment such as parents, teachers, grandparents and so on.

Card 8 represents how a child sees herself into the family situation and any conflicts related to socially inappropriate behaviours. 46.6% of the children had expressed the scolding from the adult figure (mother) for not behaving in a socially appropriate way and drawing her attention by mischiefs. 13.3% of them had unconscious hostility towards the mother and an equal number had rejected this card suggesting some significant conflicts within the family.

Card 9 represents the fear of darkness, stories on attack and loneliness. On this card 40% children had expressed feelings of loneliness, being attacked and anxiety. 13.3% projected unconscious hostility towards the parents.

Card 10 represents the conflicts related to toilet training, socially appropriate behaviour, crime, and punishments. 80% of the children's toilet training was dealt. 33% had expressed conflicts regarding discipline in which the mother is seen as angry (physical and verbal) and guilt feelings were also expressed.

In the study most of the Children had misinterpreted (perceptual distortions) the environment objects and in most of the story's future was absent which shows that they lack self confidence in resolving their conflicts.

# **DISCUSSION**

Dissociative disorders are very distressing conditions for parents and associated with significant sociooccupational impairment. When the stressors are not obvious, it becomes more challenging for clinicians to psycho-educate and explain the causality. In this context, CAT is very useful to understand family dynamics, potential areas of stressors, conflict identification, case formulation and early intervention. Our study using CAT revealed projection of parental conflicts, fear of rejection, sibling rivalry, interpersonal issues with friends and fear of aggression (physical or verbal) as some common themes. Some other issues in stories were conflicts regarding discipline, feelings of loneliness, and hostility towards the parental figure. Our findings are similar to a study done by Raman and colleagues in children with unexplained pain symptoms wherein most common stressors reported were conflict with primary caregivers, over-involvement and overly critical parents, sibling rivalry and intrapersonal conflict [11]. Another study of children in foster families and peers in normal families found differences centred on the image's perception of the environment, which was engulfed by aggressive, unstable, and contradictory environments. In addition, the mother's image was perceived as angry and worried. The father's aggressive and dominant image also appeared in a series of responses [12]. Even though the study population is different, children appear to be distressed about aggression by paternal figures in this population compared to our study. Angry and worried mother figure may be more related to the projection of children's own emotions.

To conclude, the stories and perception of pictures guide the clinician to understand the child, stressors and help relieve the symptoms of dissociation. Most of the children and families would deny any stressor before the onset of dissociation, would minimise the stressor but CAT plays a very important role. It is one of the very few available Pictorial tools in the Indian context [13] and helps in entering a child's world.

### **REFERENCES**

- Sar V. Epidemiology of dissociative disorders: An overview. Epidemiol Res Int 2011;1-8.
- Manchanda M, Manchanda R. Neuroses in children: Epidemiological aspects. Indian J Psychiatry 1979;
- Chandrasekaran R, Goswami U, Sivakumar V, Chitralekha. Hysterical neurosis--a follow-up study. Acta Psychiatr Scand 1994;89:78-80.
- Srinagh S, Bharat S, Girimaji S, Seshadri S. Characteristics of a child inpatient population with hysteria in india. J Am Acad Child Adolesc Psychiatry 1993;32:822-5.
- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders: DSM-5. American Psychiatric Publishing: New York; 2013.
- Tomasson, K, Kent, D, Coryell, W. TI, Somatization and conversion disorders: comorbidity and demographics at presentation, Acta Psychiatr Scand 1991;84(3):288-93.
- Grattan-Smith P, Fairley M, Procopis P. Clinical features of conversion disorder. Arch Dis Child 1988;63:408-
- 8. Maloney MJ. Diagnosing hysterical conversion reactions in children. J Pediatr 1989;97:1016-20.
- Leopold Bellak & Sonya S. Bellak. An Introductory note on the Children's Apperception Test (CAT), J Proj Tech 1950;14(2):173-80.
- 10. Choudhary U. Indian Adaptation of TAT. New Delhi: Manasayan; 1960.
- 11. Raman K, Dinakaran P, Chandraleka G S, A study of projective test responses and intervention strategies in children with unexplained pain symptoms. Telangana J Psychiatry 2019;5:70-4.
- 12. Rudwan SJ, Al Shueli FN. Differences between the children of foster families and children of original families in the response to the Children's Apperception Test (C.A.T). Sociological Ass of UAE 2005;38:11-44.
- Bhattacharya S, Hirisave U. A review of picture based psychological assessment tools for children and adolescents. Indian J Ment Health 2015; 3:17.

\*\*\*\*\*\*\*\*\*\*

Acknowledgements – Nil Conflict of Interest - Nil Funding - Nil