

## Interventive psychodiagnosis and the Children's Apperception Test with Human Figures: contributions to the clinic of adolescence

### Psicodiagnóstico interventivo e o Teste de Apercepção Temática Infantil com Figuras Humanas: contribuições à clínica da adolescência

### Psicodiagnóstico intervencionista en la adolescencia y Test de Apercepción Temática Infantil con Figuras Humanas: aportes a la clínica de la adolescencia

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**ABSTRACT | INTRODUCTION:** The interventive psychodiagnosis, based on the Therapeutic Consultations proposed by Winnicott, involves, from the first session, clinical interventions. Given its use in different contexts and populations, projective instruments such as the Children's Apperception Test with Human Figures are used in order to explore and understand the living world, and relevant aspects of the personality of children and adolescents, supporting clinical work with adolescents. **OBJECTIVE:** To present the analysis of the interventive psychodiagnosis with the help of the test through the clinical illustration of an adolescent with non-suicidal self-injury behavior. **METHOD:** This is a clinical-theoretical study, with a case study design. Data were analyzed from the free inspection of the material and in the light of the Winnicottian psychoanalytic approach. **RESULTS:** The main internal conflict experienced by the participant was evidenced: submission versus the desire to do what is proper for the age, as well as vulnerable self-image and employment of primitive defense mechanisms given the intense feeling of helplessness. **CONCLUSION:** The clinical material described presents the use of the test in addition to its diagnostic possibility, as a therapeutic mediator, collaborating to deepen the complaint and offering an experience of welcoming and reflection to the patient, similarly to the proposal of Winnicott's scribble game, which is, establishing contact with the emotional field.

**KEYWORDS:** Applied psychology. Projective techniques. Adolescent psychology. Self-injurious behavior.

**RESUMO | INTRODUÇÃO:** O psicodiagnóstico interventivo, baseado nas Consultas Terapêuticas propostas por Winnicott, envolve, desde a primeira sessão, intervenções clínicas. Devido ao seu emprego em diferentes contextos e populações, instrumentos projetivos como o Teste de Apercepção Infantil com Figuras Humanas são utilizados para explorar e compreender o mundo vivencial, e aspectos relevantes da personalidade do público infanto-juvenil, subsidiando a atuação clínica com adolescentes. **OBJETIVO:** Apresentar a análise do psicodiagnóstico interventivo com o auxílio do teste por meio da ilustração clínica de um adolescente com comportamento de autolesão não suicida. **MÉTODO:** Trata-se de um estudo teórico-clínico, com delineamento de estudo de caso. Os dados foram analisados a partir da livre inspeção do material e à luz da abordagem psicanalítica winnicottiana. **RESULTADOS:** Evidenciou-se o principal conflito interno vivenciado pelo participante: submissão versus desejo de fazer o que é próprio para a idade, assim como autoimagem vulnerável e emprego de mecanismos primitivos de defesa diante do intenso sentimento de desamparo. **CONCLUSÃO:** O material clínico descrito apresenta a utilização do teste além de sua possibilidade diagnóstica, como mediador terapêutico, colaborando para aprofundar a queixa e oferecendo uma experiência de acolhimento e reflexão ao paciente, à semelhança da proposta do jogo de rabiscos de Winnicott, ou seja, estabelecendo contato com o campo emocional.

**PALAVRAS-CHAVE:** Psicologia aplicada. Técnicas projetivas. Psicologia do adolescente. Comportamento autodestrutivo.

**RESUMEN | INTRODUCCIÓN:** El Psicodiagnóstico interventivo, basado en las Consultas Terapéuticas propuestas por Winnicott, involucra, desde la primera sesión, intervenciones clínicas. Dado su empleo en diferentes contextos y poblaciones, instrumentos proyectivos como el Test de Apercepción Temática Infantil con Figuras Humanas son utilizados con la finalidad de explorar y comprender el mundo vivencial, y aspectos relevantes de la personalidad de niños y adolescentes, apoyando el trabajo clínico con adolescentes. **OBJETIVO:** Introducir, por medio del análisis del Psicodiagnóstico interventivo con la ayuda del CAT-H, la ilustración clínica de una adolescente con comportamiento de autolesión no suicida. **MÉTODO:** Se trata de un estudio clínico-teórico, con delineamiento de estudio de caso. Los datos fueron analizados a partir de la libre inspección del material y a la luz del abordaje psicoanalítico winnicottiana. **RESULTADOS:** Se evidenció el principal conflicto interno experimentado por el participante: sumisión frente al deseo de hacer lo que es propio de la época, así como la autoimagen vulnerable y el empleo de mecanismos de defensa primitivos dada la intensa sensación de impotencia. **CONCLUSIÓN:** El material clínico descrito presenta el uso del test más allá de su posibilidad diagnóstica, en calidad de mediador terapéutico, colaborando para la profundización en la queja y ofreciendo una experiencia de acogida y reflexión a la paciente, de manera similar la oferta del juego del garabato de Winnicott, es decir estableciendo contacto el campo emocional.

**PALABRAS CLAVE:** Psicología aplicada. Técnicas proyectivas. Psicología del adolescente. Conduita autodestructiva.

## Introduction

### Interventive psychodiagnosis

Psychodiagnosis is one of the exclusive functions of psychologists in Brazil (Salles & Tardivo, 2017). This process involves the investigation, by means of psychological techniques and instruments, of the manifest and latent problematic of the individual, as well as of its psychic resources, in order to identify the most appropriate intervention and treatment. Its history began with the use of the medical model by the psychologist, which aimed to identify specific pathologies by a test protocol (M. Ancona-Lopez, 1995; S. Ancona-Lopes, 2016).

However, over time, the psychodiagnosis underwent a number of modifications (S. Ancona-Lopes, 2016; Barbieri, 2017; Nobre & Vieira, 2019). In the 70s, began to structure a form of work influenced by Existentialism, Phenomenology, and Psychoanalysis. This new proposal questioned the methods and techniques used so far, opposing the traditional model of the time, as it considered the importance of subjectivity and the inseparability between the phenomenon researched and the researcher (S. Ancona-Lopes, 2016; Barbieri, 2017, Nobre & Vieira, 2019). The authors who proposed and followed this proposal considered the manifest behavior, but also its meaning, as part of the psychodiagnosis process. Since then, new models began to be designed, such as interventive psychodiagnosis, the focus of this work.

The interventive psychodiagnosis was inaugurated in Brazil by Ancona-Lopez (1995). However, from a psychoanalytic perspective, it started to be elaborated on in the 2000s, generating interest in the field and many studies (Barbieri, 2017; Scaduto et al., 2019). The interventive facet of psychodiagnosis derives from Comprehensive psychodiagnosis (Trinca, 1984), but differs from this because it involves, from the first session, clinical interventions.

The interventions carried out throughout the process, aim to promote a mutative experience in the subject by means of the relationship established between the psychologist and the patient, as well as enabling the interviewee to integrate both adaptive and non-adaptive aspects, recognized or not, of their personality (Barbieri, 2017). This means that the interventive psychodiagnosis originates from a particular way of acting, valuing the global understanding of the subject, considering the dialogic relationship (Salles & Tardivo, 2017).

The psychodiagnosis does not have a predetermined scope. The interventions are subordinated by reasoning and clinical listening, being fundamental its occurrence in the here and now, when the patient's conflicts and demands move sufficiently for him/her to ask for professional help, and not at the end of the process (Guimarães & Fantini, 2016; Braga et al., 2012). In that sense, the interventions seek to inform, but also to set in motion the development of the individual who for some reason was interrupted (Hutz et al., 2016; Barbieri, 2017).

The interventive psychodiagnosis has similarities with the Therapeutic Consultations proposed by Winnicott (1965/1994). It combines evaluation and intervention in its method, considered an efficient and economical treatment for clinical practice since it implies the use of material derived from the transference between patient and therapist in the first sessions.

In order to help the patient to establish meaningful communication, Winnicott (1965/1994) created the scribble game, which includes blank sheets of paper, preferably of different sizes, and a pencil. The game begins with any scribble on the paper and the request that the patient complete and/or finishes that scribble. This doodling activity is interspersed between the professional and the patient successively, and the production units are placed on the table or on the floor so that it is possible to have a panoramic view of them. The duration of the session is variable, according to the patient's own rhythm, and it ends when the communication was developed to the level that the child expresses his basic anxieties, and the analyst can make his observations.

The scribble game values, through an open situation, the gesture, the spontaneous play. According to Winnicott (1965/1994), play goes beyond its expressive potential, being, mainly, a vehicle that calls for psychic elaboration, allowing the encounter with what is to come, the unfinished (in becoming) of the subject, this is, with what it expects to find access in someone's presence. Thus, the scribble game should not be considered a test, but a means of the expression of potential space (Winnicott, 1965/1994).

In interventive psychodiagnosis, the patient is invited to participate in the process when faced with different stages of their development and the obstacles associated with them, which are brought to the surface through interviews and projective instruments (Salles & Tardivo, 2017). Interviews are an investigation technique, and, given their practical characteristics of use in the context of daily life, they are associated with the clinical method, enriching the scientific field, and enabling the psychologist to practice as a clinician and researcher (S. Ancona-Lopes, 2016). Projective instruments, in turn, reveal elements of the patient that will help the psychologist

to understand the dynamics in question, but more importantly, allow the subject to approach significant content that can be reflected along with the assistance of the professional (Tardivo, 2016; Braga et al., 2012).

Interviews and projective instruments, as well as the scribble game, by bringing to light aspects of the subject's internal world, work as a mediating object. While interviews and projective tests allow the assessment of different patient constructs, they also help in the manifestation of the latent content, which can be worked through interventions.

Therefore, this type of psychodiagnosis presents itself as an important tool for working with adolescents, a turbulent life stage permeated by biopsychosocial changes, which can only be understood from the knowledge of impulses, defenses, and the evolution of the identity process (Lima et al., 2018). Thus, the work with adolescents requires the use of mediating materials, to favor the expression and communication of their anxieties and conflicts (Tardivo & Morais, 2016).

### **Projective techniques: Children's Apperception Test with Human Figures (CAT-H)**

The psychodiagnosis, depending on the occasion, can be destined to a delicate demand, as are the cases of physical violence, sexual abuse, self, and heteroaggression, among others, as well as different populations. In this way, the use of tools that enable the apprehension of the subject's living world and, concomitantly, respect its subjectivity becomes extremely relevant (Tardivo, 2016; Braga et al., 2012).

Projective instruments meet this need, configuring themselves as expressive resources and access to significant content in an uncontrolled and conscious way for the most varied populations (Barbieri, 2017; Braga et al., 2012). Winnicott (1965/1994), supported by his clinical experience, and important authors in the field, highlight the relevance of projective or expressive techniques for the manifestation of significant emotional issues given the minimization of latent defenses (S. Ancona-Lopes, 2016; Salles & Tardivo, 2017; Pinto et al., 2018). Among the most used projective instruments during psychodiagnosis

in adolescence are those focused on personality evaluation, such as the Thematic Apperception Test (TAT) proposed by Murray and Morgan (Murray, 1964), the Test of the House-Person (HTP) authored by Buck (2003) and the Drawing of the Family elaborated by Corman (1979) (Reppold et al., 2018).

The Children's Apperception Test with Human Figures (CAT-H) is a derivative of TAT. CAT-H is a technique aimed at the assessment of conflicts related to the main phases of psychosexual development, eliciting relevant aspects of the personality of children and young adolescents, from seven to approximately 12 years old, through dubious stimuli present in 10 cards standardized with human characters.

Created by Leopold and Sonia Bellak in 1965 (Bellak & Bellak, 1965), the CAT aims to evaluate the subject through the understanding of their way of life, "their affective structure, dynamics of their reactions to the problems they face and the way they face them" (Bellak, 2016, p. 10). The test is adapted for the Brazilian population, and the pictures display social contexts related to circumstances of important concern to children and adolescents, being required to tell a story for each of the cards (Bellak, 2016). The CAT-H is a thematic instrument and operates from external triggers, favoring the expression of what is unique to the examinee. Given the projective hypothesis, this technique presupposes that story will reveal the main problems, personality data, roles, family structure, and interpersonal relationships of the examinee in a latent way (Bellak, 2016).

It can be used both in the field whose purpose is diagnostic and, in the interlocution, enabling the emergence of potential space and the creative ability of the subject to make use of imaginary resources to reflect itself through stories and images. This tool can also be a mediator of the therapeutic relationship, favoring the bonding process between psychotherapist and patient, providing greater contact of the patient with its internal contents, insofar as they manage to conceive them, in appropriate language, without infringing the ethical aspects of the profession (Tardivo, 2016).

Regarding adolescence, it should be noted that the use of CAT-H is justified as it contemplates the possibility of adolescents encountering aspects of their childhood. Winnicott (1968/1999) writes that during adolescence "the same problems that were present in the early stages reappear" (p. 153). It means that the teenager comes back into contact with different constructs of his personality, in birth formation, aiming to elaborate the identifications that he acquired throughout life and that will function as the core of the self. In this sense, the CAT-H allows adolescents to express such aspects, which will be evaluated and understood during the interventive diagnosis.

Although the CAT-H presents several benefits and important reach, few clinical studies have been found, especially in the field of psychodiagnosis in Brazil. Studies carried out with other projective instruments predominate (Barbieri, 2017; Loli et al., 2016; Tardivo et al., 2019). Such lack must be linked to the long period in which it was suspended for professional use by the Federal Council of Psychology (Resolução CFP N.º 002/2003) until 2015 was approved in Brazil by the Psychological Test Evaluation System (SATEPSI). Only one study to date was found with CAT-H. Tardivo and Moraes (2016) quantitatively evaluated the stories told by a clinical group composed of 30 adolescent offenders compared to 70 adolescents in the control group. The study outcome pointed to the instrument's relevance in the identification narcissistic and objective relationships in both groups, indicating the need for a safe environment can assist in the healthy development of the teenagers investigated. Given the potential of CAT-H, and the scarcity of papers on its use, a study dedicated to illustrating its use in the diagnostic context contributes to the field insofar as it enables reflection on professional and its use in the interventive psychodiagnosis process. In addition, this study intends to support the clinic for adolescence, which demand can be accessed through projective techniques, such as CAT-H. Thus, this study aims to present the analysis of the interventive psychodiagnosis with the help of CAT-H through the clinical illustration of an adolescent complaining of non-suicidal self-injury.

## Methodology

This is qualitative research, undertaken through a theoretical-clinical study (Turato, 2005), drawn from the case study with the intention of offering a detailed analysis of the research object. The qualitative method is appropriate for studies that involve small samples or a single case, as it seeks to shed light on the uniqueness of each individual, as sought in this study (Creswell & Creswell, 2021).

The present investigation was part of a research project that aimed to understand the psychological aspects of non-suicidal self-injury in adolescence. This project has been approved by the Research Ethics Committee Involving Human Being of the University of São Paulo, in which the work was conducted (number of the process: 2.341.836).

An adolescent complaining of non-suicidal self-injury, forwarded by the school, who was seeking a clinical consultation in the clinic-school of the Institute of Psychology from that University, was invited to participate in the study. Thus, both the adolescent and her legal guardian signed the Free and Informed Consent Term (TCLE) and the Free and Informed Assent Term (TALE), authorizing the publication of the data of this research, which is in accordance with the Resolution 466 of the National Health Council.

The data presented are excerpts from a previous study (Chaves, 2018) and they were collected during interventive psychodiagnosis, which included seven sessions with semi-structured interviews and the use of CAT-H during the process. Face-to-face meetings were held based on a previous appointment with the participant, and the consent of her mother, after approval by the Ethics Committee, in rooms suitable for psychological care. The initial and final interview was carried out with the participation of the mother, and the others were carried out only with the participant. The CAT-H was used in the second session with the participant and the data are presented in this paper.

The data obtained from the interventive psychodiagnosics with the aid of the CAT-H were

accessed and analyzed from the free inspection of the material. The considerations were made in the light of the Winnicottian psychoanalytic framework.

## Results and Discussion

The case presented involves an 11-year-old teenager, Anne<sup>1</sup>, who had self-injury behavior identified by the school. The adolescent had marks on her arms in the healing process. The cuts were made once, in the bathroom of her house, with the help of a pencil sharpener blade.

### Clinical illustration

The interventive psychodiagnosis was indicated to the family by the school. Anne lives with her mother and her twin brother. The parents are divorced, and the mother, due to financial difficulties, increased her workload as a teacher. The father constituted a new family, and the contact with Anne and her brother occurred sporadically. The father also presents difficulties maintaining the regularity of pension payment, thus generating conflicts with the mother.

With the new context, Anne and her brother move from private to public school. Anne is involved in conflicts and is considered the "worst of the school", due to romantic and sexual relationships with classmates. In addition, she goes on to lie and omit the actions from her, which always found out.

During the initial interview, the patient is reluctant to contact the psychologist. However, as the session progresses, she becomes more comfortable. It addresses non-suicidal self-injury, reporting not having thought of other alternatives to deal with the anguish she felt the time she acted against herself. When questioned, she states that a friend had indicated self-harm to deal with the problems.

The CAT-H was applied in the next session. Anne produces a unique plot for the cards, relating them to each other. In this article, for analysis, the productions of six cards were selected, namely: 1, 2,

<sup>1</sup> The participant's name, in the case presented, is fictitious in order to preserve the confidentiality of her identity.

4, 6, 7, and 10. Thus, card 1 was presented to Anne, as well as the story built:

CARD 1 - Anne (A): "It was a family, they had three children and they went out for a walk. They played a lot, arrived home, put the children on the table, they ate, everyone went to shower, watch television, and then go to sleep. End."

Psychologist (P): How did they feel?

A: The children found their parents to be a bit boring because it was too early to sleep.

P: And did they do something?

A: They have obeyed.

Next, Anne is encouraged to get closer to the content of the card. The psychologist suggests that the narrative relates to the family context, in which the parents supply basic needs and have an important role, and the children obey and do not expose their discomfort because they consider that they will not be heard. Anne agrees and complements: "Parents are always busy... when they come home, they don't want problems, they already have many... the children have to obey and be quiet because otherwise, they will fight you". The psychologist mentions that the story elaborated for card 2 could help to understand how the children represented in the narrative deal with such discomfort. The story is read.

CARD 2 - A: "After they went to sleep, they waited for their parents to go to bed, turned off the lights, closed the door, turned on the room's (light), started playing tug of war. End".

P: And how did they feel?

A: Happy, they obeyed, but found a way to keep playing.

P: Besides happiness, did they feel anything else?

A: No.

P: How long did the game last?

A: Until they get tired. Then they slept.

The psychologist asks the participant to associate with the narrative, to which Anne does not respond. Thus, she suggests that the children seem to organize the situation in their favor. However, using omission as a strategy. Anne answers: "Yes, the brothers are close together... I'm close to my brother, I've been more, but we like each other... I know I can count on him... at the time all was happening with me, he was sad... I was sad too... I didn't mean any harm".

Recognizing Anne's identification with the theme addressed on the card and the resulting feeling of guilt, the psychologist encourages Anne's reflection, noting that there are situations that cannot be controlled, especially given the affections involved. Next, the material produced for card 4 was read.

CARD 4 - A: "The father went to work, took one of the children to his work, and left the other two with the mother. The mother needed to go out and took one on a bicycle and the other on her lap. She was super rushed. End".

P: How did the children feel?

A: Normal. The boy on the bike liked it, but he had to pedal fast. The youngest did not have a say.

P: And where was the mother going in such a hurry?

A: For work.

P: And did the children go together?

A: Yes. At work, the children watch her work.

P: And how do they feel?

A: Normal. It's boring because there is nothing to do there.

P: And the son who went to his father's work?

A: He also finds it boring.

At the end of reading the story, Anne comments: "Mothers take care of their children and, if necessary, take them to work... I've been to my mother's work many times; I know how it is". The psychologist suggests that such a story reveals Anne's perceptions of the role of parents, with the mother projected as overworked and the father as passive in the face of the demands of daily life. Anne comments on the many tasks performed by her mother after the separation: "She now has 3 jobs. She has to work day and night to pay the bills... my father does not pay the pension properly... but I love him".

The psychologist understands Anne's affection for her father. However, it addresses the possibility of other feelings, such as sadness and anger, given the little contact between them after the marriage is over. Going back to the story, the psychologist highlights Anne's perceptions of separation: the father helps (taking a child to work), but the mother is responsible for most of the work (two children accompany her) and the children, in this case, she, followed the rhythm imposed by them. Anne agrees: "Yeah, that's right, we have to do it their way".

The psychologist says that Anne demonstrates following the rhythm imposed by the environment, however, at other times takes new behavior. To illustrate her position, the psychologist presents card 6 and reads the story:

CARD 6 - A: "They (children) slept, then they saw that it was snowing outside, they jumped out the window and went outside to play, two slept and one stayed awake. End"

P: And what else happened?

A: They played a lot.

P: And how did you feel?

A: Normal.

About the story, Anne says: "The children want to play and find a way to do this". Thus, the psychologist encourages Anne to think a little more about this consideration. The patient identifies herself, talking about situations in school and family, and then silencing. The psychologist intervenes to reestablish communication with the teenager, claiming not to have the intention to shame or accuse her, but talk about ways to deal with the situations that led her to use behaviors whose reasons she did not understand well, ensuring the secrecy of that space. Anne saying: "it's difficult to talk to my mother... if I'm going to ask for something, she won't let me". The psychologist mentions that the next stories are about this point, resuming the production of card 7.

CARD 7 - A: "After they were sleeping, a very scary man arrived, scared them all, and one of them was very scared. End"

P: And what else happened?

A: They were terrified.

P: And what did they do?

A: They hid and waited for him to go away.

P: Why was one of them more scared than the others?

A: Because he did more wrong things and thought he would be caught.

P: If he was caught, what could happen?

A: It would be hurt.

P: Who was this man?

A: He scared all the kids.

P: And why did he do that?

A: Because he wanted the right things.

After the story, Anne mentions feeling frightened. Based on an empathic posture, the psychologist suggests that the central theme of the plot is related to the feeling of guilt. Anne replies: "Yes, it makes sense. I feel guilty, a lot... I did not want to have done it the way it was... I could have done better". Anne mentions that she should not have been a problem for her parents, especially to her mother, who was already overwhelmed. Also recognizes the feeling of disappointment in the extended family: "My grandmother said that I was ruining the family... my grandmother wants me to be her little princess, but I'm not and so she keeps bugging me".

In addition to the feelings observed, the psychologist suggests that Anne feels anger, to which the patient disagrees, saying this is just an example situation. The psychologist points to Anne's difficulty in recognizing some emotions, especially those that bring intense anguish, like those of the past that acquired significant proportions, becoming unsustainable. Anne agrees, saying she was unable to recognize other alternatives.

To close this session, the story created for card 10 was chosen. When necessary, to make sense of the narrative, aspects of the story built for card 9 were retrieved.

CARD 10 - A: "After the relatives left (refer to card 9), they remembered the son who was in there (the bedroom), took him to eat, and took one of the children to take a bath. His mother took off his clothes, picked him up, to put him in the shower, in the bathroom. End".

P: How was the son?

A: Sleeping.

P: How did this son get when they took him to feed him?

A: He was very sleepy, but he ate.

P: How was he feeling?

A: Now, it was fine.

P: How did the family get when they realized the forgetfulness?

A: Worried, but when she saw that her son was fine, she was fine. Everything followed normal.

At the end of the story, Anne summarizes: "The son was well when he was found". The psychologist

recalls the importance of care and the prominent role of the maternal figure, relating to the care of basic needs, suggesting that the baby of the story could miss more time with the mother. Anne agrees: "Yes... I miss my mother... she is always working". The point of conflict experienced is related: Anne understood the need for the mother's work, a fact that justified her departure, but, on the other, there was a gap that aroused ambiguous feelings. Anne agrees and the psychologist proposes to think about ways to deal with these emotions, encouraging her to talk to her mother and seek alternatives together. The process was completed.

The interventive psychodiagnosis, with the help of the CAT-H, allowed the deepening of Anne's latent demand, offering an experience of understanding and acceptance. Note that Anne announces from the first narratives (cards 1, 2, and 4) the emotional conflict experienced: passivity/submission versus the desire to experience what is characteristic of her age. The submissive self-image, vulnerable and, in some moments, transgressive of the hero, indicates the need to adapt to the environment and meet what he believes to be expected from his behavior, highlighting the loneliness experienced in the attempt to integrate personal desires and those imposed by the environment.

On card 6, Anne makes use of cheating as a means of responding to her own impulses to avoid contact with a feeling of disapproval, at a time when phobic, immature, and disorganized defense mechanisms arise with loss in the quality of the narrative. Such output depicts the pattern observed also on card 2.

The emergence of personal aspects occurs in card 7. It is noted the expression of rigid and cruel morality, leads to the emergence of persecutory feelings. Such a narrative refers to the guilt felt by Anne for the decisions made throughout her personal history and unconscious fantasies, especially concerning the last school year in which she was involved in various circumstances with a negative outcome, signaling the use of self-harm as an alternative and, consequently, the feeling of helplessness experienced. After this intense expression of fear, narrative 10 highlights the desire for protection. The care adopted by the extended family in the narrative, although invasive,

is tolerated and recognized, with no possibility of criticism or displeasure.

Because of the Theory of Emotional Development, a good enough environment contemplates the capacity to welcome aggressiveness, sustain the illusion of omnipotence and allow the spontaneous gesture. In the case of Anne, the environment could not perform these functions flexibly, operating in a way that the participant had to adapt to the time of the external world and not the reverse, passively submitting to the external reality, hindering the exercise of creativity and, consequently, preventing the process of integration and healthy maturation.

Winnicott (1961/2005) points to the importance of the environment and its reactions to the return in the adolescence of the need to supply primitive care characteristic of earlier stages of development so that the absence of a psychic contour and support at that time can generate a feeling of unreality rather than the perspective of creation and transformation. The author (1961/2005) emphasizes that, in health, it is up to the adolescent to understand the family status, but he warns that in this phase, growth is understood as an aggressive act, and the desire for non-compliance is expected from them, as well as a genuine concern to be and participate in the world to feel real.

Regarding non-suicidal self-injury, the hypothesis raised refers to the notion of impairment in the integration of motility and eroticism with aggressiveness, the first being transformed into aggression against itself, leading to persecutory anxiety and guilt. Card 7 reinforces this understanding by describing the fear of retaliation and, therefore, of submission to an external law, resorting to dissociative mechanisms to defend against the imminence of fragmentation.

Anne's submission to the environment can be understood through the words of Winnicott (1960/1983), "where the mother cannot adapt well enough, the infant gets seduced into compliance, and a compliant False Self reacts to environmental demands and the infant seems to accept them" (p. 146). Thus, facing the current scenario, Anne forges an identity from a False Self-positioning to avoid the confrontation with her needs for love and parental



approval, ensuring her survival through subservience to the nuclear family and the adoption of opposite behaviors in other contexts. This fact makes it possible to extrapolate such considerations to the antisocial tendency and its roots in deprivation.

Regarding the antisocial tendency, it can be said that it arises as an early response to the loss of reliability in the mother and the environment. This loss refers to the perspective that the subject experienced something good enough in their development, but that, for some reason, was taken from him, and seeks to recover it (Winnicott, 1987/2005). Furthermore, when examining the antisocial tendency etiology, two types of deprivation should be taken into account: one due to the loss of a mother and the other related to the loss of the father.

The CAT-H data corroborate this understanding, highlighting the conflicts with the nuclear family. In the stories, the parental figures show little interaction between themselves, and the mother figure, although interpreted as controlling and rigid, prevails in most of the cards, as it suggests the father figure's difficulties in fulfilling the role of an indestructible environment (Winnicott, 1960/1983), which is the one that supports the mother and, consequently, the baby. This can be thought of based on the story of card 4, in which the character identified as paternal adopts a passive posture towards the hero.

Given data from Anne's story, it is understood that the passivity shown by the father in the adolescent's daily life after the separation, and consequently the overload generated in the mother at that stage, at the same time, it may have contributed to the establishment of the feeling of deprivation in Anne. It is suggested that it has been experienced both at the maternal level, symbolized by the sloppiness with the basic care of hygiene, for example, as well as paternal, through aggression, however, against itself.

Hack and Ramires (2014) add that family breakdown and marital warfare are significant predictors of the development of the feeling of deprivation in children. For the researchers, the parents involved in their own

concerns do not always perceive the way their children are dealing with the situation, being often the school context means of manifestation of inappropriate behaviors, as observed in the case of Anne.

Thus, paternal passivity and maternal overload may have contributed to the establishment of a feeling of deprivation in Anne, opening up feelings of sadness and anger by the parents; however, they can not be seen as such, with splitting being a way of escape. It is considered that maternal and paternal deprivation may have increased the difficulty in controlling impulses and resulting in actions that reflect the hope of recovering a positive mothering experience that was lost. It can be said that Anne presents typical features of adolescence, however, signaling failures in her primitive emotional development.

Taking up the contributions of the interventive psychodiagnosis, such clinical illustration is analogous to the situation of the scribble game (Winnicott, 1965/1994), in which the material emerges from the joint work between patient and therapist, providing opportunities for the construction of clinical hypotheses. The patient was able to bond with the psychologist and express her anxieties and, more than that, exercise the elaboration of her own interpretations for her demands, made possible by the CAT-H and the clinical management willing to monitor and sustain the time of their productions and intervene from them.

The CAT-H was used as a mediator of emotional experiences to be shared, given its playful contribution and, as the productions derived from the participant herself, understood as a non-persecutory means of communication. In this context, the interview mediated by CAT-H assumed an essential role in the communication of significant content between the psychologist and the participant (Barbieri, 2017; Salles & Tardivo, 2017; Chaves, 2018; Tardivo et al., 2019).

Finally, the specialized literature points out that the effectiveness of the intervention during interventive psychodiagnosis lies, especially, in the integration of the collected data (Tardivo, 2016; Barbieri, 2017;

Chaves et al., 2021). In view of this perspective, the interventions carried out in this study were intended to integrate unrecognized or dissociated aspects of Anne's personality, however, not only through the word, the mental field but also through the establishment of an emotional connection with their productions (Loli et al., 2016; Salles & Tardivo, 2017; Tardivo et al., 2019).

### Limitations

The present study is one of the first to illustrate the contributions of CAT-H to interventive psychodiagnosis in a case that involved an adolescent with non-suicidal self-injury. Nevertheless, there are important limitations. First, the study shows positive effects of interventions on Anne's care, but it is necessary to conduct studies with larger samples of participants to confirm whether such interventions are effective.

Second, it is important to highlight the inference made that the non-suicidal self-injury perpetrated by the adolescent of the study expose failures in her emotional development process. Obviously, it is not possible to know in-depth whether there have been significant failures or whether they have been overcome. However, considering that non-suicidal self-injury is a phenomenon under constant investigation, it was possible to present, in Anne's case, an analysis based on assumptions correlated with equivalent data from Winnicottian psychoanalytic theory.

The importance of deepening the discussion on means of intervention with adolescents who harm themselves is emphasized. Interventive psychodiagnosis with the aid of CAT-H is an alternative that needs further investigation, especially in situations of more serious self-injury, such as borderline cases or patients with psychotic personality organization.

### Conclusion

In sum, the current study allowed the reflection on the psychologist role in the interventive psychodiagnosis with the use of CAT-H. This process provided an opportunity to recognize the intricacies of the demand of the adolescent in question,

clarifying the conduct to be adopted, contributing to the unveiling and/or construction of new modes of psychic elaboration, as well as contact between patient and therapist.

The clinical material described points out that interventive psychodiagnosis, supported using CAT-H, helped the participant to understand her complaint beyond the rational aspects, taking into account the affections and emotions aroused throughout the process. Thus, the interventive psychodiagnosis with the use of CAT-H sought to help the participant take care of herself and in her relationship with the environment, aiming to put her development back in motion.

### Authors' Contributions

Chaves, G. participated in conducting the study, producing the report, and writing the manuscript, including the discussion, review, and approval of the final version of the article. Tardivo, L. S. L. P. C. participated in the orientation, review, and approval of the final version of the article. Ferreira, L. S., Rosa, H. R. and Pinto Júnior, A. A. contributed substantially to the stages of data discussion and approval of the final version of the article.

### Competing Interests

No financial, legal, or political conflicts involving third parties (government, private companies, and foundations, etc.) have been declared for any aspect of the submitted work (including but not limited to grants and funding, advisory board participation, study design, manuscript preparation, statistical analysis, etc.).

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