

REFLECTIONS ON THE USE OF DRAWINGS AND SENTENCE-COMPLETION AS INTERVIEWING STRATEGIES WITH ASIAN CHILDREN

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Using a case study illustration, this narrative describes the author's use of drawings and sentence-completion techniques as useful and effective interviewing tools when working with children and adolescents. The author explains why these techniques are useful, especially when working with Asian children.

I have often reflected on how best to assist children and adolescents to describe their thoughts, experiences, and feelings. Effective child psychotherapy can only come about if professionals can obtain accurate, comprehensive, and relevant information pertaining to the child's problems. But asking children to report on self-processes may require a different approach from asking adults because children and adults may possess different levels of communicative abilities. Young children, for example, are less sophisticated linguistically, less introspective, and conceptually more concrete than adults. However, it should be noted that some adolescents think abstractly and can communicate as well as some adults.

What makes working with children particularly challenging? Very often, children and adolescents enter therapy because of the concerns of others (e.g., parents or teachers) rather than as a result of their own level of personal distress, and because of that, they are usually less motivated to participate in counseling (Kazdin, 1988). Those of us who work with children understand that another additional complexity results from the fact that child and adolescent concerns are often intimately related to problems within the family that are often beyond their control (Johnson, Rasbury, & Siegel, 1997). In my work with children and youth, I gradually realized that in order to serve the needs of children better, I

needed to acquire strategies that enable children to communicate more competently and to share with others their subjective experiences at a level that they feel comfortable with.

Why Drawings and Sentence-Completion Techniques are Useful

The use of drawings and sentence-completion tasks as interviewing tools remained as "techniques" in graduate school and did not "come alive" until I experienced the way children responded to them. I have used traditional interviewing strategies with children only to be greeted with blank stares and monosyllabic replies, and I gradually learned that I needed to use traditional interviewing in combination with other strategies to reach out to children more effectively and to have a meaningful two-way communication with children.

Asking children to draw pictures and then to have these drawings serve as a springboard for further discussion encourages them to share their thoughts, experiences, and feelings in a more natural and less threatening way. The use of sentence-completion is another useful way to elicit information from children and adolescents who are reticent. In short, this is a technique whereby the caseworker presents the child or adolescent with incomplete sentence stems and the child or

adolescent can complete these sentence stems either orally or in writing.

Unlike the traditional structured interview, an interview utilizing drawings and sentence completion does not depend on high levels of language development and verbal competency. In my work with children and youth, I have found that using visual and/or visual-motor response modes as opposed to techniques that rely solely on language for communication to be more effective when working with children and young teens (Hughes & Baker, 1990).

Interviewing and Counseling in the Asian Context

Just when I thought that I had learned my lesson on not relying exclusively on traditional interviewing techniques that are too linguistically demanding, I soon realized that I faced an even larger problem when working with Asian clients in Singapore. I received my doctoral training and completed my internship in the United States but have been working in Singapore since my graduation. Interviewing techniques that utilize multiple response modes, such as visual, visual-motor, and verbal, make them well suited for use with children and adolescents in Singapore since English is used as the medium of instruction in all Singapore schools and as such it is appropriate to use English for interviewing or counseling purposes. Each child in Singapore is required to learn two languages from Grade 1 through Grade 12 – English (the language of all instruction) and his/her mother tongue which could be Chinese, Malay or Tamil.

I am a Chinese female who grew up in Singapore and completed all my elementary through undergraduate education in Singapore. Hence, I am able to converse both in English and Chinese. Having an intimate understanding of the education system in Singapore, I understand that because standard English is not often used outside the confines of the classroom, some modification of the

use of the language needs to occur to enhance rapport building as well as to be clearly understood, especially by the less academically inclined children and youth.

“Singlish,” which is a local concoction of standard English blended with common phrases in Chinese dialects (e.g., Hokkien or Cantonese) and some Malay, is frequently used for communication in social contexts (Ang, 2002). In fact, the use of “Singlish” is so prevalent in some segments of the community that visitors to Singapore or individuals who are not familiar with the language will have some difficulty following the dialogue in a meaningful manner. I soon realized that the utilization of multiple-response modes reduces the emphasis placed on verbal language for communication (especially the use of standard English) and makes such techniques not only useful but almost essential interviewing and counseling tools in the Singapore context for work with Asian children and adolescents.

I will attempt to provide a brief background of important issues to consider when working with Asian clients, as this will be helpful in understanding the case study that I will present subsequently. While there is much diversity within the Asian population, there are certain areas of commonality such as emotional restraint, hierarchical structure of families, and attitude towards psychological disorders (Sue & Sue, 1999). Because sons are expected to carry on the family name and tradition, they are valued more highly than daughters and occupy a higher status in traditional Asian families. Mental health and psychotherapy are foreign concepts in Asian countries.

In contrast to American students, Asian students and their families are less likely to recognize the need for mental health services and are more concerned about the stigma attached to receiving these services. Even if they visit a mental health practitioner, they may be reluctant to share personal problems with

the counselor or caseworker. Having a psychological problem is often equated to being insane; the problem is an overt acknowledgement of weakness or failure on the part of the family involved (Sattler, 1998). Generally, if Asian clients were to seek help, they would be of the opinion that since social workers and counselors are professionals, these professionals should be the ones to provide the solutions to their problems.

The traditional, direct interviewing approaches using a structured format may be less helpful in yielding information given some of these beliefs and attitudes towards mental health services held by Asians as well as the possible initial resistance to counseling. These direct approaches may be perceived as overtly intrusive and may decrease the client's willingness to tell the therapist what he/she thinks or feels. Instead, using less structured stimuli, such as drawings and sentence-completion techniques, as aids in clinical child interviewing, and employing a less direct approach, may prove more successful in yielding relevant and useful information for subsequent intervention and counseling.

My Experience with Drawings and Sentence-Completion Tools: A Case Study Illustration

I will present the case of CK demonstrating the use of drawings and sentence completion techniques to obtain traditional interview data that would shed light on the child's current difficulties. I will focus specifically on the significant pieces of information obtained during the clinical interview via the use of these techniques that were helpful for subsequent counseling sessions. For reasons of anonymity and client confidentiality, the initials CK (not her initials) will be used to represent the client. In addition, all other identifying characteristics, such as the name of teacher and information pertaining to school, home, and siblings

mentioned in this case study, have been changed to protect client confidentiality.

Referral and Background Information

CK, a female Chinese adolescent, was 14 years and 10 months at the time of referral. She had a history of disruptive behavior and had violated school rules on numerous occasions. Academically, CK was performing below grade level and was at risk of dropping out. I was serving as the school counselor at that time and CK was referred to me because of severe disruptive behavior. I had several extended conversations with Mrs. Lee, the teacher in charge of pupil welfare and discipline who referred CK to me. As I was new at the school, Mrs. Lee provided me with some background information about CK, her family, and some significant events that had happened prior to my meeting CK for face-to-face counseling at school.

CK lived with her biological parents and younger brother (11 years) in a three-bedroom apartment in North West Singapore. Of relevance to the referral issue and CK's history of behavioral problems in school is her history of being sexually victimized. About a year before I saw her, CK was molested on the public bus as she traveled home from school. Reportedly, the perpetrator, a man approximately 50 years of age who shared a bus seat with her, had touched her breasts. At that time, CK was upset but did not know what to do and kept this to herself. This incident continued to trouble CK and she eventually reported it to Mrs. Lee approximately eight months after the alleged victimization.

Mrs. Lee felt the need to inform CK's parents about the incident and to recommend that CK get emotional and psychological support via individual and/or family therapy. CK was reluctant to inform her parents because she felt that her parents did not see her as belonging to the family and favored her brother. However, Mrs. Lee proceeded

to schedule a time for a few teachers to meet with CK and CK's parents as she hoped that her parents could provide CK with the much needed emotional support. Of particular significance was CK's parents' reaction upon learning of their daughter's trauma. According to Mrs. Lee, CK's parents trivialized the incident and normalized the behavior of the perpetrator. Instead of providing support for their daughter, CK's parents felt that her being molested on the public bus was not such an unusual event and were annoyed with Mrs. Lee for wasting their time.

They were also frustrated with CK for being upset over what they felt was such a small matter. In addition, CK's mother was of the opinion that since various behavioral problems and other issues appear to be surfacing either in school or related to school and school authorities, the school should be responsible for providing the support for CK. While CK's mother did not object to CK receiving counseling services at school, she did not see the need for further parental involvement.

I was taken aback upon hearing CK's parents' reported reaction and the thoughts and questions that crossed my mind at that time still ring clearly in my ears: "How is this possible? Do they not care? Mrs. Lee's good intention has just unintentionally backfired – CK is now worse off than before – all along CK felt that she was not accepted as part of the family and now her worst fears have been confirmed."

Approximately three months after Mrs. Lee's meeting with CK's parents, CK's constant disruptive behavior at school led to the present referral. Mrs. Lee felt that counseling would be appropriate as she was very concerned about CK's behavior, low self-esteem, and the many unresolved issues confronting CK that were related to her alleged molestation and family situation. In my phone conversation with CK's parents, they were unwilling to meet me face to face and

were reluctant to discuss CK's emotional concerns but did not object to CK's participation in counseling at school. I reminded myself to remain objective and to try my best to work with CK in individual counseling even though I felt that it would be best if I could work with the entire family given the presenting circumstances and clinical concerns.

Use of Drawings

I met CK for an initial session in which the referral question was clarified and CK's consent for participation in counseling was sought and obtained. I wanted to understand first hand CK's feelings about her family situation and issues pertaining to the home and asked her to make a freehand pencil drawing of a house. CK drew a very small house, occupying less than a quarter of the page, which may be suggestive of a sense of inadequacy and possibly CK's tendency to withdraw from her environment. The image was placed at the extreme lower left quadrant of a horizontally placed page, with the bottom of the house sitting on the edge of the paper. Significantly, this visual representation may illustrate CK's desperate need for support from her family that she was unable to obtain, as verified by Mrs. Lee's report. The house had two windows with partially closed curtains, a door, and a chimney. The chimney was drawn with excessive smoke being expelled. No other unusual details were noted.

Selected portions of my questions and CK's responses are provided verbatim. Thus, it should be noted that non-standard English was occasionally used and reported as is.

Author: Whose house is it?

CK: My parents' house. They live there.

Author: Do you live there too?

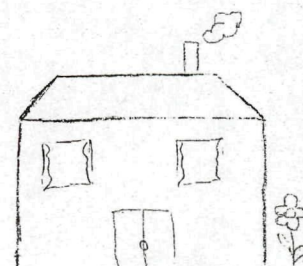


Figure 1: CK's first drawing

CK: No. This is not my dream house. I draw you my dream house next week. My dream house not like that ... my parents won't be there... I'm in the house by myself ... maybe with husband and children.

Author: Look - there's a lot of smoke coming out from the chimney. Why do you think that's so?

CK: Don't know ... I just drew it that way.

Author: The smoke is moving in a left to right direction, I suppose there's some wind blowing? Is that right?

CK: Yes, wind is very strong.

Author: What's the weather like in the picture?

CK: Sunny and hot.

The house seemed to arouse CK's ambivalent feelings concerning her home and her relationships with parents and sibling. The post-drawing dialogue, in addition to what has been presented verbatim here, revealed that CK did not view herself as part of the family and this issue subsequently became one of the focal points of counseling. Tension was likely present in the home as indicated by the volume of smoke drawn, which was confirmed by subsequent interview information. The juxtaposition between the negative (e.g., smoke and strong wind possibly indicating tension and environmental pressures) and the positive (e.g., weather in the picture being sunny and hot) might express CK's ambivalent feelings towards her home and her fight to remain positive despite the feeling of being rejected by her parents and brother.

A week later, CK drew her dream house, which provided a very interesting comparison

to the house she drew in which her parents lived. CK's dream house was fairly large, occupying about half the page and was centrally placed. The house had three stories. There was a very large room on the third floor with a long window stretching from one end of the house to the other. There were three rooms on the second floor drawn with windows and two rooms on the first floor that were drawn without windows. CK also drew a chimney for her dream house, but there was perceptibly less smoke being emitted compared to her previous drawing of the house, indicating perhaps that she expects less tension in her own home after she moves out of her parents' house. Using the drawing as a springboard for discussion, I then proceeded to ask CK several questions. The information obtained was particularly revealing in the light of CK's history of being sexually victimized and her family situation.

Author: Can you tell me who stays in which room?

CK: My room on the highest floor. My children all stay on the second floor. The living room and dining room will be on the first floor.

Author: Can you tell me more about your room?

CK: See this window? [CK pointed to the long window on the third storey.] It's a very long window ... I can see everything on outside. It's the sort of window I can see out but other people cannot see in. The whole floor is my room.

Author: Why don't you want other people to look in?

CK: Other people always look - I don't like it. You know about the bus and the man. [Long pause] There's something else - I didn't tell anyone, not even Mrs. Lee. I have

a friend – his name is Ken. He always comes to my house and we do homework together. One day he was doing homework in my room and I was sleeping on the bed. Suddenly, he come to the bed and touch me on the top and down here. He was on top of me and want to take my clothes off. I just kept on shouting, kicking, fighting. I'm skinny but I'm quite strong. But he's a guy... he's stronger ... Luckily, my brother knock on the door ... he wanted to know why there was so much noise. Then Ken stopped.

CK shared that she now fears men because of the two instances of violation of personal and sexual boundaries. I felt that CK's description of her room and the window was particularly significant. Ensuring that outsiders cannot view what is within the room could be CK's attempt at compensating for her loss of personal power and control, that people can no longer invade her privacy and personal space. CK's choice of the top floor for her room, which is isolated and away from all the other rooms, might reflect her desire to retreat and to stay away from people. In the previous inquiry after her drawing of the first house, she mentioned that her husband and children were possible occupants of her dream house. It was interesting to note that the only occupants in her dream house were herself and her children; there was no mention of a husband or partner.

At this stage of CK's emotional and psychological adjustment, it might be too painful to include the idea of having a partner when that inevitably raises issues of intimacy, trust, and respect, which were obviously denied her when her personal and sexual boundaries were violated. These critical issues were addressed and worked through during counseling. The following is another significant segment of the post-drawing inquiry and dialogue. Once again, CK's preference for male children could be reflective of the salient issues, given her history and personal

experience, and possibly a cultural bias of having a preference for male children.

Author: You said that your children's rooms are on the second floor?

CK: Yeah – I want to have five kids. They are all on the second floor.

Author: How many boys and how many girls would you like to have?

CK: Three boys, two girls.

Author: Do you prefer boys or girls?

CK: I like boys better because you don't worry about them. Like if they come back late or rape. You can just don't worry so much.

I wonder how much of CK's preference for male children is shaped by familial and cultural processes. What does this mean for me as an Asian female? I struggle with the issue because while I feel angry about this cultural bias (or other cultural biases), I recognize that I am part of this culture and may also knowingly or unknowingly perpetuate the bias. This is similar to Bowen's multigenerational transmission concept (Nichols & Schwartz, 1998):

The problem in the identified patient is a product of the relationship of that person's parents, which is a product of the relationship of their parents, continuing back for several generations. The problem doesn't reside in the child ... nor are the parents to blame. Instead the problem is the result of a multigenerational sequence in which all family members are actors and reactors. (pp. 147)

As the clinical interview unfolded, I was glad I had used drawings as a platform for further discussion because there were pieces of information, feelings, and thoughts which I think would not have emerged if drawings had

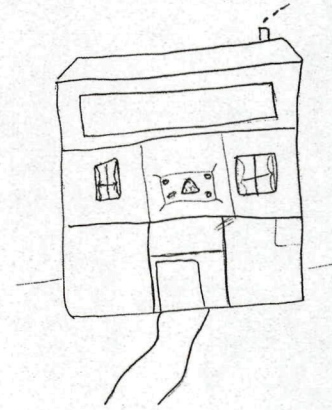


Figure 2: CK's second drawing, one week later

not been used. I have used drawings on numerous other occasions but not with as much success as the present case in eliciting the thoughts and feelings of the client. These drawings were directly relevant in assisting with treatment goals and eventually with the subsequent counseling sessions that followed. With the present case, I felt that these techniques, which I had learned in graduate school, were not merely strategies on paper, but, if carefully selected and used appropriately, had the ability to reach the client in powerful ways.

Use of Sentence Completion

Sentence completion was another technique that I used with CK. CK responded to 15 incomplete sentence stems. It should be noted that CK's written responses contained some spelling errors. These spelling errors were corrected for clarity while retaining the original form and structure of the sentence (retaining the use of non-standard English if used). Selected items of clinical relevance are presented here:

1. The happiest time is the day I turn 21.
2. My home is the coziest place.
3. A mother is one who does not judge her children and is not biased.
4. When I was younger I hardly saw my parents.
5. I wish my parents and brother will be nicer to me.
6. I secretly wish to stay alone and get the peace I always want.
7. Most girls want to be loved.

CK has many conflicting feelings about her family, and her ambivalent attitude was shown through her statements. CK stated that her home was "the coziest place" and yet she wished she could "stay alone." CK implied in Item 5 that her parents and brother do not treat her well. When I probed for more information on Items 1, 5, and 7, CK revealed

that her mother preferred boys and hence her brother is the favorite in the family. This information appears to be consistent with CK's drawings and responses.

Information about CK's parents obtained from Mrs. Lee also suggested that CK's parents have a strong preference for male children. While it is not unusual for parents with a traditional Asian orientation to favor sons over daughters, the extent of CK's parents' rejection of her and their callous response to her being a victim of molestation is clearly dysfunctional. CK's idea of what a mother should be was aptly expressed in Item 3 but unfortunately, CK did not have the benefit of such an experience. When asked to elaborate on Item 4, CK revealed that a nanny looked after her shortly after she was born for about a year. CK reported that her maternal grandmother subsequently raised her until she was about seven. CK's parents then brought CK home to live with them, but she had a difficult time adjusting to living at home with her parents and brother. CK was angry with her parents because she did not understand why her parents could have raised her brother but she had to be raised by her grandmother. In addition, CK's parents and relatives often remark that she does not look like either parent even though she is their biological child. In fact, there have been occasions whereby acquaintances have mistaken CK's maternal uncle as her father. Consequently, CK feels unloved and unwanted, and yet she struggles to make sense of her place within the family.

Once again, I felt that the use of sentence completion together with drawings allowed CK a comfortable channel to express herself. The use of these less structured techniques allowed me to take a peek into some of CK's painful personal life experiences in a way that was natural, unobtrusive, and comfortable for CK. CK is not academically inclined and is weak in the English language. Coupled with the presenting issue of having been sexually

mistreated, a subject which clients would understandably not want to talk about initially, these indirect, less verbally loaded interviewing techniques were helpful in facilitating my clinical interview with CK.

Some Reflections on the Implications for Child Interviewing

Working with CK using drawings and sentence completion has been a learning experience for me as a therapist. As described earlier, these techniques were merely tools I had learned and I adopted a wait-and-see-if-it-really-works orientation. I have since witnessed first hand, and now believe, how powerful these tools can be when carefully selected and used with the appropriate clients. In addition to CK being Chinese and a non-native speaker of the English language, the sensitive nature of CK's problems surrounding personal and family issues were factors which were well suited for techniques that did not place an unusually high demand on the use of verbal language.

The information I obtained through drawings and sentence completion was subsequently used to focus the counseling sessions for CK. Two major treatment issues were identified: first, the issues surrounding the family, particularly that of acceptance and belonging; and second, the issues surrounding the two instances of violation of personal and sexual boundaries. These experiences have negatively impacted CK in the academic, behavioral, and emotional domains. It was necessary to work with CK to explore and address unresolved issues of abandonment, anger, resentment, trust, and fear of intimacy and relationships.

I saw CK over a period of five months before she left the school, which marked the termination of therapy. I had mixed feelings at the termination of therapy. I felt that she was making initial progress towards the resolution of some of these issues but felt frustrated that we did not have the benefit of

seeing a more complete closure. It would have been preferable to work with CK and her parents on various family issues, rather than addressing these issues with CK alone. But reality dictated otherwise. Reflecting on the entire experience, I remember being taken by surprise (in fact, rather shocked) at CK's parents' disinterested and disengaged attitude towards CK's serious emotional concerns when I spoke with them at the point of referral.

I spoke with CK's mother on the phone a week before CK and I met for the last session. While CK's mother was glad that her daughter received what she called "support from the school," she was still not ready for family involvement and participation in therapy. I could sense that CK's mother was grateful that the school took the initiative to provide therapeutic support for CK. This is a small but significant shift in CK's mother's attitude in a direction more supportive of CK's well-being. I hope that in time to come, CK's parents will gradually be more open and receptive to mental health services in general and, more specifically, that together with CK they will work towards the resolution of these issues as a family.

I have grown emotionally and professionally having interacted with CK and CK's parents and teachers. This experience allowed me to reflect on the immense power of families and culture in CK's life as well as in my own life. I can understand CK's parents and their fear of mental health services. This is a real fear and, while I am trained in the mental health field and recognize the value of such services, I understand the extreme reluctance to "air" family problems and concerns to a complete stranger – it would be tantamount to insanity. This experience has reminded me of the continued need to actively engage parents in the process, no matter how difficult that might be.

This narrative illustrated the use of less direct and less structured implements that

allowed CK to discuss her emotional concerns in a sensitive and non-threatening way. This is not a proven formula for effective interviewing but serves to illustrate that less direct and less structured tools such as drawings and sentence completion can be used to facilitate information gathering for subsequent intervention and counseling when working with Asian children.

Despite the benefits of open-ended interviewing with children and adolescents, some researchers continue to have reservations about the use of these techniques. The main reservation about the use of drawings or other more open-ended interviewing tools in interviewing is the lack of reliability and validity data. Witt, Heffer, and Pfeiffer (1990) argued that structure in the form of the use of standardized rating scale, for example, has the advantage of making data collection more systematic and objective by allowing the comparison of the individual to some norm group. In a similar vein, Paget (1984) argued that a structured tool allows for the determination of the psychometric underpinnings of the instrument, which is an important consideration.

Structured techniques such as traditional interviews or standardized rating scales do not, however, allow the case worker or counselor to establish a relationship and a natural, reciprocal system of communication with the child that can become the foundation for subsequent therapeutic interaction (Bierman, 1990). Further, structured techniques may not provide the case worker with sufficient information about issues or areas of particular concern for the individual child or adolescent.

Many cultural, linguistic, and developmental factors make the use of drawings and sentence-completion tools not only viable but also attractive as interviewing implements for Asian children and youth. These more unstructured methods allow children to introduce their own significant

beliefs, attitudes, attributions, and expectations onto the stimuli, which are generally not elicited by the more structured types of interview. Through drawings and sentence-completion tasks, children and youth would be given an opportunity to discuss visually (e.g., through drawing) or motorically (e.g., through writing) specific issues that were troubling them. Lynch and Hanson (1992) noted:

Most of the meaningful information is either in the physical context or internalized in the person who receives the information, while relatively little is contained in the verbally transmitted part of the message... Nonverbal communication thus conveys significantly more information in high-context Asian cultures, wherein silence is particularly valued. (pp. 232-233)

There is immense potential in using these tools for clinical child and adolescent interviewing relating to the practice of counseling and casework in schools. The incorporation of these relatively unstructured tools into the traditional interview format could yield clinically valuable and meaningful information that the traditional interview might otherwise miss, especially when working with Asian children and adolescents.

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