CHAPTER 1: INTRODUCTION

Drawings are an integral part of human life, right from the time of the caveman. It has been a part of pre-language communication even before the spoken word and written script was developed. Today and since centuries, a child, very naturally in the course of development, picks up sticks, crayons, pencils, pens and transforms paper, sand on the street-sides, and the walls of a home into a canvass of his or her imagination. The squiggles and shapes made, communicate about the inner world of the child. This means of communication has been of interest to psychologists since the early part of the 20th century. Psychologists have been motivated to examine them closely as evidence of intellectual and cognitive, social and emotional development or tendencies of the child and adults, based on the premise that an artist reveals him or herself in the art work (Hecker and Thorpe,2005). Out of this interest, drawings as a method in the range of psychologist's activities grew into three major roles: (1) as an expression of a child's developmental level (2) as an assessment technique for diagnosis or measurement of intelligence and (3) as an adjunct to therapy. The latter two roles have evolved out of a need to enrich the repertoire of techniques involved in understanding the skills, capacities and the internal world of children.

As assessment techniques, tests like Draw-a-Person Goodenough (1926) (n.d.). retrieved July 27, 2016, from http://projectivetests.umwblogs.org/popular-tests/draw-a-person-test/, House-Tree-Person (Buck, 1948), Kinetic House-Tree-Person (Burns and Kaufman, 1970), Kinetic family drawing, classroom drawings etc. emerged. This research focuses on the diagnostic value of projective drawing techniques of Draw-a-Person and House-Tree- Person and aims to examine their validity in identifying emotional disturbances.

As techniques to understand Personality, these drawing techniques, fall under the classification of projective techniques. By definition, 'Projective' techniques are a category of tests that study Personality using unstructured stimuli with an aim to reveal subjects' inner aspects of Personality such as an individual's perceptions and constructions of the self and world (Gregory, 2004). Lindzey (1961) highlights some common features of projective techniques. There are a wide variety of projective tests, which may be classified as below (Lindzey, 1959).

1. Association to inkblots or words

2. Constructions

3. Completion

4. Arrangement or selection

5. Expressions

Projective drawings are classified under the 'Expressive' category of Projective techniques as the primary source of information requires a free expression from them which is then analyzed for information about Personality and emotionality. There have always been conflicting views on the scientific status of these methods (e.g. Krahn, 1985; Scott, Lilienfield, Wood and Garb, 2000). Yet projective drawings rank among the 15 most frequently used tests by 400 psychologists surveyed in U.S.(Watkins, Campbell, Nieberding and Hallmark,1995) as they prove useful o the practicing clinicians. The secret of the continuing fascination for using projective drawings lies in some of the common features of projective tests:

- Sensitive to covert or unconscious aspects of behavior

- Multidimensional i.e. encourage rich response data a wide variety of subject responses.

- Uses ambiguous stimulus material thereby encouraging unmasked responses

- Have no correct or incorrect responses which makes the subject comfortable

Over and above these, some features are unique to the drawing techniques. Specifically, they are quick and easy to administer, appealing to the child and can be used to establish rapport with the child, making them an important choice as a screening device or a beginning tool of a battery of tests meant for diagnostic or Personality assessment (Krahn, 1985).

Much research has been devoted to a search for validity and reliability of the DAP and HTP projective drawing techniques (e.g. Koppitz, 1966, Oakland and Dowling, 1983, Crusco, 2013 among others). While there is some support for their use, there are mixed results on their applications. The controversial gap between research evidence and clinicians' preference, points towards the need for more refined methodologies or changes in scoring and interpretative procedures to analyse drawings. Some such attempts for the Draw- A Person test have been made in the past by Harris (1963), Machover (1949), Buck (1948), Koppitz (1966, 1968). More recently, Naglieri, Mc Neish and Bardos (1991) have introduced a scoring system for the DAP which is more rigorous in psychometric properties. A similar effort was made by Van Hutton (1994) for the HTP test. The applicability of such systems for the Indian population is yet to be developed and explored. This gap is addressed in this research.

1.1 Theoretical Context of the Research

The theoretical context of this study is from multiple theoretical backgrounds of psychology. First and foremost, the study explores projective drawings as an adjunct to support mental health interventions at different stages of mental health care in the well-known spectrum of promotion and intervention. Assessments have an important role in identifying, screening, diagnosing, assessing severity and

determining the extent of disability and burden due to mental health problems. The spectrum of care for mental health problems moves from promotion to rehabilitation and from universal interventions that can be targeted to large populations to selected cases who require specialized care and rehabilitation for their problems. Projective drawings can play an important role in screening for emotional disturbance with an aim to target interventions for prevention, early intervention and therapeutic management.
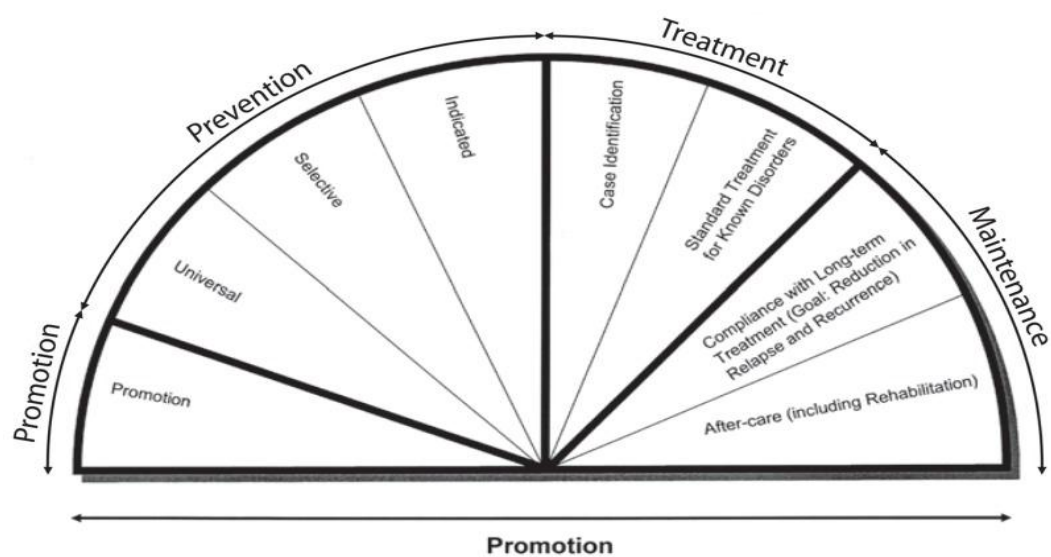

Fig. 1.1 Mental health Intervention Spectrum (Adapted from O'Connell, Boat and Warner, 2009)

Emotional disturbances are quite prevalent but go unrecognized and untreated creating more problems for them as they grow into adulthood (Costello, Mustillo, Erkanli, Keeler, Angold 2003). They may go unnoticed until they begin to result in changes in overt behaviours. The use of a non- threatening, screening tool that can be applicable in a universal setting like the schools, can be useful to identify emotional disturbances at early stages so that children can be referred for further evaluations or short interventions can be planned in the school itself, to help them.

A second theoretical background that underlies this study is the theory of projective assessment. The origins of projective techniques lie in the thoughts of Freud who proposed that many unacceptable drives and wishes in people are pushed deep into the unconscious of us human beings but propel our day to day thoughts. Accessing and understanding them, gives better control over them. However, as this information is in the unconscious, it is hidden even to the individual who has them. Freud also proposed the concept of defence mechanisms which have a main purpose of protecting oneself from recognizing the unacceptable impulses. One of the defence mechanisms is the defence of "projection". Here, an individual throws out their unacceptable wishes by projecting them on to others. This idea was extended to the uses of assessment and it was assumed that a Person will project their own unconscious needs to other situations that are less structured. At the centre of projective techniques is the assumption that when an unstructured, ambiguous stimulus is presented to a subject with a freedom to express, it offers a 'road to the unconscious' of a person, which is believed to be more successful in identifying inner disturbances. (Frank, 1939).

Further, in the context of interventions, this study is also situated in the world of art therapy in the clinical situation. The complex relationship of drawings as art within the clinical setting is beautifully summarized in the model given by Singh and Rossouw (2015), which is an adaptation of Rubin's (2001). It proposes a triangular relationship between the artwork, therapist and client
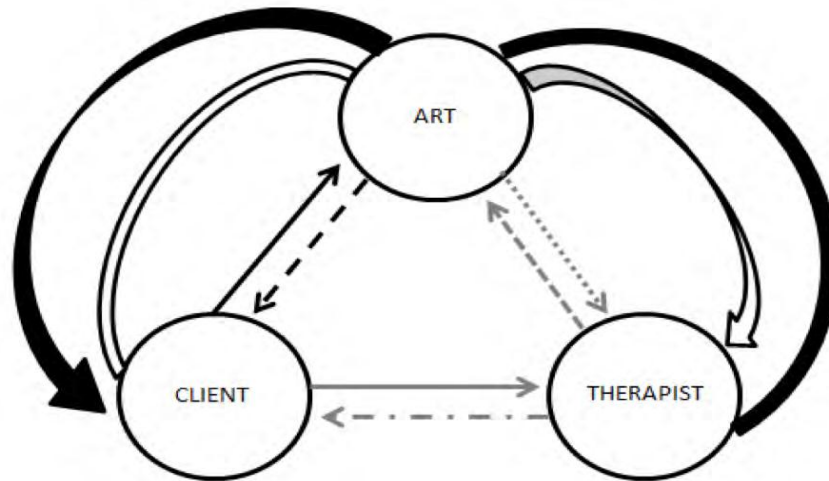
Figure 1.2. The triangular relationship between client, artwork, and therapist
(*adapted from Rubin, 2001 cited in Singh and Rossouw, 2015, pp.12.*

Artwork	⟶ (solid black)	Client's expression
	⤍ (dashed black)	Client's impression (visual feedback)
	⟶ (dashed grey)	Therapist's expectancies
	⟶ (dotted black)	Therapist's perceptions
Artwork as Mediator	⟹ (thick black)	Communication to client in response to artwork
	⟹ (hollow)	Communication to therapist through the artwork
Direct Relationship	⟶ (grey)	Client's perception of therapist
	⤍ (dashed grey)	Therapist's perception of client

Figure 1.3 Showing the key to arrows in Fig 1 (cited from Singh and Rossouw, p 125)

The model suggests that art works at an intra-personal level, where art work of the client helps the client to express him/her self and clarifies subjective feelings through a visual feedback. For the therapist, too, intra-personally, it can clarify therapist expectations and clarify therapist perceptions of the client. Interpersonally, it acts as a mediator between client and therapist where both can use it to discuss their responses to the art. It can also facilitate the direct relationship between both, by giving opportunity for each to bring out their perceptions of each other explicitly in the relationship. The present research adds a fourth dimension to this relationship, that of art as an assessment tool to understand, screen, diagnose the clients for emotional disturbances in the context of self and others. This dimension can strengthen the intra-personal and interpersonal communications between the client and therapist.

Thus, this study fits into the model of mental health intervention where it explores the role of projective drawings as a valid and reliable tool to screen, assess or diagnose emotional disturbances of children to fulfil the broader purpose of prevention and early intervention at school level. In the context of projective techniques, this study is a search for better validity for quantitative scoring methods for projective drawings. Finally, in the world of art therapy, this research explores the possibility of using art of drawing human figures, as a diagnostic and expressive tool. These are the theoretical frameworks within which this study has been conceptualized.

Apart from the underpinnings of the study in clinical psychology as a discipline, the germinations of the seeds of this research also came from the investigator's rich clinical experience with children of over two decades. The next section introduces the investigators Personal motivations for this study.

1.2. Personal Motivations for the Study… A Journey into Projective Drawings

The investigator will present here three brief case summaries where drawings raised certain key issues and became central to clarification of the clinical picture as well as therapeutic planning. These cases set off the questions that guided this research. The main identification details are concealed to protect identity.

1.2.1 Case 1: A pre-school child with PTSD- A Victim of Boarding School Abuse.

A 5-year-old male child from an upper SES, urban background, who had been recently received admission to a boarding school was sent back home with high fever. The child could not talk but appeared traumatized. When changing his clothes, the mother noticed odd bruises and marks all over the trunk, back and private parts. A visit to a doctor confirmed a sad fact and the parent's worst suspicions…the child had been physically and sexually abused…The school authorities denied the charges and since the child was too young to express what he had gone through, unable to speak a word for 3 days so the parents could not get details of what had happened. On the third day after his return, his mother handed him a paper and crayons. He slowly began to draw images in furious red and black of a small petrified rabbit plagued by a monster. in his dormitory, in his study room …and in the bathroom. After a day, he was ready to describe his drawings in his own fragmented childish way and a few of his experiences became partially evident. His verbalizations were not clear enough to implicate the perpetrator. The parents wanted to know if the drawings were admissible as evidence in court.

1.2.2 Case 2: A Girl in Middle Childhood with Dissociative Symptoms-A Victim of Sexual Abuse by an Acquaintance

An 11-year-old female child from a middle class, urban background was presented with complaints of repeated hospitalization due to spells of severe unexplained abdominal pain, spells of loss of consciousness that could last from 15-20 minutes to hours, and intermittent episodes of 'being possessed by a goddess'. There was no history of vomiting, foaming from the mouth, or incontinence during the episodes of unconsciousness. Investigations revealed no identifiable physical causes. The precipitating factor identified was a family party during which the child went out with an older cousin to fetch some ice cream for the others. She was reprimanded for going out for too long with him but could not recall what took them so long.

Within a week, the above symptoms emerged and persisted or more than 8 months before the child was seen as an inpatient by the investigator. As the child was not in position to go through lengthy psychological assessment, a screening through the House-Tree- Person test and the Draw- A- Person test was done. The quantitative tests findings suggested emotional disturbance and qualitative analysis brought up the possibility of sexual abuse. When discussed as a possibility with the parents, they denied it.

However, three days after the assessment the child initiated an appointment with the clinical psychologist through her parents and independently admitted to having recollections of repeated abuse from their factory worker over a period of 1 and a half years since she was 7 years' old. On the day of the party, the cousin had served her a spiked drink and attempted rape at an outdoor location. He was unsuccessful as people entered his chosen location. The incident triggered of memories of the past

abuse and resulted in the dissociative breakdown. When asked, what made her remember this after so long? She replied "It was the drawings… I started to have some vague images in my mind of a boy with me... on the terrace, when I was smaller. Over the next two days more and more such images came into my mind and finally I decided I had to talk about it."

1.2.3 Case 3: An Adolescent Suicidal Attempt Survivor- Victim of Incest

A 14 years old female of lower SES, rural background admitted as in patient was presented in a state of physical weakness as she had been refusing food for more than 6 days and so had to be kept on IV fluids. She was also presented with a 3-month history of short spells of altered consciousness during which she would be aggressive towards family members and threaten suicide. Eight months before the current hospitalization, she had been in a critical condition after a serious suicidal attempt where she consumed a large amount of acid, generally used for domestic cleaning. The attempt resulted in her oesophagus being burnt to a point that it had to be reconstructed in surgery. The only precipitating factor associated with these was the engagement of her elder brother. The visit to the psychologist was initiated by the brother's employer who found it odd that during the dissociative spell the he heard the girl saying "I will not let my brother get married and used abusive words for the brother and her to-be sister-in-law. "

She was screened using the House- Tree- Person test and the Draw- a- Person test, only a slight indication of sexual over maturity was seen in the qualitative analysis of the tests. A few days after assessment, the child sought an appointment with the psychologist and revealed a 7- year long story of incest and rape by her own older brother. The brother's engagement brought on the dissociation as the child had begun

to develop an identity as his lover and she felt her position was threatened. The child confessed that when she thought about her drawings and the questions asked thereafter, after her first session, she felt more clear about what had happened to her

The above case histories highlighted a few points for the investigator. First, that projective drawing appeared to play an important role in the clinical process of clarification of symptoms. Second, that they had significant impact on the subject's minds across a wide range of age groups. Third, the tools could be administered under a variety of adverse conditions. Fourth, they were effective in reaching correct diagnosis and setting in motion the process of intervention. Fifth, could drawings be formally used to spell out their experiences and take legal action for them?

From these points emerges a series of questions in the mind of the researcher.

1. Given the ease of administration of the projective drawings, can it be used as a tool for a wider section of child population for the screening of different disturbances?

2. Projective drawings seem to be powerful in cases of sexual abuse of which emotional disturbances are a significant part of such abuse and independently seen too. How well do they measure emotional disturbance?

3. How psychometrically valid and reliable are projective drawings as screening and diagnostic tools for different types of psychopathology?

4. Are there quantitative scoring methods, with Indian norms, to measure emotional disturbance in children?

5.   How do they compare with existing non-projective measures in identifying emotional disturbance?

If these questions can be answered satisfactorily, the drawings may become instruments to seek legal action against the perpetrators for the families of these victims, such as those described above. They would also have a wider application to help other such victims who may go unidentified in school set ups and in preventing the emotional disturbances that arise from this. Also, given the varying degrees of emotional disturbance and their continuity into adulthood, timely identification can get early help to the needy child.

A search for answers to these questions has led up to the present conceptualization of this research work. If the projective drawings can be established as being a reliable and valid screening device, it would have immense clinical and non-clinical use. Further, having a tool of such ease with valid norms for the Indian population would help to strengthen the clinical applications of assessment to psychopathogy in childhood. The next chapter explores the existing literature with respect to projective drawing techniques particularly for Draw – a- Person tests and House-Tree- Person.